# FEMALE GENITAL MUTILATION (FGM) REPORTING AND SAFEGUARDING POLICY

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EXECUTIVE SUMMARY

Female Genital Mutilation (FGM) is a procedure where the female genital organs are deliberately cut or injured, but where there is no medical reason for this to be done. It is very painful and dangerous and can seriously harm women and girls’ health. Some girls die from blood loss or infection as a direct result of the procedure.

Women who have had FGM may have mental health conditions as a result, and are likely to have difficulty in giving birth. FGM can be carried out on girls of all ages but may be more common between the ages of 5 and 10. It can be known as: female circumcision, cutting or by other terms such as sunna, gudniin, halalays, tahr, megrez and khitan among other names.

FGM causes serious harm to girls and women, including:
- constant pain
- repeated infections which can lead to infertility
- bleeding, cysts and abscesses
- problems passing urine or incontinence
- depression, flashbacks, self-harm
- labour/childbirth problems which can lead to death

FGM is illegal. It is child abuse and must never be carried out either here or abroad. It is also illegal to arrange for a child to be taken abroad for the procedure or help someone to carry out FGM in any way. Anyone found guilty of this faces up to 14 years in prison and may also be made to pay a fine.

This policy is to ensure Trust staff understand the duty of health professionals to report abuse against a girl under 18. All healthcare professionals are obliged under the law to report FGM in a girl under 18. In addition, risk assessments are required about all cases of FGM, regardless of age.

Enhanced Dataset information is also collated regarding ALL females who have FGM and is sent to Department of Health monthly.

This is no different from any other obligation on Trust staff to report abuse against children. This policy is not the official guideline which offers Trust staff support and guidance around the clinical management of patients with FGM. This can be found: [http://powwow/intranet/clientfiles/201452113418_FGM%20guideline%20April%202014.pdf](http://powwow/intranet/clientfiles/201452113418_FGM%20guideline%20April%202014.pdf)
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1.0 INTRODUCTION

1.1 Background
FGM has been recognised as a crime against women and girls since the FGM Act 2003. This has been strengthened with the introduction of the Serious Crime Act 2015, which now includes:

- an offence of failing to protect a girl from the risk of FGM
- FGM Protection Orders
- Mandatory reporting duty

It is a duty for all professionals to act to safeguard girls at risk of FGM.

1.2 Scope
This policy covers every department within the Trust who comes into contact with the following;

1. All women and girls at risk of FGM being performed at any age
2. Women and girls where a relative has undergone FGM
3. Situations where a women or girl may be removed from the country to undergo FGM
4. Staff who may be at risk of FGM

1.3 Responsibilities
Managers
It is the responsibility of Managers to ensure that staff are aware of this policy and that the policy is implemented.

Individuals
It is the responsibility of each staff member to ensure that they are familiar with this policy and adhere to the policy.

1.4 Monitoring and Review
This policy will form part of the Safeguarding Department audit plan and will be audited yearly.

1.5 Related Documents
- Children Act 2004
- FGM Act 2003
- Multi-Agency Practice Guidelines 2015
- Female Genital Mutilation Risk and Safeguarding – Guidance for Professionals 2015
- Serious Crime Act 2015
- FGM Prevention programme Sept 2015 (DOH)
- Mandatory Reporting of Female Genital Mutilation-procedural Information 2015
- Multi-agency Statutory Guidance on Female Genital Mutilation 2016
- JPUH Maternity FGM Clinical Guideline

1.6 Reader Panel
The following formed the Reader Panel that reviewed this document:

Safeguarding Committee Group

1.7 Trust Values
This Policy conforms to the Trust’s values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.
1.8 Glossary
The following terms and abbreviations have been used within this Policy:

<table>
<thead>
<tr>
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<tr>
<td>NNSC</td>
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<td>NSM</td>
<td>Named Safeguarding Midwife</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
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1.9 Distribution Control
Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.
2.0 STATEMENT OF POLICY

FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls.

