Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

FEMALE GENITAL MUTILATION: IDENTIFICATION, REPORTING AND MANAGEMENT

This procedural document supersedes: PAT/T 64 v.1 – Female Genital Mutilation: Identification, Reporting and Management

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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 2 (amended)	17 December 2018	• FGM-IS (information sharing)	Elizabeth Boyle
Version 2	5 October 2017	• Diagrams of FGM types removed and hyperlink added. • Additional indicators of FGM added. • Added new resources by hyperlink.	Elizabeth Boyle Debbie Rees-Pollard
Version 1 (amended)	January 2016	• Added reference to new statutory duty for regulated Professionals to report FGM in under 18 year olds • Flowcharts amended • Resources section enhanced	Deborah Oughtibridge Debbie Rees Pollard
Version 1 (amended)	Re-issued 8 September 2015	• Additional of new information regarding regulated professionals updating of flowcharts • Additional information received from the Health and Social Care Information Centre – see addition to section 7	Deborah Oughtibridge
Version 1	Re-issued 2 July 2015 29 January 2015	• Revised and re-issued due to change in national data collection requirements • This is a new document please read in full	Deborah Oughtibridge Andrea Squires

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1. INTRODUCTION

The practice of Female Genital Mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons. The practice is irreversible and has no health benefits for girls or women and the procedure can cause physical morbidity and even mortality. An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM.

The practice became illegal in the UK in 1985 (The Prohibition of Circumcision Act 1985) and more recently the law was updated with the Female Genital Mutilation Act in 2003, whereby it is now also illegal to take a child abroad to have the procedure performed. FGM is recognised internationally as a violation of the human rights of girls and women.

The reporting of any cases of FGM when they are discovered is mandated by Information Standard SCCI2026 to better support local processes in raising the awareness of the potential risks of FGM occurring to women and girls.

2. PURPOSE

- To ensure that there is prompt and early recognition of FGM by all clinical staff members.
- To ensure any safeguarding issues are identified and escalated appropriately.
- To ensure that women having undergone FGM receive the appropriate care.
- To set out arrangements for compliance with national reporting requirements.

3. FEMALE GENITAL MUTILATION

The World Health Organisation (WHO) describes four classifications of FGM:

- 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. Type 4 FGM is heavily under-researched and reported; practitioners may find it difficult to identify and understand the different forms and complexities around type 4 FGM procedures. For further information please click on the hyperlink below:

http://www.afruca.org/wp-content/uploads/2016/11/Final-Labia-Elongation-FGM-Report.pdf

3.1 COMPLICATIONS OF FEMALE GENITAL MUTILATION

Consequences of FGM
Depending on the degree of mutilation, FGM can have a number of short-term health implications:

- Severe pain and shock
- Infection
- Urine retention
- Injury to adjacent tissues
- Immediate fatal haemorrhaging

Long term implications can entail:

- Extensive damage of the external reproductive system
- Uterus, vaginal and pelvic infections
- Cysts and neuromas
- Increased risk of Vesico Vaginal Fistula
- Complications in pregnancy and child birth
- Psychological damage
- Sexual dysfunction
- Difficulties in menstruation

In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM.

Justifications of FGM
The justifications given for the practice are multiple and reflect the ideological and historical situation of the societies in which it has developed. Reasons include:

- Custom and tradition
- Religion, in the mistaken belief that it is a religious requirement
- Preservation of virginity/chastity
- Social acceptance, especially for marriage
- Hygiene and cleanliness
- Increasing sexual pleasure for the male
- Family honour
- A sense of belonging to the group and conversely the fear of social exclusion
- Enhancing fertility

4. WHO IS AT RISK OF FEMALE GENITAL MUTILATION

- It has been estimated that over 24,000 girls and women are at risk or have undergone the most severe form of FGM in the UK, although its true extent is unknown due to the hidden nature of the crime.

- FGM can be practiced at any age.

- People from some communities within certain countries are more likely to practice FGM than others; this does not mean that every community from a particular country does practice FGM. However, because it can be difficult to ascertain whether a family/individual is from a practicing community, professionals should consider whether their agency should be performing routine enquiry or selective enquiry (asking all females from countries where the practice is prevalent.

