

Female Genital Mutilation

RCN guidance for travel health services

Third edition

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

The Royal College of Nursing (RCN) would like to thank the following members for their support in updating this publication, which was originally published in 2016:

Carmel Bagness, Professional Lead Midwifery and Women's Health, RCN

Jane Chiodini MBE, Queen's Nurse, Immediate Past Dean of the Faculty of Travel Medicine, Royal College of Physicians and Surgeons of Glasgow

Sandra Grieve, Independent Travel Health Specialist, RCN Public Health Forum Travel Health Lead

Ruth Bailey, RCN Women's Health Forum Committee Chair

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2023 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Contents

1 Introduction	4
Key messages.....	4
Definition of FGM.....	5
Who is at risk?	5
2 FGM is illegal in the UK	7
Female Genital Mutilation Act 2003.....	7
3 Travel health and FGM	9
FGM as part of routine pre-travel risk assessment	9
Ask direct questions about FGM.....	10
4 Safeguarding against FGM – everyone’s responsibility.....	12
Know local safeguarding procedures and how to access them.....	12
Mandatory reporting duty	12
Recording information and data collection about FGM.....	13
5 Best practice self-assessment for individuals and services	14
Individual practitioner.....	14
Services.....	14
6 Conclusion	15
7 References	16
8 Further reading and resources	18
Appendix 1: FGM Travel health care pathway	20
Appendix 2: Map of countries most likely to practice FGM.....	21
Appendix 3: Alternative terms used for FGM	22

1. Introduction

The RCN remains committed to raising awareness and understanding of female genital mutilation (FGM) among nurses, midwives and health care workers in recent years. The publication *Female Genital Mutilation: An RCN Resource for Nursing and Midwifery Practice* (RCN, 2023) provides detailed information on aspects of FGM. With advances in understanding and updated legislation, there is a need for more specific support for those working in some defined areas of health care practice.

As a result, this publication acts as a supplement and focuses on those professionals working in travel health services. Travel health organisations, clinics and health care professionals (HCPs) will find it useful as it highlights how important it is for processes within travel health settings to be reviewed to ensure services provide an effective safeguarding process around FGM.

This guidance also includes an A4 poster ([see Appendix 1](#)) which can be used as a quick reference and is intended to guide the development of local services when caring for girls and women who may be at risk of, or who are survivors of, FGM.

Safeguarding is everybody's business; this publication demonstrates why knowledge of FGM is important and, therefore, training may be required to ensure understanding of how and when appropriate safeguarding action should be taken.

Whilst using the terms females, women and girls throughout this document, the RCN also acknowledges that in our gender diverse society, some people who do not necessarily identify as female, may also be at risk of, or survivors of FGM.

Female genital mutilation: RCN guidance for travel health services

Key messages

- FGM is child abuse.
- FGM is illegal in the UK.
- Safeguarding is everyone's responsibility – ask directly about FGM.
- Girls may be at risk of FGM at any age from birth onwards.
- FGM violates the human rights of girls and women.
- Travel is a key risk when considering FGM.
- Identification of FGM vulnerability should be part of routine pre-travel health assessment.
- It is illegal to take a child out of the UK for the purposes of FGM.

Definition of FGM

FGM is defined as:

“All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”

(WHO, 2018)

The World Health Organization (WHO) classifies FGM into four types.

1. **Clitoridectomy:** the partial or total removal of the clitoris – a small, sensitive and erectile part of the female genitals – or the removal of the prepuce only – the fold of skin surrounding the clitoris, also known as the clitoral hood, rarely, if ever performed alone.
2. **Excision:** the 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.
3. **Infibulation:** the 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.
4. **Other:** all other harmful procedures to the female genitalia for non-medical purposes; for example pricking, piercing, incising, scraping and cauterising the genital area.

There are no health benefits to FGM and it can cause serious harm, including death. UNICEF estimates that it affects the health of 200 million girls and women globally (UNICEF, 2023) and that girls are at risk from birth onwards.

The Government’s *Strategy for Tackling Violence against Women and Girls*, published in 2021, identifies that women and girls affected by FGM may also be at risk from other forms of violence which include so called honour based abuse, which describes a wide range of abusive behaviours perpetrated by a victim’s family or community intended to coerce the victim into behaving to meet family norms or to punish as retribution for a perceived breach of family/community code of behaviours. It includes intimidation, coercion, physical, sexual or psychological violence.

Forced marriage is where one or both people either do not or cannot consent to a marriage that they are coerced into, and is illegal in the UK.

In 2022, the Health and Care Act made the practices of virginity testing (examination of the female genitalia to determine if intercourse has taken place) and hymenoplasty (surgical reconstruction of the hymen) illegal and also highlighted the association between these practices and FGM.

It is therefore important that nurses are aware of the prevalence of these practices and are equipped to safeguard women and girls and to offer appropriate support.

Who is at risk?

