

Trust Clinical Policy
Safeguarding Group
Guidance for the Reporting of Genital Mutilation
(FGM / Female Circumcision)

Document Control

Author / Contact	Dr Richard Fawcett, Emergency Department, RSUH Ext 74757
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1.0 Purpose

Any staff member within the trust has the potential to influence a woman not to subject their daughter to FGM by emphasising the risks to their health and potential lifelong complications.

This guidance provides information on identifying when a girl (under the age of 18) or women may be at risk of being subjected to FGM and responding appropriately to protect and support them in addition to the correct recording procedures.

2.0 Background

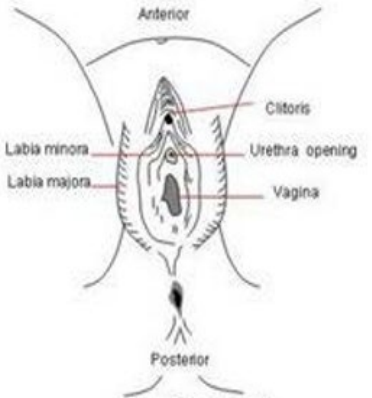
Female Genital Mutilation (FGM), which is also known as female genital cutting, involves any procedure that includes the removal of any part of the female genital organs for cultural or any other non-therapeutic reasons (WHO, 1996).

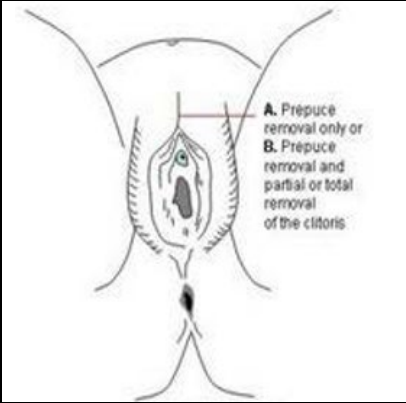
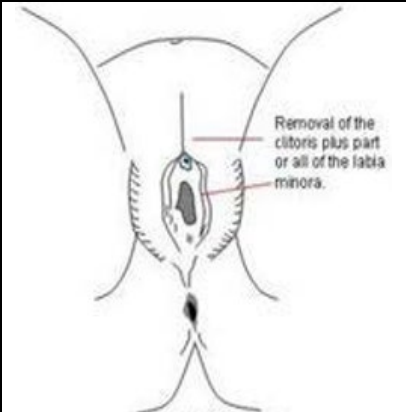
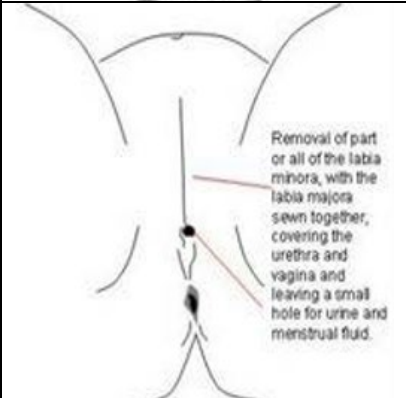
There are many reasons why this custom is still seen as acceptable by those that agree with its practice. It has a positive meaning by enhancing marriageability, improving hygiene and ensuring virginity. They believe that clitoris removal reduces women’s promiscuity, which reduces the risk of pre- or extramarital sex and family dishonour (Lockhat, 2004). FGM has become more prevalent within the UK due to an increase in immigration of women from countries where FGM is practiced.

FGM is illegal for females under the age of 18, and must be reported to the police if detected. It is an extremely harmful procedure and has been recognised as a form of child abuse and gender violence against women (DH, 2015).

3.0 Types of FGM

Recognition of the different types of mutilation is important, and were possible recorded accurately within the notes.

Picture	Type	Description
	Normal	
		Partial or total removal of the clitoris (a small, sensitive and erectile part of the

	<p>Type 1 Clitoridectomy</p>	<p>female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).</p>
	<p>Type 2 Excision</p>	<p>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).</p>
	<p>Type 3 Infibulation</p>	<p>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.</p>
	<p>Type 4 Unclassified</p>	<p>All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.</p>

4.0 Policy for the Reporting of Female Genital Mutilation

If a health care professional during the course of their professional practice comes across the physical findings of FGM in a female they should follow the trust’s **FGM flowchart** (appendix 1).

