Responding to Female Genital Mutilation in Highland

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Responding to Female Genital Mutilation in Highland

Introduction
The term “Female Genital Mutilation” (FGM) includes all procedures that involve the partial or total removal of external female genitalia, or other injury to the female genital organs for non-medical purposes. It has been previously known as female circumcision or cutting.

FGM is a harmful traditional practice, which is practiced in 28 African countries and in parts of the Middle East, Far East & Asia. FGM can also feature in other communities across the globe. It is more accurate however, to view FGM as being practised by specific ethnic groups, rather than by a whole country, as communities practising FGM straddle national boundaries.

As a result of immigration and refugee movements, FGM is now being practiced by ethnic minority populations in other parts of the world. FORWARD estimates that as many as 6,500 girls are at risk of FGM within the UK every year.

FGM is often carried out on babies or pre-pubescent girls, but the age at which FGM is carried out varies across communities and can extend into young adulthood. It can involve a range of procedures, most of which involve removal of some or all parts of the external genitalia, usually the clitoris and possibly parts of the labia. The World Health Organisation identifies four types of FGM. There are no religious or medical reasons for this, but communities often regard FGM as a method to preserve girls’ virginity and make them more marriageable.

Section 1 (1) of The Prohibition of Female Genital Mutilation (Scotland) Act 2005 makes it an offence for a person to carry out the specified female genital mutilation procedures on another person, Section 3 (1) (a) of the Act makes it an offence for a person in Scotland to aid, abet, counsel, procure or incite another person to carry out FGM in Scotland, Section 3 (1) (c) of the Act makes it an offence for a person in Scotland to aid, abet, counsel procure or incite a person who is not a UK national or permanent UK resident to carry out an FGM procedure outside the UK. This also applies to countries where the practice is legal.
Every report of FGM will be investigated thoroughly by Police Scotland and every person (adult/child) who is a victim/potential victim will receive protection and safety advice and will be offered a referral to a relevant support service.

The risk to the victim, whether a child or adult, is of paramount importance and could involve wider Honour Based Violence issues which require addressing. Public Protection Unit staff should be contacted at the earliest possible opportunity regarding suspected cases of FGM.

In some instances police may receive information in relation to circumstances where there are opportunities to intervene to prevent FGM occurring. In such cases the primary objective is the protection of the individual involved and the prevention of any future risk of harm. It will be necessary to invoke Inter Agency Child/Adult Procedures dependent on the age of the person involved.

Other offences for consideration are domestic abuse and sexual offences.

Recognising FGM
FGM takes different forms and can result in various consequences, some of which are detailed below. Staff are unlikely to come across FGM regularly and, therefore, those who may be involved in intimate procedures may be concerned that FGM has happened, but unsure. Film clips on the http://www.fgmresource.com/ website includes diagrammatic examples of what constitutes the various forms of FGM.

Immediate effects of FGM can include:
- severe pain
- shock
- bleeding
- wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
- injury to vulval tissues surrounding the entrance to the vagina
- damage to other organs nearby, such as the urethra and the bowel
- FGM can sometimes result in death

Long-term consequences of FGM can include:
- chronic vaginal and pelvic infections
- abnormal periods
- difficulties 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 newborn 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

**Psychological and mental health problems as a result of FGM:**
Case histories and personal accounts taken from women indicate that FGM can be an extremely traumatic experience for girls and women, which can stay with them for the rest of their lives. Young women receiving psychological counselling in the UK for their experiences of FGM report feelings of betrayal by parents, regret and anger.

**FGM in Highland**
It is currently rare for staff working in Highland to be concerned about a girl at risk of FGM or to have experience of working with a woman who has had FGM. As it is not a common occurrence in Highland, staff may not feel well equipped to respond to cases if and when they do arise. This protocol aims to support staff in this situation by giving clear guidance on their responsibilities and on the services that we can provide locally.

Staff should also recognise that it may be appropriate to contact colleagues in the police and within their own agency in other areas of Scotland or UK who may be in a better position to advise how best to work with women who have had FGM and girls who may be at risk of FGM.

