



FGM Female Genitalia Mutilation

PATHWAY FOR PRIMARY CARE

REBECCA HATTON

BECKY HATTON

Why is this Relevant?

Disclosure of FGM by patients in the practice.

Currently no printed or clearly defined information or pathway.

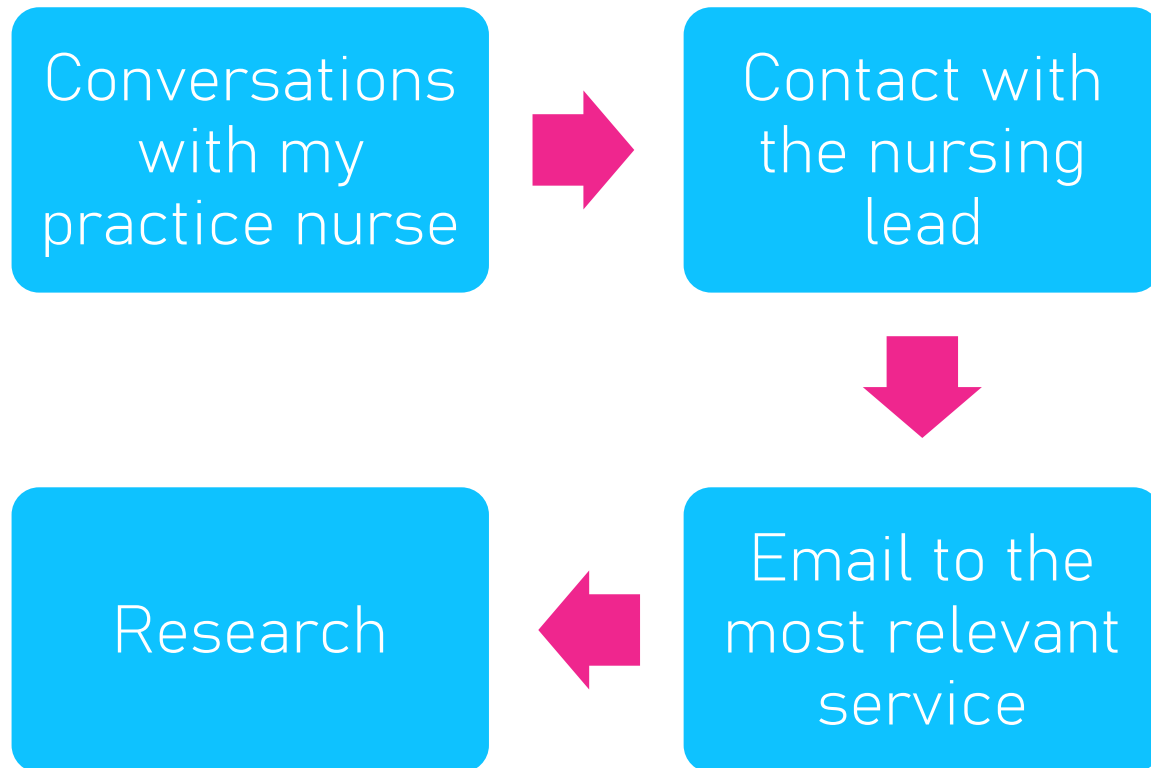
After seeking advise – still no clear pathway to help support the patient.#

Aims to provide support and guidance for the practitioner.

A clear pathway to promote safe, person-centered care.



Where to begin...



FGM is a procedure where the female genitals are deliberately cut, injured or altered – but with no medical reason.

It is carried out on young girls between infancy and 15 (most common before puberty)

It is illegal in the UK and is child abuse

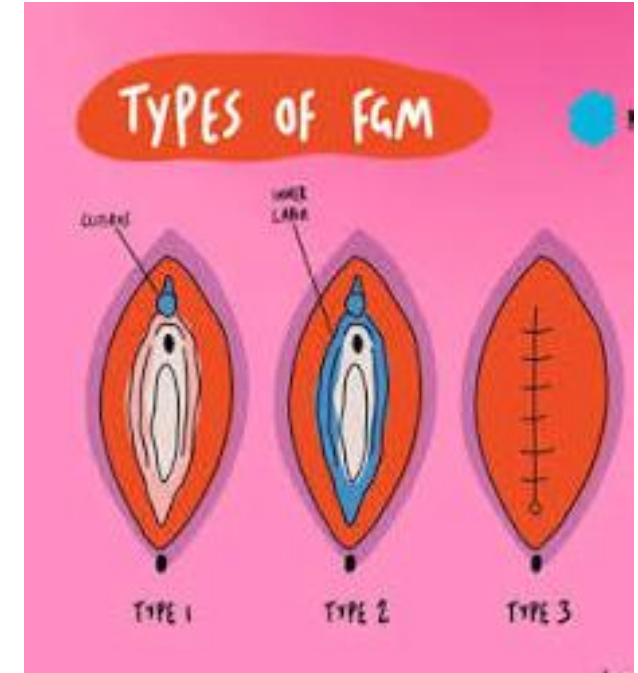
What is FGM?

There are 4 Main types:

Type 1 – Clitoridectomy

Type 2 – Excision

Type 3 – infibulation



It is often performed with NO medical training, anesthetics or antiseptics.

