



Provision for confirming suspected FGM in children

The female genital mutilation (FGM) mandatory reporting duty that requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s was introduced from 31st October 2015.

'Known' cases are those where either a girl informs the person that an act of FGM, however described, has been carried out on her, or where the person observes physical signs on a girl appearing to show an act of FGM has been carried out.

Physical Examination

Confirmation that FGM has been carried out may be required as part of a safeguarding or criminal investigation and a timely appointment should be arranged for a physical examination as soon as possible. Any physical examination needs to be undertaken by a medical professional trained in identifying the different types of FGM and with appropriate consent from the patient or parent/guardian. In all cases involving children, an experienced clinician should be involved in setting up a sensitive, thorough paediatric examination that allows for the maximum opportunity to confirm diagnosis of FGM and related injuries, agree a treatment or support plan and aid criminal investigation.

Care must be taken to ensure that an authorised and accredited interpreter is available if required.

Regional Provision

Regional variation exists in the types of provision that is available for the physical identification of FGM in children and so agreement regarding the standard principles is required.

Clinics/services offering confirmation of FGM should include the following:

- Paediatric designed environment to examine children and young people with access to colposcopy with digital imaging facility.
- A multi-disciplinary team with access to psychological support for the child and her family whether or not FGM is confirmed and signposting to available local community based VCS support.
- Paediatrician with experience of examining children's genitalia, using colposcopy and writing legal reports.
- Clinicians undertaking FGM examinations with good knowledge of the types of FGM and the physical symptoms and signs.
- Second practitioner present as chaperone e.g. trainee paediatrician, paediatric nurse, sexual offences examiner.
- Clinicians trained at a minimum of level 3 safeguarding training.
- Clinicians having undergone as a minimum the e-learning for healthcare FGM training www.e-lfh.org.uk/programmes/female-genital-mutilation.
- Protected time for the preparation of statements and reports for child protection enquiries, criminal investigations and the courts; have protected time for court attendance; and undergo case supervision and regular peer review.
- Sufficient throughput of cases; clinicians must have experience of examining enough cases of child sexual abuse and/or FGM to maintain skills and competency as recommended by the Royal College of Paediatrics and Child Health. This can include joining video conferencing cases and/or peer review*. It is strongly recommended that images are taken to peer review and/or request an opinion from the University College Hospital peer review service.

*There will be opportunities for peer review by consultants with substantial experience of FGM, including the opportunity for clinicians to review cases via video conferencing; this supports clinicians with limited experience or in areas with lower prevalence of FGM with additional training.

It is recommended that FGM examinations are provided as part of existing clinics seeing children and young people alleging sexual abuse/acute sexual assault or suspected sexual abuse to optimise facilities, skills and competencies. This should be undertaken as a managed regional clinical network arrangement and negotiated with Commissioners.

Further guidance and support for health care professionals on FGM is available from the Department of Health www.gov.uk/dh/fgm