**Female Genital Mutilation (FGM) Multi Agency Practice Guidance**

The guidance is to provide professionals with an understanding of FGM, the considerations and action required to safeguard girls and women who they believe may be at risk of or have already been harmed through FGM.

**What is Female Genital Mutilation (FGM)?**

Female genital mutilation (FGM) is a collective term for procedures, which include the partial or total removal of external female genitalia or other injury to female genital organs for cultural or other non-therapeutic reasons. The practice has no health benefits, it is extremely painful and can have serious health consequences, both when the mutilation is carried out and in later life.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and was further amended by sections 70-74 of the Serious Crime Act 2015 making it an offence for UK nationals, permanent or habitual UK residents, to carry out FGM abroad or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

FGM has been classified by the World Health Organisation (WHO) into four types:

* **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 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.

Advice from the NHS (2019) states that all types of FGM involve risk of death due to blood loss or infection and all types are viewed as significant harm. Other health implications include urinary tract infections, risk of death to mother and baby during pregnancy and childbirth, anxiety, depression, post-traumatic stress disorder, psychosis, pain during sexual intercourse, reduction of sexual pleasure.

For more detail, please refer to the [**Multi-agency statutory guidance on female genital mutilation (April 2016)**](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation). <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

[**Click here to access the Gov.uk website for Female Genital Mutilation**](https://www.gov.uk/female-genital-mutilation). <https://www.gov.uk/female-genital-mutilation-help-advice>

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

In communities where FGM is practiced it is usually carried out by an older woman upon the request of the family. Families arranging FGM for their daughters believe they are acting in their child’s best interests for any of the below reasons.

* Bringing status and respect
* Becoming a woman
* A rite of passage
* A means of becoming socially acceptable
* Upholding family honour
* A sense of belonging to the community
* A religious requirement
* A female considered to be clean and hygienic
* Being cosmetically desirable
* Making childbirth safe

There are many consequences, both of a physical and emotional nature resulting from the time of the procedure when restraint is used and from the type of FGM carried out with longer term physical consequences; both of which can result in psychological damage.

**Indicators**

**There are 3 main groups affected by FGM who need to be considered as potentially at risk by practitioners**

* A baby girl born to a mother who has undergone or who comes from a community where FGM is practiced
* A girl who has indicators from the below list.
* A girl who has undergone FGM (due to ongoing impact both physically and emotionally caused by the FGM).

**Practitioners need to consider the following risk indicators that FGM could take place:**

* A family comes from a community where FGM is practiced
* If there are known female elders in the community who support FGM
* Members of a family, or the girl herself, say they support FGM.
* Members of a family appear ambivalent about FGM or refuse to discuss it. It is important to ask families whether they intend to continue practicing FGM and ask girls (in age appropriate language) what they know about FGM and what their views are in relation to FGM.
* If parents state that they or a relative is planning to take the child out of the country for an extended period
* The child talks about “a special procedure/ceremony” that is going to take place
* A child is heard talking about FGM to her friends
* Any child whose mother has undergone FGM should be considered at risk
* This risk increases if a woman who has had type 3 FGM requests re-infibulation after giving birth as this suggests that either the woman herself believes in the importance of FGM or that her husband and/or family members require it of her.
* Any child whose sister or close female relative has undergone FGM
* Certain communities who carry out FGM when a girl reaches a certain age
* The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children

**Other risk indicators:**

* She has a prolonged absence from school with noticeable behaviour changes on her return.
* She is suffering from depression and/or self-harm or other mental health problems.
* Her parents/carers ask for her to be excused from sex education lessons.
* She is withdrawn from school without explanation, or the explanation sounds implausible.

**Practitioners may also need to consider:**

* The level of the family and child’s integration within UK community
* Limited or no engagement with professionals (education, health or others)
* Existing safeguarding issues
* Unexplained absences from school
* Repeated failure to attend or engage with health and welfare services or the mother of a girl is very reluctant to undergo genital examination including cervical smears
* The child has health problems, particularly bladder or menstrual problems; this could present as requesting long or repeated toilet breaks from the classroom or spend long unexplained periods of time away from the classroom during the day for a school age child if she has undergone Type 3 FGM;
* Her parents/carers ask for her to be excused from physical exercise lessons without the support of her GP;
* The child has difficulty walking, sitting or standing and may appear to be uncomfortable.
* Sections missing from a girls red book.