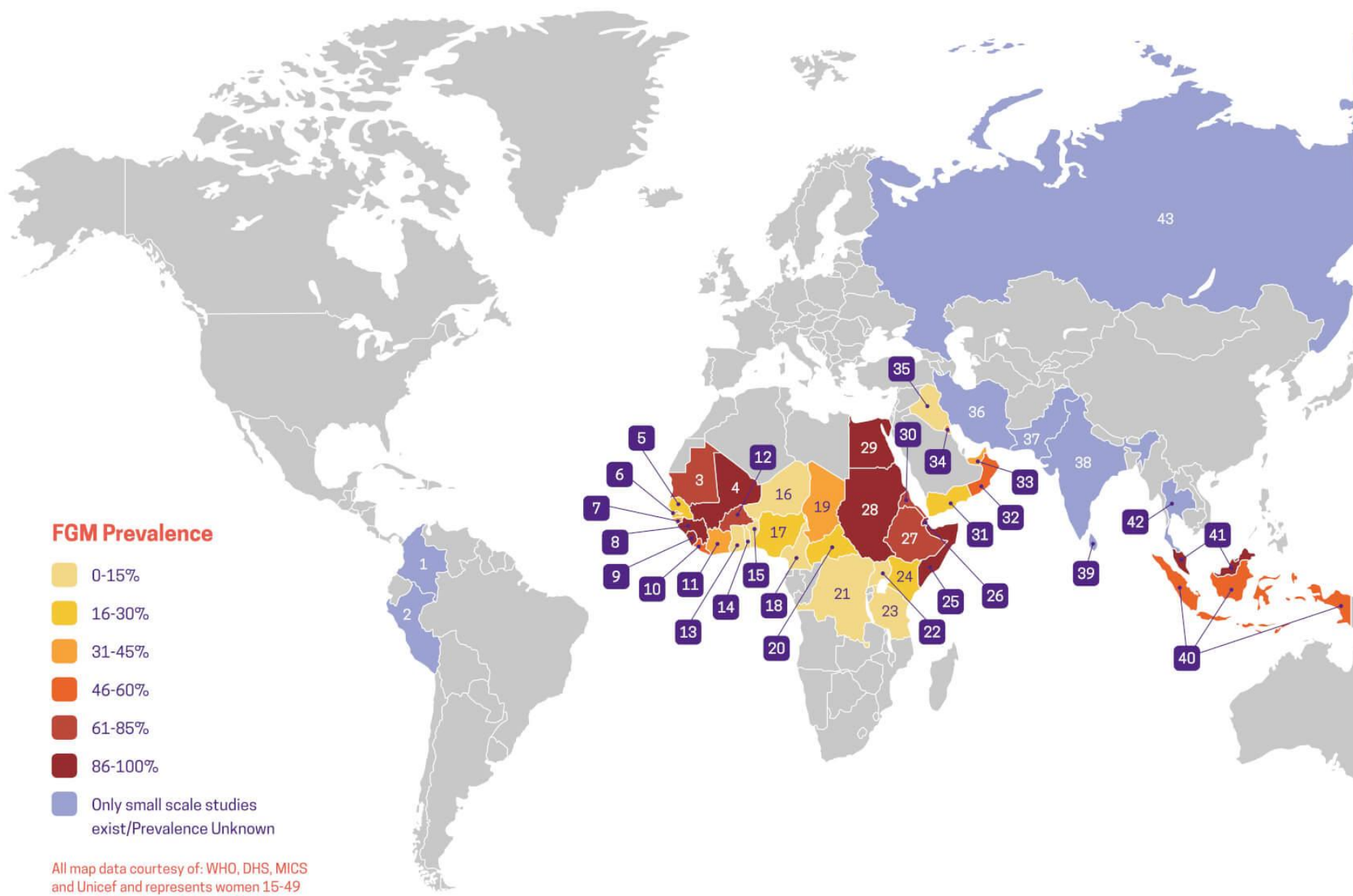
It often happens WITHOUT consent with girls forcibly restrained.

Why?

- Cultural, religious and social reasons.
- Belief that it will benefit the child
- Preserve virginity, prepare for marriage.
- It is harmful with no health benefits.
- Occurs to children whose parents and grandmothers have had FGM or father is from a community which practices FGM

Where?

- Traditionally parts of Africa, The Middle East and Asia
- Girls born in the UK or a resident, but whose families originate from FGM practicing countries are at **GREATER RISK**
- **!** Girls are often taken abroad and do not understand why.
- **!** At most risk during the holidays to allow healing time.



FGM Prevalence

- 0-15%
- 16-30%
- 31-45%
- 46-60%
- 61-85%
- 86-100%
- Only small scale studies exist/Prevalence Unknown

All map data courtesy of: WHO, DHS, MICS and Unicef and represents women 15-49 years old, thanks to National FGM Centre.

