Aberdeenshire Child and Family Protection Committee

Female Genital Mutilation (FGM)

Multi Agency Practice Guidelines

MARCH 2016
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1. INTRODUCTION

This document seeks to provide advice and guidance to frontline professionals who have responsibilities to safeguard children from the abuse associated with female genital mutilation (FGM). There are acknowledged challenges in recognising and diagnosing FGM. Recognising FGM in Aberdeenshire is not as common an occurrence as perhaps it should be. Sometimes staff may not feel well equipped to respond to cases if and when they do arise. This guidance aims to support staff in this situation by giving clear advice on their responsibilities and on the responses that we can provide locally.

As it is unlikely that any single agency will be able to meet the multiple needs of someone affected by FGM, this document sets out a multi-agency response and strategies to promote best multi-agency practice.

NHS Grampian are developing FGM NHS Guidance for their workforce alongside collating relevant data.

Section 513 of National Guidance for Child Protection in Scotland; 2014 states Female genital mutilation is a culture-specific abusive practice affecting some communities. It should always trigger child protection concerns.
2. UNDERSTANDING THE ISSUES SURROUNDING FGM

2.1 Definition

The Prohibition of Female Genital Mutilation (Scotland) Act 2005 advises the legal definition of female genital mutilation 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”. It includes all procedures which involve the total or partial removal of the external female genital organs for non-medical reasons.

There are four types of female genital mutilation ranging from a symbolic jab to the vagina to the partial or total removal of the external female genitalia;

**Type 1**  
Clitoridectomy: partial or total removal of the clitoris 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.

**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.

Female genital mutilation involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. This practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

The World Health Organisation has classified FGM into four types and estimate that approximately 6000 women and girls worldwide are subjected to this practice every day. This deeply rooted tradition is widely practiced mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. FGM has also been documented in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan.
The procedure may be performed at various ages including babies and adolescents, but more commonly it is carried out on children aged between four and ten years. It is a deeply rooted cultural practice in certain African, Asian and Middle Eastern communities mainly confined to the sub-Saharan region. As per map below
2.2 **Cultural underpinnings and motives for FGM practices**

FGM is a complex issue with a variety of explanations and motives given by individuals and families who support the practice.

- Culture, tradition – “it is what we do”
- Cultural identity-tradition overrules concerns for individuals
- Social acceptance
- To ensure marriageability
- Chastity, fidelity, honour, suppress female sexuality
- Purity – a belief that uncircumcised women are “dirty”
- Gender identity – expectations of what is a good woman, FGM confers status and credibility.

Although FGM is practiced by secular communities, it is often claimed to be carried out in accordance with religious beliefs. However religion is NOT a basis for FGM.

2.3 **Challenges for Scotland**

A Scottish Government FGM Multi Agency Short Life Working Group has been established to:

- Review work currently underway across different sectors in Scotland to tackle FGM, including health, education, justice, social work, local authorities, communities and the third sector;
- Identify and agree what more needs to be done taking account of the recommendations in the Intercollegiate Report: Tackling FGM in the UK and the recommendations made by the Scottish Refugee Council following their research project;
- Agree actions and appropriate indicators to measure success with a final action plan to be published early 2016;
- Facilitate implementation of any work agreed, including new legislation.

The 2011 census shows the number of people in Scotland from some countries that practice FGM has more than doubled in the past decade. Agencies say many people do not realise it is illegal in the UK.

The Dignity Alert and Research Forum (DARF) in Edinburgh estimates that, in 2009, there were 3000 women living in Scotland who had been cut. Since then they say the figures have increased. They suggest that because it's expensive to take a daughter back home and circumcise or mutilate them, what women are doing is they will put together money and bring over to Scotland someone who can cut the girls."

The Scottish Government is currently investing over £238,000 in 2015-16 to progress a range of interventions aimed at preventing FGM, working
collaboratively alongside partners in the statutory and third sectors and potentially affected communities.

2.4 Scottish legislation

The 1985 Prohibition of Female Circumcision Act made the practice of FGM in the UK a criminal offence. To show its commitment to preventing the occurrence of FGM in Scotland, the Scottish Government introduced a Prohibition of Female Genital Mutilation (Scotland) Act in 2005 which came into force in this country on 1st September 2005. The Act provides a definition of female genital mutilation - 'to excise infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora prepuce of the clitoris, clitoris or vagina of another person.' It makes it an offence for UK nationals or permanent residents to carry out, or aid and abet, female genital mutilation in the UK and abroad, and it increases the maximum penalty to 14 years imprisonment. It also allows a court to refer the victim and any child in the same household to the Reporter to the Children’s Panel.

Officials in Scotland and in Westminster have co-operated to close a loophole in the law in the Prohibition of Female Genital Mutilation (Scotland) Act 2005 by means of a Legislative Consent Motion (LCM) in the Serious Crime Act 2015.

This provision (which commenced 03 May 2015) extends the reach of the extra-territorial offences in that Act to habitual (as well as permanent) UK residents.

