

# Female Genital Mutilation

RCN guidance for sexual health care

CLINICAL PROFESSIONAL RESOURCE



# Acknowledgements

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# 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 and the RCN clinical page on FGM at: [rcn.org.uk/clinical-topics/female-genital-mutilation](https://rcn.org.uk/clinical-topics/female-genital-mutilation)) 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 sexual health care services, such as sexual and reproductive health clinics.

This guidance also includes an A4 pathway (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 and education 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 sexual health care

### Key messages

- FGM is child abuse.
- FGM violates the human rights of girls and women.
- FGM is illegal in the UK.
- It is illegal to take a girl or woman out of the UK to have FGM abroad.
- Girls may be at risk of FGM at any age from birth onwards.
- Sexual health is a key area for identifying and supporting those affected by FGM.
- Safeguarding is everyone's responsibility – ask directly about FGM.
- FGM is part of routine sexual health risk assessment.

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

The Government’s Strategy for Tackling Violence against Women and Girls, published in 2021, identifies that those affected by FGM may also be at risk from other forms of abuse which include so called honour based abuse and forced marriage which is also illegal.

In 2022, the Health and Care Act made virginity testing and hymenoplasty offences, highlighting that those at risk of FGM may also be at risk so it is important nurses are aware of these risks and their safeguarding responsibilities.

## 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 is at 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; 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 (see RCN, 2023) 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.

For further information see *Female Genital Mutilation: An RCN Resource for Nursing and Midwifery Practice* (RCN, 2023).

## 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](https://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](https://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](https://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 9) 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 of 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 victims 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. The role of sexual health services in safeguarding

Sexual health care takes place in various settings across the NHS and the independent sector. Contact with women and girls offers an important opportunity to talk about FGM and support the safeguarding of girls and women who may be at risk of FGM or who may have been subjected to FGM. Consequently, sexual health and genitourinary medicine (GUM) practitioners should be aware of the possibility of FGM in girls and women they treat, and particularly in girls who may present with genitourinary conditions.

It is recommended that all sexual health and GUM services develop their policies and procedures to take account of how best to care for these girls and women, this includes appropriate staff training and education where needed.

#### **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 (Public Health England (2018) and Making Every Contact National Resources (2020)).

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

#### **FGM should be part of routine sexual and reproductive health risk assessment**

All routine sexual and reproductive health consultations should include a risk assessment. The assessment forms the basis of all subsequent decisions about care and sufficient time should be allowed to complete it with due care and attention (a minimum of 20 minutes).

Some signs to look out for include:

- women/girls who are born to, or have, parents who were born in countries with high FGM prevalence ([see Appendix 1](#))
- women/girls who are presenting with urinary tract infections, dyspareunia (pain during sexual intercourse), genital pain or recurrent candida infections
- if the woman/girl is experiencing flashbacks during a genital examination.

The woman/girl may also be at high risk of HIV, hepatitis B and C because an unsterilised implement may have been used to perform the FGM on groups of girls.



## 4. 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.

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

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 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. 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 (Nurse 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 who should be informed of the findings. This may be particularly relevant where the majority of sexual health clinics may not use hospital or NHS identification numbers.

For those working in NHS funded organisations in England, the FGM Enhanced Dataset (NHS Digital, 2020) needs to be considered. This standard outlines to all registered practitioners 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 are required to submit data to NHS Digital.

The standard also details information sharing protocols that support safeguarding against FGM (HSCIC, 2017). HSCIC 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 FGM statistics can be found at: <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation>.

Sexual health clinics and genito-urinary medicine (GUM) clinics that do not collect personal data or use NHS numbers for patients are exempt from this data collection requirement.

## 5. Best practice during a consultation

Asking questions about FGM may seem difficult; 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](#)).

A risk assessment should be carried out in every consultation including telephone or online. Refer to the Five Rs on the RCN’s clinical pages on domestic abuse.

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

- If the woman/girl is accompanied by a friend/partner 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 girl/woman back at another time when the service can be available (Home Office 2016). 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 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.

A risk assessment needs to be carried out, using either local guidance or the Department of Health and Social Care’s risk assessment guidance (DHSC, 2016). The assessment should provide a comprehensive history and enhance best practice towards decision making.

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, 2021 <https://phescreening.blog.gov.uk/2021/03/16/family-origin-questionnaire-guidance-updated-for-nhs-antenatal-screening-providers>).

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.

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 to share with others, including family members, who may not understand the consequences of FGM. The Scottish Government (2015) also has a *Statement Opposing FGM* leaflet for families travelling abroad who may be pressured into allowing girls to undergo FGM.

The DHSE (NHS, 2017) also has a range of leaflets in various languages to help with understanding FGM.

## 6. Best practice self-assessment

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
- access to local advocacy and support for survivors
- be aware of referral pathway to local specialist clinic.

### Services

Consider if:

- the service's 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 or local authority 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
- the service has designated services for specialist clinics.

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.

## 7. 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-judgmental 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 sexual 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](https://rcn.org.uk/clinical-topics/female-genital-mutilation)).

