

Female Genital Mutilation (FGM)

FGM SAFEGUARDING PATHWAY AND RISK ASSESSMENT



DoH

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Introduction

The following safeguarding pathway and risk assessment tools have been developed by the Safeguarding Board for Northern Ireland (SBNI) to support all staff who work with and who deliver services to children and young people, women and families. The purpose of this resource is to help professionals appropriately identify, safeguard and support girls who may be at potential risk of Female Genital Mutilation (FGM) and/or women who have suffered FGM. The pathway and tools are adapted versions of similar tools published by Department of Health, London.

The pathway and risk assessment tools should be used alongside the [FGM Multi-agency Practice Guidelines](#) and the [SBNI Regional Core Child Protection Policy and Procedures](#).

Use the FGM Pathway and Risk Assessment Tools to:

1. **Start the conversation** and confidently discuss FGM with individuals and their families.
2. **Assess:**
 - Whether the person is either at risk, or has experienced FGM.
 - Identify whether the person has children/young people at risk of FGM.
 - Identify whether there are other children/young people in the family/close friends who are potentially at risk of FGM.
3. **Safeguard the child/young person appropriately** including understanding when to refer to Social Services/PSNI.

Starting the conversation

The approach to starting the conversation about FGM will differ depending on the circumstances. However, in all cases you should ask the following introductory questions. Please note it may be appropriate to use other terms or phrases common to FGM - see later in document.

The questions should be asked directly to the person. Where the person is a child/young person (depending on age and stage of development) the question should be directed to the parent or legal guardian.

1. Do you, your partner or your parents come from a community where FGM is practiced?

2. Has FGM happened to you

If you receive a **YES** answer to questions (1) or (2) please complete one of the following:

Individual	Status	Template to use
Adult Woman	Pregnant	Template A
Adult Woman	Not Pregnant	Template B
Child/young person (Under 18)	At risk/FGM status unknown	Template C
Child/young person (Under 18)	Has had FGM/FGM suspected	Template D

If during your conversation/assessment you are concerned by any answers received from the person or their family, you should enquire further and consider asking other related questions to further explore this concern.

Points to Remember:

Always:

- Ensure all discussions are approached directly but in a sensitive and non-judgmental manner.
- Document all actions in the person's record.
- Seek consent to share this information with the person's GP.
- Seek consent to share information relating to a child/young person with the child/young person's GP, school nurse and/or health visitor. However, if there is a clear child protection concern the information should be shared whether consent is obtained or not.
- Inform the individual and their family that FGM is illegal in the UK and it is considered child abuse if it involves a child/young person under the age of 18 years.
- Explain the negative health consequences of practicing FGM.
- Use an accredited translation service and not a family or community member.
- Ensure that any further action complies with all statutory and professional responsibilities in relation to safeguarding, and meets local processes and arrangements outlined in the [SBNI Regional Core Child Protection Policy and Procedures](#).

The pathway and risk assessment tools do not replace the need for professional judgment in relation to the circumstances which present.

FGM: Safeguarding the child/young person

Having used the pathway and risk assessment tools, you will need to decide:

- Whether the child/young person is at immediate risk? If so, contact the PSNI by ringing 999.
- Whether or not to make a referral through to Social Services as outlined in the [SBNI Regional Core Child Protection Policy and Procedures?](#)
- Is this a new risk?
- If risk has already been identified, has the risk increased or reduced since your last contact with the family?
- Whether there is a risk to any other girl/child member of the household?
- Do I need to seek help from my local safeguarding lead or other professional support before making a decision?

Decisions must be noted on the child/young person's record.

You should consult with children's Social Services or safeguarding lead if you are uncertain about your decision or you require additional support. If you have a concern about an 'Adult at Risk of Harm' or an 'Adult in need of Protection' the Northern Ireland Adult Safeguarding Procedures must be followed.

Urgent referrals to PSNI/Social Services

An urgent referral must be made when:

- A child/young person under 18 years shows signs of very recently having undergone FGM. This may allow for the police to collect physical evidence.
- You believe that there are plans to take a child/young person abroad and there is an imminent risk that she is likely to undergo FGM.

In these cases children's Social Services and the Police will consider what action to take. The risk to any other girl/child member of the household needs to be considered.

