



Developing excellence
in response to FGM and
other harmful practices

FGM Good Practice Guidance and Assessment Tool for Social Workers



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The FGM Assessment Tool for Social Worker is aimed at social work practitioners in England and Wales.

The FGM Assessment Tool for Social Workers is to be used at your own discretion and you are free to take other action. If you decide to use the FGM Assessment Tool it should form part of your wider social work assessment, where your professional judgement is also called upon to undertake a holistic assessment of a case.

The FGM Assessment Tool for Social Workers is intended to help you put the assessment process into practice. For the tool to be effective it may need to be adapted to the context of your particular circumstances.

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Using the FGM Assessment Tool

Why did we create this Tool?

When the Centre was first set up in 2015 it became apparent that many social workers still felt unsure around how to work with families where FGM was a concern. In particular, social workers wanted to know:

- What questions needed to be asked?
- How to analyse the information they had gathered with the families?
- What safety looked like in cases of FGM?

What is the purpose of the Tool?

This Tool has been created to promote consistency in assessing the risk of FGM in a culturally competent manner with families.

The Tool has been tailored for social workers to guide them through reviewing the referral and working with the family, to developing a safety plan to keep girl(s) safe from FGM and/or support those who have undergone FGM.

The Tool should not be used to replace social workers professional judgement, but can be used to complement existing social work tools and practice to carry out a holistic assessment.

How to use this Tool

The tool can be used throughout your intervention with a family.

1. 'Reviewing the Referral' will take you through what information to research and consider before visiting the family.
2. 'Gathering Information' will take you through the questions and activities you can go through with the family and we advise you familiarise your self with this before visiting the family.
3. The 'Online FGM Assessment' can be filled out after your visit, based on the information you have collected. The online Assessment will give you a risk level and guidance on what areas of risk/safety need to be improved or reduced to safeguard the girl.
4. 'Next Steps' covers further reflections, analyses and safety planning.

Guidance and Process

Once a referral is received, a meeting should be convened to assess the level of risk. All relevant agencies should be invited to the meeting to obtain the necessary information and agree any actions required before the assessment including:

- previous history with social care and other agencies
- relevant immigration information
- family members identified
- information to be sought during visit
- relevant country information
- consideration of where to meet family (is it safe to meet at the home?)

Read FGM Good Practice Guidance (including question guide for working with families and girls)

Complete visit (including conversations with girl(s) where appropriate).

FGM Assessment Tool completed online and result saved to girl(s) records.

On-Going Work (High Risk and Medium Risk)

Resources for parents

- Statements against FGM
- FGM Protection Orders
- Declaration against FGM
- [FGM Leaflet for Pregnant Women](#)

It is important families understand the law and how they can protect their daughter.

Resources for young people

A selection of activities for a range of ages can be found at www.nationalfgmcentre.org.uk

Please consider the age of the girl and keep the parents informed about what you will be discussing with the girl(s).

No Further Action (Low Risk)

Please ensure:

- Families understand they can contact the police or social care for help if they become concerned their daughter is at risk.
- Women/girl(s) affected by FGM are aware where they can go for support.
- Families have a strong support network or the family can be referred to support networks within the community

Continue to use to assess changes to the level of risk.

If risk does not reduce seek legal advice about securing an FGM Protection Order (FGMPO) and consider how long it would be appropriate for, and what could be included.

Some suggestions could include:

- Restriction of movement/removal of passports.
- Family to alert local authority if high risk family members are visiting and if contact visits need to be supervised.
- Medical examinations in named circumstances (consult with legal team).

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Female Genital Mutilation

What is FGM?

Female genital mutilation (FGM) 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.

(World Health Organisation)

Types of FGM

Type I – Clitoridectomy: Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals and/or the prepuce) and/or the clitoral hood or fold of skin surrounding the clitoris).

Type II – Excision: Partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia (the labia are the ‘lips’ that surround the vagina).

Type III – Infibulation: Narrowing of the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.

Type IV – All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising (burning) the genital area.

Some reasons why FGM may be practised

Perceived to rid the family of bad luck/evil spirits	Perceived to uphold family honour
Perceived as more aesthetically desirable	Seen as a rite of passage into womanhood
Perceived to preserve a girl's virginity and chastity	To make the girl more ‘marriageable’
A custom/tradition of the family and/or community	Falsely believed to be a religious obligation
Believed to make future child birth safer	Believed to cleanse and purify the girl

Potential health consequences of FGM

FGM has NO medical benefits. Health consequences can include severe pain; excessive bleeding, infections, UTI's, fever, shock and even death.

Often, women who are able to make the link between their experience of FGM and their on-going physical or psychological problems may be less likely to support or carry out FGM on their own daughters. This may also be the case for women who are involved in or supportive of FGM advocacy work. Some women may not be able to identify any health consequence at all.

For an expansion on the health consequences please see Appendix 1

The Law and FGM

- The Prohibition of Female Circumcision Act 1985 (FGM made illegal)
- Female Genital Mutilation Act 2003 (Broadened the reach of the previous FGM Act, By making it illegal to undertake FGM abroad. Carrying a sentence of up to 14 years in prison)
- Serious Crime Act 2015 (Introduction of FGM Protection Orders, Mandatory Reporting Duty and parental liability, closing loophole on girls who are habitually resident and anonymity of victims/ survivors.)
- You can download an simple infographic summarising the UK law at www.nationalfgmcentre.org.uk/fgm/fgm-resources.

For an expansion on FGM legislation to support your assessment to support your assessment, please see Appendix 2.

Citizenship Considerations

FGM affects many women and girls from all over the world, from many nationalities, cultures and religions; whether a British citizen or a person subject to immigration control. If you are working with a girl or woman subject to citizenship or immigration controls and you are unsure of their rights and entitlements in the UK, please seek further advice from your Children's Services legal department, immigration solicitors or via the Refugee Council. Regardless of whether a girl is a citizen or not, all professionals involved in their lives, have a duty to protect.

FGM is Child Abuse

We all have a duty under the Children Act 1989 and the Children Act 2004 to promote the welfare and safeguarding of girls and women at risk of significant harm or who have suffered significant harm.

