

**Female genital mutilation (FGM)**

**Risk Screening tool**

You may be looking at this tool because you are worried that someone is at risk of **Female Genital Mutilation (FGM)** which is one form of **So-Called ‘Honour’ Based Abuse (SCHBA)**. These notes are to help you understand the significance of the questions on the checklist and what to look out for. FGM is rarely the only risk, you therefore need to also complete the [**SCHBA Risk Screening Tool**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3255/so_called_honour_based_abuse_schba_risk_screening_tool_june_2023) and understand SCHBA, which can take many forms and is very complex. Please ensure you also refer to **the** [**full SCHBA Guidance for Social Workers and Other Professionals**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3263/schba_and_its_different_forms_-_full_guidance_june_2023_v2)and the[**Joint Protocol between West Midlands Police and Birmingham Children’s Trust**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3241/forced_marriage_joint_protocol_wmp_and_trust_october_2023) for detailed process guidance and information.

**You can download this tool and once completed, you need to upload it to the child’s file on eclipse.**

The purpose of the FGM Risk Screening Tool is to give a consistent and simple tool for practitioners who work with children (under 18 years old) to help them identify those who are at high risk of harm, who may need a **Female Genital Mutilation Protection Order** **(FGMPO)** and who should be referred to a MARAC meeting to manage their risk. If you are concerned about risk to children, you need to act fast and ensure that a full assessment of their safety and welfare is made. Please view the [**court process**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3258/application_to_court_and_court_process_october_2023) **flow chart**.

If you suspect FGM, remember the **NEED FOR SPEED** and **ACT IMMEDIATELY**

The Risk Assessment Tool is not an alternative to immediate action!

**What you need to do:**

Ensure you carry out a Strategy Discussion jointly with the Police to share information, agree an approach and **consider the need for immediate protection** of children and young people, i.e., Emergency/Police Protection Orders and placement away from the family – do not simply place them with extended family members who may be complicit. Consider anyone else vulnerable within the family and **transferrable risk**, including for younger or elder siblings – you may need to liaise closely with the **Safeguarding Vulnerable Adults Team** – a risk assessment should be completed **for each person at risk** separately. Ensure you inform the Police **immediately** so that they can carry out their risk assessments and place all the relevant warning markers on the address and PNC. Seek **emergency legal advice immediately** which is available 24/7 and be mindful that all the information collated now may be evidence in court. [**Legal templates can be downloaded**](https://intranet.birminghamchildrenstrust.co.uk/info/20301/practice_resources/1227/schba_forced_marriage_and_fgm_-_what_you_need_to_do/6)**.** Where possible/necessary, include the **Forced Marriage Unit (FMU)** into the Strategy Discussion and **refer the case to MARAC**.

Where it is suspected that a female child under 18 has undergone FGM, **a medical examination of that child must be undertaken as soon as possible by a trained paediatrician** and in line with our local authority safeguarding procedures. A medical examination should be undertaken if there has been a verbal disclosure that FGM may have taken place, if there is sufficient evidence for this to likely be the case, or if FGM has been visually seen on a girl. If there are no trained FGM paediatricians within our Sexual Assault Referral system (SARC), ([**Horizon - Sexual Assault Referral Centre**](https://www.bing.com/ck/a?!&&p=ce5783a94706e2ceJmltdHM9MTY5NTM0MDgwMCZpZ3VpZD0xZDkzZTc0Zi02OTQ0LTYzZDUtMzIzNi1mNTkzNjhkMzYyZjMmaW5zaWQ9NTQ2Mw&ptn=3&hsh=3&fclid=1d93e74f-6944-63d5-3236-f59368d362f3&u=a1aHR0cHM6Ly93d3cuYmluZy5jb20vYWxpbmsvbGluaz91cmw9aHR0cHMlM2ElMmYlMmZob3Jpem9uc2FyYy5vcmcudWslMmZjb250YWN0JTJmJnNvdXJjZT1zZXJwLWxvY2FsJmg9M0pqblhkT1ZuVXRWeHFiZ2FkekUwJTJia0l4ZDFLbmFHenZHdzk2d0lZb1d3JTNkJnA9bHdfZ2J0JmlnPThEQzdEOUFDOTA1MDQyNzc4OTQyNjExQzg3NjI3QTZBJnlwaWQ9WU4xMDI5eDE2NzEzMjM1MTY4NTA1Mzk3MjQ2&ntb=1)**, horizonsarc.org.uk,** **Hodge Hill Primary Care Centre, Roughlea Avenue, Birmingham B36 8ND)** children can be referred for a medical examination at University College London Hospital (UCLH), where there is a specialist FGM clinic for children, with trained FGM paediatricians.

