West Dunbartonshire Child Protection Committee

Female Genital Mutilation

Multi-Agency Practice Guidance for Staff

Reviewed	September 2018
Next review	September 2020

Aim

1.

This guidance aims to offer advice and clarity to all front line practitioners in West Dunbartonshire who work with children's, young people's or adult services regarding the issue of Female Genital Mutilation (FGM). It recognises that Female Genital Mutilation is an unacceptable practice, a form of child abuse and illegal in Scotland. This guidance is supported by Scotland's National Action Plan to Tackle Female Genital Mutilation (*FGM*) 2016-2020 and its subsequent report 'Responding to Female Genital Mutilation in Scotland Multi-Agency Guidance, November 2017.

1.1 Recognising the importance of multi-agency working, the national 'Responding to Female Genital Mutilation in Scotland Multi-Agency Guidance' is for all services, agencies, organisations and individuals responsible for protecting and promoting the health and welfare of women and girls. This includes, but is not limited to, local authorities, Police Scotland, the NHS and third sector organisations that work with girls and women at risk of or affected by FGM, or deal with its consequences.

1.2 National and local guidance make clear that statutory bodies and strategic partnerships such as local authorities, health boards, Police Scotland, Community Planning Partnerships, and integrated joint boards should ensure that their member agencies work together effectively to tackle FGM.

1.3 FGM is a form of violence and child abuse against women and children and had wide reaching consequences both individually and in wider communities. Practitioners across services must be aware of the risks to children of FGM and the impact on the child or young person's well-being.

2. Scope

2.1 This document aims to provide advice, information and support about best practice for all practitioners in responding to a concern that a child may be at risk of FGM or has experienced FGM.

2.2 This guidance is primarily for children under the age of 16 however, where a young person is between 16 and 18 services will need to consider what legal measures would be most appropriate. Whilst both child and adult protection processes should be considered, we would expect that protection concerns for 16- 18 year olds in West Dunbartonshire are addressed through child protection processes unless there are exceptional reasons not to do so.

3. Definitions

3.1 The World Health Organisation (WHO-2010) has classified FGM as:

'All procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organ for non-medical reasons'

FGM has been classified by the WHO into four types:

Type 1 – Clitoridectomy

Type 2 – Excision

Type 3 – Infibulation

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 and therefore girls within that age bracket are at higher risk.

4. Legislation and Policy Context

4.1 The Getting it Right for Every Child (GIRFEC) national approach requires practitioners across all services for children and adults to meet children's and young people's needs, working together where necessary to ensure they reach their full potential. The GIRFEC approach is incorporated into the working practices of all people working with children, young people and their families in Scotland.

http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright

4.2 The National Guidance for Child Protection in Scotland (2014) clearly states that FGM is child abuse and should trigger child protection concerns. Action taken should be based on an assessment in close collaboration with partner agencies. The welfare of the child should be the primary concern at all times.

4.3 Scotland's National Action Plan to Tackle Female Genital Mutilation (*FGM*) 2016-2020 and subsequent 'Responding to Female Genital Mutilation in Scotland Multi-Agency Guidance, November 2017 aim to support multi agency approach to:

- Identifying whether a girl (including before birth) or young woman may be at risk of FGM.
- Identifying whether a girl or woman has undergone FGM.
- Protecting those at risk and responding appropriately to those already affected.
- Working to prevent and end FGM.

https://www.gov.scot/Resource/0052/00528145.pdf
https://beta.gov.scot/binaries/content/documents/govscot/publications/report/2016/02/scotlands-national-action-plan-prevent-eradicate-fgm/documents/00493752-pdf/00493752-pdf/govscot:document/

4.4 Equally Safe is Scotland's strategy to tackle all forms of violence against women and girls: domestic abuse, rape and sexual assault; sexual harassment and intimidation at work and in public; stalking; commercial sexual exploitation such as prostitution, pornography and human trafficking; dowry related violence; Female Genital Mutilation (FGM); forced marriage; and so-called 'honour'-based violence. Therefore the Scottish Government's approach to tackling FGM has been aligned with the overarching priorities of that strategy: Prevention, Participation, Provision and Protection.

http://www.gov.scot/Publications/2014/06/7483

4.5 FGM is a violation of a number of women's and children's rights and contravenes a number of European laws:

- Violates the 1979 UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW).
- Negates the 1989 UN Convention on the Rights of the Child (CRC) – the right to equality and to freedom from mental and physical violence.
- Interferes with the right to attain the highest standard of sexual and reproductive health.
- Affects the right to be free from torture or cruel and inhuman or degrading treatment.

