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The All Wales Female Genital Mutilation Clinical Pathway

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Purpose and Summary of Document:

The All Wales Female Genital Mutilation (FGM) Clinical Pathway is a pathway developed by the NHS Wales Safeguarding Network. It provides professionals working within the 7 Health Boards and 3 NHS Trusts that form NHS Wales with the guidance to respond appropriately to concerns regarding FGM. It will be referred to as the FGM Clinical Pathway in the text.

Work Plan reference: NHS Wales Safeguarding Network – Objective 3

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1. FGM Clinical Pathway Flowchart

The FGM Clinical Pathway flowchart provides an easy to use process on a page that summarises the clinical pathway for adults and children and includes the Mandatory Reporting requirements.



2. Introduction

The All Wales Female Genital Mutilation (FGM) Clinical Pathway is a pathway developed by the NHS Wales Safeguarding Network. It provides professionals working within the 7 Health Boards and 3 NHS Trusts that form NHS Wales with the guidance to respond appropriately to concerns regarding FGM. It will be referred to as the FGM Clinical Pathway in the text.

3. Equality, Diversity and Inclusivity Statement

NHS Wales is committed to providing an FGM service that supports equality, diversity and inclusion and eliminates unlawful discrimination.

FGM disproportionately affects persons from Black and Minority Ethnic groups. The Home Office has identified that persons from certain communities are more at risk than others. These include persons from: Somalia, Eritrea, Kenya, Sierra Leone, Ethiopia, Sudan, Nigeria, Egyptian, Yemen, Indonesia, Kurdistan (NSPCC, 2020). This list is not exhaustive and FGM does occur in other communities.

It is important that when discussing and supporting adult and child victims/ survivors of FGM, healthcare professionals act sensitively and do not stereotype or racially profile those involved. Discussions around FGM should not single out, blame or make sweeping generalisations about individuals or communities due to their ethnicity. Discussions must be trauma informed and not focused on a person's ethnicity as a reason for FGM. FGM is child abuse and victims/ survivors should be given support and care.

To ensure that the guidance is inclusive of all people in Wales, the term 'person', 'people', 'young person' or 'child' will be used. Although most victims of FGM may identify as 'women' or 'girls' it is important that the guidance is inclusive for all victims. Persons who are involved in healthcare will be referred to as 'clients' rather than 'patients' in this document, as some identification of FGM may occur where a person is not in receipt of healthcare due to illness/ condition themselves.

4. What is FGM?

FGM is when a females genitals are deliberately altered or removed for non-medical reasons. It is also known as female circumcision or cutting. FGM is a form of abuse, it is dangerous and a criminal offence in the UK (NSPCC, 2020).

There are 4 types of FGM; type 1- clitoridectomy, type 2- excision, and type 3- infibulation. Type 4 relates to other harmful procedures that can be done to the female genitals including; tattoos, incising, pricking, piercing, and cutting, scraping or burning the area (NSPCC, 2020) (see Appendix 3).

The Department of Health (DOH, 2019) states that a child, or an adult at risk, who has undergone genital piercing, should be considered to be a victim of FGM (type 4). If they cannot consent to genital piercing, due to their age or mental capacity and they should be safeguarded accordingly. However, a consenting adult with capacity can have genital piercing or other genital changes providing they have consented to this. This would not be considered as FGM.

5. When Should the FGM Clinical Pathway be completed?

The FGM Clinical Pathway is meant for persons of any age. The Wales Safeguarding Procedures (2019) and your local safeguarding procedures must be used alongside the pathway to ensure that children and adults at risk of abuse and neglect are safeguarded.

It must be completed, without exception where:

- A new case of FGM is identified
- A new case of FGM is suspected
- There is suspicion that FGM may be planned in the future.

It is important to consider that the pathway is used in a **trauma informed** way. Women and girls who have experienced FGM are victims/ survivors of abuse. They should not be exposed to repeat intimate examinations and assessments where possible. There is a need for practitioners to aim to only assess persons once. Referrals should be made promptly to the right services to reduce the risk of repeat examination and traumatisation of the person.

6. Who Should Complete the FGM Clinical Pathway?

To reflect the differing competencies of the wide range professionals who work in NHS Wales there are 3 types of professionals identified in the pathway, who will have different responsibilities.

