Presentation prompts clinician to suspect/consider FGM – female presents at sexual health clinic. Does the girl/woman come from an FGM practicing community? (See over for list of countries.) Or patient disclosure (eg, young girl discloses she will soon undergo ‘coming of age’ ceremony). Is the girl/woman presenting with symptoms that could be associated with FGM eg, dyspareunia, dysuria, dysmenorrhoea?

**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

  Patient is under 18 or vulnerable adult

  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.

  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.

- **YES**

  Patient is under 18 or vulnerable adult

  **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.**

  - Initially take a history of physical and psychological symptoms.
  - Clinical examination of adults may be performed by experienced health care professionals. (Always seek advice from a specialist if unsure of any issues.)
  - If under 18 refer for paediatric appointment and physical examination according to local processes.
  - Inspection to assess infibulation, scarring, cysts, keloid scar formation; vulva: Type identified.
  - Offer all women full STI screen eg, HIV, HEP B&C screen.
  - Outcome referral for physical and/or psychological support (eg, FGM specialist clinic, gynaecology, GP as required).

- **Patient is over 18**

  Does the patient 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.

**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 DH Information Standard requirements.

**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.

**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


For 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.
PATHWAY
Female genital mutilation: sexual health

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
www.data.unicef.org/child-protection/fgmc

Terms used for FGM

<table>
<thead>
<tr>
<th>Country</th>
<th>Term used for FGM</th>
<th>Language</th>
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<th>Language</th>
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<tbody>
<tr>
<td>CHAD – the Ngama sara subgroup</td>
<td>Bagne</td>
<td>Gadja</td>
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<td>EGYPT</td>
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