NATIONAL SAFEGUARDING TEAM (NHS WALES)

Female Genital Mutilation (FGM) Health Leads Report April 2017 – March 2018

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Date: May 2018

Version: FINAL

Publication/ Distribution:
- Welsh Government
- All Wales HBV/ FGM Leadership group
- National Safeguarding Team (NHS Wales) (Intranet)
- NHS Wales Safeguarding Network

Purpose and Summary of Document:
To report the number of women and girls who have been identified within Welsh health organisations’ between April 2017 to March 2018.
To update on the work of the Welsh FGM Health Board/Trust Leads Group

Caution is advised throughout regarding any interpretation of these findings because data completeness is often low and varies by health organisation.

All health organisations i.e., 7 Health Boards and 3 Trusts submitted the completed Data Collection Tool to Public Health Wales.
There were 271 newly recorded cases of FGM reported, compared to 174 for the previous year.

Three quarters of all cases relate to women or girls from Cardiff and Vale University Health Board (CVUHB).

The type of FGM was reported for 89% of 271 women and children; type 1 (see page 14 for explanation of types) had the highest incidence (37%).

In combination, Types 1, 2 and 3 covered 85% of known FGM types.

The country of origin was reported for 78% of 275 women and girls, with Sudan and Somalia most frequently reported.

It was not possible to separate the data on women and girls. Therefore, the data collection tool has been updated to identify total children and adult numbers, and where FGM has taken place.

The All Wales Clinical Pathway – Female Genital Mutilation (FGM) has been updated.
### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2. Results</td>
<td>4</td>
</tr>
<tr>
<td>3. Discussion</td>
<td>7</td>
</tr>
<tr>
<td>4. References</td>
<td>7</td>
</tr>
<tr>
<td>Appendix 1 – All Wales Clinical Pathway – Female Genital Mutilation (FGM)</td>
<td>8</td>
</tr>
<tr>
<td>Appendix 2 – FGM Data Collection Tool</td>
<td>16</td>
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1. Introduction

In Wales, Health professionals use the All Wales Clinical Pathway – Female Genital Mutilation (FGM) when a new case of FGM is identified or suspected, in both women and girls of any age (Appendix 1). This data is collected by all Health organisations in Wales using the FGM Health Data Collection Tool including the NHS number to avoid duplication of reporting. Anonymised data is sent to the National Safeguarding Team (NHS Wales), Public Health Wales, on a quarterly basis for collation. The data is reviewed at the FGM Health Board/Trust Leads meeting. This report describes the data received for April 2017 to March 2018.

It is important to note that if a patient is identified through the delivery of care from the NHS as having had FGM, this does not mean that she had FGM either recently or that the FGM was carried out in the UK.

2. Results

All Welsh health organisations returned data using the collection tool quarterly during this period. A total of 271 women and girls were identified and reported, compared to 174 for the previous year (Figure 1). It has not been possible to separately identify the numbers of children reported and the data collection tool has been modified so that this will be possible next year (Appendix 2). 76% of the reports are from one health organisation, Cardiff and Vale University Health Board (CVUHB) (Table 1) who have since launched the FGM Clinic in May 2018. The majority of the reports are from the Departments of Obstetrics and Gynaecology, in particular Midwives, with Health Visitors and Sexual Health practitioners also identifying cases.
Table 1 Reported FGM by Health organisation

<table>
<thead>
<tr>
<th>Health organisation</th>
<th>2016/17</th>
<th>2017/18</th>
<th>Total 2016-18</th>
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<tbody>
<tr>
<td>Abertawe Bro Morgannwg UHB</td>
<td>14</td>
<td>21</td>
<td>35</td>
</tr>
<tr>
<td>Aneurin Bevan UHB</td>
<td>29</td>
<td>36</td>
<td>65</td>
</tr>
<tr>
<td>Betsi Cadwaladr UHB</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Cardiff &amp; Vale UHB</td>
<td>121</td>
<td>205</td>
<td>326</td>
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<tr>
<td>Cwm Taf UHB</td>
<td>*</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Hywel Dda UHB</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Powys Teaching THB</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Public Health Wales</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Velindre NHS Trust</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Welsh Ambulance Service NHS Trust</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>174</td>
<td>271</td>
<td>465</td>
</tr>
</tbody>
</table>