If the female is under the age of 18, then they must inform the police immediately, fill in the **BLUE FGM proforma** (appendix 3), inform the Named Nurse for Child Safeguarding and refer

the child to social services and health care professional (with relevant paediatric experience with FGM).

If discovered in a female who is 18 years or older then they should fill in the **GREEN FGM proforma** (appendix 2), and gather information regarding any female children within the family to identify anyone that might be at risk of this

Health professionals must be familiar with the requirements of the Health and Social Care Information Centre (HSCIC) FGM Enhanced Dataset and explain its purpose to the woman. The requirement for her personal data to be submitted without anonymisation to the HSCIC, in order to prevent duplication of data, should be explained. However, she should also be told that all personal data are anonymised at the point of statistical analysis and publication (RCOG, Green-top Guideline, 2015).

All FGM patients should be offered a referral to the *FGM clinic* (run by Dr Fidelma O'Mahony – Gynaecology) and their details recorded on the relevant data collection form.

The FGM data collection forms will be sent on the last day of the month to the specified data analyst who will upload data to the Department of Health.

5.0 The Law

In 1985 the Prohibition of Female Circumcision Act was passed within UK law stating it is an offence for any person:

- 1) To excise, infibulate or otherwise mutilate the whole or any part of the labia majora or clitoris of another person, or
- 2) To aid or abet, counsel or procure the performance of another person of any of those acts on that other person's body.

In 2003 the law was updated (Female Genital Mutilation Act 2003) making it illegal to send children abroad for the purpose of FGM. If found guilty of an offence under this act a person may be imprisoned for up to 14 years.

In 2015, section 74 of the Serious Crime Act (2015) was added to section 5B of the FGM Act 2003 mandating that all health and social care professionals in addition to teachers within England and Wales are required by law to report any 'known' cases of FGM in any under 18 year old which they discover to the police. This duty came into effect on the 31st October 2015.

6.0 Female Genital Mutilation in the UK

It is estimated that approximately 2 million females worldwide undergo a type of FGM each year, with the majority of them being unaware that they are even at risk (FORWARD 2007). There is an estimated 137,000 females in England and Wales who have undergone a type of

FGM, including 10,000 girls under the age of 15 years of age (Macfarlane A and Dorkenoo E, 2014).

It is an offence for anyone (regardless of their nationality and residence status) to perform FGM in the UK or to assist a girl to perform FGM on herself in the UK.

7.0 The Way Forward

Attitudes - It must be appreciated that these women did not choose mutilation. All staff should be aware of the practice and types of female genital mutilation and the adverse effects on women's sexual and reproductive health. Staff should be sensitive to the traditions of the communities where mutilation is practised.

Hospital Services: where FGM is confirmed by observation or disclosure then referral for on-going psychological support should be offered.

Identification of any female children/grandchildren/nieces/siblings should be done and safeguarding initiated. Liaison with Professionals involved with these children is also required e.g. Health Visitor/GP/School Nurse. Referral to Children's Social Care may be necessary

8.0 Safeguarding Children and Adult Issues

Professional Leads Named Midwife/Lead Nurse Safeguarding Adults /Named Nurse Safeguarding Children must be informed of any cases of suspected FGM.

Child aged under 18. Any disclosure of FGM or confirmation during examination in a child should be treated as child abuse and reported to the police using 101. Any suspicion of intended or actual FGM for a child under aged 18 years must be referred to Children's Social Care. Social Care will conduct a Section 47 enquiry and formulate a Child Protection Plan for any female children at risk.

Any suspicion of an Adult 18+ of intended or actual FGM, the alleged victim should be managed by a person with specialist knowledge and understanding wherever possible with regards to their welfare, risk assessment and monitoring. If you are concerned that a person 18+ who has care and support needs is at risk of FGM then an adult safeguarding referral should be made (Policy C36).

FGM is a crime and if you have reason to believe a vulnerable person i.e. child or adult is in immediate and serious risk of harm, or that a crime has been committed call the Police on 999.

Staff must ensure that all Safeguarding paperwork relating to the patient is kept under lock and key, with very limited access. All records should comply with the organisational policies on managing records of domestic incidents/safeguarding.

9.0 Support Services

The NSPCC has launched a free 24-hour helpline which will provide advice and support to protect UK children from female genital mutilation (FGM).