4.6 FGM has been unlawful in Scotland since 1985. The Female Genital Mutilation (Scotland) Act 200515 re-enacted the Prohibition of Female Circumcision Act 1985 and made it a criminal offence to have FGM carried out either in Scotland or abroad by giving those offences extra-territorial powers. The Act also increased the penalty on conviction on indictment from 5 to 14 years' imprisonment.

4.7 Exceptions from the provision of the act are procedures carried out by approved persons i.e. registered medical practitioners, midwifes etc., necessary for persons mental or physical health or in connection with labour or birth.

5. Prevalence

5.1 FGM is a widely practiced, deeply embedded tradition in many communities in Africa, Asia and Middle East. In Africa the World Health Organisation estimates that 90 million girls and women have undergone FGM.

5.2 The 2007 DH funded study by FORWARD:A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales [2]estimates that nearly 66,000 women with FGM were living in England and Wales in 2001 and their numbers are likely to have increased since then.

5.3 To date, there are no definitive statistics on the incidence of FGM in the UK and Scotland in particular. [3]The Home Office graphically illustrates that „…FGM is much more common than most people realise, both worldwide and in the UK. Most of the women and girls affected live in Africa… However, those who have undergone, or are at risk of undergoing FGM are increasingly found in Western Europe…, primarily among immigrant and refugee communities. It is estimated that there are around 74,000 women in the UK who have undergone the procedure, and about 7,000 girls under 16 who are at risk (FORWARD, 2007).

Whilst survivors of FGM are found in some communities in Scotland, not all women and girls born in countries or communities where it is practiced are affected or at risk.

Thus, whilst there is no concrete evidence of FGM being practiced in Scotland, neither is there clear evidence that it is not. Prevalence rates vary dramatically both within countries of origin and between them, so it is important not to make any assumptions about women or girls from a particular background or community. There are no data on ethnicity or other variables which influence the practice of FGM in local communities, so it is not known how many people in those communities are directly affected. The map in

6. Why the Practice Continues

6.1 The WHO[4] cites a number of reasons for the continuation of FGM, such as:

- Custom and tradition;
- A mistaken belief that FGM is a religious requirement;
- Preservation of virginity/chastity;
- Social acceptance, especially for marriage;
- Hygiene and cleanliness;
- Increasing sexual pleasure for the male;
- Family honour;

- A sense of belonging to the group and conversely the fear of social exclusion;
- Enhancing fertility

6.1 The WHO states that in every society where it is practiced FGM is the manifestation of gender inequality that is entrenched in social, economic and political structures[5].

7. Religion and FGM

FGM is not recommended by any religion or in any religious texts. It is not religious but might have become symbolic in some communities as a demonstration of faith. **In fact it is not a condition of belonging to any faith group.**

7.2 Christianity, Judaism and Islam unanimously agree that your body is a temple of God. The practice of FGM is a harmful custom that is not advocated in any holy script[6].

8. Short Term Impacts for Girls Health and Welfare

8.1
- Severe pain and haemorrhage
- Emotional and psychological shock
- Infection due to lack of hygiene and/or instruments which are not sterilised
- Urinary retention
- Injury and fracture
- Death due to haemorrhage or infection.

9. Long term Impacts for a Girl or Woman's Health and Welfare

9.1
- Problems with menstruation, sexual intercourse and chronic infection
- Damage to the reproductive system causing fertility problems
- Complications in pregnancy
- Renal impairment and renal failure
- A number of psychological problems and psychosexual problems such as dealing with trauma, low libido, depression, anxiety, sexual dysfunction, substance misuse and self-harm
- Feelings of betrayal by their family, incompleteness, anger; post-traumatic stress disorder.