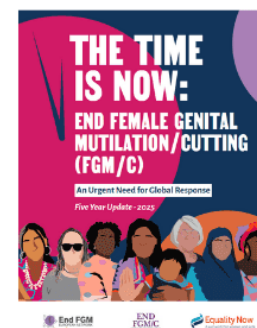
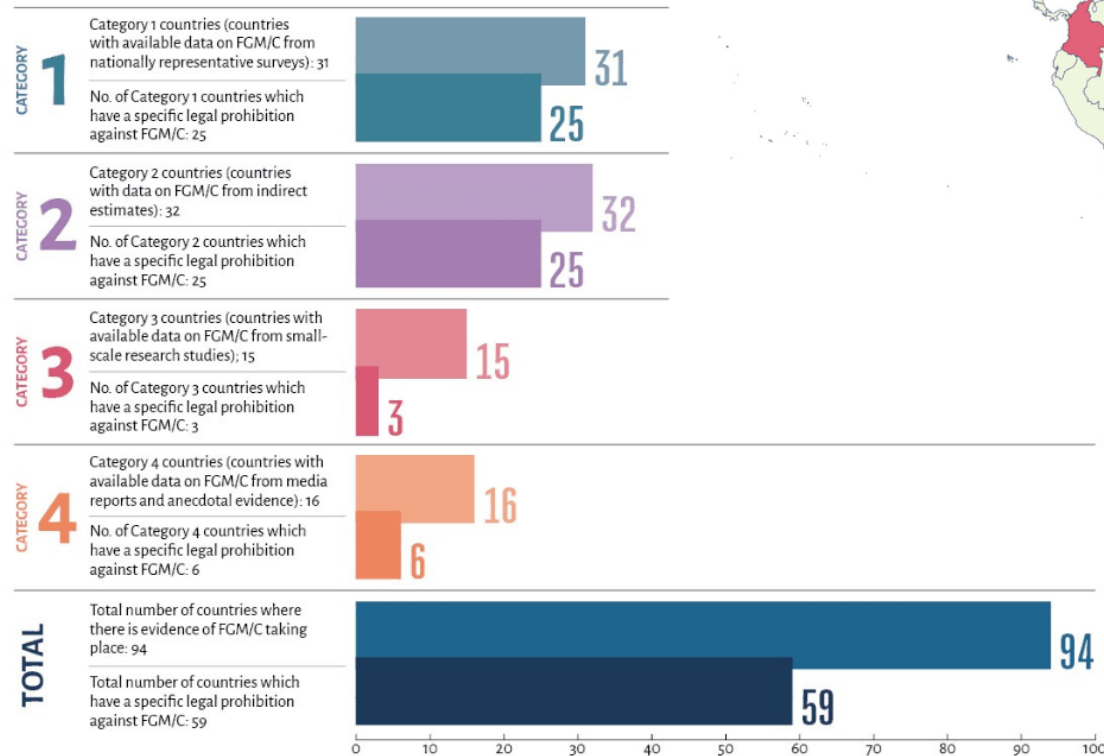
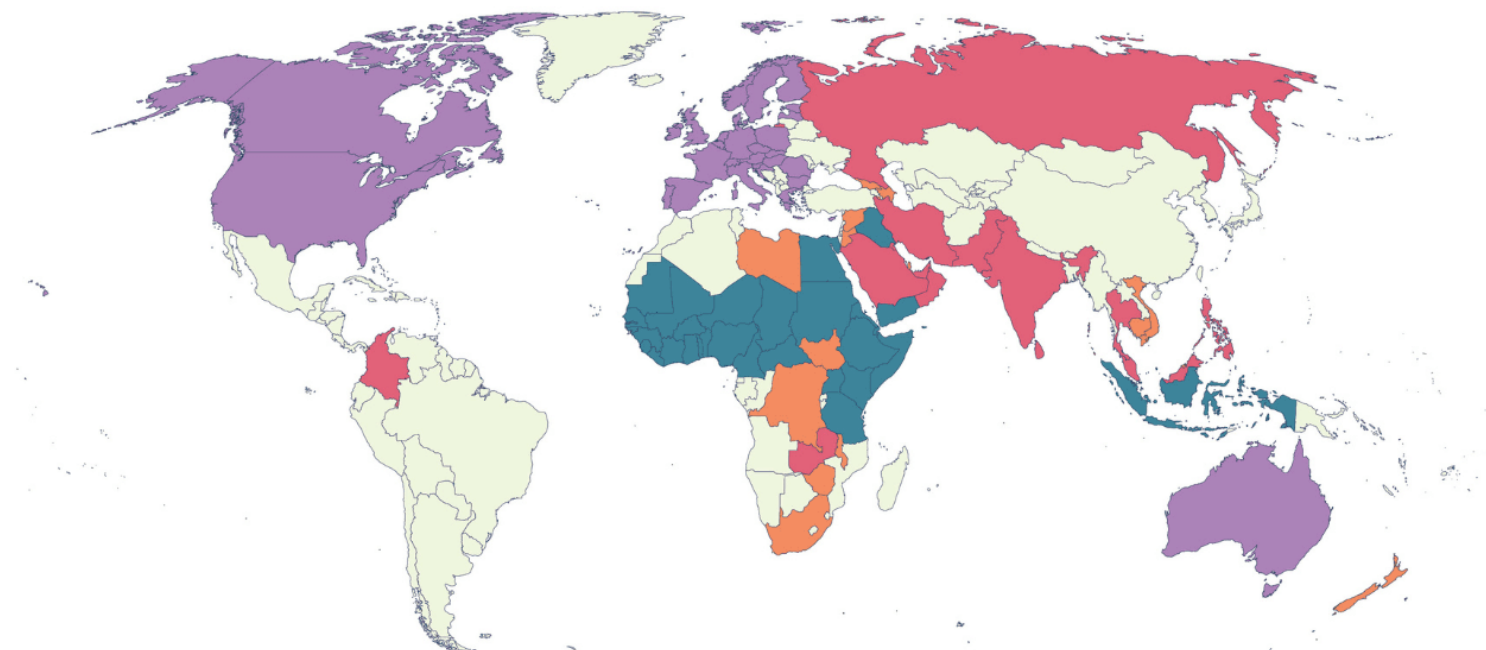
COUNTRIES

- | | |
|------------------------------|--------------------------------------|
| 1. COLOMBIA | 21. DEMOCRATIC REPUBLIC OF THE CONGO |
| 2. PERU | 22. UGANDA |
| 3. MAURITANIA | 23. TANZANIA |
| 4. MALI | 24. KENYA |
| 5. SENEGAL | 25. SOMALIA |
| 6. THE GAMBIA | 26. DJIBOUTI |
| 7. GUINEA BISSAU | 27. ETHIOPIA |
| 8. GUINEA | 28. SUDAN |
| 9. SIERRA LEONE | 29. EGYPT |
| 10. LIBERIA | 30. ERITREA |
| 11. COTE D'IVOIRE | 31. YEMEN |
| 12. BURKINA FASO | 32. OMAN |
| 13. GHANA | 33. UNITED ARAB EMIRATES |
| 14. TOGO | 34. KUWAIT |
| 15. BENIN | 35. IRAQ |
| 16. NIGER | 36. IRAN |
| 17. NIGERIA | 37. PAKISTAN |
| 18. CAMEROON | 38. INDIA |
| 19. CHAD | 39. SRI LANKA |
| 20. CENTRAL AFRICAN REPUBLIC | 40. INDONESIA |
| | 41. MALAYSIA |
| | 42. THAILAND |
| | 43. RUSSIA |

FORWARD

Dignity and change for African women and girls

FGM IS GLOBAL



Uk relevance>

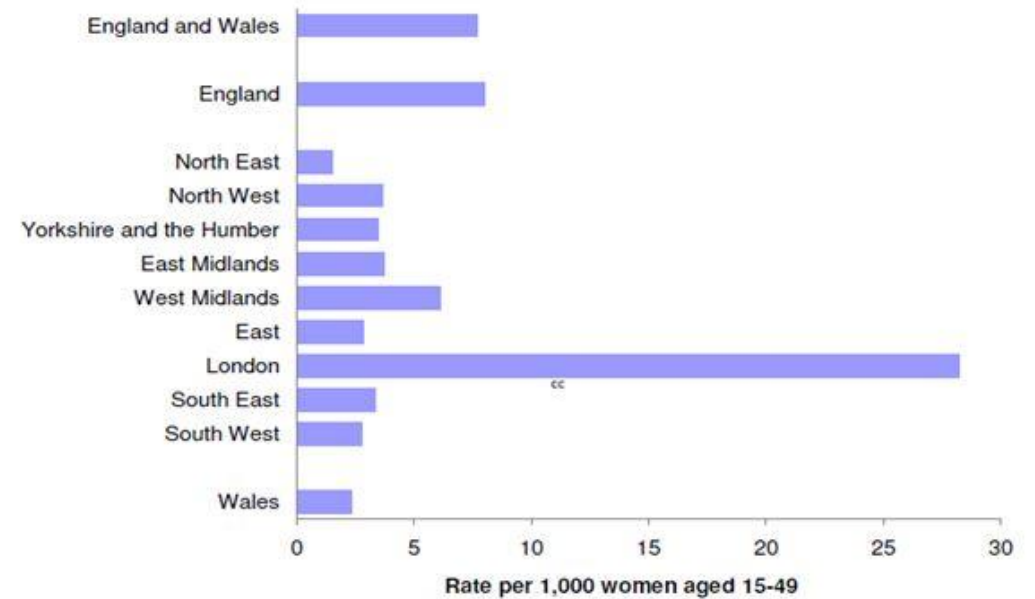
200 million girls and women affected by FGM worldwide (WHO)

