Children's MARS Guidance and Procedure for identifying and responding to concerns about Female Genital Mutilation

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Introduction

This document is designed for all frontline professionals and volunteers within agencies that work to:

- safeguard children and young people from abuse
- support those who have been subjected to FGM

This document provides information and guidance on:

- identifying when a girl (including an unborn girl) or young woman may be at risk of FGM and responding appropriately to protect them;
- identifying when a girl or woman has had FGM and procedures for responding appropriately to support them

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with in line with safeguarding procedures.

Principles underpinning the guidance and procedure

- The safety and welfare of the child is paramount
- All agencies act in the interests of the child as stated in the UN Convention on the Rights of the Child (1989)
- FGM is illegal in the UK
- FGM is not a matter that can be left to be decided by personal preference – it is an extremely harmful practice. Professionals should not let fears of being branded 'racist' or 'discriminatory' weaken the protection and support required by vulnerable girls and women
- Accessible, acceptable and sensitive health, education, police, social care and voluntary sector services must underpin interventions
- It is acknowledged that some FGM practising families do not see it as an act of abuse). However, FGM is child abuse and has significant physical, emotional and sexual health consequences both in the short and long term, and as such must never be excused, accepted or condoned
- As an often embedded 'cultural practice', engagement with families and communities will be required to achieve a long-term abandonment and eradication of FGM
- All decisions or plans should be based on good quality assessments and be sensitive to the issues of race, culture, religion; and should avoid stigmatising the girl or woman affected, and the practising community, as far as possible given the other principles above

Definition

FGM comprises 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 function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy

TYPES OF FGM

The World Health Organization (WHO) classified FGM into four broad categories in 1995 and again in 2007:

Type 1: Partial or total removal of the clitoris and/or the prepuce.

Type 2: Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora.

Type 3: Narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together, which is referred to as ‘infibulation’.

Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

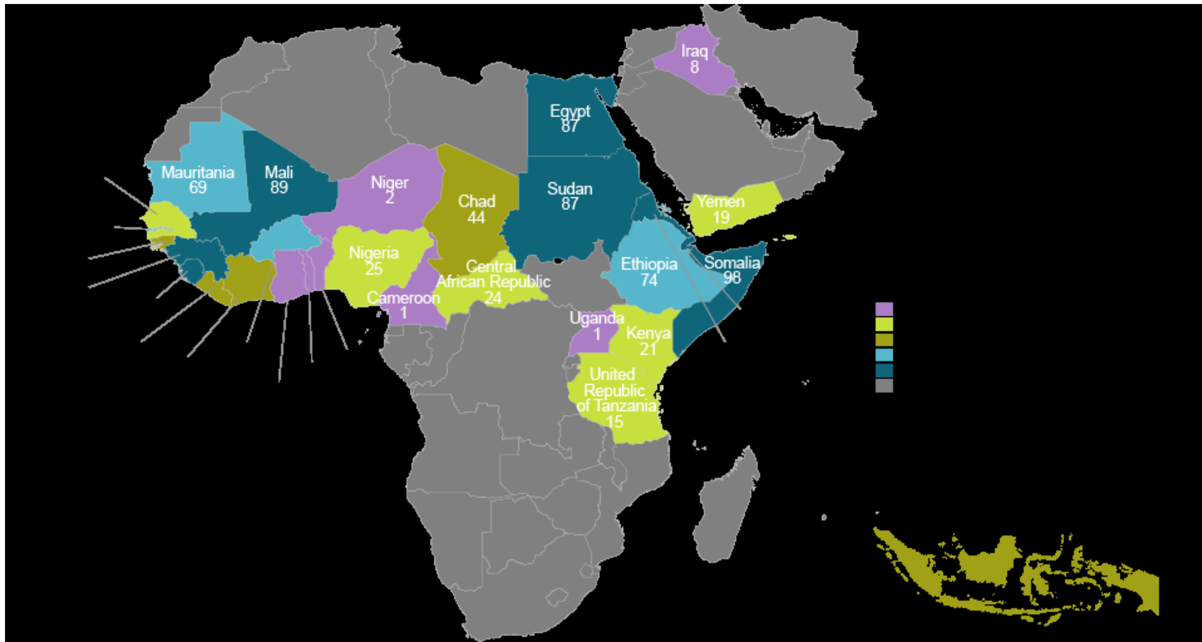
Type 1 and Type 2 procedures account for 85 percent of all FGM.

Type 3 (infibulation or closed) is common in Djibouti, Somalia and Sudan and in parts of Egypt, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria & Senegal.