This policy provides a pathway for all staff to identify when a girl (including unborn) or woman may be at risk of, or have had, FGM. The policy supports Trust staff to respond appropriately and report correctly to relevant agencies.

2.1 Policy Objectives

The objective of the Policy is to support Trust staff to identify and consider risks relating to FGM and to support discussion with the patient and family members.

It should be used to help assess whether a Trust patient is either at risk of FGM or has had FGM; whether the patient has children who are potentially at risk of FGM, or if there are other children in the family who might be at risk.

The policy also provides Trust staff with a framework for mandatory reporting, which has been introduced since the Serious Crime Act 2015, in line with Norfolk and Suffolk Safeguarding Adults and Children’s Boards procedures.

For Trust staff who are responsible for the clinical healthcare of women and girls who have FGM, this policy should be read in conjunction with; 
http://powwow/intranet//clientfiles/201452113418_FGM%20guideline%20April%202014.pdf
3.0 DETAILS SECTION

The Trust has robust Safeguarding Policies and Guidelines to support the protection and well-being of children and adults at risk of abuse or neglect. FGM is a form of abuse and must be recognised, recorded and reported in line with legislation and Multi-Agency Safeguarding procedures.

3.1 FGM Safeguarding Risk Assessment

FGM has been classified into four categories defined by its severity (WHO, 1996):

- **Type 1**: Total or partial removal of the clitoris or prepuce (Clitoridectomy)
- **Type 2**: Total or partial removal of the clitoris and labia minora, with or without excision of the labia majora (Excision).
- **Type 3**: Narrowing of the vaginal opening by cutting and repositioning the inner or outer labia, may include total removal of the clitoris (Infibulation).
- **Type 4**: All other harmful procedures to the external female genitalia such as pricking, piercing, incising, scraping, and cauterising (Other). In children genital piercing and non-medical cosmetic surgery are considered as a type of FGM so Genital Piercing in e.g. a 17 year old, is required to be reported to the police.

**Key points when talking about FGM**

- Supporting women and girls who have had FGM demands sensitivity and compassion
- Sometimes it will not be clear that FGM is the origin of the patient’s problem/s
- Professionals may experience strong emotions when dealing with FGM – Safeguarding Supervision can be provided by the Safeguarding Team
- Ensuring the conversation is not interrupted, giving the patient time to speak, only asking one question at a time and remaining non-judgemental are essential
- An accredited female interpreter may be required. Any interpreter should ideally be appropriately trained in relation to FGM, and in all cases should not be a family member, not be known to the individual, and not be someone with influence in the individual’s community

**Appendix 1** (Female Genital Mutilation Risk & Safeguarding Guide for Professionals) supports workers with introductory questions for women and girls who they believe to have either experienced FGM or be at risk of it.

This tool helps to identify the appropriate risk assessment required. It will also aid in the decision making around which referral and/or reporting actions are required.

Trust staff must use the FGM Safeguarding Risk Assessment Tool to guide their actions for women and girls who have FGM. This assessment tool must be included in medical recording. The Safeguarding Department can offer support and guidance with this process.

3.2 FGM Mandatory Reporting Duty

The following process map should be used by Trust staff to support their decision making around recording and reporting of FGM. The Safeguarding Department can offer support and guidance throughout this process. Mandatory reporting remains the **duty of the healthcare practitioner**.
Are you concerned that a child may have had FGM or be at risk of FGM?

The child / young person has told you that they have had FGM.
You have observed a physical sign appearing to show your patient has had FGM.
Her parent / guardian discloses that the child / young person has had FGM.
You consider the child / young person to be at risk of FGM. To consider what action to take, refer to the DH FGM safeguarding and risk assessment guidance (Appendix 1).