10. Risk Factors

10.1 Below are some indications that FGM may be planned, this does not mean that this will happen but may indicate risk:

- Parents from practicing communities state that they or a relative will take the child out of the country for a prolonged period;
- A child may talk about a long holiday to her country of origin or another country where the practice of FGM is prevalent, including African countries and the Middle East;
- A child may confide to a professional that she is to have a „special procedure" or to attend a special occasion;
- A professional hears reference to FGM in conversation, for example a child may tell other children about it;
- A child may request help from a teacher or another adult;
- Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;
- Any female child who has a sister who has already have undergone FGM must be considered to be at risk, as must other female children in the extended family.
- The position of the family and the level of integration into UK society – it is believed that communities less integrated into society are more likely to carry out FGM

10.2 Indications that FGM May Have Already Taken Place Include:

- A child may spend long periods of time away from the classroom during the day with bladder or menstrual problems;
- A child may have difficulty walking, sitting or standing;
- There may be prolonged absences from school;
- A prolonged absence from school with noticeable behaviour changes on the girl's return could be an indication that a girl has recently undergone FGM;
- Professionals also need to be vigilant to the emotional and psychological needs of children who may / are suffering the adverse consequence of the practice, e.g. withdrawal, depression;
- Child may ask for help or confide in a professional;
- A child requiring to be excused from physical exercise lessons without the support of her GP.
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain.

11. Child Protection and FGM

11.1 FGM is a form of child abuse and constitutes both physical and emotional abuse. It should always trigger child protection concerns. The National Guidance for Child Protection in Scotland (2010) states that "FGM should always be seen as a cause of significant harm and normal child protection procedures should be invoked".

- Any information or concern that a child is at immediate risk of, or has undergone, FGM should result in a child protection referral to the local authority children and families team or the police
- Every attempt should be made to work with parents on a voluntary basis to prevent the abuse;
- Any action taken to protect the child should be taken in close collaboration with other agencies, be proportionate and the welfare of the child paramount at all times
- Where other child protection concerns are present they should be part of the risk assessment process. They may include factors such as trafficking or forced marriage
- Appropriate interpreters who are totally independent of the child and family should be used

Practitioners across services should always refer to their own agency child protection procedures in the first instance. Further information to support these are available here:

http://www.proceduresonline.com/westofscotland/pdfs/WoS_CP_procedures.pdf

12. Best Practice In Addressing Concerns About FGM

12.1 Practitioners should respond sensitively to any concerns regarding FGM particularly because families may not view the practice as being abusive. It is also important not to assume that families from practicing communities will want their girls and women to undergo FGM.

The following points should assist practitioners to address any concerns:

- Give the individual an opportunity to disclose, seeing the child/young person/individual on their own in private
- If an interpreter is required they should be female, appropriately trained in FGM and must not be a family member or known to the individual. You MUST also ask their views on FGM to ensure that they advocate for the safety of the girl at risk
- Although mutilation is the appropriate term it may not be understood or it may be offensive to a woman from a FGM practicing community who does not view FGM in that way (See appendix 2 for a glossary of terms to consider)
- Use simple, straightforward language and terminology that the individual will understand i.e. „have you been closed? ", „were you circumcised? ", „have you been cut down there? "
- Be non-judgmental (condemning the practice but not the individual), make no assumptions and be willing to listen

- Be sensitive to the fact that the individual may be loyal to their parents
- Gain accurate information about the immediacy of the risk of FGM
- Understand how the individual may feel in terms of language barriers, cultural differences and that she and her family are being judged
- Give a clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters
- Many people, especially women, may be extremely frightened by contact with statutory agencies as they may fear deportation or that their children may be removed.

13. Information for Health Care Practitioners

13.1 Staff working in the NHS are in a unique position to identify those who have undergone FGM. Health care professionals in NHS Scotland should record the diagnosis and types of FGM together with any corrective procedures, in the relevant clinical records. This includes recording in the hospital discharge summary, and coding in GP practices. Consistently recording FGM will contribute significantly to understanding the prevalence in Scotland.

To help health care practitioners recognise the condition, some of the presenting symptoms can be found at 3.1. The OPCS codes (in hospital setting) and Read codes (in GP practices) to be used are listed in Appendix

14. Support Services

14.1 Scottish Resources

Dignity Alert Research Forum (DARF) for training for service providers and awareness for the public and also offer advice and support to survivors or family members with concerns **www.darf.org.uk**

Shakti Women's Aid also offer advice support and survivor counselling www.shaktiedinburgh.co.uk as does Saheylia www.saheliya.co.uk

14.2 National Resources

FORWARD (Foundation for Women's Health Research and Development) is an African Diaspora women led UK-registered campaign and support charity dedicated to advancing and safeguarding the sexual and reproductive health of African girls and women www.forwarduk.org.uk

The UK Home Office has produced a leaflet „Female Genital Mutilation – The Facts" which may provide a helpful introduction to the issue. It is available here: www.gov.uk/government/uploads/system/uploads/attachment_data/file/261326/ FGM_leaflet.pdf.

