

FGM Risk Assessment Tool

Scenarios:

1. Child under 18 years at risk of or suspected to have undergone FGM
2. Child under 18 years who has undergone FGM
3. Pregnant Woman who has undergone FGM
4. Non-pregnant Woman who has undergone FGM

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.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

The risk indicators in the tool are ordered from higher to lower rated risk. Some of the lower rated risks may not be significant individually but do provide wider information about the circumstances that are important to FGM and will support further decision making.

Please remember: That a mandatory reporting duty to the police applies for any child under 18 that has undergone FGM.

Family Details

Adult Name: _____

DOB: _____

Address: _____

Children Name: _____

Name: _____

DOB/EDD: _____

Address: _____

Communication:

Can parents speak English? Interpreters used? If so what language? _____

Preferred terminology for FGM: _____

Scenario 1 - Child under 18 years at risk of or suspected to have undergone FGM

Indicator	Yes	No	Unknown	Comments
A child or sibling asks for help				
A parent or family member expresses concern that FGM may be carried out on the child				
Girl has a sister or other female child relative who already undergone FGM				
Girl has confided in another that she is to have a special procedure or to attend a special occasion either in or out of the UK. Girl has talked about 'going away to become a woman' or 'to become like my mum or sister'				
Girl has spoken about a long holiday to her country of origin or another country where practice of FGM is prevalent				
FGM is referred to in conversation by the child, family or close friends of the child				
Mother/Family has limited contact with the outside				
Mother, Father or Carer are known to come from a community that practice FGM, considering the wider family structure and ethnicity				
Girl withdrawn from PHSE lessons or from learning about FGM - School Nurse should have conversation with child				

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl would prefer this.
- make no assumptions.
- give the girl time to talk and be willing to listen.
- create an opportunity for the girl to disclose, seeing the girl on their own in private
- be sensitive to the intimate nature of the subject. No looks of horror.
- be sensitive to the fact that the girl may be loyal to their parents.
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl).
- get accurate information about the urgency of the situation if the girl is at risk of being subjected to the procedure.
- take detailed notes.
- record FGM in the child's healthcare record, as well as details of any conversations.

Indicator	Yes	No	Unknown	Comments
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				
Sections missing from the Red book. Consider if the child has received immunisations, do they attend clinics etc				
Grandmother or Female Family Elder e.g. Grandmother, 'Auntie' is influential in the family if FGM is a risk				
Grandmother or Female Family Elder who will be involved in the care of the girl if FGM is a risk				
Parents do not know about harmful effects of FGM and UK Law				
Attended a travel clinic or equivalent for vaccinations for her country of origin or country where practice is prevalent				

Outcome: Please refer back to the pathway guidance.

Action 1:

Action 2:

Use simple language and ask straight forward questions such as:

- "Did you go there/Will you go there for a "special occasion"?"
- "Have you been cut down there?"
- "When did it happen? Do you know who did it?"
- Do you know anyone else who has had the same? Your family?"

Be direct, as indirect questions can be confusing and may only serve to compound any underlying embarrassment or discomfort that you or the child may have.

Be supportive:

- "I am going to help you."
- "Are you worried about..?"

Scenario 2 - Child under 18 years who has undergone FGM

Indicator	Yes	No	Unknown	Comments
Girl asks for help				
Girl confides in professional that FGM has taken place				
Mother/Family member discloses that a female child has had FGM				
Girl has difficulty walking, sitting, standing or looking uncomfortable, which was not previously a problem				
Girl finds it hard to sit still for long periods of time, which was not previously a problem				
Girl presents to GP/A&E/School with frequent urine, menstrual or stomach problems that were not previously a problem and often means spending a long time in the bathroom/toilet				
Girl is taken sick at school and is reluctant to share details				
Girl complains of pain and/or discomfort between her legs				
Girl has spoken about a long holiday to her country of origin or another country where practice of FGM is prevalent				
Noticeable behaviour changes following a long summer holiday or prolonged absence from School				
Increased emotional and psychological needs e.g. withdrawal, depression or				

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl would prefer this.
- make no assumptions.
- give the girl time to talk and be willing to listen.
- create an opportunity for the girl to disclose, seeing the girl on their own in private
- be sensitive to the intimate nature of the subject.
- be sensitive to the fact that the girl may be loyal to their parents.
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl).
- get accurate information about the urgency of the situation if the girl is at risk of being subjected to the procedure.
- take detailed notes.
- record FGM in the child's healthcare record, as well as details of any conversations.