Alerting a child’s or woman’s family to the fact that she is disclosing information about FGM may place her at increased risk of harm.

It should not be assumed that families from practicing communities will want their children and women to undergo FGM.

If you are worried about a girl under 18 who is either at risk of Female Genital Mutilation or who you suspect may have had FGM, you should share this information with Together for Children or the Police, whichever is the most appropriate – See **Safeguarding and Responses.**

**Talking about FGM**

FGM is a hidden topic not openly talked about even within communities practicing it. Professionals should ensure they enquire sensitively about FGM. Professionals should understand the appropriate language to use to maintain a non-judgmental approach. For example, the term ‘mutilation’ whilst correct in UK law can be viewed as offensive and may cause difficulties in conversation. The term ‘cutting’ or ‘cut’ is less divisive and can support professionals to demonstrate that they recognise and respect the person’s wishes, culture, and values.

Women and girls may not be aware that they have had FGM, may not be aware that FGM is linked to health consequences they have experienced, and may not be aware that it is illegal in the UK. Professionals have a responsibility to explain that it is illegal in the UK and to explain the harmful consequences it can have.

**Mandatory Reporting of Children who have been subject to FGM to the Police**

All practitioners in regulated professions such as doctors, nurses, social workers, and teachers, must report FGM in children (persons under the age of 18) to the police via 101, or 999 in emergency. The police will then refer the matter to the Child and Adult Protection Unit. This must also be reported to Children and Families Social Care via the Multi-Agency Safeguarding Hub (MASH). Health Services will also place a flag on records of FGM-IS (Information Sharing) which will flag any future risk to the child or future children of a mother who has experienced FGM. The FGM:IS is only placed on the records of a new-born female baby. It is currently not put onto any other children’s record

Non-regulated practitioners still have a general responsibility to report safeguarding issues relating to FGM as part of STSCP safeguarding procedures. They also have a duty to share information when they become aware that FGM has been carried out on a girl under the age of 18 years. This duty applies when a child tells a professional that they have been subject to FGM or professional suspects that this is the case from genital examination.

A failure to report the discovery in the course of our work could result in a referral to the professional body for your profession. The Home Office has produced guidance [**Mandatory Reporting of Female Genital Mutilation**](https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information) - procedural information to support this duty. <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

**Safeguarding and Responses to Female Genital Mutilation**

FGM by its definition is a criminal offence against children and a safeguarding issue. If any female under 18 years has signs or symptoms of FGM or there is reason to suspect that they are at risk of FGM having considered family history and relevant factors, information should be shared with the Police and Together for Children. Any practitioner who has contact with a child either through direct contact with the child or through contact with their parent or family member need to respond.

Practitioners must use their judgement as to whether to refer to the Police or Children and Families Social Care via the MASH where there is a family history of FGM. If there is imminent risk of FGM taking place or of a person leaving the country so that FGM can take place a referral must be made to the Police by ringing 999. If in doubt advice should be sought from the safeguarding lead within their agency or from the Police or Children and Families Social Care (MASH) about what to tell the women / family in these circumstances, there must not be unnecessary delay in the seeking of advice if the FGM is to be prevented.

Children and Families Social Care will undertake enquiries to determine whether a child and family assessment is required.

**Cases that progress to Social Work Assessment:**

The response to referrals of girls at risk of FGM should be proactive and must go beyond asking parents/carers if they intend to carry out FGM on their daughter. The assessment of those referrals should consider the risk indicators outlined above. See also the Department of Health risk assessment, 'Annex 1 of 'Female Genital Mutilation Risk and Safeguarding: Guidance for professionals (May 2016)'. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf>

Where the assessment suggests that there is risk of significant harm, a strategy meeting/discussion must be convened within two working days and should involve representatives from the police, Children and Families Social Care, education, health and third sector services. Health providers or third sector organisations with specific expertise (e.g. FGM, domestic abuse and / or sexual abuse) must be invited, and consideration may also be given to inviting a legal advisor. The strategy meeting will consider whether the threshold is met for a S.47 enquiry which may be jointly undertaken with the police, and the police will consider whether it is appropriate to initiate a criminal investigation.

