Bedford Borough Safeguarding Children Board

Luton Safeguarding Children Board

Central Bedfordshire Safeguarding Children Board

Pan Bedfordshire Practice Guidance for practitioners on Female Genital Mutilation (FGM)

1. Background and purpose of this guidance

This local practice guide has been developed to raise awareness about FGM in Bedford Borough, Central Bedfordshire and Luton amongst professionals. It attempts to summarise the issues for identifying, responding and preventing FGM for both children and adults. These are practice guidelines and are designed to be educative and provide advice; they are not a substitute for existing statutory guidance such as Working Together to Safeguard Children (March 2015).

If you are working as a volunteer then please speak to your line manager to discuss how your concerns will be taken forward.

2. What we know about FGM

What is FGM?

FGM includes any mutilation of a female's genitals, including the partial or total removal of the external genitalia for perceived cultural or other non-medical reasons. The 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. It was made illegal in the UK in 1985; the most recent law covering this area is the Female Genital Mutilation Act 2003.

60,000 girls under 15 are at risk of FGM in the UK

137,000 girls and women are living with the consequences of FGM in the UK

Over 130 million girls and women worldwide have undergone FGM

FGM is practiced in more than 29 countries across Africa, parts of the Middle East, South East Asia and countries where migrants from FGM affected communities live.

Why is FGM performed?

FGM is performed in many countries as an important part of their culture and tradition. People practice it because it is something that their mothers, grandmothers and great-grandmothers had practiced for centuries. Often both men and women support the practice of FGM.

Many reasons are given for the practice and often more than one reason is given. These are some of the reasons given:

Social reasons;

- To keep the cultural identity of a community.
- To signal that a girl has now become a woman.
- To protect a girl's virginity – to prove she has not had sex before marriage.
- To decrease a woman's' sexual desire.
- To prepare a girl for marriage. Once FGM has been performed a girl is seen as ready for marriage. There is a link between FGM and child marriage.
- To enhance men's sexual pleasure.
- To increase a girl's beauty.
- To follow a religious requirement (although there is no evidence to suggest that FGM is required by any religion).

Economic reasons;

- It is believed that FGM ensures a girl's virginity, making sure she has not had sex with anyone before marriage. This may make men more willing to marry her and pay more money for her (her bridal price, which is money paid to her parents).
- Circumcisers also get paid for each circumcision performed and so this provides them with a good income (source of money).
- The FGM celebration also provides gifts and money to a girl and her family.
- In some communities traditional leaders and chiefs are paid to give permission for girls to be cut.

Who is at risk?

FGM can be practised at any age. People from some communities within certain countries are more likely to practise FGM than others; this does not mean that every community from a particular country does practise FGM - (HM Government – Multi Agency Practice Guidelines: Female Genital Mutilation (2014))

Girls may be at increased risk of harm if their mother, or any sisters / female members of the extended family, have experienced FGM. FGM is practised by families for a variety of complex reasons but usually in the belief that it is beneficial for the girl or woman. However, it is illegal to:

- perform, or arrange for someone to perform, FGM in the UK (regardless of the nationality or immigration status or the perpetrator(s) or victim)
- perform, or arrange for someone to perform, FGM abroad (when either the perpetrator or victim is a UK national/permanent resident)
- encourage or assist a girl who is a UK national to carry out FGM on themselves, anywhere.

FGM is a form of child abuse (physical and emotional abuse) and a recognised strand of violence against women and girls. It can have severe short-term and long-term physical and psychological consequences for the individual.

There are a number of challenges in building a local picture of FGM in Bedford Borough, Central Bedfordshire and Luton; we are working to establish how many cases are identified by professionals, what proportion of FGM takes place in the UK compared to abroad and if FGM is actively practised across the County.

Myths and misunderstandings;

In most FGM-affected communities, there are myths that support the practice, which tends to influence people's attitudes about FGM. Here are ways to respond to these myths:

MYTH:	FACT:
An uncut woman will become promiscuous and have an uncontrollable sexual appetite	FGM makes no difference to a woman's sexual appetite but can stop her from enjoying sex. Sexual appetite mainly arises from hormones secreted by glands in the brain.
If the clitoris is not cut, it will continue to grow.	The clitoris stops growing after puberty and is still small at the final stage of growth.
If the clitoris is not cut, it will harm her husband during intercourse.	The clitoris gives a woman sexual pleasure and does not cause any harm to her or her husband.
If the clitoris is not cut, it will harm the baby during delivery.	The clitoris causes no harm to the foetus, the baby or the mother, whereas FGM may cause serious complications during childbirth.
If a woman does not undergo FGM, she will not be able to have children.	FGM has nothing to do with fertility; and FGM may actually cause infertility because of infections.
If a woman does not undergo FGM, her genitals will smell.	FGM will not make the vagina any cleaner. In fact, Type 3 FGM can make the vagina less hygienic.