Other names for FGM

- Female Genital Cutting (FGC)
- Female Circumcision it is anatomically misleading and gives the analogy to male circumcision
- Sunnah widely used term by communities
- Initiation

Prevalence of FGM



The World Health Organization estimates that 200 million women and girls worldwide have experienced FGM 44 million are girls below the age of 15, mainly affecting 30 countries in Africa. **http://data.unicef.org/child-protection/fgmc.html**

- Somalia – 98%
- Guinea – 97%
- Djibouti – 93%
- Sierra Leone – 90%
- Mali - 89%
- Egypt – 87%
- Sudan – 87%
- Eritrea – 83%
- Burkina Faso 76%
- Gambia 75%

FGM is a deeply rooted tradition, widely practised amongst specific ethnic populations in Africa and parts of the Middle East and Asia. It serves as a complex form of social control of women's sexual and reproductive rights. For more information please see- Multi–agency Statutory Guidance on Female Genital Mutilation April 2016

Prevalence of FGM in England and Wales

Due to the hidden nature of the practice of FGM, it is difficult to estimate the prevalence of it in the UK. However, a 2015 study based on 2011 census data in England and Wales estimated that 60,000 girls under the age of 15 could be at risk of FGM each year; and nearly 127,000 women are living with its consequences. FGM could be even

more prevalent than these figures suggest due to population growth and immigration from practising countries since 2011.

Indicators

These indicators are not exhaustive and whilst the factors detailed below may be an indication that a child is facing/at risk of FGM, it should not be assumed that is the case simply on the basis of someone presenting with one or more of these warning signs. These warning signs may indicate other types of abuse such as forced marriage or sexual abuse that will also require a multi-agency response. See also Annex B of the statutory guidance for details.

The following are some signs that the child may be at risk of FGM:

- A female child is born to a woman who has undergone FGM or whose older sibling or cousin has undergone FGM:
- The family belongs to a community in which FGM is practised; or have limited level of integration within UK community;
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- If a female family elder is present, particularly when she is visiting from a country of origin, and taking a more active / influential role in the family;
- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
- The child talks about a 'special procedure/ceremony' that is going to take place;
- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family;
- Repeated failure to attend or engage with health and welfare services or the mother of a girl is very reluctant to undergo genital examination;
- Where a girl from a practising community is withdrawn from Sex and Relationship Education they may be at risk from their parents wishing to keep them uninformed about their body and rights.

It should be remembered that this will have lifelong consequences, and can be highly dangerous at the time of the procedure and directly afterwards.

Reasons given for practising FGM:

- It brings status and respect to the girl.
- It preserves a girl's virginity/chastity.
- It is part of being a woman.
- It is a rite of passage.
- It gives a girl social acceptance, especially for marriage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.

- It fulfils a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is aesthetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.
- It rids the family of bad luck or evil spirits.

FGM is often seen as a natural and beneficial practice carried out by a loving family who believe that it is in the girl's or woman's best interests. This also limits a girl's incentive to come forward to raise concerns or talk openly about FGM – reinforcing the need for all professionals to be aware of the pressures and risks of FGM.

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs

Consequences of FGM

Many women in practising communities can be unaware of the relationship between FGM and its harmful health consequences.

The short term health consequences can include:

- Severe pain
- infection
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends).
- haemorrhage.
- wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C);
- urinary retention.
- injury to adjacent tissues.
- fracture or dislocation as a result of restraint
- damage to other organs.

- death

The long-term health implications of FGM can include:

- chronic vaginal and pelvic infections.
- difficulties with menstruation.
- difficulties in passing urine and chronic urine infections.
- renal impairment and possible renal failure.
- damage to the reproductive system, including infertility.
- infibulation cysts, neuromas and keloid scar formation.
- obstetric fistula.
- complications in pregnancy and delay in the second stage of childbirth.
- pain during sex and lack of pleasurable sensation.
- psychological damage, including a number of mental health and psychosexual problems such as low libido, depression, anxiety and sexual dysfunction; flashbacks during pregnancy and childbirth; substance misuse and/or self-harm.
- increased risk of HIV and other sexually transmitted infections.
- death of mother and child during childbirth

Talking about FGM

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully/sensitively and with compassion. It is important that professionals look out for signs that FGM has already taken place so that:

- the girl or woman affected can be supported to deal with the consequences of FGM
- enquiries can be made about other female family members who may need to be safeguarded from harm.
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

Care must be taken to ensure that an interpreter is available at services supporting women with FGM, as this is likely to be required for many appointments relating to FGM. An accredited female interpreter may be required. Any interpreter should ideally be appropriately trained in relation to FGM, and in all cases should not be a family member, not be known to the individual, and not be someone with influence in the individual's community. Please refer to the Children's Multi Agency Resilience and Safeguarding Board (Children's MARS) best guidance on use of interpreters. When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl or woman would prefer this.
- make no assumptions.
- give the individual time to talk and be willing to listen.
- create an opportunity for the individual to disclose, seeing the individual on their own in private.
- be sensitive to the intimate nature of the subject.

