Pan Bedfordshire FGM Pathways

Specific factors that may heighten a girl's or woman's risk of being affected by FGM

There are a number of factors in addition to a girl's or woman's community that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into UK society are more likely to carry out FGM.
- 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- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights

Indications that FGM may be about to take place soon

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is new born, during childhood or adolescence, at 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 a higher risk. It is believed that **FGM happens to girls born in the UK as well as overseas** (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.

- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another 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.

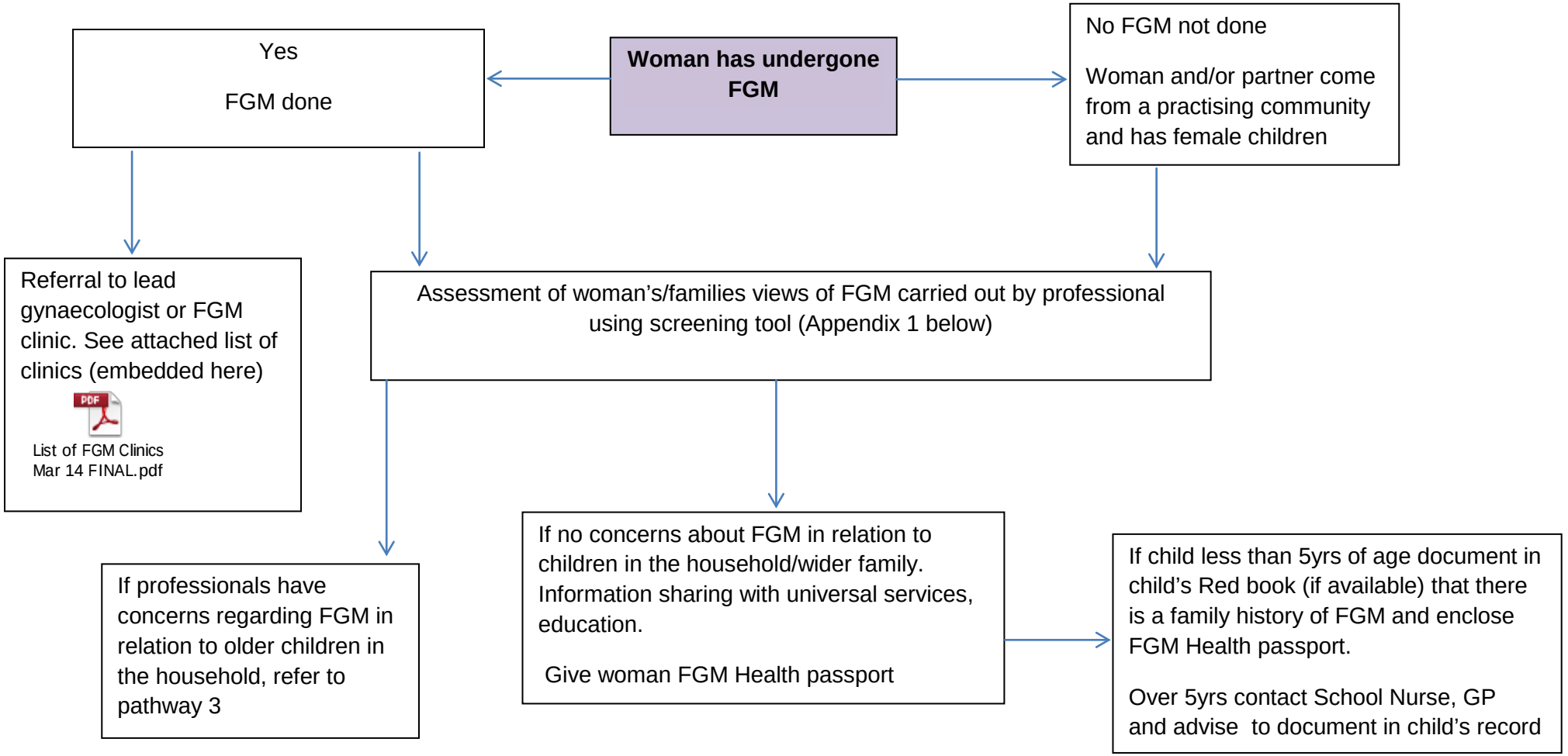
Indications that FGM may have already taken place

- There are a number of indications that a girl or woman has already been subjected to FGM:
- A girl or woman may have difficulty walking, sitting or standing.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems
- A girl or woman may have frequent urinary or menstrual problems.
- There may be 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 the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