UK

- Around 137,000 women have undergone FGM
- 60,000 girls under 15 years old are at risk

2023-24 figures: There were 6,655 individual women and girls who visited NHS services for FGM-related care, representing approximately 14,355 total attendances. This represented a 15% increase

Estimated prevalence of FGM among women aged 15-49 by region



Staffordshire

- 12-16 cases per 1,000 women
- 23% of nationwide figures

Stoke – on-Trent

- 50 cases (2019)

Effects of FGM

The long-term health consequences of FEMALE GENITAL MUTILATION (FGM)



NO HEALTH BENEFITS,
ONLY HARM



URINARY TRACT
INFECTIONS



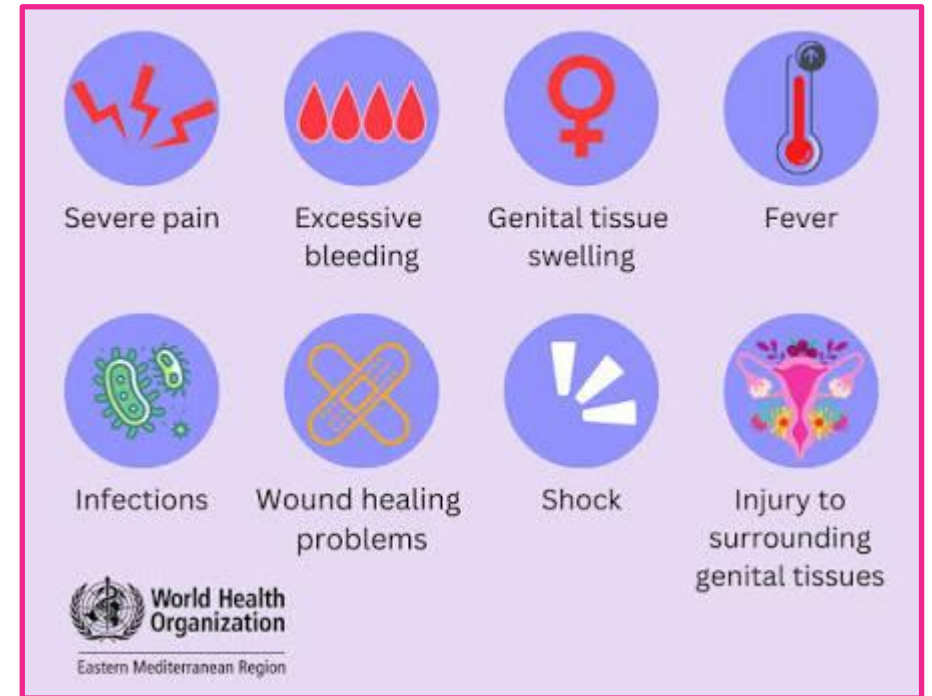
INFERTILITY



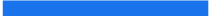
CHILDBIRTH
COMPLICATIONS



NEWBORN
DEATHS



- Pain
- Problems with Intercourse
- Infections
- Incontinence
- **Depression**, flashback and self harm
- Difficulty with relationships
- Complications with Childbirth
- Death



"Talk to a GP or another healthcare professional if you're experiencing emotional or mental health problems that may be a result of FGM. Help and support is available".

Mental Health

- Women/children may not remember but can start to have flashbacks
- Nightmares
- Depression
- Anxiety

Support

- Websites
- Healthcare professionals



Treatment

"Talk to your GP or another healthcare professional if you have sexual problems that you feel may be caused by FGM, as they can refer you to a special therapist who can help".

Surgery

- FGM can make sex painful with lack of sensation and reduced desire.
- It may make it difficult to conceive and problems may arise during childbirth
- **Deinfibulation** – surgery to re-open the vagina

What does this mean?

FOR THE PRACTICE NURSE

Currently

- No pathway or clear guidance at the Practice
- When this situation occurred, there was no guidance for how to support the patient.
- Prevalence rates means could become more prominent.

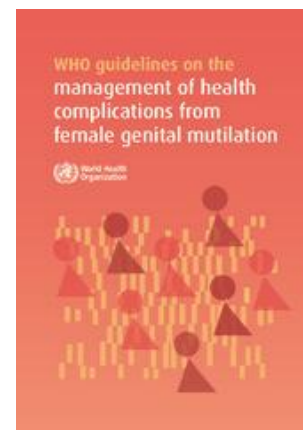
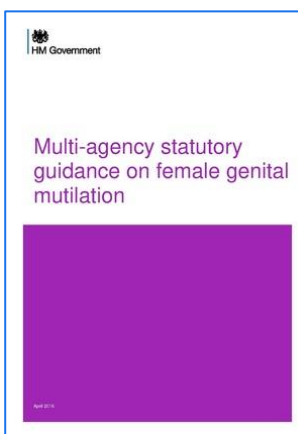
FGM prevention programme, 2015

implemented mandatory reporting duty to all regulated health professionals.

NHS FGM Enhanced database 2015 (<18)

E-learning - <https://portal.e-lfh.org.uk/Component/Details/390922>

National FGM Support Clinics (NFGMSCs) are community-based clinics that offer a range of support services for women with female genital mutilation (FGM).



