



Department
of Health

FGM Safeguarding and Risk Assessment

Quick guide for health professionals

January 2017

Using this guide

This guide has been created to help health professionals identify and assess the risk of female genital mutilation (FGM) for patients in your care and to support the discussion with patients and family members.

The guide will help you to:

Start the conversation and confidently discuss FGM with patients and their families.

Use the risk assessment tool to assess whether your patient is either at risk, or has had, FGM. Also to identify whether your patient has children or whether there are other children in the family / close friends who are potentially at risk of FGM.

Safeguard your patients appropriately, including understanding when to refer to social care and the police.

Learn more about FGM, including the different types, the health impacts, a world map of where FGM is practiced and the different names and local terms used to describe FGM.

If when using this guidance you are concerned by any answers received from patients or their families, you should enquire further and consider asking other related questions to further explore this concern.

Please note that you should save a copy of the risk assessment form or the information obtained from it within the patient's healthcare record. You should also record when, by whom and at what point in the patient's pathway the assessment was completed.

Starting the conversation

Opening the conversation about FGM will differ depending on the circumstances of your patient, however in all cases you should ask the following introductory questions:

1. **Do you, your partner or your parents come from a community where cutting or circumcision is practised?**
(See map and list of local terms on pages 7 & 8).
2. **Have you been cut? It may be appropriate to use other terms or phrases.**

The questions should be asked to the patient directly or to the parent or legal guardian, where appropriate, if the patient is a child.

If you receive a **YES** answer to questions (1) or (2) please complete one of the following [risk assessment templates](#):

Adult Woman	Pregnant	Template 1A
Adult Woman	Not Pregnant	Template 1B
Child (Under 18)	At risk / FGM status unknown	Template 2
Child (Under 18)	Has had FGM / FGM suspected	Template 3

Always:

- Ensure all discussions are approached directly but in a sensitive and non-judgemental manner.
- Document all actions in the patient's healthcare record and share this information with the patient's GP and for children, with their school nurse and health visitor.
- Inform the patient and their family that FGM is illegal in the UK and is child abuse.
- Explain the negative health consequences of practising FGM.
- Use an accredited translation service and not a family or community member.
- Provide a copy of the patient leaflet 'More information about FGM.' Available in English and 11 other languages. Copies of these are FREE to order [from Orderline](#).
- Ensure that any further action complies with all statutory and professional responsibilities in relation to safeguarding, the [mandatory reporting duty](#) and meets local processes and arrangements.
- Remember that this guidance does not replace the need for professional judgement in relation to the circumstances presented.

Safeguarding the child

The guide is designed to support you with identifying and considering the risks relating to FGM and to support the discussion with the patient and family members. Having used the guide, you will need to decide:

- Do I need to make a referral through my local safeguarding processes? Is that an urgent or standard referral?
- Is this a new risk? Or has the risk increased or reduced since your last contact with the family? Any changes should be noted on the patient's health care record.
- Do I need to make a police report under the [mandatory reporting duty](#)? All known cases of FGM (new or historic) on a child under 18 years must be reported to the police via the 101 non-emergency number and a crime reference number obtained.
- Do I need to seek help from my local safeguarding lead or other professional support before making a decision?

Note, you may wish to consult with a Multi-Agency Safeguarding Hub (MASH), children's social care or the local police force for additional support.

If you think that the risk of FGM is not at the point where you need to refer to an external body, then should still ensure that you record and share information about your decision accordingly.

Urgent referrals

These should be made, out of normal hours if necessary, if:

- A child under 18 years shows signs of very recently having undergone FGM. This may allow for the police to collect physical evidence.
- You believe that there are plans to take the child abroad and there is an imminent risk that she is likely to undergo FGM if allowed to leave your care.

In these cases children's social care and the police will consider what action to take. This could include taking out an FGM Protection Order (Schedule 2 of the Female Genital Mutilation Act 2003) which may include the surrendering of passports. Or if required, an Emergency Protection Order could be made under Section 44 of the Children Act 1989 enabling a child to be removed to a place of safety if there is evidence that a child is in imminent danger.