FGM can take place in any country, not only the country of origin and girls may be at particular risk of being taken abroad. The extent and type of FGM may vary across regions and cultures, with some forms involving life-threatening health risks.

All women should be asked about FGM because one cannot assume that a particular culture or country of origin poses a specific risk, especially if girls are from mixed-race families with different heritage backgrounds.

Women may not know that they have been subjected to FGM, they may regard it as a cultural norm, or not realise that their anatomy is different or damaged (especially if it was carried out when they were a baby/very young infant). There are many different terms for FGM, including cutting and circumcision; also different cultures may have different names (see [Appendix 1](#)).

Some women may not know what ‘type’ of FGM they have had and their contact with a health practitioner is sometimes the first time anyone has acknowledged that they have been cut in this way. The trauma of the event may have been buried deep and so this initial discussion can be difficult. Not only are women struggling to understand what has happened to them as a child, but they may also feel uncomfortable discussing it. For some women with Type 1 FGM (RCN, 2019) this may have been a small cut in the clitoral area that is not visible to the naked eye more than ten years later. However, they may still remember the trauma of being held down, being in pain and bleeding. Therefore, the health care professional must be sensitive to the evidence in front of them, whilst listening to the history that the woman discloses.

FGM constitutes violence against women and girls and may be associated with other harmful practices that include forced marriage and honour-based violence.

For further information see *Female Genital Mutilation: An RCN Resource for Nursing and Midwifery Practice* (RCN, 2023) and the RCN’s clinical page on FGM at: rcn.org.uk/clinical-topics/female-genital-mutilation

2. FGM is illegal in the UK

In England, Wales and Northern Ireland, FGM is illegal under the Female Genital Mutilation Act 2003 and in Scotland it is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

Female Genital Mutilation Act 2003

Practising FGM in the UK has been a criminal offence since 1985 (Prohibition of Female Circumcision Act 1985). The Female Genital Mutilation Act 2003 repealed and re-enacted the provisions of the 1985 Act and revised it to set the maximum penalty for FGM to 14 years' imprisonment and make it a criminal offence for UK nationals or permanent UK residents to:

- perform FGM overseas
- take a UK national or permanent UK resident overseas to have FGM.

It came into force on 3 March 2004 and applies to England, Northern Ireland and Wales.

The legislation in England and Wales was strengthened by the Serious Crime Act (2015) to better support those at risk and further information can be found at legislation.gov.uk/ukpga/2015/9/contents/enacted and the RCN 2016 guidance. The Scottish Government has information available at: gov.scot/Topics/People/Equality/violence-women/FGM. The Female Genital Mutilation (Protection and Guidance) (Scotland) Bill is also in progress: gov.scot/news/new-law-to-prevent-female-genital-mutilation.

Through the Serious Crime Act 2015 as well as the Mandatory Duty to Report (page 12) to the police in England and Wales, there are other important additions to strengthen the protection of those at risk of FGM.

These include:

Female Genital Mutilation Protection Order (FGMPO)

The court may make a FGMPO on application by the girl who is to be protected or a third party. The court must consider all the circumstances including the need to secure the health, safety, and wellbeing of the girl. Breach of an FGMPO would be a criminal offence with a maximum penalty of five years' imprisonment, or as a civil breach punishable by up to two years' imprisonment.

Offence of failing to protect a girl from risk of FGM

This will mean that if an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time FGM occurred will be liable under this new offence. The maximum penalty for the new offence is seven years' imprisonment or a fine or both.

Anonymity of survivors of FGM

The publication of any information that would be likely to lead to the identification of a person against whom an FGM offence is alleged to have been committed is prohibited. This is similar, although not identical, to the anonymity given to alleged victims of sexual offences by the Sexual Offences (Amendment) Act 1992. It is anticipated that providing for the anonymity of survivors of alleged offences of FGM will encourage more victims

to come forward. [gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact_sheet_-_FGM_-_Act.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact_sheet_-_FGM_-_Act.pdf).

The HM government pocket leaflet *A Statement Opposing Female Genital Mutilation* may be useful to have available to explain further to individuals: [gov.uk/government/publications/statement-opposing-female-genital-mutilation](https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation).

3. Travel health and FGM

Travel health practitioners should be aware of the possibility of FGM as girls may be taken abroad for the procedure. Girls of school age who may be subjected to FGM overseas are likely to travel (often to the family's country of origin) at the start of the school holidays, particularly in the summer, to allow sufficient time for recovery before returning to school.

“Frontline staff are crucial in identifying and protecting against FGM. Some of the signs to look out for are:

- young girls attending for immunisations to travel to countries with high FGM prevalence
- young girls talking about travelling home for ‘special’ ceremonies or rituals
- families planning absence from school that would extend the summer holiday period.”

(Letter from Jane Ellison MP Parliamentary Under Secretary of State for Public Health – DHSC, 2015)

Travel health advice and treatment can take place in various settings across the NHS and in independent/private clinics/services and offers an important opportunity to discuss FGM and support the safeguarding of girls who may be at risk.