UNDP · UNFPA · UNICEF · WHO · WORLD BANK



**FGM-Prevention
Programme**



Identifying the Risks

Potential Signs

- Family belongs to communities which practice FGM
- Hearing “special procedure”
- Family are making plans for an extended holiday away from school
- Family/child talking about a special celebration

FGM may have been carried out-

- A child may have difficulty walking, sitting or standing
- Child taking longer time in toilet
- Bladder or menstrual problems
- Child misses a lot of school/college

Female Genital Mutilation: Standards for training healthcare professionals

- Reluctancy for medical examinations, or access healthcare
- May ask for help, but reluctant
- Concerns with pregnancy

The Nurses Role

- Assessment – what type?.
- How old is the patient
- Do you need to report/safeguard?.
- Treat and Refer
- Person centred, non-judgemental
- Document – follow up

Pathway

1. Identify
2. Access
3. Treat / Refer
4. Safeguard
5. Report (<18)
6. Document

Support / Signposting

- For Staffordshire Safeguarding Children Board (Section 4M) go to: <https://www.staffsscb.org.uk/FGM>
- For Stoke-on-Trent Safeguarding Children Board (Section F09) go to: <http://www.safeguardingchildren.stoke.gov.uk/FGM>
- Home Office – FGM fact sheet: https://www.gov.uk/government/FGM_mandatory_reporting_Fact_sheet
- HM Government – Multi-agency statutory guidance on female genital mutilation (2016): https://www.gov.uk/government/Multi_Agency_Statutory_Guidance_on_FGM
- Home Office – FGM Support materials <https://www.gov.uk/government/publications/fgm-support-materials>
- Home Office – FGM Resource Pack <https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack>

Support / Signposting

Children's Services

Specialist paediatric safeguarding and FGM services—such as those at UCLH (<18)

FGM Helpline

email: fgmhelp@nspcc.org.uk.

telephone: 0800 028 3550

find out about call charges

Freedom Charity

Offers a confidential helpline
0845 607 0133



FORWARD (Foundation for Women's Health, Research and Development)

A national charity supporting individuals and communities affected by FGM. 020 8960 4000 (ext. 1) or email support@forwarduk.org.uk

Staffordshire Women's Aid

Provides dedicated support, counselling, and refuge for victims of abuse and trauma

National FGM Support Clinics

Community-based clinics provide specialized, trauma-informed care. You can find locations and more details on the NHS Female Genital Mutilation Guide. [1, 2, 3]

Sexual Health CASH Clinic

Cambridge Community Centre. 0300 7900165



Department
of Health

FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhoea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Yes

Do you believe patient has been cut?

No – but family history

Yes

Patient is under 18 or vulnerable adult

Patient is under 18

Patient is over 18

If you suspect she may be at risk of FGM:

Use the **safeguarding risk assessment guidance** to help decide what action to take:

- If child is at imminent risk of harm, initiate urgent safeguarding response.
- Consider if a child social care referral is needed, following your local processes.

Ring 101 to report basic details of the case to police under **Mandatory Reporting Duty**. Police will initiate a multi-agency safeguarding response.

Does she have any female children or siblings at risk of FGM? And/or do you consider her to be a vulnerable adult? Complete **safeguarding risk assessment** and use guidance to decide whether a social care referral is required.

FOR ALL PATIENTS who have HAD FGM

1. Read code FGM status
2. Complete FGM **Enhanced dataset** noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for deinfibulation.
 - a) If long term pain, consider referral to uro-gynae specialist clinic.
 - b) If mental health problems, consider referral to counselling/other.
 - c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible **OR**
- Share information with multi-agency partners to initiate safeguarding response.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

NSPCC FGM Helpline: 0800 028 3550

Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available [online](#)

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always ask your local safeguarding lead if in doubt.



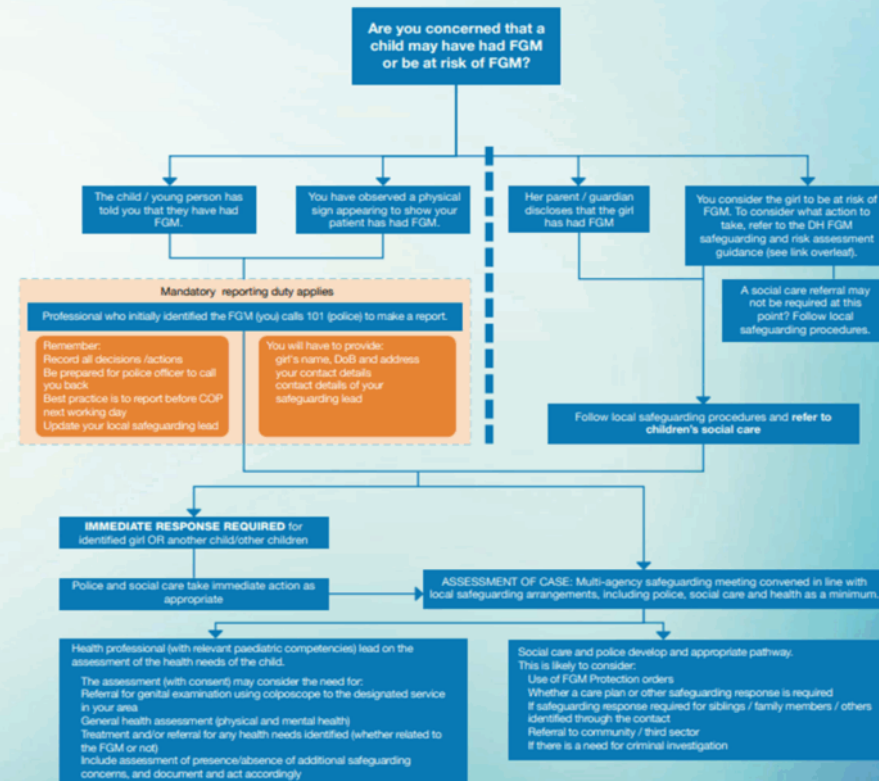
Department
of Health



England

Female Genital Mutilation (FGM)

Mandatory reporting duty



If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always ask your local safeguarding lead if in doubt.

Considerations

Patient

Practitioner

Primary Setting

- Design and layout
- User friendly
- Clear language
- Intended audience
- Key information
- Correct signposting
- Correct legislation
- Alternative formats

'Medicines and Healthcare products Regulatory Agency (2014) Best practice guidance on information leaflets'(NHS).



FEMALE GENITAL MUTILATION (FGM)

Quick Reference Guide for GP Practice



Every woman and girl deserves safe, compassionate and respectful care.

WHAT IS FGM?

FGM refers to procedures that intentionally alter or injure the female genital organs for non-medical reasons.

FGM is illegal in the UK and is:

- A form of child abuse
- A violation of human rights
- Associated with serious physical and psychological harm



TYPES OF FGM

FGM is classified into 4 types:



TYPE 1
Partial or total removal of the clitoris.



TYPE 2
Removal of the clitoris and labia minora, with or without removal of the labia majora.



