

Appendix 1: Advice sheet used to provide background details and support practice.

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.

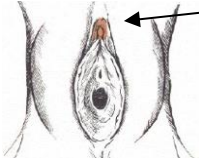
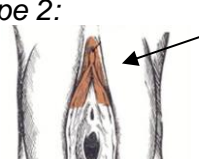
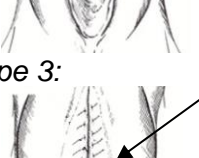
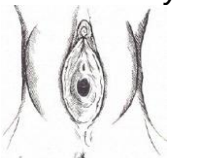
This is a personal duty; the professional who identified FGM/receives the disclosure must make the report.

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.

Diagrammatic representation	Type coded as:	Description
FGM Type Identified: <i>Type 1:</i> 	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).
<i>Type 2:</i> 	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).
<i>Type 3:</i> 	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.
<i>Normal anatomy:</i> 	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.