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## 9. Further reading and resources

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://cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage)

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Female Genital Mutilation Act 2003, HMSO. [legislation.gov.uk/ukpga/2003/31/pdfs/ukpga\\_20030031\\_en.pdf](https://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://e-lfh.org.uk/programmes/female-genital-mutilation)

Home Office (2023) FGM resource pack. [gov.uk/government/publications/female-genital-mutilation-resource-pack](https://gov.uk/government/publications/female-genital-mutilation-resource-pack)

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

National Screening Committee (2018) [gov.uk/government/publications/handbook-for-sickle-cell-and-thalassaemia-screening](https://gov.uk/government/publications/handbook-for-sickle-cell-and-thalassaemia-screening)

NHS (2019) Leaflets in other languages. [nhs.uk/conditions/female-genital-mutilation-fgm](https://nhs.uk/conditions/female-genital-mutilation-fgm)

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://gov.scot/policies/violence-against-women-and-girls/female-genital-mutilation-fgm)

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

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

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

## 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: [www.youtube.com/playlist?list=PL6IQwMACXkj06kcGt64sqh57jRlPcNv1s](https://www.youtube.com/playlist?list=PL6IQwMACXkj06kcGt64sqh57jRlPcNv1s)

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.* [www.youtube.com/watch?v=M5E936tbv4g&t=1s](https://www.youtube.com/watch?v=M5E936tbv4g&t=1s)

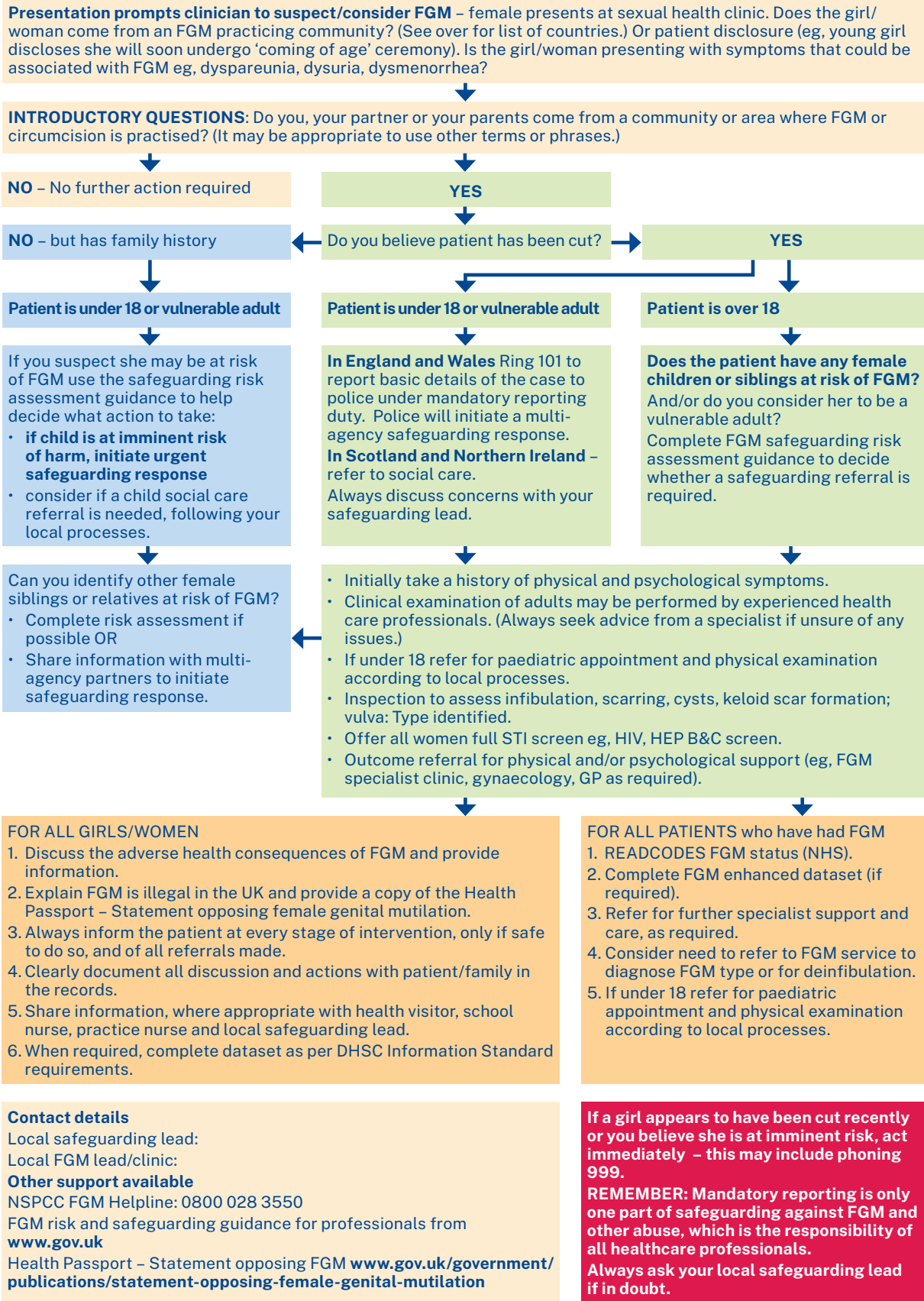
*Our daughters.* [www.youtube.com/watch?v=n1HA4QNv1dk](https://www.youtube.com/watch?v=n1HA4QNv1dk)