**Strategy discussions/meeting about a child at risk of FGM must include: -**

1. Decision about immediate risk and safety planning.
2. The sharing of information about the family – who requires the information and how it will be shared.
3. A professional familiar with the culture of the potential victim/s should be present at the meeting to ensure an appropriately culturally sensitive approach.
4. Home visits should be undertaken by investigating professionals and should be undertaken by an experienced Police Officer (CAP) or Social Worker. Consideration should be given to whether home visits may need to be supported by other professionals.
5. Professional interpreters must be used if either parent is not completely fluent in English and considered for all contacts with child and family. The gender of the interpreter should be considered.
6. Where a child appears to be in immediate danger of mutilation, senior management and legal advice should be sought and consideration should be given to whether it is appropriate to seek an Order to safeguard the child, please liaise with legal services who will advise on the most appropriate Order to apply for. Workers should also make it clear to the family that they will be breaking the law if they arrange for the child to have the procedure.
7. Consideration of need for Specialist Medical Assessment and possible treatment. If there is any doubt about who a child or women should be referred to discuss with the Hospital Safeguarding Children Team or Safeguarding Lead for Midwifery.
8. Consideration of future risk, including maintenance of flagging systems and how to ensure a continuing professional awareness of potential future risk

**Managing the medium and long-term risk to a girl**

Where it is assessed that there is no known immediate risk to a girl but there is an ongoing risk that the girl will experience FGM as she grows to adulthood, prior to closing the case children's social care should ensure a plan is in place that addresses the following:

* Whole families have been informed of the law including explanations of the different types of FGM as there can be mistaken beliefs that some forms of FGM are not illegal.
* Flags can be put on passports alerting immigration staff to a girl who is at risk – the police can provide guidance.
* The risk can be flagged on the girl's health records so that health services can continue to monitor the risk as the girl grows to adulthood.
* Universal services, particularly health, are informed of the concerns.
* Arrangements are made for these concerns to be passed on as a girl grows up. For example, as she moves from pre-school provision to primary and then secondary school.
* The plans should also ensure information about the risk will follow the girl if she moves address.
* Plans should also clarify for the relevant professionals in the girl's life, the risks that they should be alert to and the action they should take if they have further concerns.

**Northumbria Police Response to FGM**

**If a child is considered to be at risk of FGM or having undergone FGM**

If any officer believes that the child could be at immediate risk of significant harm they should consider the use of Police Protection Powers under S.46 Children Act 1989.

* An immediate referral should be made to the Detective Sergeant - Child and Adult Protection (CAP).
* Seek medical assistance if required.
* Arrest and detain any suspect(s), where lawful and proportionate.
* Preserve evidence.
* Ensure a female officer is available to speak to the child if they prefer.
* Any care plan should be bespoke to the individual.
* Speak to the child separately to establish an account and record verbatim.
* Conduct conversations with the child in such a way as to minimise distress. Officers should be sensitive to the fact that the child will be loyal to their parents/family members.
* Explain that FGM is illegal and that the law can be used to help the family, avoid using the term FGM.
* Check if there are other children in the household and speak with them to ensure their welfare.
* Contact the Children's Services Emergency Duty Team (after 5pm) in cases requiring emergency intervention.
* Complete a Child Concern Notification.

**If an adult female has undergone FGM**

If any police officer or police staff is made aware that an adult female has undergone FGM the same points should be considered as for a child.

A Child Concern Notification (CCN) should be completed for any girls within the family and extended family and the Honour Based Violence (HBV) warning marker added.