More about FGM

Female Genital Mutilation (FGM) is a procedure where the female genital organs are injured or changed, but there is no medical reason for this. It can seriously harm the health of women and girls in the long term.

Female genital mutilation is classified into four major types. The World Health Organisation defines FGM as follows:

- **Type 1:** Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Type 2:** Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
- **Type 3:** Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- **Type 4:** Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Free online training is available to all NHS staff to help improve your knowledge and awareness of FGM. You can access this directly from [e-Learning for Healthcare](#).

More professional guidance and video resources are available on www.gov.uk/dh/fgm

Health impacts of FGM

Many men and women in practising communities are unaware of the relationship between FGM and the severe harm it causes to the health of women and girls. All types of FGM are extremely harmful with many short and long term health implications including:

Short-term:

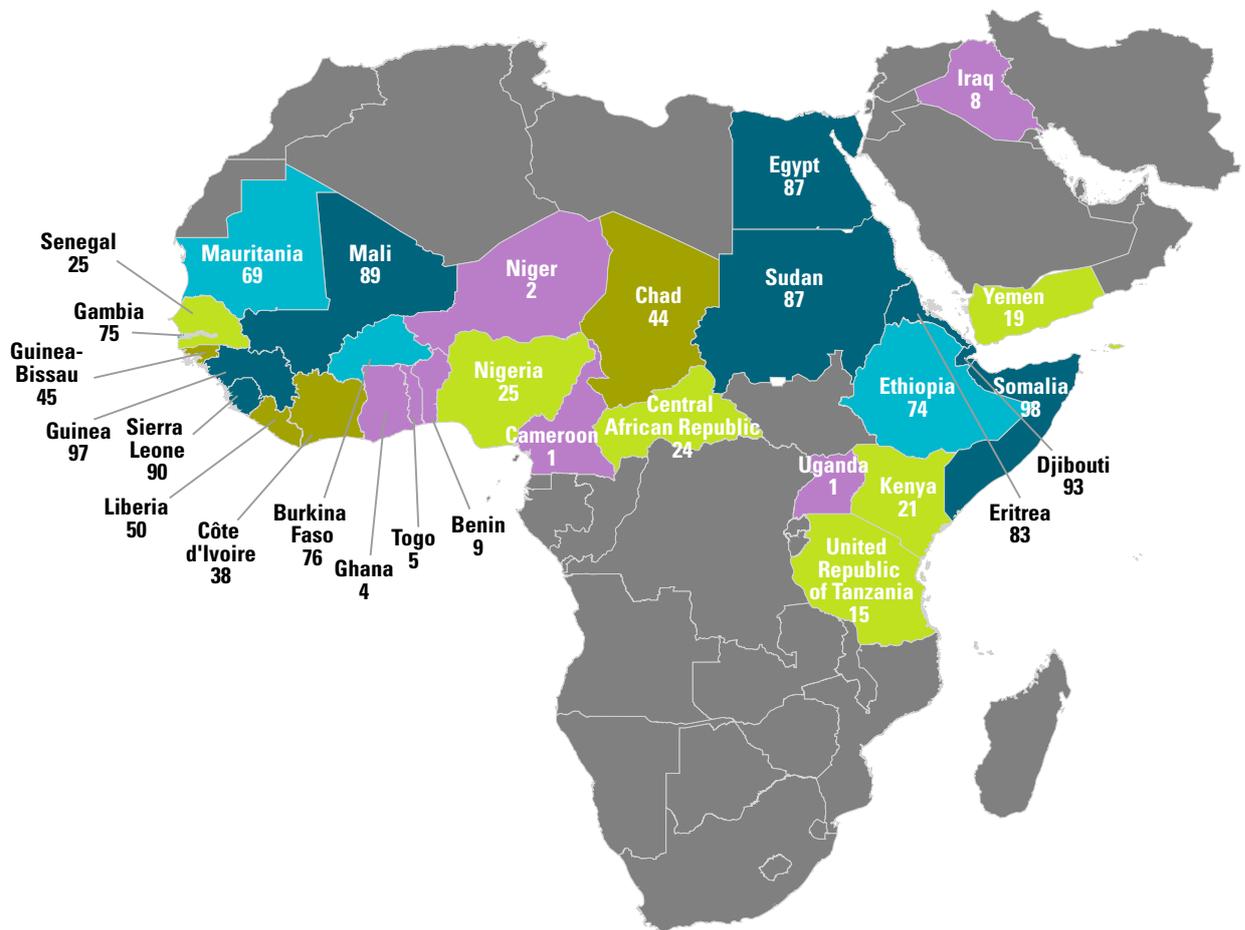
- Severe pain
- Emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends)
- Haemorrhage
- Wound infections, including tetanus and blood borne viruses (including HIV and Hepatitis B and C)
- Urinary retention
- Injury to adjacent tissues
- Fracture or dislocation as a result of restraint
- Damage to other organs
- Death