- Girls may be at increased risk of harm if their mother, or any sisters/female members of the extended family, have experienced FGM.

- FGM is practiced by families for a variety of complex reasons but usually in the belief that it is beneficial for the girl or woman. However, it is illegal to: perform, or arrange for someone to perform, FGM in the UK (regardless of the nationality or immigration status or the perpetrator(s) or victim) perform, or arrange for someone to perform, FGM abroad (when either the perpetrator or victim is a UK national/permanent resident), encourage or assist a girl who is a UK national to carry out FGM on themselves, anywhere.

- FGM is a form of child abuse and a recognised strand of violence against women and girls. It can have severe short-term and long-term physical and psychological consequences for the individual.

5. IDENTIFICATION OF FEMALE GENITAL MUTILATION

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully.

Professionals in all agencies, and individuals and groups in the community, need to be alert to the possibility of a child being at risk of or having experienced female genital mutilation. There are a range of potential indicators that a child may be at risk of FGM; whilst on their own these do not conclusively inform us whether FGM has or is about to take place. If it becomes apparent that a girl is at risk of FGM, the professional must ensure that there is a discussion with the family about the health and legal implications, if safe and appropriate to do so.

Staff working in all clinical areas may identify FGM, however, staff working in the following areas are more likely to identify FGM, for example, Maternity, Gynaecology, Genito-urinary medicine (GUM) , Paediatrics and Urology.

5.1 FOR CHILDREN/YOUNG WOMEN

Indicators that FGM may be about to take place include:

- She is withdrawn from Personal, Social and Health Education
- She has talked about, or you know about, the arrival of a female family elder
- She talks about it to other children
- She refers to a ‘special procedure’ or ‘special occasion’ or ‘becoming a woman’
- She is going out of the country for a prolonged period
- She is taking a long holiday to her country of origin or another country where the practice is prevalent (parents may talk about it too)

Indicators that a girl may have already experienced FGM include:

- A girl has problems walking/standing/sitting
- A girl doesn't take part in Physical Education or swimming
- She spends a long time in the bathroom/toilet
- She has bladder or menstrual problems
- She has prolonged or repeated absences from school
- She has a reluctance to undergo pelvic medical examinations
- She is asking for help but giving a lack of explicit information
- A change in behaviour or demeanour

If any of the above indicators are present practitioners should address the issue by:

- Exploring through observation
- Discussing the health and legal issues with the family, if safe and appropriate to do so
- Seek the advice of social care or safeguarding leads where appropriate and form a professional judgment about risk of harm

5.2 FOR WOMEN

When asking about FGM, professionals should:

- Ensure that a woman is offered a female professional to speak to where possible
- Discuss with the individual on their own and in private
- Be sensitive to the intimate nature of the subject
- Be sensitive to the fact that the individual is likely to feel loyal to their family
- For women whose first language is not English an interpreter/translation service should be used. Staff must not use Friends or Family to interpret.
- Be non-judgmental (pointing out the illegality and health risks of the practice, but without blaming e.g. avoid terms like 'wrong' that indicate judgment)
- Get accurate information about the urgency of the situation if the individual is at risk
- Take detailed notes and keep a record
- Use simple language and ask straightforward direct questions that are understandable to the woman.

5.3 FGM-IS (Information Sharing)

FGM-IS is a national alert instigated by NHS Digital. It enables health professionals to add a 'standard' alert to a child's summary care record (SCR) if it is highlighted they are at risk of FGM. The FGM-IS tab sits alongside the CP-IS (child protection information sharing) tab on the patient information page of their summary care record.

You will require specific access via a smartcard to view and add to the FGM-IS alert tab. The FGM-IS has a drop down option to record the date. To record the family history you just press the blue button, there is no free text. Alerts can be added to new-born girl's records considering you have the correct access. You can contact the Named Nurse or Named Midwife for Safeguarding Children to add information in FGM-IS for you.
Adding the Alert doesn't mean we are flagging her "at risk" of FGM we are stating and recording that there is **a family history** of FGM.