**If you need to book an interpreter** inform them that you will be talking about FGM and obtain their views on the subject to ensure they do not agree with the practice. - **Ensure that you use a trained female interpreter**, (preferably the same interpreter for every visit) who speaks the same language and dialect as the girl/ family. **Do not use other family or community members to interpret**.

Do not assume that families from practicing communities will want their girls/women to undergo FGM. Don’t make assumptions based on a girl’s or family’s cultural or religious background.

**Make sure that a female social worker takes part in the interview, wherever possible**.

There may be more than one girl in a family affected by FGM and the girls may face different risks. Consider the best place to meet the girl, which may not always be in the family home. Explore other places such as an office or a children’s centre. **See the girl alone wherever possible.**

It is important to put the person at risk at ease; be mindful of your verbal communication and body language as this can impact on survivors who may already feel traumatised.

Be mindful of the different needs of each family, adapt your approach accordingly to each individual circumstance and don’t treat all FGM cases as the same. Adapt/rephrase the questions depending on who you are talking to and their age.

**Remember** that some women and girls **may not be aware that they have had FGM** (especially if they have undergone the procedure as babies).

The person you are speaking to **may not know what “FGM” means**, so it is important you explain the definition of what is considered FGM in the UK. You can use the terminology guide in the links provided further below to help with this conversation.

**DO NOT:**

* Send them away.
* Approach members of their family or the community before seeking advice.
* Breach confidentiality – unless there is an imminent risk of serious harm or threat to the life of the person at risk (if an adult) or the person at risk is a child.
* Attempt to be a mediator or immediately encourage mediation, reconciliation, arbitration, or family counselling.

**Before you begin to ask the questions in the Risk Assessment, consider:**

* Is it safe for the person at risk to talk?
* What are safe contact arrangements?
* Is there a need to invent a cover story about why you are talking to them?
* Who/where are the perpetrators?

**Starting the Risk Assessment**

**Ensure the person at risk understands:**

* Why you are asking the questions and what you will do with the information.
* What support you can/can’t offer.
* That you will not speak to the family of the person at risk about this conversation.
* What their rights and options are, e.g., right to legal representation, options of places of safety, protective orders such as FMPO/FGMPO.
* What other support is available and how they can access it. Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services.