All NHS Wales Professionals

- All NHS Wales professionals, include those who work with clients and have exposure to FGM discussions, disclosures or suspicions.
- This could include nurses, midwives, school nurses, health visitors, general practitioners, sexual health nurses, paediatricians, doctors, consultants. This list is not exhaustive and there may be other professionals (registered and non-registered) who may be exposed to FGM discussions, disclosures or suspicions.
- **All NHS Wales Professionals should be aware of this policy, and should complete the FGM Clinical Pathway relevant to them and complete duty to report referrals if appropriate. They should escalate to a local Safeguarding Specialist if they feel this is out of their scope of practice.**

Professionals Experienced in FGM Care

- Some professionals in Wales may feel confident in the assessment and identification of FGM and its types. This would include professionals who have frequent exposure, training, and knowledge of FGM and intimate examination.
- This could include Sexual Assault Referral Centre (SARC) specialists, women's wellbeing clinic (in Cardiff and the Vale), consultant paediatricians, obstetricians, gynaecologists, specialist midwives. This list is not exhaustive and there may be specific professionals within Health Boards and Trusts that can perform this due to their own specific competencies.
- **Such experienced professionals should complete the FGM Clinical Pathway in its entirety including the examination documentation found in Appendix 4.**

- **They must ensure that discussions, safeguarding Duty to Report/ Child at Risk report forms (see 6i) and follow ups are completed for the person and/ or family involved.**

Safeguarding Specialists

- Safeguarding Specialists are those who have knowledge, training and expertise in safeguarding adults and children.
- This can include Heads of Safeguarding, Designated Safeguarding Leads (Midwives and Nurses), Named Safeguarding Midwives and Doctors/Nurses. This list is not exhaustive and there may be specific safeguarding experts within your organisation who can fulfil this role due to their own specific competencies.
- **Safeguarding Specialists must understand the FGM Clinical Pathway and be able to advise that the appropriate paperwork and actions according to local and regional policy's and guidance has been completed by their colleagues. They must ensure be able to advise the appropriate discussions, referrals and next steps.**
- They should ensure that systems and processes are in place for colleagues to be aware of and discharge their responsibilities.

7. FGM Record Keeping, Data Collection and Duty to Report

When FGM has been identified, and the relevant documentation completed, it is important that it is held securely within the client hospital records, according to local Record Keeping/ Safeguarding policy.

It is important that victims of FGM are supported, and that appropriate Multi Agency Referral Forms/ At Risk Reports are completed, according to the Wales Safeguarding Procedures and the duty to report (Welsh Government, 2019). Referrals to voluntary agencies or charities for additional support should also be discussed with the person, and completed with their consent. They should all be documented/ filed in the healthcare records.

It is important that identification of FGM is documented, according to local safeguarding processes e.g. DATIX, to ensure that data collection for FGM is complete. This will support better understanding of FGM prevalence in Wales.

FGM data should be able to be accessed by the Health Boards Corporate Safeguarding Team and sent via email to the Wales Violence Prevention Unit quarterly by the Safeguarding Team. An Information Sharing Agreement for this process is held locally within Health Boards Safeguarding Teams.

8. Mandatory Reporting of FGM

(i) Serious Crime Act (2015) Legislative Requirements

The FGM mandatory reporting duty is a legal duty requirement in the Serious Crime Act (2015). The mandatory reporting duty requires regulated health and social care professionals in England and Wales, to report 'known' cases of FGM, in children under the age of 18

The legislation requires mandatory reporting to be made to the police where, in the course of their professional duties, a health professional has:

- Been informed by a child, under 18 years of age that an act of FGM has been carried out on them
- Observed physical signs, which appear to show that an act of FGM has been carried out on a child under 18 years of age, and have no reason to believe that the act was necessary for the persons physical or mental health, or for purposes connected with labour or birth
- Not mandated in the Serious Crime Act legislation, but held in Royal College of Gynaecologist (2015) guidance on FGM, it is also advised that reporting to the police and social care should be considered when 'FGM is not confirmed but the parent says it has been done'.

The duty does not apply in relation to at risk or suspected cases or in cases where the person is over 18. In these cases, you should follow Wales Safeguarding Procedures (2019) alongside your 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.

(ii) How to Mandatory Report FGM

- You believe that FGM has occurred (this includes all children- those that that you may see or those you may not e.g. including siblings, daughters, grandchildren at risk)
- **If there is an immediate danger to the child call the police 999**
- If there is no immediate risk, inform the police via 101, within 28 days. Inform that you have a concern about a child being a victim of FGM and that you are fulfilling the Mandatory Reporting Duty.
- Be aware that the Police are expected to initiate a multi-agency safeguarding response from your referral
- Inform the person that you will also complete a duty to report to the child Local Authority in accordance with the Wales Safeguarding procedures (2019)
- Obtain and document the Crime Reference Number.
- Complete a Multi-Agency Referral Form to the Local Authority where the person resides within 28 days, but should be completed sooner according to urgency of safeguarding concerns. Share the Crime Reference Number with the Local Authority. **If there is immediate danger to the child a report to social services must be made within 24 hours.**
- Include relevant professionals such as; GP's, school nurses and/ or health visitors.