6. SAFEGUARDING ISSUES

- Safeguarding girls at risk of harm through FGM poses specific challenges because the families involved may give no other cause for concern with regard to their parenting responsibilities or relationships with their children. However, there remains a **duty for all professionals to act to safeguard girls at risk of FGM under** Working Together to Safeguard Children (HMG, 2015).

- If a baby girl is born to a mother who has had FGM then staff will reiterate the legal aspects of it and enquire if she would consider having it done to her daughter. Local safeguarding board procedures should be followed and information shared with GP, Health visitor etc.

- **Anyone who has information that a child is potentially or actually at risk of significant harm must inform social care or the police**.

- The local authority will exercise its powers and/or make enquiries to safeguard a girl's welfare under section 47 of the Children Act 1989 if it has reason to believe that a girl is likely to be subjected to, or has been subjected to FGM.

- If FGM **is identified**, the Safeguarding Pathway (Appendix 1A/1B) and Data Collection Flow Chart (Appendix 2) must be followed.

- Please refer to the Trust Safeguarding Policies for Adults and Children and Doncaster and Nottinghamshire Safeguarding Board Procedures.

7. DATA COLLECTION AND REPORTING

Data collection requirements:
A minimum amount of information must be collected at the time FGM is identified. This information, in accordance with the process laid out in Appendix 3, must be reported to the appropriate staff member within the Trust.

Data should be submitted every time a woman or girl has treatment related to her FGM or gives birth to a baby girl, and every time FGM is identified by a clinical member of staff, not just the first time. It has been agreed that if there is a routine care pathway, e.g. throughout a pregnancy including post natal care, the data does not have to be submitted at every appointment, this would be one recording. If at another time another service is attended e.g. urology this would be another recording.

Minimum mandatory data required:
- Postcode of usual address
- Forename
- Surname
- Care contact date
- FGM identification (type – see table below)

FGM Type	
Type 1	Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
Type 2	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
Type 3	Narrowing of the vaginal orifice with creation of a covering seal by cutting the appositioning labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
Type 4	Involves all other procedures on the female genitalia for non-medical purposes. For example, the elongation of the labia minora/majora until defined length is reached, pricking, piercing, incising, scraping of tissues surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); cauterization by burning the clitoris and surrounding tissues; introduction of corrosive substances or herbs into the vagina to cause bleeding for the purpose of tightening or narrowing it and any other acts that fall under the definition given above.

Data collection - Patient consent and confidentiality
As the FGM Enhanced dataset will be underpinned as a result of Department of Health directions under the Health & Social Care Act 2012 s.254, this effectively requires *no patient consent* to be sought in order to collect this information and subsequently share this with HSCIC.

However, where it is deemed clinically appropriate for FGM information to be noted and processed previously, then patients must be informed[1] of how their information will be used and what steps the patient can take if they have any objections to the intended use of the information that is being collected about them.

Although the HSCIC is permitted to collect, hold and process patient-identifiable FGM information under the Health and Social Care Act 2012 s.254, it is obliged to ensure that there is a legal gateway in place before sharing this data with third parties.

It is not intended that patient-identifiable data will be shared with other parties. Such activity would require explicit patient consent, Section 251 support under the NHS Act 2006, or another statutory gateway.

It is intended however, that the FGM information collected and disseminated using the Clinical Audit Platform will support the publication of patient-anonymised Official Statistics.

The Trust will therefore:

- Record the FGM information in the patients notes, and then;
- Tell the patient that **unless they object** that we will send their FGM data plus their personal data - which will identify them individually - to HSCIC for further processing as directed by the Department of Health;

[1] Fair processing under the Data Protection Act 1998: Fairness generally requires you to be transparent – clear and open with individuals about how their information will be used. Transparency is always important, but especially so in situations where individuals have a choice about whether they wish to enter into a relationship with you. If individuals know at the outset what their information will be used for, they will be able to make an informed decision about whether to enter into a relationship, or perhaps to try to renegotiate the terms of that relationship.

- Record their consent or non-consent to further processing in the patients notes;
- Explain to them that under DPA 1998 s.10, that if they do consent to our releasing their personal data to HSCIC that they can further challenge that 'fair processing'[1] at a later date with HSCIC should they wish to;

Duty of Regulated Professionals – reporting of FGM in under 18 year olds.