**While you are asking the questions you need to:**

* Establish exactly who the person at risk is frightened of, name each person posing a risk. In most FGM/SCHBA cases **there is more than one perpetrator.**
* Establish who else is at risk other than the person you are speaking to.
* If you suspect (a) criminal offence(s) has/have been committed, such as FGM, **report this to the police immediately.** There may be the need for you to arrange a medical examination.
* Be precise about where the family are from, not just their country of origin but the exact area/region (country profile), be specific about their culture/religion/faith as **there are many regional differences.**
* Asking the right questions will give additional evidence in court. [**Legal templates are here**](https://intranet.birminghamchildrenstrust.co.uk/info/20301/practice_resources/1227/schba_forced_marriage_and_fgm_-_what_you_need_to_do/6).
* The Risk Screening Tool is the beginning of a process and further, detailed, in-depth assessments will be necessary. All information you collate now will inform your future enquiries and needs to be included.
* Everything you record must be precise, clear, and correct, including spelling of names.
* Forms of SCHBA, e.g., FM and FGM; are often interlinked, one can be the precursor of another. You need to think ahead and if appropriate also complete the [**SCHBA Risk Assessment**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3255/so_called_honour_based_abuse_schba_risk_screening_tool_june_2023) **/**[**FM Risk Assessment Tool**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3256/forced_marriage_fm_risk_screening_tool_june_2023)**(s)** maybe for siblings as well or others at risk.
* Be mindful that **your language is not victim blaming** and does not indicate that the behaviours of the person at risk, regardless of what they have done, is to blame for the abuse they suffer. **Apply a trauma informed approach** to side with and help those at risk.
* **Use gender neutral language** such as “partner” rather than “boyfriend”, be non-judgmental and inclusive, use a language that reflects the need for cultural change and to safeguard women, children and groups sharing protected characteristics. A safe and accessible environment will help those at risk to feel able to disclose abuse and the potential triggers.
* Remember that they will be very frightened. Speaking to you about their family/community will be a big step for them, feel like betrayal/shameful, with the fear that their parents will get into trouble.
* Be mindful that children/those with protected characteristics may not always be able to identify or articulate subtle forms of abuse/pressure put on them/their older siblings or understand they may be at risk of FGM, now or in the future, as their reality may be seen as the norm within their culture. Be sure you explain your concerns to them.
* Know that FGM is often a result of deeply entrenched views within a culture, community and/or belief system – FGM is **often disguised** **as a necessary medical procedure or a big celebration and the** **person(s) at risk of FGM may not perceive themselves as victims – please refer to the full guidance for better insight into the topic.**
* Recognise that FGM is most prevalent in 30 countries. These are concentrated around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia but is not exclusive to those cultures alone, which is why **it is important for professionals working with families to keep an open mind**. Within most cultures/religions/belief systems around the world we can find practices that are oppressive/punitive towards behaviours that are felt to be unacceptable and outside the norm of that society. FGM is being used to control female behaviour and sexuality.
* **Have patience and build trust – focus on safety before prosecution!**
* Be mindful that talking about FGM, high risk of serious harm/ ‘honour’ killings etc., is frightening and overwhelming. State your concerns based on their account and your professional judgment without catastrophising. It may take some time until you can discuss the full magnitude of the risk with them. Do not talk about court and prosecutions straight away.
* If you identify that the person is not currently at high risk, it still needs to be carefully managed to ensure they don’t feel the situation is minimised or embarrassed about asking for help. Explain that the factors linked to FGM, and serious harm, will require further exploration. Even if the risk seems low or moderate at present, it is important to remember that this could be linked to the persons’/their siblings age or current situation and could increase later. Discuss the case with your manager to plan the next step and **carry out a full assessment.**

**Please pay particular attention** to providing your practitioner’s professional judgement in all cases. The results from a Risk Screening Tool are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis, risk management and safety planning. The responses will need to be tailored to the individual situation but the general rule to remember is that these are **extremely dangerous situations for those at risk and we cannot afford to do nothing!**

**Please access the above links for detailed guidance but for a quick overview, please note:**

**FGM is one form of *So Called ‘Honour’ Based Abuse* (SCHBA) which is a broad umbrella term used to describe a combination of practices, that are used to control and punish the behaviour of a member of a family or social group, to protect perceived cultural and religious beliefs in the name of ‘honour’.** **All forms of SCHBA are crimes and there is no ‘honour’ in abuse. SCHBA is a form of Domestic Abuse. FGM is Child Abuse**.

We all have a duty under the **Children Act 1989** and the **Children Act 2004** to promote the welfare and safeguarding of girls and women at risk of significant harm or who have suffered significant harm. It is hard for anyone who is experiencing abuse to escape the situation but with all SCHBA forms it is even harder for the person at risk because it might be that everyone they know, are close to and love, is involved in the abuse or complicit.

It is illegal to perform FGM in England and Wales under the **Female Genital Mutilation Act 2003**. It is also a crime to assist anyone in performing FGM or for a person with parental responsibility/a carer of a person under the age of 16 to not protect them from FGM. These are extra-territorial offences which means it is also illegal for a UK citizen or resident to perform FGM outside of the UK or assist anyone to do so. The maximum penalty for these crimes is 14 years imprisonment. **The Serious Crime Act 2015** introduced FGM Protection Orders, **a Mandatory Reporting Duty** and parental liability, for girls who are habitually resident in the UK and gives anonymity to victims/ survivors. Unfortunately, it is a hidden crime and prosecutions are rare with those having experienced it or at risk of it often feeling it impossible to disclose the abuse suffered due to shame, fear of reprisals, reputational damage to their community, culture and/or faith. When working with those at risk, consider that they will need a lot of encouragement, trust, and support to take this huge and frightening step. It may well take them several attempts to do so – therefore, **don’t give up and don’t walk away!**

It is estimated that approximately 127,000 women aged 15-50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

FGM is a harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs. It has serious physical, psychological and social consequences. Around 10% of girls who undergo FGM die shortly afterwards due to complications. The adverse effects of FGM on both individuals and communities are significant.