Reviewing the Referral

Reviewing the Referral

- Are the family already known to social care?
- Be mindful of language and communication barriers, including literacy, learning disabilities, cultural considerations and English as a second language. (See Appendix 3 for local terminology for FGM)
- Research the background of the girl/woman (when known) to gain a better understanding of their culture, ethnicity, religion, gender roles and FGM prevalence. (Please see Appendix 4 for a prevalence map or visit <http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/>)
- Be aware that sometimes, FGM may not be the main presenting concern. It may be only one concern amongst a web of complex issues.
- If the referral has been made based on a disclosure or visual identification of FGM on a girl (under 18), please ensure mandatory duty to report (Appendix 2) has been complied with.

Medical Examinations

- Where it is suspected that a female child under 18 has undergone FGM, a medical examination of that child should be undertaken as soon as possible, by a trained paediatrician and in line with your local authority safeguarding procedures.
- A medical examination should be undertaken if there has been a verbal disclosure that FGM may have taken place or if FGM has been visually seen on a girl. If there are no trained FGM paediatricians within your Sexual Assault Referral Centre (SARC) in your local authority, children can be referred for a medical examination at University College London Hospital (UCLH), where there is a specialist FGM clinic for children, with trained FGM paediatricians. A referral form can be found [on our Knowledge Hub](#).

Practical Advice

- If you need to book an interpreter inform them that you will be talking about FGM and obtain her views on the subject to ensure she does not agree with the practice.
- Ensure that you use a trained female interpreter*, (preferably the same interpreter for every visit) who speaks the same language and dialect as the girl/ family. Do not use other family or community members to interpret.
- Do not assume that families from practicing communities will want their girls/women to undergo FGM.

- Make sure that a female social worker takes part in the interview, wherever possible.
- There may be more than one girl in a family affected by FGM and the girls may face different risks.

**Multi-agency statutory guidance suggests that any interpreter should ideally be appropriately trained in relation to FGM*

Families from Overseas

- Be aware that many families and individuals may be frightened of contact with statutory agencies, such as social care, as they may have been told that they could have their children removed from them. The Mapping Activity on page 6 can help to ease these concerns.
- If appropriate, seek professional immigration advice regarding families in the asylum process who may be fleeing their country of origin for fear of FGM or for other reasons.

Hint

Please familiarise yourself with the questions in Appendix 5 prior to visiting the family and gathering information.

Gathering Information

Setting the Scene

- Consider the best place to meet the girl/woman/family, which may not always be in the family home. Explore other places such as an office or a children's centre.
- Put the girl/woman and family at ease; be mindful of your verbal communication and body language as this can impact on survivors who may already feel traumatised.
- Be mindful of the different needs of each family, adapt your approach accordingly to each individual circumstance and don't treat all FGM cases as the same.
- Don't make assumptions based on a girl's or family's cultural or religious background.
- Remember that some women and girls may not be aware that they have had FGM (especially if they have undergone the practice as babies)
- See the the girl or woman alone wherever possible.
- The women/girl may not know what "FGM" means, so it is important you explain the definition of what is considered FGM in the UK. You can use the terminology guide (Appendix 3) to help with this conversation.

Working with Girls and Women

- To begin building a rapport, ask about girl's progress at school, likes/dislikes, life back home (if they have come to the UK from overseas), what they miss etc.
- Be aware that the girl may not want to embarrass/dishonour or bring shame on the family by talking openly about FGM.
- If the girl has disclosed information about FGM, explore if she may be at risk of facing repercussions from family members. For example the family may blame her for alerting the authorities and having them involved in the family's life.
- What are the feelings and wishes of the girl(s) and their understanding of risk?
- Inform a girl/woman/family about how she will be protected in the UK and what options may be open to her (eg: FGM Protection Order). You may wish to develop a support and safety plan with the girl/women/family.
- You may wish to talk to the family about the research you have done about FGM in their country and see what their views are on it.
- If a girl (under 18) discloses that she has been subjected to FGM, explain that social workers are under a mandatory duty to report this to the police. Reassure the girl that she has not done anything wrong.

