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| **MK Female Genital Mutilation Screening Tool** |
| \*\*Using this guidance does not replace the need for professional judgement in relation to the circumstances presented\*\* |
| *\*\*Please note, Female Genital Mutilation is also known as Female Genital Cutting\*\** |
| **USING THIS SCREENING TOOL:** |
| The screening tool is designed to support professionals to identify and consider risks relating to female genital mutilation. It should be completed in conjunction with MK inter-agency procedures on female genital mutilation: [Female Genital Mutilation (trixonline.co.uk)](https://miltonkeynesscp.trixonline.co.uk/chapter/female-genital-mutilation) |
| This screening tool is divided into four parts: |
| Part One: Pregnant woman |
| Part Two: Non-pregnant woman |
| Part Three: Female child under 18 years at risk of FGM |
| Part Four: Female child under 18 years who may have been subjected to FGM |
| **Professionals need only complete the part that applies to the child or adult they are working with.** |
| **What to do next** |
| **If risks are identified the initial response should be for the practitioner to discuss directly with the individual/parent, to establish their understanding and views.** |
| Having completed the screening tool and identified any risk indicators, professionals should seek consultation and advice from their agency’s designated safeguarding lead. Where no such designate exists, they should seek advice from Children’s Social Care via the Milton Keynes Multi-Agency Safeguarding Hub (email: [children@Milton-keynes.gov.uk](mailto:children@Milton-keynes.gov.uk) /tel: 01908 253169/70 (Out-of-Hours: 01908 265545). |
| In instances where: |
| * no immediate risk of harm has been identified this completed screening tool should be held within your agency’s confidential records * risk of immediate harm – call 101 for under 18s and make a referral to MASH * risks indicate they may have been subject to FGM, make a referral to the Multi-Agency Safeguarding Hub, using the online multi-agency referral form (MARF) which can be found on the Milton Keynes City Council website: [Milton Keynes Multi Agency Safeguarding Hub (MASH)](https://www.milton-keynes.gov.uk/children-young-people-and-families/milton-keynes-multi-agency-safeguarding-hub-mash). Upload your completed screening tool. You can also email it to: [children@Milton-keynes.gov.uk](mailto:children@Milton-keynes.gov.uk).  The telephone number for MASH is: 01908 253169/70. |

**Further support and advice for women who are experiencing health implications following FGM can access help though the use of the Physical and Mental Health Care and treatment pathway found on page 7.**

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| **MK Female Genital Mutilation (FGM) Screening Tool** | |
| Completed by: |  |
| Agency/Organisation: |  |
| Telephone: |  |
| Email: |  |
|  | |
| **MANDATORY**  Agency reference e.g.; *Person’s name, NHS number* |  |
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|  | |
| **Background Information on the Child/Family** | |
| **MANDATORY**  Country of Origin: |  |
| English Spoken? | Yes/No (please circle one response) |
| Interpreter Present? | Yes/No (please circle one response) |
| Disability *(Type of disability)* |  |
| Woman’s Year of Birth: |  |
| Female genital mutilation is classified into four major types. The World Health Organisation (WHO) definitions of the following are: | |
| * Type 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 the skin surrounding the clitoris). * Type 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). * Type 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. * Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, *e.g.* pricking, piercing, incising, scraping and cauterising the genital area. | |

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| **Part One: Pregnant Woman** | | | | |
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| Date: | Form completed by: | | | |
| This is to help you make a decision as to whether the unborn child/ other female child/ren are at risk of FGM, or whether the woman needs further support. | | | | |
| **Indicator** | | **Yes** | **No** | **Not able to confirm** |
| CONSIDER RISK | | | | |
| Woman comes from a community known to practice FGM | |  |  |  |
| Woman has undergone FGM herself  If yes: have you accessed an FGM specialised clinic? | |  |  | If yes, where? |
| Husband/partner comes from a community known to practice FGM | |  |  |  |
| A family member is heavily involved/will be involved in the care of the children/unborn child | |  |  |  |
| Woman has other children. If female, please specify ages of each female child: Child 1: Child 2: Child 3: | |  |  |  |
| Woman/family has limited integration in UK community | |  |  |  |
| Female family members have already undergone FGM  *Please note: - if they are under 18 years you have a professional duty of care to refer to children’s social care* | |  |  |  |
| Woman’s husband/partner is very dominant in the family | |  |  |  |
| Woman’s husband/partner has been present during consultations with the woman | |  |  |  |
| Woman is reluctant to undergo genital examination | |  |  |  |
| SIGNIFICANT OR IMMEDIATE RISK | | | | |
| Woman already has daughters who have undergone FGM.  If yes: At what age did this take place?  How old are the daughters now? | |  |  |  |
| Woman is requesting re-infibulation following childbirth | |  |  |  |
| Woman is considered to be a vulnerable adult.  Has a safeguarding adult alert (SABR1) been actioned? | |  |  |  |
| Woman says that FGM is integral to cultural or religious identity | |  |  |  |
| **Please remember: any child under 18 who has undergone FGM should be referred to Children’s Social Care via the Milton Keynes Multi-Agency Safeguarding Hub (MK MASH).** | | | | |
| **What actions have you already completed to address any of the risks raised above?**  *E.g.: Support for the Woman? (Has emotional and physical support been offered? Refer to Health Pathway on page 7). Explanation of the legal implications? Family’s view of FGM taken? For health agencies only - Has the FGM-IS alert process been followed?* | | | | |