The longer-term implications for women who have had FGM Types 1 and 2 are likely to be related to the trauma of the actual procedure, while health problems caused by FGM Type 3 are more severe and long-lasting.

Long-term:

- Chronic vaginal and pelvic infections
- Difficulties with menstruation
- Difficulties in passing urine and chronic urine infections
- Renal impairment and possible renal failure
- Damage to the reproductive system, including infertility
- Infibulation cysts, neuromas and keloid scar formation
- Obstetric fistula
- Complications in pregnancy and delay in the second stage of childbirth
- Pain during sex and lack of pleasurable sensation
- Psychological damage, including a number of mental health and psychosexual problems such as low libido, depression, anxiety and sexual dysfunction; flashbacks during pregnancy and childbirth;
- Substance misuse and/or self-harm
- Increased risk of HIV and other sexually transmitted infections
- Death of mother and child during childbirth.

Map of FGM practising countries



- Less than 10%
- 10% - 25%
- 26% - 50%
- 51% - 80%
- Above 80%
- Countries with no comparable data in UNICEF global databases

Percentage of girls aged 0 to 11 years who have undergone FGM/C



Traditional and local terms for FGM

Country	Term used for FGM	Language	Meaning
EGYPT	Thara	Arabic	Deriving from the Arabic word 'tahar' meaning to clean/purify
	Khitan	Arabic	Circumcision – used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
ETHIOPIA	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
ERITREA	Mekhnishab	Tigreña	Circumcision/cutting
KENYA	Kutairi	Swahili	Circumcision – used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
NIGERIA	Ibi/Ugwu	Igbo	The act of cutting – used for both FGM and male circumcision
	Sunna	Mandingo	Believed to be a religious tradition/obligation by some Muslims
SIERRA LEONE	Sunna	Soussou	Believed to be a religious tradition/obligation by some Muslims
	Bondo	Temenee/ Mandingo/Limba	Integral part of an initiation rite into adulthood
	Bondo/Sonde	Mendee	Integral part of an initiation rite into adulthood
SOMALIA	Gudiniin	Somali	Circumcision – used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word 'halal' ie. 'sanctioned' – implies purity. Used by Northern & Arabic speaking Somalis.
	Qodiin	Somali	Stitching/tightening/sewing refers to infibulation
SUDAN	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word 'tahar' meaning to purify
CHAD – the Ngama	Bagne		Used by the Sara Madjingaye
Sara subgroup	Gadja		Adapted from 'ganza' used in the Central African Republic
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu	'Circumcision of girls'
GAMBIA	Niaka	Mandinka	Literally to 'cut /weed clean'
	Kuyango	Mandinka	Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning 'the women's side'/'that which concerns women'

FGM Risk Assessment Checklist

Have you:

Discussed FGM with the patient and their family.

Completed an FGM [risk assessment template](#).

Recorded your actions and the outcome of the assessment on the patient's healthcare record.

Followed your local safeguarding process and made a referral to children's social care, if appropriate.

Reported a known case of FGM to a child under 18 to the police under the FGM [mandatory reporting duty](#), if appropriate.

Shared relevant information with other health professionals including the GP, health visitor, school nurse, your local safeguarding lead.

Provided a copy of the patient leaflet 'More information about FGM' – available FREE from [Orderline](#) in 11 languages.



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