- be sensitive to the fact that the individual may be loyal to their parents.
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl or woman).
- get accurate information about the urgency of the situation

For those subjected to the procedure:

- take detailed notes
- record FGM in the girl or woman's healthcare record / case record, as well as details of any conversations
- use simple and culturally sensitive language and ask straight forward questions such as: "Have you been closed?"
- "Were you circumcised?"
- "Have you been cut down there?"

Remember that women or girls may not be aware that they have had FGM; professionals may need to explain that FGM is the cause of symptoms; and consider some of the following ways to start a discussion about FGM:

"*I can see in your notes from the obstetrician or midwife that you have been cut. Could you tell me a bit more about this?*"

"*I know that (some) girls and women in your country have been cut. How do you feel about this? Could you tell me a bit more?*"

"*You have talked about your cutting and the traditions in your country. Is there anything else you want to tell me about this?*"

"*How do you and your family feel about female genital cutting? How do the people around you feel about this? Are you still in touch with relatives in your country? How do they feel about it? At what age is it usually performed?*"

Be direct, as indirect questions can be confusing and may only serve to compound any underlying embarrassment or discomfort that you or the patient may have. If any confusion remains, ask leading questions such as:

"Do you experience any pains or difficulties during intercourse?"
"Do you have any problems passing urine?"
"How long does it take to pass urine?"
"Do you have any pelvic pain or menstrual difficulties?"
"Have you had any difficulties in childbirth?"

Give the message that the individual can come back to you at another time if they wish.

Give a very clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters.

Offer support for example counselling, NHS FGM specialist clinics, "Statement Opposing FGM leaflet" etc. Click here to access the GOV.UK Female Genital Mutilation Resource Pack

The Law and FGM

In England and Wales, criminal and civil legislation on FGM is contained in the Female Genital Mutilation Act 2003 ('the 2003 Act').

- Makes it illegal to practice FGM in the UK
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad
- Has a penalty of up to 14 years in prison and, or, a fine. It came into force on 3 March 2004 and applies to England, Northern Ireland and Wales as amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

    - Creating a new offence of failing to protect a girl from FGM with a penalty of up to 7 years in prison or a fine or both. - A person is liable if they are "responsible" for a girl at the time when an offence is committed. This will cover someone who has "parental responsibility" for the girl and has "frequent contact" with her and any adult who has assumed responsibility for caring for the girl in the manner of a parent. This could be for example family members, with whom she was staying during the school holidays
    - Introduced Female Genital Mutilation Protection Orders ("FGMPO") - breaching an order carries a penalty of up to five years in prison. The terms of the order can be flexible and the court can include whatever terms it considers necessary and appropriate to protect the girl or woman
    - Allowing for the lifelong anonymity of victims of FGM – prohibiting the publication of any information that could lead to the identification of the victim. Publication covers all aspects of media including social media
    - Extended the extra-territorial reach of Female Genital Mutilation (FGM) offences to include "habitual residents" of the UK
    - Created a new duty of Mandatory Reporting of Female Genital Mutilation for regulated professionals in health and social care professionals and teachers in England and Wales which came into force on the 31st October 2015

The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the Elimination of all Forms of Discrimination Against women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights and Protocol to the African Charter on Human and Peoples' Rights on the rights of women in Africa. All these documents highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

Girl (under 18 years) who is suspected to have undergone FGM

If any professional suspects that a girl has undergone FGM their named/ designated safeguarding lead must be made aware and an immediate referral made to Children's Services on **01724 296500/ 296555 (out of hours).**

The practitioner must notify the police when they identify that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18.This can be done via police 101.

Girl (under18 years) who is suspected to be at risk of FGM

All cases should be handled in accordance with Children's MARS Policy and Procedure Assessing Need and Providing Help. The initial referral should be made to Children's Services, if the risk is not considered imminent or significant appropriate safeguarding actions should be undertaken, making sure information is shared appropriately. This will help make sure that if other agencies or professionals have a wider scope of understanding of the child's circumstances they will be able to use the most up to date information to consider the risk the girl faces.

