

# Birmingham Health

## Female Genital Mutilation (FGM) Risk Assessment Tool

October 4

# 2017

**Providing information on:** How to use the guide, starting the conversation, using the assessment tools, safeguarding the child and making appropriate referrals, map of practicing countries and FGM terminology, the FGM assessment tools and useful information.

A modified  
guide, taken  
from the  
Department  
of Health  
Quick Guide  
January 2017



*Birmingham South Central  
Clinical Commissioning Group*

*Birmingham CrossCity  
Clinical Commissioning Group*

## Using this guide

This modified 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, and 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 page 5).

**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 tools:

<b>Tool 1</b>	Pregnant women/women who has recently given birth	p7
<b>Tool 2</b>	Non pregnant adult women ( over 18 years of age)	p8
<b>Tool 3</b>	Child/ young person under (18 years of age)	p9
<b>Tool 4</b>	Child or young person who has undergone FGM (under 18 years of age)	p11

### 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 West Midlands 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 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.

Note, you may wish to consult with the Birmingham [Children's Advice and Support Service \(CASS\)](#), 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.

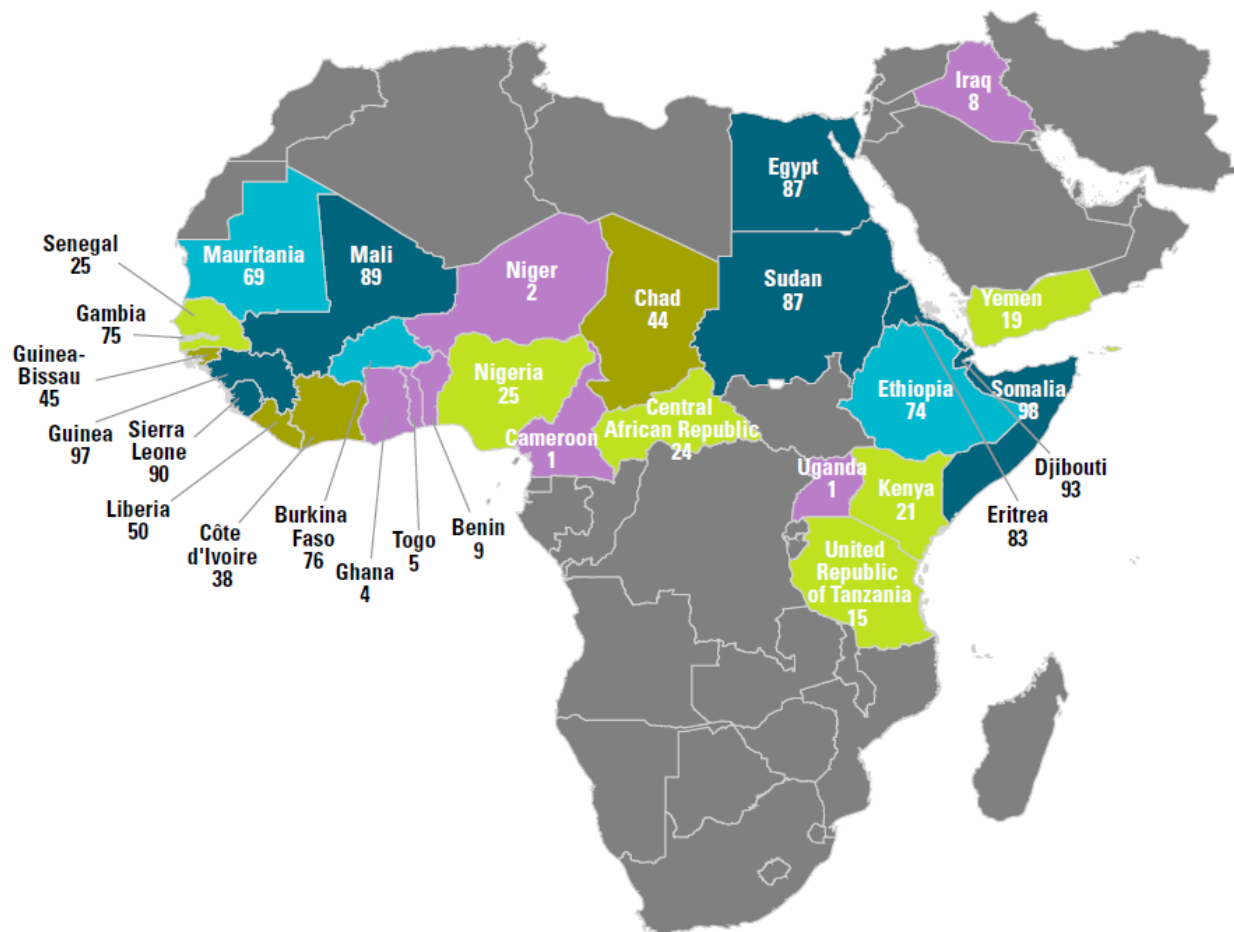
## Urgent referrals

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.

## Map of practicing 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 & 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	Temeneé/ 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?