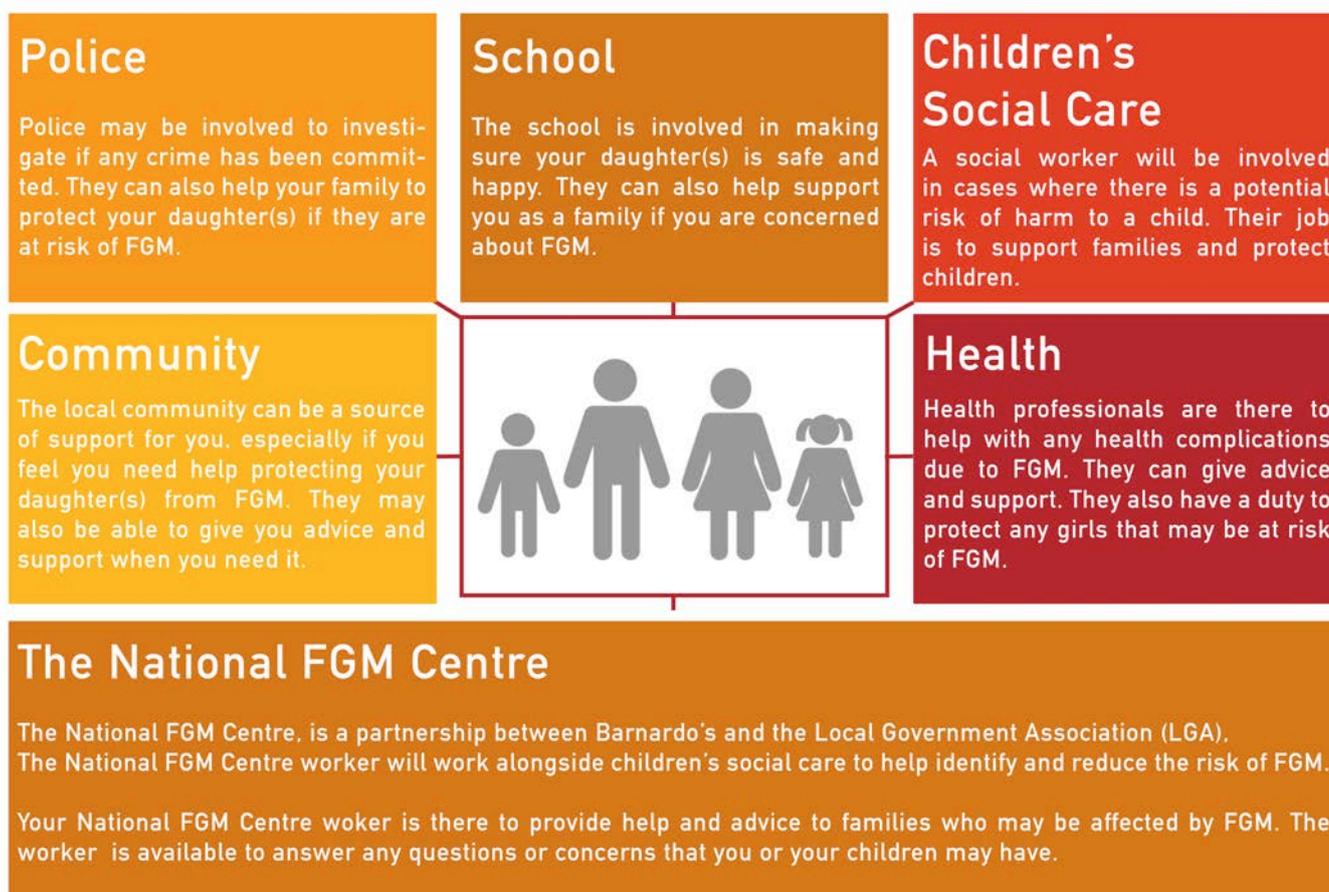


Intervention

Mapping Activity

Before you begin to assess risk and gather information, it is important that the family know who is currently involved and what their role is.

A good way to explore the various roles of professionals involved with the family is to undertake a 'mapping exercise' to explain what each agency does and why they are involved with the family. Below is an example, and you can find a blank template in Appendix 6. If English is limited we recommend you write in English and using the interpreter, explain the different agency roles to the family in their preferred language.



After introducing yourself and exploring the roles of other agencies, we recommend you start asking more direct questions around FGM to begin your assessment, bearing in mind the questions in Appendix 5. Please do not read the questions directly from the guide in front of the family.

Genogram Activity

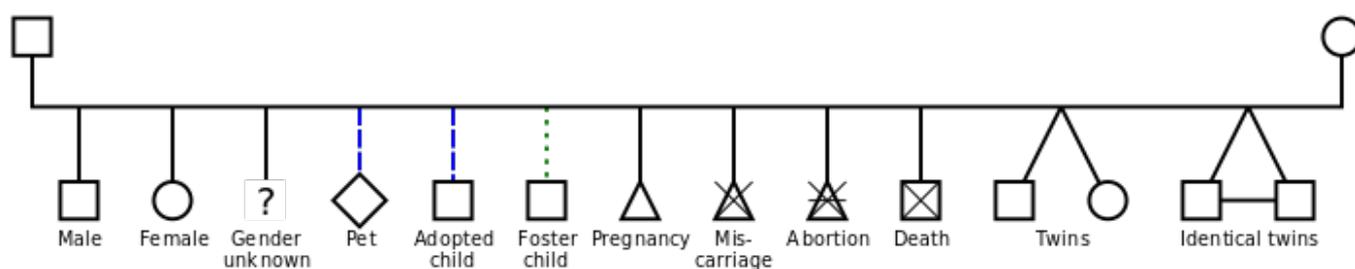
When you have finished asking the appropriate questions relating to the risk of FGM, you should aim to draw a genogram with the family.

A genogram displays the emotional bonds among individuals comprising of a family or social unit. A genogram functions as a tool to measure the cohesiveness and family relationships within a group. This type of information is invaluable for a social worker.

Genograms give a good picture of:

- The children within a family
- Immediate/extended family members and dynamics between them
- All who may present as protective factors within a family or who pose a risk to a child/children.
- This provides immediate clarity of where social care concerns lie and who may be able to assist in the protection of the girl within a family.
- Any organisations that may support a family are part of eco-mapping e.g church, mosque, community group etc

Examples of Genogram Symbols



Please see Appendix 7 for FGM specific genogram.

Please remember:

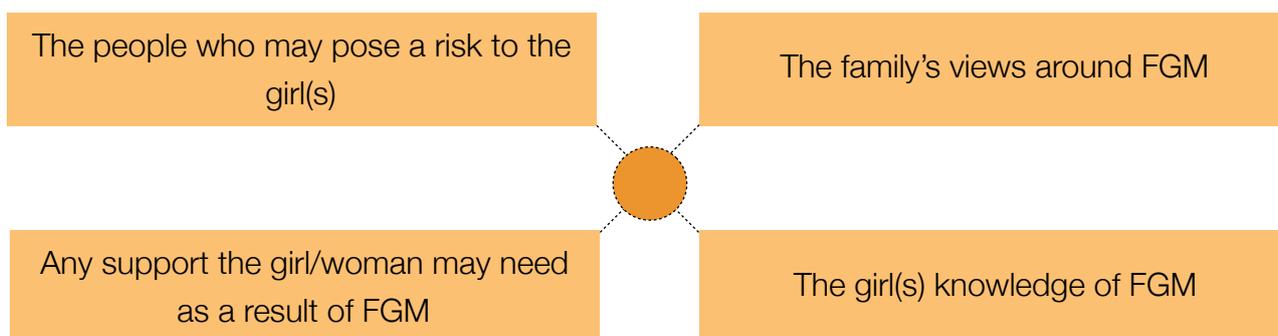
Protective factors: immediate/ short term factors that keep the girl safe.

Safety factors: demonstrated as protection over time to show that the family can sustain keeping their female child safe.

