



# SSP Practice Brief – Female Genital Mutilation (FGM)

16/8/22 developed by SSP Learning & Development Manager in consultation with Lin Williams, Domestic Abuse Lead Swindon Safeguarding & Community Safety Partnership, Detective Sergeant Leigh Vowles, Child Abuse Investigation Team and Jennifer Holton Citizens in Policing Manager, Wiltshire Police

# About this resource

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The aim of this resource is to raise awareness about female genital mutilation (FGM). It will provide information to assist professionals

- to identify what FGM is and who is at risk
- how to recognise the signs and indicators
- short and long term health effects
- legislative framework
- safeguarding and protection
- protection orders
- signposting to resources/further information

The content of this resource will be relevant to those working to safeguard children and adults.

This is a large document and you can look at it as a whole or dip in and out at your convenience. There are hyperlinks to external resources such as websites which can be accessed by either ctrl+click on the image/icon or hyperlink. Alternatively you can use your mouse to right click and select open link from the options.

For further information please refer to the [Female genital mutilation \(FGM\): Multi-agency guidance - Swindon Safeguarding Partnership](#)

# Health Warning

You may find some of the content of this resource difficult to read due to the subject matter. If this triggers or upsets you please look after yourself and seek some support.

You can contact either:

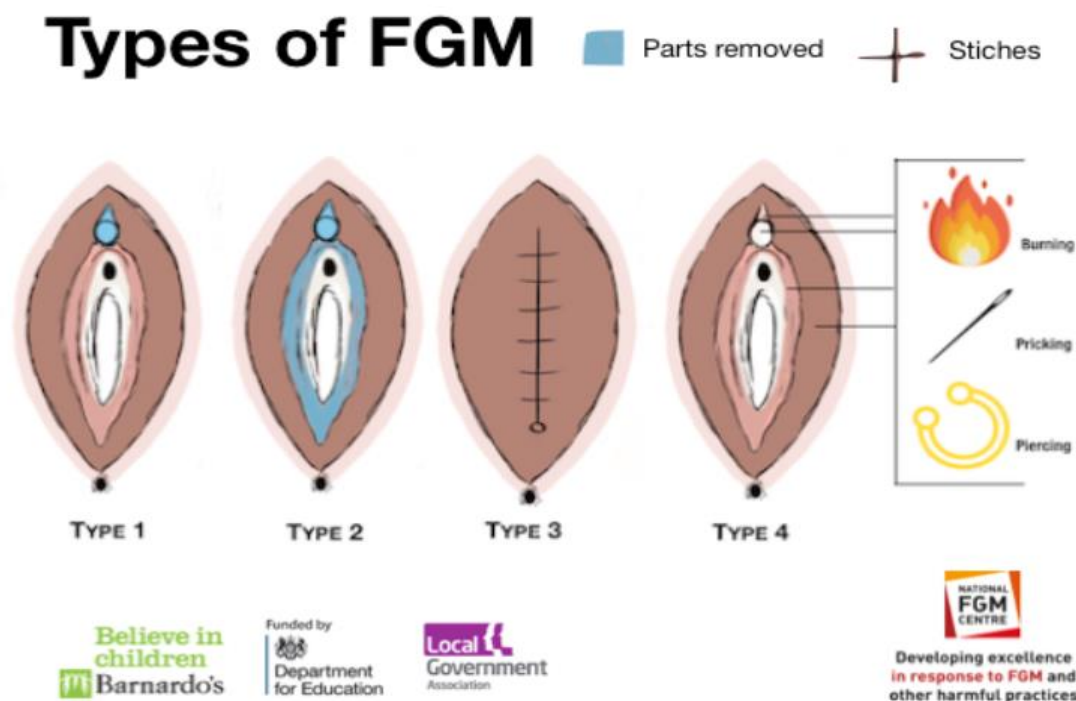
- Your Line Manager
- Human Resources
- Your Union or
- Care First for SBC employees

# What is Female Genital Mutilation (FGM)?

- FGM is a procedure where the female genitalia are deliberately cut, injured or changed and there is no medical reason for this.
- It is frequently a very traumatic and violent act and can cause harm in many ways, for example causing
  - severe pain.
  - immediate and/or long-term health consequences, including pain/ infection.
  - mental health problems.
  - difficulties in childbirth and/or death.