The Female Genital Mutilation helpline, 0800 028 3550 and at FGMhelp@nspcc.org.uk, is a free 24/7 service staffed by trained counsellors offering advice and support to anyone worried about female genital mutilation (FGM). The free 24-hour helpline on 0800 028 3550 and at FGMhelp@nspcc.org.uk is for anyone concerned that a child's welfare is at risk because of female genital mutilation and are seeking advice, information or support. Though callers' details can remain anonymous any information that could protect a child from abuse will be passed to the police or social services

10.0 Training and Resources

All new Trust staff shall have safeguarding training during induction. That training should make reference to this policy.

Emergency Department staff shall have enhanced training in the detection and operational management of suspected Female Genital Mutilation.

See the Trust's Mandatory Training Policy.

FGM E-learning package available via the intranet – Smart Card Launcher.

11.0 Audit and Monitoring

Audit of compliance with this guideline will be undertaken on an annual audit basis in accordance with the Clinical Audit Strategy and Policy. The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies.

Key findings and learning points will be disseminated to relevant staff.

The contact details for the FGM leads are detailed below:

Emergency Medicine - Dr Richard Fawcett, Emergency Department, RSUH, Ext: 74757


Obstetrics & Gynaecology -

Paediatrics -

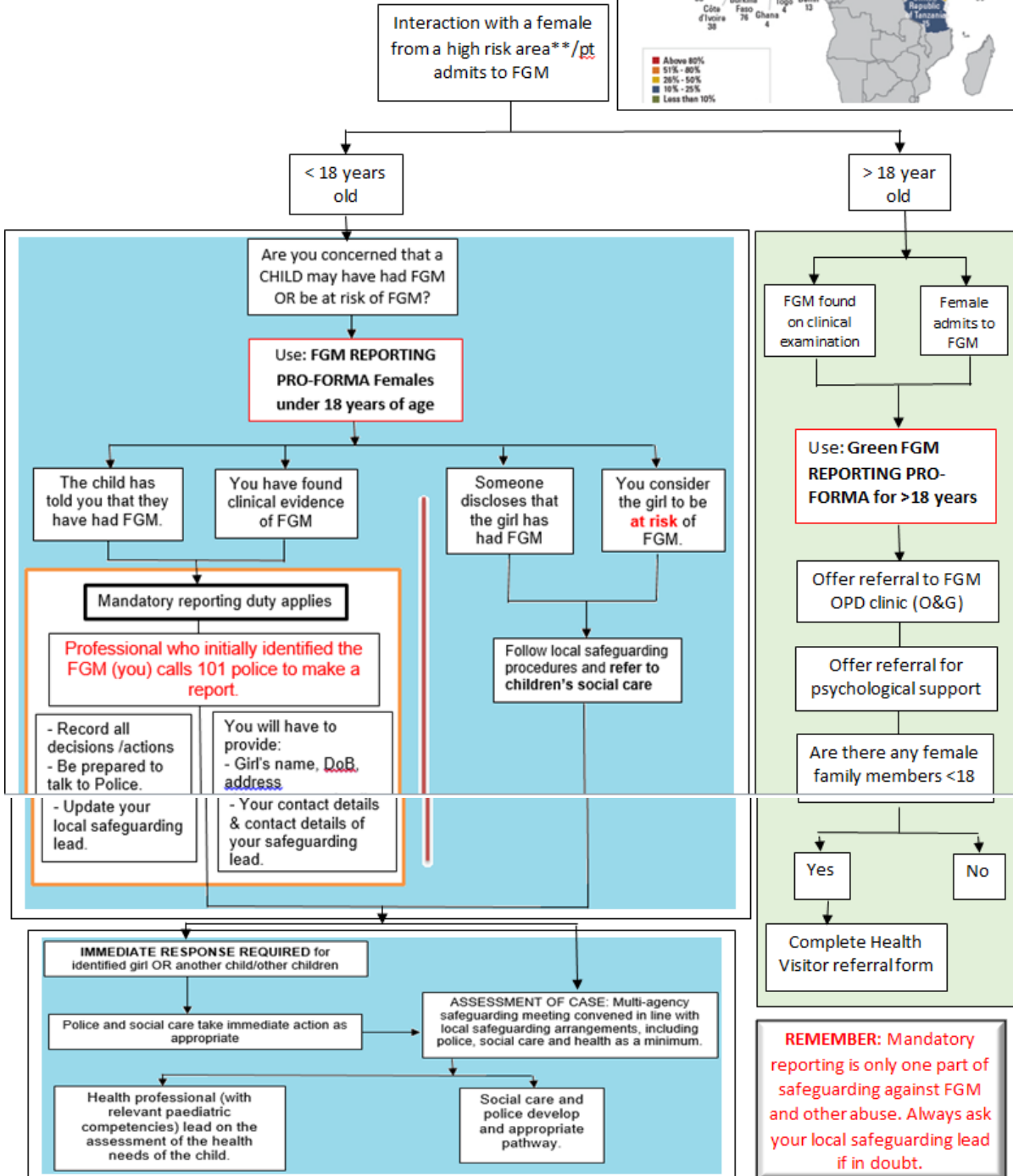
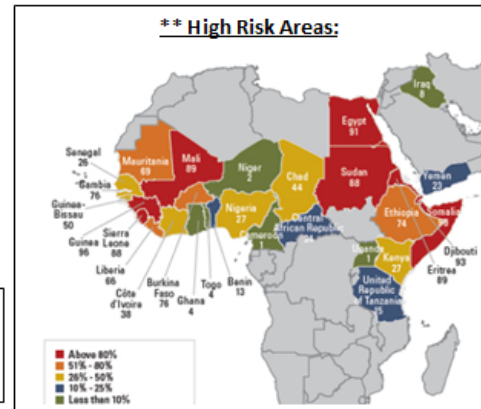
12.0 Equality and Diversity

