

East Renfrewshire Child Protection Committee



Multi-Agency Summary Guidance for Practitioners and Managers

Female Genital Mutilation

Working Together to Keep Our Children Safe

www.eastrenfrewshire.gov.uk/ercpc

Aims

1.

1.1 This guidance seeks to offer advice and clarity to all front line practitioners who work with children, young people or those who work in adult services regarding the issue of Female Genital Mutilation (FGM). Female Genital Mutilation is an unacceptable practice, a form of child abuse and illegal in Scotland. This guidance is supported by the National Guidance for Child Protection in Scotland (2010) and the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

<http://www.scotland.gov.uk/Publications/2010/12/09134441/0>

1.2 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 in responding to a concern that a child may be at risk of FGM or has experienced FGM.

2.2 East Renfrewshire Child Protection Committee work with strategic partners to raise awareness about FGM and offer multi-agency training to staff across agencies to ensure that practitioners are equipped to recognise and respond appropriately to this issue. Further information is also available on our website.

2.3 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, both child or adult protection processes should be considered.

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: 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 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 (2010) 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 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.

4.4 It is illegal in Scotland to practice FGM under Prohibition of Female Genital Mutilation (Scotland) Act 2005. This legislation makes it an offence to:

- perform FGM
- aid and abet FGM
- and applies to FGM carried out within and out with UK by a UK resident

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

Any person being found guilty of this offence under this act will be liable to a maximum penalty imprisonment of up to 14 years

5. Prevalence

5.1 FGM is a widely practised, 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. ¹See appendix 1 for more information on the prevalence in FGM in African practising countries.

5.2 The 2007 DH funded study by FORWARD: A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales ²estimates 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. ³The 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

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)

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).

6. Why the Practice Continues

6.1 The WHO⁴ 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

FGM is usually performed by a female elder in the community using non sterile, blunt instruments without anaesthetic.

6.1 The WHO states that in every society where it is practised FGM is the manifestation of gender inequality that is entrenched in social, economic and political structures. FGM is a form of violence against women and girls⁵.

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 script⁶.

8. Short Term Impacts for Girls Health and Welfare

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

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- 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

Young People who have experienced FGM report feelings of betrayal by their family, incompleteness and anger. Many young women suffer 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 practising 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 etc;
- 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.online-procedures.co.uk/westofscotland/>

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 practising 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 judgemental (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.

Women often recount feelings of distress and humiliation due to the responses they receive from professionals when it is discovered they have undergone FGM. They describe looks of horror, inappropriate and insulting questions, feelings of shame and being made to feel 'abnormal'. This could create barriers to the effective care and prevention of FGM and deter women and girls from seeking treatment or support.

Source: HM Government Multi-agency Practice Guidelines, Female Genital Mutilation

13. Support Services

13.1 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 Saheyliya www.saheliya.co.uk

13.2 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/277,234

NSPCC

Female Genital Mutilation (FGM)

Helpline: 0800 028 3550

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

Appendix 2

Traditional and local terms for FGM

Country	Term used for FGM	Language	Meaning
EGYPT	Thara	Arabic	Deriving from the Arabic word 'tahaar' 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	Tigreña	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 LEONE	Sunna	Soussou	Religious tradition/ obligation - for Muslims
	Bondo	Temenee	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 'tahaar' 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-BISSAU	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 Karoola	Mandinka	Meaning 'the women's side' / 'that which concerns women'