3. Identifying girls and women at risk

Five signs to look out for (particularly for organisations such as health and education)

1. The family belongs to a community which practices FGM
2. The family are making plans to go on holiday / requested extended leave from school
3. The child talks about a forthcoming special celebration
4. The child / woman may have difficulty walking or sitting
5. Their own mother or other siblings have had FGM

Please refer to the Pan Bedfordshire FGM Pathway trix link which includes a risk assessment.

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 British 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 British girls 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.

4. Information Sharing

Professionals in all agencies need to be confident and competent in sharing information appropriately both to safeguard children from being abused through FGM and to enable children and women who have been abused through FGM to receive physical, emotional and psychological help.

Information Gathering;

If the girl/woman is from a community, which traditionally practices FGM, information gathering should be approached sensitively. A question about FGM should be incorporated when the routine history is being taken. A female interpreter may be required. The interpreter

should be appropriately trained in relation to FGM and must not be a family member or member of the same community.

A suitable form of words should be used, 'circumcised' is not medically correct and although 'mutilation' is the most appropriate term, it might not be understood or it may be offensive to a woman from a practising community who does not view FGM in that way. Different terminology will be culturally appropriate to the different cultures.

A health professional, for example, may make an initial approach by asking a woman whether she has undergone FGM saying: 'I'm aware that in some communities women undergo some traditional operation in their genital area. Have you been cut?' To ask about infibulation health professionals can use the question: 'are you closed or open?' This may lead to the woman providing the terminology appropriate to her language/culture.

Asking the right questions in a simple, straightforward and sensitive way is key to establishing the understanding, information exchange and relationship needed to plan for the girl/woman's wellbeing and the welfare and wellbeing of any daughters she may have, or girl/children she may have access to.

5. The need to safeguard girls and young women at risk of FGM

Under section 47 of the Children Act 1989, **anyone who has information that a child is potentially or actually at risk of significant harm is required to inform social care or the police.** A local authority should exercise its powers to make enquiries to safeguard a girl's welfare under section 47 of the Children Act 1989 if it has reason to believe that a girl is likely to be subjected to or has been subjected to FGM. However, despite the very severe health consequences, parents and others who have FGM performed on their daughters do not intend it as an act of abuse – they believe that it is in the girl's best interests to conform with their prevailing custom. Therefore, where a girl has been identified as being at risk of significant harm, it may not always be appropriate to remove the child from an otherwise loving family environment. Where a girl appears to be in **immediate** danger of FGM, consideration should be given to legal interventions.

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. This is not an exhaustive list and provides professionals with some guidance as to what they should do:

- ensure that a female professional is available to speak to if the girl or woman would prefer this;
- make no assumptions;
- give the individual time to talk and be willing to listen;
- create an opportunity for the individual to disclose, seeing the individual on their own in private;
- 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-judgemental;
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure;
- take detailed notes;
- use simple language and ask straightforward questions;
- use terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as 'abusive';
- avoid loaded or offensive terminology such as 'mutilation'

- use value-neutral terms understandable to the woman, such as:
- give the message that the individual can come back to you if they wish;
- give a clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters.

Consider the culture and language of the child, young person or woman and here are some examples of questions a professional may ask;

- "Have you been closed?"
- "Were you circumcised/cut?" (see other words used to describe FGM – page 9)
- "Have you been cut down there?"
- "Do you experience any pains or difficulties during intercourse?" (as appropriate)
- "Do you have any problems passing urine?"
- "How long does it take to pass urine?"

An accredited female interpreter may be required. **Any interpreter should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community.** This is because girls or women may feel embarrassed to discuss sensitive issues in front of such people and there is a risk that personal information may be passed on to others in their community and place them in danger.

6. Individual agency responsibilities

FGM is not a matter that can be left to be decided by personal preference or tradition; it is an extremely harmful practice. FGM is child abuse, a form of violence against women and girls, and is against the law with a maximum of prison sentence of 14 years. All professionals should be familiar with the risks indicators of FGM and be aware of what steps to take if they are concerned that a child/ young person has or is likely to be the victim of FGM.

From October 31 2015 it is mandatory for regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police.

The duty applies where in the course of their professional duties, the professional either:

- Is informed by the girl that an act of FGM has been carried out on her; **or**
- Observes physical signs which appear to show an act of FGM has been carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made by the close of the next working day, unless any of the factors described below are present. You should act with at least the same urgency as is required by your local safeguarding processes.

In order to allow for exceptional cases, a maximum timeframe of one month from when the discovery is made6 applies for making reports. However, the expectation is that reports will be made much sooner than this.