There should be evidence of formal training in immunisation and ongoing evidence of competence. Practitioners should also achieve safeguarding competence at the appropriate level. This includes awareness of FGM and forced marriage.

It is recommended that all travel health services ensure that their policies and procedures have taken account of the Multi-agency Statutory Guidance on Female Genital Mutilation (HM Government, 2016).

FGM as part of a routine pre-travel risk assessment

It is best practice for travel health consultations to include a documented pre-travel risk assessment. The assessment forms the basis of all subsequent decisions, advice given, vaccines administered and the malaria prophylaxis advice that is offered. This takes time to perform correctly and, for best practice, practitioners should allow sufficient time for the consultation. RCN guidance suggests a minimum of a 20 minutes per person, whilst travellers with more complex needs may need a longer consultation time (RCN, 2023, RCPSG, 2023). A question about FGM should be included in all routine pre-travel risk assessment questionnaires.

Within the pre-travel risk assessment consultation, concerns may arise that a child is being prepared for FGM abroad. You should be alert to the potential of a child being prepared for FGM overseas when:

- a family presents for travel advice/vaccinations and if either parent comes from a country where FGM is practised (it would be expected that the parents' country of origin would already have been established through history taking) ([see Appendix 1](#))
- the family is travelling to a country where it is known that girls are at risk of FGM practice
- a child refers to a special procedure/ceremony that is going to take place.

(HM Government, 2016)

The pre-travel risk assessment should also include consideration of the risk of child marriage as this can be linked to FGM in some cultures. [unicef.org/kenya/media/531/file/Kenya-0000074.pdf.pdf](https://www.unicef.org/kenya/media/531/file/Kenya-0000074.pdf.pdf)

The Faculty of Travel Medicine (FTM) of the Royal College of Physicians and Surgeons of Glasgow (RCPSG) has a free FGM e-learning resource available to assist health professionals address FGM in pre-travel consultations. More information is available at: rcpsg.ac.uk/college/speaking-up-for-the-profession/female-genital-mutilation (without sign in and no certificate) or community.rcpsg.ac.uk/course/view/female-genital-mutilation

Ask direct questions about FGM

It is important to remember that many women may not know what has been done and they may be embarrassed and/or very distressed. Discussing FGM may elicit flashbacks and distress so a sensitive approach is always preferable. You should be prepared to ask the question directly, taking account of language and the need for sensitivity. You should also be prepared to act on your findings and, where appropriate, initiate safeguarding procedures and/or referral for further care. This should take place within any consultation regardless of the reason for attending and should follow the ‘making every contact count’ philosophy of care (PHE, 2018 and Making Every Contact Count National Resources, 2020).

Asking questions about FGM may seem difficult, in the same way that asking about domestic abuse or other intimate/sensitive subjects – however, experience shows that health care professionals are becoming more accustomed to such conversations.

A good way you can open the conversation is by saying:

“I see that you come from a country or area where some communities practise female genital mutilation or FGM. Do you know what FGM is? Have you been cut?”

It is important to also use other terms for FGM such as ‘cutting’ (see [Appendix 1](#)).

The Family Origin Questionnaire produced by the NHS National Screening Programme may be a useful tool to add to the risk assessment process (National Screening NHS, 2018).

You should also be aware of the following best practice considerations.

- If the whole family are present during the consultation it may be difficult to ask about FGM. It may be more appropriate to find an opportunity to talk to the woman/girl alone.
- If there is a language barrier you will need to use an accredited interpreter who should, ideally, be appropriately trained in relation to FGM. This will ensure a high quality and accurate interpretation. The interpreter should not be a family member, be known to the individual or be someone with influence in the girl or woman’s community.

- If the appropriate interpreter service is not available within an acceptable time limit, consideration should be given to whether it is feasible to bring the traveller back at another time when the service can be available. If this is not an option, a detailed record of any request to the interpretation service should be made, including the reason for no access.
- Using the option of a telephone interpreting service can be more anonymous, rather than face-to-face contact.
- If working in England, the CQC stipulates that within their inspections, they would expect systems or processes to be in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. Their guidance included the example of a comprehensive travel health risk assessment completed for each person using the service (CQC, 2022).
- If there are no other options but to continue with the appointment using a family member or other non-accredited interpreter, record the decision-making process and the steps taken.
- The Department of Health and Social Care also has a range of leaflets in various languages to help with understanding of FGM.

To help discuss and introduce some of the aspects of FGM, many professionals use the Statement Opposing FGM (called the Health Passport) which highlights that FGM is a serious criminal offence in the UK (HM Government, 2015) and is also available in a wide range of languages. Families may wish to take a copy of the statement with them as they travel overseas to share with others, including family members, who may not understand the consequences of FGM. The Scottish Government (2016) also has a *Statement Opposing FGM* leaflet for families travelling abroad who may be pressured into allowing girls to undergo FGM.