**The Role of the Safeguarding Department**

* The Multi-Agency Statutory Guidance: Female Genital Mutilation should be followed.
* Inform Children and Families Social Care immediately.
* Safety planning should be bespoke to each individual.
* Act as a single point of contact for partner agencies to provide joint investigations as outlined in Section 47 of the Children Act 1989. Every referral with regard to a child who has experienced or where further enquiries would indicate it is likely to happen FGM must generate a strategy meeting with the Police, Local Authority Children and Families Social Care, Health professionals (e.g. school nurse, health visitor, community/hospital paediatrician, as appropriate) and the referrer as soon as practicable (and in any case within two working days).
* If information received raises concerns in respect of an adult female who has undergone FGM then consideration should be given to any potential risk to any girls within the family and extended family. A child and family assessment should be considered for those girls. It should also consider providing support services for the woman, including counselling and medical assistance. (Please see Appendix 1 for Support Services)

**Education Response to FGM**

**All staff who work in an education setting must** report safeguarding concerns to the designated safeguarding lead (DSL) or deputy DSL immediately. If staff have a concern regarding a child that might be at risk of FGM or who has suffered from FGM, they should speak to the designated safeguarding lead (or deputy).

**There is a specific legal duty on teachers that** requires them to personally inform the police if in the course of their work they discover or suspect FGM. All staff (including Teachers) should call 999 if a child is in immediate danger or 101 if there is no immediate danger.

It will be rare for teachers to see visual evidence, and they should not be examining pupils or students, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies.

**The Designated Safeguarding Lead (or deputy)** will make a referral to the Multi-Agency Safeguarding Hub (MASH) 0191 424 5010 or to the Emergency Duty Team, if out of office hours (0191 4562093). Any member of staff can make a referral to MASH or EDT if the DSL is unavailable.

The designated safeguarding lead should take lead responsibility for safeguarding and child protection (including online safety) on behalf of the school. This person will have the appropriate status and authority within the school to carry out the duties of the post e.g. take part in a strategy discussion.

The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

**The Governing Body and Headteacher** should ensure the school’s policies reflect the significant risks that FGM presents to children. The school’s child protection policy and attendance policy should make specific reference to FGM. FGM is a mandatory part of all staff induction and should be updated regularly and children should be taught about FGM.

[PDF FGM Schools Guidance 18.06.2019 (nationalfgmcentre.org.uk)](http://nationalfgmcentre.org.uk/wp-content/uploads/2019/06/FGM-Schools-Guidance-National-FGM-Centre.pdf)

**NHS Response to FGM**

**Lead for FGM – when ringing switchboard ask for lead for FGM**

All acute trusts/health boards should have a designated consultant and midwife responsible for the care of women with FGM.

STSFT

18 years and over Lead Consultant Obstetrician: Amna Ahmed

Under 18 Years: Consultant Paediatrician: Sarah Mills

Named Midwife for Safeguarding: Janice Blakey

**Legal and regulatory responsibilities of health professionals**

Health professional to document FGM diagnosis in medical records

Health professional to be aware Data recording is mandatory for all women identified as having FGM

The health professional must understand the difference between recording (documenting FGM in the medical records for data collection) and reporting (making a referral to police and/or social services) and their responsibilities with regards to these

The health professional must be familiar with the requirements of the HSCIC FGM Enhanced Dataset and explain its purpose to the woman. The requirement for her personal data to be submitted without anonymization to the HSCIC, in order to prevent duplication of data, should be explained. However, she should also be told that all personal data are anonymised at the point of statistical analysis and publication.

**When FGM is identified:**

**Children under 18:**

If FGM is confirmed (on examination or if the patient or parent says it has been done), refer as a matter of urgency to the Police and South Tyneside Children and Families Social Care, within a working day.

If FGM is suspected (but not confirmed) or the girl is at risk (but has not had FGM), refer to Children and Families Social Care or the Police as per safeguarding referrals or general welfare concerns.

**All children with FGM or suspected FGM should be seen within child safeguarding services** as per safeguarding response to FGM section.

**Non Pregnant women**

There is no requirement to report a non pregnant adult woman aged 18 or over to the police or Children and Families Social Care unless a related child is at risk. The patient’s right to confidentiality must be respected if they do not wish any action to be taken. No reports to social care or the police should be made in these cases, though this information would be recorded on the patient’s file.

**Pregnant Women**

All women, irrespective of country of origin, should be asked for a history of FGM at their booking antenatal visit so that FGM can be identified early in the pregnancy. This should be documented in the maternity record. It might be important to consider that some women may not know if they have been exposed to FGM.

