

# **Salford Multi-Agency Female Genital Mutilation (FGM) Screening Toolkit Guidance**

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This toolkit has been developed to support professionals to identify and consider risks relating to female genital mutilation (FGM). It should be completed in conjunction with Greater Manchester Safeguarding Procedures for FGM [\[Link\]](#) and Salford Local FGM Pathway [\[Link\]](#)

## 1. Guidance

- The toolkit is designed to support multi-agency professionals in identifying and considering risk relating to female genital mutilation, and to support discussion with the family.
- It should be used to assist in assessment of whether FGM has taken place or there is a risk of FGM to an adult, child or close family member.
- If when asking questions, any answer gives you cause for concern, you should consider asking other related questions to further explore this concern. Please remember either the assessment or the information obtained must be recorded within the client's record and by whom it has been completed.
- When completing the toolkit be mindful of other related safeguarding issues that may become evident eg forced marriage and honour based violence marriage [\[Link\]](#)/ breast ironing [\[Link\]](#) and ensure appropriate safeguarding procedures are followed
- Be mindful if an adult woman is identified as having any needs/ unmet needs for care and support consideration should be given to a referral to Adult Social Care under section 9 of the Care Act

**NB: Only need to complete the relevant sections**

**ASSESSMENT TOOL PART ONE: ADULT WOMEN (18 years or over)** – To assist in making a decision whether an unborn child (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM

**ASSESSMENT TOOL PART TWO: For a CHILD (under 18 years)** - Considering whether a child is at risk of FGM

**ASSESSMENT TOOL PART THREE: For a CHILD (under 18 years)** - Considering whether a child has had FGM

**Ensure all discussions are approached with due sensitivity and are non-judgemental. Any action must meet all statutory and professional responsibilities in relation to safeguarding, the mandatory reporting duty, and meet local processes and arrangements.**

**If there are communication barriers please ensure an independent interpreter is used**

**Under no circumstances must relatives, friends or children be used to interpret**

Using this guidance does not replace the need for professional judgement in relation to the circumstances presented. If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

Having used the guide, you will need to decide:

- Do I need to make a referral to the Bridge (**Attach completed tool to referral**)
- Is Mandatory reporting to Police via 101 required
- Do I need to seek help from my Safeguarding Lead or other professional support before making my decision? Note, you may wish to consult with a colleague at The Bridge or Greater Manchester Police for additional support.
- If it is not believed the risk has altered since the last contact with the family, or if the risk is not at the point where referral to an external body is required, then you must ensure you record and share information regarding your decision accordingly.

An **URGENT** referral should be made to police and The Bridge [[Link](#)], out of normal hours if necessary, if a child or young adult shows signs of very recently having undergone FGM. This may allow for the police to collect physical evidence.

An **URGENT** referral should also be made if the professional believes that there are plans which present a risk that a child is imminently likely to undergo FGM if allowed to leave your care.

As of 31 October 2015 there is a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18's to the police. This report should be made by close of the next working day

Definition of 'Known'

**You are informed by a girl under 18 that an act of FGM has been carried out on her; or  
You observe physical signs which appear to show that an act of FGM may have been carried out on a girl under 18 and you have 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. (FGM doesn't have to be confirmed)**

**In all cases:–**

- Inform the family information will be shared with colleagues and partner organisations as appropriate (**unless you believe informing them will increase the risk to the child**)
- Ensure family are aware of health complications of FGM and the law in the UK
- Offer third sector support eg Guardian Project

- Share information of any identified risk with the client's GP. Health Professionals ensure other involved health professionals are aware of any identified risk *i.e. Health Visitor, School Nurse, Midwife,*
- Document clearly actions you have taken in records
- Health staff to ensure entry is made on HSCIC Clinical Audit Platform

## 2. Talking about FGM

### 2.1 Key points

- **Supporting women and girls who have undergone FGM demands sensitivity and compassion on the part of the professional;**
- **Sometimes it will not be clear that FGM is the origin of the individual's problem/s;**
- **Important points to consider when talking to women or girls affected by FGM include:**
  - **ensuring that the conversation is not interrupted**
  - **giving the individual time to speak**
  - **only asking one question at a time**
  - **remaining non-judgmental;**
- **Professionals may experience strong emotions when dealing with FGM – it is important this is discussed with a colleague or supervisor;**

2.2 Good communication is essential when talking to individuals who have had FGM, may be at risk of FGM, or are affected by the practice.

