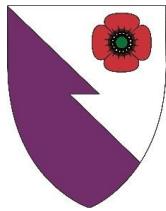


The Royal College of Emergency Medicine

Best Practice Guideline

A universal FGM flowchart and reporting tool



June 2017

Summary of recommendations

- 1) There is no requirement for a Health Care Professional (HCP) to ask every female if she has undergone FGM, only those they believe to be from a high-risk area or background.
- 2) If FGM is discovered or disclosed during a patient's journey then it is mandatory that this is recorded by the HCP who makes the discovery in the patient's health records.
- 3) Females over the age of 18 who have undergone FGM do not need to be referred to social services or the police. They should be supported and offered relevant follow up, should they want it. Other females within their immediate or extended family (especially those under the age of 18) should be identified and consideration should be given to their risk of FGM and need for protection.
- 4) Any child (less than 18 years of age) who presents with symptoms of FGM, who discloses the fact, or you as their HCP suspect they are at risk of FGM, then it is your responsibility to report this to the police, and implement relevant safeguarding procedures as with any child abuse case. This information must be shared with the GP and health visitor as part of safeguarding actions [See section 47 of the 1989 Children Act (1)].
- 5) Frontline staff should be empowered to recognise and manage those patients who have undergone or are at risk of FGM by developing their knowledge and awareness of the subject. A simple to follow Female Genital Mutilation (FGM) flowchart (Appendix 1) has been developed for all ED staff to use when presented with a female patient (adult or child).

Scope

This document was produced as an internal document to provide a practical pathway to support staff compliance with the process of working with a female (adult or child) at risk of undergoing FGM or who has previously undergone FGM. The project builds on work already done by the Department of Health (2), General Medical Council (3), BMA (4) and various Royal Colleges (5-8).

Reason for development

Any violation of human rights or issues relating to child protection must always be taken very seriously. However, with the new amendment to the FGM 2003 Act (9), any HCP who fails to report a case will risk losing their registration, and potentially their career. It is essential that all HCPs are aware of what FGM is and their clinical and legal responsibilities regarding the matter.

Guidance

UK Law:

In 1985 the Prohibition of Female Circumcision Act (10) was passed within UK law stating it is an offence for any person:

- 1) To excise, infibulate or otherwise mutilate the whole or any part of the labia majora or clitoris of another person, or
- 2) To aid or abet, counsel or procure the performance of another person of any of those acts on that other person's body.

In 2003 the law was updated to the Female Genital Mutilation Act (9) making it illegal to send children abroad for the purpose of FGM. If found guilty of an offence under this act a person may be imprisoned for up to 14 years.

In 2015, section 74 of the Serious Crime Act (11) was added to section 5B of the FGM Act 2003 (9) mandating that all health and social care professionals in addition to teachers within England and Wales are required by law to report any 'known' cases of FGM in any under 18 year old which they discover to the police. This duty came into effect on the 31st October 2015.

FGM, which is also known as female genital cutting, involves any procedure that includes the removal of any part of the female genital organs for cultural or any other non-therapeutic reasons (12).

It is estimated that approximately 2 million females worldwide undergo a type of FGM each year, with the majority of them being unaware that they are even at risk (14). There is an estimated 137,000 females in England and Wales who have undergone a type of FGM, including 10,000 girls under the age of 15 years (15).

A literature search using the healthcare databases (Sources searched: NICE Evidence Search, MEDLINE, EMBASE and CINAHL, Google Scholar. NICE Evidence Search: "female genital mutilation") was conducted on 11/03/16. The time period was restricted to include articles from 2011 due to changes in the law coming into effect from October 2015. The key recommendations from these articles are summarized at the start of this guideline in the 'Summary of recommendations'.

There are many reasons why this custom is still seen as acceptable by those that agree with its practice. They believe it has a positive meaning by enhancing marriageability, improving hygiene and ensuring virginity. They also believe that clitoris removal reduces a women's promiscuity, which reduces the risk of pre- or extramarital sex and family dishonour (13). FGM has become more prevalent within the UK due to an increase in immigration of women from countries where FGM is practiced. FGM is illegal in the United Kingdom for females under the age of 18, and must be reported to the police if detected. It is an extremely harmful procedure and has been recognised as a form of child abuse and gender violence against women (2).

