

Female Genital Mutilation (FGM) Multi-Agency Resource Pack

'FGM is a form of child abuse and violence against women and girls, and therefore should be dealt with as part of existing child and adult protection structures, policies and procedures.'

**Multi-Agency Practice Guidelines:
Female Genital Mutilation
Department of Health**



Safe in the city

Brighton & Hove Community Safety Partnership



**Brighton & Hove
City Council**

About this Pack

Female Genital Mutilation (FGM) is a violation of the human rights of girls and women. It is one of a number of crime types that are often grouped together under the title of 'violence against women and girls'. This is because FGM is an *"... act of gender-based violence that is directed at a woman because she is a woman, or acts of violence which are suffered disproportionately by women, that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman or girl, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."* **United Nations, in the Declaration on the Elimination of Violence Against Women** [1993].

This pack was produced to help prevent girls and young women being subjected to FGM. It provides information and guidance for professionals who may encounter girls and young women at risk of, or who have been subjected to, FGM, including:

- A description of the likely signs and indicators of FGM
- Useful local and national contacts to call for advice
- A simple referral diagram showing how to refer if you have a concern about a child, young women or adult.

This pack also includes information to help better support those adult women who have historically been subjected to FGM.

What can Communities and Residents do?

Communities and residents can be aware of FGM and take action to report it when they have concerns. The actions that could be taken to help tackle FGM include:

- Knowing how to identify signs and indicators of FGM
- Knowing where to go for advice if they have concerns
- Reporting concerns to the appropriate people
- Choosing to fundraise or campaign about FGM to raise awareness.

What can Professionals do?

FGM is considered to be a form of child abuse (it is categorised under the headings of both physical abuse and emotional abuse):

- Professionals should be aware of FGM, including signs and indicators, as well as knowing how to respond and report appropriately
- You should know your agency's policy, including any immediate safeguarding actions you should take, if you are worried about someone who is at risk of, or has been subjected to, FGM
- This could include sharing information with social care or the police. It is then their responsibility to investigate and protect any girls or women involved.
- See 'Finding Help and Support' in the section on contact information below.

What is Female Genital Mutilation (FGM)?

FGM - sometimes referred to as '**Female Circumcision**' or '**Female Genital Cutting**' - is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy¹.

FGM has been classified by the World Health Organisation (WHO)² 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.

FGM is included in the [Pan Sussex Child Protection & Safeguarding Procedures](#)³ and use a similar definition of FGM, describing FGM as the collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons.

The Law

FGM is illegal in the UK.

In 1985 the **Prohibition of Female Circumcision Act** made it a criminal offence to perform FGM. In 2003 the **Female Genital Mutilation Act** tightened this law to criminalise FGM being carried out on UK citizens overseas. 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 female genital mutilation 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 female genital mutilation of a UK national outside the UK (except on specific physical or mental health grounds).

Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

FGM Protection Orders are a civil order which may be made for the purposes of protecting a girl at risk of FGM or protecting a girl against whom an FGM offence has been committed.

Mandatory Reporting

It became law on 31 October 2015 for all regulated teachers, health and social care practitioners working with children and young people in England and Wales to report to the Police when they come across a case of FGM in a child under 18 in the course of their professional work (this is called the '**FGM Mandatory reporting duty**').

Reporting to the Police is in recognition that a crime has been committed. Those discovering cases of FGM in girls under 18 have one month to report it, but are urged to make reports within a day.

Failure to comply may be considered through existing fitness to practice proceedings with your regulator. Regulators will consider professionals ability currently to practice safely and take into account the circumstances of the case.

While any of these professional making the discovery of FGM or hearing a disclosure has to make the report to the Police, it is recommended that they make the report in consultation with the safeguarding lead for their organisation (for example, in schools alongside the designated teacher).

Further information on the mandatory reporting procedures is available from the Home Office at www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

About FGM⁴

- FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.
- Reported justifications for FGM can include: social acceptance; family honour; ensuring a girl is marriageable; preservation of a girl's virginity or chastity; custom and tradition; hygiene and cleanliness; and the mistaken belief it enhances fertility and makes childbirth safer for the infant (**FORWARD**, 2013, **HM Government**, 2011).