The health professional should be aware that it is not mandatory to refer all pregnant women to social services or the police. An individual risk assessment should be made by a member of the clinical team (midwife or obstetrician) using an FGM safeguarding risk assessment tool (an example of such a tool can be found at <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576051/FGM_risk_assessment_templates.pdf>). If the unborn child has been identified as female, or any related female child, is considered at risk as identified within the risk assessment then a referral should be made.

The health professional should document maternal history of FGM in the personal child health record (‘Red Book’) prior to postnatal discharge.

The postnatal discharge letter to the GP and Health Visitor will provide details of the mothers FGM.

The Safeguarding Admin team will upload a risk indicator onto the Summary care record of any female baby born to a mother with a history of FGM.

**Multi-Agency Response to Female Genital Mutilation**

**Concerns/Indicators of FGM Identified**

Concerning disclosure for adult or child e.g. physical observation during labour or other gynaecological examination in any setting, child from high risk community discloses traveling abroad for special ceremony

Inform South Tyneside Multi-Agency Safeguarding Hub

[Worried about someone - report your concern](https://southtyneside.gov.uk/article/13714/Worried-about-someone-s-safety-safeguarding)

**Tel 0191 424 5010** 8:30am to 5:00pm Monday to Thursday and 8:30am to 4:30pm Friday

Out of Hours Team on **0191 456 2093** (weekends, evenings and bank holidays)

Police to be contacted on **999 in the event of an emergency 101 for non-emergencies**

Inform woman/parent of concern unless it would put child or woman at further risk or jeopardises a criminal investigation

**Is Child/Adult at imminent risk of FGM?**

YES

NO

If a child (under the age of 18) has been subject to FGM then professionals must report this directly to the police via 101 as well as making a safeguarding children’s referral. This is a mandatory reporting duty which applies to all regulated professions e.g. Drs, Nurses, Social Workers and Teachers.

This duty applies when a child tells a profession that they have been subject to FGM or when a professional suspects this from physical examination findings

If this adult has “care and support needs” i.e. is a vulnerable adult, consider referral to Adult Social Care. Consider referral for specialist gynaecological assessment. Signpost to support services

Inform MASH

Strategy Meeting to be held in timely manner if required

NO

YES

Inform Police IMMEDIATELY

Take advice from Police about what to tell the woman/family

Is this a person under 18 or are there female children in the immediate extended family who are at risk of FGM as identified within the FGM risk assessment tool

**South Tyneside Multi-Agency Safeguarding Hub Practice Response to FGM**

Referral to be submitted to MASH considered. Referral form can be found at

[Multi Agency Referral Form (Children)](https://www.proceduresonline.com/nesubregion/p_referrals.html)

Other agency confirms Mother has undergone FGM and is pregnant with a female baby or has a female child in her care and FGM Risk Assessment has identified they are at risk of FGM. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576051/FGM_risk_assessment_templates.pdf>

If child has undergone FGM an urgent referral to MASH is required. If out of hours Emergency Duty Team (EDT) must be notified and Police must be notified by the **referrer**

0191 424 5010 08:30-17:00 Monday to Thursday 08:30-16:30 Friday or E outside of these hours on 0191 456 2093. Police contacted on 999.

Other agency confirms **Child** has undergone FGM.

Are MASH already aware of this information? Has an assessment been undertaken on a previous child in mum’s care?

Safeguarding to be addressed / Strategy Meeting to be held

NO

YES

Discussion with parents to understand their view of FGM

Where there are no new safeguarding concerns identified for the family, any other support from universal services to be considered

MASH Assessment to identify any other information professionals hold about the family to inform threshold. Are there any safeguarding worries?

No role for statutory involvement

NO

NO

C&F Assessment to be carried out. Consideration to be given to Strategy Meeting should enquiries raise any imminent risks posed to child.

YES

YES

Pre-Birth Assessment undertaken by Pre-Birth Team. Consideration to be given to Strategy Meeting should safeguarding concerns remain at 28 weeks gestation

Is the child an unborn baby with no siblings?