National Home Office guidance has been published in relation to mandatory reporting of FGM in girls under 18 years of age. Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18's which they identify in the course of their professional work to the police.

Mandatory reporting must be via Police 101 telephone number unless an emergency.

The duty applies from **31 October 2015**

See Appendix 1B

8. MONITORING

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Number of reported cases of FGM	Information Services/Corporate Safeguarding Team	Monthly	Central Data Collection/Coding Information services Quarterly SG report
General awareness of FGM	Training/Corporate Safeguarding Team	Ongoing	Via existing training/supervision Via recording of contacts to Safeguarding Team

9. TRAINING

General awareness will take place as part of publication of this policy. In addition, information about FGM and this policy is included in Safeguarding training. Information is also available on the Safeguarding section of the Intranet. There are specialist eLearning packages available.

10. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3).

11. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT PS 8 - Safeguarding Adults Policy
PAT PS 10 - Safeguarding Children Policy
CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy

12. REFERENCES AND FURTHER READING

HM Government (2006) *What To Do If You Are Worried A Child Is Being Abused*

HM Government (2010) *Call to End Violence against Women and Girls*

HM Government (2016) *Multi-Agency Statutory Guidance on Female Genital Mutilation*

HM Government (2015) *Working Together To Safeguard Children.*

HMSO (1989) & (2004) *The Children Act*

Health & Social Care Information Centre (2015) *FGM Enhanced Dataset Implementation Guidance*

Nursing and Midwifery Council (2015) *The Code: Professional Standards of Practice and behaviour for nurses and midwives.*

Royal College of Midwives (2013) *Tackling FGM in the UK : Intercollegiate recommendations for identifying, recording and reporting.*

Royal College of Nursing (2015) *Female Genital Mutilation – An RCN Educational Resource for Nursing and Midwifery Staff (2nd Edition)*

Royal College of Obstetricians and Gynaecologists (2009) *Green-top Guideline No. 53 – Female Genital Mutilation and its Management*

World Health Organisation (2010) *Female Genital Mutilation – Fact sheet No 241*

Resources available

Department of Health/NHS England

Female Genital Mutilation Risk and Safeguarding – Guidance for professionals published by the Department of Health in March 2015

Patient Information Leaflet in English, available to order from DH Orderline in other languages and English. Please note, all language versions are available to download on this page at NHS Choices.

Support materials and videos including patient information leaflets and health passports in 11 languages: www.nhs.uk/fgmguidelines

FGM Prevention programme work.
Safeguarding women and girls at risk of FGM
https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm
This document provides practical help to support NHS organisations developing new safeguarding policies and procedures for female genital mutilation (FGM). It sets out what some elements of a successful and safe service to support women and girls with female genital mutilation (FGM) might look like.

DoH/ NHS England FGM Mandatory Reporting – support pack for health professionals- ***professional duty to report cases of FGM in girls under 18 to the police***

A package of support including:

- Quick guidance – a 2-page summary of the duty including a process flowchart
- Poster – a poster for health organisations to display about the duty
- Training slides – a training presentation organisations can use to help them deliver 10 – 15 minute updates to staff to explain the duty
- Video interviews with Vanessa Lodge, NHS E National FGM Prevention lead

An information leaflet for patients and their families which professionals can use to help when discussing making a report to the police.

The website for written materials is: https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare
The video can also be found at www.nhs.uk/fgmguidelines