Effects

- FGM has no health benefits for girls and women:
 - Immediate effects include: severe pain; shock; bleeding; infections including tetanus, HIV and hepatitis B and C; difficulty to urinate; and damage to nearby organs including the bowel. FGM can sometimes cause death (**NHS Choices**, 2013)
 - Long-term physical and health effects include: chronic vaginal and pelvic infections; menstrual problems; persistent urine infections; kidney damage and possible failure; cysts and abscesses; pain during sex; infertility; and complications during pregnancy and childbirth (**HM Government**, 2011)
- Girls and women who have been subjected to FGM may also suffer serious psycho-sexual, psychological and social consequences.

Prevalence

- In the UK: It is estimated that approximately 103,000 women aged 15-49 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
- FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia (**HM Government**, 2016)
- Up to 6,500 girls are at risk of FGM in the UK each year (**FORWARD**, 2014)
- Children at risk of FGM may be British citizens born to parents from FGM practicing communities, or people resident in the UK who were born in countries that practice FGM. This may include households who are refugees or asylum seekers, overseas students or those who have migrated to the UK to work or to join spouses or family members already settled here
- FGM usually happens to girls whose mothers, grandmothers or extended female family members have had FGM themselves or if their father comes from a community where it's carried out (**NHS Choices**, 2016)
- FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts (**NHS Choices**, 2016).

Signs and Indicators

This is not an exhaustive list. There may be additional risk factors specific to particular communities.

For a child or young person under 18 is at risk of, or has been subjected to, FGM	
<p>Potential risk factors:</p> <ul style="list-style-type: none"> • Being between the ages of 5-8, though FGM has been reported amongst babies and may also affect older children • If someone's mother, sister or member of the extended family has been subjected to FGM • Coming from a community background where FGM is practised. (In Brighton & Hove, compared to South East England as a whole, there are a larger proportion of residents who were born in North Africa and the Middle East, a similar proportion of residents born in West and Central Africa and fewer residents born in South and Eastern Africa). <p>Indicators that a child is at imminent risk:</p> <ul style="list-style-type: none"> • A child talking about a long holiday to her country of origin or another country where the practice is prevalent • Talking about a 'special procedure/ceremony' that is going to take place or a special occasion where she will 'become a woman' • School holidays in particular are when young girls may be at higher risk: a child is most likely to be at imminent risk where this occurs at the beginning of the long summer holiday. Professionals may become aware of this where parents are arranging for vaccinations and planning absence from school. 	<p>FGM may have already taken place:</p> <ul style="list-style-type: none"> • A girl may have prolonged or repeated absence from school • A girl may have noticeable behaviour change on return (e.g. withdrawal or depression) • A girl may have long periods away from classes (e.g. may be absent for a long time during her period) or other normal activities (e.g. trying to get out of physical education/sporting activities) • A girl or woman may have difficulty walking, sitting or standing (e.g. in school a girl may find it difficult to sit still in class and look uncomfortable, unable to cross their legs when sitting on the floor) • A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. • Bleeding, discharge, urinary infections, clutching their body • May complain of pain between their legs • A girl or woman may be particularly reluctant to undergo normal medical examinations. • A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear. • Mentioning something somebody did to them that they are not allowed to talk about.
For adults who have been subjected to FGM	
<ul style="list-style-type: none"> • 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. 	

Responding to a disclosure⁵

An appropriate response to a girl or young woman under 18 at risk of, or who has been subjected to, FGM (or an adult who has made a disclosure of historical FGM) could include:

- Creating an opportunity to disclose, seeing the individual on their own
- Using simple language and asking straightforward questions
- Using terminology will be understood
- Being sensitive to the fact they may be loyal to their parents, family members or community
- Give them time to talk and take detailed notes
- Getting accurate information about the urgency of the situation if they are at risk of being subjected to FGM
- Giving the message that they can come back to you again
- Being sensitive to the intimate nature of the subject
- Making no assumptions
- Being willing to listen
- Being non-judgemental (condemning the practice, but making it clear that they are not to blame)
- Understanding how they may feel in terms of fear, anxiety and their safety as well as concerns that they / their partner / family / community is or are being 'judged'
- Giving 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.