Mandatory report duty applies
Professional who initially identified the FGM (you) calls 101 (Police) to make a report

Remember:
- Record all decisions / actions
- Be prepared for Police Officer to call you back
- Best practice is to report before COP next working day
- Update your local Safeguarding Lead; Ext. 3964/2231 or bleep 1096/1097

You will have to provide:
- Child / young person’s name, DoB and address
- Your contact details
- Contact details of your Safeguarding Lead (details to the left)

A social care referral may not be required at this point? Record decision not to complete MASH on record.

Follow local safeguarding procedures and refer to:
MASH Norfolk – 0344 800 8020
MASH Suffolk – 0808 800 4005

IMMEDIATE RESPONSE REQUIRED for identified child / young person OR another child / other children.
Police and social care take immediate action as appropriate.

ASSESSMENT OF CASE: Multi-agency safeguarding strategy meeting convened including Police, social care and health as a minimum.

Health professional (with relevant paediatric competencies) lead on the assessment of the health needs of the child / young person. The assessment (with consent) may consider the need for:
- Referral for genital examination using colposcope to the designated service in your area
- General health assessment (physical and mental health)
- Treatment and/or referral for any health needs identified (whether related to the FGM or not)
- Include assessment of presence/absence of additional safeguarding concerns and document and act accordingly

Social care and police develop an appropriate pathway. This is likely to consider:
- Use of FGM Protection orders
- Whether a care plan or other safeguarding response is required
- If safeguarding response required for siblings / family members / others identified through the contact
- Referral to community / third sector
- If there is a need for criminal investigation

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always ask your Safeguarding Lead if in doubt.
3.3 Information Sharing in relation to FGM

Given the need to potentially safeguard over a significant proportion of a girl's childhood, it is appropriate to recognise here that there are a number of different responses to safeguard against FGM. Appropriate course of action should be decided on a case by case basis, with the expert input from all agencies involved.

The importance of sharing information between practitioners and between agencies in relation to girls potentially at risk of FGM, and in relation to discussions held with family members around safeguarding must not be under-estimated – this information is vital to all agencies involved, to inform decisions on what the best course of action is to protect anyone at risk of FGM.

3.4 Enhanced Dataset

It is the duty of the healthcare professional who is dealing with the patient to inform the Safeguarding team of their actions. Since July 2015 it has been mandatory for Acute Trusts to have regard to FGM Enhanced Datasets. Enhanced Dataset for the Trust is managed by Information Services. This data should be given to the Safeguarding Team who will ensure that the data is sent to the Health and Social Care Information Centre (HSCIC), where it is anonymised, analysed and published in aggregate form. Personal information is only collected for internal data quality assurance and to avoid duplicate counting. A patient's details will never be published. The collection of this data will not trigger individual criminal investigations.

Patient Consent

With regard to the collection of patient identifiable information as part of the FGM Enhanced Dataset, patient consent does not need to be sought; however transparency (fair processing) is required.


Fair processing and the right for patients to object

All NHS organisations are bound by a range of responsibilities to maintain patient confidentiality and respect the wishes of patients; under the Data Protection Act this is called ‘fair processing’.

To meet the requirement to provide a ‘fair processing’ notification to patients, clinicians should give the patient the FGM leaflet “More information about FGM” (2015). This is available to order online, free of charge in English and ten other languages. Organisations can also download copies from NHS Choices; http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx

Giving the patient this leaflet fully meets the requirement for ‘fair processing’ and this action alone is sufficient. There is no requirement to discuss the Enhanced Dataset in detail, or to ask a patient for explicit consent to collect their information, although clinicians will need to answer any questions that a patient has and know to whom they might need to refer the patient for additional information.

Clinicians should always discuss, if they have not previously, the illegality of FGM in the UK, and the many negative health consequences of the practice with the patient.
Annex 1. Female Genital Mutilation (FGM) Safeguarding Risk Assessment Guidance

Introduction

The aim is to help make an initial assessment of risk, and then support the on-going assessment of women and children who come from FGM practising communities (using parts 1 to 3). For a list of communities where FGM is prevalent please see part 6.