Fitfortravel information at: fitfortravel.nhs.uk/advice/general-travel-health-advice/female-genital-mutilation.aspx.

NaTHNaC factsheet at: travelhealthpro.org.uk/factsheet/3/female-genital-mutilation-fgm.

4. Safeguarding against FGM – everyone’s responsibility

If a concern about FGM has been identified, then a risk assessment should be completed to understand whether there is a risk and whether you should take further action. Use local guidance or follow the *Female Genital Mutilation Risk and Safeguarding. Guidance for Professionals* (DHSC, 2016).

If you have concerns that the child is going abroad for an FGM procedure, or that a child has been very recently cut, you will need to take immediate action. If you think she is at risk/not yet cut, you should make an urgent referral to the local children’s social services team according to your local urgent safeguarding procedures, or if you see/are told she has already undergone FGM, you need to report this to the police using the 101 telephone number under the Mandatory Reporting Duty [see below].

Either route should lead to an urgent multi-agency response being agreed and put into place.

Know local safeguarding procedures and how to access them

Knowing local safeguarding procedures is standard practice for all registered health care practitioners and this serves as a reminder on knowing who to contact and how to initiate and implement ongoing care. See [Appendix 1](#) for a recommended pathway of care.

In a travel health setting, when applying the information sharing protocols, this would mean the safeguarding concern should be shared with the traveller’s GP.

If you have identified an imminent risk of FGM or any other harm to the child, urgent action is required. This may mean contacting the police via the emergency services number 999. The police and/or social services will take immediate action (possibly obtaining an FGM Protection Order to safeguard the girl/s).

Service provision should also take account of recently published guidance by NHS England and the Royal College of Paediatrics and Child Health (RCPCH), which addresses the importance of expert referral and care for those under 18 years, including the need for referral and examination by trained specialists (RCPCH, 2015).

If a referral/report is made to the police or social care, as with standard safeguarding practice, this should be explained to the girl/family wherever possible. If there is a concern that discussing/reporting would lead to risk of serious harm to the child or anyone else, do not discuss it but instead contact your local designated safeguarding lead for advice.

Mandatory reporting duty

The Serious Crime Act 2015 in England and Wales introduced a requirement for all regulated health and social care professionals (registrants) to report FGM found in girls under the age of 18 years of age. It also provides for FGM protection orders to protect girls from the practice and ensures lifelong anonymity for the girl/woman if the case goes through to prosecution.

If a practitioner suspects that a girl, under the age of 18, has had FGM performed on her, safeguarding procedures must be implemented, as with any suspected abuse.

However, with FGM the registrant has to inform the police as well. This is an individual duty and cannot be delegated to anyone else.

The practitioner has to contact the police using the non-emergency crime number, 101, if a girl under 18 either:

- tells you she has undergone FGM
- has signs which appear to show she has undergone FGM.

An explanation of the safeguarding concerns must be given to the girl herself, provided it is safe to do so, but also if there are any younger siblings or children that might have had or be at risk of FGM. This is a child protection issue and this responsibility overrides confidentiality in these cases.

If treating a girl under 18 with a genital piercing/tattoo/non-medically indicated genital surgery, you should make a report under mandatory reporting duty. The RCN recommends that complex cases should be discussed with your safeguarding lead. Failure to comply with this mandatory duty may be considered misconduct by your professional regulatory body (Nursing and Midwifery Council) and your fitness to practice could be called into question.

Practitioners in Scotland and Northern Ireland should follow their local child protection procedures. Whilst there is currently no definite legal obligation in Scotland to report all cases where a child is suspected to be at risk of, or has had FGM, robust safeguarding requirements are clearly set out in *Responding to FGM multi-agency guidance* (Scottish Government, 2017).

Recording information and data collection about FGM

Record keeping is important in all areas of practice and it is important to consider where these records should be made, and how they may be shared.

Travel health services hosted within NHS trusts and general practices across England are also required to submit data about women who have had FGM to the Health and Social Care Information Centre (HSCIC) now known as NHS Digital, the FGM Enhanced Dataset Information Standard (HSCIC, 2017). This standard outlines how and what to record in health records when a girl or woman is identified as having had FGM.

All NHS acute trusts, mental health trusts and general practices in England are required to submit data to NHS Digital. The standard also details information sharing protocols that support safeguarding against FGM (HSCIC, 2015). NHS Digital collects and publishes anonymised statistics, which are used nationally and locally to improve the NHS response to FGM and to help commission the appropriate services. NHS Digital's latest statistics can be seen at: <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation>. In Scotland, the recording of the diagnosis of FGM and any procedures carried out to correct FGM is captured on central returns by ISD (Information Services Division of NHS National Services Scotland) isdscotland.org.

If a travel health service is not NHS funded, you may still wish to review and consider these requirements as they constitute best practice.

5. Best practice self-assessment for individuals and services

As with any safeguarding concern, it is recommended you are fully prepared to best manage any situation in advance. The following self-assessment may help to identify any individual learning needs or service development requirements that need enhancing.