TYPE 3
Narrowing of the vaginal opening (infibulation).



TYPE 4
All other harmful procedures to the female genitalia for non-medical purposes.

POSSIBLE HEALTH IMPACTS



Physical

- Chronic pelvic pain
- Pain during sex
- Menstrual difficulties
- Recurrent urinary tract infections
- Difficulty passing urine
- Pregnancy and childbirth complications
- Infertility



Psychological

- Anxiety
- Depression
- Post-traumatic stress
- Low self-esteem
- Flashbacks
- Fear of examinations or healthcare

WHEN TO CONSIDER RISK IN GIRLS

A girl may be at risk of FGM if:

- There is a family history of FGM or a sibling has undergone FGM
- Plans for extended travel to a country where FGM is practised
- Parents talk about a "special ceremony" or preparation for marriage
- A girl expresses fear or worry about an upcoming trip or procedure

If you are concerned a girl may be at risk, follow your local safeguarding procedures.

HOW TO APPROACH THE CONVERSATION



Ensure privacy and a safe space.



Use a professional interpreter if needed (never family members or children).



Explain why you are asking questions and listen without judgement.



Seek consent before any examination.



Be respectful, sensitive and trauma-informed.

ASSESS



- Consider and assess:
- Current symptoms and physical health
 - Sexual and reproductive health
 - Pregnancy status
 - Mental wellbeing
 - Safeguarding concerns
 - Whether there are daughters or other girls in the family who may be at risk

SAFEGUARDING & MANDATORY REPORTING



FGM is child abuse. If a girl under 18 years:

- discloses that she has undergone FGM, or
- you identify FGM during examination,

you MUST follow local safeguarding procedures AND you have a mandatory duty to report the case to the police.

Report to the police as soon as possible (normally within one working day) in addition to local safeguarding referrals.

DOCUMENTATION



Record clearly and factually:

- ✓ History and disclosure
- ✓ Symptoms and findings
- ✓ Type of FGM (if known)
- ✓ Safeguarding assessment
- ✓ Advice given
- ✓ Referrals made
- ✓ Safety-netting advice

REFERRAL PATHWAY



1. RECOGNISE
Consider FGM when symptoms or history suggest.



2. ASSESS
Take a sensitive history and assess physical, emotional and safeguarding needs.



3. SAFEGUARD
Follow safeguarding procedures if a child is at risk or has undergone FGM.



4. TREAT
Manage immediate clinical needs and provide appropriate advice and support.



5. REFER
Refer to appropriate services (see below).



6. RECORD
Document all findings, actions and referrals.

POTENTIAL REFERRALS

- Community Gynaecology Services
- Specialist FGM Services
- Obstetric Services (if pregnant)
- Sexual Health Services
- Mental Health / Psychological Therapies
- Social Care (if safeguarding concerns)
- Health Visitor / School Nurse
- Local Support Services

USEFUL RESOURCES

- NHS Website – FGM Information www.nhs.uk/conditions/female-genital-mutilation-fgm
- RCGP – Safeguarding and FGM www.rcgp.org.uk/safeguarding
- GOV.UK – FGM: Guidance for Professionals www.gov.uk/guidance/female-genital-mutilation

SCAN ME



NHS – FGM information

REPORT ON FGM DATABASE IF UNDER 18

All cases of FGM in girls under 18 must be recorded on the NHS FGM Database to support safeguarding and national monitoring.



Who must report?
• All GP practices / NHS healthcare professionals.

What to report?
• Demographic details, type of FGM (if known), how identified (disclosure or examination), safeguarding actions taken.



Log into the FGM Database (SmartSurvey)



Submit details for all girls under 18 with FGM



Ensure data is accurate, complete and submitted promptly



Submit within one working day of identification or disclosure

This is separate from police reporting and local safeguarding referrals.

PRACTICE SAFEGUARDING LEAD

Name: _____
Tel: _____
Email: _____

LOCAL SAFEGUARDING CONTACTS

Children's Social Care:
Adult Social Care:
Local Police (Non-emergency): 101
Emergency (immediate risk): 999

LOCAL FGM SPECIALIST SERVICE

Service:
Tel: _____
Email: _____

INTEGRATED CARE BOARD (ICB) SAFEGUARDING TEAM

Tel: _____
Email: _____

If you are ever unsure, discuss with your Practice Safeguarding Lead. Your support can make a vital difference.

Recognise. Respond. Record. Refer. Safeguard.



FGM CARE PATHWAY FOR NHS SURGERY



Safe care
Compassionate support
Strong safeguarding

FGM is illegal in the UK. It is recognised as a form of child abuse.



DISCLOSURE OR IDENTIFICATION

The patient may:

- Disclose FGM
- Be identified during consultation or examination
- Be identified from medical history or symptoms



LISTEN - REASSURE - ENSURE PRIVACY

- Remain calm, non-judgemental and respectful
- Thank the patient for sharing
- Ensure privacy and confidentiality
- Use a professional interpreter if required



ASSESS THE PATIENT

- Physical symptoms (pain, urinary, sexual, menstrual, obstetric issues)
- Emotional wellbeing (anxiety, low mood, trauma)
- Pregnancy status (if applicable)
- Safeguarding concerns (risk to patient or others)



IS THERE AN IMMEDIATE RISK?

YES

- Contact safeguarding lead immediately
- Follow local safeguarding policy and procedures

NO

- Continue assessment and provide support
- Document findings



DOCUMENT CARE

- Record the patient's words where possible
- Record findings, safeguarding concerns and actions taken
- Use local templates and FGM Enhanced Dataset where applicable



REFER IF REQUIRED

- GP / FGM Specialist Clinic
- Gynaecology / Urology
- Midwife (if pregnant)
- Mental health support / Counselling
- Social Care / Safeguarding
- Other community services



FOLLOW-UP & ONGOING SUPPORT

- Provide information and written resources
- Arrange follow-up appointments where appropriate
- Ensure continuity of care and MDT communication
- Signpost to specialised and community support services

KEY INFORMATION



FGM is a criminal offence in the UK.



Any girl under 18 at risk of FGM requires immediate safeguarding action.



Many women with FGM have undergone it before coming to the UK.



Keep information confidential and only share on a need-to-know basis.