- Inform the Health Boards Corporate Safeguarding Team of the case and your actions.

You will have to provide:

- The person's name, date of birth and their address
- Family details- thinking about other female children in the family network specifically
- Your contact details
- An outline of the identified case
- Confirm you have undertaken safeguarding actions

9. Checklist for Children and Young People

When you are concerned that a child under the age of 18 years of age has had FGM, you must:

- Follow and complete the FGM Paediatric Pathway in Appendix 1
- **Do not** carry out a genital examination until the Local Authority is informed and a Child Protection Medical has been agreed. If there is an immediate health risk to the child e.g. haemorrhage, or the child is presenting for a medical procedure e.g. sexual health screening an FGM assessment may take place where the practitioners is able to do this and document their findings. Immediate paediatric assessment should always be considered in emergency cases and you should follow local procedures for emergency referral, to the appropriate professionals
- Inform your Health Board Corporate Safeguarding Team of the case.
- Fulfil Mandatory Reporting duty (see section 7ii) and call the police via 999 or 101 according to potential risk to child
- Ensure Wales Safeguarding Procedures (2019) are followed and necessary referrals are made to the Local Authority
- Ensure that details regarding other children and adults at risk in the family or have had FGM are gathered and shared with the police and Local Authority
- Record all decisions and actions in client notes

Always seek support from the Health Boards Corporate Safeguarding Team if you are unsure.

10. Checklist for Adults

When you are concerned that an adult over the age of 18 years of has had FGM you must:

- Follow and complete the FGM Pregnancy or Adult Pathway in Appendix 1
- **Do not** carry out a genital examination unless this is already part of your role. If you are not experienced in dealing with FGM (section 5), inform your Designated Safeguarding Lead/ Team so that referrals for assessment to an appropriate professional can be made, e.g. obstetrician or gynaecologist
- Women should only be assessed once. For example: If a women discloses FGM to her community midwife, referrals should be made to the women's wellbeing clinic/or obstetric lead for assessment of the type of FGM and to complete the clinical pathway.
- Consider the vulnerabilities of the adult- are they an Adult at Risk? Do they have the capacity to make decisions for themselves? If so consider if you have a Duty to Report

- Ensure that details regarding other children, and adults at risk e.g. learning difficulties, mental health are collected, who also may be at risk of FGM.
- Complete a Duty to Report form if there is any 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
- Discuss FGM, your concerns and the necessary next steps with the client sensitively and in a culturally acceptable manner, where is possible
- Ensure the Wales Safeguarding Procedures (2019) are followed and inform your local Designated Safeguarding Lead/ Team of the case
- Record all decisions and actions in health care notes
- Signpost and refer the person to services that offer support and advice.

11. Suspicions of FGM

There are occasions where FGM may be suspected by a professional but it is not possible to be certain that this occurred. This may include a child;

- Having difficulty walking, standing or sitting
- Spending longer in the bathroom or toilet
- Talking about a special occasion or ceremony where they 'become a woman/ adult' or being 'prepared for marriage
- Taking long holiday overseas or visiting a family abroad during the summer holidays
- Having unexpected or long absence from school or college
- Acting differently after an absence from school or college
- Running away – or planning to run away - from home in response to planned holidays/ celebrations.

(NSPCC, 2020).

If you suspect that FGM has occurred this can still be reported to the police and Local Authority following the FGM Paediatric Pathway (Appendix 1), making clear that these are suspicions and detailing why you have such suspicions e.g. parental behaviour/ language, child's behaviour. **Do not** attempt to carry out a genital examination. A formal diagnosis will be sought as part of the subsequent multi-agency response.

Wherever possible, a sensitive conversation between you as the referrer and the child (if age appropriate) and the parents should take place. However, do not discuss referrals/reports if you think that this could lead to a risk of serious harm to anybody. Contact your local Safeguarding Specialist for advice if you are unsure.