Questions that may clarify family view on FGM

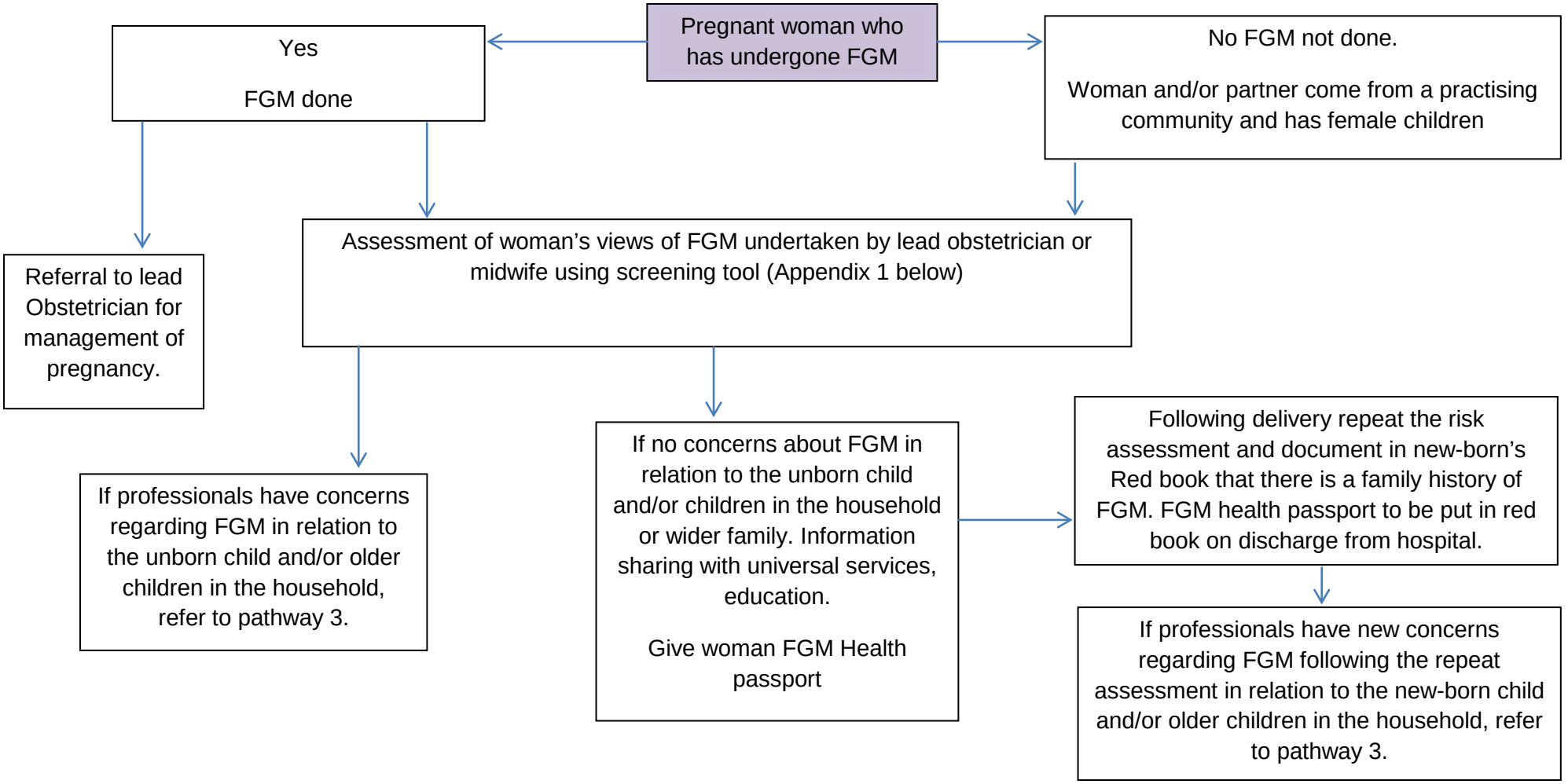
From 31 October 2015; all professionals are required to report to the police all known cases of female genital mutilation. Or where there is the suspicion that FGM is likely to be carried out, involving victims aged under 18yrs