INTRODUCTORY QUESTIONS:–

(1) Do you or your partner come from a community where cutting or circumcision is practised? (See part 6 for map. Please remember you might need to consider that this relates to the patient’s parent’s country of origin; see part 7 for local terms).

(2) Have you been cut? It may be appropriate to use other terms or phrases.

If you answer YES to questions (1) or (2) please complete one of the risk templates.

PART ONE:– For an adult woman (18 years or over)

(a) PREGNANT WOMAN – ask the introductory questions.

If the answer is YES to either question, use part 1(a) to support your discussions.

(b) NON-PREGNANT WOMAN where you suspect FGM.

For example if a woman presents with physical symptoms or emotional behaviour that triggers a concern (e.g. frequent urinary tract infections, severe menstrual pain, infertility, symptoms of PTSD such as depression, anxiety, flashbacks or reluctance to have genital examination etc.), see part 5), or if FGM is discovered through the standard delivery of healthcare (e.g. when placing a urinary catheter, carrying out a smear test etc.), ask the introduction questions.

If the answer is YES to either question, use part 1(b) to support your discussions.

PART TWO:– For a CHILD (under 18 years)

Ask the introductory questions (see above) to either the child directly or the parent or legal guardian depending upon the situation.

If the answer to either question is yes OR you suspect that the child might be at risk of FGM, use part 2 to support your discussions.

PART THREE:– For a CHILD (under 18 years)

Ask the introductory questions (see above) to either the child directly or the parent or legal guardian depending upon the situation.

If the answer to either question is yes OR you suspect that the child has had FGM (see part 5), use part 3 to support your discussions.

In all circumstances:

- The woman and family must be informed of the law in the UK and the health consequences of practising FGM.
16. Female Genital Mutilation Risk and Safeguarding

- Ensure all discussions are approached with due sensitivity and are non-judgemental.
- Any action must meet all statutory and professionals responsibilities in relation to safeguarding, and be in line with local processes and arrangements.
- Using this guidance does not replace the need for professional judgement in relation to the circumstances presented.

GUIDANCE

The framework is designed to support healthcare professionals to identify and consider risks relating to female genital mutilation, and to support the discussion with the patient and family members.

It should be used to help assess whether the patient you are treating is either at risk of harm in relation to FGM or has had FGM, and whether your patient has children who are potentially at risk of FGM, or if there are other children in the family/close friends who might be at risk.

If when asking questions based on this guide, any answer gives you cause for concern, you should continue the discussion in this area, and consider asking other related questions to further explore this concern. Please remember either the assessment or the information obtained must be recorded within the patient’s healthcare record. The templates also require that you record when and by whom it and at what point in the patient’s pathway this has been completed.

Having used the guide, you will need to decide:

- Do I need to make a referral through my local safeguarding processes, and is that an urgent or standard referral?
- Do I need to seek help from my local safeguarding lead or other professional support before making my decision? Note, you may wish to consult with a colleague at a Multi-Agency Safeguarding Hub, Children’s Social Services or the local Police Force for additional support.
- If I do not believe the risk has altered since my last contact with the family, or if the risk is not at the point where I need to refer to an external body, then you must ensure you record and share information about your decision accordingly.

An URGENT referral should be made, out of normal hours if necessary, if a child or young adult shows signs of very recently having undergone FGM. This may allow for the police to collect physical evidence.

An urgent referral should also be made if the healthcare professional believes that there are plans perhaps to travel abroad which present a risk that a child is imminently likely to undergo FGM if allowed to leave your care.

In urgent cases, Children’s Social Services and the Police will consider what action to take. One option is to take out an Emergency Child Protection Order. If required, an EPO is an order made under Section 44 of the Children Act 1989 enabling a child to be removed to a place of safety where there is evidence that the child is in “imminent danger”.