It is estimated that more than 200 million girls and women alive today (~5% of the total female global population) have undergone FGM (UNICEF). It is a deeply embedded social norm, practised by families for a variety of complex reasons. In some communities, it is regarded as being important that women undergo FGM before being able to marry or inherit, which puts a lot of pressure on the nuclear family to conform, even if they may not agree with it.

FGM is often a precursor for a Forced Marriage (FM). It is usually performed during childhood but there have been reports of young women undergoing FGM just prior to a FM. It is therefore **important to never assume that a young woman is no longer at risk of FGM due to her age** and to also consider the other, linked, forms of SCHBA she may be at risk of.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy. FGM is an unacceptable practice for which there is no justification – there is no medical need for it, and it is not required by any religion. **It is child abuse** and a form of violence against women and girls.

FGM is a very traumatic and violent act for the victim and can cause harm in many ways. The practice causes severe pain and there may be immediate and/or long-term (health) consequences, including mental health problems, pain and difficulties when urinating, severe pain during sex, inability to enjoy sexual activity, difficulties in childbirth, causing danger to the child and mother; and/or death.

FGM affects many women and girls from all over the world, from many nationalities, cultures and religions; a worldwide prevalence map can be found here: <http://nationalfgmcentre.org.uk/world-fgm-prevalence-map>

The reasons why women and girls are subjected to this procedure are complex and you need to ensure to read the full statutory guidance (see link further below).

**Please be mindful that girls or women may not be aware that they had FGM, particularly if it was carried out when they were babies and that they may not understand what FGM means. It is therefore important that you look at the additional information below to prepare for your assessment.**

**Here are some reasons why FGM may be practised:**

* Believed to rid the family of bad luck/evil spirits.
* Perceived to uphold family ‘honour’.
* Perceived as more aesthetically desirable.
* Seen as a rite of passage into womanhood.
* Seen as necessary to make the girl more ‘marriageable’.
* Perceived to preserve a girl’s virginity and chastity.
* A custom/tradition of the family and/or community.
* Believed to make future childbirth safer.
* Believed to cleanse and purify the girl.

**This list is not exhaustive.**

**Further information to read:**

Full statutory guidance: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation> Here you can find useful information including in Annex G: **Terms used for FGM in other languages/countries**; in Annex H: Helplines; Annex I: Resources, including resources for Social Workers.

Please also see: <http://nationalfgmcentre.org.uk> This guidance contains detailed explanations about what FGM is, health consequences, assistance to carry out assessments, questions to ask and how, case study, information for parents and young people, **what FGM is called in other languages** and much more.

You can directly access the resources here: [https://nationalfgmcentre.org.uk/fgm-assessment-tool/](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnationalfgmcentre.org.uk%2Ffgm-assessment-tool%2F&data=05%7C01%7CClaudia.Richter%40birminghamchildrenstrust.co.uk%7C2dceaf762f794e45f91108db926a89b9%7C699ace67d2e44bcdb303d2bbe2b9bbf1%7C0%7C0%7C638264758486844378%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=hOho9klEOpczqgDVkSG5TsnP0248bCUFk7CFxES3mYE%3D&reserved=0)

Link for FGM Internet page and FGM posters [https://lscpbirmingham.org.uk/learning-zone/learning-resources/female-genital-mutilation](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Flscpbirmingham.org.uk%2Flearning-zone%2Flearning-resources%2Ffemale-genital-mutilation&data=05%7C01%7CClaudia.Richter%40birminghamchildrenstrust.co.uk%7C722c48708cf14fffc44608dbb91bd422%7C699ace67d2e44bcdb303d2bbe2b9bbf1%7C0%7C0%7C638307301963216560%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=D7UhJKUwkCV75CIYNkpJfGej5kjYK1q2fl%2FQo9U8lFc%3D&reserved=0)

Further information: <https://plus.google.com/share?url=https://www.orchidproject.org/about-fgc/why-does-fgc-happen/>

**Please remember to place the completed risk assessment on the child’s file on Eclipse.**

**Risk Screening Tool**

**Female Genital Mutilation**

**Be vigilant:** To know when someone is at risk of FGM, it is vital that professionals understand the signs and keep themselves informed about what to look out for and what to be vigilant about. **The links provided above** lead you to resources that will assist you with this. They comprise statutory guidance and more detailed non-statutory practice guidelines for front-line staff in a range of professions. Remember that a person at risk may not be aware of the risk or might not understand what FGM means. The above information contains useful guidance on how to speak to them, explain the risks as well as what FGM is called in other languages and countries. Please ensure you use those resources.