FGM Management Pathway 1



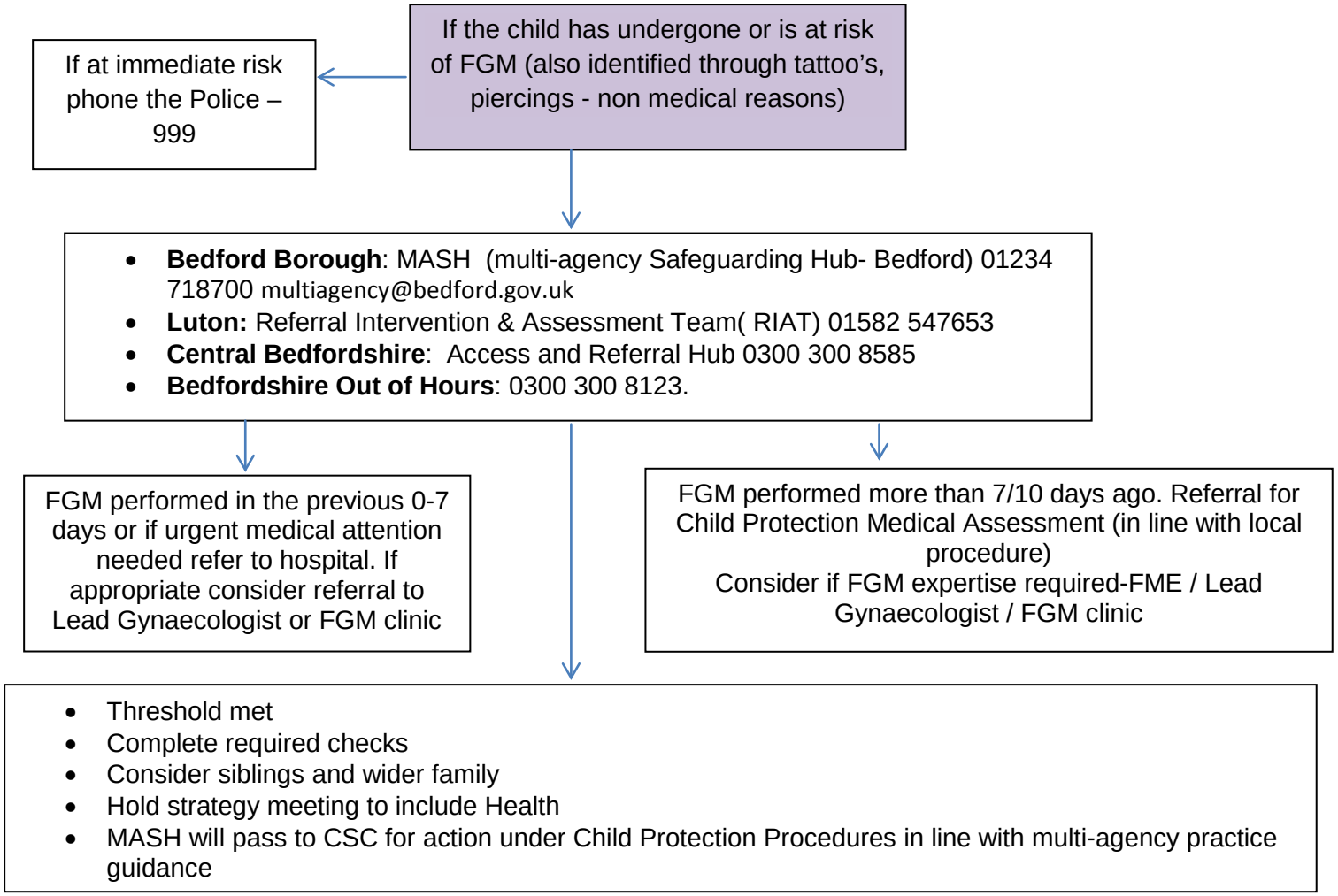
From 31 October 2015; all professionals are required to report to the police all known cases of female genital mutilation. Or where there is the suspicion that FGM is likely to be carried out, involving victims aged under 18yrs

FGM Management for Pregnant Woman Pathway 2



From 31 October 2015; all professionals are required to report to the police all known cases of female genital mutilation. Or where there is the suspicion that FGM is likely to be carried out, involving victims aged under 18yrs

Management for a child/ young person (0-18years) who has undergone/at risk of FGM Pathway 3



"From 31 October 2015; healthcare professionals are required to report to the police known cases of female genital mutilation involving victims aged under 18"

FGM – Health

FGM is a crime in this country and it is a crime to take a UK National or Permanent Resident abroad for FGM or to aid someone doing so. Please read alongside the BBSCB Multi-agency procedures http://bedfordscb.proceduresonline.com/chapters/p_fgm.html and the HM Government 2014 Multi-agency practice guidance on FGM.

Specific factors that may heighten a girl/woman's risk of being affected by FGM

- Country of origin
- Community (FGM practised)
- Girl born to mother who has undergone FGM
- Girl born to father who comes from affected area
- Sibling/other female family member has had FGM
- Family elder visiting from country of origin
- Girl says she is having a special procedure
- Seeks advice/support from teacher (topic indicative of possible FGM)
- Parents plan to take child abroad for long period
- Parents withdraw child from education on FGM

World Health Classification

Type 1 – Partial or total removal of the clitoris/ or the prepuce clitoridectomy
Type 2 – Partial or total removal of the clitoris and labia minora with or without excision of the labia majora
Type 3 – Narrowing of the vaginal orifice, with creation of a covering seal by cutting and appostioning the labia minora and/or majora with or without excision of the clitoris (infibulation)
Type 4 – All other harmful procedures to the female genitalia for non-medical reasons, e.g. pricking, piercing, incising, scraping and cauterisation

FGM Procedure

FGM is a procedure that is meant to change/injure a girl/woman's genitalia for non-medical reasons. It is sometimes called 'female circumcision' or 'female cutting'. It is mostly carried out on young girls.