The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

Appendix 1:

University Hospitals of North Midlands 
NHS Trust

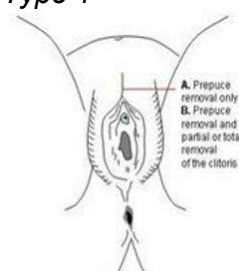
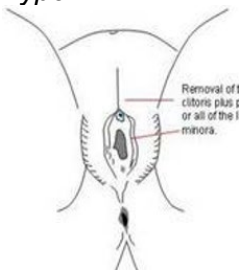
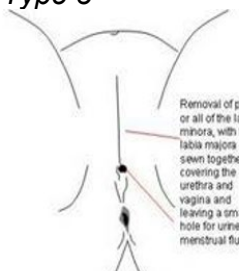
FEMALE GENITAL MUTILATION (FGM) FLOWCHART



Appendix 2

(GREEN) FGM REPORTING PRO-FORMA.

Females 18 years & over

DEPARTMENT		
DATE		
PATIENT DETAILS		
FORENAME		
SURNAME		
DATE OF BIRTH		
POSTCODE		
<p>FGM Type Identified (circle)</p> <p><i>Type 1</i></p>  <p><i>Type 2</i></p>  <p><i>Type 3</i></p> 	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.
	9	Not Known.
Deinfibulation Undertaken (Reversal surgery)?	Yes:	No:

Please return to Adult Safeguarding Team, Department of Nursing, Floor 2, Springfield Unit.

Appendix 3

(BLUE) FGM REPORTING PRO-FORMA

Females under 18 years of age

HEALTHCARE PRACTITIONER DETAILS		
Name		
Contact Details		
Role		
Place of Work		
Date Form Completed		
GIRLS DETAILS		
Name		
Age / Date of Birth	Age:	DOB:
Address		
FGM Type Identified: 1 2 3 4 9 Please circle appropriate number (see SOP for classification)		
DETAILS OF TRUST'S DESIGNATED SAFEGUARDING LEAD		
Helen Inwood	Deputy Chief Nurse	
Contact Details: Telephone / e-mail	Telephone: 01782 676622	Helen.inwood@uhns.nhs.uk
Place of Work	UHNM, Royal Stoke University Hospital, Springfield Building, Ground Floor, Newcastle Road, Stoke-on-Trent ST4 6QG	
Police Reference Number		
Time and Date	Time:	Date:
Child Protection Contacted (Please Tick One)	Yes:	No
Discussed with Family/Child (Please Tick One)	Yes:	No:

Please return both pages to Child Protection Team & FGM department leads (as per trust SOP)

FEMALE GENITAL MUTILATION.

Regulated Health Professionals are required to report cases of FGM in girls under 18 which they identify in the course of their professional work to the police.

This is a personal duty; the professional who identified FGM/receives the disclosure must make the report.