Online FGM Assessment and Next Steps

Using the Online FGM Assessment

Now you have completed your assessment visit you should have gathered a holistic overview of the following:



Using the information gathered from your visit you should now go to <https://assessment.nationalfgmcentre.org.uk> and complete the Online FGM Assessment.

The Online FGM Assessment will help you identify:

- Where the risk factors lie in the FGM assessment domains,
- What further information you need to gather
- What protective/safety factors have been identified, and where safety may need to improve,
- Mandatory reporting responsibilities,
- Considerations around Forced Marriage, Immigration and Medical Examinations,
- Next steps and actions to consider.

Once completed you can download and save the report to the girl(s) electronic case file records.

The report can also be used at multi-agency meetings to highlight the current situation and what has been explored already. Remember the Tool is a **guide only** and can help identify areas that need to be addressed further.

Hint

We recommend you complete the Online FGM Assessment at intervals during your intervention to see how the risk changes over time. This should not be done in front of family.

Questions to Consider after Completing the FGM Assessment Tool

Analysing your assessment

- Who in the girl/woman's family and community poses the most risk?
- What needs to be put in place by the family and professionals to protect the girl/women?
- What are the family's strengths and protective/safety networks that can be used to become protective factors for the girl/woman? Who would they go to for help?
- Do they know how to access mainstream services?
- What is working well within the family? What would the girl/daughter say is working well?
- What are the next steps that need to be taken by the family and professionals, to effect change and keep the girl safe
- What does the family need to demonstrate or show you in order to reduce your concerns re. the risk of FGM to the girl/young woman?
- Does the girl or woman need any additional support from a health care professional or signposting to counselling services?
- Is there a risk of girl being taken overseas?

Please remember:

- Please remember the FGM Assessment Tool is there to complement your professional judgement, not replace it. You should always discuss the results with your supervisor or manager.
- The appropriate course of action and level of intervention needed should be decided in discussion with your supervisor or manager on a case-by-case basis.
- Take a multi-agency approach and consult with all relevant agencies to inform your decision.
- Following a FGM Assessment on one girl consider other female siblings in the home and any unborn girl and what action may be required to also safeguard them.

To see a case study on how the FGM Assessment Tool can be used from the beginning to the end of an FGM intervention please see Appendix 8.

Remember

Talking about FGM can be difficult and upsetting. If you have been affected by what you have heard after an assessment, you should speak to your manager or supervisor.

Appendix 1: Health Consequences

Each women will have her own experience of FGM and although some women will experience health complications, other women may not identify any consequences.

Potential short term health consequences of FGM

- Severe Pain
- Shock
- Haemorrhage
- Wound infections and blood borne viruses, (tetanus, HIV, Hepatitis B and C)
- Urinary retention
- Injury to adjacent tissues
- Fracture or dislocation as a result of restraint
- Genital swelling
- Damage to other organs
- Death

Potential long term health consequences of FGM

- Genital Scaring
- Genital cysts and keloid scar formation
- Recurring urinary tract infections and difficulties in passing urine
- Increased risk of HIV and Hepatitis B and C
- Pain during sex and lack of pleasurable sensation and impaired sexual function
- Psychological issues – depression, anxiety, flashbacks, post-traumatic stress disorder
- Difficulties with menstruation (periods)
- Damage to the reproductive system, including infertility
- Complications in pregnancy or childbirth (prolonged labour, bleeding, tears in childbirth, increased need for caesarean section)
- Flashbacks during labour
- Risk of death to mother and child during childbirth

(Extracts taken from: Multi-agency statutory guidance on female genital mutilation, HM Government 2016, and Female Genital Mutilation Risk and Safeguarding, Department of Health 2016)

Appendix 2: Legislation relevant to safeguarding a girl at risk of FGM

The Children Act 1989

Police protection order (PP)

Section 46 – gives police powers to remove a child, if they believe the child is likely to suffer significant harm. This protection lasts 72 hours.

Emergency Protection Order (EPO)

Section 44 – a local authority can apply to the courts to remove a child if they believe that they are likely to suffer significant harm. This can last for up to 8 days.

Section 47 Strategy discussion/Enquiry

When you have child protection concerns and reasonable cause to suspect that a child is suffering or likely to suffer significant harm. Social care must make enquiries and decide if any action needs to be taken.

Children in need

Section 17 – complex needs can be assessed under sec 17 where; ‘The child is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by the local authority under part III of The Children Act.’ This can include the local authority making arrangements with others to provide services on their behalf.

Duty to accommodate a child

Section 20 – local authorities have a duty to accommodate children in need in their area. Parents can also agree to their child being voluntarily accommodated by the local authority.

Interim Care Order

Can be made by the courts, when they are satisfied that there are reasonable grounds to believe that a child could be at risk of ill treatment or impairment to their health or development. The order can be made for up to 8 weeks and can be renewed for a further 4 weeks.

Supervision Orders

Places a duty on the supervisor to advise, assist and befriend a child. It may also place obligations on a parent or others in relation to the child. The order last 1 year, but can be extended for up to 3 years.

Care order

Section 33 – the local authority becomes the child’s corporate parent, as the order gives the LA parental responsibility and they must draw up a care plan to outline how the child’s assessed need will be met.

Female Genital Mutilation Act 2003

It is an offence to:

- Excise, infibulate or otherwise mutilate the whole or any part of a girl's labia majora, labia minora or clitoris
- Aid, abet, counsel or procure a girl to excise, infibulate or otherwise mutilate the whole or any part of her own labia majora, labia minora or clitoris
- Assist in the carrying out of FGM abroad

Maximum penalty: Up to 14 years imprisonment or a fine (or both)

Serious Crime Act 2015

Legislative changes to the FGM Act 2003:

1. Offences apply to habitual as well as permanent UK residents
2. Anonymity for survivors of FGM
 - Prohibits the publication of any materials that could lead the public to identify a survivor of an offence
3. FGM Protection Orders
 - Can be made to protect either a girl or woman at risk of FGM
 - A court decides whichever terms it considers as necessary to protect a girl or woman, e.g. to prevent a potential victim from being taken abroad, or requiring a person or persons to surrender their passports

Who can apply?