FGM can cause

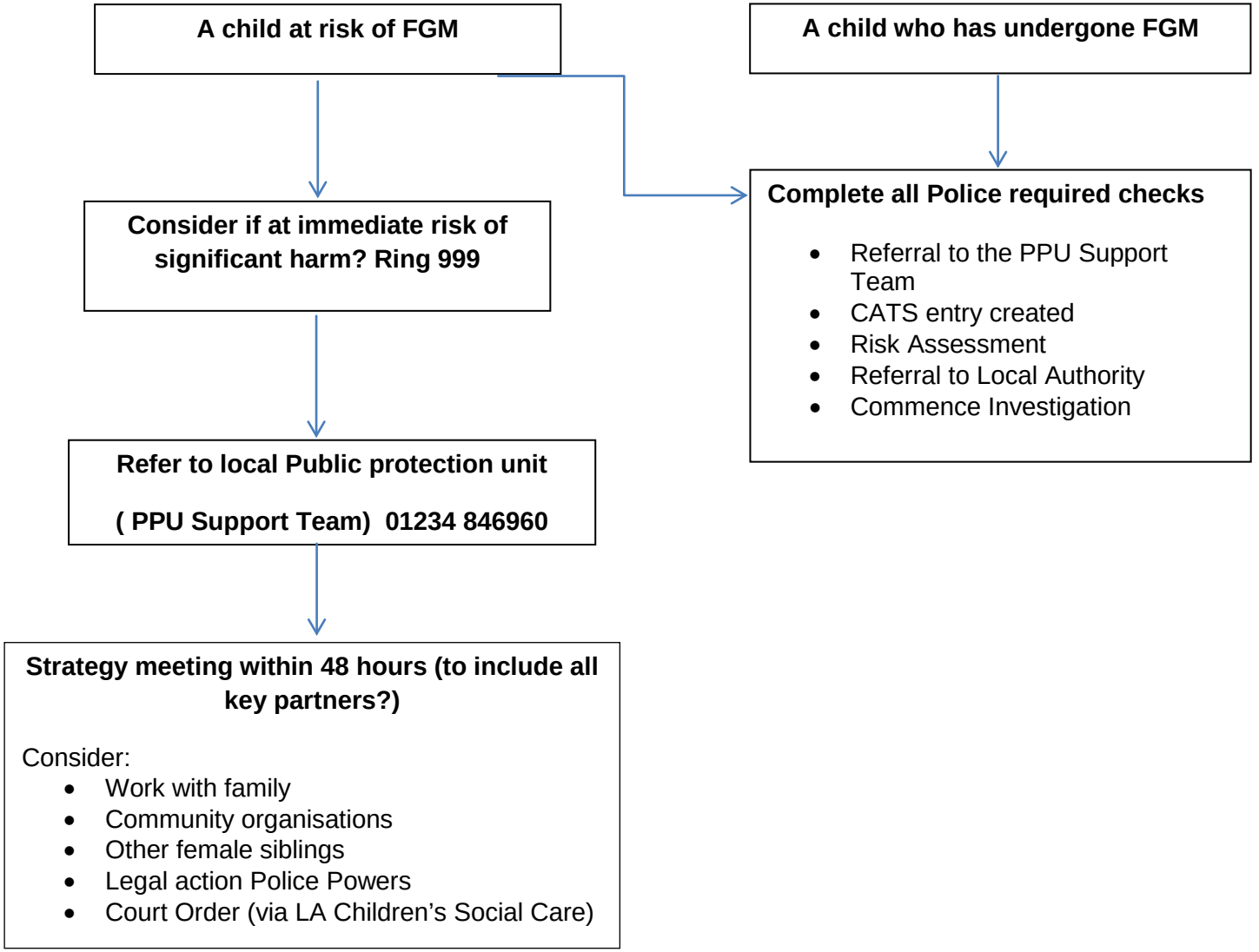
- Severe bleeding/ chronic vaginal and pelvic infections
- Difficulty passing urine, and persistent urine infections
- Kidney impairment and possible kidney failure
- Damage to the reproductive system, including infertility
- Cysts and the formation of scar tissue
- Complications in pregnancy and new-born deaths
- Pain during sex and lack of pleasurable sensation
- Psychological damage, including low libido, depression and anxiety
- Flashbacks during pregnancy and childbirth/ the need for later surgery to open the lower vagina for sexual intercourse and childbirth

Role of Health professional

There is a duty for all professionals to safeguard girls at risk of FGM.

- Establish if the girl is at risk
- Speak to both parents and/or other carers. Use trained interpreter if English is not the families first language
- Share information with GP, Health Visitor, School Nurse
- Document decision making and rationale on records
- Seek advice from safeguarding lead
- GP to share information with maternity department if woman is pregnant.
- Consider if mandatory requirement to report to police.

Bedfordshire Constabulary Investigative Pathway – FGM



Appendix 1

Female Genital Mutilation (FGM) Screening Tool

How to use this tool

This tool is to help professionals working in Health, Education, Children's and Adult's Social Care, Police, Probation, Youth Services, Voluntary Sector to identify and assess the risks of FGM. It should be read in conjunction with the Luton (LSCB), Central Bedfordshire (CBSCB), Bedford Borough (BBSCB) Safeguarding Children Board's inter-agency safeguarding procedures on FGM:
http://bedfordscb.proceduresonline.com/index.htm

The tool is divided into three parts:

Part One – Child/Young Adult at risk of FGM

Part Two – Child/Young Adult who has had FGM

Part Three – Woman with FGM presenting to- GP/Maternity/Gynaecology/Urology/Dermatology/Sexual Health Services/Other Service.