**Please tick Yes in the box if the risk factor is present. Please use the comment box in the righthand column to expand on any answer. Unless otherwise stated in the question column, it is assumed that the information comes from the person at risk. Please refer to the end of this document for evaluation criteria.**

|  |  |
| --- | --- |
| **Details of person at risk** | |
| Full name, gender, date of birth and age of the person at risk:  Include any other names they might be known as: |  |
| Full address: |  |
| Contact details including email, phone, social media: |  |
| Nationality/dual (specify), ethnicity: |  |
| Birthplace/country/region: |  |
| Religion, and if practicing or not: |  |
| Languages spoken and understood:  (Is there need for an interpreter or other communication needs/advocate?) |  |
| Access to passport? If so, record passport number: |  |
| National Insurance Number: |  |
| Do you have any family members or contacts who work at the following agencies: HMRC/DWP/DVLA/NHS/Police or a Local Authority. If so, give details: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Note any vulnerabilities and/or protected characteristics/ Neurodiversity, i.e., LGBTQA+, Disability, Autism, ADHD, Dyslexia, anxiety-, dissociative-, psychotic-, personality- or eating disorders; substance abuse etc:**  **Provide a summary of the family’s cultural background, religious belief/religion/region of origin:**  **Note any additional risk factors such as suicidal ideation, history of CSE, mental health problems, missing episodes:** | **YES** | **NO** | **DO NOT KNOW** | **Expansion, Comments** | |
| **Don’t forget to state the source of information, if not from the person at risk**  (e.g., from another agency) | | | | | |
| 1. Are there any other persons at risk, e.g., older/younger siblings?  If **Yes** to this question, name each person in the box on the right and provide full contact details. **Ensure you fill in risk assessments for each person at risk.** | ☐ | ☐ | ☐ |  | |
| 2. Is the idea of Honour (“izzat”, “ghairat”, “namus” or “sharam”) important within your family and/or community? If **Yes**, what is your own view about this? | ☐ | ☐ | ☐ |  | |
| 3. Do you, your mother or father, come from a community/country known to practice FGM/cutting? **Please refer to the links provided above for a worldwide prevalence map and what FGM is called in other countries/languages.**  If **Yes**, tells us what you know about it | ☐ | ☐ | ☐ |  | |
| 4. Has anyone in your family had to go through FGM (female cutting/ circumcision/other terms used)? For example, your mother, grandmother, nieces, older siblings? If **Yes**, please provide details in the right-hand column. We will also need to carry out the FM assessment with you. | ☐ | ☐ | ☐ |  | |
| 5. Would you say that the males in your family are dominant and/or is there a female family elder, e.g., a grandmother or an aunt, who is very influential and involved in your care or the care of your siblings?  If **Yes**, please tell us more | ☐ | ☐ | ☐ |  | |
| 6. Would you say that your family is well integrated within the UK community and that you and your family have a lot of contact with people from outside your family, culture, religion, faith? If **No**, what do you think the reasons are?  **(If you have answered Yes to any Qs 1-5 above, or No to Q 6, please complete the** **[SCHBA Risk Assessment](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3255/so_called_honour_based_abuse_schba_risk_screening_tool_june_2023) /**[**FM Risk Assessment Tool**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3256/forced_marriage_fm_risk_screening_tool_june_2023)**(s)** | ☐ | ☐ | ☐ |  | |
| 7. Do the parents/family understand the harmful effects of FGM, the UK law in respect of FGM and/or do they have access to that information?  If **No**, what are your thoughts? | ☐ | ☐ | ☐ |  | |
| 8. Are you allowed to attend PE lessons, other after school activities and/or learn about FGM at school?  If **No**, tell us more about this | ☐ | ☐ | ☐ |  | |
| 9. Have there been or are there any family disputes or disputes with members of your community? If **Yes,** please provide details of what it was/is about. | ☐ | ☐ | ☐ |  | |