FGM Risk Assessment Checklist

Have you:

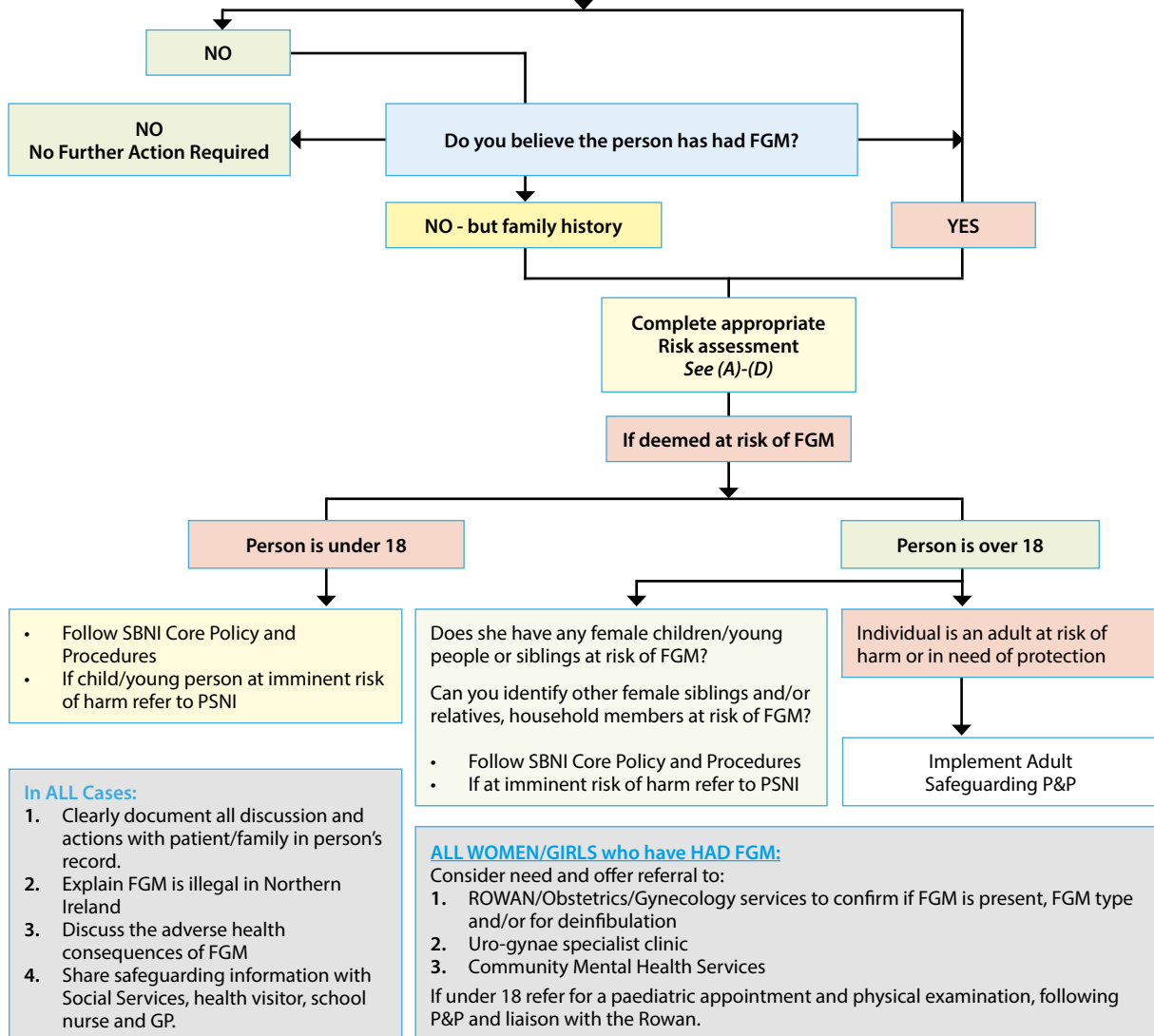
- Discussed FGM with the person and their family?
- Completed an appropriate FGM risk assessment template?
- Recorded your actions and the outcome of the assessment in the person's record?
- Followed the [SBNi Regional Core Child Protection Policy and Procedures](#) and made a referral to Social Services if appropriate, or contacted the Police if a child/young person is at immediate risk?
- Sought and shared relevant information with other health professionals including the GP, health visitor, school nurse, your local safeguarding lead?

FGM SAFEGUARDING PATHWAY

PRESENTATION PROMPTS PRACTITIONER TO SUSPECT/CONSIDER FGM

E.g.: In answer to question "I understand that you, your partner or your parents come from a community where FGM is practiced? Has this ever happened to you?"

(It may be appropriate to use other terms or phrases). Behavioural/Medical factors - repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g. young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).



