



FGM

Multi Agency Guidance for Responding to and Preventing Female Genital Mutilation in Forth Valley

Version	Date	Author	Changes
1.0	February 2019	FV PPP Group	

Foreword

This guidance has been developed by Clackmannanshire and Stirling Child Protection Committee and Falkirk Child Protection Committee. The chairs of the Child Protection Committees in Forth Valley acknowledge the shared responsibility that agencies and services have for protecting children and safeguarding their welfare and the importance of partnership working in achieving this. Workforce development is a key strategic priority across the area and helps to ensure that practitioners are adequately prepared and supported to address the complexities often associated in child protection work. The guidance will also be useful in supporting the GIRFEC principles of early and effective interventions. We would like to acknowledge the 2017 Scottish Government; Safer Scotland - Responding to Female Genital Mutilation in Scotland multi agency guidance.

Purpose

The aim is to translate national multi agency Female Genital Mutilation (FGM) 2017 guidance into local policy and practice across Forth Valley. This should promote a consistent approach and clear expectations in regard of responses. The guidance intends;

- To provide a definition and description of this cultural abusive practice
- To assist in the identification of female children and young people who may be at risk of FGM
- To support identification where FGM has already taken place
- To provide clarity regarding the protection of those at risk and responding appropriately to those already affected

The guidance is for all areas, services, agencies, organisations, practitioners and individuals responsible for protecting and promoting the health and welfare of women and girls, including but not limited to Clackmannanshire, Falkirk and Stirling local authorities, Police Scotland, NHS Forth Valley and third sector organisations.

This guidance should be considered alongside:

- FGM Responding to Female Genital Mutilation in Scotland multi agency guidance (November 2017)
<https://www.gov.scot/publications/responding-female-genital-mutilation-fgm-scotland-multi-agency-guidance-978-1-78851-364-7/>
- The National Guidance for Child Protection in Scotland (2014)
<https://staffnet.fv.scot.nhs.uk/wp-content/uploads/2012/05/National-Guidance-for-Child-Protection-in-Scotland-2014.pdf>
- Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls (2016)
<https://www.gov.scot/publications/equally-safe/>
- The Children and Young People (Scotland) Act 2014
<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>
- Single agency guidance relating to FGM
- Forth Valley Inter-Agency Initial Referral Discussion Procedures

Introduction

Female Genital Mutilation (FGM) is an internationally recognised term but may not be acknowledged by the women and girls affected, they may not consider themselves to be mutilated and may refer to the process as 'cutting' or 'circumcision' a term not anatomically correct. It is usually performed by

older women who may not be medically trained but for whom it can be a lucrative source of income and prestige. It can happen soon after birth up to young adulthood and often without anaesthesia or attention to hygiene. The reasons provided for supporting the practice includes faith, chastity, status, honour, marriageability, belonging, tradition, cleanliness and desirability.

FGM is illegal in Scotland and is a form of child abuse and gender based violence. The complexities posed by the cultural specific basis for the practice is recognised as challenging and sensitive for practitioners to address. Adherence to local and national guidance should support the avoidance of personal fears of being racist or discriminatory. The Scottish Government is working to prevent FGM and has developed models and action plans alongside the Scottish Refugee Council and communities to inform a national approach.

FGM practice has been part of belief systems for over 5,000 years in communities in Europe, America, Asia, the Middle East and Central Africa. It is at its most concentrated from the West coast to the Horn of Africa.

Definition

The World Health Organisation (WHO) defines FGM as ‘all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.

FGM has no health benefits, it harms girls and women in many ways and is frequently very traumatic and violent. WHO also define the types of FGM into four categories:-

Type 1 – Clitoridectomy

Partial or total removal of the clitoris and in very rare cases only the skin fold (prepuce) 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 by creating 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 such as pricking, piercing, incising, scraping and cauterizing (burning) the genital area. This includes labia stretching or pulling sometimes by use of sticks, weights or harnesses.

FGM and the Law

FGM is illegal in Scotland and violates the rights of women and girls, contravening international, UK and Scottish law. **The Prohibition of Female Genital Mutilation (Scotland) Act (2005)** makes it unlawful for a person to carry out specified FGM procedures on another person. The legislation also makes it an offence for a person to aid, abet, counsel, procure or incite another person to commit an offence of FGM, including making contact and calls from Scotland to another country. The penalty on conviction on indictment is up to 14 years imprisonment. Section 60 of the **Children’s Hearings (Scotland) Act 2011** also promotes responsibility for legal measures to be applied to keep children safe when FGM procedures are suspected.

