 

Forth Valley Multi-agency Guidance

Female Genital Mutilation

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**Forth Valley Multi-agency Child Protection Guidance**

**Female Genital Mutilation**

**Female Genital Mutilation (FGM) is child abuse**. This traditional practice is an extreme form of **gender-based abuse**, causing significant and lifelong physical and emotional harm. Cultural considerations and sensitivities should not override the need of professionals to take action to protect a child at risk.

The **legal definition of FGM** 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 (section 1 of the **Prohibition of Female Genital Mutilation (Scotland) Act 2005**).

The World Health Organization defines **four types of FGM**. However, it should be noted that the term FGM is often not recognised by FGM practicing communities, and practitioners should use terms such as cutting or female circumcision instead.

FGM may be a **risk from infancy through to adulthood**, as the practice can take place in infancy, childhood and also before marriage. **Disabled children** may also be subjected to the practice. A girl or woman might be subjected to FGM more than once throughout her life. A girl or woman **may be taken out of the country** by family in order for the procedure to be carried out.

FGM has been **illegal** in Scotland since 1985. The **Prohibition of Female Genital Mutilation (Scotland) Act 2005** made it a criminal offence to have FGM carried out either in Scotland or outside the United Kingdom. The Act also increased the maximum sentence on conviction on indictment from 5 to 14 years imprisonment (section 5 of the 2005 Act). The UK Parliament’s **Serious Crime Act 2015** extends the reach of extra-territorial offences in that Act to habitual (as well as permanent) UK residents. The **Female Genital Mutilation (Protection and Guidance) Act 2020** makes provision for FGM Protection orders and for Statutory Guidance on FGM. This Bill will strengthen the existing legislative framework for the protection of women and girls from FGM.

FGM **can be imposed by families that are in other ways protective**.

By contrast it may be **associated with other forms of gender-based violence and so called ‘honour-based’ abuse**, which **can include child and forced marriage**. Sometimes FGM can be linked to **trafficking**. Children affected by FGM experience **lifelong psychological trauma**

FGM procedures cause **severe pain, emotional and physical shock**. Complications can cause death. Effects can include haemorrhage, wound infections, urinary retention, injury to adjacent tissues, fracture or dislocation as a result of restraint, and damage to other organs. **Long-term health consequences** include: chronic vaginal and pelvic infections; difficulties during menstruation; difficulties in passing urine and chronic urine infections; renal impairment and possible renal failure; damage to reproductive system (including infertility); infibulation cysts; neuromas; keloid scar formation; complications in pregnancy; delay in the second stage of child birth; maternal or foetal death; and increased risk of sexually transmitted infections. Surgical interventions during pregnancy and childbirth may be required.

**Immediate and long-term emotional impact** is further complicated because the decision is usually made by those who are respected, loved and trusted. Adult survivors who experienced FGM as children have reported **losing trust** in those who forced them to undergo the procedure. Others experience **family conflict and/or separation**, especially in families when parental attitudes are divided. Women may experience **recurrent sexual, psychological and physiological problems**. FGM may also cause **severe post-traumatic stress** and can be associated with **subsequent drug and alcohol problems**, although this is less likely in cultures where drug and alcohol use is considered ‘shameful’.

FGM or risk of FGM **may first come to the attention of education or health professionals.** A child can be considered **at risk** if they come from an FGM practicing community or if a close female relative is a survivor of FGM regardless of whether the community of origin traditionally practices FGM. A strong indicator could be the **planning of an extended family holiday**.

**Every situation should be considered individually**, rather than making automatic assumptions about levels of risk within specific communities.

**Other child protection concerns may or may not co-exist**.

It is relevant to know if the family is from a community in which FGM is practised; if the girl’s mother has experienced FGM; if the girl has a female sibling/cousin who has experienced FGM; and if it is known that the family is as yet not well integrated.

Practitioners should be aware that **attitudes within the same family may vary**. Some women who have experienced FGM are opposed to their daughters undergoing it. Experience of coercive control and the size of the family/extended family/wider community may limit the protective capacity of some parents.

Consideration should be given to how to **give mothers safe and private space** in which to talk. As with other forms of child protection work, there should be efforts to engage and **seek a shared understanding in partnership with parents/carers**, unless there are safety considerations. **Survivors of FGM should be given the opportunity to speak with female practitioners**.

**When it is believed that FGM has been carried out upon a child or when there is cause to believe it may occur, this should trigger an IRD.** A **strategy discussion** may be advised in order to **consider the whole situation** and **tailor the engagement, investigation and support process likely to be in the child’s best interests**. The plan should take into account that other female siblings or close relatives may also be at risk.

A **multi-agency approach** is required. National multi-agency guidance (Scottish Government, 2017) provides **indicators of good practice**. Wherever possible, **female practitioners** are recommended for planned assessment. Practitioners will be **sensitive to the time and privacy needed** by those expressing concerns. **Clear and simple language** should be used. Those involved also need a **clear understanding of the role of practitioners**. Some children will not understand what has happened or what may happen. **Care should be exercised in the use of interpreters and lay advisors from the same local community as the victim**. (The Scottish Translation, Interpretation and Communication Forum Good Practice Guidelines, 2004).

As part of the **National Action Plan to Prevent and Eradicate FGM (Scottish Government (2016)**, the **Female Genital Mutilation (Protection and Guidance) (Scotland) Act 2020** was recently enacted. Agencies need to take into account the new Act’s requirements. These include **FGM Protection Orders** and Statutory Guidance.