**Girls at Risk of FGM**
FGM is always considered as a form of significant harm to a child or young person. Staff must be clear about their child protection procedures when responding to FGM. Staff can also contact the Public Protection Unit (01463 720830) and/or Child Protection Advisor – Health for advice at any time if they have concerns about a child/ren. The CPA contact list is available at: [http://forhighlandschildren.org/2-childprotection/](http://forhighlandschildren.org/2-childprotection/) (tel cpadmin on 01463 703524)

The following factors can be used to determine if a girl is at potential risk of FGM:
• Ethnic group has a high FGM rate
• Female sibling has had FGM
• Mother has had FGM
• Mother and/or father has asked for a woman to be reinfibulated (the closing of the vagina by suturing) after childbirth

Protective factors:
No female relatives have had FGM
Country of origin has high rate, but girl comes from an ethnic group which does not traditionally carry out FGM
One parent comes from a community which does not traditionally practice FGM

It is recognised that attempts to mediate or reconcile in situations may unwittingly increase an individual’s vulnerability and place them in danger. Advice and assistance in these circumstances must be sought from the police.

Along with partners, consideration will be given to invoking Police Emergency Powers, Child Assessment Orders or Child Protection Orders.

**Women who have had FGM**
Women with experience of FGM should be offered support relative to their needs. There are no specific support services in Highland for FGM, but support can be sought from Karma Nirvana, Shakti Women’s Aid, Saheliya and ROSHN. The following can also provide support for specific issues, such as Obstetrics and Gynaecology, GPs, Sexual Health, Forensic Services, Urology and Mental Health services. There are also local organisations who may be able to provide support such as Women’s Aid, Victim Support and/or Rape & Sexual Violence services, depending on the woman or young person’s needs.

**Identification of FGM**
FGM is routinely asked about in maternity services. All pregnant women in Highland are asked if they have experienced FGM when they book with their midwife. This is because women who have experienced FGM will require specialist review with a consultant obstetrician.

No other services routinely ask all women about FGM, but they should ask direct questions about FGM on a case by case basis, as appropriate. FGM may be identified during an intimate examination, as a result of discussions about another, related, health need, or a woman may self disclose.

Education staff should be vigilant and raise concerns of any intention to remove any children who are thought may be at risk of FGM abroad. It is often the case that there is a ‘party’ or ‘celebration’ arranged within families of the child becoming a woman when in fact the trip involves the child being subjected to FGM. Long unexplained periods of absence need to be explained particularly when panning to be away from home whether to other areas of the UK or abroad.

There is a link between FGM and forced marriage though some communities shun FGM and support forced marriage and vice versa. Legislation on forced...
marriage in Scotland came into effect in September 2014 and makes it an offence to:

- Force someone to marry against their will
- Lure a person to a territory of a state for the purpose of forcing them to enter marriage
- Use deception with the intention of causing another person to leave the United Kingdom for the intention of forcing that person to marry.

There is a freephone 24 hour Forced Marriage Helpline – 0800 0271234. Helpline staff can provide details of other organisations who can offer help and support for women at risk of forced marriage.
Responding to a Woman with FGM who gives birth to a female child

- Woman with FGM gives birth to a girl/has other female children
  - Midwife, as named person, discusses FGM with parents, including law and Child Protection
    - Midwife has no concerns that FGM will be carried out
      - Discussions documented in child’s public health record and woman’s postnatal notes. Child Protection Advisor informed (tel cpadmin on 01463 703524)
    - Midwife is concerned that child is potentially at risk
      - Midwife passes concerns to Health Visitor at handover
        - Health Visitor implements “Responding to a Girl at Potential Risk of FGM” flow chart (p6)
      - Immediate concern that girl is about to have FGM in the UK or abroad
        - Child protection procedures initiated and discussion with Designated Person PPU 01463 720830
    - Immediate Risk
      - Midwife is concerned that woman has had FGM – recorded in her GP notes
        - GP informed that woman has had FGM – recorded in her GP notes
          - Midwife informs GP that the mother of the child(ren) has had FGM - recorded in the child’s GP notes

- No Immediate Risk

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Responding to a Girl at Potential Risk of FGM

- **Immediate concern that girl is about to have FGM in the UK or abroad**
  - Discuss with Designated Person PPU 01463 720830 and Child Protection procedures initiated

- **Staff become aware that a girl is potentially at risk of FGM**
  - Staff identify if there are other female children in the household

- **Immediate Risk**
  - Concerns that girl may be a risk of FGM in the future – seek advice and support from Designated Person PPU 01463 720830 or agency Child Protection Advisor on how to proceed about FGM, including law and Child Protection.
  - Child requires additional agency input to ensure that they can reach their full potential – Child’s Plan developed to support the child and family and to reduce the risk of FGM occurring