**Tool 1: PREGNANT WOMEN OR WOMEN WHO HAS RECENTLY GIVEN BIRTH (Over 18 years of age)**

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Assessment: Initial/On-going

This is to help you make a decision as to whether the unborn children (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM.

Indicator	Yes	No	Details
<b>CONSIDER RISK</b>			
Woman comes from a community known to practice FGM	<input type="checkbox"/>	<input type="checkbox"/>	
Woman has undergone FGM herself	<input type="checkbox"/>	<input type="checkbox"/>	
Husband/partner comes from a community known to practice FGM	<input type="checkbox"/>	<input type="checkbox"/>	
A female family elder is involved/will be involved in care of children/unborn child or is influential in the family	<input type="checkbox"/>	<input type="checkbox"/>	
Woman/family has limited integration in UK community	<input type="checkbox"/>	<input type="checkbox"/>	
Woman and/or husband/partner have limited/no understanding of harm of FGM or UK law	<input type="checkbox"/>	<input type="checkbox"/>	
Woman's nieces, siblings and/or in-laws have undergone FGM	<input type="checkbox"/>	<input type="checkbox"/>	

<b>SIGNIFICANT OR IMMEDIATE RISK</b>			
Woman already has daughters who have undergone FGM	<input type="checkbox"/>	<input type="checkbox"/>	
Woman or woman's partner/family requesting re-infibulation following childbirth	<input type="checkbox"/>	<input type="checkbox"/>	
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be considered if she is found to have FGM	<input type="checkbox"/>	<input type="checkbox"/>	

Please remember: any child under 18 who has undergone FGM must be referred to police under the Mandatory Reporting duty using the 101 non-emergency number

**ACTION**

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

**Significant or Immediate risk** – if you identify one or more serious or immediate risks, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CASS, in accordance with Birmingham Children's Board Safeguarding procedures.

**If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**

**In all cases:–**

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK



## Tool 2: NON-PREGNANT ADULT WOMAN (Over 18 years of age)

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Assessment: Initial/On-going

This is to help decide whether any female children are at risk of FGM, whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM.

Indicator	Yes	No	Details
<b>CONSIDER RISK</b>			
Woman already has daughters who have undergone FGM under 18 years of age	<input type="checkbox"/>	<input type="checkbox"/>	
Husband/partner comes from a community known to practice FGM	<input type="checkbox"/>	<input type="checkbox"/>	
A female family elder (maternal or paternal) is influential in family or is involved in care of children	<input type="checkbox"/>	<input type="checkbox"/>	
Woman and family have limited integration in UK community	<input type="checkbox"/>	<input type="checkbox"/>	
Woman's husband/partner/other family member may be very dominant in the family and have not been present during consultations with the woman	<input type="checkbox"/>	<input type="checkbox"/>	
Woman/family have limited/no understanding of harm of FGM or UK law	<input type="checkbox"/>	<input type="checkbox"/>	

<b>SIGNIFICANT OR IMMEDIATE RISK</b>			
Woman/family believe FGM is integral to cultural or religious identity	<input type="checkbox"/>	<input type="checkbox"/>	
Woman already has daughters who have undergone FGM	<input type="checkbox"/>	<input type="checkbox"/>	
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be triggered if she is found to have FGM	<input type="checkbox"/>	<input type="checkbox"/>	

Please remember: any child under 18 who has undergone FGM must be referred to police under the 'Mandatory Reporting' duty using the 101 non-emergency number

### ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

**Significant or Immediate risk** – if you identify one or more serious or immediate risks, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CASS, in accordance with Birmingham Children's Board Safeguarding procedures.

**If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**

### In all cases:–

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

### Tool 3: CHILD/YOUNG PERSON (under 18 years of age)

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Assessment: Initial/On-going

This is to help when considering whether a child is **AT RISK of FGM**, or whether there are other children in the family for whom a risk assessment may be required.

Indicator	Yes	No	Details
<b>CONSIDER RISK</b>			
Child's mother has undergone FGM	<input type="checkbox"/>	<input type="checkbox"/>	
Other female family members have had FGM	<input type="checkbox"/>	<input type="checkbox"/>	
Father comes from a community known to practice FGM	<input type="checkbox"/>	<input type="checkbox"/>	
A female family elder is very influential within the family and is/will be involved in the care of the girl	<input type="checkbox"/>	<input type="checkbox"/>	
Mother/family have limited contact with people outside of her family	<input type="checkbox"/>	<input type="checkbox"/>	
Parents have poor access to information about FGM and do not know about the harmful effects of FGM or UK law	<input type="checkbox"/>	<input type="checkbox"/>	
Parents say that they or a relative will be taking the girl abroad for a prolonged period – this may not only be to a country with high prevalence, but this would more likely lead to a concern	<input type="checkbox"/>	<input type="checkbox"/>	
Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent	<input type="checkbox"/>	<input type="checkbox"/>	
Girl has attended a travel clinic or equivalent for vaccinations/anti-malarials	<input type="checkbox"/>	<input type="checkbox"/>	
FGM is referred to in conversation by the child, family or close friends of the child (see p5 for traditional and local terms) – the context of the discussion will be important			
Girl withdrawn from PHSE lessons or from learning about FGM – (School Nurse should seek further information and discuss with the parent)	<input type="checkbox"/>	<input type="checkbox"/>	
Girls presents symptoms that could be related to FGM – continue with questions in Tool 3a	<input type="checkbox"/>	<input type="checkbox"/>	
Family not engaging with professionals (health, school, or other)	<input type="checkbox"/>	<input type="checkbox"/>	

#### ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

**Significant or Immediate risk** – if you identify one or more serious or immediate risks, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CASS, in accordance with Birmingham Children's Board Safeguarding procedures.