The Home Office offers an online training package to support and increase staff awareness of this topic, this can be found at: www.fgmelearning.co.uk

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Acknowledgements

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Review

Usually within three years or sooner if important information becomes available.

Conflicts of Interest

None

Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Research Recommendations

None

Audit standards

Audit of compliance with this guideline should be undertaken on an annual basis in accordance with the Clinical Audit Strategy and Policy. The findings of the audit should be reported and key findings and learning points should be disseminated to relevant staff.

Key words for search

FGM / Female Genital Mutilation flowchart

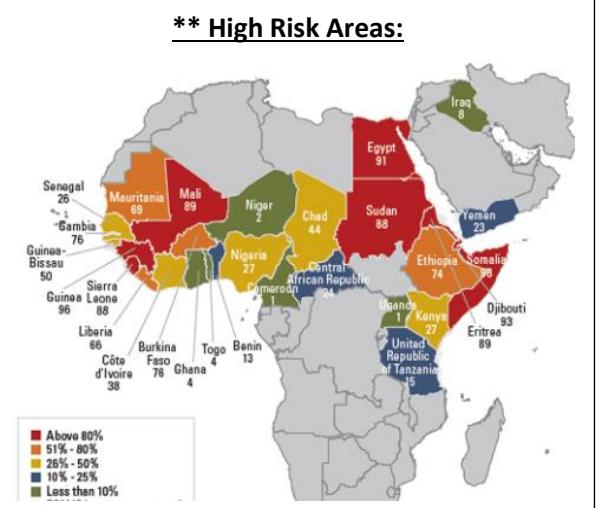
FGM / Female Genital Mutilation data collection tool

FGM / Female Genital Mutilation guideline

Appendix 1

FEMALE GENITAL MUTILATION (FGM) FLOWCHART

Interaction with a female from a high risk area**/pt admits to FGM



< 18 years old

Are you concerned that a CHILD may have had FGM OR be at risk of FGM?

Use: FGM REPORTING PRO-FORMA Females under 18 years of age

The child has told you that they have had FGM.

You have found clinical evidence of FGM

Someone discloses that the girl has had FGM

You consider the girl to be at risk of FGM.

Mandatory reporting duty applies

Professional who initially identified the FGM (you) calls 101 police to make a report.

- Record all decisions /actions
- Be prepared to talk to Police.
- Update your local safeguarding lead.

- You will have to provide:
- Girl's name, DoB, address
 - Your contact details & contact details of your safeguarding lead.

IMMEDIATE RESPONSE REQUIRED for identified girl OR another child/other children

Police and social care take immediate action as appropriate

ASSESSMENT OF CASE: Multi-agency safeguarding meeting convened in line with local safeguarding arrangements, including police, social care and health as a minimum.

Health professional (with relevant paediatric competencies) lead on the assessment of the health needs of the child.

Social care and police develop and appropriate pathway.

> 18 year old

FGM found on clinical examination

Female admits to FGM

Use: Green FGM REPORTING PRO-FORMA for >18 years

Offer referral to FGM OPD clinic (O&G)

Offer referral for psychological support

Are there any female family members <18

Yes
Complete Health Visitor referral form

No

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always ask your local safeguarding lead if in doubt.

Appendix 2

(GREEN) FGM REPORTING PRO-FORMA.

Females 18 years & over

DEPARTMENT				
DATE				
PATIENT DETAILS				
FORENAME				
SURNAME				
DATE OF BIRTH				
POSTCODE				
FGM Type Identified (circle) <i>(If identified, not mandatory for ED staff to identify)</i>	1	2	3	4
	9 (Not known) Please circle appropriate number (see guideline for classification)			
Deinfibulation Undertaken (Reversal of surgery)?	Yes:	No:		

Please return to Adult Safeguarding Team.

