







### **MKSCB 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 tool is designed to support professionals to identify and consider risks relating to female genital mutilation. It should be completed in conjunction with MKSCB inter-agency procedures on female genital mutilation: <a href="http://mkscb.proceduresonline.com/chapters/p\_fem\_gen.html">http://mkscb.proceduresonline.com/chapters/p\_fem\_gen.html</a>

This screening tool is divided into four parts:

Part One: Pregnant woman

Part Two: Non-pregnant adult 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 FGM operational lead or their designated safeguarding lead. Where no such designation exists they should seek advice from Children's Social Care via the Milton Keynes Multi-Agency Safeguarding Hub (email: <a href="mailto:children@Milton-keynes.gov.uk">children@Milton-keynes.gov.uk</a> /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 submitted to the multi-agency FGM Panel via MKCCG.fgm@nhs.net
- risk of immediate harm/ risks indicate may have been subject of FGM, make a referral to
  the Multi-Agency Safeguarding Hub, using the multi-agency referral form which can be
  downloaded from the Milton Keynes Council website: Milton Keynes Council | Children
  and Families MARF. Attach your completed screening tool and email both to:
  children@Milton-keynes.gov.uk /tel: 01908 253169/70

The FGM multi-agency Panel meeting is held monthly and practitioners are welcome to attend to discuss their identified concerns regarding the woman /child they are working with. This meeting assists professionals deciding the appropriate actions to take in promoting the safeguarding of existing or future children, based on the completed screening tool. The Panel will support and advise the practitioner on next steps or any further action to be taken by the practitioner or any other agency based on the level of risk identified.









# MKSCB Female Genital Mutilation (FGM) Screening Tool

Completed by:	
Agency/Organisation:	
Telephone:	
Email:	
MANDATORY	MANDATORY
*Agency reference:	MK area of Postcode (eg: MK6)
rigeries references	NB: Please do not provide a full
	postcode
	· ·

### **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 minoria, 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.

**Part One: Pregnant Woman** 

<sup>\*</sup>When completing this form, please give the case your own reference. The above agency reference will then be used in all future correspondence between you and the FGM Panel.









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
CONSIDER RISK			confirm
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 reinfibulation 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).

Eg: Support for the Woman? (Has emotional and physical support been offered? Refer to Health Pathway on page 11). Explanation of the legal implications? Families' view of FGM taken? Has the FGM information leaflet been given? Has the FGM-IS alert notification been discussed?

Part Two: Non-Pregnant Adult Woman (over 18) who has had FGM









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 If yes: have you accessed an FGM specialised clinic?			If yes where?
Woman already has daughters who have undergone FGM – who are over 18 years of age			
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's husband/partner is very dominant in the family.			
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 believe 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?  Eg: Support for the Woman? (Have you considered/offered emotional and physical support? Refer to Health Pathway on page 11) Have you explained the legal implications? What is the families' view of FGM? Have you given Woman an FGM information leaflet?					

Part Three: Female Child (under 18 years) at risk of FGM









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			
Parents know about the harmful effects of FGM and UK law			
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 withdrawn from PHSE lessons or from learning about FGM – Teacher or School Nurse should have conversation with child			
Girl presents with symptoms that could be related to FGM If yes, specify:			
Family are engaging with professionals (health, school, etc)			
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 other 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).

Eg: Support for the Woman? (Have you considered/offered emotional and physical support? Refer to Health Pathway on page 11) Have you explained the legal implications? What is the families' view of FGM? Have you given Woman an FGM information leaflet?



from the classroom

Girl talks about pain or discomfort between her legs

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

SIGNIFICANT OR IMMEDIATE RISK

Date:



Form completed by:





# Part Four: Female child (under 18 yrs) who may have been subjected to FGM

This is to help when considering whether a child HAS BEEN SUBJECTED TO FGM.			
Indicator	Yes	No	Not able to confirm
CONSIDER RISK			
Child's mother has undergone FGM			If yes where?
If yes: has she accessed an FGM specialised clinic?			
Girl is reluctant to undergo any medical examination			
Girl has difficulty walking, sitting or standing, or looks uncomfortable			
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 <i>e.g.</i> 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			

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?						
Eg: Support for the Woman? (Have you considered/offered emotional and physical support? Refer to Health Pathway on page 11) Have you explained the legal implications? What is the families' view of FGM? Have you given Woman an FGM information leaflet?						









# Appendix 1: Traditional and local terms for FGM

Country	Term used for FGM	Language	Meaning	
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	
KENYA	Kutairi	Swahili	Circumcision – used for both FGM and male circumcision	
	Kutairi was ichana	Swahili	Circumcision of girls	
NIGERIA	lbi/Ugwu	Igbo	The act of cutting – used for both FGM and male circumcision	
	Sunna	Mandingo	Religious tradition/obligation – for Muslims	
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 everydal language)	
	Tahoor	Arabic	Deriving from the Arabic word 'tahar' meaning to purify	
CHAD – the Ngama	Bagne		Used by the Sara Madjingaye	
Sara subgroup	Gadja		Adapted from 'ganza' used in the Central African Republic	
GUINEA- BISSAU	Fanadu di Mindjer	Kriolu	'Circumcision of girls'	
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'	









## **MULTI-AGENCY PANEL MEETING OUTCOMES SHEET**

Date Reviewed by Panel:	Agency Reference Number:					
D I F II I						
Panel Feedback:						
Suggested Actions for Referring Agency to Cor	nplete:					
Person/Agency identified to lead the actions:						