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

<b>Type 1</b>	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);
<b>Type 2</b>	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);
<b>Type 3</b>	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; and
<b>Type 4</b>	Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.



Source: [Female genital mutilation \(who.int\)](http://www.who.int)

Source for graphic: [FGM – National FGM Centre](http://www.nationalfgmcentre.org)

# Who is at risk?

- FGM is a deeply rooted practice, widely carried out among specific ethnic populations in Africa and parts of the Middle East and Asia.
- It serves as a complex form of social control of women's sexual and reproductive rights.
- The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out on new-born infants, during childhood or adolescence or just before marriage or during a woman's first pregnancy.
- It is important to identify women who are pregnant that have undergone FGM. Pregnancy may be the first time a woman who has undergone FGM is able to have access to a health professional. There may be some women who do not know that they have undergone FGM. Identifying women who have undergone the procedure will mean that staff can consider ongoing medical and psychological support and ongoing safeguarding concerns. (see section 7 - [Female genital mutilation \(FGM\): Multi-agency guidance - Swindon Safeguarding Partnership](#))
- There is no Biblical or Koranic justification for FGM and religious leaders from all faiths have spoken out against the practice.

Source: [Female genital mutilation \(FGM\): Multi-agency guidance - Swindon Safeguarding Partnership](#)

# Who is at risk continued...

Girls living in communities that practise FGM are most at risk. It can happen in the UK or abroad.

In the UK, the Home Office has identified girls and women from certain communities as being more at risk:

- Somali
- Kenyan
- Ethiopian
- Sierra Leonean
- Sudanese
- Egyptian
- Nigerian
- Eritrean
- Yemeni
- Kurdish
- Indonesian
- Turkey

This list is not exhaustive

Children are also at a higher risk of FGM if it's already happened to their mother, sister or another member of their family.

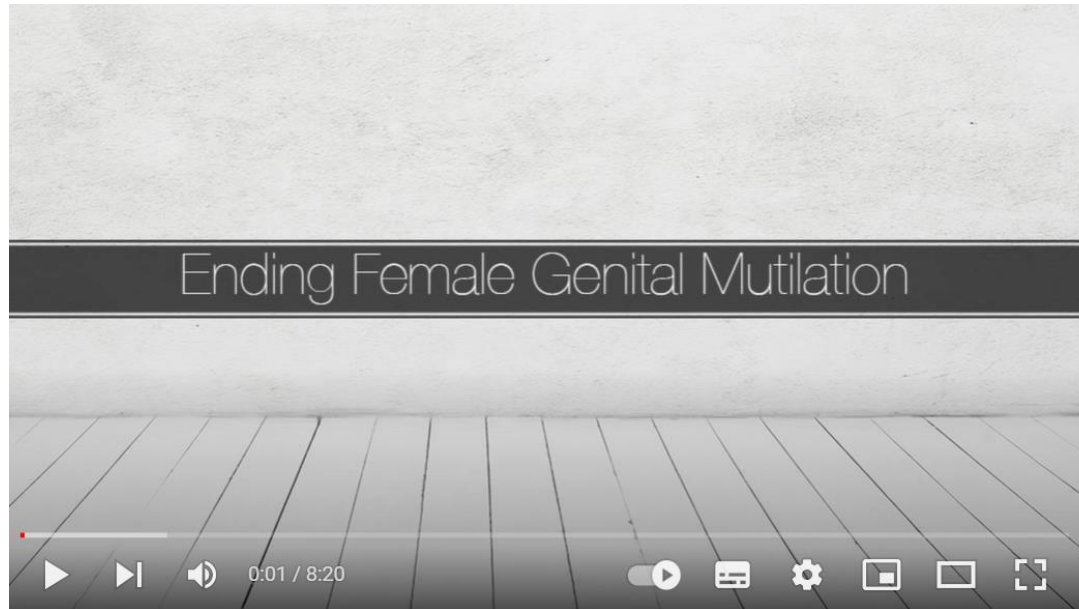
Source: [Female Genital Mutilation - Prevent & Protect | NSPCC](#)