POSSIBLE IMPACTS OF FGM

- Pain, infection, scarring
- Urinary problems
- Painful periods
- Painful intercourse
- Obstetric complications
- Anxiety, PTSD, depression
- Loss of self-esteem
- Social isolation



COMMUNICATION TIPS



- Use open, respectful questions
- Validate feelings
- Avoid assumptions
- Ensure privacy and the right to an interpreter
- Be culturally sensitive and aware of individual choice

IF UNDER 18 - REPORT ON FGM DATABASE



- If a girl under 18 is identified with FGM (or at risk), report to the FGM Enhanced Dataset.
- This helps monitor patterns, protect children and improve services.
- Follow local reporting process within your NHS Trust / ICB.

USEFUL CONTACTS



FGM National Helpline
0800 028 3550 (10am–4pm)



28 Too Many (FGM Support)
0800 058 2552



Local FGM Specialist Service
(insert local contact details)



REMEMBER: Every conversation matters. Early identification and support can make a lasting difference. Treat every woman and girl with dignity, respect and compassion.

COMPASSION • RESPECT • DIGNITY • SAFETY • EQUITY

Working together to support women and girls affected by or at risk of FGM.



FGM PREVALENCE BY REGION – UK (NHS DATA 2024–2025)



Women and girls with FGM identified through NHS services

Data source:
NHS England FGM Enhanced Dataset
April 2024 – March 2025

UK OVERVIEW (England)



6,915

individual women
and girls identified
with FGM



15,075

total attendances
recorded



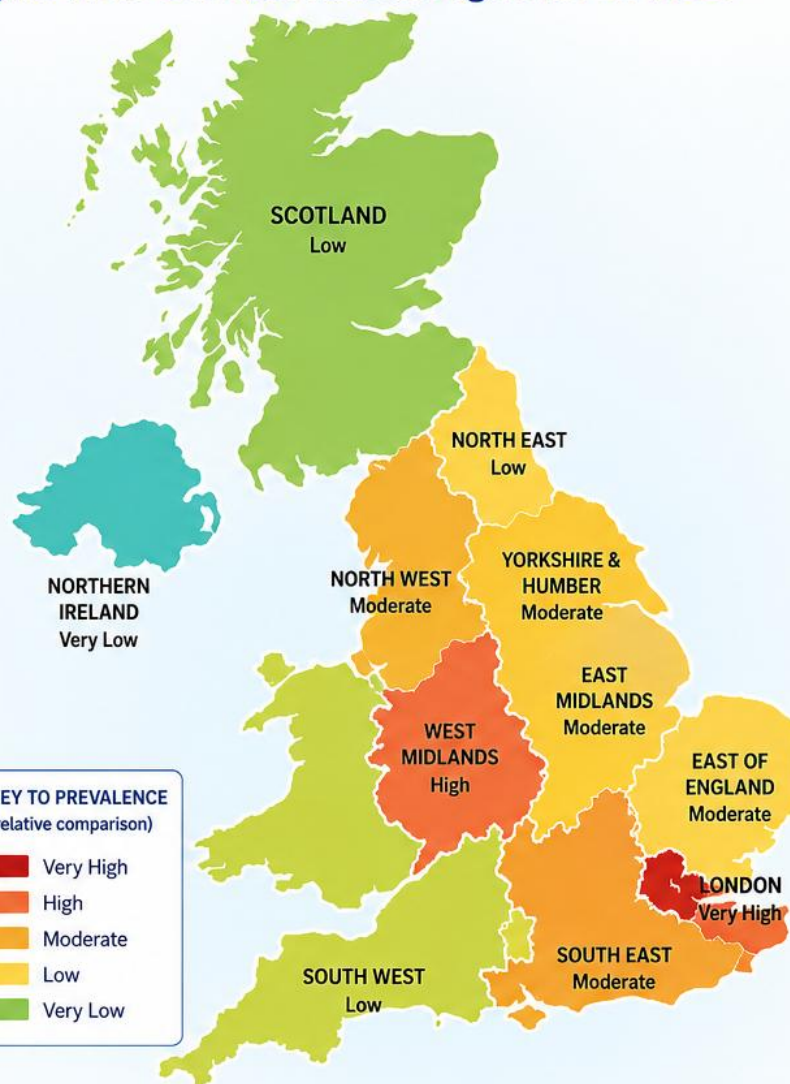
~2,500

women and girls
newly recorded
during the year



40,000+

women and girls
identified since data
collection began in 2015



REGIONAL COMPARISON (ENGLAND)

Women and girls with FGM identified
April 2024 – March 2025

Region	Number identified	Relative prevalence
London	2,574	Very High
West Midlands	1,114	High
North West	1,060	Moderate
East Midlands	678	Moderate
Yorkshire & Humber	569	Moderate
East of England	510	Moderate
South East	318	Low
South West	232	Low
North East	118	Low

Scotland and Northern Ireland: data collected separately.
Numbers for smaller areas may be low and suppressed
to protect patient confidentiality.

IMPORTANT

- FGM is illegal in the UK and is recognised as child abuse.
- Any girl under 18 at risk of FGM requires immediate safeguarding action.
- Data shows where women and girls accessed NHS services, not where FGM took place.

KEY TO PREVALENCE (relative comparison)

- Very High
- High
- Moderate
- Low
- Very Low

KEY MESSAGES FOR NURSES



FGM can present anywhere in the UK.



Be alert, ask sensitively and listen.



Assess health needs and safeguarding risks.



Document, escalate and refer appropriately.



Provide compassionate, non-judgemental care.

Every conversation matters. Early identification and support can make a lasting difference.

For support and guidance: refer to local FGM policy and safeguarding procedures.



What is the impact.

- Highlighted the growing rate of FGM in the local area
- Has given depth and knowledge to my own and the PN in the subject area.
- Having shown to my PN she was then able to use my findings to help the patient and future patients.
- The use of clear guidance can help reduce time and frustration in knowing how to support your patient = positive patient outcomes

Moving forward.

- Developed my skills in research of practice, conditions and policies and procedures.
- In the future if see areas to develop or improve – I could act on this.
- I would like to do information for the patient



Thankyou for listening!

