**Female Genital Mutilation**

**Guidance Document**

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# Introduction

## Guidance statement

[NHS England](https://www.england.nhs.uk/north/wp-content/uploads/sites/5/2016/01/fgm-hp-guide.pdf) explains that it is a mandatory duty for regulated healthcare professionals to report any concerns they have about a female under 18 years and record when female genital mutilation (FGM/C) is disclosed or identified as part of NHS healthcare. This organisation will ensure staff are trained and understand how to respond to instances when a patient discloses they have undergone FGM/C or the healthcare professional sees FGM/C.

## Status

In accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

# FGM/C overview

## Definition

[Female genital mutilation](https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation) (FGM/C) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM/C is also known as ‘female circumcision’ or ‘cutting’ and by other terms including khatna, sunna, gudniin, halalays, tahur, megrez and khitan.

## Legislation

The following legislation relates to FGM/C:

* [Female Genital Mutilation Act 2003](https://www.legislation.gov.uk/ukpga/2003/31/contents) (for England, Northern Ireland and (Wales)
* [Female Genital Mutilation (Protection and Guidance) (Scotland) Act 2020](https://www.legislation.gov.uk/asp/2020/9/enacted)
* [Serious Crime Act (2015)](https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted) (covers all four nations)

# FGM/C explained

## Classifications

FGM/C is classified into four types:

|  |  |
| --- | --- |
| **Type** | **Description** |
| Type 1 | Clitoridectomy: this is the partial or total removal of the clitoris |
| Type 2 | Excision: this is the partial or total removal of the clitoris and the labia minora |
| Type 3 | Infibulation: this is the narrowing of the vaginal opening through the creation of a covering seal |
| Type 4 | All other harmful procedures to the female genitalia for non-medical purposes |

## Health complications

[CQC GP mythbuster 80: Female genital mutilation (FGM/C)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-80-female-genital-mutilation-fgm) explains there are no health benefits and girls and women suffer physical, psychological and psychosexual complications, including severe pain, infection, haemorrhage, anxiety, depression, kidney damage, infertility and death.

[The World Health Organisation](https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation) (WHO) states that FGM/C can lead to the following long-term complications:

* Urinary problems (painful urination, urinary tract infections)
* Vaginal problems (discharge, itching, bacterial vaginosis and other infections)
* Menstrual problems (painful menstruations, difficulty in passing menstrual blood)
* Scar tissue and keloid
* Sexual problems (pain during intercourse, decreased satisfaction, etc.)
* Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.)
* Need for later surgeries: women with Type 3 might require deinfibulation (opening the infibulated scar to allow for sexual intercourse and childbirth)
* Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem)

## At risk groups

The [WHO](https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation) explains that FGM/C is practiced in the western, eastern, and north-eastern regions of Africa, and some countries in the Middle East and Asia. It is important to acknowledge that not all girls and women from ‘practising communities’ are at risk of FGM/C.

# Reporting FGM/C

## Mandatory requirement

Under the [Serious Crime Act 2015](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact_sheet_-_FGM_-_Act.pdf), FGM/C is a specific criminal offence and it is also a criminal offence to fail to protect a girl at risk of FGM/C. All healthcare staff have a mandatory duty to report FGM/C. The Department of Health and Social Care (DHSC) has produced [guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525405/FGM_mandatory_reporting_map_A.pdf) for healthcare professionals regarding their mandatory reporting duty.

Staff are to use the [Female Genital Mutilation Risk and Safeguarding Guidance Document](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf) which includes a [safeguarding pathway](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/542650/FGM_Flowchart.pdf) and a risk assessment template to support and manage those who are at risk of FGM/C.

## Reporting process

Staff at this organisation who have concluded, either through examination or consultation with the patient, that FGM/C has taken place should call the police on 101 to make a report as soon as possible and no later than close of business the next working day. Clinicians are to advise the child and parent/carers that the report is being made. In instances when the patient appears to have had FGM/C recently or they are in imminent danger, the clinician is to take immediate action. They are to liaise with the safeguarding lead and, if deemed appropriate, call the police on 999. Clinicians are not to advise the child or parent/carer in such circumstances. They must contact the safeguarding lead for further advice.

## Failure to report

Clinicians must ensure that they report all cases of FGM/C. Failure to do so may impact on the individual’s fitness to practice. If a clinician is uncertain as to whether they should report suspected FGM/C, they are to liaise with the safeguarding lead for advice.

## Record keeping

Clinicians are to ensure that, in cases of confirmed and suspected FGM/C, they record all the actions taken and they must document the crime reference number in the patient’s healthcare record. Staff must also ensure the correct [SNOMEDCTID](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20241120&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104) is used:

|  |  |
| --- | --- |
| **Heading** | **Code** |
| Female genital cutting | 429744008 |
| Discussion about female genital mutilation | 713255007 |
| Family history of female genital mutilation | 902961000000107 |
| Discussion about female genital mutilation with carer | 932301000000101 |

## FGM/C Information Sharing (FGM/C-IS)

[FGM/C-IS](https://digital.nhs.uk/services/female-genital-mutilation-information-sharing) is a national IT system that supports the early intervention and ongoing safeguarding of girls under the age of 18 who have a family history of FGM/C. The system is accessed by either the local clinical system (integrated with FGM/C-IS) or the [National Care Record Service (NCRS)](https://digital.nhs.uk/services/national-care-records-service).

# Staff awareness and training

## Identifying FGM/C

A variety of supporting clinical presentations can prompt the clinician to suspect a woman or child has been subjected to FGM/C. This includes repeated urinary tract or vaginal infections, urinary incontinence, dysmenorrhea and difficulty becoming pregnant.

As daughters of women who have undergone FGM/C are at risk of being taken abroad to undergo FGM/C, the clinical team that conducts pre-travel consultations for patients requesting vaccinations should be alert to patients travelling to destinations where FGM/C may be practiced.

## Training

All staff can access a free eLearning course via [eLearning for Healthcare](https://www.e-lfh.org.uk/programmes/female-genital-mutilation/). NHS England has also produced [six scenario-based animations](https://www.youtube.com/playlist?list=PL6IQwMACXkj06kcGt64sqh57jRLPcNv1s), offering guidance for clinicians when discussing FGM/C with patients.

## Additional resources

* [DHSC - FGM/C guidance for healthcare staff](https://www.gov.uk/government/collections/female-genital-mutilation-fgm-guidance-for-healthcare-staff)
* [Multi-agency statutory guidance on female genital mutilation](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)
* [DHSC - Services for women and girls with FGM/C](https://www.gov.uk/government/publications/services-for-women-and-girls-with-fgm)
* [DHSC - FGM/C: video resources for healthcare professionals](https://www.gov.uk/government/publications/fgm-video-resources-for-healthcare-professionals)
* [Beyond FGM/C](https://www.beyondfgm.com/)
* [FGM/C Specialist Network](https://www.fgmnetwork.org.uk/)
* [Guideline: Female Genital Mutilation and its management](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/#Female%20Genital%20Mutilation%20and%20its%20Management)
* [Supporting travel health professionals to prevent Female Genital Mutilation (FGM/C)](https://rcpsg.ac.uk/elearning/product/female-genital-mutilation)