If a girl appears to have recently undergone FGM or you believe she is at imminent risk, act immediately –by phoning the PSNI - 999

REMEMBER: ALWAYS ASK YOUR LOCAL SAFEGUARDING LEAD IF IN DOUBT

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The Rowan, the regional Sexual Assault Referral Centre for Northern Ireland (0800 389 4424) facilitates and has experience of sensitive examination. They will advise and guide as required.

OTHER AVAILABLE SUPPORTS: NSPCC FGM Helpline: 0800 028 3550, Agency Safeguarding Lead, Local Gateway Team, Regional Emergency Social Work Service

Details of FGM risk and safeguarding guidance for staff from the Department of Health is available online (Multi-agency guidance:
<https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/multi-agency-practice-guidelines-on-female-genital-mutilation.pdf>)

(A) Risk of FGM: PRE/POSTNATAL WOMAN

Date: _____ Completed by: _____
Assessment: Initial/On-going

This is to help you make a decision as to whether the unborn/newborn child or other female children/young people in the family are at risk of FGM or whether the woman herself is at risk of further harm in relation to FGM.

Indicator	Yes	No	Details
CONSIDER RISK			
Woman comes from a community known to practice FGM			
Woman has undergone FGM herself			
Husband/partner comes from a community known to practice FGM			
A female family elder is involved/will be involved in care of children/unborn child and/or is influential in the family			
Woman/family has limited integration in UK community			
Woman and/or husband/partner have limited/no understanding of harm of FGM or the law in Northern Ireland			
Woman's relatives have undergone FGM			
Woman has failed to attend follow-up with an obstetrician for an FGM related appointment			
Woman's husband/partner/other family member presents or is perceived as very dominant in the family and have not been present during consultations with the woman			
Woman says that FGM is integral to cultural or religious identity or other reasons			
SIGNIFICANT OR IMMEDIATE RISK			
Woman already has daughters who have undergone FGM			
Woman or woman's partner/family requesting reinfibulation following childbirth			
Woman says that FGM is integral to cultural or religious identity or other reasons			
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			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

Significant or Immediate risk – if you identify one or more significant/ immediate risks, or if in your opinion other risks are sufficient to be considered serious you must refer to social services in accordance with SBNI Regional Core Child Protection Policy and Procedures. If the risk of harm is imminent you must contact the Police and Social Services.

In all cases:-

- Share information of any identified risk with the person's GP/HV
- Record in notes
- Raise awareness of the health complications of FGM and the law in Northern Ireland.

Please remember: any child/young person under 18 who has undergone FGM must be referred to children's social services for action.

(B) Risk of FGM: NON-PREGNANT ADULTS WOMAN (over 18)

Date: _____ Completed by: _____
Assessment: Initial/On-going

This is to help decide whether the woman is at risk of further harm of FGM or whether there are other children/young people at risk of FGM, for whom a risk assessment may be required.

Indicator	Yes	No	Details	ACTION
CONSIDER RISK				Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.
Woman already has daughters who have undergone FGM – who are over 18 years of age				
Husband/partner comes from a community known to practice FGM				Consider risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.
A female family elder (maternal or paternal) is influential in family and/or is involved in care of children/young people				Significant or Immediate risk – if you identify one or more significant / immediate risks, or if in your professional opinion other risks are sufficient to be considered serious you must refer to social services in accordance with the SBNI Regional Core Child Protection Policy and Procedures.
Woman and family have limited integration in UK community				If the risk of harm is imminent, you must contact Police and Social Services.
Woman's husband/partner/other family member presents or is perceived as very dominant in the family and have not been present during consultations				In all cases:-
Woman/family have limited/no understanding of harm of FGM or the law in Northern Ireland				• Share information of any identified risk with the person's GP
Woman's nieces (by sibling or in-laws) have undergone FGM or other female within close family				• Record in notes
Woman has failed to attend follow-up with an obstetrician for a FGM related appointment				• Raise awareness of the health complications of FGM and the law in Northern Ireland.
Family are already known to Social Services – if known, and you have identified FGM within a family, you must share this information with social services				
SIGNIFICANT OR IMMEDIATE RISK				
Woman/family believe FGM is integral to religious or cultural identity or other reasons				
Woman already has daughters who have gone through FGM				
Woman is considered to be an adult at risk of harm/in need of protection				

Please remember: any child/young person under 18 who has undergone FGM must be referred to children's social services for action.