12. Next Steps and Follow Up

After FGM referrals are made you should expect a response from the agencies within 7 working days. These should be followed up if you had not received feedback from the agencies. Social Care, Health and Police will consider:

- Use of FGM Protection Orders
- A care plan or other safeguarding response
- A safeguarding response for anybody else related to the case, including other family members
- Referral to community or third sector organisations that specialise in FGM support
- The need for a criminal investigation

For additional support, it is important to consider the holistic wellbeing of the person or child involved. This can include referrals to services such as:

- The women's wellbeing clinic in Cardiff and Vale- a specialist referral for pregnant women who disclose FGM, which can be used as a resource for advice and support to other health boards in Wales
- BAWSO- (Black Association Women Step Out) provides advice, services and support to black minority ethnic communities and individuals in Wales who are affected by abuse, violence and exploitation.
- Mental health services
- Gynaecologist/urologist for treatment/reversal
- Community services such as General Practitioners, School Nurses, Health Visitors

These services can all offer longer term support for persons affected.

13. Reference List

Department of Health (2017). FGM safeguarding and risk assessment: quick guide for health professionals. Accessed at: [FGM Professional Guidance Forms \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) on the 02/08/21

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Her Majesty's Government (2016) Multi-agency statutory guidance on female genital mutilation. Accessed at <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation> on the 20/09/2021.

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NSPCC (2020). Female Genital Mutilation. Accessed at: [Female Genital Mutilation - Prevent & Protect | NSPCC](https://www.nspcc.org.uk) on the 02/09/21

Royal College of Gynaecology (2015) Female Genital Mutilation and its Management. Accessed at: <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf> on 02/08/21.

Serious Crime Act (2015) Serious Crime Act. Accessed at [http://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf](https://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf) on 02/08/21.

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Welsh Government (2019). Wales Safeguarding Procedures. Accessed at: [Social care Wales \(safeguarding.wales\)](https://www.walesafeguarding.wales) on the 02/08/21

14. Appendix 1 – FGM Pregnancy, Paediatric and Adult Pathways

FGM PREGNANCY PATHWAY	FGM PAEDIATRIC PATHWAY <18 years old	FGM ADULT PATHWAY >18 years old
<ol style="list-style-type: none"> 1. Routine enquiry re FGM at booking appointment <input type="checkbox"/> 2. If FGM has occurred refer to relevant FGM practitioner <input type="checkbox"/> 3. Prior to 20 weeks, FGM type should be identified and re-opening offered if required <input type="checkbox"/> 4. Referral to support services if required <input type="checkbox"/> 5. Discussion around FGM and the legislation in the UK regarding female children <input type="checkbox"/> 6. Assessment of risk to any female children or wider family members using DOH (2017) FGM Professional Guidance Forms (publishing.service.gov.uk) <input type="checkbox"/> 7. Referrals/ reports to be made for unborn baby, children and/ or adults at risk, Multi Agency Referral Forms/ At Risk Reports to be made to Local Authority and/ or police using DOH (2017) form as evidence of risk <input checked="" type="checkbox"/> 8. Inform parents that FGM will be shared with other professionals e.g. GP and Health Visitor <input type="checkbox"/> 9. Agree care plan and ensure support referrals and signposting are completed (see Appendix 2) <input type="checkbox"/> 10. Inform Designated Safeguarding Lead/ Team for data collection and referral purposes <input type="checkbox"/> 	<ol style="list-style-type: none"> 1. Initial identification of FGM (actual or suspected risk) <input type="checkbox"/> 2. Follow Mandatory Reporting Guidance (section 7) <input type="checkbox"/> 3. Refer to Police and Social Services under the duty to report process of the Wales Safeguarding Procedures (2019) <input type="checkbox"/> 4. Referral to experienced professional e.g. SARC, paediatrician for examination <input type="checkbox"/> 5. Ensure that log of disclosure and referrals is created on local system for data collection <input type="checkbox"/> 6. Care plan to consider FGM re-opening, psychological or other support if required <input type="checkbox"/> 7. Inform GP, Health Visitor and School Nursing <input type="checkbox"/> 8. Agree care plan and ensure support referrals and signposting are completed (see Appendix 2) <input type="checkbox"/> 	<ol style="list-style-type: none"> 1. Initial identification of FGM (this may have occurred in childhood or may be an adult at risk) <input type="checkbox"/> 2. Plan for examination and assessment of FGM type (with consent & by experienced FGM professional) <input type="checkbox"/> 3. Discuss other support options if the person does not want reopening <input type="checkbox"/> 4. Discussion around FGM and the legislation in the UK regarding female children <input type="checkbox"/> 5. Assessment of risk to any female children or wider family members using DOH (2017) FGM Professional Guidance Forms (publishing.service.gov.uk) <input type="checkbox"/> 6. If concerns about risk to an unborn, child/ren or an adult at risk, Multi Agency Referral Forms/ At Risk Reports to be made to Local Authority and/ or police using DOH (2017) form as evidence of risk <input type="checkbox"/> 7. Inform adult that FGM history will be shared with GP and other professionals if they have children <input type="checkbox"/> 8. Agree care plan and ensure support referrals and signposting are completed (see Appendix 2) <input type="checkbox"/>