In many other situations if a child or young adult under 18 years of age is discovered to have had FGM, a referral should be made through local safeguarding processes for Children’s Social Care and it is likely that this can be made during normal working hours and standard procedures, when the risk presented does not have an imminent or urgent element identified.
Part One (a): PREGNANT WOMEN

This is to help you make a decision as to whether the unborn child (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.

<table>
<thead>
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<th>Indicator</th>
<th>Yes</th>
<th>No</th>
<th>Details</th>
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<tr>
<td><strong>CONSIDER RISK</strong></td>
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<tr>
<td>Woman comes from a community known to practice FGM</td>
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<tr>
<td>Woman has undergone FGM herself</td>
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<tr>
<td>Husband/partner comes from a community known to practice FGM</td>
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<tr>
<td>A female family elder is involved/ will be involved in care of children/unborn child or is influential in the family</td>
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<tr>
<td>Woman/family has limited integration in UK community</td>
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<tr>
<td>Woman and/or husband/partner have limited/ no understanding of harm of FGM or UK law</td>
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<tr>
<td>Woman's niece(s) of siblings and/or in-laws have undergone FGM</td>
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<tr>
<td>Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment</td>
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<td>Woman's husband/partner/other family member are very dominant in the family and have not been present during consultations with the woman</td>
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<tr>
<td>Woman is reluctant to undergo genital examination</td>
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<tr>
<td><strong>SIGNIFICANT OR IMMEDIATE RISK</strong></td>
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<tr>
<td>Woman already has daughters who have undergone FGM</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Woman requesting retribution following childbirth</td>
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<tr>
<td>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</td>
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<tr>
<td>Woman says that FGM is integral to cultural or religious identity</td>
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<tr>
<td>Family are already known to social care services – if known, and you have identified FGM within a family, you must share this information with social services</td>
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</tbody>
</table>

Please remember: any child under 18 who has undergone FGM should be referred to social services.

Date: ___________  Completed by: ___________  Initial/On-going Assessment
**JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST**  
**FEMALE GENITAL MUTILATION (FGM) REPORTING AND SAFEGUARDING POLICY**

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**Part One (b): Non-Pregnant Adult Woman (over 18)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CONSIDER RISK</th>
<th>SIGNIFICANT OR IMMEDIATE RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Woman is alone in her community.</td>
<td>- If the woman is alone in her community, consider if she is at risk of FGM.</td>
<td>- If the woman is alone in her community and considered at risk of FGM, refer her to social care.</td>
</tr>
<tr>
<td>- Woman's family is unaware of her status.</td>
<td>- If the woman's family is unaware of her status, consider if she is at risk of FGM.</td>
<td>- If the woman's family is unaware of her status and considered at risk of FGM, refer her to social care.</td>
</tr>
</tbody>
</table>

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**Please remember:** Any child under 18 who has undergone FGM should be referred to social services.
### Annex 1. Female Genital Mutilation (FGM) Safeguarding Risk Assessment Guidance

#### Part 2: Child/Young Adult (under 18 years old)

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.

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<th>Indicator</th>
<th>CONSIDER RISK</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>Child/young adult was born in a country with high prevalence</td>
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<tr>
<td>Child/young adult has been to a country with high prevalence</td>
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<tr>
<td>Child/young adult has lived in a country with high prevalence</td>
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<tr>
<td>Child/young adult has had FGM</td>
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<tr>
<td>Child/young adult has witnessed FGM</td>
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<tr>
<td>Child/young adult has been the recipient of FGM</td>
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<td></td>
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<tr>
<td>Child/young adult has been subjected to FGM</td>
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<td></td>
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<tr>
<td>Child/young adult has been expected to undergo FGM</td>
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<td></td>
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<tr>
<td>Child/young adult has been threatened with FGM</td>
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<tr>
<td>Child/young adult has been denied access to education or healthcare</td>
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<tr>
<td>Child/young adult has been denied access to social services</td>
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<td></td>
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<tr>
<td>Child/young adult has been separated from their family</td>
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<tr>
<td>Child/young adult has been trafficked</td>
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</table>

**Note:**
- Share information of any identified risk with the multidisciplinary team.
- The safeguarding plan must be reviewed at least annually.
- Emergency measures may be required and any action taken must reflect the required urgency.