Where there is imminent or serious risk, an emergency response may be required, either an urgent referral to Children's Services and/ or contacting the police. Where it is considered that there is an immediate risk to a girl the local authority should consider whether to apply for an FGM Protection order and/or an Emergency Protection Order

You should:

- Keep a record of the discussion
- Share the information with Children's Services
- If identified by a healthcare professional share the information with the girls GP, health visitor or school nurse (depending on age of the child) and potentially other health care professionals delivering care to the child depending on circumstances
- In a healthcare setting make sure that the **FGM risk indication system** http://content.digital.nhs.uk/fgmris is used and an indicator placed upon the girls record as appropriate

In all cases professionals should consider the risk to other children and women in the family.

Professionals must give careful thought and consideration to developing a safety and support plan for the girl/woman prior to meeting with her. If a girl/woman is seen by someone within the community who she perceives as 'hostile' this may pose a risk to her safety. By mutually agreeing in advance another reason why they are there and/or why they are meeting could potentially minimise this risk.

Female Genital Mutilation Protection Orders

An FGM Protection Order (FGMPOs) is a civil measure which can be applied for through a family court, offering the means of protecting actual or potential victims from FGM under the civil law. The court can make an order in an emergency so that protection is in place straightaway. FGMPO's are intended to safeguard girls who are at risk of FGM at home or abroad, or who are survivors. They came into effect on 17 July 2015 and apply to England, Northern Ireland and Wales.

In July to September 2016, there were 20 applications and 11 orders made for FGMPOs. In total, there have been 97 applications and 79 orders made since their introduction up to the end of July 2015.

Breach of an FGMPO is a criminal offence carrying a sentence of up to five years in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment.

Who can apply for an order?

- The person who is to be protected by the order
- a relevant third party (such as the local authority) or
- any other person with the permission of the court (for example, teachers, health care professionals, police, family member).

FGMPO's are unique to each case and contain legally binding conditions, prohibitions and restrictions to protect the person at risk of FGM. These may include:

- confiscating passports or travel documents of the girl at risk and/or family members or other named individuals to prevent girls from being taken abroad
- ordering that family members or other named individuals should not aid another person in any way to commit or attempt to commit an FGM offence, such as prohibiting bringing a "cutter" to the UK for the purpose of committing FGM

Mandatory Reporting Duty (to the police)

The Female Genital Mutilation Act 2003, as amended by section 74 of the Serious Crime Act 2015 , has introduced the legal duty for regulated health and social care professionals and teachers to make a report to the police if:

- they are informed by a girl under the age of 18 that she has undergone an act of FGM

or

- they observe physical signs that an act of FGM may have been carried out on a girl under the age of 18

The duty does not apply where a woman over the age of 18 discloses she had FGM when she was under 18.

A failure to report the discovery in the course of their work could result in a referral to their professional body. The Home Office has produced guidance Mandatory Reporting of Female Genital Mutilation – procedural information to support this duty and a fact sheet on the New Duty for Health and Social Care Professionals and Teachers to Report Female Genital Mutilation (FGM) to the Police.

The duty only applies in cases where the victim discloses. If someone else, such as a parent or guardian, discloses that a girl under 18 has had FGM, a report to the police is not mandatory. However, in these circumstances disclosures should still be handled in line with wider safeguarding responsibilities If there are suspicions that a girl under the age of 18 years may have undergone FGM or is at risk of FGM professionals must still report the issue by following their internal safeguarding procedures. Professionals must share the information about their concerns, potential risk and/or the actions which are to be taken. Next steps should be discussed with the safeguarding lead and if necessary a Children's Services referral made.

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred.

Professionals should make the report as soon after the case has been discovered. Best practice is within 1 working day.

NHS Actions

Since April 2014 NHS acute hospitals have been recording:

- If a patient has had Female Genital Mutilation
- If there is a family history of Female Genital Mutilation
- If a Female Genital Mutilation-related procedure has been carried out on a patient

From 1 April 2015, a new information standard, 'SCCI 2026 FGM Enhanced Dataset', revised what information was collected, and the method and frequency of collection, and it is now mandatory for acute Trusts to comply with these updates. The requirement to record FGM data has also been expanded to GP practices and Mental Health Trusts who will be required to submit information under the Enhanced Dataset when treating patients who have FGM.