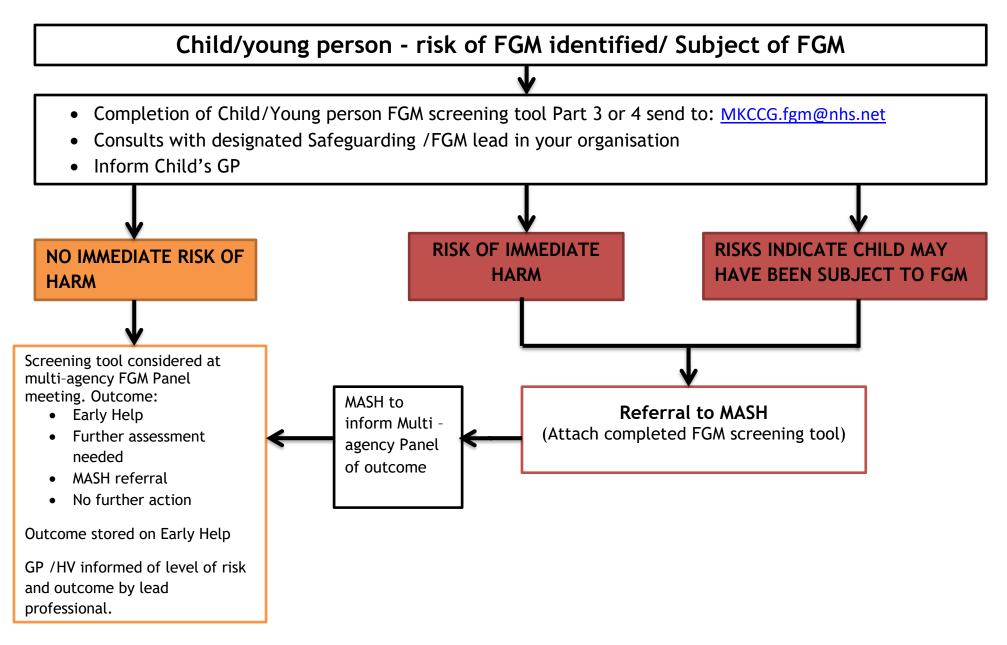
It is the responsibility of the Referring Agency to carry out the Actions suggested by the Multi-Agency Panel.















# Woman has undergone FGM



- Explore health consequences of FGM for the women (Physical /Psychological) access pathways through woman's GP
- Explore ongoing risk of FGM for her children /unborn child /children in the household



- Complete appropriate part of FGM Screening tool to assess risk
- Counsel re illegal status of FGM in UK
- Information share with GP (HV if female girls in the family and Midwife if pregnant)
- Give leaflet in appropriate language about FGM and support available
- Ensure documentation in woman's record consult safeguarding /FGM lead in your organisation

### **PART 2 SCREENING TOOL:** PART 1 OR PART 3 SCREENING TOOL: **ACT NOW:** Female children identified in No Female children in family Female children in family family/household and/or Pregnant. /household already subjected to /household and not pregnant NO Immediate Risk of FGM FGM or RISK OF IMMEDIATE HARM Not deemed as high risk:-Screening tool sent to Referral to MASH Attach completed screening MKCCG.fgm@nhs.net Multi-Agency Panel Letter generated to GP. tool meeting further consideration & Preventative work with woman Outcome: Early Help, further assessment and family to be offered by GP needed, MASH referral, No further Outcome stored by Social Care / Early Help. action Letter generated to GP /HV /school Nurse

PHYSICAL AND MENTAL HEALTH CARE AND TREATMENT PATHWAYS FOR THOSE AFFECTED BY FEMALE GENITAL MUTILATION/CUTTING

V5 February 2020 10









GENERAL ADVICE AND GUIDANCE	General Practitioner	GP Practice Nurse	Midwife	Health Visitor	School Nurse		
		MEN	GIRLS AND YOUNG WOMEN UNDER 18 YEARS				
PHYSICAL TREATMENT & HEALTH CARE	Milton Keynes Univers Trust (MKUHFT) MKUH specialist services Referral Route: through Consultant Obs/Gynae ( Assault Referral centre ( or Bicester Tel: 0800953	GP to MKUHFT FGM Lead) or Sexual SARC) based in Slough	Milton Keynes University Hospital Foundation Trust (MKUHFT)MKUHFT may refer onto specialist services Referral Route: through GP or direct referral to Sexual Assault Referral centre (SARC) based in Slough or Bicester Tel: 08009534113				
MENTAL HEALTH CARE  Increasing Access To Psychological Services (IAPT)  Milton Keynes IAPT is a free, confidential NHS service providing psychological treatment for depression and anxiety disorders.  Referral Route: self – referral or referral through GP Stantonbury Health Centre, Purbeck, Stantonbury, Milton Keynes, MK14 6BL Telephone: 01908 725099 www.talkforchange.org.uk			Child and Adolescent Mental Health Service 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: Self-referral Young people; parents/carers or professionals CAMHS Telephone Advice Line number: 01908 724228 or make a referral via the GP.				
	Psycho Sexual Counse Free and confidential NH Referral Route: Self –re Health Clinic, Milton Key Eaglestone Health Centr Keynes, MK6 5AZ Or referral through GP	HS service eferral walk in Sexual	Brook Counselling Services Free and confidential advice for people aged between 12 – 25 years including counselling. Referral Route: Self-referral – walk in Brook Milton Keynes 624 South Fifth Street, central Milton Keynes MK9 2FX Or call 01908 606561 ext 209				
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/						