Professionals need only complete the part that applies to the child/adult they are working with.

Use the tool to identify the relevant indicators, being careful to record whether each indicator is known to be present, definitely not present, or suspected to be present; and make a brief note of your evidence.

What to do next.

Having completed the screening tool and identified any risk indicators, professionals should seek consultation and advice from their agency's Safeguarding Lead, FGM Lead or Children's Social Care/Bedfordshire Police.

In instances where the risk of harm to a child is judged to be high i.e. that is it likely that FGM will happen in the near future or has happened and a child is suffering harm, there should be no delay in referring the child to Safeguarding Children's Services

Professional completing this screening tool;

……(Name)……(Role)
Agency……Contact tel no/email address……

Date of completion……

Action to be taken following completion of the screening tool;……
……
……
……

Please indicate whether the personal data in this screening tool is:

1. Being shared with other agencies with the consent of the subject/parent(s) of the subject? Yes No

2. Being shared with other agencies under the NSCB information-sharing protocol for reasons of child protection? Yes No

If yes to 1 or 2 above, name and address of subject……
……
……

3. Being discussed on an anonymised basis at the FGM consultation meeting? Yes No

If yes, no name and address to be included on this record. Enter consultation reference number provided at the meeting;……
……
……
……

Potential Indicators - Children/Young Adult at risk of FGM. This is to help consider risk to child or any other children/Young Adults	**Yes**	**No**	**Suspected**	**Brief details**	**Action** **Ask more questions** – if one indicator leads to a potential area of concern, continue the discussion in this area.
A child seeks help to avoid FGM or the circumstances in which FGM is a risk (eg going abroad)					

A parent or family member expresses concern that FGM may be a current risk					**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead. **Significant or Immediate risk** – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CAIT team/Police/MASH, in accordance with your local safeguarding procedures. **If the risk of harm is imminent**, emergency measures may be required and any action taken must reflect the required urgency. In all cases:– • Share information of any identified risk with the patient's GP • Document in notes • Discuss the health complications of FGM and the law in the UK
Mother/Father comes from a community known to practice FGM					
Mother has undergone FGM herself					
Girl has a sister or other female relative who has already undergone FGM					
Grandmother is very influential within the family and /or a female family elder is involved/will be involved in the care of the girl.					
Girl withdrawn from PHSE lessons or from education on FGM. School nurse to speak with child.					
Mother/family has limited contact with people outside of her family					
Parents have poor access to information about FGM and nobody has advised them about the harmful effects of FGM or UK law					
Parents stating that they or a relative will be taking the girl abroad for a prolonged period					
Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent					
Girl has attended a travel clinic or equivalent for vaccinations/anti-malarials for her country of origin/another country where the practice is prevalent					
Girl has confided in another that she is to have a 'special procedure' or to attend a 'special occasion'					
Girl has talked about going away 'to become a woman' or 'to become like my mum and sister'					
FGM is referred to in conversation by the child, family or close friends of the child					
Potential Indicators – This is to help when consider whether a child has had FGM and risk to other Children.	**Yes**	**No**	**Suspected**	**Brief details**	**Action** **Ask more questions** – if one indicator leads to a potential area of concern, continue the discussion in this area.
Girl is reluctant to undergo any medical examination					
Girl has difficulty walking, sitting or standing or looks uncomfortable					

Girl spends long periods away from the classroom with bladder or menstrual problems					**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead. **Significant or Immediate risk** – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CAIT team/Police/MASH, in accordance with your local safeguarding procedures. **If the risk of harm is imminent**, emergency measures may be required and any action taken must reflect the required urgency. In all cases:– • Share information of any identified risk with the patient's GP • Document in notes • Discuss the health complications of FGM and the law in the UK
Girl finds it hard to sit still for long periods of time, which was not a problem previously					
Girl presents to GP or A&E with frequent urine, menstrual or stomach problems					
Noticeable behavioural changes following long summer holiday or prolonged absence from school					
Girl has spoken about having been on a long holiday to her country of origin/another country where the practice is prevalent					
Increased emotional and psychological needs e.g. withdrawal, depression					
Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP's letter					
Significant or immediate risk					
Girl asks for help					
Girl confides that FGM has taken place					
Mother/Family disclose FGM has taken place					
Family/child are known to children's social care- and FGM is identified within a family. Share information with Children's Social care					

Potential Indicators-Part Three: Pregnant/non-pregnant women/girls. This is to help consider risk to Unborn Baby or any other female child or woman.	**Yes**	**No**	**Suspected**	**Brief details**	**ACTION** **Ask more questions** – if one indicator leads to a potential area of concern, continue the discussion in this area.
Mother comes from a community known to practice FGM					