2.3 Enquiries regarding FGM should be made sensitively

2.4 It is important to acknowledge and understand the motives, demographics and consequences of FGM. Equally, it is important to take the time to think about your own concerns, feelings and values, so FGM can be discussed with clarity and confidence. A lack of awareness may result in an inability to relate to the girl or woman/their family, which may lead to a failure to discuss the issue appropriately and result in distress for the girl or woman.

2.5 Talking about FGM can be difficult and upsetting. You may wish to speak with your supervisor if you are affected by what you have heard.

2.6 If, as a result of talking about FGM with an individual or family, you identify that a girl is at risk of FGM or has undergone FGM, then appropriate action should be taken.

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## 3. Preparing to Speak to Individuals and Families

### 3.1 When initiating a conversation about FGM

- ensure that the conversation is opened sensitively;

- be aware of the specific circumstances of the individual when a discussion about FGM needs to take place;
- be non-judgmental.

3.2 Adhering to key standards will enable conversations to be held in a sensitive and appropriate way. These include:

- making the care of women and girls affected by FGM the primary concern, treating them as individuals, listening and respecting their dignity;
- working with others to protect and promote the health and well-being of those in your care, their families and carers, and the wider community;
- being open and honest, acting with integrity and upholding the reputation of the profession.

3.3 Creating and maintaining a good rapport with the girl or woman is essential. This can be achieved by:

- allowing the girl or woman to speak - actively listening, gently encouraging, and seeking the girl or woman's permission to discuss sensitive areas;
- not being afraid to ask about FGM, using appropriate and sensitive language. It is not unusual for women to report that professionals have avoided asking questions about FGM, and this can lead to a breakdown in trust. If a professional does not give a girl or woman the opportunity to talk about FGM, it can be very difficult for a girl or woman to bring this up herself;
- asking only one question at a time – it can be difficult to think through the answers to several questions at the same time;
- making sure there is appropriate time to listen; a girl or woman may relay information she has not disclosed previously. Interrupting her story part way through because of a lack of time is likely to cause distress and may either damage the relationship with her, or affect her relationship with professionals in future;
- preparing by understanding what written materials are available to support conversations, and what other community and third-sector organisations are able to offer support. For resources in the local area see page 8.

3.4 It is important that you understand the appropriate language to use and maintain a professional and non-judgmental approach to engage with the individual effectively in what may be a challenging and upsetting situation.

**You should:**

- use culturally sensitive language;
- be aware that different communities may have different terms for FGM (see page 13);
- remember that women or girls may not be aware that they have had FGM; you may need to explain that FGM is the cause of symptoms;

**Professionals have a responsibility to ensure women and families understand that FGM is illegal in the UK, and to explain the harmful consequences it can have.**

## 4. Tips for opening up a conversation

**Try to start with information gathering questions before moving on to more intimate questioning. This will give the person time to settle and engage with you and their surroundings.**

**Consider some of the following ways to start a discussion about FGM:**

- *"I can see in your notes from the obstetrician or midwife that you have been cut. Could you tell me a bit more about this?"*
  - *"I know that (some) women in your country have been cut. How do you feel about this? Could you tell me a bit more?"*
  - *"You have talked about your cutting and the traditions in your country. Is there anything else you want to tell me about this?"*
  - *"How do you, and how does your partner, feel about female genital cutting? How do the people around you feel about this? Are you still in touch with relatives in your country? How do they feel about it? At what age is it usually performed?"*
- Frame your questions carefully so as not to turn a conversation or discussion into a cross-examination. Wherever possible, try to use open questions. In other words, questions that invite the person to give you more than a yes or no answer.
  - Use silences. If someone doesn't answer you immediately, wait and give them time. Don't feel you have to jump into silences. They may be about to tell you something very important to them and may need the time to do so.
  - Watch the body language and non-verbal responses carefully. Do the verbal answers tie up with their non-verbal language? If they don't, use a follow-up acknowledgement, such as: 'I can see that you found it difficult to answer, could you tell me a bit more about...', or 'I wonder if there is something else you need or want to say about that?', or, 'I'm just wondering if I might have missed something, is there something else you want to say?'
  - Use acknowledgement often as it helps individuals to feel that they are being heard and their difficulties appreciated. Phrases such as 'I can see how difficult/upsetting this is for you...', 'I can appreciate these are difficult/worrying questions to be asked...' can be very helpful.
  - Reflecting back what you think has been said ensures there has been a common understanding: 'So what I've heard you say is that...' It can also help you to build from that reflection to your next question, for example, 'So what I've heard you say is that there are things that happen in your family that you are worried about, could you tell me a bit more about what they are or give me an example?'
  - Think how you would feel about being asked questions such as those set out below. Would you feel they were intrusive or embarrassing? If so, think about how you would like these questions to be asked of you – what would be important to get right?
  - Please select the questions you use carefully. These are examples and not a set of questions to be asked of every individual.
  - Once you establish that a person is at risk and what the risk is, think about how you can best advise and support them. Remember that legal protection is just that and your client will need additional signposting to sources of help and support. If it is not safe for them to return to

their home, please make sure that you have organised an appropriate next step beyond you and the legal protection you can put in place.

Source: Resolution. Resolution is the trading name of Solicitors Family Law Association, which is a company limited by guarantee. Company number 05234230 - first for family law

## 5. Third Sector Agencies Working With FGM

<p><b>Guardian Project</b> Services are free of charge across Greater Manchester and can accessed via professional referral or self-referral <b>Telephone:</b> 07449 651677 <b>E-mail:</b> <a href="mailto:guardian.project@outlook.com">guardian.project@outlook.com</a></p>	<p><b>NESTAC - Drop in groups across Greater Manchester for girls and women affected by FGM</b> Tel: 01706 868993 Mob: 07862 279289 Email: <a href="mailto:info@nestac.org.uk">info@nestac.org.uk</a></p>
<p><b>Emotional Health &amp; Wellbeing Service for Young People affected by FGM</b> <b>AFRUCA Centre for African Children and Families: contact Sarah Malik</b> Phoenix Mill, 20 Piercy Street, Ancoats, Manchester ,M4 7HY Tel: 0161 205 9274 Fax: 0161 205 2156  Opening Times Monday - Friday: 10am - 5pm  See information leaflet <a href="#">Emotional Wellbeing for FGM Survivors in Greater Manchester</a>.</p>	<p><b>AFRUCA – Africans Unite Against Child Abuse</b> Tel: 0207 704 2261 <a href="http://www.afruca.org">www.afruca.org</a> Email: <a href="mailto:info@afruca.org">info@afruca.org</a></p>
	<p><b>Saheli Asian Women’s Refuge</b> Tel: 0161 945 4187 Email: <a href="mailto:info@saheli.org.uk">info@saheli.org.uk</a> <a href="http://www.saheli.org.uk">www.saheli.org.uk</a></p>
<p><b>Foundation for Women’s Research and Development (FORWARD)</b> Tel: 0208 960 4000 Email: <a href="mailto:forward@forwarduk.org">forward@forwarduk.org</a></p>	<p><b>The NSPCC 24hour helpline to protect children and young people affected by FGM</b> Tel: 0800 028 3550</p>



<p><b>Women’s DV Helpline – Gt Manchester</b> Tel: 0161 636 7525 Directory of local services see <a href="http://www.endthefear.co.uk">www.endthefear.co.uk</a></p>	<p><b>Bolton FGM Project – Drop in groups for girls and women living in Bolton</b> Tel: 01204 399239 Email: <a href="mailto:bolsomcom@hotmail.com">bolsomcom@hotmail.com</a></p>
<p><b>Childline</b> 24 hour helpline for children: 0800 1111</p>	<p><b>National 24 hour Domestic Violence Helpline</b> 24-hour Helpline: 0808 2000 247 The Forum has developed an e-learning package which can be assessed through the <a href="#">End the Fear website</a>.</p>

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## 6. References

- Department of Health (2015) Safeguarding Women and Girls at Risk of FGM: Practical Help to Support NHS Organisations Developing New Safeguarding Policies and Procedures for Female Genital Mutilation
- HM Government (2016) Multi-Agency Statutory Guidance on Female Genital Mutilation
- National FGM Centre: Good Practice Guidance and Assessment Tool for Social Workers
- Resolution- Solicitors Family Law Association (2016) Female Genital Mutilation Screening Toolkit

## Appendix 1: Female Genital Mutilation Pathway for Adults

**NB: Capacity of victim should be considered at all points of process**

**Step 1 – Identification** - Adult identified with Female Genital Mutilation/ at risk of FGM

**Step 2 - Refer to Guardian Project** if under age of 21 years / NESTAC SOS Clinic if over 21 years (with consent if adult has capacity)

**Step 3 - Consider wider family**

- Consider any other adults at risk.
- Does victim have children? If yes, Follow GM FGM pathway for children [\[here\]](#)

**Question 1 - Is there an imminent risk to Adult?** If yes continue to Step 4, if no jump to Question 2

**Step 4 – Imminent risk to Adult**

When there is a risk to life or likelihood of serious harm professionals should report the case to the police including dialling 999 if appropriate (and Adult Social Care [\[Link\]](#))

**Question 2 – Are they an Adult at risk (as defined in Care Act 2014)?** If no continue to Step 5, if yes jump to Steps 6 to 8

**Step 5 – If not an Adult at Risk (as defined in Care Act 2014)**

- Make adult aware FGM illegal
- Signpost to other agencies – third sector (Guardian, SOS, NESTAC) support/ health agencies/ support in reporting to police if they wish
- Consider others in family who may be at risk and follow adult or child FGM pathway accordingly
- Assess additional safeguarding concerns and document/ act appropriately

**NB: Consider if victim is subject to coercion or control and if so follow Domestic Violence and Abuse procedures**

**Step 6 – If an Adult at Risk (as defined in Care Act 2014)**

- Refer Adult Social Care
- Web Link: [Safeguarding Adults Salford](#) / Contact Number: 0161 631 4777

**Step 7 – continued from Step 6**

Adult Social Care safeguarding procedures to be followed [\[here\]](#)

**Step 8 – continued from Steps 6 and 7**

**Health Professionals**

- Lead on assessment of health needs of adult
- General health assessment: Physical / mental health
- Ensure liaison takes place with other health professionals involved and FGM is documented clearly in records of adult and children
- Treat identified health needs
- Assess additional safeguarding concerns and document/ refer/act appropriately

**Social Care and Police**

- Consider FGM Protection Order
- Consider if care plan or other safeguarding response required for children/ other female family members
- If not already involved refer to community/third sector eg Guardian Project (Under 21 years)/NESTAC /FORWARD/

- Consider criminal investigation

#### **GLOSSARY**

**GM** – Greater Manchester

**NESTAC** – New Step for African Community ([website](#))

**FORWARD** – Foundation for Women’s Health Research and Development  
([website](#))

#### **ADDITIONAL GUIDANCE**

DH Guidance: <https://www.gov.uk/government/uploads>

[/system/uploads/attachment\\_data/file/418564/2903800\\_DH\\_FGM\\_Accessible\\_v0.1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf)

Governments Multi-agency guidance: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

## Appendix 2 - Female Genital Mutilation Salford Local Pathway (0-18)

**STEP 1 – Identification** - Professional concerned child under 18 years of age may have undergone or is at risk of FGM or notification of movement into area

*Where there is a risk to life or likelihood of serious immediate harm professionals should report the case immediately to the police, including dialling 999 as appropriate.*

**If the following criteria are met mandatory reporting duty applies and professional should continue to Step 2:**

1. If a Child/young person **informs** professional they have had FGM
- OR**
2. Professional **observes** a physical sign appearing to show FGM has been carried out

**If the following criteria are met mandatory reporting duty does not apply and professional should jump to Step 3:**

1. Parent/ Guardian **discloses** girl has had FGM
- OR**
2. Professional **suspects** FGM has been carried out
- OR**
2. You consider girl may be **at risk** of FGM. Health professionals refer to DoH FGM safeguarding assessment guidance

**STEP 2 - Professional who initially identified FGM is required by law to make a report to the police.**

Recommended route is via 101.

You will have to provide; Girl's name, date of birth and address, your contact details and contact detail of your Safeguarding Lead

Record all decisions/actions

Be prepared for police officer to call you back

Best Practice is to report before close of play next working day

Update local Safeguarding Lead for your service

**If an immediate response is required for identified girl or another child or children – Police and / or Social Care take immediate action as appropriate. If immediate response not required continue to Step 3.**

**STEP 3 – Refer to the Bridge Partnership ([Link](#))**

Tel: 0161 603 4500 / Email: [worriedaboutachild@salford.gov.uk](mailto:worriedaboutachild@salford.gov.uk)

[Continue to Step 4](#)

**STEP 4 – Refer to Guardian Project** (consent to be considered dependent on level of risk/ safeguarding)

**Question – Is the child an open case to Salford?** If yes continue to Step 5. If no jump to Step 9.

**STEP 5 – Child is an open case to Salford**

- Bridge notify allocated Social Worker
- **Continue to Step 6**

**STEP 6 – Convene a professionals meeting to include police, social care & health as a minimum.**

- Consult with Guardian Project if not already done by referrer.
- Threshold of intervention to be determined by multi-agency group.
- If the threshold is met for strategy meeting jump to Step 8.
- If the threshold is not met for strategy meeting continue to Step 7.

**STEP 7 – Threshold not met for strategy meeting**

- Consider or update existing CAFAS –Amend plan to reflect any work identified in professionals meeting

- End of pathway for this case.

**STEP 8 – Threshold is met for strategy meeting**

- Practice Manager (CP, CIN, LAC) convene and chair strategy meeting to include police, social care & health as a minimum.
- If recommendation Section 47- CAFAS to be **completed** jump to Step 13.
- If recommendation S47 – CAFAS not required jump to Step 12.
- If medical exam required consult SARC pathway. Refer SARC

**STEP 9 – Child not an open case to Salford**

- Case to be discussed in Bridge multi-agency meeting to include police, social care & health as a minimum. Consult with Guardian Project if not already done by referrer. Threshold of intervention to be determined by multi-agency group.
- If the threshold is met for strategy meeting jump to Step 11.
- If the threshold is not met for strategy meeting continue to Step 10.

**STEP 10 – Threshold not met for strategy meeting**

- Level 2 intervention by identified lead professional or Early Help. Plan to be agreed.
- OR**
- No Further action/ universal services.
  - End of pathway for this case

**STEP 11 – Threshold is met for strategy meeting**

- Duty and Assessment Practice Manager convenes and Chairs strategy meeting to include police, social care & health as a minimum
- If recommendation Section 47- CAFAS to be **completed** jump to Step 13.
- If recommendation S47 – CAFAS not required continue to Step 12.
- If medical exam required consult SARC pathway. Refer SARC

**STEP 12 – Recommendation that S47 CAFAS not required**

- Level 3 S17 CAFASS by Children’s Social Care.
- End of pathway for this case

**STEP 13 – S47 – CAFAS to be completed**

**Health Professionals lead on assessment of health needs of child**

- General health assessment: Physical / mental health
- Ensure liaison takes place with other health professionals involved and FGM is documented clearly in records of mother and all female siblings. Treat any identified health needs
- Assess additional safeguarding concerns and document/ act appropriately

**Social Care and Police**

- Consider FGM Protection Order
- Consider if care plan or other safeguarding response required for siblings/ other female family members
- Consider community/third sector eg Guardian Project/NESTAC /Afruca/FORWARD
- Consider criminal investigation

Continue to Step 14

**STEP 14**

If conclusion of section 47 suggests significant concerns for child’s welfare book ICC with SSQAU within 15 working days

*If the child is subject to a Young Persons Plan, Supervision Order, Child Protection (CP) plan or looked after, the independent chair should be informed of the safeguarding concerns as soon as possible to ensure independent oversight and support to inform multi agency decision making.*

**Abbreviations**

**ICC: Initial Case Conference**

**SW: Social Worker**

**SSQAU: Salford Safeguarding Quality Assurance Unit**

**SARC: Sexual Assault Referral Centre**

**CP: Child Protection**

**CIN: Child in Need**

**LAC: Looked After Child**

## Appendix 3 - Female Genital Mutilation (FGM) 7 Minute Briefing

### Background

FGM involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is **prevalent in 30 countries** mainly concentrated in the Western, Eastern, and North-Eastern regions of Africa, some countries in the Middle East and Asia, as well as among migrants from these areas. FGM may happen to girls in the UK as well as overseas FGM is therefore a global concern.

### Why it Matters

More than 200 million girls and women alive today have been cut. FGM is child abuse and a form of violence against women and girls. It has no health benefits but rather immediate and long term physical and psychological consequences. The procedure may be carried out soon after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy. Girls may be taken to their country of origin during school, holidays however FGM can also occur in the UK. FGM can be linked to forced marriage and honour based violence. The practice is not required by any religion

### The Law

FGM is illegal in the UK and can result in 14 years imprisonment. It is an offence for someone to perform FGM or assist a girl to carry FGM out on herself both in the UK or abroad. As amended by the [Serious Crime Act 2015](#) the [Female Genital Mutilation Act 2003](#) now provides lifelong anonymity for victims, FGM Protection Orders and a professional mandatory reporting duty of known cases under 18 years to police

### Risk Indicators

- Mother has undergone FGM
- Girl discusses special occasion/ceremony to 'become a woman' /prepare for marriage
- Long holiday abroad/ going 'home' visiting family
- Unexpected absence from school and is from a practicing community
- Relative/ cutter visiting from abroad
- Female relative being cut
- Avoids exercise
- Spends longer in bathroom
- Recurrent urinary, menstrual or stomach problems
- Travel vaccine request for country prevalent for FGM
- Difficulty walking, standing or sitting
- Reluctant to undergo routine medical examinations

### Key Guidance

Home Office co-ordinates efforts and offers outreach support to local areas.

- [Multi-agency statutory guidance on FGM](#) (Home Office, April 2016)
- [Mandatory Reporting Guidance](#) (Home office 2016)
- Further documents and resources for professionals are available [here](#)
- Greater Manchester FGM strategy and action plan

### **What to do**

- Follow the [Greater Manchester FGM protocol](#)
- Follow Salford's supporting [local FGM pathway](#)

If you think a child is in immediate danger

Don't delay - call the police on 999

### **Training**

- [Recognising and Preventing FGM](#) (Home Office)
- [SSCP FGM seminar](#)
- [ElfH FGM Training](#) (Health only)

### **Support**

[Guardian Project](#) are available to provide specialist support for girls and young women. Tel: 077449 651677 / Email [guardian.project@outlook.com](mailto:guardian.project@outlook.com)

[NESTAC SOS Clinic](#) Free confidential support for women Tel: 01706 868993/ Mobile: 07862 279289 / [Email: info@nestac.org.uk](mailto:info@nestac.org.uk) / [Website: www.nestac.org.uk](http://www.nestac.org.uk)

### **Questions**

- Have you undertaken any training round FGM
- Do you routinely consider FGM?
- Do you know what FGM is and how to spot the signs?
- Do you use independent interpreters?
- Do you know what to do/ where to refer if you suspect/find FGM?
- Are you aware of third sector support offered by Guardian Project?
- Do you know who your FGM agency lead is?

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#### **Additional Information**

Visit: <https://safeguardingchildren.salford.gov.uk/>

Email: [SSCP@salford.gov.uk](mailto:SSCP@salford.gov.uk)

NSPCC helpline Tel: 0800 028 3550

Email: [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

[www.afruca.org](http://www.afruca.org)

[www.endthefear.co.uk](http://www.endthefear.co.uk)

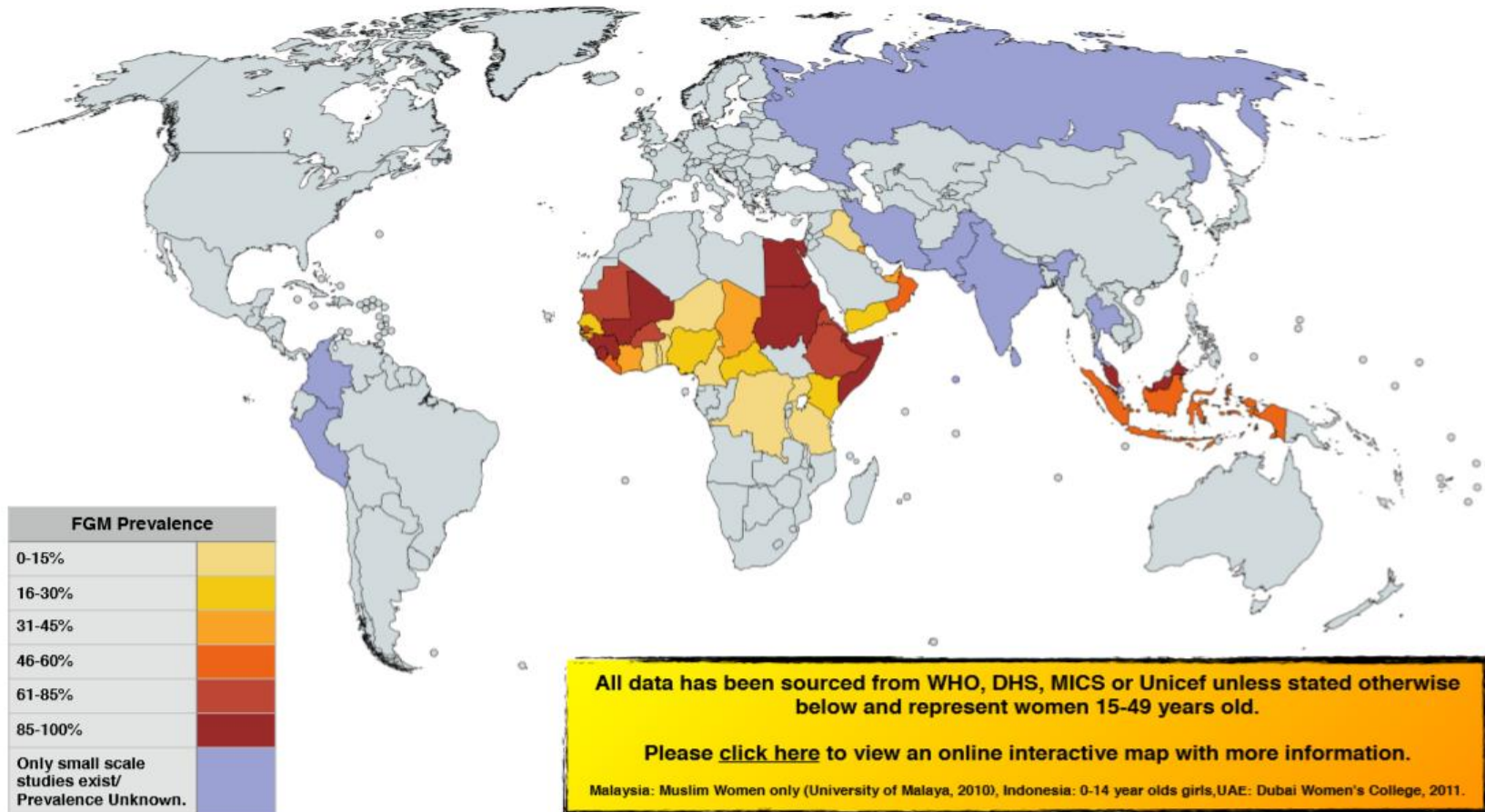
[www.nestac.org.uk](http://www.nestac.org.uk)

[FGMEnquiries@homeoffice.gsi.gov.uk](mailto:FGMEnquiries@homeoffice.gsi.gov.uk)

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### Appendix 4: FGM Global Prevalence Map (%)



## Appendix 5: Terms used for FGM in other Languages

Country	Language	Term(s) Used	Meaning
Benin	French	L'excision	Excision
Burkina Faso	French	L'excision	Excision
Burundi	Swahili	L'excision	Excision
	Swahili	Tohara kwa wanawake	Circumcision of women
Central African Republic	French/Sango	Ganza	
Chad	Nilo Sudanic Language	Bagne	
	Nilo Sudanic Language	Gadja	
Colombia	Embera	Curacion	Cure/healing/treatment
Cote d'Ivoire	French	L'excision	Excision
	English	Excision	Excision
Democratic Republic of the Congo	Swahili	Kukeketwa	Female Circumcision
	Swahili	Tohara kwa wanawake	Circumcision of women
Djibouti	Somali	Gudnin	Circumcision
	French	L'excision	Excision
Gambia	Mandinka	Niaka	Literally to cut/weed clean
	Mandinka	Kuyungo	The affair/name given to the shed built for initiates
	Mandinka	Musolula Karoola	The women's side/that which concerns women
Ghana	English	Female circumcision	Female Circumcision
Guinea	English	Female circumcision	Female Circumcision
	French	L'excision	Excision
Guinea-Bissau	Creole	Fanado	Circumcision
	Arabic	Khitan	Circumcision
Egypt	Arabic	Khifad	To lower
	Arabic	Thara	To clean/purify
Ethiopia	Amharic	Megrez	Circumcision/cutting
	Harrari	Absum	Name giving ritual

Eritrea	Tigreña	Mekhnishab	Circumcision/cutting
	Amharic	Grazate	Circumcision
India	Lisan ud-Dawat (dialect of Gujarati)	Khatnauracion	Circumcision
Indonesia	Malay	Sunat perempuan	Female' sunnah or tradition
	Malay	Sunat	Circumcision
Iran		Khatne	Circumcision
	Kurdish Sorani	Khatana	Circumcision
Iraqi Kurdistan		Sunat	Circumcision
		Khatana	Circumcision
Java	Javanese	Kres	Hatching/Pricking
	Javanese	Tetesan	Hatching/Pricking
Kenya	Swahili	Kutairi	Circumcision
	Swahili	Kutairi was ichana	Circumcision of girls
	Swahili	Kukeketwa	Female Circumcision
Malawi	Swahili	Tohara kwa wanawake	Circumcision of women
	English	Initiation	Rite of passage
Malaysia	Malay	Wajib	Any religious duty commanded by Allah (God)
	Malay	Sunnah	Religious tradition/obligation (for Muslims)
Maldives	Divehi	Sunnah	Religious tradition/obligation (for Muslims)
Mali	French/Bambara	Selidjili	Ritual Purity
	French/Bambara	Selidjili	Ablution
	French/Bambara	Bolokoli	To wash your hands
	French/Bambara	Sunna	Religious tradition/obligation (for Muslims)
	French	Excision	Excision
Mozambique	Swahili	Tohara kwa wanawake	Circumcision of women
	Swahili	Kukeketwa	Female Circumcision

Niger	Hausa	Kaciyar mata	Female Circumcision
Nigeria	Igbo	Ibi/Ugwu	The act of cutting
	Yoruba	Didabe fun omobirin/fila kiko fun omobirin	
	General/English	Circumcision	Circumcision
	Ibo	Isa aru	Bathing before delivery
	Mandingo	Sunna	Religious tradition/obligation (for Muslims)
Oman	Arabic	Khifad	Circumcision
	Arabic	Badhr	
Pakistan	Urdu	Khatna	Circumcision
Panama	Embera	Curacion	Cure/healing/treatment
Peru	Embera	Curacion	Cure/healing/treatment
Philippines	Filipino	Pag-Islam	
	Filipino	Sunnah	Religious tradition/obligation (for Muslims)
Rwanda	Kinyarwanda	Bukgukuna imishino	Labia Elongation
	Kinyarwanda	Guca imyeyo	Labia Elongation
Saudi Arabia	Arabic	Sunnah	Religious tradition/obligation (for Muslims)
Sierra Leone	Soussou	Sunna	Religious tradition/obligation (for Muslims)
	Temenee	Bondo	Integral part of an initiation rite into adulthood (for non-Muslims)
	Mendee	Bondo/sonde	Integral part of an initiation rite into adulthood (for non-Muslims)
	Mandinka	Halalays	Sanctioned - implies purity
	Mandingo	Bondo	Integral part of an initiation rite into adulthood (for non-Muslims)
	Limba	Bondo	Integral part of an initiation rite into adulthood (for non-Muslims)
Singapore	Malay	Sunat perempuan	Female Sunnah/circumcision or tradition
	Malay	Sunat	Circumcision
	Malay	Khitan perempuan	Female Circumcision

Somalia	Somali	Gudiniin	Circumcision
	Somali	Halalays	Sanctioned - implies purity
	Somali	Qodiin	Stitching/tightening/sewing - referring to infibulation
Sri Lanka	Tamil	Sunnah	Religious tradition/obligation (for Muslims)
Sudan	Arabic	Khifad	To lower
	Arabic	Tahoor	To purify/circumcision
	Arabic	Takhor	To purify/circumcision
Tanzania	Swahili	Kukeketwa	Female Circumcision
	Swahili	Tohara kwa wanawake	Circumcision of women
Togo	English	Female circumcision	Female Circumcision
	French	Excision	Excision
Turkey	Turkish	Kadin Sunneti	Circumcision of women
		Sunnah	Religious tradition/obligation (for Muslims)
Uganda	Swahili	Kukeketwa	Female Circumcision
	Swahili	Tohara kwa wanawake	Circumcision of women
Yemen	Arabic	Al-takmeed	Compression
Zimbabwe		U Kwevha	Elongation of the labia minora
	Shona	Kudhonzza	Elongation of the labia minora
	Arabic	Sunnah	Religious tradition/obligation (for Muslims)