# Why it Matters

- [FGM is a criminal offence \(Female Genital Mutilation Act 2003\)](#)
- This has been in law for nearly 20 years and there are still only single figure convictions.
- It is an offence to take females abroad to undergo FGM or to get it done in UK.
- It is child abuse and a form of violence against women and girls and should be treated as such.
- FGM has immediate and long term health consequences.
- It is believed that FGM may happen to girls in the UK as well as overseas.
- The exact number of girls/women who have undergone FGM is unknown; however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM.



# Resources to find out more



Survivors of female genital mutilation share their accounts in this video clip (duration 8:20 minutes). To access click on this link [Ending Female Genital Mutilation – YouTube](#)

An advertisement for a free online safeguarding training course. The title is "Female Genital Mutilation: Recognising and Preventing FGM". The text describes the course as being developed for the Home Office by Virtual College, with over 100,000 registrants and a 95% completion rate. A prominent orange "Register now" button is located at the bottom of the ad.

Free eLearning from the Virtual College – you will need to register to complete. To access click here [Free FGM Training Online | Recognising & Preventing FGM Free Course | Virtual College \(virtual-college.co.uk\)](#)

Should take approximately 1 hour to complete.

# Signs that a child is at risk of FGM

## This is not an exhaustive list.

- If any of the risk factors are identified, professionals will need to consider what action to take.
- If a professional is unsure whether the level of risk requires a Referral to Children's Social Care, they should discuss their concerns with the named/designated safeguarding lead in their organisation (section 8 – [Female genital mutilation \(FGM\): Multi-agency guidance - Swindon Safeguarding Partnership](#)).
- All concerns and actions agreed should be detailed in the child's record.

A female child is born to a woman who has undergone FGM or whose older sibling or cousin has undergone FGM	A parent or family member expresses concern that FGM may be carried out on the girl
The child's father comes from a community known to practise FGM	A family is not engaging with professionals (health, education or other)
The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children	A family is already known to social care in relation to other safeguarding issues
A woman / family believe FGM is integral to cultural or religious identity	A girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
A girl / family has limited level of integration within the UK community	A girl talks about FGM in conversation, for example, a girl may tell other children about it - it is important to take into account the context of the discussion
The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school	A girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent
The girl talks about a 'special procedure/ceremony' that is going to take place	A girl is unexpectedly absent from school
Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law	Sections are missing from a girl's Red book
A girl talks about a long holiday to her country of origin or another country where the practice is prevalent or parents state that they or a relative will take the girl out of the country for a prolonged period	A girl's risk can usually be identified at birth, through ante-natal care/delivery of the child. NHS professionals can and should have identified that the mother has had FGM and recorded this on the FGM Information Sharing System (section 7, NHS Data Sharing <a href="#">Female genital mutilation (FGM): Multi-agency guidance - Swindon Safeguarding Partnership</a> )

## Signs that FGM may have already taken place

It is also important to consider whether FGM may have already taken place some examples are included in the table to the right.

