Female Genital Mutilation

Guidance on Best Practice
1. **Definition**

1.1 Female genital mutilation (FGM) is a form of child abuse which has devastating physical and psychological consequences for girls and women. The World Health Organization describes it as: "procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons" (WHO, 2013). Prior to the adoption of the term FGM, the practices were referred to as "female circumcision."

1.2 Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

1.3 The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. However, more than 18% of all FGM is performed by health care providers, and this trend is increasing.

1.4 FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

2. **Who is at risk?**

2.1 Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women.

2.2 The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas. In Africa, more than three million girls have been estimated to be at risk for FGM annually.

2.3 It has been estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK each year and that 66,000 women in the UK are living with the consequences, although its true extent is unknown due to the hidden nature of the crime.
3 No health benefits, only harm

2.1 FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

3.2 Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

3.3 Long-term consequences can include:
   - recurrent bladder and urinary tract infections;
   - cysts;
   - infertility;
   - an increased risk of childbirth complications and newborn deaths;
   - the need for later surgeries. For example, the FGM procedure that seals or narrows a vaginal opening (type 3 above) needs to be cut open later to allow for sexual intercourse and childbirth. Sometimes it is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing and repeated both immediate and long-term risks.

4. The Legal Position

4.1 The Prohibition of Female Genital Mutilation (Scotland) Act 2005 came into effect on 1st September 2005. It changed the law about female genital mutilation (FGM) in three ways:
   - it changed the definition of female genital mutilation
   - it made arranging or carrying out female genital mutilation abroad unlawful
   - it increased the maximum penalty to 14 years imprisonment

The legal definition contained in the Act is “to excise, infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina”
4.2 The Act permits surgical operations that are necessary for physical or mental health and operations carried out in connection with childbirth, if carried out in the UK by a registered medical practitioner or registered midwife, or a person training to be one. The surgical procedure may also be carried out outside the UK by their overseas equivalents in similar circumstances.

In determining whether an operation is necessary for mental health reasons, the Act states that it is immaterial whether any person believes that the operation is required as a matter of custom or ritual. Therefore an FGM procedure could not legally occur on the grounds that a girl's mental health would suffer if she did not conform with the prevailing custom of her community.

4.3 It is an offence under the Act, to aid, abet, counsel, procure or incite FGM (including self-mutilation), even if the procedure is carried out overseas. Previously, girls may have been taken overseas in order that FGM could be carried out in an effort to evade the UK law. This Act makes doing so an offence. Any person involved in arranging FGM within the UK, or facilitating travel abroad for it to take place commits an offence.

It is illegal for a UK national or a permanent UK resident who is overseas to carry out or aid FGM, regardless of where it takes place. It is illegal for permanent UK residents to take their daughters to another country for FGM.

4.4 The Act increases the maximum penalty for all of these offences to 14 years imprisonment. FGM is regarded as a Schedule 1 Offence.

4.5 While the Prohibition of Female Genital Mutilation (Scotland) Act 2005 puts in place legal measures that can be taken if FGM is carried out, the priority remains the prevention of FGM through child protection procedures where necessary. The emergency orders in the Children (Scotland) Act 1995 mean that legal action can be taken to try to prevent FGM being carried out in the first place.
5. Issues for Inverclyde

5.1 Although the minority ethnic population in Inverclyde is relatively small, some people living in the area may have come from cultures where FGM is practiced. Some women may have already undergone FGM or could be under pressure to have it performed. It is therefore relevant for all professionals including teachers, health and social care staff and police officers, who work with girls and young women throughout Inverclyde to have an awareness about FGM.

6. Child Protection Issues

6.1 FGM can happen within loving families who do not see it as abuse. However, FGM is a criminal act which causes severe physical and mental harm to victims both in the short and long term and for this reason it cannot be condoned or excused. The safety and welfare of the child at risk is paramount (NSPCC fact sheet 2013)

6.2 It is important to stress that FGM is not a religious practice and has been condemned as harmful and unnecessary by the leaders of major religions. It is, however, deeply embedded in the culture and tradition of those communities which practice it.