*Denotes data item is <5 so supressed due to risk of disclosure

For 2017/18, the type of FGM was reported for 89% of 271 women and children with Type 1 being the commonest (Figure 2). However, a high degree of caution is advised when reviewing FGM type as usually this is based on self-report and it can be difficult, even for an experienced practitioner, to determine the type on examination. It is also acknowledged that steps to identify the FGM type are not practical or required at every attendance (1).
The country of origin was reported for 78% of 271 women and girls (Figure 3) with Sudan and Somalia being the most frequently reported. Other countries of origin included Eritrea, Nigeria, Gambia, Guinea Bissau, Ethiopia, Ivory Coast, Egypt, Saudi Arabia, Oman, Jordan, Brunei, Iraq, Yemen, Iran, Kurdistan and Pakistan. 78% were reported as African or Black African.
3. Discussion

The data demonstrates increased numbers of females with FGM being recognised in Health for the period March 2017 to April 2018 compared to the previous 12 months; this is likely to reflect increasing recognition by health professionals. FGM training is now routinely delivered in health organisations.

The data collection tool has been modified over this reporting period to improve the data quality. The individual health organisations collect Patient Identifiable Data so that cases are not reported more than once, thus avoiding duplication. This information remains with the reporting health organisations to maintain confidentiality.

The FGM Health Leads Group recognised that it has not been possible to identify the numbers of children separately to adults. It was agreed that the following information should be collected on an all Wales basis to inform policy and practice:

1. Total children and adult numbers
2. Has FGM taken place in UK or prior to arrival
3. Number of cases of children that are born inside or outside of the UK

The data collection tool has been further modified to facilitate this for next year (Appendix 2).

4. References

Appendix 1

All Wales Clinical Pathway – Female Genital Mutilation (FGM)

Clinical Pathway Guidance:
When should this clinical pathway be completed?

This Clinical Pathway should be completed every time a new case of FGM is identified or suspected, in both women and girls of any age. Cases requiring statutory mandatory reporting as outlined in the Serious Crime Act (2015) are identified below.

If you identify a new case of FGM within your professional work, but are not a skilled practitioner to identify the type of FGM under examination, please follow pathway on page 4 and complete pages 5, 6 & 8 only & refer along with the completed pages to your FGM lead for the Health Board/Trust. This will ensure clear data collection and individualised care management is delivered. If you are a skilled clinician to undertake an FGM examination then please complete all sections of the pathway. File one copy to the patient’s records and forward the other copy to the strategic FGM lead for your health board and signpost/refer as necessary.

Mandatory reporting of FGM

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:
• are informed by a girl under 18, or her parents, that an act of FGM has been carried out on her
• observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth.

Intimate piercing for under 18s has been banned in Wales and therefore the statutory duty to report includes girls from any ethnic origin who have had genital/intimate piercings under the age of 18 (Public Health (Wales) Act (2017) Section 95, Intimate Piercing)

Mandatory reporting should be in collaboration with the completion of this pathway.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

How to mandatory report FGM

1. Inform the Police (101) & obtain and document the Crime Reference Number
2. Make a Child Protection referral

You will have to provide:

• The girl’s name, date of birth and her address
• Your contact details
• The contact details of your Safeguarding lead & an outline of the identified case
• Confirm you have undertaken safeguarding actions
Checklist for under 18 year olds (see pathway)

You must:
- Follow and complete the Paediatric pathway on Page 4 of the All Wales Clinical FGM Pathway
- Mandatory report (see above): if mandatory reporting has been carried out, please ensure the crime reference number is documented and shared with children’s services
- Ensure safeguarding procedures are followed and inform your local Safeguarding lead of the case
- Inform the relevant health care professionals (see pathway), including the Community Paediatrician for consideration of a Health Needs Assessment
- Carry out a safeguarding risk assessment for any other children in the family who may be at risk or have had FGM
- Record all decisions and actions in patient’s notes
- If you have suspicion that a child is in imminent danger of FGM occurring, then 999 emergency services should be contacted immediately along with Children’s Services.

Do not carry out a genital examination unless this is already part of your role. A formal diagnosis will be sought as part of the subsequent multi-agency response.

Always ask your local Safeguarding / FGM leads if in doubt.
If you believe that the person may be at future risk of FGM you should also inform your local Safeguarding lead.