Using interpreters

- If someone wishes to be accompanied during the interview (e.g. by a teacher, another professional or a friend) ensure that the accompanying person understands the full implications of confidentiality, especially with regard to the person's family
- In some cases, an interpreter may be required. Remember someone may:
 - Wish to be interviewed by a practitioner of the same gender
 - Want to be seen by a practitioner who is / who is not from their own community
- If an interpreter is required, you should ensure that:
 - They are suitably qualified
 - You know about their views on FGM to ensure they advocate for the person at risk
 - They are appropriately trained in relation to violence FGM / violence against women and girls / safeguarding
 - They must not be a family member or known to the individual
 - The interpreter is aware of the safeguarding / confidentiality issues
 - They are / are not from the community of the person for whom they are acting as an interpreter (it is best practice to ask the person is suspect of, or at risk of FGM, for their preference).

Terminology

- Different terminology will be culturally appropriate to different communities. Alternative approaches are to ask a woman whether she has undergone FGM saying: *'I'm aware that in some communities women undergo some traditional operations in their genital area. Have you had FGM or have you been cut / circumcised?'*
- To ask about infibulation professionals can use the question: *"are you closed or open?"* This may lead to the woman providing the terminology appropriate to her language / culture.

Taking action, including safety planning

Professionals should:

- Be aware and act upon the wide range of risk factors in relation to FGM:
 - *Where the concern relates to a child under 18:* a teacher, health or social care practitioner has a mandatory duty to report to the police when they come across a case of FGM
 - *Where the concern relates to an adult:* an adult's right to make choices about their own safety has to be balanced with the rights of others to be safe. If an adult woman has made a disclosure about historical FGM, professionals should have a conversation with them at the earliest opportunity to establish their views including what they want to happen, if anything, including any actions they might want taken or may want to take themselves (e.g. this could include treatment for FGM or access to counselling). However, professionals must also consider whether others are, or may be, at risk of abuse or neglect. This should include thinking about their social network (e.g. any girl or young woman under 18 in the family)
- Having established that there are recognised signs of, or a risk of the risk of FGM, a professional should undertake a risk assessment
- As part of the assessment, professionals should make sure that the girl or young woman / adult and/or appropriate family members understand:
 - That FGM is illegal
 - The potential health consequences of FGM
 - Any actions taken
 - That information will be shared about this with colleagues and partner organisations as appropriate
- Following the assessment professionals must take appropriate steps including:
 - Any safeguarding actions which reflect the risks and needs identified
 - Developing a safety plan in case the girl or young woman / adult are seen by someone 'hostile' at or near the agency, venue or meeting place (e.g. prepare another reason why they are there)
- Professionals must have a consistent approach to sharing information with partner agencies and reviewing the situation. See 'Finding Help and Support' and 'Referral Diagram' in the section on contact information below.

Useful resources

- You can read the [Pan Sussex Child Protection & Safeguarding Procedures Manual](#), which include a specific section on FGM (section 8.14): sussexchildprotection.procedures.org.uk
- You can read the [Sussex Safeguarding Adults Policy and Procedure Manual](#) for guidance on information sussexsafeguardingadults.procedures.org.uk
- Health professionals, and other relevant professionals, should have regard to the Department of Health guidance for professionals, '[FGM Safeguarding Risk Assessment Guidance](#)'
- The Home Office has also issued '[Multi-agency statutory guidance on female genital mutilation](#)', which includes guidance on risk, talking about FGM, safeguarding and care and support.