For further information, see Health and Social Care Information Centre Female Genital Mutilation Datasets

At antenatal booking, the holistic assessment may identify women who have undergone FGM. Midwives and Obstetricians should then plan appropriate care for pregnancy and delivery.

Women with FGM Type 3 require special care during pregnancy and childbirth. Early antenatal registration is important in providing midwives with the opportunity to plan for this. Unfortunately, many women only access services very late in their pregnancy.

The plan should be an extension of NICE guidelines that midwives are already familiar with - i.e. history taking, offering individual care and being culturally sensitive.

This procedure should be read in conjunction with - Multi–agency Statutory Guidance on Female Genital Mutilation April 2016.

Protection and Action to be Taken

Where concerns about the welfare and safety of a child or young person have come to light in relation to FGM a referral to Children's Services should be made in accordance with the Children's MARS Policy and Procedure Assessing Need and Providing Help. Under mandatory reporting this will include a referral to the Police 101.

If Children's Services and/or the police have reason to believe that a child is likely to suffer or has suffered FGM, Children's Services will liaise with the Police and determine the next course of action. This may result in a strategy discussion being convened which should include the relevant Health professionals and, if the child is of school age, a school representative also any others involved with the child/family or deemed appropriate.

The strategy discussion will:

- Make a decision will be whether the child or young person, the unborn child, or sibling of a child in questions has suffered or is likely to suffer significant harm as a consequence of FGM. If so, a Section 47 Enquiry will be initiated which could be undertaken jointly with the police.

When undertaking an assessment/section 47 enquiry:

- Consider if the procedure has already been performed how, where and when the procedure was performed and the implication of this
- Children's Services and /or the Police will liaise with the Child Sexual Assault Assessment Service where it is believed that FGM has already taken place to enable a medical assessment to take place
- Consider whether a criminal act has taken place and liaise with the police and where necessary take legal advice
- Where a child appears to be in immediate danger of mutilation, legal advice should be sought and consideration should be given, for example, to seeking a Female Genital Mutilation Protection Order, an Emergency Protection Order or a Prohibited Steps Order, making it clear to the family that they will be breaking the law if they arrange for the child to have the procedure
- Consider the need for support services
- If concerns are substantiated, consider whether a child protection plan is necessary

- The child's interests are always paramount, and any agreement must be carefully monitored and enforced by all agencies

Where a child has been identified as having suffered, or being likely to suffer, significant harm, it may not always be appropriate to remove the child from an otherwise loving family environment. Parents and carers may genuinely believe that it is in the girl's best interest to conform to their prevailing custom. Professionals should work in a sensitive manner with families to explain the legal position around FGM in the UK. The families will need to understand that FGM and re-infibulation (the process of resealing the vagina after childbirth) is illegal in the UK and that if they are insistent upon carrying out the practice, the health visitor and Children's Services must be informed that a female child may be at risk of significant harm.

Interpretation services should be used if English is not spoken or well understood and the interpreter should not be an individual who is known to the family.

Where a child appears to be in immediate danger of mutilation, legal advice should be sought and consideration should be given, for example, to seek a Female Genital Mutilation Protection Order, an Emergency Protection Order or a Prohibited Steps Order, making it clear to the family that they will be breaking the law if they arrange for the child to have the procedure