- **No Immediate Risk**
  - No immediate risk or concerns - seek advice and support from Designated Person PPU 01463 720830 or agency Child Protection Advisor on how to proceed about FGM, including law and Child Protection.
  - Discussions documented in child’s notes – no further actions
Responding to a Woman with FGM

Woman discloses experiences of FGM → Treat/support woman with presenting issue

Woman presents with signs of FGM → Staff suspect FGM during intimate examination

Woman asked directly by staff about FGM → Consider whether any female children may be at risk

Woman does not disclose → Treat/support woman and reassure that she can return to this or another service in the future

Identify any other issues relating to the FGM and refer to appropriate services, e.g. sexual health, psychology

Record discussions, treatments & services referred to. Inform GP to ensure FGM is written in notes

If woman has a female child or a younger sister, follow the pathway for “Responding to a girl at potential risk of FGM”, explaining this to her first

Ensure GP is informed of discussions for recording in her notes

GP to identify if woman has female children/other young women in her household

Staff can contact the Public Protection Unit (01463 720830) and/or Child Protection Advisor – Health for advice at any time if they have concerns about a child/children. The CPA contact list is available at: [http://forhighlandschildren.org/2-childprotection/](http://forhighlandschildren.org/2-childprotection/) (tel cpadmin on 01463 703524)
Other considerations for staff

- It is illegal for FGM to be carried out in Scotland and to arrange to take a girl abroad for FGM – that should be communicated to parents during discussions about FGM
- Be mindful that a woman may not be aware she has had FGM (particularly if it happened when she was very young)
- Be realistic about what can be done for her, for example, although reversal, or de-infibulation, may be possible for some women with type 3 FGM, surgery may not applicable to all types of FGM
- Check out what services can do for a woman in advance of referring her
- Under no circumstances, should staff ever perform FGM on a girl or reinfibulate a woman after childbirth or intercourse – If a girl or woman is at imminent risk, call the police on 999. In a non-emergency situation consult your manager and/or follow child protection procedures or adult support and protection procedures as appropriate

More Information and Support

World Health Organisation Fact Sheet on FGM

Scottish Legislation 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

National Child Protection Guidance

Highland Child Protection Procedures

Highland Adult Support & Protection Procedures

Missing Families Alert Guidance for Highland

Local Support Agencies:

Inverness Women’s Aid
2 Anderson Street
Inverness
IV3 8DF
Tel: 01463 220719
www.invernesswa.co.uk

Ross-shire Women’s Aid
The Square
George Street
Dingwall IV15 9SA
Ross-shire tel: 01349 863568
Skye and Lochalsh: 01478 613365
Wester Ross: 07848 023282
www.rosswa.co.uk

Caithness and Sutherland Women’s Aid
Voluntary Groups East Sutherland
‘Alba’ Main Street
Golspie
KW10 6TG
Tel: 0845 408 0151
www.caswa.org.uk

Lochaber Women’s Aid
3 Belford Road
Fort William
PH33 6BT
Tel: 01397 705734
www.lochaberwomensaid.org

Victim Support Highland
Victim Support Helpline: 0345 603 9213
Business Line: 01463 258834
www.victimsupportsco.org.uk

Rape and Sexual Abuse Service Highlands (RASASH) is a new service for survivors of sexual violence based in Inverness but covering the Highlands
Support Line: 03330 066 909
Business Line: 01463 257657
www.rasash.org.uk

National Support Agencies:

Karma Nirvana, support for Asian women & children,
PO Box 148
Leeds
LS13 9DB
Tel - 08005999247
www.karmanirvana.org.uk

Shakti Womens Aid, support for BME women & children experiencing Domestic Abuse, Forced Marriage & other HBV issues
0131 475 2399
www.shaktiedinburgh.co.uk

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Saheliya, supports the mental health & wellbeing of BME women
125 Macdonald Rd
Edinburgh
EH7 4NW
0131 556 9302
www.saheliya.org.uk

ROSHNI, charity which ensures the safety of children, young people & adults within minority ethnic communities
Baltic Chambers
Suite 339
50 Wellington St
Glasgow
G2 6HJ
0141 202 0608
info@roshni.org.uk
www.roshni.org.uk