Mother has undergone FGM herself					**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead. **Significant or Immediate risk** – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CAIT team/Police/MASH, in accordance with your local safeguarding procedures. If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency. In all cases • Share information of any identified risk with the patient's GP • Document in notes • Discuss the health complications of FGM and the law in the UK
Father comes from a community known to practice FGM					
Grandmother (maternal or paternal) is influential in family					
A female family elder is involved/will be involved in care of daughter					
Mother has limited integration in UK community					
Woman believes FGM is integral to cultural or religious identity					
Parents have limited/ no understanding of harm of FGM or UK law*					
Mother has been reinfibulated following previous delivery* *					
Mother requesting reinfibulation following childbirth*					
Woman's sisters'/brothers' daughters have undergone FGM					
Woman's sister/brother-in-law's daughters have undergone FGM					
Woman already has daughters who have undergone FGM***					

Further consideration

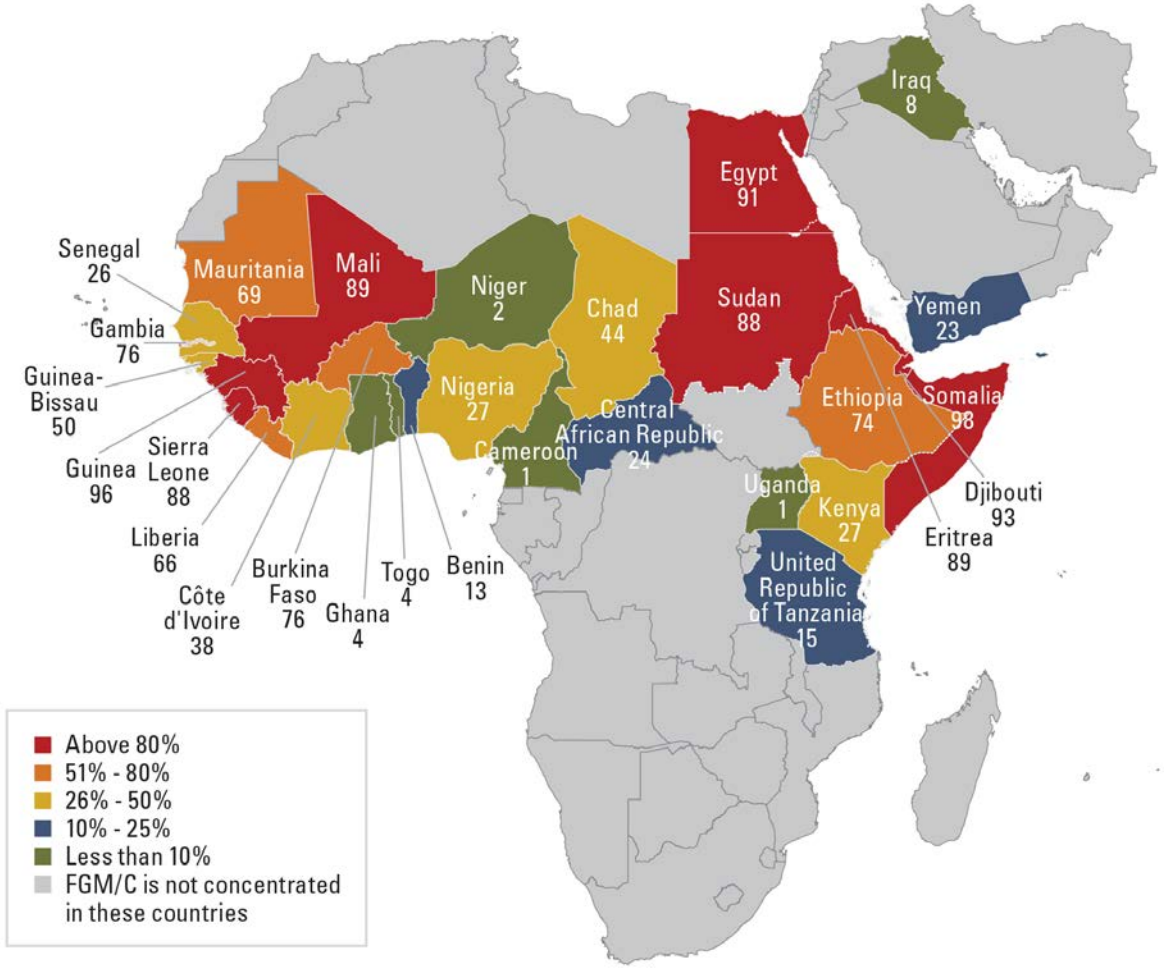
*It is important to consider the opposite of this as indication of willingness to abandon FGM practice: a woman who herself has ongoing physical, psychological and/or sexual dysfunction that she recognises/acknowledges are a result of her FGM, and/or who is involved or is highly supportive of FGM advocacy work/eradication programmes, is less likely to mutilate her own children.