Health consequences of FGM

FGM can have multiple and severe consequences for physical and mental health in both the short and long term and throughout a woman’s life, often exacerbated by the fact that the trauma was initiated or caused by loving parents, carers, extended family or friends.

- Severe Pain
- Emotional and psychological shock
- Haemorrhage (excessive bleeding)
- Wound infection and chronic vaginal and pelvic infection

- Blood borne virus exposure including HIV and Hepatitis
- Urinary and menstruation complications
- Injury to tissue and organs including the kidneys
- Injury from use of restraints
- Infertility
- Complications in pregnancy
- Long term mental health implications

Responding to and Assessment of FGM in Forth Valley

The national FGM guidance (2017) provides specific guidance for health, social work, education, police and third sector organisations to support single agency guidance. Each agency should ensure they have a designated lead/single point of contact and single agency guidance relating to FGM. Good practice would dictate that this sits alongside child and adult protection processes. FGM should always be seen as a cause of significant harm and child protection procedures should be invoked, supported by good information sharing.

The notification of child protection concerns with social work and/or police verbally via phone followed with a written confirmation of that call on a Form 2B should be prioritised, with consideration of a multi-agency Initial Referral Discussion to follow.

The best way to protect women and girls is to prevent and end FGM. Evidence shows that this is most successful when the communities affected are actively and directly involved and supported to be involved. Therefore agencies need to work closely with communities, listen to their concerns and agree together solutions that are relevant, legal and workable in the best interest of children and young people. The Scottish Government national action plan on FGM was published in 2016 and explores this work in more detail.

Each agency is responsible for ensuring staff are competent in identifying and responding to FGM. The promotion of local and national guidance and attendance at relevant learning and development opportunities will support early and effective responses that improve outcomes for girls and women in relation to FGM.

Indicators that a girl may be at risk of FGM

- The family is from a community in which FGM is practiced
- The girl's mother has experienced FGM
- The girl has a female sibling/cousin who has experienced FGM
- Family elders are very influential
- The family is not well integrated within the UK

Indicators that a girl may be at *imminent* risk of FGM

- Parents say that they or a relative intend to take the girl out of the country for a prolonged period
- The girl herself talks about going on a long holiday to her country of origin or another country where FGM is common
- The girl shares that she is to have a special procedure or celebrate a special occasion about becoming a woman
- Professionals hear FGM being mentioned in conversation by the girl or her family
- The girl may ask a teacher or another adult or young person for help

Indicators that FGM has already been performed

- The girl has difficulty walking, sitting or standing and appears uncomfortable
- The girl in school has long periods of time out the classroom, spending longer in the toilet

- The girl has prolonged and/or repeated absences
- The girl appears withdrawn, depressed, behaviour changes and other signs of emotional and psychological trauma
- The girl may ask for help without being explicit regarding the nature of the problem
- She may ask to be excused from physical education or sport
- She may talk about pain and discomfort between her legs
- The girl may be reluctant for physical examination

Where it is established that a girl has undergone FGM, assisting her to access relevant medical attention alongside progressing child protection procedures should be prioritised.

Using a recognised assessment framework, such as the National Practice Model to support and identify risk is seen as good practice. Gaining the mother and family views on FGM, are they opposed, undetermined or non protective, will dictate timescales required for response, along with any knowledge that the family are planning a trip to their country of origin or another country known to support FGM practice. Any child at risk of FGM should have a multi agency child's plan.

Building relationships with children and young people will always assist in gaining their views about family life and practices and how they feel about them. When significant risk to one female child is suspected, assessment of risk to other female children in the family and community should be progressed.

Information Sharing/ Inter agency Discussions

The National Guidance for Child Protection in Scotland (2014) states that 'Any reasonable professional concern that a child may be at risk of harm will always over-ride a professional or agency requirement to keep information confidential'. Information sharing should be relevant, necessary, appropriate and proportionate. Responses should be agreed on a case to case basis with promotion of inter agency discussion considered at all times, supported in Forth Valley by the Initial Referral Discussion (IRD) process.

Key messages for Practice

- Female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.
- Where an adult, 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 be at risk.
- A coordinated response from all agencies is essential.
- Where FGM practice is suspected or known to be valued in a family or community, the woman and family must be informed of the law in the UK and the health consequences of FGM.
- All discussion must be approached with sensitivity and a non-judgemental understanding of why families value the practice.
- Please refer to National Guidance as required;

FGM Responding to Female Genital Mutilation in Scotland multi agency guidance (Nov 2017)
<https://www.gov.scot/publications/responding-female-genital-mutilation-fgm-scotland-multi-agency-guidance-978-1-78851-364-7/>