(C) Risk of FGM: CHILD/YOUNG PERSON (under 18 years old)

Date: _____ Completed by: _____
Assessment: Initial/On-going

This is to help when considering whether a child/young person is **AT RISK of FGM**, or whether there are other children/young people in the family for whom a risk assessment may be required

Indicator	Yes	No	Details	ACTION
CONSIDER RISK				Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.
Child/young person's mother has undergone FGM				
Other female family members have had FGM				
Father comes from a community known to practice FGM				Consider risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead.
Any family elder is very influential within the family and is/will be involved in the care of the girl who is supportive and believes in the practice of FGM				Significant or Immediate risk (see below) – If you identify one or more significant / immediate risks or if in your professional opinion other risks are sufficient to be considered serious you must refer to social services in accordance with the SBNI Regional Core Child Protection Policy and Procedures.
Mother/family have limited contact with people outside of her family				
Parents have poor access to information about FGM and do not know about the harmful effects of FGM or the law in Northern Ireland				
Parents say that they or a relative will be taking the girl abroad for a prolonged period – this may not only be to a country with high prevalence, but this would more likely lead to a concern				
Family are already known to Social Services – if known, and you have identified FGM within a family, you must share this information with social services				
Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent				
Girl has attended a travel clinic or equivalent for vaccinations/anti-malarials				
FGM is referred to in conversation by the child, family or close friends of the child (see Appendix Two for traditional and local terms) – the context of the discussion will be important				
Girls presents symptoms that could be related to FGM				
Family not engaging with professionals (health, school, or other)				
Any other safeguarding alert already associated with the family				
SIGNIFICANT OR IMMEDIATE RISK				
A child or sibling asks for help in relation to FGM				
A parent or family member expresses concern that FGM may be carried out on the child				
Girl has confided in another that she is to have a 'special procedure' or to attend a 'special occasion':				
Girl has talked about going away 'to become a woman' or 'to become like my mum and sister'				
Girl has a sister or other female child relative who has already undergone FGM				
Family/child are already known to social services – if known, and you have identified FGM within a family, you must share this information with Social Services				

In all cases:-

- Share information of any identified risk with the person's GP
- Document in notes
- Discuss the health complications of FGM and the law in Northern Ireland.

Please remember: any child/young person under 18 who has undergone FGM must be referred to children's social services for action.

(D) Risk of FGM: CHILD/YOUNG PERSON (under 18 years old)

Date: _____ Completed by: _____
Assessment: Initial/On-going

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

Indicator	Yes	No	Details
CONSIDER RISK			
Girl is reluctant to undergo any medical examination			
Girl has difficulty walking, sitting or standing or looks uncomfortable			
Girl finds it hard to sit still for long periods of time, which was not a problem previously			
Girl presents to GP or A&E with frequent urine, menstrual or stomach problems			
Increased emotional and psychological needs e.g. withdrawal, depression, or significant change in behaviour			
Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP's letter			
Girl has spoken about having been on a long holiday to her country of origin/another country where the practice is prevalent			
Girl spends a long time in the bathroom/toilet/long periods of time away from the classroom			
Girl talks about pain or discomfort between her legs			
SIGNIFICANT OR IMMEDIATE RISK			
Girl asks for help or friend/relative asks for help on behalf of the girl			
Girl confides in a professional that FGM has taken place			
Mother/family member discloses that female child has had FGM			
Family/child/young person are already known to Social Services – if known, and you have identified FGM within a family, you must share this information with Social Services			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Please remember: any child/young person under 18 who has undergone FGM must be referred to the Police using the 101 non-emergency number.

If you suspect but do not know that a girl has undergone FGM based on risk factors presenting, you must refer to Social Services Gateway Team in accordance with the SBNI Regional Core Child Protection Policy and Procedures.