The Scottish Government funds the Women's Support Project to develop resources for use in training and education – these are available at www.womenssupportproject.co.uk/vawtraining/content/femalegenitalmutilation/2 77,234

NSPCC Female Genital Mutilation (FGM) Helpline: 0800 028 3550

BEST PRACTICE NOTE:
Child Protection Procedures MUST always be considered and appropriate action taken.

[1]World Health Organisation, Global strategy to stop health-care providers from performing female genital mutilation (2010).

[2] A statistical study to estimate the prevalence of female genital mutilation in England and Wales
(FORWARD, in collaboration with the London School of Hygiene & Tropical Medicine and the Department of Midwifery, City University 2007)

[3] Baseline Survey in Glasgow and Edinburgh on the beliefs, views and experience of FGM Dr Monica
E.M. Mhoja, Ms Jecynta A. Azong and Ms Annie. M Lawson (2010)

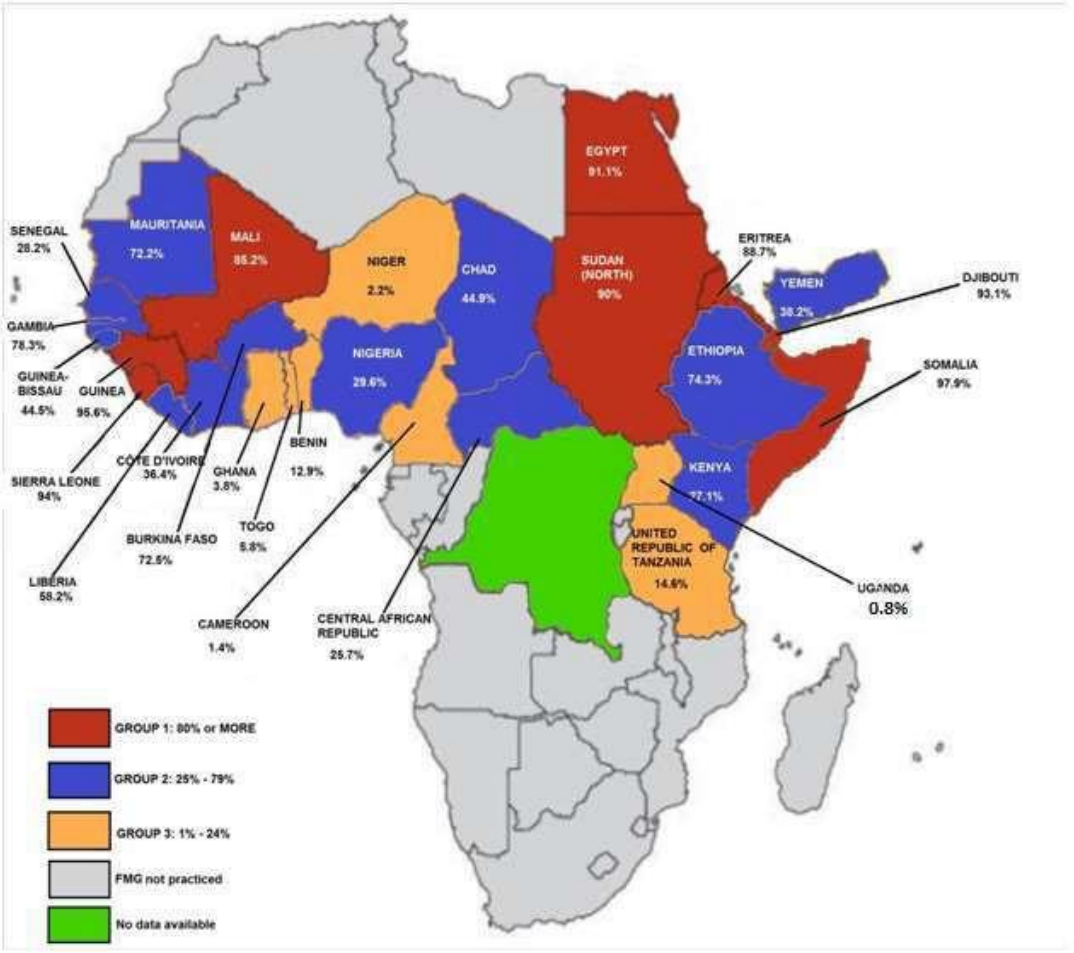
[4] Eliminating female genital mutilation: an interagency statement (WHO, 2008)