The Serious Crime Act 2015 contains five additional provisions in relation to FGM. These provisions are for England and Wales ONLY and will not extend to Scotland.

- Lifelong anonymity
- Parents can be prosecuted
- FGM protection orders
- Mandatory duty for doctors, teachers and others to report cases
- FGM guidance for professionals on a statutory basis

Since 1 April 2013, when Police Scotland became operational, to 31 March 2015, there were 30 referrals or child welfare concerns made to the police from partner agencies about FGM, which initiated an Inter-Agency Referral Discussion (IRD) for 34 girls. In all 30 cases, the referrals related to concerns that girls were at risk of having FGM performed on them. These concerns have been fully investigated and no criminality established. Since 1 April 2015 there have been 3 referrals for 5 girls and again, no criminality has been established.
3. IDENTIFYING GIRLS AT RISK

3.1 Specific factors that may increase a girl’s risk of FGM

Victims of FGM are likely to come from a community that is known to practice FGM, however provided the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.

Professionals in all agencies, individuals and groups in relevant communities need to be alert to the possibility of a girl or woman being at risk of FGM or already having undergone FGM. There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

- The position of the family and the level of integration within UK society
- Any girl 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 girl who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family
- Any girl withdrawn from personal, social and health education within school may be at risk as a result of her parents wishing to keep her uninformed about her body and her rights

3.2 Indications that FGM may be about to take place

The age at which FGM may take place varies according to the community. However the majority are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are a higher risk. It is believed that FGM happens to British girls in the UK as well as overseas (often in the family’s country of origin). It is thought that girls of school age who are subject to FGM overseas are taken abroad at the start of the summer holidays to allow for sufficient time to recover before recommencing studies.

- It may be possible that families will practice FGM in the UK when a female family elder is visiting from a country of origin
- A professional may hear reference to FGM in conversation, e.g. a girl may tell other children about it
- A girl may indicate she is to have a “special procedure to become a woman”
- A girl may request help from a teacher or other adult if she is aware or suspects that she is at immediate risk
• Parents state that they or a relative will take the child out of the country for a prolonged period
• A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

3.3 **Indications that FGM may have already taken place**

Indicators that a woman or girl has already been subjected to FGM:

- Difficulty walking, sitting or standing
- May spend longer than normal in the toilet due to difficulties urinating
- Spend long periods of time away from a classroom during the day with bladder or menstrual problems
- 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 her return
- Reluctant to undergo normal medical examinations
- Perhaps asking for help but may not be explicit about the problem due to embarrassment or fear.

Information and links to national resources can be found on the [Aberdeenshire GIRFEC Website](#) in the Practitioner’s section, under guidance.

### 4. CHILD PROTECTION

FGM should **ALWAYS** trigger a child protection response.

Distinctive planning considerations include –

- Female genital mutilation is usually a single event of physical abuse (albeit with very severe physical and mental consequences);
- There is a risk that a child or young person is likely to be sent abroad to have the procedure performed
- Where a child or young person within a family has been subjected to female genital mutilation, consideration needs to be given to other female siblings or close relatives who may also be at risk
- A planning meeting should be arranged if the above conditions are met, where appropriate specialist health expertise should be sought
- 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.
- Legal advice should be obtained where appropriate
- Appropriate interpreters who are totally independent of the child or young person’s family should be used.
5. AGENCY ROLES AND RESPONSIBILITIES

5.1 All agencies

Where any agency or professional becomes aware of a child being at risk of FGM or recently having undergone FGM, regardless of the circumstances, they must treat this as a child protection concern and immediately share concerns with the appropriate agency, for example, Social Work and/or the Police.

5.2 Social Work Service

Overall Social Work Services have a duty under the Children (Scotland) Act 1995 to safeguard and promote the welfare of children in their area who are in need. When issues arise regarding the wellbeing needs of a child or young person they will be assessed with regard to need and risk and where necessary multi-agency child protection procedures will be invoked. These procedures are in line with The National Guidance for Child Protection in Scotland 2014.

In parallel, where information is received by a local authority which suggests that compulsory measures of supervision may be necessary in respect of a child, Social Work will make a referral to the Children’s Reporter. This should be done in conjunction with partner services.

All children and young people in need or at risk will have a Child’s Plan, setting out the actions necessary to support and protect them; who will be responsible for these actions and the timescale for review.

5.3 Police Scotland

"Police Scotland priorities in responding to the report or suspicion of incidents of Female Genital Mutilation are that every report is dealt with consistently, investigated thoroughly and that every person, adult or child, will receive protection and safety advice and, in the case of children, Getting Right for Every Child processes are adhered to ensure their needs are met.

Where the circumstances identify a risk of harm to a child or young person, National Guidance for Child Protection in Scotland will be adhered to in all such cases.