Counselling and Specialist Support

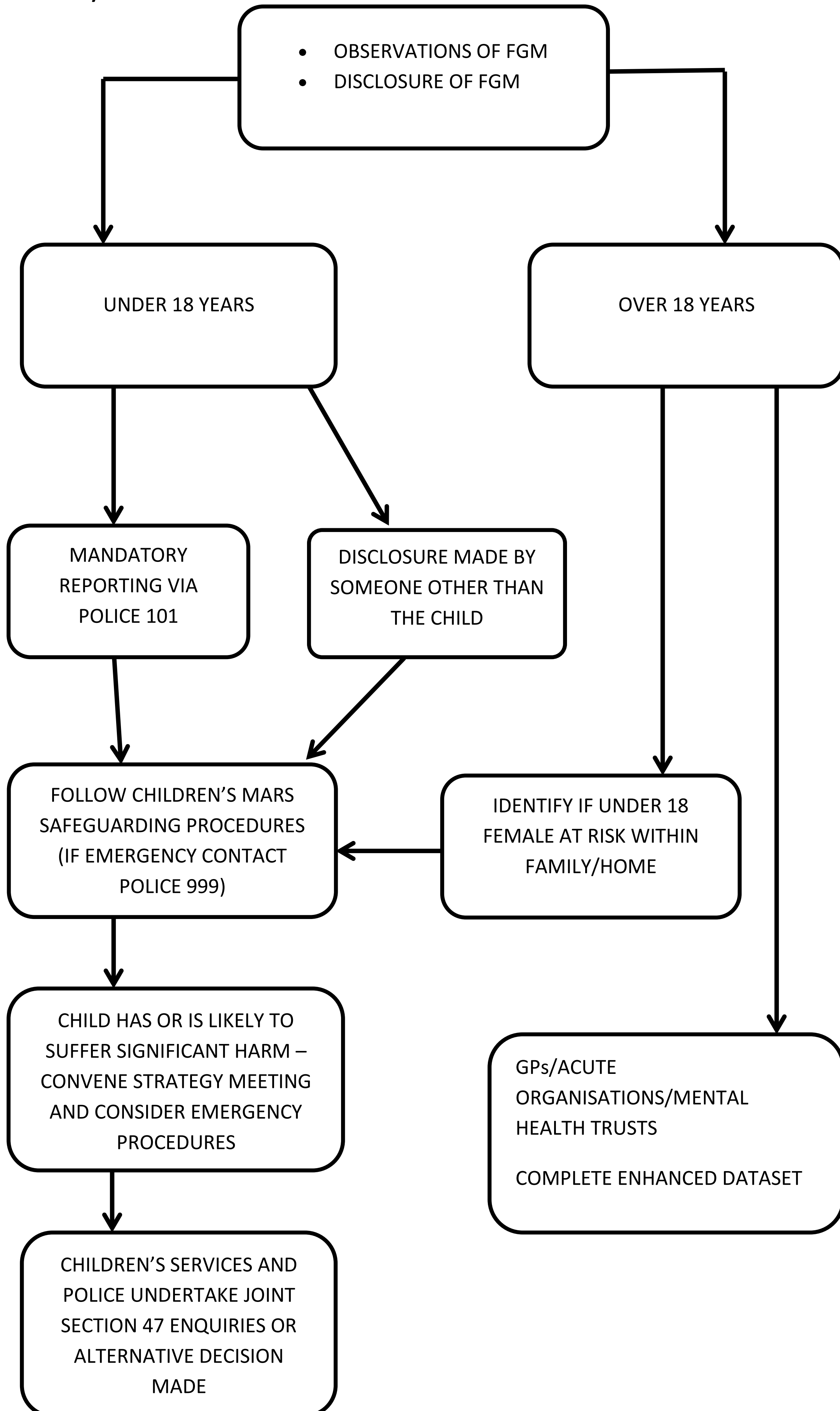
Each girl or woman should be offered counselling to address any impact of FGM.

Counselling sessions should be offered and arranged, taking into account that the girl/woman may not want to make the arrangements about it when her boyfriend/partner or other family members are present. Professionals should be aware that there may be coercion and control involved, which may have repercussions for the girl/woman.

Boyfriends/partners should also be considered for counselling - they are usually supportive when the reality is explained to them.

Specialist counselling or health care would be tailored to meet the needs of the individual on a needs basis with referrals to specialist providers as necessary. A referral would be initiated via the girl/woman's GP.

Summary Flowchart



Sources of Support

North Lincolnshire Children's Services 01724 296500 or 01724 296555 (Extended Hours)

Humberside Police 101 (non-emergency) 999 (emergency)

North Lincolnshire Adult's Services 01724 296607

The Blue Door http://www.thebluedoor.org.uk

Somali Development Services Ltd, www.sds-ltd.org Phone: 0116 285 5888

My Sister's Place, http://mysistersplace.org.uk/ hello@mysistersplace.co.uk

Halo, info@haloproject.org.uk.

Agency for Culture and Change Management (ACCM) , http://www.accmuk.com/ info@accmuk.com Phone: 01234 356 910

New Step for African Community (NESTAC), http://www.nestac.org/ email peggy@nestac.org Phone: 01706 868993

Daughters of Eve http://www.dofeve.org/

AFRUCA (Child Protection of African Children)

Forward (Foundation for Women's Health Research and Development)

Multi–agency Statutory Guidance on Female Genital Mutilation April 2016

Female Genital Mutilation and its Management (Green-top Guideline No. 53)

Female Genital Mutilation – Home Office

Mandatory Reporting of Female Genital Mutilation – procedural information

Female Genital Mutilation Risk and Safeguarding – Guidance for Professionals (DoH)

NSPCC FGM Helpline Email: fgmhelp@nspcc.org.uk Telephone: 0800 028 3550