**Reinfibulation following childbirth in Sudan is highly prevalent- not to be closed after birth carries great stigma. Reinfibulation *per se* does not necessarily indicate ongoing support of FGM by the woman herself. One should enquire how the woman felt about reinfibulation after birth. This is in contrast to a woman giving birth in the UK requesting reinfibulation- this should be considered a significant indicator of risk of FGM for a female child. In addition, a reinfibulated woman requesting elective c/section without medical indication should be explored as it may indicate an awareness re. the law and a wish to avoid deinfibulation. Enquiry needs to be sensitively made- as potential alternative explanation for maternal request c/section may relate to trauma/PTSD.

Reinfibulation in this country is potentially illegal under the FGM Act 2003- if a woman has been reinfibulated, it is important to establish which country this took place in and when.

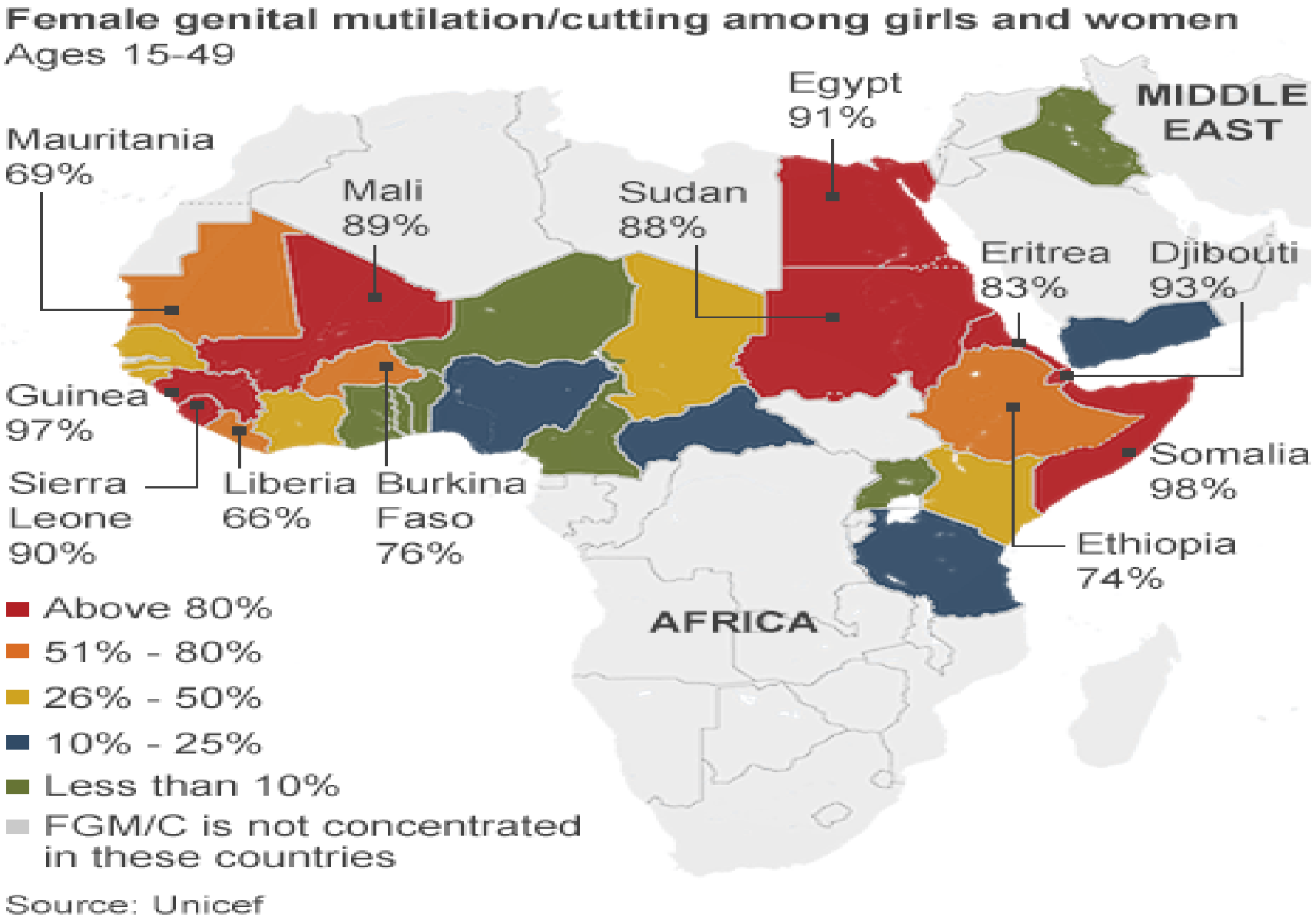
*** if woman discloses she has daughter(s) who have already undergone FGM, it is important to establish when and where this took place and which type of FGM. This is for two reasons: 1) if child was a UK national at time of FGM, a crime has taken place- this should be escalated to Social Care and Police as per protocol; 2) if child was not a UK national at time of FGM i.e., FGM took place prior to coming to this country, it is important to enquire regarding FGM status of any subsequent daughters born in the UK. If no FGM has been carried out on UK-born female child, one should establish why this is the case (e.g. ?change in attitude or ?fear of prosecution ?lack of opportunity, ?child too young). This is a complex area- many women have greater agency in decision-making re. FGM when outside their country of origin and may elect not to continue FGM practice. This is an important indicator of positive attitudinal change and should be taken into consideration in risk assessment of any siblings.

