Female Genital Mutilation (FGM)

Guidance for Health Professionals

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Produced by the Safeguarding Children Team

Contents

Appendices

Introduction

Female genital mutilation (often referred to as '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.**

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.

60,000 women and girls in the UK are thought to have undergone FGM and **20,000 children** are thought to be at risk although it is possible that, due to population growth and immigration from practising countries FGM is significantly more prevalent than these figures suggest.

Short Term Complications of FGM

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

Long Term Complications of FGM

Chronic pain; chronic infection; scarring; cyst formation; menstrual, urinary, fertility and sexual problems; psychological problems and obstetric complication.

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.

Key Responsibilities for Health Practitioners

Guidance taken from government the government's Multi-Agency Practice Guide Female Genital Mutilation (2014)

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 mental 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.

- 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 when a routine patient history is being taken from girls and women from communities that traditionally practise FGM:

  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. (*As appropriate to patient demographics)*

- 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 FGM is practiced in the girl or woman's country of origin
- The family is not integrated into UK society
- If the girl's mother has had FGM
- If the girl's sister or other girls in the extended family has had FGM

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 eg. if you felt the family would take the child out of the country.

The MASH will assess the level of risk. 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.

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.

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.

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

Your 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, 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.

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

Resources

Multi-Agency Practice Guidelines: Female Genital Mutilation (2014)

FORWARD Foundation for women's health research and development

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

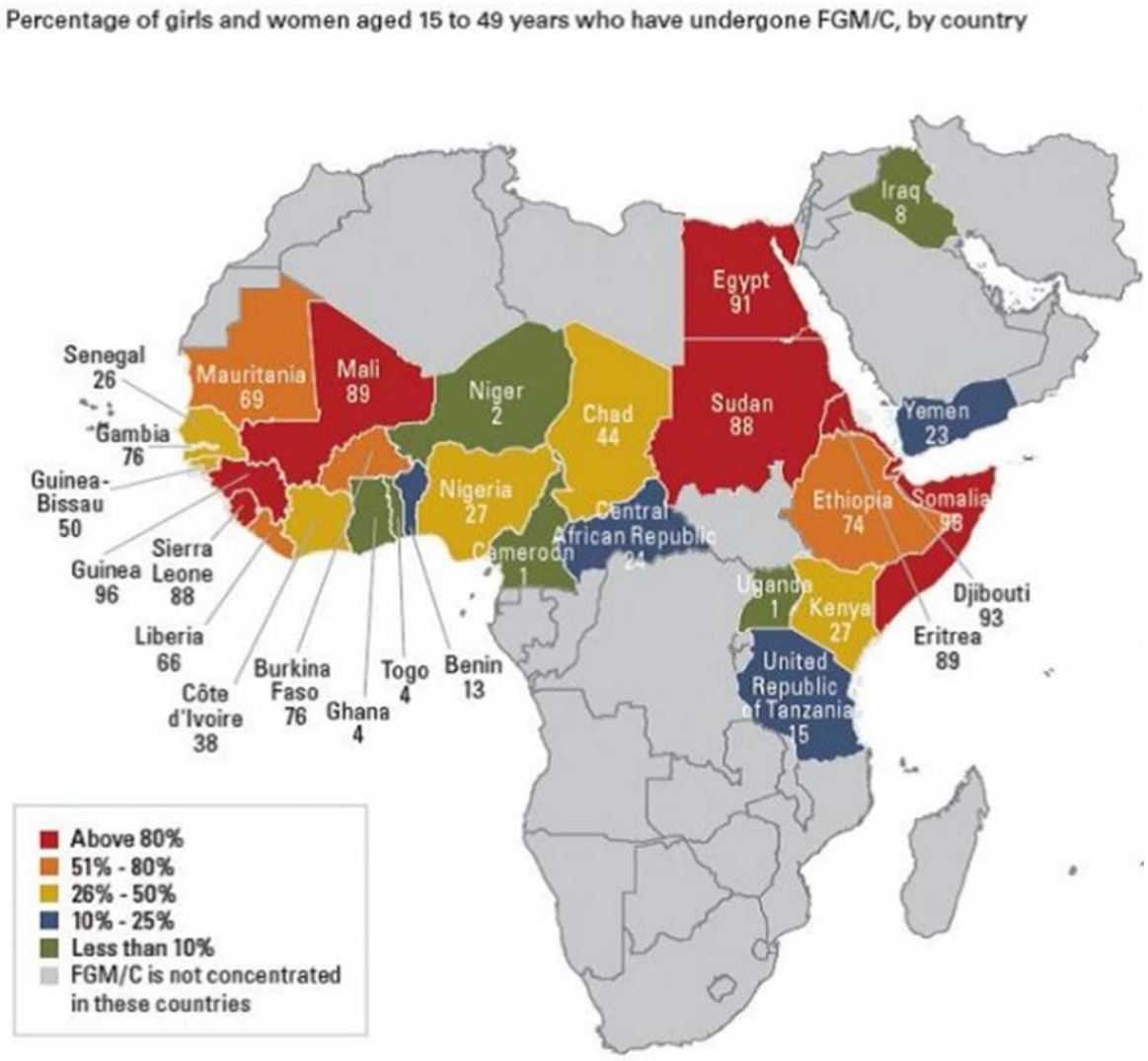
Daughters of Eve non-profit organisation working to protect girls and young women at risk of FGM

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

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



Common Reasons Given for FGM

Custom and Tradition
Social Acceptance (especially for marriage)
Family Honour
Fear of Exclulsion
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