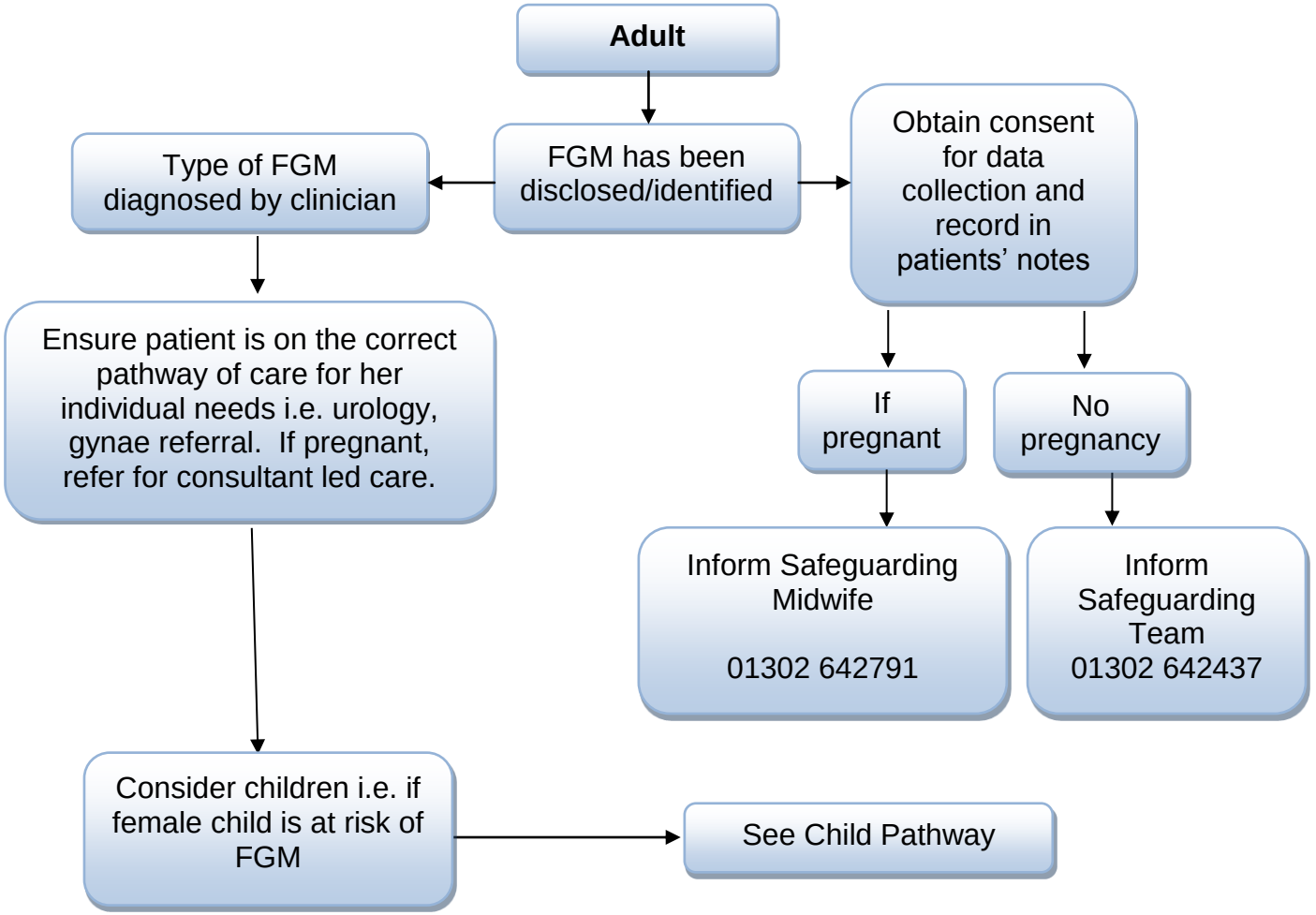
Home Office FGM guidance and documents

For information on FGM go to FGM@dh.gsi.gov.uk

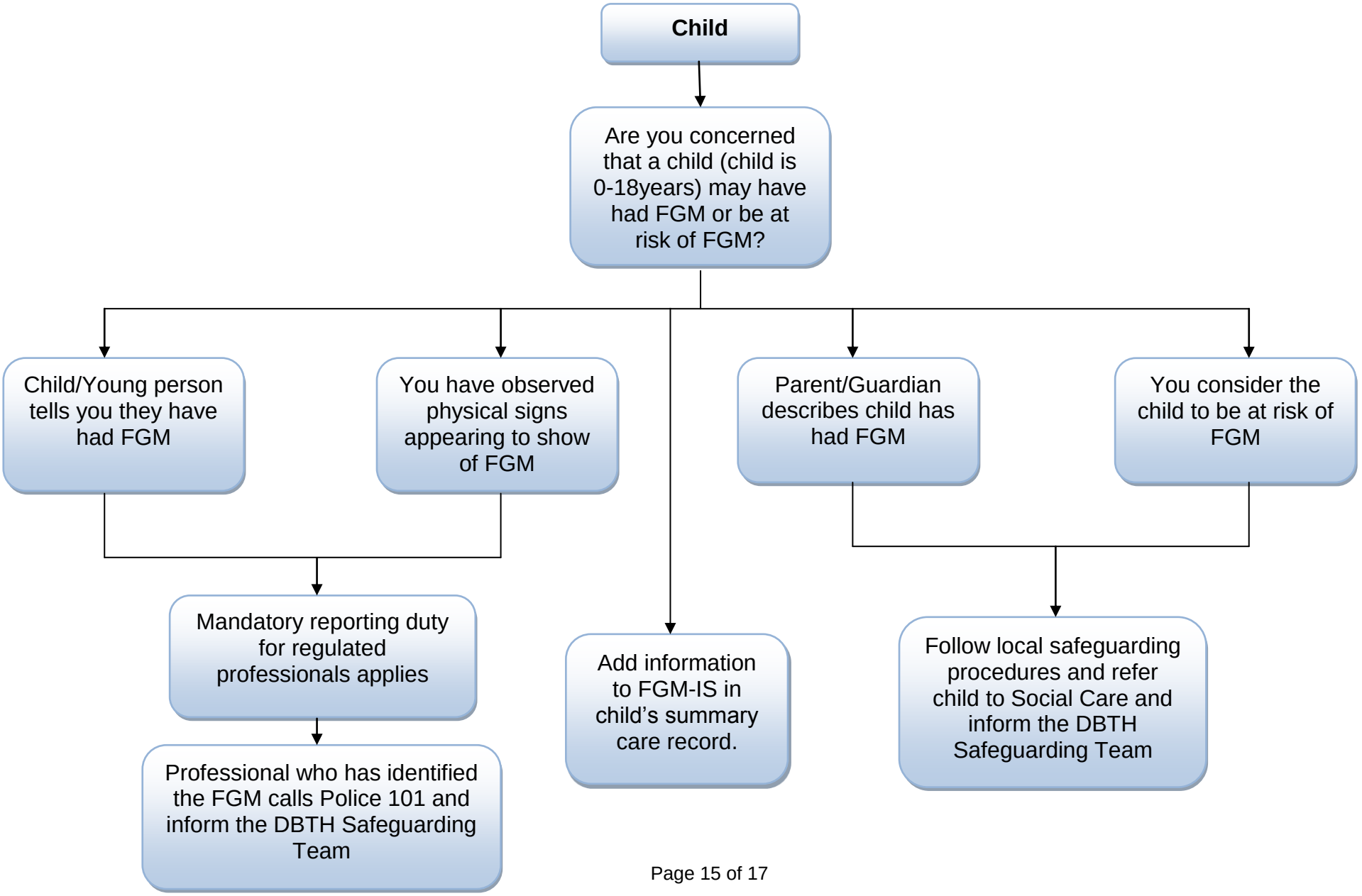
- Here is the page on the Gov.uk site which links to all the relevant documents on the site - https://www.gov.uk/government/collections/female-genital-mutilation
- Link to the mandatory reporting procedural guidance - https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information
- Link to the online resource pack - https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack

- Link to multi-agency guidelines - https://www.gov.uk/government/publications/female-genital-mutilation-guidelines
- 'A Statement Opposing Female Genital Mutilation' also known as the FGM Health passport, available to order from Home Office or to download from NHS Choices