- The person to be protected (the victim)
- A relevant third party e.g. a local authority or the police
- ‘Any other’ person e.g. a member of the public

4. Offence of failing to protect a girl at risk of FGM
 - Each person who is responsible for the girl when FGM was occurred could be liable under this offence.
 - 'Responsible' covers 'a person with 'parental responsibility', or, a person aged 18 or over who has assumed responsibility for caring for the girl ' in the manner of a parent'.
5. Mandatory Reporting to the police
 - Introduces a duty on regulated professionals, such as health and social care professionals and teachers in England and Wales, to notify the police of known cases of FGM carried out on a girl under the age of 18.

Mandatory Reporting

What is a “known” case?

a) Verbally identified cases

This is when a child under the age of 18 discloses to a regulated professional in the course of their professional duties that she has undergone FGM.

This duty applies to cases directly disclosed by the survivor: if a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police under the Mandatory Reporting Duty is not required. However, safeguarding concerns should still be reported to the relevant Local Authority.

b) Visually identified cases

This is when a regulated professional visually identifies physical signs which appear to show that an act of FGM has been carried out on a girl under 18. For teachers and social workers “there are no circumstances in which you should be examining a girl”. If you observe physical signs (e.g. when parent/ carer is changing the girl’s nappy) which appears to show that FGM may have taken place, you should make a report under the mandatory duty.

When should a professional make a report?

Reports under the duty should be made as soon as possible after the case is discovered, and best practice is for reports to be made by the close of the next working day. In exceptional cases a maximum time of one month from when the discovery is made applies for making reports. A report should be made orally by calling 101.

Appendix 3: Traditional Terms for FGM

Country	Language	Term(s) Used	Meaning
Benin	French	L'excision	Excision
Burkina Faso	French	L'excision	Excision
Burundi	Swahili	L'excision	Excision
	Swahili	Tohara kwa wanawake	Circumcision of women
Central African Republic	French/Sango	Ganza	
Chad	Nilo Sudanic Language	Bagne	
	Nilo Sudanic Language	Gadja	
Colombia	Embera	Curacion	Cure/healing/treatment
Cote d'Ivoire	French	L'excision	Excision
	English	Excision	Excision
Democratic Republic of the Congo	Swahili	Kukeketwa	Female Circumcision
	Swahili	Tohara kwa wanawake	Circumcision of women
Djibouti	Somali	Gudnin	Circumcision
	French	L'excision	Excision
Gambia	Mandinka	Niaka	Literally to cut/weed clean
	Mandinka	Kuyungo	The affair'/name given to the shed built for initiates
	Mandinka	Musolula Karoola	The women's side/that which concerns women
Ghana	English	Female circumcision	Female Circumcision
Guinea	English	Female circumcision	Female Circumcision
	English	Excision	Excision
	French	L'excision	Excision
Guinea-Bissau	Creole	Fanado	Circumcision
Egypt	Arabic	Khitan	Circumcision
	Arabic	Khifad	To lower
	Arabic	Thara	To clean/purify
Ethiopia	Amharic	Megrez	Circumcision/cutting
	Harrari	Absum	Name giving ritual

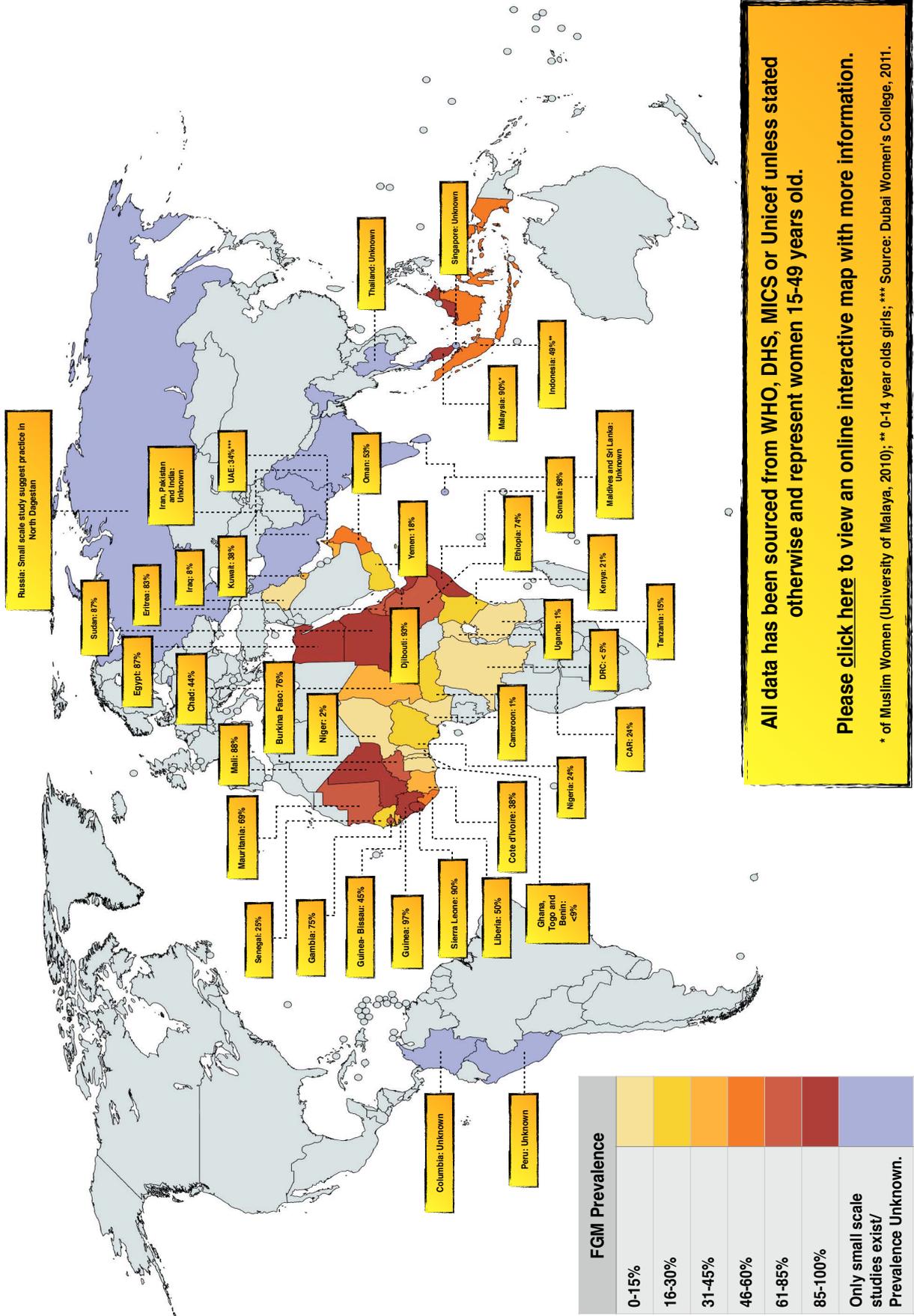
Subject to change for Wales based on consultation 11.10.2018