**Remember: this is not an exhaustive list.**

A girl asks for help
A girl confides in a professional that FGM has taken place
A mother/family member discloses that female child has had FGM
A girl has difficulty walking, sitting or standing or looks uncomfortable
A girl finds it hard to sit still for long periods of time, and this was not a problem previously
A girl spends longer than normal in the bathroom or toilet due to difficulties urinating
A girl spends long periods of time away from a classroom during the day with bladder or menstrual problems
A girl has frequent urinary, menstrual or stomach problems
A girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter
There are prolonged or repeated absences from school or college
A girl displays increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour
A girl is reluctant to undergo any medical examinations
A girl asks for help, but is not be explicit about the problem; and/or
A girl talks about pain or discomfort between her legs

# Justification for FGM

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FGM is a complex issue, and individuals/families who support it give a variety of justifications and motivations for this. However, **FGM is a crime and child abuse, and no explanation or motive can justify it.**

The justifications given may be based on a belief that, for example, it:

- Brings status and respect to the girl
- Preserves a girl's virginity/chastity
- Is part of being a woman
- Is a rite of passage
- Gives a girl social acceptance, especially for marriage
- Upholds the family "honour"
- Cleanses and purifies the girl
- Gives the girl and her family a sense of belonging to the community
- Fulfils a religious requirement believed to exist
- Perpetuates a custom/tradition
- Helps girls and women to be clean and hygienic
- Is aesthetically desirable
- Makes childbirth safer for the infant
- Rids the family of bad luck or evil spirits

# Consequences of FGM

Depending on the degree of mutilation, FGM can have a number of short-term and long term-health implications.

Short-Term Implications	Long-Term Implications
<ul style="list-style-type: none"><li>• Severe pain and shock</li><li>• Wound infections</li><li>• Urine retention</li><li>• Injury to adjacent tissues</li><li>• haemorrhaging</li><li>• Genital swelling</li><li>• Death</li></ul>	<ul style="list-style-type: none"><li>• Genital scarring</li><li>• Genital cysts and keloid scar formation</li><li>• Recurrent urinary tract infections and difficulties in passing urine</li><li>• Possible increased risk of blood infections such as hepatitis B and HIV</li><li>• Pain during sex, lack of pleasurable sensation and impaired sexual function</li><li>• Psychological concerns such as anxiety, flashbacks and post-traumatic stress disorder</li><li>• Difficulties with menstruation (periods)</li><li>• Complications in pregnancy or childbirth (including prolonged labour, bleeding or tears during childbirth, increased risk of caesarean section) and</li><li>• Increased risk of stillbirth and death of child during or just after birth</li><li>• In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM</li></ul>

# The Law

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## **FGM is illegal in the UK ([Female Genital Mutilation Act 2003](#)).**

- Under section 1 (FGM Act 2003), it is a criminal offence to perform FGM and an offence for any person (regardless of their nationality or residence status) to:
  - Perform FGM in England and Wales (section 1 of the 2003 Act)
  - Assist a girl to carry out FGM on herself in England and Wales (section 2 of the 2003 Act)
  - Assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (section 3 of the 2003 Act)
- If the mutilation takes place in England or Wales, the nationality or residence status of the victim is irrelevant
- Penalty of up to 14 years in prison and/or, a fine
- As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 also includes:
  - An offence of failing to protect a girl from the risk of FGM. A person is liable if they are “responsible” for a girl at the time when an offence is committed
  - This covers both someone who has “parental responsibility” for the girl and has “frequent contact” with her, as well as any adult who has assumed responsibility for caring for the girl in the “manner of a parent”. For example family members, with whom she was staying during the school holidays
- Other provisions include:
  - lifelong anonymity for victims
  - FGM Protection Orders and
  - professional mandatory reporting duty of known cases under 18 years to police

# The Law - FGM taking place abroad

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- It is an offence for a UK national or UK resident (even in countries where FGM is not an offence) to:
  - Perform FGM abroad (sections 4 and 1 of the 2003 Act)
  - Assist a girl to carry out FGM on herself outside the UK (sections 4 and 2 of the 2003 Act)
  - Assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (sections 4 and 3 of the 2003 Act)
- An offence of failing to protect a girl from the risk of FGM can be committed wholly or partly outside the UK by a person who is a UK national or a UK resident
- The extra-territorial offences of FGM are intended to cover taking a girl abroad to be subjected to FGM
- It is also an offence to:
  - Aid, abet, counsel or procure a person to commit an FGM offence
  - Encourage or assist a person to commit an FGM offence
  - Attempt to commit an FGM offence
  - Conspire to commit an FGM offence
- Any person found guilty of such an offence faces the same maximum penalty for these offences under the 2003 Act