| 10. Are there often failed health appointments for you and/or your siblings and/or do you know if the women in your family are reluctant to undergo medical examinations?  If **Yes**, please tell us more. | ☐ | ☐ | ☐ |  | |
| 11. Have you ever heard your family members talk about or have you experienced your family not wanting to engage with professionals from health, education, or other support agencies?  If **Yes**, please provide us with details. | ☐ | ☐ | ☐ |  | |
| 12. Do you know of any women within your family or extended family who died in childbirth?  If **Yes**, please tell us what you know. | ☐ | ☐ | ☐ |  | |
| 13. Has any of the following ever occurred within your family, either for yourself, a sibling, or any other female relative: self-harm, suicide (attempt), eating disorder, depression, being withdrawn, behaviour change, substance abuse? If **Yes,** please provide details.  **(If you have answered Yes for any Qs 1-5, 9-13 or No for any Qs 6-8 above, please complete the** [**SCHBA Risk Assessment**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3255/so_called_honour_based_abuse_schba_risk_screening_tool_june_2023) **/**[**FM Risk Assessment Tool**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3256/forced_marriage_fm_risk_screening_tool_june_2023)**(s)** | ☐ | ☐ | ☐ |  | |
| 14. Have there been reports or have you observed any female family members experiencing difficulties walking, sitting, standing for longer periods and/or talking about pain/discomfort between the legs? If **Yes**, please provide details as much as possible. (We may need to arrange a medical examination for you/your siblings). | ☐ | ☐ | ☐ |  | |
| 15. Are you/were you or any other female family member, e.g., a sister, often brought to A&E for frequent urine, menstrual or stomach problems?  If **Yes**, please give us some details. (We may need to arrange a medical examination for you/your siblings). | ☐ | ☐ | ☐ |  |
| 16. Have any of your female family members, e.g., a sister or niece, recently been on a long holiday to a country where FGM is practiced? (Please use the prevalence map for reference). If **Yes**, please tell us about this, what your family said or what you overheard. | ☐ | ☐ | ☐ |  |
| 17. Has your family ever talked about you or a female sibling going away to become a woman or like your mum or sister?  If **Yes**, tell us what was said, when and by whom. | ☐ | ☐ | ☐ |  |
| 18. Have you been told that you will be going abroad for a “special occasion” or “celebration”?  If **Yes**, please tell us who said this, when are you supposed to be going and where to? | ☐ | ☐ | ☐ |  |
| 19. In your family’s view is it ok to have relationships outside of your own culture, religion, faith, race, or community? If **No,** please tell us why. | ☐ | ☐ | ☐ |  |
| 20. Have your family members ever discussed the importance of a girl being able to marry and inherit, maybe to have a standing in the community or ensure she can keep possessions such as property or land within the family? If **Yes,** who has said this to whom and when, please expand. | ☐ | ☐ | ☐ |  |
| 21. Is your family already known to, or has been supported by Children’s Services in the past, due to other safeguarding concerns? If **Yes**, please provide details if you can. | ☐ | ☐ | ☐ |  |
| 22. Has it ever been reported that the female child(ren) in the family spend long periods of time in the bathroom at home or the toilets at school, which may be due to difficulties urinating? If **Yes**, include who reported this and when. (We may have to arrange a medical examination for you/your siblings). | ☐ | ☐ | ☐ |  |
| 23. Do your parents/family members believe that FGM is important for cultural or religious identity? If **Yes**, please give details. | ☐ | ☐ | ☐ |  |
| **For the professional completing this form: (If the answer was Yes to any Qs: 1,2,3,4,5,9,10,11,12,13,14,15,16,17,18,20,21,22,23, or No to any Qs: 6,7,8,19 above, please complete the** [**SCHBA Risk Assessment**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3255/so_called_honour_based_abuse_schba_risk_screening_tool_june_2023) **/**[**FM Risk Assessment Tool**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3256/forced_marriage_fm_risk_screening_tool_june_2023)**(s). If you feel either is not required, please record your rationale for the decisions in the right column.** | | | | |