Finding help and support

Local help

- **The Portal** provides advice and support to people affected by domestic or sexual abuse or violence in Brighton & Hove, or East Sussex. Locally services are delivered by RISE and Survivors' Network. Contact The Portal on Freephone 0300 323 9985, email info@theportal.org.uk or go to theportal.org.uk
- The **Black and Minority Ethnic Community Partnership (BMECP)** on 0300 303 1171 or go to bmeccp.org.uk

If you are concerned about a child's welfare:

- **Brighton & Hove City Council - Multi-Agency Safeguarding Hub (MASH)**: If you are concerned about a child's welfare, please contact the **MASH** on **01273 290400**, email MASH@brighton-hove.gcsx.gov.uk or go to www.brighton-hove.gov.uk/content/children-and-education/child-protection

If you concerned about an adult who may need care or support:

- **Brighton & Hove City Council – Access Point**: If you think an adult has any care and support needs, or is a carer for someone who does, contact **Access Point**, the contact centre for Adult Social Care on **01273 295555** or email accesspoint@brighton-hove.gov.uk or go to www.brighton-hove.gov.uk/content/social-care/keeping-people-safe

To report something to the police:

- **Sussex Police**: If someone is at immediate danger call 999, otherwise contact Sussex Police on 101 or go to www.sussex.police.uk

National help

- If you are worried that a child or adult may be at risk of, or who has been subjected to FGM, you can contact the **NSPCC** on their 24 hour helpline anonymously 0800 028 3550 or email fgmhelp@nspcc.org.uk
- If you are concerned about a child may be at risk you can also access help and support from **ChildLine** on 0800 1111 www.childline.org
- If someone is worried about FGM, make sure they are aware of the '**Statement opposing Female Genital Mutilation**', which is sometimes called a 'Heath Passport'. The FGM statement highlights the fact that FGM is a serious criminal offence in the UK with a maximum penalty of 14 years in prison. Someone worried about FGM should print out this statement, take it with them abroad and show it to their family. They could keep the declaration in their passport, purse or bag and should carry it all the time. www.gov.uk/government/uploads/system/uploads/attachment_data/file/451478/FGM_June_2015_v10.pdf

International help

- If someone is abroad and requires help or advice they can call the Foreign and Commonwealth Office on +44 (0) 20 7008 1500 or www.gov.uk/government/organisations/foreign-commonwealth-office