# FGM Mandatory Reporting Duty

- **Duty to report to police:** Applies to regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work
- Reports should be made using the non-emergency 101 telephone number.
- **'Known' cases** are those where either
  - a girl informs the person that an act of FGM has been carried out on her  
or
  - where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth
- Reports should be made as soon as possible after a case is discovered or by the close of the next working day
- In exceptional cases a longer timeframe may be appropriate, for example, a professional has concerns that a report to the police is likely to result in an immediate safeguarding risk to the child (or another child, e.g. a sibling) and considers that consultation with colleagues or other agencies is necessary prior to the report being made
- Cases of failure to comply with the duty will be dealt with in accordance with the existing performance procedures in place for each profession

**Mandatory Reporting does not replace safeguarding actions.**

**if a professional has concerns that FGM has taken place, this information should be shared with their safeguarding lead and a referral to Children's Social Care/MASH.**

Further information can be found - <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information/mandatory-reporting-of-female-genital-mutilation-procedural-information-accessible-version>



# Safeguarding and Protection

# Safeguarding and Protection

**FGM is child abuse - professionals should intervene to safeguard girls who may be at risk of FGM or who have been affected by it.**

**Action for professionals to take where there are concerns** (see flowchart appendix 1 [Female genital mutilation \(FGM\): Multi-agency guidance - Swindon Safeguarding Partnership](#)).

- As soon as a girl is identified as at risk of FGM, information should be shared with other agencies in accordance with local information sharing protocols
- If you are unsure whether the level of risk requires a referral to Children's Social Care concerns should be discussed with the named/designated safeguarding lead in your organisation
- All concerns identified and actions agreed should be noted in the child's record

**Professionals must take into consideration that by alerting the girl's family to any FGM concerns this may place her at increased risk of harm and should therefore take sufficient steps to minimise this risk.**

- The level of safeguarding intervention needed will depend on how imminent the risk of harm is. Action should be decided on a case-by-case basis, following a risk assessment, with expert input from all relevant agencies
- A victim centred approach should be taken, based on a clear understanding of the needs and views of the child
- If, following referral to Children's Social Care there is cause to believe that the child has suffered or is likely to suffer Significant Harm, a Section 47 Enquiry will be carried out in conjunction with the Police
- A strategy discussion/meeting will be held and this should include relevant health professionals and if the child is of school age, a school representative

For further information refer to section 7 - [Female genital mutilation \(FGM\): Multi-agency guidance - Swindon Safeguarding Partnership](#).

# Safeguarding and Protection continued

## Risks:

- If the only risk indicator is that a girl's mother has undergone FGM, a referral to Children's Social Care may not be appropriate, but other local multi-agency arrangements may be relevant. Monitoring is important to ensure an appropriate response if circumstances change and other risk factors arise.
- If there is a specific risk, the case should be referred to Children's Social Care.
- **When a girl is at imminent risk, legal intervention should be considered; including an Emergency Protection Order, an FGM Protection Order (FGMPO) or police powers of protection.**
- FGM can be carried out at any age, so identifying at birth that a girl is at risk of FGM means that safeguarding measures may need to remain in place for a number of years over the course of her childhood.
- In such cases professionals should always take opportunities to discuss and understand changes to the girl's / family's circumstances and look out for changes in relation to any of the known risk factors. For example, becoming aware of new travel plans or the arrival of extended family members to live with the girl, this information should be shared with appropriate partner agencies without delay.

# Safeguarding and Protection

- If, following referral to Children's Social Care there is cause to believe that the child has suffered or is likely to suffer Significant Harm, a Section 47 Enquiry will be carried out in conjunction with the Police.
- A strategy discussion/meeting will be held and this should include relevant health professionals and if the child is of school age, a school representative.
- If it is believed FGM has already taken place Children's Social Care will liaise with Paediatric services to ensure that a Medical Assessment takes place and appropriate care and support is provided. This includes enquiries about other female family members who may need to be safeguarded.
- Criminal investigations into the perpetrators can also be commenced.