Individual practitioner

Consider if you:

- have an understanding of what FGM is, and who might be affected
- know how to begin the conversation about FGM and the signs and details which would lead to further questioning about FGM
- know what to do if you identify a risk in relation to FGM
- know who to contact for safeguarding support (day or night and at weekends)
- understand the mandatory reporting duty and the consequences if this is not complied with
- know how to access translation services if required.

Services

Consider if:

- the service's pre-travel risk assessment includes a question about FGM
- the service's risk assessment link (where risk is identified) to an appropriate FGM safeguarding risk assessment
- the service has an end-to-end process identified
- there are processes in place, where appropriate, (acute trust, mental health trust, general practice) that comply with the FGM Enhanced Dataset requirement the service is NHS funded, do local information policies comply with the requirements for recording and locally sharing information in relation to FGM, as detailed in the FGM Enhanced Dataset. If not, NHS funded services may still wish to review and consider these requirements as they constitute best practice
- there is an identified safeguarding lead, and how is this information communicated to all frontline staff
- there are established links with the local children's social services and do they understand why and/or when your services might need to contact them
- the service has access to appropriate interpretation services
- access to local advocacy and support for survivors.

Services may find it helpful to develop a local contact/help sheet for staff listing all key contact details. Remember that any such help sheet will need to be updated as contacts change over time.

6. Conclusion

FGM is child abuse, illegal in the UK and a violation of human rights. Everyone is responsible for taking safeguarding actions to protect girls and women from harm.

It is important for the girl/woman that you ask direct questions about FGM in a sensitive and non-judgemental approach. Care, compassion and sensitivity must be exercised when discussing and/or examining women/girls as this may initiate flashbacks to the time when the original FGM was carried out on them. You must be mindful of language, particularly if interpreted by the woman/girl as a lack of understanding of FGM.

You have a duty of care to protect all those who seek health care and in order to do this you need to be as prepared as possible to understand the identification of those at risk of FGM, or FGM survivors who may be in need of specialist treatment or support. Once identified, you need to understand and know what action should be taken, who to contact and how to ensure the highest quality care in such situations, especially in travel health services.

This document should be read in conjunction with *Female Genital Mutilation: An RCN Resource for Nursing and Midwifery Practice* (RCN, 2023) and our clinical page on FGM at: rcn.org.uk/clinical-topics/female-genital-mutilation).

7. References

- Department of Health and Social Care (2016) *Female genital mutilation: Risk and safeguarding. Guidance for professionals*, London: DHSC. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf (accessed 27 September 2023)
- Health and Social Care Information Centre (2023) *FGM Enhanced Dataset Information Standard Factsheet* [online]. Available at: <https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/female-genital-mutilation-datasets/health-professionals-and-nhs-organisations#publications> (accessed 27 September 2023)
- HM Government (2015) *A Statement Opposing Female Genital Mutilation*. Available at: www.gov.uk/government/publications/statement-opposing-female-genital-mutilation
- Health and Social Care Information Centre (2015) *FGM Enhanced Dataset Information Standard*, London: HSCIC. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf (accessed 27 September 2023)
- Home Office (2018) *Multi-agency statutory guidance on female genital mutilation*. Available at: www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation (accessed 27 September 2023)
- Making Every Contact National Resources (2023) [online]. Available at: <http://makeeverycontactcount.co.uk/national-resources> (accessed 27 September 2023)
- NHS Digital (2015) *SCCI2026: Female Genital Mutilation Enhanced Dataset*. Available at: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci2026-female-genital-mutilation-enhanced-dataset> (accessed 27 September 2023)
- NHS Digital (2023) *Statistics on Female Genital Mutilation (FGM)*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation> (accessed 27 September 2023)
- NHS National Screening Programme (2019) *Family origin questionnaire*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/830289/SCT_Family_Origin_Questionnaire.pdf (accessed 27 September 2023)
- Public Health England (2018) *Making Every Contact Count*, London: PHE. Available at: www.makeeverycontactcount.co.uk (accessed 27 September 2023)
- Royal College of Nursing (2023) *Travel health nursing: career and competency development*, London: RCN. Available at: www.rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573 (accessed 27 September 2023)
- Royal College of Nursing (2023) *Female genital mutilation: An RCN resource for nursing and midwifery practice*, London: RCN. Available at: www.rcn.org.uk/professional-development/publications/pub-007833 (accessed 27 September 2023)

Royal College of Paediatrics and Child Health (2015) *Service specification for the clinical evaluation of children and young who may have been sexually abused*, London: RCPCH. Available at: www.rcpch.ac.uk/resources/service-specification-clinical-evaluation-children-young-people-who-may-have-been (accessed 27 September 2023)

Royal College of Physicians and Surgeons of Glasgow (2020) *Good Practice Guidance for Providing a Travel Health Service*. Available at: rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service (accessed 27 September 2023)