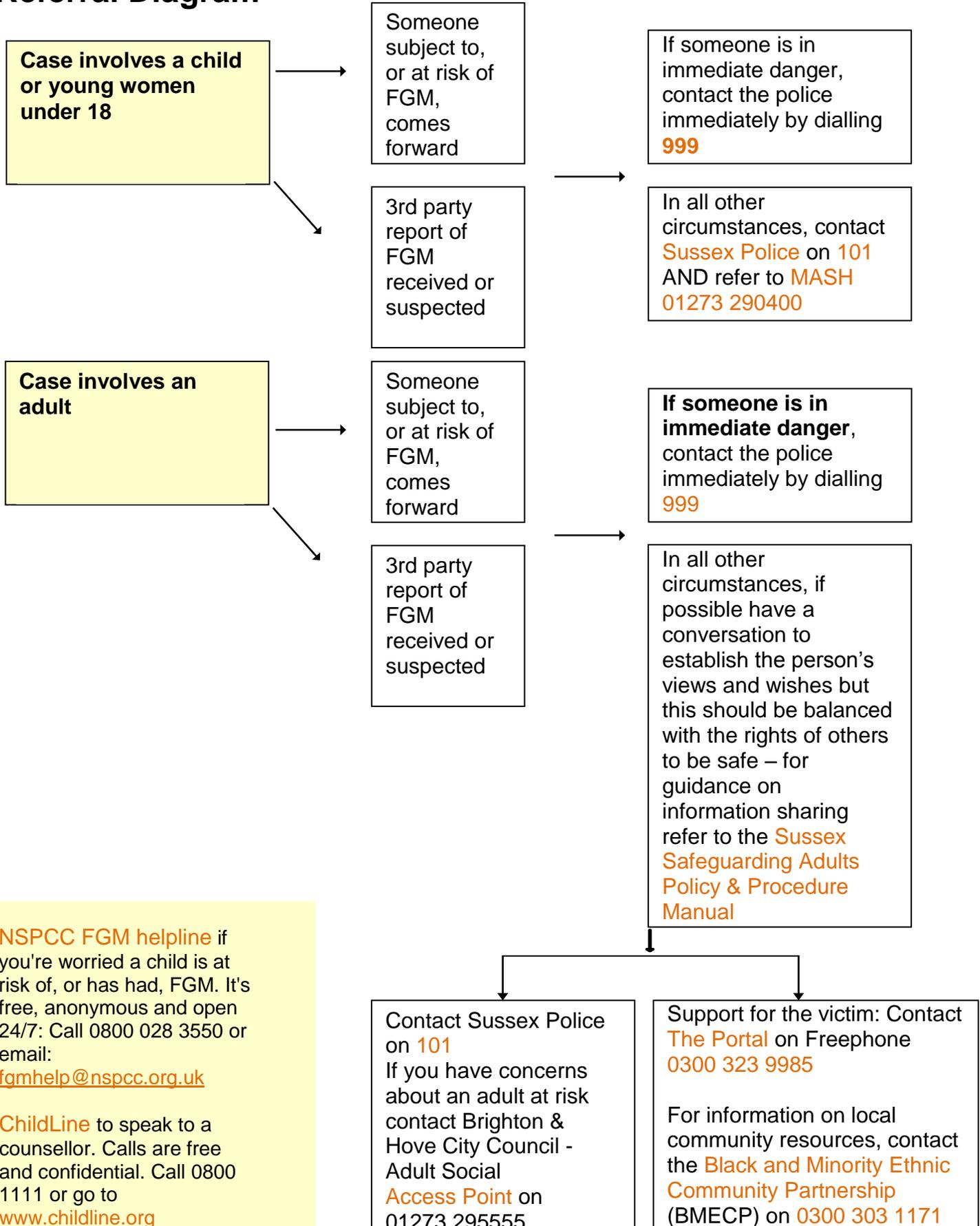
Other organisations

- **Daughters of Eve**
Text: 07983 030 488
www.dofeve.org
- **Equality Now** (in Nairobi, Kenya and London, UK)
www.equalitynow.org
Tel (London): +44(0) 20-79731292
Tel (Nairobi): + 254 20- 271- 832
- **FGM National Clinical Group**
www.fgmnationalgroup.org
- **FORWARD** (Foundation for Women's Health, Research and Development)
www.forwarduk.org.uk
Tel: 020 8960 4000

Useful resources

- NHS Choices FGM webpage for professionals: www.nhs.uk/fgmguidelines
- You can access an e-learning tool from the Home Office called Recognising and preventing FGM, an e-learning tool from the Home Office: www.fgmelearning.co.uk
- NHS organisations and professionals can access the **FGM e-learning programme** on the eLearning for Healthcare website: www.e-lfh.org.uk/home

Referral Diagram



NSPCC FGM helpline if you're worried a child is at risk of, or has had, FGM. It's free, anonymous and open 24/7: Call 0800 028 3550 or email:

fgmhelp@nspcc.org.uk

ChildLine to speak to a counsellor. Calls are free and confidential. Call 0800 1111 or go to www.childline.org

References

- 1 HM Government (2016) *Multi-agency statutory guidance on female genital mutilation*, London: HMG
- 2 World Health Organisation (2016) *Female Genital Mutilation: Fact sheet*, Geneva: WHO
- 3 Pan Sussex Child Protection & Safeguarding Procedures, 8.14 Female Genital Mutilation
<http://sussexchildprotection.procedures.org.uk/tktq/children-in-specific-circumstances/female-genital-mutilation/#s318>
- 4 World Health Organisation, (February 2014) *Female genital mutilation: Fact sheet N°241*
- 5 Based on 'Bristol Safeguarding Children Board, (2011) *Female genital Mutilation Multi-agency Guidance*'

Acknowledgements

This first edition of this resource pack was adapted from London Safeguarding Board FGM Resource Pack, NHS Choices and guidance produced by the Bristol Safeguarding Children Board, with additional information taken from information produced by FORWARD, House of Commons International Development Committee and HM Government.

The second edition of this resource pack was reviewed with input from Imkaan, Imkaan is a UK-based, black feminist organisation dedicated to addressing violence against women and girls, and HOPE a local BME community organisation.

Contact information

For more information about FGM in Brighton & Hove, please contact the Partnership Community Safety Team:

Telephone: (01273) 291099

Email: community.safety@brighton-hove.gov.uk

Website: www.safeinthecity.info/getting-help

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