LSCB

Bath & North East Somerset
Local Safeguarding Children Board

FEMALE GENITAL MUTILATION

Multi-agency Guidance

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1. Introduction

Female genital mutation (FGM) is a collective term for all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and hence interferes with the natural body functions. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth.

FGM is illegal and in under 18s is child abuse (see section 4)

2. Types of FGM

FGM has been classified by the World Health Organisation into four types:

- Type 1 - Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8. Girls may be genitally mutilated illegally by health workers or doctors in the UK or they may travel abroad for the procedure.

3. Prevalence

FGM is practiced around the world in various forms across all major faiths. Today it has been estimated that currently about three million girls, most of them under the age of 15 years of age, undergo the procedure every year. The majority of FGM takes place in 29 African and Middle Eastern countries. It also occurs in other parts of the world through migration including the Middle East, Asia, Europe, North America, Australia and New Zealand.

Globally, the WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of female genital mutilation.

It is estimated that there are around 74,000 women in the UK who have undergone the procedure, and about 24,000 girls under 16 who are at risk of Type III procedure and a further 9,000 girls at risk of Type I and II.

It is important to note that whilst not many cases come to light locally, FGM is an issue for some girls and women living in B&NES

4. Law

- **FGM constitutes a form of child abuse and violence against women and girls.**
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- **FGM is illegal in the UK by the Female Genital Mutilation Act 2003 (except on specific physical and mental health grounds).**

It is an offence to:

- Undertake the operation (except on specific physical or mental health grounds).
- Assist a girl to mutilate her own genitalia.
- Assist a non-UK person to undertake FGM of a UK national outside the UK (except on specific physical or mental health grounds).
- Assist a UK national or permanent UK resident to undertake FGM of a UK national outside the UK (except on specific physical or mental health grounds).

The penalty for FGM is up to 14 years imprisonment.

5. Recognition

The following are some indicators that FGM may be planned. Taken in isolation they do not prove FGM will happen but they are indicators for further investigations.

- Any female child born to a woman who has been subjected to FGM should be considered to be at risk, as must other female children in the extended family.
- Parents from practicing communities state they or another family member will take the child out of the country for a prolonged period.
- A child may talk about a long holiday to a country where the practice of FGM is prevalent.
- A child may say that she is to have a “special procedure” or “special party”.
- A professional hears reference to FGM in conversation.

Indicators that FGM may already have taken place:

- A prolonged absence from school with noticeable behavioural changes on return.
- A girl having bladder or menstrual problems.
- Soreness, infection or unusual presentation noticed on nappy changing or helping with toileting.
- Recurrent urinary tract infections or complaints of abdominal pain.
- Difficulty walking or sitting or reluctance to participate in sport.

When talking to the family you should consider using an interpreter whose values on FGM are known. Family members should not be used as interpreters.

6. Safeguarding Response

Any suspicion of intended or actual FGM must be referred to Children's Social Care.

Health professionals in GP surgeries, sexual health clinics or maternity services are the most likely to encounter a girl or woman who has been subjected to FGM.

- From April 2014, it has been a mandatory requirement for NHS hospitals to record FGM:

- From September 2014 all acute hospitals have been required to report this data to the Department of Health.

- From 31st October 2015 it will become mandatory for all regulated health and social care professionals and teachers in England and Wales that become aware of FGM either through visual identification or verbal disclosure to report FGM in girls under 18 to the Police and to Children's Social Care. While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks.

  https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Midwives should talk about FGM at initial booking to all women who come from countries that practice FGM or if they are married or have a partner who comes from practising communities. If a woman has FGM a plan should be made for birth that

takes account of this. It should be documented if the woman has had FGM and a referral made to Children's Social Care.

After childbirth a woman who has been de-infibulated may request re-infibulation. This is illegal and should be treated as a safeguarding concern. This is because whilst the request for re-infibulation is not itself a child protection issue, the fact that the girl or woman is apparently not wanting to comply with UK law and/or consider that the process is harmful raises concerns in relation to daughters she may already have or may have in the future.

School Nurses are in a good position to reinforce information about health consequences and the law relating to FGM, working closely with schools and supporting them in any concerns. They should be vigilant to any health issues which may indicate that FGM has occurred. Any concerns about a parent's attitude to FGM should be taken seriously and appropriate referrals made.

Emergency Departments and Walk-in Centres need to be aware of the risks associated with FGM if girls/women from FGM practising countries attend, particularly with urinary tract infections (UTIs), menstrual pain, abdominal pain, or altered gait for example. They should assess the risks associated with FGM and make a referral to Social Care if concerned.

Teachers, other school staff, volunteers and members of community groups may become aware that a female is at risk of FGM, e.g. they may be aware that a child is going abroad on a long holiday for a "special party". If there are concerns about them a referral must be made to Children's Social Care.

<u>On receipt of referral</u>
When Social Care receives a referral with regard to FGM a strategy meeting should subsequently be convened if:

- There is suspicion that a girl or young women under 18 years is at risk of FGM.
- It is believed that a child/young person is going to be sent abroad for that purpose.
- There are suggestions/indications that a girl/young woman has already undergone FGM.
- Where a prospective mother has undergone FGM.

A girl believed to be in danger of FGM may be made the subject of a protection plan, under the category of risk of physical abuse, if the criteria are met.

The main emphasis of work in cases of actual or threatened FGM should be through education and persuasion, and this should be reflected in the child protection plan.

7. <u>Prevention</u>

Agencies should work together to promote better understanding of the damaging consequences to physical and psychological health of FGM.

The aim should be to work in partnership with parents / families to raise their awareness of the harm caused the child and prevent FGM.

References

This guidance takes account of the following documents:

Multi-agency FGM Practice guidelines for professionals www.gov.uk

London Safeguarding Children Board FGM Guidelines and toolkit (2009)

British Medical Association – FGM caring for patients and child protection (2006)

Royal College of Nursing – Female genital Mutilation Resource 2015

FGM Guidelines South West Child protection Procedures (http://.online-procedures.co.uk/swcpp/)