The Scottish Government (2015) *FGM – A statement opposing female genital mutilation*. Available at: www.fgmaware.org/uploads/4/6/7/9/46792493/fgm_gov_info.pdf (accessed 27 September 2023)

Scottish Government (2017) *Responding to female genital mutilation: multi-agency guidance*. Available at: www.gov.scot/publications/responding-female-genital-mutilation-fgm-scotland-multi-agency-guidance-978-1-78851-364-7 (accessed 27 September 2023)

UNICEF (2016) *Female Genital Mutilation/Cutting: A Global Concern* [Online]. Available at: www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf (accessed 27 September 2023)

UNICEF (2023) Female genital mutilation programme. Available at: www.unicef.org/protection/female-genital-mutilation (accessed 27 September 2023)

World Health Organization (2018) *Female genital mutilation: fact sheet*, Geneva: WHO. Available at: www.who.int/en/news-room/fact-sheets/detail/female-genital-mutilation (accessed 27 September 2023)

Gov.uk (2016) Statement opposing female genital mutilation. Translated in several languages. Available at: www.gov.uk/government/publications/statement-opposing-female-genital-mutilation (accessed 27 September 2023)

NHS (2019) Leaflets in other languages are available at: www.nhs.uk/conditions/female-genital-mutilation-fgm (accessed 27 September 2023)

8. Further reading and resources

Care Quality Commission (2022) *GP mythbuster 107: Pre-travel health services*. Available at: [cqc.org.uk/node/8422](https://www.cqc.org.uk/node/8422)

Crown Prosecution Service guidance on honour-based abuse and forced marriage. [cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage](https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage)

Department of Health and Social Care (2015) *Commissioning services to support women and girls with FGM*. [gov.uk/government/publications/services-for-women-and-girls-with-fgm](https://www.gov.uk/government/publications/services-for-women-and-girls-with-fgm)

Department of Health and Social Care (2015) *Female genital mutilation (FGM): guidance for healthcare staff*. [gov.uk/government/collections/female-genital-mutilation-fgm-guidance-for-healthcare-staff](https://www.gov.uk/government/collections/female-genital-mutilation-fgm-guidance-for-healthcare-staff)

Department of Health and Social Care (2017) *Practical help to support NHS organisations developing new safeguarding policies and procedures for FGM*. [gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm](https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm)

Department of Health and Social Care (2017) *Safeguarding women and girls at risk of FGM*. [gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm](https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm)

Department of Health and Social Care (2017) *FGM: Mandatory reporting in healthcare*. [gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare](https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare)

Female Genital Mutilation Act 2003, HMSO. [legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf](https://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf)

Health Education England – online e-learning resource free for all NHS employees comprising of five e-learning sessions. [e-lfh.org.uk/programmes/female-genital-mutilation](https://www.e-lfh.org.uk/programmes/female-genital-mutilation)

Home Office. Female Genital Mutilation: recognising and preventing FGM. [virtual-college.co.uk/resources/free-courses/recognising-and-preventing-fgm](https://www.virtual-college.co.uk/resources/free-courses/recognising-and-preventing-fgm)

National FGM Centre Information for pregnant women (2017) <http://nationalfgmcentre.org.uk/wp-content/uploads/2017/05/fgm-leaflet-hospital.pdf>

NHS Digital. *Female Genital Mutilation Datasets* [online]. <https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/female-genital-mutilation-datasets>

NSPCC have a dedicated FGM helpline which provides information and advice for families and frontline professionals – 0800 028 2550

One Scotland – information from the Scottish Government on FGM. [gov.scot/policies/violence-against-women-and-girls/female-genital-mutilation-fgm](https://www.gov.scot/policies/violence-against-women-and-girls/female-genital-mutilation-fgm)

Public Health Scotland – fitfortravel: travel health information for people travelling abroad from the UK (FGM). fitfortravel.nhs.uk/advice/general-travel-health-advice/female-genital-mutilation.aspx

Royal College of Midwives Specialist FGM Network. [fgmnetwork.org.uk](https://www.fgmnetwork.org.uk)

RCN clinical page on Female Genital Mutilation. [rcn.org.uk/clinical-topics/female-genital-mutilation](https://www.rcn.org.uk/clinical-topics/female-genital-mutilation)

RCN's clinical page on public health and travel health. rcn.org.uk/clinical-topics/public-health/travel-health

RCN (2023) *Travel Health Nursing: career and competence development*. rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573

Safeguarding Hub. <https://safeguardinghub.co.uk/female-genital-mutilation-operation-limelight/>

Scotland's national action plan to prevent and eradicate FGM: year one report 2017. gov.scot/publications/scotlands-national-action-plan-prevent-eradicate-female-genital-mutilation-fgm

The Scottish Government (2015) *Violence against women and girls (VAWG) Policy for Scotland*. gov.scot/Topics/People/Equality/violence-women/FGM