**Professionals subject to the FGM Mandatory Reporting Duty are also required to report 'known' cases of FGM in girls under 18 to the police.**

# Safeguarding and Protection

- **Use of interpreters:** Interpretation services should be used if English is not spoken or well understood and the interpreter should not be an individual who is known to the family.
- **Removal of a child:** It may not always be appropriate to remove the child from an otherwise loving family environment. Parents/carers may genuinely believe that it is in the girl's best interest to conform to their prevailing custom.
- In appropriate cases professionals should work in a sensitive manner with families to explain the legal position around FGM in the UK.
- There are resources in a range of languages which outline what FGM is, the legislation and penalties and help/support available - <https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

# Female Genital Mutilation Protection Orders (FGMPO)

**FGMPO's are a civil law measure which provides a means of protecting and safeguarding victims and potential victims of FGM.**

- They contain conditions to protect a victim or potential victim, such as surrendering a passport to prevent the person from being taken abroad to undergo FGM, or a requirement that nobody arranges for FGM to be performed on the person being protected.
- Those who can apply for a FGMPO include:
  - The person who has undergone or is at risk of FGM
  - A local authority
  - Any other person (e.g. police, teacher, charity or family member), with the permission of the court
- An application for an order may be made at a Family Court in England and Wales; there is no fee.
- A court can be asked to consider an application straightaway when necessary, and can make an FGMPO without the respondent(s) being present.
- Civil legal aid is available to victims, potential victims and third parties who seek to make, vary or discharge an FGMPO (subject to relevant criteria).
- If the conditions in the FGMPO are not followed, this is a breach which can be dealt with by the Family Court as a contempt of court, or as a criminal offence, with a maximum penalty of five years' imprisonment.

# FGMPO Guidance Documents

For those applying for an FGMPO at a Family Court in England and Wales.

- Person completing the application (FGM700):  
<https://formfinder.hmctsformfinder.justice.gov.uk/fgm700-eng.pdf>).
- Application is made on behalf of someone else, the court's permission to apply will be needed (form FGM006): <http://formfinder.hmctsformfinder.justice.gov.uk/fgm006-eng.pdf>.
- All forms are free and can be obtained from any of the court centres listed in the guidance or downloaded from:
- [Get a female genital mutilation protection order - GOV.UK \(www.gov.uk\)](http://www.gov.uk) advice and guidance
- [FGM - Search - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Further information on [FGM protection orders: factsheet - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

# Resources available to help

- ✓ Multi-Agency Statutory Guidance on Female Genital Mutilation: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>
- ✓ Female Genital Mutilation Resource Pack (Home Office): <https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>
- ✓ [National FGM Centre – Developing excellence in response to FGM and other Harmful Practices](#) includes FGM information leaflet, Assessment Tool for Social Workers, Best Practice Guidance and an Online FGM Assessment Tool to help guide the assessment of cases where FGM is a concern
- ✓ NHS - FGM (including information on where to get support) <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>
- ✓ Female Genital Mutilation and its Management: Royal College of Obstetricians and Gynaecologists 2015 <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/>
- ✓ Mandatory Reporting of Female Genital Mutilation – procedural information <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>
- ✓ Safeguarding Women and Girls at Risk of FGM – Guidance for Professionals (DHSC) – includes Pathway and Risk Assessment tools <https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>
- ✓ NSPCC FGM Helpline – for advice, support or to report it call the free 24 hour anonymous FGM helpline on 0800 028 3550 or visit [Female Genital Mutilation - Prevent & Protect | NSPCC](#)
- ✓ Crown Prosecution Service: [Female Genital Mutilation | The Crown Prosecution Service \(cps.gov.uk\)](#)
- ✓ [CPS Factsheet: Female Genital Mutilation | The Crown Prosecution Service](#)