**Further Information is available at the below resources**

[**Multi-agency Statutory Guidance on Female Genital Mutilation (April 2016)**](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

DHSC page on '[**Safeguarding Women and Girls at Risk of FGM**](https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm)', which includes the guidance plus additional resources including a safeguarding pathway and risk assessment tools <https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>

**FGM Protection Orders** <https://www.gov.uk/government/publications/female-genital-mutilation-protection-orders-fgm700/female-genital-mutilation-fgm-protection-orders>

[**FGM Protection Orders: Factsheet**](https://www.gov.uk/government/publications/fgm-protection-orders-factsheet)<https://www.gov.uk/government/publications/fgm-protection-orders-factsheet>

[**Female Genital Mutilation: Resource Pack**](https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack)<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

[**Mandatory Reporting of Female Genital Mutilation**](https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information): **procedural information** <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

[**Female Genital Mutilation Risk and Safeguarding - Guidance for Professionals (DHSC)**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf)<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf>

[**FGM Safeguarding and Risk Assessment - Quick guide for health professionals**](https://www.proceduresonline.com/nesubregion/files/fgm_safeg_quickguide.pdf)<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585083/FGM_safeguarding_and_risk_assessment.pdf>

[**Statement opposing Female Genital Mutilation (Health passport)**](https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation)<https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

[**Female Genital Mutilation and its Management: Royal College of Obstetricians and Gynecologists 2015**](https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf)<https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/female-genital-mutilation-and-its-management-green-top-guideline-no-53/>

[**Service standards for commissioning Female Genital Mutilation (FGM) care - Under 18s**](https://www.proceduresonline.com/nesubregion/files/fgm_service_standards_u18s.pdf)<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585081/FGM_service_standards.pdf>

[**Royal College of Nursing - Female Genital Mutilation Publications**](https://www.rcn.org.uk/clinical-topics/female-genital-mutilation/publications?utm_campaign=Quality+and+Safety+Bulletin+-+issue+59&utm_source=emailCampaign&utm_medium=email&utm_content)<https://www.rcn.org.uk/Professional-Development/publications/pub-007833>

[**Forward (Foundation for Women's Health Research and Development**](https://www.forwarduk.org.uk/about-us/)**)** <https://www.forwarduk.org.uk/>

**Appendix 1**

**Support Services in the North East**

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| --- | --- | --- | --- | --- |
| **Organisation** | **Area** | **e-mail** | **Phone** | **Services Offered** |
| Angelou Centre | North East | admin@angelou-centre.org.uk | 0191 226 0394 | We have a dedicated FGM project. Mama & Binti. Activities include   * Individual support and advocacy for women and girls affected by FGM * Awareness raising training and support to women’s community organisations affected by FGM * The development of FGM community champions from affected communities * Awareness raising events and activities with professionals * Development of a network for women and girls |
| HALO Project | Cleveland and Durham | [info@haloproject.org.uk](mailto:info@haloproject.org.uk) | 01642 683 045 | The Halo Project has been set up specifically to support victims suffering abuse in the name of honour and those experiencing forced marriage |
| Purple Rose | Stockton | purplerosehealthandwellbeing@yahoo.com | 07359 573557 | Purple Rose is a community organisation set up to raise awareness about issues affecting BME women |
| Rape Crisis Tyneside and Northumberland | Tyneside & Northumberland | enquiries@rctn.org.uk | Admin 0191 222 0272  Helpline 0800 0352794 | Rape Crisis Tyneside and Northumberland is a charitable organisation which provides information, support and counselling for women aged 16 and over who have been raped or sexually abused |
| Shine | Newcastle | shine@newcastle.gov.uk | 0191 2772048  07825833074 | One to one support for affected family members;  Advice and information  Training for men and women affected by FGM  Awareness raising for professionals  (currently developing drop in sessions for affected families)   * Direct training for men and women affected by FGM * Awareness raising for workers(supported by existing community champion) * One to one support for affected family members. * Provision of up to date advice and information * Support development of local policies * Development of Community Champions to support awareness raising within communities and work with identified FGM cases. |
| National FGM Support Clinic – North | North of England | Leedsth-tr.blossomclinic.fgm.nhs.net | 07824580988 | NHS place for woman with FGM to discuss their health needs in a sensitive and non-judgmental environment. The services are provided by an all-female team and include:   * Physical assessment and treatment * Emotional support and counselling * General information |