Q&A

References

- **Mandatory Reporting Duty:** Since 2015, all healthcare professionals, teachers, and social workers in Staffordshire have a strict legal requirement to report any known or physically observed cases of FGM in girls under 18 directly to the police
- **World Health Organization (2025)** *Female genital mutilation*. Available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> (Accessed: 15 July 2026)
- **NHS England (2025)** *Female Genital Mutilation, Quarterly Report: July to September 2024*. Available at: [NHS England Digital – Female Genital Mutilation, Quarterly Report: July to September 2024](#) (Accessed: 15 July 2026)
- **NHS (2022)** *National FGM Support Clinics*. Available at: [NHS National FGM Support Clinics](#) (Accessed: 15 July 2026)
- **Staffordshire and Stoke-on-Trent Local Safeguarding Children Boards (2017)** *Female Genital Mutilation (FGM): Joint LSCB briefing note for practitioners and managers*. July 2017. Available at: https://webapps.stoke.gov.uk/uploadedfiles/FGM_Joint_LSCB_Briefing_July_2017_FINAL.pdf (Accessed: 15 July 2026).
- **Staffordshire Safeguarding Children Board (n.d.)** *Section 4: Promoting the welfare and safety of children in specific circumstances*. Available at: <https://www.staffsscb.org.uk/Professionals/Procedures/Section-Four/Section-4-Promoting-the-Welfare-Safety-of-Children-in-Specific-Circumstances.aspx> (Accessed: 15 July 2026)
- **NHS England (2018)** *Female Genital Mutilation: Standards for training healthcare professionals*. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/04/fgm-standards-for-training-healthcare-professionals-1.pdf> (Accessed: 15 July 2026)
- **NHS England e-Learning for Healthcare (2015)** *Female Genital Mutilation (FGM)*. Available at: <https://portal.e-lfh.org.uk/Component/Details/390922> (Accessed: 15 July 2026).
- **Medicines and Healthcare products Regulatory Agency (2014)** *Best practice guidance on patient information leaflets*. Available at: <https://www.gov.uk/government/publications/best-practice-guidance-on-patient-information-leaflets> (Accessed: 15 July 2026)



Forward. "Female Genital Mutilation." *Forward*, 2024, <https://www.forwarduk.org.uk/violence-against-women-and-girls/female-genital-mutilation/>. Accessed 15 July 2026.

NHS. "Female Genital Mutilation (FGM)." *NHS*, NHS, 20 May 2022, <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>. Accessed 15 July 2026.

Payne, Katherine. "New Report Finds Female Genital Mutilation/Cutting in 94 Countries." *Equality Now*, 25 Feb. 2025, <https://equalitynow.org/news/press-releases/new-report-finds-female-genital-mutilation-cutting-in-94-countries/>. Accessed 15 July 2026.

Public Health England. "Female Genital Mutilation (FGM): Migrant Health Guide." *GOV.UK*, 30 Aug. 2021, <https://www.gov.uk/guidance/female-genital-mutilation-fgm-migrant-health-guide>. Accessed 15 July 2026.

[FGM Pathway for Nurses](#)

OpenAI (2026) *ChatGPT conversation* [Large language model]. Available at: <https://chatgpt.com/c/6a53ab5c-92f0-83ed-8c2e-a3a26ad34500> (Accessed: 15 July 2026)

OpenAI (2026) *ChatGPT conversation: FGM pathway and information resources* [Large language model]. Available at: <https://chatgpt.com/c/6a53ab5c-92f0-83ed-8c2e-a3a26ad34500> (Accessed: 15 July 2026)

OpenAI (2026) *ChatGPT conversation: FGM GP practice quick reference guide and poster*. Available at: <https://chatgpt.com/c/6a53ab5c-92f0-83ed-8c2e-a3a26ad34500> (Accessed: 15 July 2026)

Home Office (2023) *Female genital mutilation*. Available at: [Female genital mutilation - GOV.UK](#) (Accessed: 15 July 2026).

Home Office (2019) *Female genital mutilation: the facts (accessible version)*. London: Home Office. Available at: <https://www.gov.uk/government/publications/female-genital-mutilation-leaflet/female-genital-mutilation-the-facts-accessible-version> (Accessed: 15 July 2026).



Equality Now (2025) *New report finds female genital mutilation/cutting in 94 countries*. Available at: <https://equalitynow.org/news/press-releases/new-report-finds-female-genital-mutilation-cutting-in-94-countries/> (Accessed: 15 July 2026)

Foundation for Women's Health Research and Development (FORWARD) (n.d.) *Female genital mutilation*. Available at: <https://www.forwarduk.org.uk/violence-against-women-and-girls/female-genital-mutilation/> (Accessed: 15 July 2026)

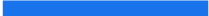
Foundation for Women's Health Research and Development (FORWARD) (2019) *Global Female Genital Mutilation (FGM) Prevalence Map (Types 1–3)*. London: FORWARD. Available at: <https://www.forwarduk.org.uk/wp-content/uploads/2019/07/Forward-FGM-Prevalence-Map-2019-WEB-1.pdf> (Accessed: 15 July 2026).

NHS (2023) *National FGM Support Clinics*. Available at: <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/> (Accessed: 15 July 2026)

Public Health England (2017) *Migrant Health in the West Midlands*. Birmingham: West Midlands Local Knowledge and Intelligence Service. Available at: https://www.birmingham.gov.uk/download/downloads/id/7890/phe_migrant_health_in_the_west_midlands_february_2017.pdf (Accessed: 15 July 2026)

University of Birmingham (2025) *New project launched to explore communication about FGM in the West Midlands*. 6 February. Available at: <https://www.birmingham.ac.uk/news/2025/new-project-launched-to-explore-communication-about-fgm-in-the-west-midlands> (Accessed: 15 July 2026).

e-Learning for Healthcare (e-LfH) (2015) *Female Genital Mutilation (FGM)*. Health Education England. Available at: <https://portal.e-lfh.org.uk/Component/Details/390922> (Accessed: 15 July 2026)



NHS England (2018) *Female Genital Mutilation: Standards for training healthcare professionals*. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/04/fgm-standards-for-training-healthcare-professionals-1.pdf> (Accessed: 15 July 2026).

Medicines and Healthcare products Regulatory Agency (MHRA) (2014) *Best practice guidance on patient information leaflets*. London: MHRA. Available at: https://assets.publishing.service.gov.uk/media/6a4770c01c8bd7ce25a5ea3b/Best_practice_guidance_on_patient_information_leaflets.pdf (Accessed: 15 July 2026)

Worcestershire Acute Hospitals NHS Trust (n.d.) *Creating Patient Information Leaflets Toolkit*. Worcester: Worcestershire Acute Hospitals NHS Trust. Available at: <https://apps.worcsacute.nhs.uk/KeyDocumentPortal/Home/GetAdditionFileDownload/1011> (Accessed: 15 July 2026).