|  |  |
| --- | --- |
| **Person(s) Posing a Risk/Offenders** | |
| Full name of main offender and any known aliases: |  |
| Relation to the person at risk: |  |
| Full address: |  |
| Age and date of birth: |  |
| Birthplace, country, region: |  |
| Contact details including phone, email, social media accounts: |  |
| Religion/faith – state if practicing or not: |  |
| Languages spoken: |  |
| Vehicle details: |  |
| Employment/in education: |  |
| Nationality. If not British, what is the legal status, i.e., Asylum Seeker and date entered the UK. |  |
| PNC Check. |  |
| **Person(s) Posing a Risk/Offenders** | |
| Full name of offender and any known aliases: |  |
| Relation to the person at risk: |  |
| Full address: |  |
| Age and date of birth: |  |
| Birthplace, country, region: |  |
| Contact details including phone, email, social media accounts: |  |
| Religion/faith – state if practicing or not: |  |
| Languages spoken: |  |
| Vehicle details: |  |
| Employment/in education: |  |
| Nationality. If not British, what is the legal status, i.e., Asylum Seeker and date entered the UK: |  |
| PNC Check: |  |
| **Person(s) Posing a Risk/Offenders** | |
| Full name of offender and any known aliases: |  |
| Relation to the person at risk: |  |
| Full Address: |  |
| Age and date of birth: |  |
| Birthplace, country, region: |  |
| Contact details including phone, email, social media accounts: |  |
| Religion/faith – state if practicing or not: |  |
| Languages spoken: |  |
| Vehicle details: |  |
| Employment/in education: |  |
| Nationality. If not British, what is the legal status, i.e., Asylum Seeker and date entered the UK. |  |
| PNC Check: |  |

**Should there be more persons posing a risk, please continue the list as above.**

**Evaluation Criteria:** FGM cases carry an extremely high risk for victims. Please compare the responses below and if any of these have been given according to the indicated value, the risk needs to be considered as significant enough to arrange an immediate strategy discussion and follow the [**SCHBA/FM Practice Standards**](https://intranet.birminghamchildrenstrust.co.uk/info/20301/practice_resources/1226/schba_and_fm_practice_standards_june_2023)**,** the [**FM Joint Protocol with West Midlands Police**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3241/forced_marriage_joint_protocol_wmp_and_trust_october_2023) and the [**Court Process Map**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3258/application_to_court_and_court_process_october_2023). Please also refer to [**additional information and agencies offering support**](https://intranet.birminghamchildrenstrust.co.uk/info/20301/practice_resources/1227/schba_forced_marriage_and_fgm_-_what_you_need_to_do/8). **Please ensure you complete** [**Safety Plans**](https://intranet.birminghamchildrenstrust.co.uk/downloads/file/3261/forced_marriage_fm_safety_plan_blank_form_october_2023) **with those at risk.**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1 | X |  |
| 2 | Pending further assessment if the only Yes response |  |
| 3 | X |  |
| 4 | X |  |
| 5 | Pending further assessment if the only Yes response |  |
| 6 |  | X |
| 7 | Pending further assessment if the only No response |  |
| 8 |  | Pending further assessment if he only No response |
| 9 | Pending further assessment if the only Yes answer |  |
| 10 | X |  |
| 11 | X |  |
| 12 | X |  |
| 13 | X |  |
| 14 | X |  |
| 15 | X |  |
| 16 | X |  |
| 17 | X |  |
| 18 | X |  |
| 19 |  | X |
| 20 | X |  |
| 21 | X |  |
| 22 | X |  |
| 23 | X |  |

**Once you have completed the Risk Screening Tool and evaluated the responses as per guidance above, please turn over to the next page to provide a brief synopsis of your professional judgment, suggested next steps, immediate action necessary and general recommendations going forward.**

* + 1. **Please provide a synopsis of your professional judgment, including immediate risk factors:**
    2. **Please outline immediate actions necessary with clear timescales:**

e.g.: Based on the level of risk as outlined above, immediate strategy discussion to take place with the police by the end of today, legal advice to be sought today to discuss FMPO application, Safety plan to be devised and implemented, today etc….

* + 1. **Please identify necessary next steps to be taken going forward and the desired outcomes for the person(s) at risk:**

e.g.: There is need for emotional support to deal with the trauma of sexual abuse, rape, and miscarriage. Based on identified additional vulnerabilities, referrals will be made to:

---------- by date ----------, ----------- by date ---------- etc.

**Please ensure the completed risk assessment tool is placed on the child(ren’s) file(s) and that the file(s) are restricted to only a few people who are directly supporting the person(s) at risk.**