Country	Language	Term(s) Used	Meaning
Eritrea	Tigreña	Mekhnishab	Circumcision/cutting
	Amharic	Grazate	Circumcision
India	Lisan ud-Dawat (dialect of Gujarati)	Khatnauracion	Circumcision
Indonesia	Malay	Sunat perempuan	Female sunnah or tradition
	Malay	Sunat	Circumcision
Iran		Khatne	Circumcision
	Kurdish Sorani	Khatana	Circumcision
	Farsi	Sunat	Circumcision
Iraqi Kurdistan	Kurdish (Bandini) and Arabic	Khatana	Circumcision
Java	Javanese	Kres	Hatching/Pricking
	Javanese	Tetesan	Hatching/Pricking
Kenya	Swahili	Kutairi	Circumcision
	Swahili	Kutairi was ichana	Circumcision of girls
	Swahili	Kukeketwa	Female Circumcision
	Swahili	Tohara kwa wanawake	Circumcision of women
Malawi	English	Initiation	Rite of passage
Malaysia	Malay	Wajib	Any religious duty commanded by Allah (God)
	Malay	Sunnah	Religious tradition/obligation (for Muslims)
Maldives	Divehi	Sunnah	Religious tradition/obligation (for Muslims)
Mali	French/Bambara	Selidjili	Ritual Purity
	French/Bambara	Selidjili	Ablution
	French/Bambara	Bolokoli	To wash your hands
	French/Bambara	Sunna	Religious tradition/obligation (for Muslims)
	French	Excision	Excision
Mozambique	Swahili	Tohara kwa wanawake	Circumcision of women
	Swahili	Kukeketwa	Female Circumcision

Country	Language	Term(s) Used	Meaning
Niger	Hausa	Kaciyar mata	Female Circumcision
Nigeria	Igbo	Ibi/Ugwu	The act of cutting
	Yoruba	Didabe fun omobirin/ila kiko fun omobirin	
	General/English	Circumcision	Circumcision
	Ibo	Isa aru	Bathing before delivery
	Mandingo	Sunna	Religious tradition/obligation (for Muslims)
Oman	Arabic	Khifad	Circumcision
	Arabic	Badhr	
Pakistan	Urdu	Khatna	Circumcision
Panama	Embera	Curacion	Cure/healing/treatment
Peru	Embera	Curacion	Cure/healing/treatment
Philippines	Filipino	Pag-Islam	
	Filipino	Sunnah	Religious tradition/obligation (for Muslims)
Rwanda	Kinyarwanda	Bukgukuna imishino	Labia Elongation
	Kinyarwanda	Guca imyeyo	Labia Elongation
Saudi Arabia	Arabic	Sunnah	Religious tradition/obligation (for Muslims)
Sierra Leone	Soussou	Sunna	Religious tradition/obligation (for Muslims)
	Temenee	Bondo	Integral part of an initiation rite into adulthood (for non-Muslims)
	Mendee	Bondo/sonde	Integral part of an initiation rite into adulthood (for non-Muslims)
	Mandinka	Halalays	Sanctioned - implies purity
	Mandingo	Bondo	Integral part of an initiation rite into adulthood (for non-Muslims)
	Limba	Bondo	Integral part of an initiation rite into adulthood (for non-Muslims)
Singapore	Malay	Sunat perempuan	Female Sunnah/circumcision or tradition
	Malay	Sunat	Circumcision
	Malay	Khitan perempuan	Female Circumcision

Country	Language	Term(s) Used	Meaning
Somalia	Somali	Gudiniin	Circumcision
	Somali	Halalays	Sanctioned - implies purity
	Somali	Qodiin	Stitching/tightening/sewing - referring to infibulation
Sri Lanka	Tamil	Sunnah	Religious tradition/obligation (for Muslims)
Sudan	Arabic	Khifad	To lower
	Arabic	Tahoor	To purify/circumcision
	Arabic	Takhor	To purify/circumcision
Tanzania	Swahili	Kukeketwa	Female Circumcision
	Swahili	Tohara kwa wanawake	Circumcision of women
Togo	English	Female circumcision	Female Circumcision
	French	Excision	Excision
Turkey	Turkish	Kadin Sunneti	Circumcision of women
Uganda		Sunnah	Religious tradition/obligation (for Muslims)
	Swahili	Kukeketwa	Female Circumcision
	Swahili	Tohara kwa wanawake	Circumcision of women
Yemen	Arabic	Al-takmeed	Compression
Zimbabwe		U Kwevha	Elongation of the labia minora
	Shona	Kudhonza	Elongation of the labia minora
	Arabic	Sunnah	Religious tradition/obligation (for Muslims)

Appendix 4: FGM Prevalence Map



All data has been sourced from WHO, DHS, MICS or Unicef unless stated otherwise and represent women 15-49 years old.

Please [click here](#) to view an online interactive map with more information.

* of Muslim Women (University of Malaya, 2010); ** 0-14 year olds girls; *** Source: Dubai Women's College, 2011.