The principal legislation relevant to the police in such cases is The Prohibition of Female Genital Mutilation (Scotland) Act 2005. The Act makes it unlawful for any person, other than for approved, registered
medical practitioners performing acts necessary for the physical or mental health of any person, to carry out any behaviour which could be considered as FGM detailed elsewhere in this guidance. It is also an offence to carry out such an act abroad or to assist or be involved in any acts of FGM.

In relation to the offences committed abroad, this remains a crime in the UK even where the practice is not banned by that country's own laws. This latter point is significant as any information suggesting that a female or child may be taken to another country for FGM to be performed or where FGM may take place elsewhere, this should be passed to the Police as a matter of urgency to enable any opportunity to intervene.

Should staff have any additional queries or concerns relating to FGM matters they should contact their established Police Scotland Public Protection contacts for North East Division. In matters of an urgent nature, existing procedures for emergency child protection cases should always be followed."

5.4 NHS Grampian

Health professionals are key to providing support to victims of FGM and intervening to prevent girls and women from being harmed. Investigations and enquiries about any criminal offence are the responsibility of the Police and should be referred at the earliest stage.

NHSG have single service child protection guidelines and also refer to NHS guidance document “Harmful Traditional Practices” and the national intercollegiate guidance "Tackling FGM in the UK" which is endorsed by the Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health, Royal College of Midwives, and Royal College of Nursing.

5.5 Education including Community Education

The child or young person, having loyalties to their parents and family, will find the extremely sensitive subject of FGM, difficult to disclose. As a result this disclosure may be shared with a very trusted teacher or youth worker. It is important, in line with any Child Protection issue, that the child or young person is reassured about doing the right thing by disclosing.

In these circumstances staff should consult the young person and endeavour to gain their understanding and agreement of the need to share this information. If that is not possible the child or young person should be advised that the information cannot be kept secret, as it places her at risk, and will be passed on to the relevant agencies.
All occasions where information has been shared, either with or without consent, must be documented. In all cases where there is suspicion of FGM, individual agency child protection guidelines and protocols require to be initiated and adhered to.

### 5.6 Voluntary Organisations

As with education, children and young people may approach a voluntary organisation for advice or confide in a worker if they already have contact. The priority for professionals in the voluntary sector is to safety and wellbeing of the young person and they must adhere to their individual and national child protection guidelines.

**Professionals have a responsibility to ensure that families know that FGM is illegal, and should ensure that families know that the authorities are actively tackling the issue. The knowledge alone may deter families from having FGM performed on their children and save girls and women from harm.**

### 5.7 Practice Considerations

For many people prosecuting their family is something they simply would not consider. If a girl or woman is from overseas, fleeing potential FGM and applying to remain in the UK as a refugee is a complicated process and may require professional immigration advice.

Many individuals may be extremely frightened by contact with any statutory agency as they may have been told that the authorities will deport them and/or take their parents or children from them. Professionals need to be extremely sensitive to these fears when dealing with a victim or potential victim. Clarity on immigration status needs to be sought, however any investigation in to immigration status should not impede police enquiries.

### 5.8 Use of Interpreters

An accredited female interpreter may be required. Any interpreter should be appropriately trained in FGM where possible and should not be a family member, not be known to the individual and not be an individual with influence in the victims community.
5.9 **Disclosure and Confidentiality**

To safeguard children and young people it may be necessary to share information with people working in other agencies. At all times the information shared should be relevant necessary and proportionate to the circumstances of the child and limited to those who need to know.

When information is shared a record of what has been shared and with whom and for what purpose should be kept. Whether it was disclosed with or without informed consent should also be recorded.

5.10 **A Victim centred Approach**

Women often recount feelings of great distress and humiliation due to the responses they receive from professionals when it is revealed that they have been subjected to FGM. Such negative responses from professionals are caused by a lack of awareness or understanding of the issue but can be devastating to a woman who has been subjected to FGM. Due to the complex and sensitive nature of the issue, professionals need to approach the subject carefully and ensure that a female professional is available to speak to the girl or woman if they prefer.

Professionals should:
- Make no assumptions
- Give the individual time to talk and be willing to listen
- Create an opportunity for the individual to disclose
- 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-judgmental - pointing out the illegality and not blaming the girl
- Do not assume that families from practising communities will want their girls to undergo FGM

Whatever an individual’s circumstances, they have rights that should always be respected. Professionals should listen to the victim and respect their wishes where possible. However where there is risk to the victim then the necessary adult or child protection measures may have to be taken. Professionals should be clear that FGM is a criminal offence in the UK and must not be permitted or condoned.
6. USEFUL LINKS

Scottish Legislation on FGM

World Health Organisation Fact Sheet on FGM

National Training Resources website
A range of resources and recommended reading on FGM

DARF (Dignity Alert & Research Forum)
Scottish organisation providing information on FGM and campaigning against the practice in the UK and in Africa

FORWARD
UK organisation raising awareness of FGM and campaigning against its practice. Also provides support

Daughters of Eve
Provides support to those with experience of FGM

www.unicef.org.uk
UNICEF website FGM short video (No time to Lose)