---

**Title:** Female Genital Mutilation (FGM) Reporting and Safeguarding

**Author:** Nicola Lovett, Named Nurse for Safeguarding Children/Kelly Boyce, Named Lead for Safeguarding Adults/ Daniela Capasso, Named Safeguarding Midwife

**Issue:** April 2016

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**Next Review:** April 2019

**Page:** 14 of 21
**Title:** Female Genital Mutilation (FGM) Reporting and Safeguarding  
**Author:** Nicola Lovett, Named Nurse for Safeguarding Children/Kelly Boyce, Named Lead for Safeguarding Adults/ Daniela Capasso, Named Safeguarding Midwife  
**Issue:** April 2016  
**Ref:** POL/TWD/NLKBDC0804/01  
**Next Review:** April 2019
## Title:
Female Genital Mutilation (FGM) Reporting and Safeguarding

## Author:
Nicola Lovett, Named Nurse for Safeguarding Children/Kelly Boyce, Named Lead for Safeguarding Adults/ Daniela Capasso, Named Safeguarding Midwife

## Issue:
April 2016

## Next Review:
April 2019

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### Part 3: CHILD/YOUNG ADULT (under 18 years old)

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CONSIDER RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl is reluctant to undergo any medical examination</td>
<td></td>
</tr>
<tr>
<td>Girl has difficulty walking, sitting or standing or looks uncomfortable</td>
<td></td>
</tr>
<tr>
<td>Girl presents to GP, A&amp;E, with frequent urine, menstrual or stomach problems</td>
<td></td>
</tr>
<tr>
<td>Girl presents with A &amp; E 1-3 times a week</td>
<td></td>
</tr>
<tr>
<td>Girl presents with, or has signs of, significant weight loss</td>
<td></td>
</tr>
<tr>
<td>Girl is bullied in school</td>
<td></td>
</tr>
<tr>
<td>Girl is frequently absent from school</td>
<td></td>
</tr>
<tr>
<td>Girl is absent from school without a GPH letter</td>
<td></td>
</tr>
<tr>
<td>Girl's periods are very heavy or absent</td>
<td></td>
</tr>
<tr>
<td>Girl has spoken about having been on a holiday to her country of origin</td>
<td></td>
</tr>
<tr>
<td>Girl has spoken about being forced to change her periods of time</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>SIGNIFICANT OR IMMEDIATE RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share information with the Multi agency Children’s Safeguarding Board (MACSB)</td>
<td></td>
</tr>
<tr>
<td>Share information with Police</td>
<td></td>
</tr>
</tbody>
</table>

---

**Please remember:** any child under 18 who has undergone FGM should be referred to social services.

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**Annex 1. Female Genital Mutilation (FGM) Safeguarding Risk Assessment Guidance**

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**Ref:** POL/TWD/NLKBDC0804/01

**Page:** 16 of 21
Part 4: Types of Female Genital Mutilation

Female genital mutilation is classified into four major types. The WHO definitions\(^4\) of the following are:

- **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.