# Resources available to help

- ✓ [Supporting health-care providers to make positive change: WHO launches new training tools on female genital mutilation prevention and care](#)
- ✓ [Female genital mutilation \(FGM\) prevention and care – A resource kit for the health sector \(srhr.org\)](#)
- ✓ [Female genital mutilation \(FGM\) frequently asked questions \(unfpa.org\)](#)
- ✓ [FGM National Clinical Group \(fgmnationalgroup.org\)](#)
- ✓ Statement opposing female genital mutilation available in a range of languages:  
<https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>
- ✓ [Female genital mutilation | Local Government Association](#)
- ✓ [FGM resource - Guide for councillors | Local Government Association](#)
- ✓ [Supporting Women and Girls Affected By FGM - UK SAYS NO MORE](#)
- ✓ <https://www.dahliaproject.org>
- ✓ **Web app** for young people, both girls and boys, living in the UK who want to find out more about Female Genital Mutilation (FGM) can be downloaded from the website [petals.coventry.ac.uk/](https://petals.coventry.ac.uk/)
- ✓ AFRUCA (Child Protection of African Children) <https://afruca.org/>

# National FGM Support Clinics (NFGMSCs)

- Community-based clinics that offer a range of support services for women with female genital mutilation (FGM).
- Service is available to women aged 18 or older who are not pregnant when they seek support.
- These are a place for women 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 (including deinfibulation if required)
  - emotional support and counselling
  - general information
  - access to FGM Health Advocates
  - referral to a specialist consultant, if needed
- How to access a clinic:
  - National FGM Support Clinics run either weekly or every 2 weeks.
  - Referrals from GPs/other health professionals are strongly encouraged, but you can also access a clinic through:
    - walk-in appointments or using a self-referral service
- Local Clinic: Bristol – Eastville Medical Practice (Rose Clinic) East Trees Health Centre, 100a Fishponds Road, Bristol BS5 6SA. Contact details - 07813 016 911 or email [bristolrose.clinic@nhs.net](mailto:bristolrose.clinic@nhs.net)

# Support Services

- ❖ **HALO Project:** [Forced Marriage and Honour Based Violence Charity - Halo Project](#) national charity providing confidential advice and culturally sensitive support to Black and Minoritised victims and survivors of domestic abuse, sexual violence and illegal cultural harms including forced marriage, 'honour'-based abuse and FGM. Contact: 01642 683045, E: [info@haloproject.org.uk](mailto:info@haloproject.org.uk)
- ❖ **IKWRO- Iranian & Kurdish Women's Rights Organisation** (24hr): 0207 920 6463 [IKWRO – IKWRO Women's Rights Organisation](#)
- ❖ **Ashiana-** Supporting Asian Women through DV, HBV, forced Marriage & FGM: 01142555740. [Refer to us - Ashiana Network](#)
- ❖ **FORWARD** (Foundation for Women's Health Research and Development) is committed to gender equality and safeguarding the rights of African girls and women. FORWARD provides support and advice for girls and women at risk of FGM; visit their website at [forwarduk.org.uk](http://forwarduk.org.uk) for more information
- ❖ **Daughters of Eve** is a non profit organisation that works to protect girls and young women who are at risk from female genital mutilation (FGM). By raising awareness about FGM and sign-posting support services they aim to help people who are affected by FGM and ultimately help bring an end to this practice – find out more on their website at [www.dofeve.org/](http://www.dofeve.org/)

# Having worked through this practice brief do you...

- ✓ Know the name of your agency lead for FGM?
- ✓ Know what FGM is and how to spot the signs?
- ✓ Know where to go for advice and guidance?
- ✓ Routinely consider FGM?
- ✓ Use independent interpreters?
- ✓ What to do/where to refer if you suspect/find FGM?
- ✓ Know what to do if you are a professional to which the FGM Mandatory Reporting Duty applies.

If you don't know the answer to some of these questions you may need to find out more.