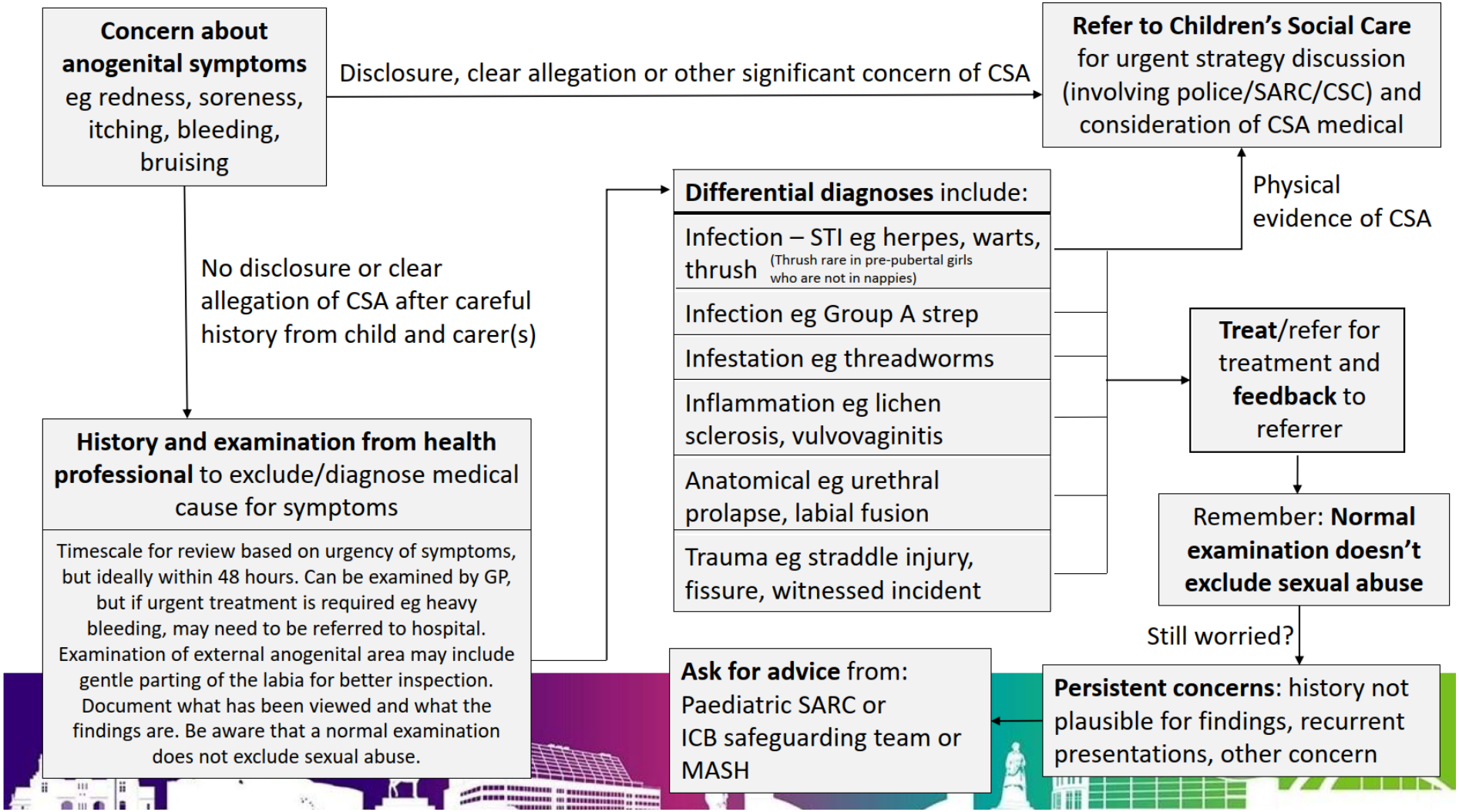
**PATHWAY FOR THE MANAGEMENT OF ANOGENITAL SYMPTOMS IN CHILDREN WITH NO DISCLOSURE OF SEXUAL ABUSE/ASSAULT**

**Notes for management of anogenital symptoms/abnormalities:**

1. If there is a clear disclosure or allegation of sexual abuse, complete a MARF for multi-agency involvement, a strategy meeting (involving the SARC) and for a CSA medical to be organised.
2. For sexualised behaviour or language but no disclosure, complete a MARF explaining your concerns about it being an indicator of sexual abuse so multi-agency information can be collated and a strategy meeting organised if required.
3. For concerns about the appearance of genitalia or the presence of genital symptoms with no allegation, disclosure or associated sexualised behaviour or language, a medical cause should be considered by following the flowchart.
4. Any medical causes should be treated appropriately.
5. If concerns about sexual abuse persist, or if there are clinical findings that do not have a medical explanation and concern about possible CSA increases, a MASH referral should be completed for multi-agency information sharing and a strat meeting if indicated.
6. It is best practice to obtain consent prior to completing a MARF, however, if you believe the child/young person is at risk of significant harm, a MARF can be completed without consent.
7. Before examining a child/young person, their consent should be obtained.
8. Teenagers may be able to self-swab for STI screening if they refuse examination.
9. A chaperone must be present when any examination is undertaken.
10. Remember, a normal examination does not mean nothing has happened.
11. Advice is available from the Paediatric Sexual Assault Referral Centre (SARC) medical staff 24/7 or the designated doctors/nurses in working hours.

**Contact details:**
West Midlands Paediatric SARC: **0808 196 2340**
Walsall designated doctor: catherine.williams15@nhs.net
Wolverhampton designated doctor: catherine.williams15@nhs.net
Dudley designated doctor: s.mahadevan@nhs.net
Sandwell designated doctor: dilip.gandhi@nhs.net
Black Country Safeguarding Team: blackcountrysafeguarding@nhs.net

**Resources:**
West Midlands Paediatric SARC: https://westmidsregionslcypsas.co.uk
Centre for Expertise in Child Sexual Abuse: www.csacentre.org.uk
NSPCC: https://learning.nspcc.org.uk/research-resources/resources
Barnardos: www.barnardos.org.uk/what-we-do/protecting-children/sexual-abuse


**Concern about anogenital symptoms** eg redness, soreness, itching, bleeding, bruising
Disclosure, clear allegation or other significant concern of CSA
**Refer to Children's Social Care** for urgent strategy discussion (involving police/SARC/CSC) and consideration of CSA medical
Physical evidence of CSA
No disclosure or clear allegation of CSA after careful history from child and carer(s)
**Differential diagnoses** include:
Infection – STI eg herpes, warts, thrush (Thrush rare in pre-pubertal girls who are not in nappies)
Infection eg Group A strep
Infestation eg threadworms
Inflammation eg lichen sclerosis, vulvovaginitis
Anatomical eg urethral prolapse, labial fusion
Trauma eg straddle injury, fissure, witnessed incident
**Treat**/refer for treatment and **feedback** to referrer
Remember: **Normal examination doesn't exclude sexual abuse**
Still worried?
**History and examination from health professional** to exclude/diagnose medical cause for symptoms
Timescale for review based on urgency of symptoms, but ideally within 48 hours. Can be examined by GP, but if urgent treatment is required eg heavy bleeding, may need to be referred to hospital. Examination of external anogenital area may include gentle parting of the labia for better inspection. Document what has been viewed and what the findings are. Be aware that a normal examination does not exclude sexual abuse.
**Ask for advice** from: Paediatric SARC or ICB safeguarding team or MASH
**Persistent concerns**: history not plausible for findings, recurrent presentations, other concern