Travel Health Pro factsheet on FGM. <https://travelhealthpro.org.uk/factsheet/3/female-genital-mutilation-fgm>

FGM films

NHS England has released six scenario-based animations which help explore how and when questions would and would not be asked about FGM in community health care settings, as a girl grows up. View the animations at: youtube.com/playlist?list=PL6IQwM-ACXkj06kcGt64sqh57jRlPcNv1s

Watch three films developed by the Royal College of Midwives in collaboration with a range of Royal Colleges and survivors:

The words don't come. youtube.com/watch?v=M5E936tbv4g&t=1s

Our daughters. youtube.com/watch?v=n1HA4QNv1dk

It's our time now. youtube.com/watch?v=FZ_6CCfWjPo

The World Health Organization has produced *WHO Supporting the health sector to end FGM*. who.int/multi-media/details/who-supporting-the-health-sector-to-end-fgm

Appendix 1

FGM Travel health care pathway

Presentation prompts clinician to suspect/consider FGM – female/family with female children present at travel health clinic. Consider where they are travelling to and when they are going. It may not be country of origin but FGM can be arranged and carried out in other countries eg, Middle East, or possibly other European countries. Be mindful that this may be a possibility, or patient disclosure (eg, young girl discloses she will soon undergo ‘coming of age’ ceremony). (See over for list of countries.)

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community or area where FGM or circumcision is practised? (It may be appropriate to use other terms or phrases.)

NO – No further action required

YES

NO – but has family history

Have any of the female travellers attending the consultation been cut?

YES

Traveller is under 18 or vulnerable adult

Traveller is under 18 or vulnerable adult

Traveller is over 18

If you suspect she may be at risk of FGM use the safeguarding risk assessment guidance to help decide what action to take:

- if child is at imminent risk of harm, initiate urgent safeguarding response
- consider if a child social care referral is needed, following your local processes.

In England and Wales Ring 101 to report basic details of the case to police under mandatory reporting duty. Police will initiate a multi-agency safeguarding response.
In Scotland and Northern Ireland – refer to social care.
Always discuss concerns with your safeguarding lead.

Does the traveller have any female children or siblings at risk of FGM?
And/or do you consider her to be a vulnerable adult?
Complete FGM safeguarding risk assessment guidance to decide whether a safeguarding referral is required.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible OR
- Share information with multi-agency partners to initiate safeguarding response.

FOR ALL PATIENTS who have had FGM

1. READCODES FGM status (NHS).
2. Complete FGM enhanced dataset (if required).
3. Refer for further specialist support and care, as required.
4. Consider need to refer to FGM service to diagnose FGM type or for deinfibulation.
5. If under 18 refer for paediatric appointment and physical examination according to local processes.

FOR ALL GIRLS/WOMEN

1. Discuss the adverse health consequences of FGM and provide information.
2. Explain FGM is illegal in the UK and provide a copy of the Health Passport – Statement opposing female genital mutilation.
3. Always inform the patient at every stage of intervention, only if safe to do so, and of all referrals made.
4. Clearly document all discussion and actions with patient/family in the records.
5. Share information, where appropriate with health visitor, school nurse, practice nurse and local safeguarding lead.
6. When required, complete dataset as per DHSC Information Standard requirements.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

Other support available

NSPCC FGM Helpline: 0800 028 3550

FGM risk and safeguarding guidance for professionals from www.gov.uk

Health Passport – Statement opposing FGM www.gov.uk/government/publications/statement-opposing-female-genital-mutilation