Scenario 3 - Pregnant Woman who has undergone FGM

Indicator	Yes	No	Unknown	Comments
Woman has undergone FGM herself				
Woman asks for help				
Woman already has daughters that have undergone FGM				
Woman is considered to be a vulnerable adult (e.g. mental health concerns, living in a domestic abuse household) and she is a victim of FGM- so issues of capacity to consent need to be considered				
Woman says FGM is integral to cultural or religious identity				
Woman's nieces or siblings, in-laws or close family member have undergone FGM				
Mother has been infibulated following previous delivery				
Mother has requested infibulation following child birth				
Parents have limited or no understanding of harm of FGM or UK Law				

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the woman would prefer this.
- make no assumptions.
- give the individual time to talk and be willing to listen.
- create an opportunity for the individual to disclose, seeing the individual on their own in private.
- be sensitive to the intimate nature of the subject.
- be sensitive to the fact that the individual may be loyal to their parents.
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the woman).
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure.
- take detailed notes.
- record FGM in the patient's healthcare record, as well as details of any conversations.

Indicator	Yes	No	Unknown	Comments
Women comes from a community know to practice FGM				
Husband/partner comes from a community known to practice FGM				
Women has failed to attend follow-up FGM clinic/FGM related appointment				
Women is reluctant to undergo physical examination				
Grandmother or Female Family Elder who will be involved in the care of the unborn/child or is influential in the family				
Woman has limited integration in UK Community				
Woman's husband/Partner/Other Family is very dominant				

Outcome: Please refer back to the pathway guidance.

Action 1:

Action 2:

Use simple language and ask straight forward questions such as:

- "Have you been closed?"
- "Were you circumcised?"
- "Have you been cut down there?"
- "When do you think FGM was performed? By who?"
- "What are your thoughts about it?"
- "When does was the FGM was performed? By who?"

Be direct, as indirect questions can be confusing and may only serve to compound any underlying embarrassment or discomfort that you or the patient may have.

If any confusion remains, ask leading questions such as:

- "Do you experience any pains or difficulties during intercourse?"
- "Do you have any problems passing urine?"
- "Do you have any pelvic pain or menstrual difficulties?"
- "Have you had any difficulties in childbirth?"

Scenario 4 - Non-Pregnant Woman who has undergone FGM

Indicator	Yes	No	Unknown	Comments
Woman asks for help				
Woman already has daughters who have undergone FGM				
Woman's nieces or siblings, in-laws or close family member have undergone FGM				
Woman says FGM is integral to cultural or religious identity				
Woman is considered to be a vulnerable adult (e.g. mental health concerns, living in a domestic abuse household) and she is a victim of FGM therefore issues of capacity need to be considered				
Husband/Partner comes from a community known to practice FGM				
Women/family have limited/ no understanding of harm of FGM or UK law				
Women has failed to attend follow-up FGM clinic/FGM related appointment				
Woman's husband/Partner/Other Family is very dominant				

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the woman would prefer this.
- make no assumptions.
- give the individual time to talk and be willing to listen.
- create an opportunity for the individual to disclose, seeing the individual on their own in private.
- be sensitive to the intimate nature of the subject.
- be sensitive to the fact that the individual may be loyal to their parents.
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the woman)
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure.
- take detailed notes.
- record FGM in the patient's healthcare record, as well as details of any conversations.

Indicator	Yes	No	Unknown	Comments
Grandmother or Female Family Elder who will be involved in the care of the unborn/child or is influential in the family				
Grandmother or Female Family Elder e.g. Grandmother, 'Auntie' is influential in the family				
<u>Outcome: Please refer back to the pathway guidance.</u>				
Action 1:				
Action 2:				

Use simple language and ask straight forward questions such as:

- "Have you been closed?"
- "Were you circumcised?"
- "Have you been cut down there?"
- "When do you think FGM was performed? By who?"
- "What are your thoughts about it?"
- "When does was the FGM was performed? By who?"

Be direct, as indirect questions can be confusing and may only serve to compound any underlying embarrassment or discomfort that you or the patient may have.

If any confusion remains, ask leading questions such as:

- "Do you experience any pains or difficulties during intercourse?"
- "Do you have any problems passing urine?"
- "How long does it take to pass urine?"
- "Do you have any pelvic pain or menstrual difficulties?"
- "Have you had any difficulties in childbirth?"