Wherever possible, a sensitive conversation between you as the referrer and the parents should take place if you are reporting any cases of FGM and also what this actually means. However, do not discuss referrals if you think that reporting could lead to a risk of serious harm to anybody. Contact your local Safeguarding lead for advice in such cases.

Checklist for someone over 18

You must:
- Follow and complete the Pregnancy or Adult Pathway on page 4 of All Wales Clinical FGM Pathway
- Inform the relevant health care professionals as per page 4 of this pathway
- Make a Child Protection referral if there is a possible risk to a child: all female infants under the care of a female with a history of FGM would be classified as high risk and require a Child Protection referral to be completed (All Wales Child Protection Procedures 2011 & Social Services & Wellbeing Act 2014)
- Consider if an Adult At Risk referral is required
- Inform your local Safeguarding lead if referrals are made
- Inform the patient of your actions sensitively and in a culturally acceptable manner
- Record all decisions and actions in patient’s notes
- Signpost the woman to services that offer support and advice
**Next Steps**

In response to any referrals made, social care professionals, health and Police will consider:

- use of FGM protection orders
- a care plan or other safeguarding response
- whether a safeguarding response is needed for anybody else related to the case, including other family members
- referral to community or third sector organisations
- the need for a criminal investigation

**References**


# PREGNANCY PATHWAY

1. Routine enquiry re FGM at booking and document
2. Refer for Consultant Led review or to FGM Specialist Midwife
3. Prior to 20 weeks, FGM type should be identified and reopening offered if required
4. Referral for psychological or other support if required
5. Discussion around FGM and the legislation in the UK
6. Assessment of risk to any female children and education to family members
7. Child Protection referral to Social Services under the AWCPP if delivers female infant
8. Inform parents that maternal FGM history will be shared with GP and Health Visitor antenatally.
9. Agree follow-up care plan and provide any identified educational support
10. Data Collection
11. Encourage uptake of Antenatal Screening, to support the recommended BBV screening
12. Consider capacity assessment

# PAEDIATRIC PATHWAY

**<18 years old**

1. Initial identification of FGM (actual or potential risk)
2. Follow Mandatory Reporting
3. Ensure that this pathway & mandatory reporting is completed for under 18 year olds of any ethnic origin who have genital or intimate piercing
4. Refer to Social Services under the AWCPP
5. Discuss case with Consultant Community Paediatrician and offer a Health Needs Assessment
6. Care plan to consider FGM reopening, psychological or other support if required
7. Inform GP, Health Visitor and School Nursing
8. Agree follow-up care plan and provide educational support
9. Data Collection

# ADULT PATHWAY

**>18 years old**

1. Initial identification of FGM (actual or potential risk)
2. Plan for examination and assessment of type (with consent & by skilled professional)
3. Discussion of other options if the woman does not want reopening
4. Referral for psychological or other support if required
5. Discussion around FGM and the legislation in the UK
6. Assessment of risk to any female children and education to family members
7. Child Protection referral to Social Services under the AWCPP if any female infant dependents
8. Inform GP with consent
9. Agree follow-up care plan and provide any identified educational support
10. Data Collection. While genital piercing would be Type 4 it should not be recorded as part of data collection unless this has been carried out without the persons consent
11. Encourage uptake of recommended BBV screening
12. Consider capacity assessment

## Useful Numbers

**NSPCC FGM Helpline:**
0800 028 3550  
Email: fgmhelp@nspcc.org.uk

**BAWSO FGM 24 hr Helpline:**
0800 731 8147
### INITIAL ASSESSMENT

#### CHILD / ADULT DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Hospital / ID no</td>
<td></td>
</tr>
<tr>
<td>NHS number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
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<tr>
<td>Country of Birth</td>
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#### COMPLETING CLINICIANS DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Role / Designation</td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td></td>
</tr>
<tr>
<td>Work e-mail</td>
<td></td>
</tr>
<tr>
<td>Work phone number</td>
<td></td>
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<tr>
<td>Bleep number</td>
<td></td>
</tr>
<tr>
<td>Line Manager</td>
<td></td>
</tr>
</tbody>
</table>

### INFIBULATION HISTORY

These are some examples of what can be asked *(in a sensitive non-judgmental manner)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had the cut?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you open or closed?</td>
<td>Open</td>
<td>Closed</td>
</tr>
<tr>
<td>Have you experienced FGM?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td><em>(This may also be known as female circumcision)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### RISK ASSESSMENT

**Has the patient a history of any of the following?** (Please tick) If yes to any of the below, please complete action plan and document any signposting/referrals made on page 7.