6.3 Despite the pain and health risks associated with FGM parents and others who permit or encourage the practice may genuinely believe that it is in their child’s best interests to conform to the custom believing that it will make them more socially acceptable within their own community. They may not believe that it is an abusive act.

6.4 FGM is usually performed in the country of origin of the child’s family and concern should be aroused if a girl or young woman is making a visit to a country where FGM is practiced and talks about a ‘special procedure’ taking place.

6.5 If a professional is concerned that FGM is going to be or has been performed on a child or young woman they should follow the processes in their agency Child Protection Procedures to make a child protection referral. In such a situation, professionals should be mindful of other female siblings in the family. Professionals should recognise the importance of a quick response to such concerns when they arise given the potential for FGM to be performed at short notice.
Female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.

Where a child or young person within a family has already been subjected to female genital mutilation, consideration must be given to other female siblings or close relatives who may also be at risk.

7. Issues that might cause concern

7.1 The following may be indications of concern when a girl is from a community which practices FGM:

- The girl or young woman expresses concern or anxiety about a special procedure that is to take place.
- Absence from school with behaviour change on return.
- Long periods spent at the toilet passing urine or with menstrual problems.
- Avoidance of specific classes or activities giving reasons of bladder problems/ menstruation/ abdominal pain.
- An awareness on the part of midwives/ obstetricians that FGM has been performed on a woman prompting concerns for other girls/ young women in the family.

8. Good Practice Guidance

8.1 Professionals need to be aware that girls and young women from communities where FGM is practiced may have had FGM performed on them in their country of origin or that their birth families may want to arrange it for them.

8.2 Professionals should be aware that there is no medical reason for FGM.

8.3 Professionals should be aware of the behaviours, signs and symptoms that may arouse suspicion that FGM is going to be or has been performed on a girl or young woman.
8.4 Professionals should work in a sensitive manner with families to explain the legal position around FGM. Interpretation services should be available if English is not spoken or well understood. It is important that language used to describe FGM should be respectful and is not insulting to individuals, their culture or tradition.

8.5 A female doctor should be used if physical examination is required in such circumstances. Questioning should be kept to a minimum and properly informed consent should be obtained when necessary. Consent should always be sought from the victim prior to medical examination. In cases where the child is unable to understand or provide their consent this should be given by the parent or adult carer who has responsibility for the care and protection of the child. As in all child protection situations, where such consent is not forthcoming consideration must then be given to appropriate legal options to facilitate the medical examination.

8.6 When a mother or one woman from a family has undergone FGM, consideration should be given to whether any daughters/siblings may also have FGM performed on them.
Appendix 1
Concern that a child may have undergone FGM

Concern that a child may have undergone FGM

Referral to Police and Social Work Services

Consider the need for emergency action to provide immediate protection for the child or siblings

Case Discussion convened by Social Work Services under the Child Protection Procedures. The Case Discussion should include the Police and all other relevant professionals involved with the child/ young woman or other young woman in the family. The purpose of this meeting is to consider how, when and where the procedure was performed and its implication for this child and other children in the family.

Visit to the family

No children identified to be at ongoing risk. No further formal child protection action required. Consider need for ongoing support to the child/ young woman and family. Possible follow up action by the Police.

On going concerns – further case discussion/ Child Protection Case Conference to plan appropriate intervention including prosecution if appropriate. Also consider need for Child Protection Order/ referral to SCRA/child protection registration
Appendix 2
Child Thought To Be At Risk of FGM

Child thought to be at risk of FGM

Referral to Police and Social Work Services

Consider the need for emergency action to provide immediate protection for the child (and siblings)

Case Discussion convened under Child Protection Procedures to share information and determine how to proceed. The Case Discussion should include the Police and all relevant professionals involved with the child or young woman.

Visit to the family

Assessment concludes that child (and siblings) not at risk of significant harm. No further formal child protection action required. Consideration of whether there is a need for ongoing support to the child/young woman and/or family

Assessment concludes that child and / or sibling(s) still at risk. Decision to be made about the least intrusive action to prevent FGM but may mean measures such as a CPO, referral to SCRA, a Child Protection Case Conference and / or action by police
Appendix 3
Further Resources

The Prohibition of Female Genital Mutilation (Scotland) Act 2005


NSPCC FGM Factsheet 2013.