Appendix 5: Questions to assist FGM Assessment

(Note: where the term FGM is used in the following questions, please replace with the term the family are familiar with). Tailor your questions based on the family on a case by case basis.

* indicates questions that should be asked to both parents separately where appropriate.

General questions

- “Do you understand my role and the reason for my visit?”*
 - “Do you have any questions or concerns about my role?”
- “Do you understand what FGM means? What is the term used for cutting/FGM in your community?”
 - Refer to Appendix 3 and use the term identified.

Questions for parents - FGM and the Family

- “I know that some girls and women in your country have been cut. What do you think about this?”*
- “Can you please tell me if FGM has affected you or your family?”*
 - If yes, “do you remember how old you were?”
- “Have you had any complications or problems because of it”? “Are you aware of health services that can support you?” (Give details)
 - If yes or no, “Are you aware of the health problems that girls and women can have?”
 - Explain the short term and long term health and psychological problems
- “Do you feel that cutting part of your culture or required by religion? If yes:”
 - “Tell me about this?” Highlight FGM is not required by any religion.
 - “Do you think FGM is connected to witchcraft and/or marriageability?” If yes, why?
- “What are your family’s views on FGM?”*
 - Explore location and frequency of contact with extended family members.

Questions for parents - FGM and the Community

- “What are the views of your community in the UK on cutting?”*
- “In your community/country why is cutting practised?”
 - “Who usually carries out the cutting in your community”
- “At what age are girls usually cut in your country of origin/in your community?”
 - In certain communities, FGM is closely related to particular milestones a girl reaches, e.g. puberty. Obtaining this information could potentially tell you when a girl at risk might be cut.
- “If a girl is not cut, what could the consequences be?”*
- “Would there be pressure from your family or the community to have your daughter(s) cut?”*

Questions for Parents - Around daughter's/s' safety*

- If left in the care of a grandmother, aunt, or other extended family members, would there be a risk to your daughter(s) of FGM?
- Do you feel anyone in the community could pressurise you to have your daughter(s) cut?"
- "How do you think you can protect your daughter from being cut?"
 - "If you felt pressured by your family or community to have your daughter(s) cut, who would you go to for support?"
 - "On a scale of 0 to 10, with 0 being you are not confident that you would be able to seek support at all or 10 being you are extremely confident that you could seek support if you felt pressured to have your daughter cut, where would you place yourself?"
- "Are you aware of the Laws in the UK on FGM?"
 - "Are you aware that it is illegal to take someone out of the UK to be cut or to bring someone into the UK to carry out cutting?"
 - The social worker should explain the law around FGM and the consequences of breaking the law and that FGM is considered child abuse in the UK.
- "Who do you feel that you would speak to if you were worried about your daughter's safety?"
- "Are you aware that FGM is illegal and considered child abuse in the UK?"

Questions for Parents - Daughter's/s' Knowledge

- "What does your daughter(s) know about FGM?"
 - "Is this something you want us to explore with them?" (You can explain what activities this may include if the parents are anxious.)
 - "What would your daughter say she is most worried about? Why?"
- "Has your daughter got any friends, siblings or cousins who have been cut?"
 - If yes, this will give you information on close community/family member's views on cutting and potential risks to other girl(s).

Closing Questions

- "Do you have any questions about what we have discussed today?"*
- "What are you worried about as a result of today's visit? Why?"
 - "How can I help you with any of your worries?"
- "Is there anything that you do not understand that you would like me to talk about or explain again?"

Questions for Girl(s)

We advise you to use an activity to gather information from a girl(s) or young person on the first visit or engage in a general conversation about likes, dislikes, family life, school or hobbies etc. This type of intervention will put the girl(s) at ease and assist in establishing and building a rapport.

If the girl(s) replies no or is unsure to any of the following questions please visit <http://nationalfgmcentre.org.uk/knowledge-hub-resources> for activities to help introduce and explore FGM with children and young people.

Below are examples of questions you might like to consider for girls, bearing in mind their age and understanding.

- “What have your parents said to you as to why I am here?”
 - “What did they tell you?”
 - If child unsure explain your role.
- “Has anyone ever spoken to you about FGM before? If so, who, and what did they say?”
- “Have you ever spoken to anyone else about it?”
- “Have you learnt anything in school about the body and your body rights?”
- Explain that a child can say no to something which makes them uncomfortable or sad and ask “If you are ever worried about something, who would you speak to?”
- “Are there any questions you would like to ask me?”