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>CLINICAL PROBLEMS</th>
<th>PSYCHOLOGICAL ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painful or delayed micturition</td>
<td>Pelvic inflammatory disease</td>
<td>Emotional withdrawal</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td>Keloid scar formation</td>
<td>Symptoms of Post traumatic stress disorder</td>
</tr>
<tr>
<td>Painful periods</td>
<td>History of infertility</td>
<td>Flashbacks</td>
</tr>
<tr>
<td>Irregular periods</td>
<td>Recurrent urinary infections</td>
<td>Psycho-Sexual Symptoms</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>Vaginal infections</td>
<td></td>
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<tr>
<td></td>
<td>Difficulty in performing vaginal examinations or cervical cytology</td>
<td></td>
</tr>
</tbody>
</table>

- **Age at which FGM procedure was performed?**
- **Year FGM was performed?**
- **Country where it was performed?**
- **Year of arrival in UK**
- **Age now?**
- **Is patient under 18 years old?**
  - Yes  [ ]
  - No   [ ]
  - N/A  [ ]
- **If yes, has Mandatory Reporting been completed?**
  - Yes  [ ]
  - No   [ ]
  - N/A  [ ]
  - N/A  [ ]
  - Date Reported: .................................................

**Memories of procedure** (A short description to enable further clinical plan)

…………………………………………………………………………………………………………………………………………………………………..…………………
……………………………………………………………………………………………………………………………………………………………………………………..

**Family situation / any other females at risk** (consider referral)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Legislation & safeguarding referrals discussed** (Include date of referral to Social Services if required)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

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**Date:** May 2018  |  **Version:** Final  |  **Page:** 13 of 16
IDENTIFICATION OF FGM: This page should only be completed by a trained & qualified health professional that is skilled in identifying the type of FGM (If no trained health professional is available to identify the type of FGM, please refer to your designated Health Board FGM lead).

Date of Examination: ........................................................................................................

Time: ..............................................................................................................................

Name & Designation of Examiner: ...................................................................................

Venue of Examination: .................................................................................................

<table>
<thead>
<tr>
<th>TYPE 1: Prepuce removal only or partial or total removal of the clitoris</th>
<th>TYPE 2: Removal of the clitoris plus part or all of the labia minora</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Diagram of TYPE 1" /></td>
<td><img src="image2" alt="Diagram of TYPE 2" /></td>
</tr>
</tbody>
</table>

Comments

Clinical Management Plan

<table>
<thead>
<tr>
<th>TYPE 3: Removal of part or all of the labia minora with the labia majora either being sewn together covering the urethra and vagina leaving only a small opening for urine and menstrual fluid</th>
<th>TYPE 4: All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, tattooing, piercing, incising, scraping, cauterisation &amp; labia pulling</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3" alt="Diagram of TYPE 3" /></td>
<td><img src="image4" alt="Diagram of TYPE 4" /></td>
</tr>
</tbody>
</table>

Comments

Clinical Management Plan

Is De-infibulation required? - Yes          No
(If yes, Date & Where?).................................

Diagram above shows normal genitalia
(If a patient reports she has an FGM history but no visible scarring is noted on exam, this should be recorded as type 4.)
Action Plan/Continuation Sheet:

Please outline any ongoing referrals or management plans made:
## Appendix 2 - FGM Data Collection Tool

### Female Genital Mutilation Health Data Collection Tool

<table>
<thead>
<tr>
<th>Health Board / Trust:</th>
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<table>
<thead>
<tr>
<th>Compiled by:</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Address</td>
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<td>E-mail</td>
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<td>Phone number</td>
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<td>Date</td>
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<table>
<thead>
<tr>
<th>NHS Number (to be removed by HBs prior to sending to PHW)</th>
<th>Source of referral within health</th>
<th>Month / Year Presented</th>
<th>Country of origin</th>
<th>Ethnicity</th>
<th>LA</th>
<th>Type of FGM</th>
<th>Where did FGM take place?</th>
<th>Adult or child? A/C</th>
<th>If child, born in UK Y/N</th>
<th>Female children in household Y/N</th>
<th>Referred to Social Services</th>
<th>Mandatory Reporting completed</th>
</tr>
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**TOTAL**