In all cases:–

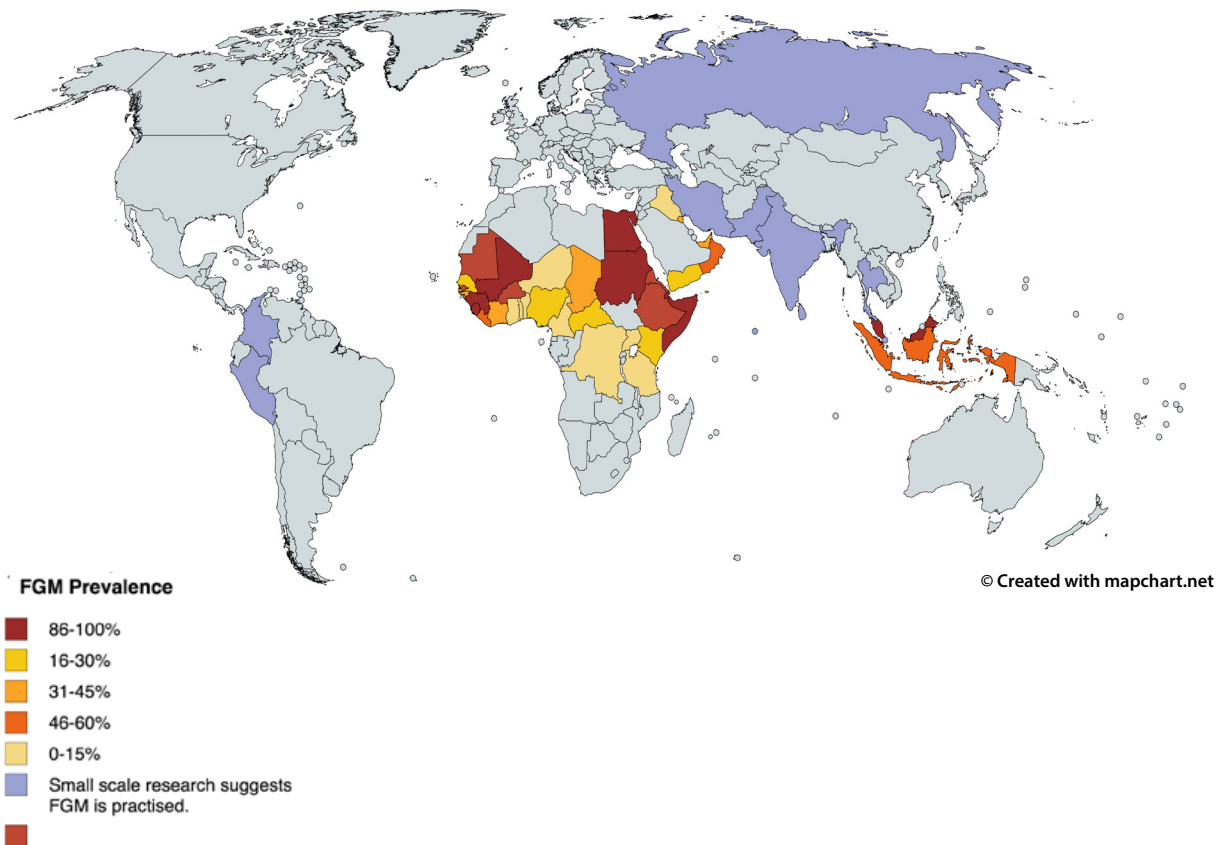
- Share information of any identified risk with the person's GP
- Record in notes
- Discuss the health complications of FGM and the law in Northern Ireland.

Please remember: any child/young person under 18 who has undergone FGM must be referred to children's social services for action.

Traditional and local terms for FGM

Country	Term used	Language	Meaning
EGYPT	Thara	Arabic	Deriving from the Arabic word 'tahir' meaning to clean/purify
	Khitan	Arabic	Circumcision – used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
ETHIOPIA	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
ERITREA	Mekhnishab	Tigreña	Circumcision/cutting
KENYA	Kutairi	Swahili	Circumcision – used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
NIGERIA	Ibi/Ugwu	Igbo	The act of cutting – used for both FGM and male circumcision
	Sunna	Mandingo	Believed to be a religious tradition/obligation by some Muslims
SIERRA LEONE	Sunna	Soussou	Believed to be a religious tradition/obligation by some Muslims
	Bondo	Temne/ Mandinka/Limba	Integral part of an initiation rite into adulthood
	Bondo/Sonde	Mende	Integral part of an initiation rite into adulthood
SOMALIA	Gudiniin	Somali	Circumcision – used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word 'halal' ie. 'sanctioned' – implies purity. Used by Northern & Arabic speaking Somalis.
	Qodiin	Somali	Stitching/tightening/sewing refers to infibulation
SUDAN	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word 'tahir' meaning to purify
CHAD – the Ngama	Bagne		Used by the Sara Madjingaye
Sara ethnic subgroup	Gadja		Adapted from 'ganza' used in the Central African Republic
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu	Circumcision of girls
GAMBIA	Niaka	Mandinka	Literally to 'cut /weed clean'
	Kuyango	Mandinka	Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning 'the women's side'/'that which concerns women'

Countries where Female Genital Mutilation is prevalent



National FGM Centre
nationalfgmcentre.org.uk/wp-content/uploads/2017/02/FGM-Services-in-NI.pdf

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