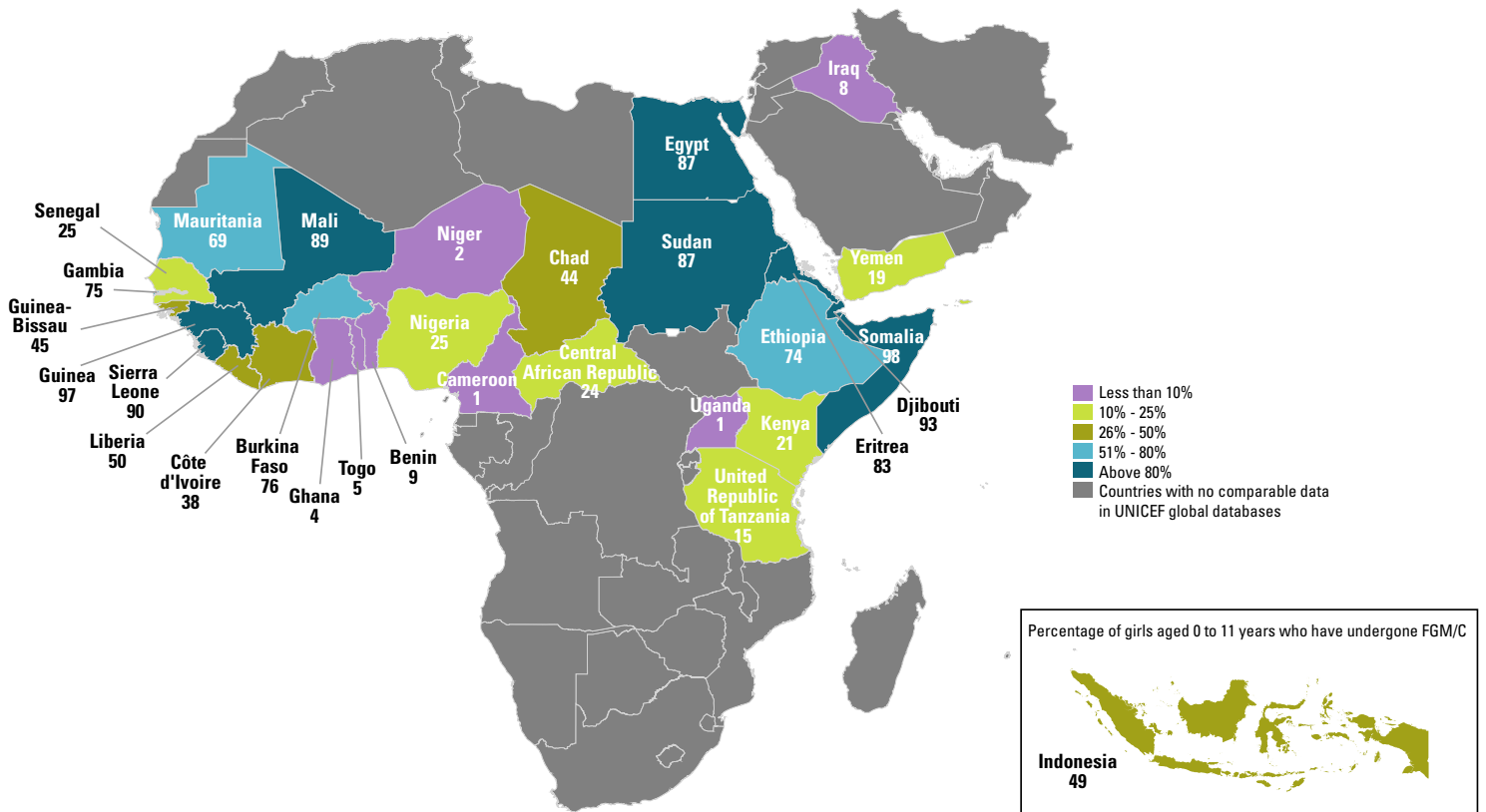
If a girl appears to have been cut recently or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse, which is the responsibility of all healthcare professionals.

Always ask your local safeguarding lead if in doubt.

Appendix 2

Map of countries most likely to practice FGM



UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2004-2015

FGM may be carried out in any other country and it may not be the country of origin.

UNICEF (2017) *No time to lose on child marriage and female genital mutilation cutting*. <https://data.unicef.org/resources/no-time-to-lose-on-child-marriage-and-female-genital-mutilationcutting> and <http://datatopics.worldbank.org/world-development-indicators/stories/fgm-still-practiced-around-the-world.html>

2020 Data on global prevalence

Every country and continent across the globe has a prevalence of FGM, and 28toomany.org provides details of country specific and continental spread of the prevalence of FGM.

Appendix 3

Alternative terms used for FGM

Country	Term used for FGM	Language	Term used for FGM	Language
CHAD – the Ngama sara subgroup	Bagne		Gadja	
EGYPT	Thara, Khitan, Khifad	Arabic		
ETHIOPIA	Megrez	Amharic	Absum	Harrari
ERITREA	Mekhnishab	Tigregna		
GAMBIA	Niaka, Kuyango, Musoluta Karoota	Mandinka		
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu		
IRAN	Xatna	Farsi		
KENYA	Kutairi ; Kutairi was ichana	Swahill		
NIGERIA	Ibi/Ugwu	Igbo	Didabe fun omobirin / ila kiko fun omobirin	Yoruba
SIERRA LEONE	Sunna	Soussou	Bondo	Temenee
	Bondo/Sonde	Mendee	Bondo	Mandinka
	Bondo	Limba		
SOMALIA	Gudinlin; Halalays; Qodin	Somali		
SUDAN	Khifad, Tahoor	Arabic		
TURKEY	Kadin Sunneti	Turkish		

Adapted from: HM Government (2018) Multi-agency statutory guidance on female genital mutilation. [gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This updated publication acts as a supplement to *Female Genital Mutilation: An RCN Resource for Nursing and Midwifery Practice (2023)* and focuses on professionals working in travel health services. Travel health organisations, clinics and health care professionals will find it useful as it highlights how important it is for processes within travel health settings to be reviewed to ensure services provide an effective safeguarding process around FGM.

Publication date: November 2023 Review date: February 2027

The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publicationsfeedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publicationsfeedback@rcn.org.uk clearly stating which publication you are commenting on.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333
www.rcn.org.uk

November 2023
Publication code: 011 178