**** Remember to complete documentation in Appendix 3 and complete and upload associated risk assessments and Multi Agency Referral Forms/ At Risk Reports ****

15. Appendix 2 – Useful Numbers

Welsh Victim Support Helplines

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

BAWSO FGM 24 hr Helpline:
0800 731 8147

Professional Support

- All Wales VAWDASV steering group
- Live Fear Free: [Female genital mutilation | GOV.WALES](#)

16. Appendix 3 – Initial Assessment

CHILD / ADULT DETAILS	
Name	
Hospital / ID no	
NHS number	
Address	
Date of Birth	
EDD of Unborn (if applicable)	
Nationality	
Country of Birth	

COMPLETING CLINICIANS DETAILS	
Name	
Role / Designation	
Base	
Work e-mail	
Work phone number	
Bleep number	

INFIBULATION HISTORY		
Examples of questions to be asked in a sensitive non-judgmental manner		
Have you had the cut?	Yes	No
Do you know if you are open or closed?	Open	Closed
Have you experienced FGM or female circumcision?	Yes	No
For terminology in other language please see: FGM Terminology for Website.pages (nationalfgmcentre.org.uk)		

Age at which FGM procedure was performed?	
Year FGM was performed?	
Country where it was performed?	
Age now?	
Is client under 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, has Mandatory Reporting been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> Crime Reference Number:..... Date Reported:
Memories of procedure (A short description to enable further clinical plan)	

RISK ASSESSMENT		
<i>Has the client a history of any of the following? (Please tick if yes to any of the below and complete action plan)</i>		
SYMPTOMS	CLINICAL PROBLEMS	PSYCHOLOGICAL ISSUES
Painful or delayed micturition <input type="checkbox"/>	Pelvic inflammatory disease <input type="checkbox"/>	Emotional withdrawal <input type="checkbox"/>
Painful intercourse <input type="checkbox"/>	Keloid scar formation <input type="checkbox"/>	Symptoms of Post traumatic stress disorder <input type="checkbox"/>
Painful periods <input type="checkbox"/>	History of infertility <input type="checkbox"/>	Flashbacks <input type="checkbox"/>
Irregular periods <input type="checkbox"/>	Recurrent urinary infections <input type="checkbox"/>	Psycho-Sexual Symptoms <input type="checkbox"/>
Asymptomatic <input type="checkbox"/>	Vaginal infections <input type="checkbox"/>	
	Difficulty in performing vaginal examinations or cervical cytology <input type="checkbox"/>	

Family situation / any other persons at risk (consider Multi Agency Referral Forms/ At Risk Reports)

.....

.....

Legislation & safeguarding reports discussed (Include date of any referral/reports)

.....

.....

17. Appendix 4 – FGM Examination

FGM Examination

This page should only be completed by a trained & qualified health professional that is experienced in identifying the type of FGM.


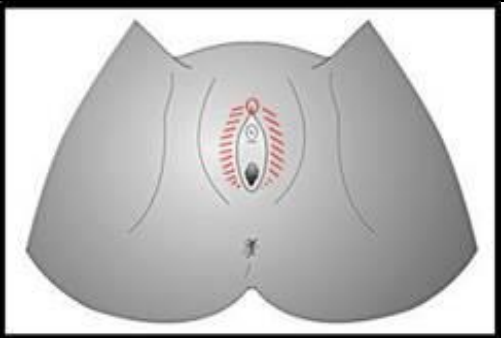
(If no experienced health professional is available to identify the type of FGM, please refer to your local Designated Safeguarding Lead/ Team who will support you in finding an experienced professional)



Date of Examination:

Time:

Name & Designation of Examiner:

Venue of Examination:

TYPE 1: Prepuce removal only or partial or total removal of the clitoris		TYPE 2: Removal of the clitoris plus part or all of the labia minora	
			
Comments		Comments	
Clinical Management Plan		Clinical Management Plan	

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		TYPE 4: All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, cauterisation & labia pulling	
			

	<p>Diagram above shows normal genitalia</p> <p>(If a client reports they have an FGM history but no visible scarring is noted on exam, this should be recorded as type 4. As type 4 cannot be ruled out and includes all other procedures)</p>
Comments	Comments
Clinical Management Plan Is De-infibulation required? - Yes No (If yes, Date & Where?).....	Clinical Management Plan

Action Plan/Continuation Sheet:

Please outline any ongoing Multi Agency Referral Forms/ At Risk Reports and management plans made: