Female Genital Mutilation (FGM)

in girls under 18yrs and women over 18yrs

Guidance for Health Professionals

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Produced by the Designated Professionals Team for Safeguarding Children

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Contents

Introduction

Female genital mutilation ('FGM') is a collective term used for a range of practices involving the removal or alteration of parts of healthy female genitalia for non-therapeutic reasons. FGM is also known as **Female genital cutting and female circumcision or initiation or cutting.**

The age at which the practice is carried out varies, from shortly after birth to the labour of the first child, depending on the community or individual family. The most common age is between four and ten, although it appears to be falling.

FGM is a form of Child Abuse and it is against the law to carry out FGM in the UK or to arrange for a child/young person to leave the country to undergo FGM.

World Health Organization (WHO) Classification of Female Genital Mutilation

Type I:	Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
Type II:	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
Type III:	Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
Type IV:	All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Prevalence

It is estimated that worldwide **100-140 million** girls have undergone FGM with approximately 3 million girls undergoing it each year. It is found with varying prevalence in 28 African countries, South East Asia and the Middle East.

Approximately 60,000 girls aged 0 to 14 were born in England and Wales to mothers who had undergone FGM (Macfarlane, A. J. & Dorkenoo, E. (2015). *Prevalence of Female Genital Mutilation in England and Wales: National and local estimates*. London: City University London in association with Equality Now). The authors also say that approximately 103,000 women aged 15 to 49 and approximately 24,000 women aged 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.

Short Term Complications of FGM

Pain; shock; bleeding; infection; urinary retention and **DEATH** (10% mortality rate)

Complications of FGM

- constant pain
- pain and/or difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses

- problems passing urine or incontinence
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life-threatening for mother and baby

Reasons Given for Performing FGM

Common reasons given are numerous and generally relate to tradition, inequalities of power and ensuing compliance of girls and women to the dictates of their communities.

Family members frequently condone FGM to conform to social norms and many women see their own FGM as necessary to ensure marriageability and acceptance by their community. Each community practices for different reasons. Some to protect family honour, some due to the belief that a girl/woman will not be promiscuous and others because they believe the female genitalia to be 'unclean'.

Key Responsibilities for Health Practitioners

Guidance taken from DoH Safeguarding Women and Girls at risk of FGM.

Regulated Health professionals are now required to report known cases of FGM in girls under 18 years which they identify in the course of their professional work to the police on 101. The duty applies to health professionals that either have a girl under the age of 18 verbally disclose to them, or they visually identify it.

Known cases are considered as:

1. a girl under the age of 18 verbally discloses to a professional that she has been cut
2. professional visually see signs that FGM has happened

See section on 'what do I do if I see a child or young person who has undergone FGM?' on p…

Adult women over the age of 18 are already covered within the scope of existing safeguarding processes. Mandatory reporting was brought in purely for girls under the age of 18.

Doctors should:

- Deal with FGM in a sensitive and professional manner, and be sufficiently prepared so that they do not exhibit signs of shock, confusion, horror or revulsion when treating an individual affected by FGM.

- Always consider other girls and women in the family who may be at risk of FGM when dealing with a particular case.

- Ensure that emotional health issues are considered when supporting girls and women affected by FGM.

- Health professionals, particularly nurses and midwives, need to be aware of how to care for women and girls who have undergone FGM, particularly when giving birth. For further advice see the DoH guidance Female genital mutilation: resource pack (2014 but updated 2016).

- All girls and women who have undergone FGM should be offered counselling to address how things will be different for them after de-infibulation procedures. Parents, boyfriends, partners and husbands should also be offered counselling.

GPs and relevant hospital doctors are encouraged to consider a number of actions:

- A question about FGM should be asked of all women, irrespective of cultural background. This is the same as with DV and substance misuse, to normalise the conversation about FGM for professionals and not stigmatise patients.

  Have you been closed? or Were you circumcised? or Have you been cut down there? This could be during a New Patient Check; Antenatal booking and antenatal appointments; consultations relating to uro-gynaecological problems.

- Information about FGM could be made part of any 'welcome pack' given to a practice's new patients.

- Consider the risk of FGM being performed on girls and women overseas when vaccinations are requested for an extended break.

In addition, the UK organisation FORWARD suggests that leaflets that women can access discreetly, especially at GP surgeries, should be provided.

A poster and leaflet can be downloaded from the gov.uk website.

Risk Factors for FGM

- If the girl's mother has had FGM
- If the girl's sister or other girls in the extended family has had FGM
- If FGM is practiced in the girl or woman's country of origin. It is advisable to firstly look at the country of origin, and then focus on the community or tribe that the woman comes from within the country, as not all communities within a 'prevalent country' of FGM practice.
- The family is not integrated into UK society

Suspicions may arise that a child is being prepared to be taken abroad for FGM, if the family belongs to a community that practises female genital mutilation, and preparations are being made to take the girl overseas. For example:

- Arranging vaccinations
- Planning absences from school
- The child is talking about a "special procedure" taking place

You may need to gather further information to assess the level of risk prior to referral but it is vital that you only share the specific nature of your concern with professionals aware of the need to handle such information appropriately so as not to increase the level of risk to the child/young person.

What do I do if I am concerned a child is at risk of FGM?

FGM is a form of child abuse and as such you have a duty under Section 47 of the Children Act to inform the Multi Agency Safeguarding Hub (MASH) of your concerns via **Customer First 0808 800 4005** as soon as possible.

You will not need consent from the family to do this but you would usually be open and honest with them about your concerns and why you were making the referral unless you felt that this placed the child at increased risk e.g. if you felt the family would take the child out of the country.

The MASH will assess the level of risk and liaise with the Barnardos National FGM Centre. Although FGM is illegal, families do not intend it as an act of abuse and believe it to be in the girl's best interests and so it may not always be appropriate to remove the child from an otherwise loving environment. Social Care will aim to work with the family to prevent the child undergoing FGM.

If the child is deemed at immediate risk, Social Care may seek to remove the child using Police protection powers or by applying to the courts for an Emergency Protection Order and then an FGM Protection Order.

What do I do if I see a child or young person who has undergone FGM?

You might identify that a girl or woman has undergone genital mutilation by the following:

- Difficulty walking, sitting or standing;
- Frequent urinary or menstrual problems; and a reluctance to undergo medical examinations – for example, colposcopy;
- A teenager may ask for help, but may not be explicit about the problem due to embarrassment or fear;
- Reports of child spending longer than normal time in the bathroom or toilet due to difficulties urinating.

The Multi-agency guidelines stipulate that 'the examination of a child or young person should be in accordance with local safeguarding children procedures and should normally be carried out by a consultant paediatrician'.

In Suffolk, children should be referred using the same pathway as used for Child Sexual Abuse through the MASH, and a referral should be made to Customer First in the same way as any other case of suspected child abuse.

The following actions must be taken and with the same degree of urgency as all other safeguarding concerns:

- You will need to call 101, the non-emergency crime number as soon as possible.
- Discuss with local Safeguarding Lead to identify whether other safeguarding actions are required, and how these will be taken forward.
- Make a record of your actions/decisions, and write down the police reference number.
- Update your safeguarding lead.
- Make sure you/someone with access to all the information is available is prepared to discuss further with the police investigator.

A referral must be made to the Multi Agency Safeguarding Hub (MASH) via Customer First on 0808 800 4005.

Children are seen at The Ferns SARC in Ipswich and Social Care will assess any risk to other females or children within the extended family.

Clear record keeping will be essential to identify future children at potential risk of FGM.

Additional Information

- Discuss concerns with the family/child if appropriate.
- Tell them that a referral is being made.
- Wherever possible, you should have this discussion in advance of/in parallel with the report being made.
- If you believe that reporting would lead to a risk of serious harm to the child or anyone else, do not discuss it but instead contact your designated safeguarding lead for advice.
- Patient information leaflet provided to support this discussion.

What do I do if I see an adult woman who has undergone FGM?

You can refer your patient to one of the Specialist FGM clinics.

All girls or women who have undergone FGM should be offered counselling to address how things will be different for them afterwards. Corrective surgery is available at some of these clinics.

Your patient may not want to make the arrangements for these while her boyfriend, partner, husband or other family members are present. There may be coercion and control involved,

which may have repercussions for the girl or woman. Boyfriends, partners and husbands should also be offered counselling as appropriate.

When a woman who has undergone FGM gives birth to a daughter, this should not automatically trigger a referral to children's social care, She should be provided with clear information that FGM is illegal in the UK and should not be performed on her daughter. It is important that this is done in a sensitive manner as the woman may have been a victim of enforced FGM and may be distressed at the suggestion that she would do the same to her daughter. Continued support should be offered to the woman. If after speaking to the woman, and her partner if possible, there are still concerns, a referral should be made to children's social care and

Clear record keeping will be essential to allow identification of future children at potential risk of FGM.

Resource

http://nationalfgmcentre.org.uk The National FGM Centres Knowledge Hub. On the knowledge hub, health professionals can select resources specifically for their profession. The knowledge hub is a collation of all resources available on the web for FGM.

DoH FGM Mandatory Reporting Duty

FGM: Mandatory Reporting In Healthcare – Gov.uk

DoH Safeguarding Women and Girls at risk of FGM

Mandatory Reporting of Female Genital Mutilation – procedural information

FORWARD Foundation for women's health research and development

Orchid Project partners organisations that deliver a sustainable proven end to FGM

Daughters of Eve non-profit organisation working to protect girls and young women at risk of FGM

NSPCC Helpline for anyone who is worried about a child being or having been a victim of FGM: 0800 028 3550

Barnardos Specialist Rohma Ullah – Professioanl link for Suffolk for all FGM cases and concerns.
rohma.ullah@barnardos.org.uk http://www.nationalfgmcentre.org.uk/

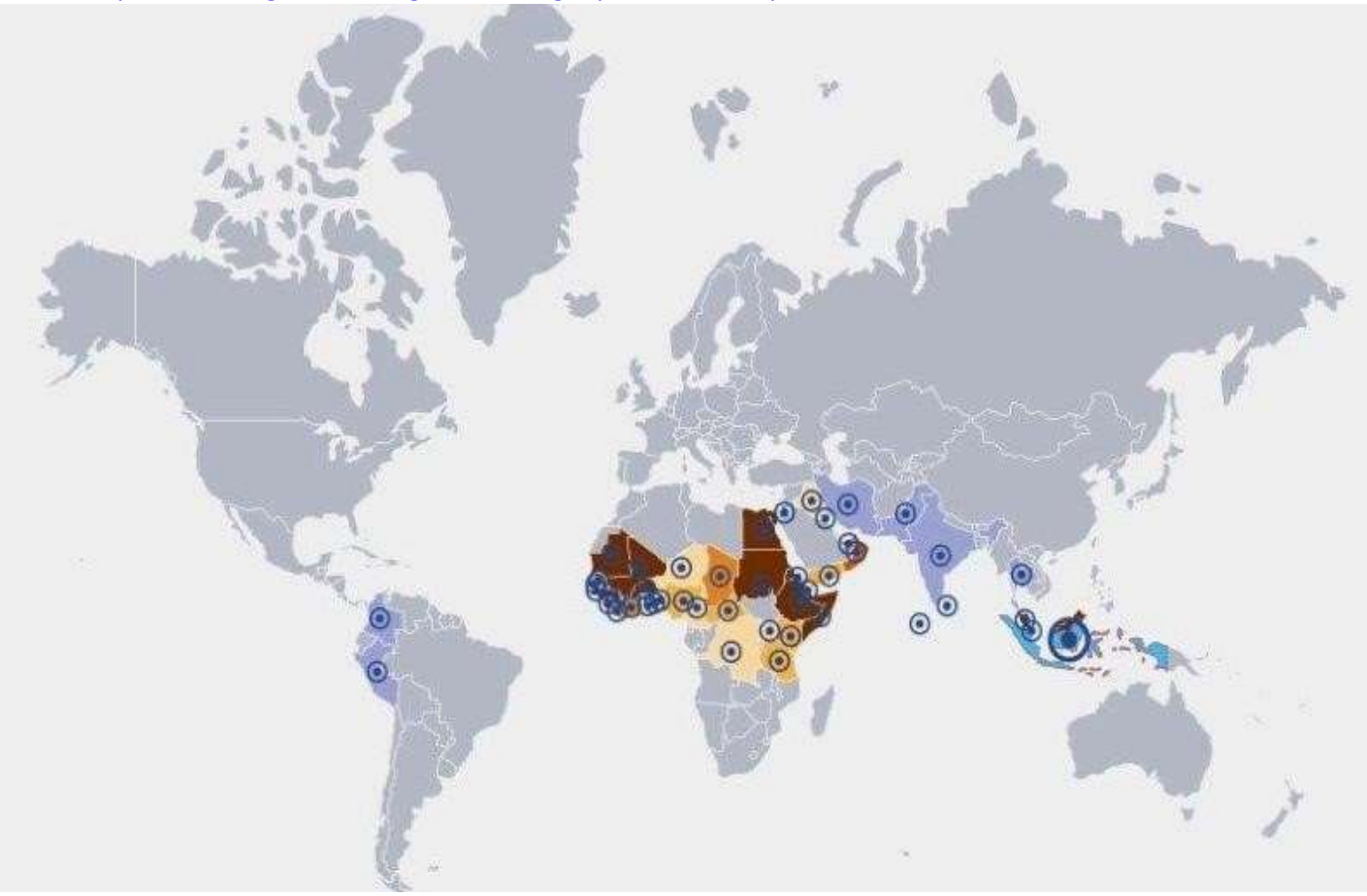
Appendices

- Map: Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country

- Common Reasons Given for FGM
- List of Hospitals Offering Specialist FGM Services

Map - Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country

For futher information please see the following link where the map below can be found.
http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/



Common Reasons Given for FGM

Custom and Tradition
Social Acceptance (especially for marriage)
Family Honour
Fear of Exclusion
Preservation of Virginity / Chastity
Religion
Increased Pleasure for Male
Enhanced Fertility
Hygiene

Hospitals Offering Specialist FGM Services

Full list available on NHS Choices

African Well Woman's Clinic – Guy's & St Thomas' Hospital
8th Floor c/o Antenatal Clinic
Lambeth Palace Road
London SE1 7EH
Tel: 020 7188 6872
Mobile: 07956 542576
Open: Monday-Friday 9am-4pm
Contact: Ms Comfort Momoh MBE comfort.momoh@gstt.nhs.uk

African Well Women's Clinic – Antenatal Clinic – Central Middlesex Hospital
Acton Lane
Park Royal
London NW10 7NS
Tel: 020 8965 5733 or 020 8963 7177
Open: Friday 9am-12noon
Contact: Kamal Shehata Iskander kamal.shehataiskander@mwlh.nhs.uk or Jacky Deehan jacqueline.deehan@nwlh.nhs.uk

African Women's Clinic – University College Hospital
Clinic 3 Elizabeth Garrett Anderson Wing
Euston Road
London NW1 2BU
Tel: 0845 155 5000
Open: Monday 2-5pm
Contact: Maligaye Bikoo maligaye.bikoo@uclh.nhs.uk

St Mary's Hospital – Gynaecology & Midwifery Departments
Praed Street
London W1 1NY
Tel: 020 7886 6691 or 020 7886 1443
Open: 9am-5pm
Contacts: Judith Robbins or Sister Hany foong.han@imperial.nhs.uk