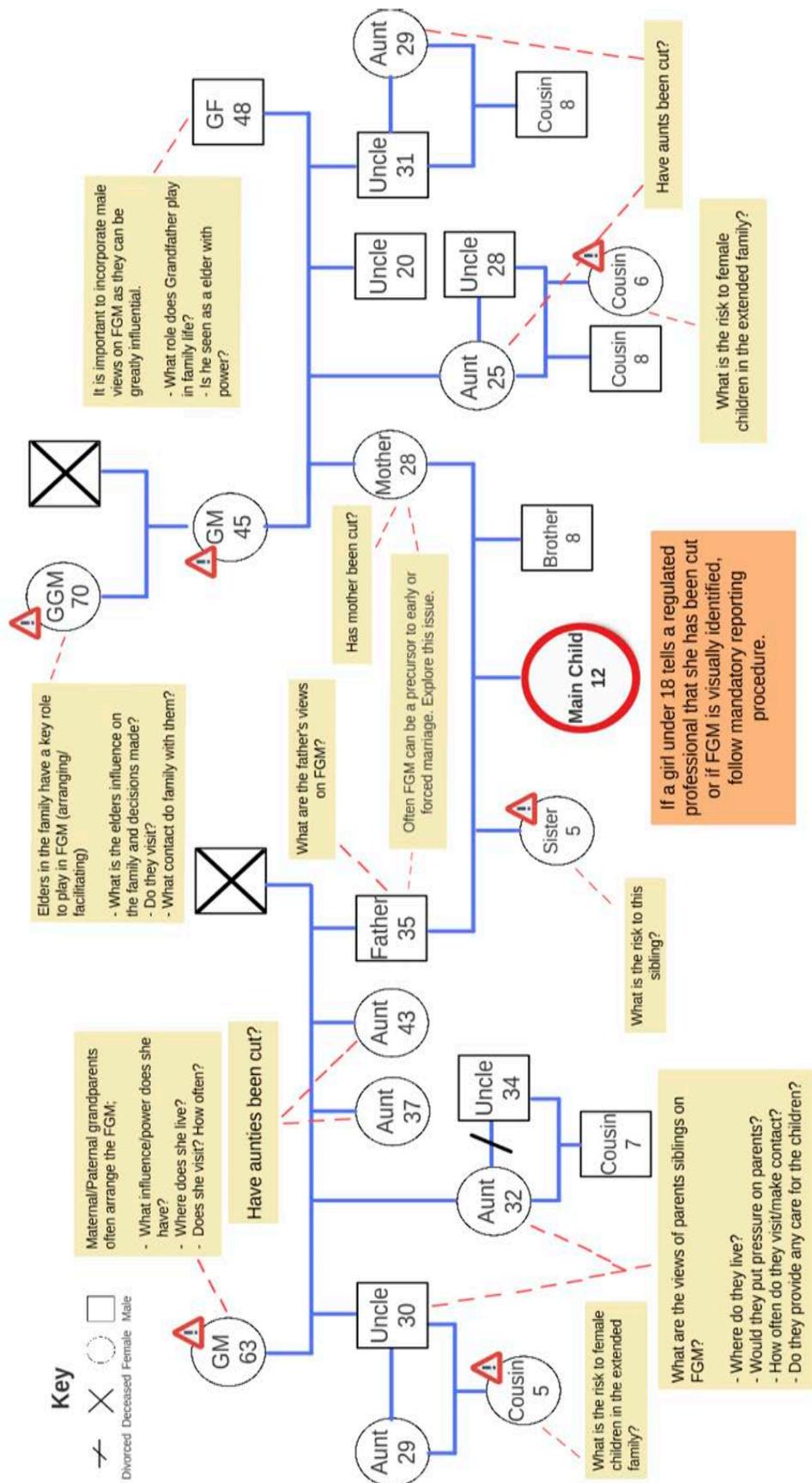
Conclude by making sure the girl/family understands that:

- **FGM is child abuse**
- **FGM is illegal**
- **FGM can have harmful health consequences**
- **You will be taking some actions as a consequence of your assessment**
- **You will be sharing information about the assessment with your colleagues and other organisations where necessary.**

Appendix 6: Mapping Exercise Template

Social Care	Health	
School		
Police	Community	Other:

Appendix 7: Genogram Example



Subject to change for Wales based on consultation 11.10.2018

Appendix 8: Case Study

A referral was received by the MASH about an asylum-seeking family from Egypt who disclosed to a health worker that their two eldest daughters, now aged 8 and 10 years, had been cut when they were one and three, and that the mother was now pregnant with twin girls, having undergone type 1 FGM herself.

The duty social worker visited the family to undertake an assessment. The family had very little understanding of English, so an Arabic interpreter was also present. Mother and father both denied the initial disclosure made to the health worker. Further exploration confirmed that both the maternal and paternal grandparents and aunts supported FGM.

The parents were not willing to access mainstream services and wanted to return to Egypt. The social worker used the Online FGM Assessment to help determine risk to the unborn twins, with results showing “high risk”. The Online FGM Assessment also highlighted key risk areas that the social worker could focus on with the family such as their isolation.

The social worker worked intensively with the parents for several months but they did not engage. The local authority decided to pursue an FGMPO. The court ordered a medical examination of the older daughters which proved inconclusive. It also required intensive intervention with the children to teach them about safeguarding, and with the parents to raise their awareness of the harm FGM can cause.

The social worker completed the Online FGM Assessment again at the end of the interventions with the family to determine if the level of risk had changed. This time the results came back as “low risk” as the social worker had addressed all the issues flagged as high risk in the initial assessment.

The local authority returned to court with a report, which included the results, and both parties agreed not to pursue the FGMPO as the interventions and FGM awareness raising with the children and family, had minimised the risks. All relevant agencies (including health and education) involved in the families life agreed to report to Social Care any concerns that would indicate the girls would be at risk.

Appendix 9: Useful Links and Resources

For Professionals

National FGM Centre website (for knowledge hub of FGM resources)

<http://nationalfgmcentre.org.uk/knowledge-hub-resources>

FGM Assessment Tool (including Online Assessment and PDF version of this guidance)

www.nationalfgmcentre.org.uk/fgm-assessment-tool

Recognising and Preventing FGM (Home Office e-learning)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Information sharing advice for safeguarding practitioners

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Female Genital Mutilation Risk and Safeguarding (Department of Health, 2016)

<https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>

Multi-agency Statutory Guidance on Female Genital Mutilation (April 2016)

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Refugee Council

<http://www.refugeecouncil.org.uk/>

Home Office FGM Resource Pack

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

Mandatory Reporting Duty

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

For Families

Statement opposing FGM (available in various languages)

<https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

FGM: The Facts Leaflet

<https://www.gov.uk/government/publications/female-genital-mutilation-leaflet>

A list of specialist FGM clinics in the UK

<http://nationalfgmcentre.org.uk/wp-content/uploads/2018/01/FGM-Clinics-UK.pdf>

Working with young people

Lesson plans and activities to use with children and young people

<http://nationalfgmcentre.org.uk/knowledge-hub-resources/>

Using signs of safety with families (including resources)

[http://www.aascf.com/pdf/What is the Signs of Safety.pdf](http://www.aascf.com/pdf/What%20is%20the%20Signs%20of%20Safety.pdf)

Signs of safety - three houses app (to be used with children)

<http://www.signsofsafety.net/4303/>

Gillick competence and Fraser guidelines

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

NSPCC FGM Helpline

Tel: 0800 028 2550

Petals App (information about FGM for young people)

<http://petals.coventry.ac.uk/>