*It's our time now.* [www.youtube.com/watch?v=FZ\\_6CCfWjPo](https://www.youtube.com/watch?v=FZ_6CCfWjPo)

The World Health Organization has produced *WHO Supporting the health sector to end FGM*. [www.who.int/multi-media/details/who-supporting-the-health-sector-to-end-fgm](http://www.who.int/multi-media/details/who-supporting-the-health-sector-to-end-fgm)

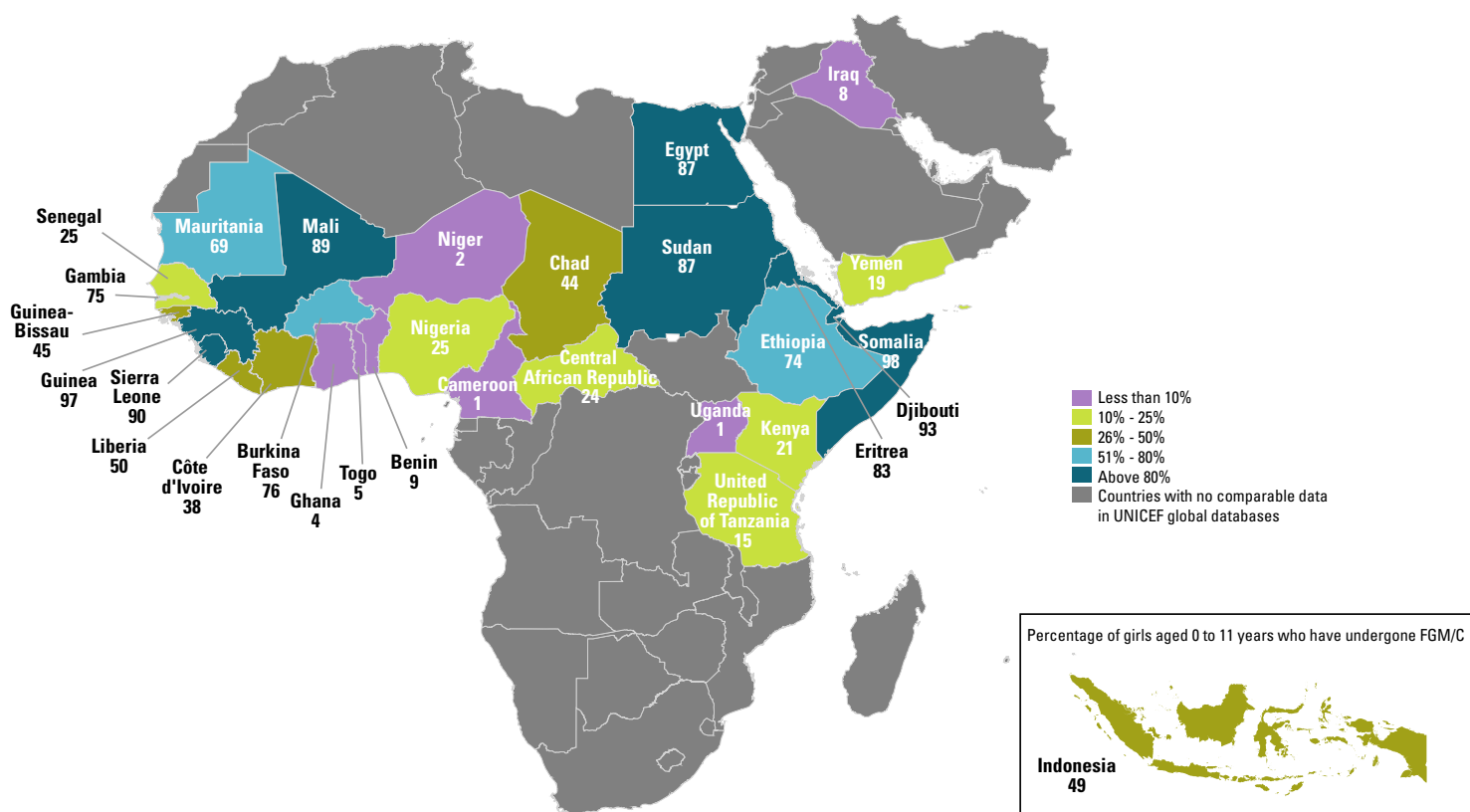
# Appendix 1

## FGM Sexual health care pathway



# 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](https://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)

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## 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 sexual health services such as sexual health clinics, genitourinary medicine clinics and children's services.

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### 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 [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

### Evaluation

The authors would value any feedback you have about this publication. Please contact [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk) clearly stating which publication you are commenting on.

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