A longer timeframe than the next working day may be appropriate in exceptional cases where, for example, a professional has concerns that a report to the police is likely to result in an immediate safeguarding risk to the child (or another child, e.g. a sibling) and considers that consultation with colleagues or other agencies is necessary prior to the report being

made. If you think you are dealing with such a case, you are strongly advised to consult colleagues, including your designated safeguarding lead, as soon as practicable, and to keep a record of any decisions made. It is important to remember that the safety of the girl is the priority.

The duty does not apply in relation to 'at risk' cases. In this instance Bedford Borough safeguarding procedures must be followed.

Please click on link to procedural information: Home Office Mandatory reporting procedural information 31 October 2015

Further information:

NSPCC information on FGM

Mandatory reporting of female genital mutilation: procedural information

7. Support Services

For further information, advice and guidance on local and national support please contact any of the following organisations;

Local Services	
ACCM (UK) - works to tackle health inequalities that impacted on minority and most disadvantaged members of the community and also to support girls and women victims of illegal harmful traditional practices.	1st Floor 3A Woburn Road Bedford MK40 1EG Telephone: 0044(0) 1234 356 910 Mobile: 0044(0) 7712482568 http://www.accmuk.com/
Tulip Trust - is dedicated to supporting and Tackling the Taboo, working specifically with women affected by FGM (Female Genital Mutilation) and Forced Marriage. They liaise and work closely with organisations around the UK, to provide services and training to professionals. They work actively within communities to support the young people with a safe and exciting environment via a fortnightly youth club – The Youth Hub based in Luton.	0843 289 8542 contact@tuliptrust.org http://tuliptrust.org/ where you can access a webline with online chat support Opening Hours: Monday - Sunday 10.00 am - 10.00 pm
National Services	
Forward - a non-profit organisation dedicated to improving the health and human rights of African girls and women in the UK and Africa. It is one of the leading advocates in the UK fighting to eliminate FGM.	0208 9604000
Childline - a free, confidential helpline dedicated to children and young people.	0800 1111
Coram Children's Legal Centre - operates a free and confidential legal advice and information service.	

Child Law Advice Line	0808 802 0008
Community Legal Advice Education Law Line	0845 345 4345
Migrant Children's Project Advice Line	0207 636 8505
Language Line - can provide an interpreter on the telephone in 200 different languages 24 hours a day.	0800 169 2879
NSPCC - currently providing a 24 hours FGM helpline Anyone who is worried about a child being or has been a victim of FGM can contact the helpline anonymously for information and support.	0800 028 3550
Women's Aid - a confidential 24 hour line for advice and accommodation.	0808 2000 247
Southall Black Sisters - resource centre offering information, advice and practical help to black and minority ethnic females, also specialising in forced marriage.	General enquiries 0208 5719595 Mon – Fri 9am – 5pm Closed from 12.30pm to 1.30pm for lunch Helpline 02085710800 Mon – Fri 9am – 5pm
Shelter Housing Advice Helpline - provides housing information and support.	0808 8004444 8am–8pm on weekdays and 8am–

Traditional and local terms for FGM

Country	Term used for FGM	Language	Meaning
EGYPT	Thara	Arabic	Deriving from the Arabic word 'tahar' meaning to clean / purify
	Khitan	Arabic	Circumcision - used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
ETHIOPIA	Megrez	Amharic	Circumcision / cutting
	Absum	Harrari	Name giving ritual
ERITREA	Mekhnishab	Tigregna	Circumcision / cutting
KENYA	Kutairi	Swahili	Circumcision - used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
NIGERIA	Ibi / Ugwu	Igbo	The act of cutting - used for both FGM and male circumcision
	Sunna	Mandingo	Religious tradition / obligation - for Muslims
SIERRA LEONE	Sunna	Soussou	Religious tradition/ obligation - for Muslims
	Bondo	Temenee	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo / Sonde	Mendee	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo	Mandingo	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo	Limba	Integral part of an initiation rite into adulthood - for non Muslims
SOMALIA	Gudniin	Somali	Circumcision used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word 'halal' ie. 'sanctioned' - implies purity. Used by Northern & Arabic speaking Somalis.
	Qodiin	Somali	Stitching / tightening / sewing refers to infibulation
SUDAN	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word 'tahar' meaning to purify
CHAD - the Ngama Sara subgroup	Bagne		Used by the Sara Madjingaye
	Gadja		dapted from 'ganza' used in the Central African Republic
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu	'Circumcision of girls'
	Fanadu di Omi	Kriolu	'Circumcision of boys'
GAMBIA	Niaka	Mandinka	Literally to 'cut /weed clean'
	Kuyango	Mandinka	Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning 'the women's side' / 'that which concerns women'

Source: http://www.forwarduk.org.uk/key-issues/fgm/definitions