\(^4\) [http://www.who.int/mediacentre/factsheets/fs244/en/](http://www.who.int/mediacentre/factsheets/fs244/en/)
### Appendix 2 - Equality Impact Assessment

**Policy or function being assessed:** Female Genital Mutilation (FGM) Reporting and Safeguarding  
**Department/Service:** Corporate  
**Assessment completed by:** NNSC/NLSA/NSM  
**Date of assessment:** April 2016

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Intended Beneficiaries</th>
<th>Outcomes Wanted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Describe the aim, objective and purpose of this policy or function.</td>
<td>To ensure that any child (under-18) or vulnerable adult is safeguarded from abuse.</td>
<td></td>
</tr>
<tr>
<td>2i.</td>
<td>Who is intended to benefit from the policy or function?</td>
<td>Staff ☑ Patients ☑ Public ☐ Organisation ☑</td>
<td></td>
</tr>
<tr>
<td>2ii</td>
<td>How are they likely to benefit?</td>
<td>Staff will know what procedures to follow if they have a safeguarding concern</td>
<td></td>
</tr>
<tr>
<td>2iii</td>
<td>What outcomes are wanted from this policy or function?</td>
<td>Children (under-18) and vulnerable adults to be safeguarded from abuse.</td>
<td></td>
</tr>
</tbody>
</table>

**For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Impact</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>No</td>
<td>If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data</td>
</tr>
<tr>
<td>4.</td>
<td>No</td>
<td>If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data</td>
</tr>
<tr>
<td>5.</td>
<td>No</td>
<td>If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data</td>
</tr>
<tr>
<td>6.</td>
<td>No</td>
<td>If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data</td>
</tr>
<tr>
<td>7.</td>
<td>No</td>
<td>If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data</td>
</tr>
</tbody>
</table>
8. Are there concerns that the policy/function does or could have a detrimental impact on people due to their **religion/belief**? N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

9. Are there concerns that the policy/function does or could have a detrimental impact on people due to their **transgender**? N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

10. Are there concerns that the policy/function does or could have a detrimental impact on people due to their **age**? N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

11. Are there concerns that the policy/function does or could have a detrimental impact on people due to their **marriage or civil partnership**? N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

12. Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function? N Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.

13. Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group. N Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.

14. **Specific Issues Identified**

Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment Page/paragraph/section of policy/function that the issue relates to

| 1. Not applicable | 1. |
| 2. Not applicable | 2 |
| 3. Not applicable | 3 |

15. **Proposals**

How could the identified detrimental impact be minimised or eradicated? Not applicable

If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11? N
### 16. Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?

N

### 17. Policy/Function Implementation

Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust.

Please print:

<table>
<thead>
<tr>
<th>Name of Director/Head of Service:</th>
<th>Elizabeth Libiszewski</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Director of Nursing and Workforce/Deputy Chief Executive</td>
</tr>
<tr>
<td>Date:</td>
<td>08.04.2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Policy/function Author:</th>
<th>Nicola Lovett/Kelly Boyce/Daniela Capasso</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Named Nurse for Safeguarding Children/Named Lead for Safeguarding Adults/ Named Safeguarding Midwife</td>
</tr>
<tr>
<td>Date:</td>
<td>08.04.2016</td>
</tr>
</tbody>
</table>

(A paper copy of the EIA which has been signed is available on request).

### 18. Proposed Date for Policy/Function Review

Please detail the date for policy/function review (3 yearly): April 2019

### 19. Explain how you plan to publish the result of the assessment? (Completed E.I.A’s must be published on the Equality pages of the Trust’s website).

Standard Trust process
20. **The Trust Values**

In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.

They are that all staff intend to do their best by:

**Putting patients first, and they will:**
- Provide the best possible care in a safe clean and friendly environment,
- Treat everybody with courtesy and respect,
- Act appropriately with everyone.

**Aiming to get it right, and they will:**
- Commit to their own personal development,
- Understand theirs and others roles and responsibilities,
- Contribute to the development of services

**Recognising that everyone counts, and they will:**
- Value the contribution and skills of others,
- Treat everyone fairly,
- Support the development of colleagues.

**Doing everything openly and honestly, and they will:**
- Be clear about what they are trying to achieve,
- Share information appropriately and effectively,
- Admit to and learn from mistakes.

I confirm that this policy/function does not conflict with these values. ☑