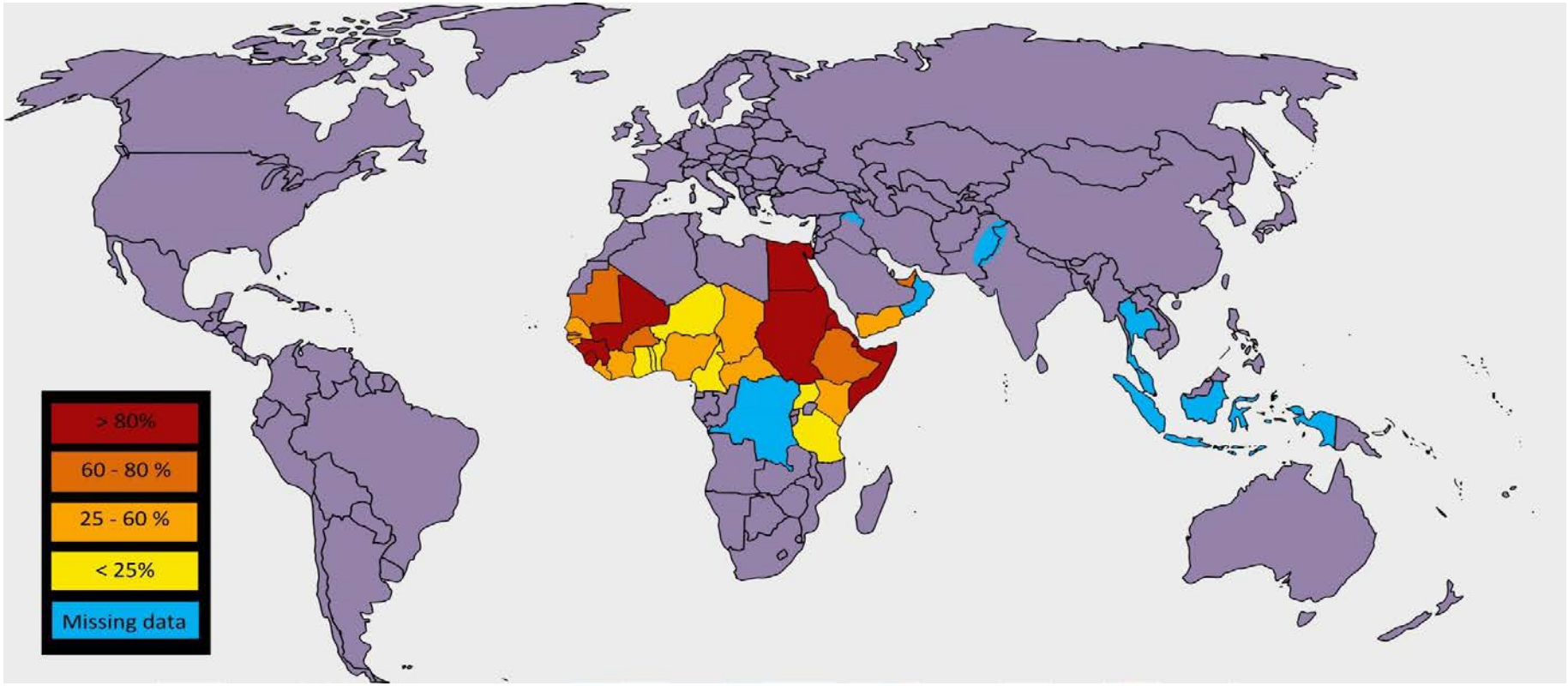
Appendix Two: Countries that practice FGM Prevalence of FGM in Africa and parts of Asia* (women aged 15-49 years) UNICEF 2013



*Although data is less robust, FGM is also prevalent in parts of Asia and Middle East :

- Malaysia (60-90% Muslim Malay communities),
- Indonesia (up to 80% Muslim communities)
- Iraqi Kurdistan (38-80%)
- Oman (up to 60%)
- UAE ~34%
- Saudi Arabia- in Hejaz, Tihameh and Asir regions (Sunni Muslims)
- Pakistan- Bohra Muslims and along Pakistan-Balochistan border


Female genital mutilation/cutting among girls and women
Ages 15-49
Egypt
91%
MIDDLE
EAST
Mauritania
69%
Mali
89%
Sudan
88%
Eritrea
83%
Djibouti
93%
Guinea
97%
Sierra
Leone
90%
Liberia
66%
Burkina
Faso
76%
Somalia
98%
Ethiopia
74%
AFRICA
Above 80%
51% - 80%
26% - 50%
10% - 25%
Less than 10%
FGM/C is not concentrated
in these countries
Source: Unicef


> 80%
60 - 80 %
25 - 60 %
< 25%
Missing data

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