Appendix 3

(BLUE) FGM REPORTING PRO-FORMA

Females under 18 years of age

<u>HEALTHCARE PRACTITIONER DETAILS</u>		
Name		
Contact Details		
Role		
Place of Work		
Date Form Completed		
<u>GIRLS DETAILS</u>		
Name		
Age / Date of Birth	Age:	DOB:
Address		
<p><i>Note: Identification of RGM type not required for ED staff</i> If FGM Type Identified, record classification here: 1 2 3 4 9 Please circle appropriate number (see guideline for classification)</p>		
<u>DETAILS OF TRUST'S DESIGNATED SAFEGUARDING LEAD</u>		
Name:	Job:	
Contact Details: Telephone / e-mail	Telephone:	
Place of Work		
Police Reference Number		
Time and Date	Time:	Date:
Child Protection Contacted (Please Tick One)	Yes:	No
Discussed with Family/Child (Please Tick One)	Yes:	No:

Please return to Child Protection Team & FGM department leads

Appendix 4: Short explanation/advice for staff

FEMALE GENITAL MUTILATION.

Regulated Health Professionals are required to report cases of FGM in girls under 18 which they identify in the course of their professional work to the police.

This is a personal duty; the professional who identified FGM/receives the disclosure must make the report. Please note Type of FGM (see box 1 below) can be difficult to identify, and not required of ED staff.

Within scope of duty

- Girls under 18 who disclose they have had FGM – using all accepted terminology:
 - Cut, Circumcised, Sunna
- When you see signs/symptoms appearing to show she has had FGM:
 - If you have no reason to believe it was for the girl's physical or mental health or for purposes connected with labour or birth.
 - Remember this includes genital piercing and tattoos for non-medical reasons i.e. in abusive context.

Actions

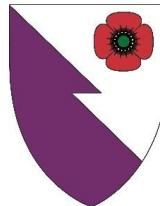
- Telephone 101, the non-emergency line number.
- Contact Child Protection.
- Document your actions.
- Write down the Police reference number.

Box 1: FGM Type

Type coded as:	Description
1	Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2	Excision: 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: 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, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.
9	Not Known.

References

- 1) Children Act 1989, Chapter 41, Part V, Section 47. Available at:
<http://www.legislation.gov.uk/ukpga/1989/41/section/47> (Accessed 20th August 2016).
- 2) Department of Health (2015). Female Genital Mutilation Risk and Safeguarding Guidance for professionals. Available at:
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800 DH FGM Accessible v0.1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf) (Accessed 20th August 2016).
- 3) General Medical Council (2012), Protecting Children and Young People: the Responsibility of all Doctors. London: GMC.
- 4) BMA Ethics Guidance (2011) Female Genital Mutilation: Caring for patients and safeguarding children. London: BMA
- 5) RCM, RCN, RCOG, Equality Now, UNITE (2013) Tackling FGM in the UK: Intercollegiate Recommendations for identifying, recording, and reporting. London: Royal College of Midwives.
- 6) Royal College of GPs (2011) Safeguarding Children and Young People: A Toolkit for General Practice. London: RCGP
- 7) Royal College of Nursing (2006) Female Genital Mutilation: An RCN Educational Resource for Nurses and Midwives. London. RCN
- 8) Royal College of Obstetricians and Gynaecologists (2009) Female Genital Management and its Management. Greentop Guideline No. 53. London: RCOG
- 9) Female Genital Mutilation Act 2003, Chapter 31. Available at:
http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf (Accessed 20th August 2016).
- 10) Prohibition of Female Circumcision Act 1985, Chapter 38. Available at:
http://www.legislation.gov.uk/ukpga/1985/38/pdfs/ukpga_19850038_en.pdf (Accessed 20th August 2016).
- 11) Serious Crime Act 2015, Chapter 9, Section 74. Available at:
http://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf (Accessed 20th August 2016).
- 12) World Health Organization (1996). Female Genital Mutilation. Geneva, Switzerland : World Health Organization.
- 13) Lockhat H. (2004) Female Genital Mutilation: Treating the Tears. London: Middlesex University Press.
- 14) Foundation for Women's Health, Research and Development (FORWARD) ET AL (2007) a Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales.
- 15) Macfarlane, A. J. & Dorkenoo, E. (2014). Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk Interim report on provisional estimates. London: City University London.



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