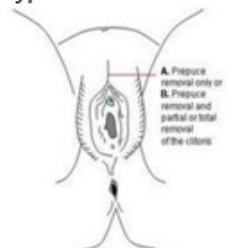
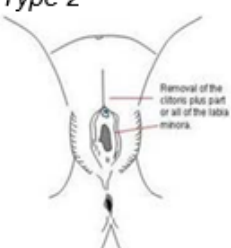
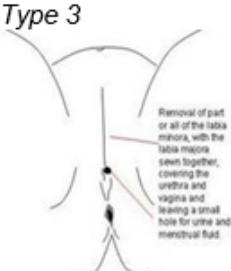
Within scope of duty

- Girls under 18 who disclose they have had FGM – using all accepted terminology:
 - Cut, Circumcised, Sunna
- When you see signs/symptoms appearing to show she has had FGM:
 - If you have no reason to believe it was for the girl's physical or mental health or for purposes connected with labour or birth.
 - Remember this includes genital piercing and tattoos for non-medical reasons i.e. in abusive context.

Actions

- Telephone 101, the non-emergency line number.
- Contact Child Protection.
- Document your actions.
- Write down the Police reference number.

FGM Type

<p>FGM Type Identified (circle)</p> <p><i>Type 1</i></p>  <p><i>Type 2</i></p>  <p><i>Type 3</i></p> 	Type 1	<u>Clitoridectomy</u> : 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.
	9	Not Known.

Appendix 4

Traditional and local terms for FGM

Country	Term used for FGM	Language	Meaning
EGYPT	Thara	Arabic	Deriving from the Arabic word 'tahir' 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	Religious tradition/obligation – for Muslims
	Sunna	Soussou	Religious tradition – obligation for Muslims
SIERRA LEONE	Bondo	Temenee	Integral part of an initiation rite into adulthood – for non Muslims
	Bonde/Sonde	Mendee	Integral part of an initiation rite into adulthood – for non Muslims
	Bondo	Mandingo	Integral part of an initiation rite into adulthood – for non Muslims
	Bondo	Lima	Integral part of an initiation rite into adulthood – for non Muslims
SUDAN	Khifad	Arabic	deriving from the Arabic word 'Khalad' meaning to lower (rarely used in everyday language)
GAMBIA	Kuyango Mandinka		Meaning the 'affair' but also the name for a shed built for initiates.
	Niaka Mandinka		Cut/weed clean
	Musolula Karoola Mandinka		Meaning 'the womens side'/'that which concerns women'
SOMALIA	Gudiniin	Somali	Circumcision used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word 'halal' i.e. 'sanctioned' – implies purity. Used by Northern & Arabic speaking Somalis.
	Qodiin	Somali	Stitching/tightening/sewing refers to infibulations

Appendix 5

References:

Department of Health (2015). Female Genital Mutilation Risk and Safeguarding Guidance for professionals. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf

Foundation for Women's Health, Research and Development (FORWARD) ET AL (2007) a Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales. Available at: <http://www.forwarduk.org.uk/key-issues/fgm/research>

Lockhat H. (2004) Female Genital Mutilation: Treating the Tears. London: Middlesex University Press.

Macfarlane, A. J. & Dorkenoo, E. (2014). Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk Interim report on provisional estimates. London: City University London.

Royal College of Obstetricians and Gynaecologists (2015). Green-top Guideline No. 53 Female Genital Mutilation and its management. Accessed from; <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf>

World Health Organization (1996). Female Genital Mutilation. Geneva , Switzerland : World Health Organization.

Recourses:

http://www.nspcc.org.uk/Inform/resourcesforprofessionals/minorityethnic/female-genital-mutilation_wda96841.html

http://www.nspcc.org.uk/help-and-advice/enquiries/frequently-asked-questions_wda83770.html#fgm

Call to End Violence against Women & girls: Action Plan 2014.

www.who.int/reproductivehealth/publications/fgm/en/index.html

Female Genital Mutilation Risk and Safeguarding; Guidance for professionals: DOH March 2015

Mandatory Reporting of Female Genital Mutilation – procedural information: Home Office 201

Leaflets:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472694/FGM_leaflet.pdf

Home Office online training package: www.fgmelearning.co.uk

Appendix 5

Document History:

Version	Date	Comments	Author
1.0	May 2016		Dr Richard Fawcett

Review Process Prior to Ratification:

Name of Group/Department/Specialist Committee	Date