

Requests for Female Genital Mutilation medical examination in under 18-year-olds in the emergency department

Female genital mutilation (FGM) is defined by [WHO](#) as procedures which removes or damages the external female genital organs for no medical reason. It is illegal in the UK and regulated teachers, health and social care staff have a [mandatory reporting duty](#) to inform the police when:

- a) a girl disclosing that she has been subjected to FGM or
- b) physical signs are observed which appear to show that an act of FGM has been carried out on her.

In some cases, this may lead to a medical assessment being requested. Variance exists across England about how and where girls under the age of 18, who may have been subjected to FGM, receive medical examinations.

Confusion in the system from a concern being raised through to examination has led to examples of girls being examined multiple times due to lack of expertise in the examiner to diagnose and/ or lack of appropriate recording **via colposcope** of the examination to enable second opinion. This can have a significant impact on the girl and her family causing additional stress and trauma to an already difficult circumstance.

In some instances, girls are accompanied to the emergency department by social services and/or police who request an examination of the girl to determine if FGM has occurred. The clinician may feel pressure to agree if there is a risk the girl is separated from family until a diagnosis is given.

However, unless there is concern about an acute injury requiring urgent medical intervention (in which case, clinicians should follow their normal protocol and safeguarding procedures), clinicians should decline the request to examine for the purpose of FGM diagnosis or opinion. They should inform the Trust safeguarding lead of the request so appropriate follow up and escalation can occur with the wider system.

FGM diagnosis, particularly in children, is a highly specialised skill.

It is accepted that it would be inappropriate for a child to be brought to the emergency department solely for a child sexual abuse examination. The same approach must be adopted for FGM.

Skills and location required for paediatric FGM examination

The Royal College of Paediatric and Child Health (RCPCH)'s [safeguarding roles and competencies for paediatricians](#) states that paediatricians undertaking assessments of children who may have experienced FGM need to be trained and competent.

The Department of Health and NHS [Service standards for FGM](#) highlights that in all cases involving children, an experienced clinician should be involved in setting up a sensitive, thorough paediatric examination that allows for the maximum opportunity to confirm diagnosis of FGM and related injuries, agree a treatment or support plan and aid criminal investigation.

Clinics/services offering confirmation of FGM should include:

- Paediatrician with experience of examining children's genitalia, using colposcopy and writing legal reports.
- Clinicians with good knowledge of the types of FGM and the physical symptoms and signs as they present in under 18s.
- Protected time for the preparation of statements and reports for child protection enquiries, criminal investigations and the courts; have protected time for court attendance; and undergo case supervision and regular peer review.
- Sufficient throughput of cases; clinicians must have experience of examining enough cases of child sexual abuse and/or FGM to maintain skills and competency as recommended by the Royal College of Paediatrics and Child Health.

Safeguarding

Although the emergency department is not the appropriate setting to determine whether a girl has been subjected to FGM, if a girl is brought for an FGM examination normal safeguarding procedures should still be followed to determine if other safeguarding concerns are present.

Appropriate Examination Process

As per the Government [Working together to safeguard children 2023: statutory guidance](#), a strategy meeting should be held between the statutory partners (Health, Social Care and Police), to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm. The role of the (appropriately skilled and experienced), health practitioner is to advise about the appropriateness or otherwise of medical assessments. The appropriate time and location of any medical assessment should be agreed at meeting.