**If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**

#### In all cases:–

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

**Tool 3a: CHILD/YOUNG PERSON (under 18 years age *continued*)**

Indicator	Yes	No	Details
<b>SIGNIFICANT OR IMMEDIATE RISK</b>			
A child or sibling asks for help	<input type="checkbox"/>	<input type="checkbox"/>	
A parent or family member expresses concern that FGM may be carried out on the child	<input type="checkbox"/>	<input type="checkbox"/>	
Girl has confided in another that she is to have a 'special procedure' or to attend a 'special occasion'. Girl has talked about going away 'to become a woman' or 'to become like my mum and sister'	<input type="checkbox"/>	<input type="checkbox"/>	
Girl has a sister or other female child relative who has already undergone FGM	<input type="checkbox"/>	<input type="checkbox"/>	
Family/child are already known to social services – if known, and you have identified FGM within a family, you must share this information with social services	<input type="checkbox"/>	<input type="checkbox"/>	

Please remember: any child under 18 who has undergone FGM must be referred to police under the 'Mandatory Reporting' duty using the 101 non-emergency number.

**ACTION**

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

**Significant or Immediate risk** – if you identify one or more serious or immediate risks, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CASS, in accordance with Birmingham Children's Board Safeguarding procedures.

**If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**

**In all cases:–**

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

**Tool 4: CHILD/YOUNG PERSON (under 18 years of age) WHO HAS UNDERGONE FGM**

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Assessment: Initial/On-going

This is to help when considering whether a child has **HAD** FGM.

Indicator	Yes	No	Details
<b>CONSIDER RISK</b>			
Girl is reluctant to undergo any medical examination	<input type="checkbox"/>	<input type="checkbox"/>	
Girl has difficulty walking, sitting or standing or looks uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	
Girl finds it hard to sit still for long periods of time, which was not a problem previously	<input type="checkbox"/>	<input type="checkbox"/>	
Girl presents to GP or A&E with frequent urine, menstrual or stomach problems	<input type="checkbox"/>	<input type="checkbox"/>	
Increased emotional and psychological needs e.g. withdrawal, depression, or significant change in behaviour	<input type="checkbox"/>	<input type="checkbox"/>	
Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP's letter	<input type="checkbox"/>	<input type="checkbox"/>	
Girl has spoken about having been on a long holiday to her country of origin/another country where the practice is prevalent	<input type="checkbox"/>	<input type="checkbox"/>	
Girl spends a long time in the bathroom/toilet/long periods of time away from the classroom	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SIGNIFICANT OR IMMEDIATE RISK</b>			
Girl asks for help	<input type="checkbox"/>	<input type="checkbox"/>	
Girl confides in a professional that FGM has taken place	<input type="checkbox"/>	<input type="checkbox"/>	
Mother/family member discloses that female child has had FGM	<input type="checkbox"/>	<input type="checkbox"/>	
Family/child are already known to social services – if known, and you have identified FGM within a family, you must share this information with CASS	<input type="checkbox"/>	<input type="checkbox"/>	

**ACTION**

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Please remember:** any child under 18 who has undergone FGM must be referred to police under the Mandatory Reporting duty using the 101 nonemergency number

**If you suspect but do not know that a girl has undergone FGM based on risk factors presenting, you should look to refer to Social Services/CASS, in accordance with Birmingham Children's Board Safeguarding procedures.**

**In all cases:–**

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

**Please remember: any child under 18 who has undergone FGM must be referred to police under the 'Mandatory Reporting' duty using the 101 non-emergency number.**

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## USEFUL INFORMATION AND RESOURCES



<http://www.lscbbirmingham.org.uk/>

The Children's Advice and Support Service (CASS) **0121 3031888**



**Contact 101-** (Stating you are reporting an FGM concern)  
**Call 999-** for emergency calls



**BAFGM** Birmingham Against Female Genital Mutilation  
<http://bafgm.org/>



FGM mandatory reporting duty guidance for [healthcare professionals](#)



FGM mandatory reporting duty: What you need to do ([poster](#))



FGM: supporting girls (leaflet for patients)



**resolution**

first for family law

[http://www.resolution.org.uk/site\\_content\\_files/files/fgm\\_toolkit.pdf](http://www.resolution.org.uk/site_content_files/files/fgm_toolkit.pdf)