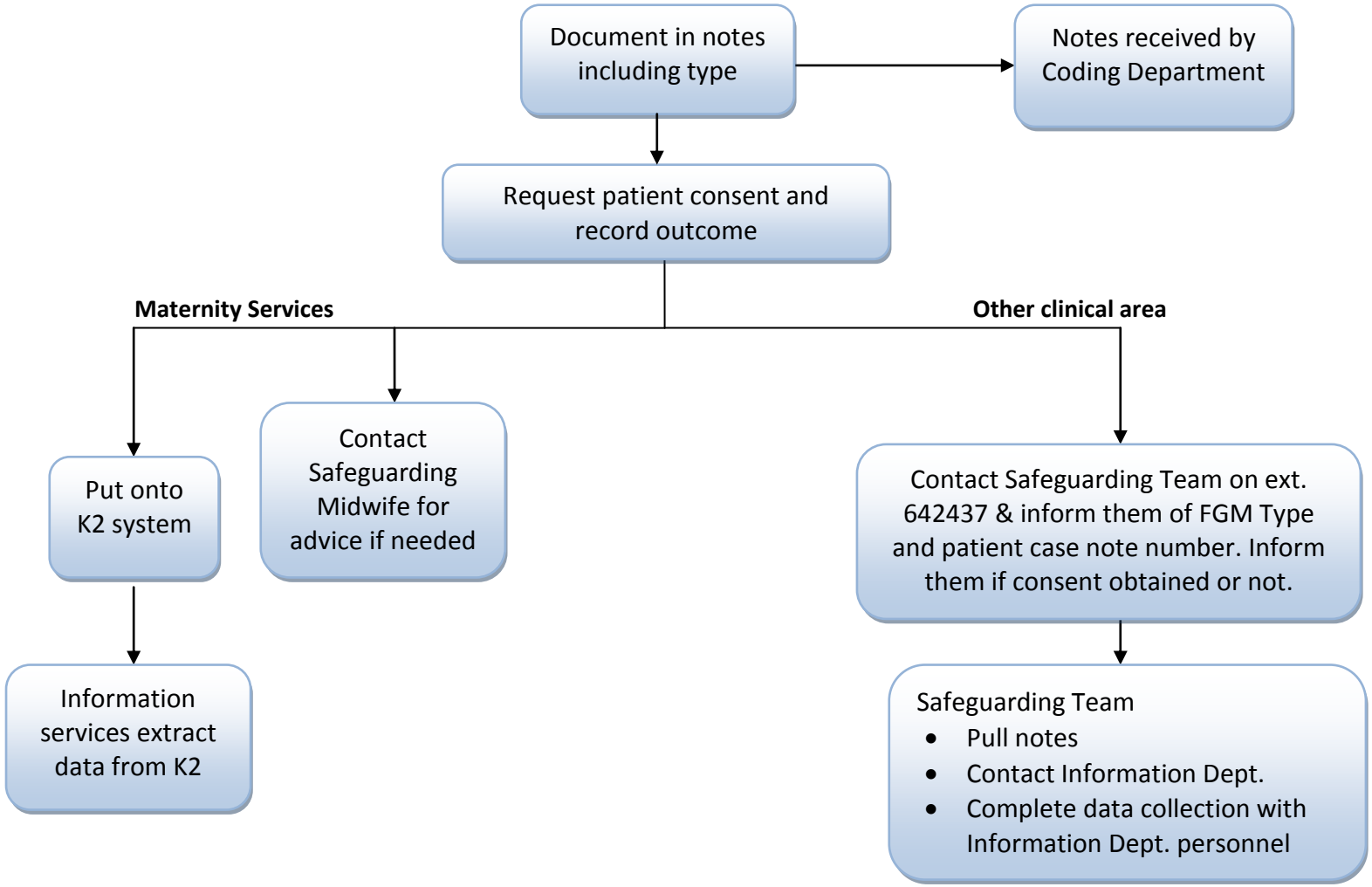
APPENDIX 1A SAFEGUARDING PATHWAY - ADULT



APPENDIX 1B SAFEGUARDING PATHWAY - CHILD



APPENDIX 2 - DATA COLLECTION FLOW CHART



APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Female Genital Mutilation	Safeguarding	Elizabeth Boyle Debbie Rees-Pollard	Existing policy	September 2017

1) Who is responsible for this policy? Safeguarding

2) Describe the purpose of the service / function / policy / project/ strategy? To enable identification and management of FGM

3) Are there any associated objectives? National Information Collection Requirement

4) What factors contribute or detract from achieving intended outcomes? – Prompt recognition and adherence to policy

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? The policy applies to females only

- **If yes, please describe current or planned activities to address the impact** Only women are affected by FGM, no measures necessary

6) Is there any scope for new measures which would promote equality? None

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	Yes	Policy only applies to females
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: September 2020

Checked by: **Elizabeth Boyle** **Date: 18.9.17**