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| **Part Two: Non-Pregnant Adult Woman (over 18) who has had FGM** | | | | |
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| Date: | Form completed by: | | | |
| This is to help you decide whether any female children are at risk of FGM, whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM. | | | | |
| **Indicator** | | **Yes** | **No** | **Not able to confirm** |
| CONSIDER RISK | | | | |
| Woman has undergone FGM herself; have you accessed an FGM specialised clinic? | |  |  | If yes, where? |
| Husband/partner comes from a community known to practice FGM | |  |  |  |
| Woman’s husband/partner has been present during consultations with the woman | |  |  |  |
| Female family members have already undergone FGM  *Please note: - if they are under 18 years you have a professional duty of care to refer to children’s social care* | |  |  |  |
| SIGNIFICANT OR IMMEDIATE RISK | | | | |
| Woman/family believes FGM is integral to cultural or religious identity | |  |  |  |
| Woman already has daughters who have undergone FGM.  If yes: At what age did this take place?  How old are the daughters now? | |  |  |  |
| Woman is considered to be a vulnerable adult.  Has a safeguarding adult alert (SABR1) been actioned? | |  |  |  |
| **Please remember: any child under 18 who has undergone FGM should be referred to Children’s Social Care via the Milton Keynes Multi-Agency Safeguarding Hub (MK MASH).** | | | | |
| **What actions have you already completed to address any of the risks raised above?**  *E.g.: Support for the woman? (Have you considered/offered emotional and physical support? Refer to Health Pathway on page 7) Have you explained the legal implications? What is the family’s view of FGM? Have you encouraged the woman to inform her GP that she has had FGM so additional support can be offered as and when needed? For health agencies only - Has the FGM-IS alert process been followed?* | | | | |

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| **Part Three: Female Child (under 18 years) at risk of FGM** | | | | |
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| Date: | Form completed by: | | | |
| This is to help you make a decision as to whether a child is AT RISK of FGM, or whether there are other children in the family for whom a risk assessment may be required. | | | | |
| **Indicator** | | **Yes** | **No** | **Not able to confirm** |
| CONSIDER RISK | | | | |
| Child’s mother has undergone FGM  If yes; has she accessed an FGM specialised clinic? | |  |  | If yes, where? |
| Female family members have already undergone FGM  *Please note: - if they are under 18 years you have a professional duty of care to refer to children’s social care* | |  |  |  |
| Father comes from a community known to practice FGM | |  |  |  |
| A family member is heavily involved/will be involved in the care of the children/unborn child | |  |  |  |
| Girl has spoken about a long holiday to her country of origin/another country **where the practice is prevalent** | |  |  |  |
| FGM is referred to in conversation by the child, family or close friends of the child | |  |  |  |
| Girl presents with symptoms that could be related to FGM  If yes, specify: | |  |  |  |
| SIGNIFICANT OR IMMEDIATE RISK | | | | |
| A child or sibling voices/discloses information re: 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 attend a ‘special occasion’. Girl has talked about going away ‘to become a woman’ or ‘become like my mum/sister’ | |  |  |  |
| Girl has sister or another female child relative who has already undergone FGM.  If yes specify age of child: | |  |  |  |
| **Please remember: any child under 18 who has undergone FGM should be referred to Children’s Social Care via the Milton Keynes Multi-Agency Safeguarding Hub (MK MASH).** | | | | |
| **What actions have you already completed to address any of the risks raised above?**  *E.g: Support for the Woman? (Have you considered/offered emotional and physical support? Refer to Health Pathway on page 7) Have you explained the legal implications? What is the family’s view of FGM? For health agencies only - Has the FGM-IS alert process been followed?* | | | | |

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| **Part Four: Female Child (under 18 years) who may have been subjected to FGM** | | | | |
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| Date: | Form completed by: | | | |
| This is to help when considering whether a child HAS BEEN SUBJECTED TO FGM. *These indicators help to build a picture and should not be used as stand-alone indicators*. If unsure, please seek further advice. | | | | |
| **Indicator** | | **Yes** | **No** | **Not able to confirm** |
| CONSIDER RISK | | | | |
| Child’s mother has undergone FGM  If yes; has she accessed an FGM specialised clinic? | |  |  | If yes, where? |
| Girl is reluctant to undergo any medical examination (by medical professional only) | |  |  |  |
| 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 excluded from PE lessons without a GP’s letter | |  |  |  |
| Girl has spoken about having been on a long holiday to her country of origin/other county 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 | | | | |
| A child or sibling voices relevant information re: FGM | |  |  |  |
| Girl confides in professional that FGM has taken place | |  |  |  |
| Mother/family member discloses that female child has had FGM | |  |  |  |
| **Please remember: any child under 18 who has undergone FGM should be referred to Children’s Social Care via the Milton Keynes Multi-Agency Safeguarding Hub (MK MASH).** | | | | |
| **What actions have you already completed to address any of the risks raised above?**  *E.g: Support for the Woman? (Have you considered/offered emotional and physical support? Refer to Health Pathway on page 7) Have you explained the legal implications? What is the family’s view of FGM? For health agencies only - Has the FGM-IS alert process been followed?* | | | | |