[5] Eliminating female genital mutilation: an interagency statement (WHO, 2008)

[6] Daughters of Eve www.dofeve.org/religion-and-fgm

Appendix 1

Map of Africa showing the prevalence of FGM in African practicing countries.



Source: www.equalitynow.org

Appendix 2

Traditional and local terms for FGM

Country	Term used for FGM	Language	Meaning
EGYPT	Thara	Arabic	Deriving from the Arabic word 'tahar' meaning to clean / purify
	Khitan	Arabic	Circumcision - used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
ETHIOPIA	Megrez	Amharic	Circumcision / cutting
	Absum	Harrari	Name giving ritual
ERITREA	Mekhnishab	Tigregna	Circumcision / cutting
KENYA	Kutairi	Swahili	Circumcision - used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
NIGERIA	Ibi / Ugwu	Igbo	The act of cutting - used for both FGM and male circumcision
	Sunna	Mandingo	Religious tradition / obligation - for Muslims
SIERRA LEON	Sunna	Soussou	Religious tradition/ obligation - for Muslims
	Bondo	Temene	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo / Sonde	Mendee	Integral part of an initiation rite into adulthood - for non Muslims

	Bondo	Mandingo	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo	Limba	Integral part of an initiation rite into adulthood - for non Muslims
SOMALIA	Gudiniin	Somali	Circumcision used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word 'halal' ie. 'sanctioned' - implies purity. Used by Northern & Arabic speaking Somalis.
	Qodiin	Somali	Stitching / tightening / sewing refers to infibulation
SUDAN	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word 'tahar' meaning to purify
CHAD - the Ngama	Bagne		Used by the Sara Madjingaye
Sara subgroup	Gadja		adapted from 'ganza' used in the Central African Republic
GUINEA - BISSA	Fanadu di Mindjer	Kriolu	'Circumcision of girls'
	Fanadu di Omi	Kriolu	'Circumcision of boys'
GAMBIA	Niaka	Mandinka	Literally to 'cut /weed clean'
	Kuyango	Mandinka	Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karool	Mandinka	Meaning 'the women's side' / 'that which concerns women'

CODES FOR FGM
OPCS Classification of Interventions and Procedures (OPCS) v 4.7

P07.2	Deinfubulation of vulva
R27.2	Deinfibulation of vulva to facilitate delivery

P07.2 – This is a more general code which would be typically used in acute care and would be recorded on ISD"s SMR01 (Inpatient and Day Case) records in Scotland

R27.2 – This is a specific code for obstetrics and would therefore be restricted to use in obstetric care and would typically be recorded on ISD"s SMR02 (Obstetric) records in Scotland

The above 2 codes, which are to be recorded when patients are admitted to have these types of repair, came into effect in April 2014 in Scotland and ISD will be producing guidance note for coders on these codes and sending the Scottish Clinical Coding Standards by August 2014.

The current classification of FGM within ICD10 is associated with other conditions and therefore not deemed to be appropriate for the data to contribute to the FGM prevalence

Read Codes Proposed concept	**Read v2**	**Release date**
Family history of Female Genital	12b..	01.04.14
History of Female Genital Mutilation	15K..	01.04.14
Female Genital Mutilation	K578	Existing Concept
Female Genital Mutilation Type I	K5780	01.04.14
Female Genital Mutilation Type II	K5781	01.04.14
Female Genital Mutilation Type III	K5782	01.04.14
Female Genital Mutilation Type IV	K5783	01.04.14
Deinfibulation of vulva	7D045	Existing Concept
Deinfibulation of vulva to facilitate delivery	7F1B5	01.04.14

Women and girls may present elsewhere in the NHS where FGM might be identified which could enable coding and recording of the condition and type e.g. at cervical smear screening, family planning and Genito Urinary (GU) clinics, travel clinics, paediatrics, urology, gynaecology, mental health services, A&E staff, Scottish Ambulance Service and GP Practices.