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| PHYSICAL AND MENTAL HEALTH CARE AND TREATMENT PATHWAYS FOR THOSE AFFECTED BY FEMALE GENITAL MUTILATION/CUTTING | | |
| GENERAL ADVICE AND GUIDANCE | **General Practitioner, Practice Nurse, Midwife, Health Visitor, School Nurse, any other health professional** | |
| PHYSICAL TREATMENT & HEALTH CARE | **Milton Keynes University Hospital Foundation Trust (MKUHFT)** Obs/Gynae (FGM Lead)  **Referral Route**: GP/ Health Professional to MKUHFT Consultant- Obs/Gynae (FGM Lead) | **Sexual Assault Referral Centre (SARC)**  **Referral Route:** Police, Social Care, Health professional orSelf-referral.[www.solacesarc.org.uk](http://www.solacesarc.org.uk) |
| **The Rose Clinic (>18 year olds)**  Free and confidential NHS service including counselling  **Referral Route:** Professional referral John Radcliffe Hospital, Headley Way, Headlington, OX3 9DU or Phone or text: 01865 226 959 or 07767 671 406  Email: [oxfordrose.clinic@nhs.net](mailto:oxfordrose.clinic@nhs.net) | **iCaSH Milton Keynes (>12 year olds)**  Free and confidential advice including counselling.  **Referral Route:** Self-referral – walk in iCaSH Milton Keynes 624 South Fifth Street, Central Milton Keynes MK9 2FX  Or call 0300 3003030 [www.icash.nhs.uk](http://www.icash.nhs.uk) |
| MENTAL HEALTH CARE | **Talking Therapies***is a free, confidential NHS service providing psychological treatment for depression and anxiety disorders.*  **Referral Route**: self-referral or referral from any health professional Stantonbury Health Centre, Purbeck, Stantonbury, Milton Keynes, MK14 6BL  Telephone: 01908 725099  Website: [CNWL NHS Talking Therapies](https://talkingtherapies.cnwl.nhs.uk/) | **Child and Adolescent Mental Health Service (CAMHS)**  For children and young people aged 0-18 and their families who are experiencing mental health problems. Consent for the referral must be sought by the young person or a parent/carer.  **Referral Route**: Young person can self-refer or referral by a professional, CAMHS Telephone: 01908 724228 or email [cnw-tr.mkspcamhsspa@nhs.net](mailto:cnw-tr.mkspcamhsspa@nhs.net) |
|  | **UCLH (<18 year olds)**  Free and confidential advice including counselling. Support for FGM through the specialist paediatric service at UCLH – [UCLH.paediatricsafeguarding@nhs.net](mailto:UCLH.paediatricsafeguarding@nhs.net) **Referral Route:** Any professional and self -referral | |
| FGM NATIONAL CLINICAL GROUP | UK-based charity dedicated to working with women who have been affected by FGM and other related difficulties. <http://www.fgmnationalgroup.org/> | |

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| **Appendix 1: Traditional and local terms for FGM** | | | |
| **Country** | **Term used for FGM** | **Language** | **Meaning** |
| CHAD – the Ngama | Bagne |  | Used by the Sara Madjingaye |
| EGYPT | Thara | Arabic | Deriving from the Arabic word ‘tahar’ 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 | Tigregna | Circumcision/cutting |
| 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’ |
| GUINEA-BISSAU | Fanadu di Mindjer | Kriolu | ‘Circumcision of girls’ |
| 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 | Religious tradition/obligation – for Muslims |
| Sara subgroup | Gadja |  | Adapted from ‘ganza’ used in the Central African Republic |
| SIERRA LEONE | Sunna | Soussou | Religious tradition/obligation – for Muslims |
|  | Bondo | Temenee/ Mandingo/Limba | Integral part of an initiation rite into adulthood – for non-Muslims |
|  | Bondo/Sonde | Mendee | Integral part of an initiation rite into adulthood – for non-Muslims |
| SOMALIA | Gudiniin | Somali | Circumcision used for both FGM and male circumcision |
|  | Halalays | Somali | Deriving from the Arabic word ‘halal’ i.e. ‘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 ‘tahar’ meaning to purify |
| TURKEY | Kadin sunneti | Turkish | Woman’s circumcision |