Female Genital Mutilation (FGM)

Multi-agency

Practice Guidance

July 2016

Newcastle Safeguarding Children Board

The guidance is to provide professionals an understanding of FGM, the considerations and action required to safeguard girls and women who they believe may be at risk of, or have already been harmed through FGM.

“FGM is considered a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. FGM will be dealt with through existing Newcastle Safeguarding Child Protection and Adult Safeguarding Procedures.

The Law – Since 2003 the Female Genital Mutilation Act has considered that a person is guilty of an offence if the excise, infibulate or otherwise mutilate the whole or any part of a girls labia majora, labia minora or clitoris. The 2003 Act extended the offence to include women; therefore offences apply to victims of any age.

The 2003 Act makes it an offence “of assisting a non-UK person to mutilate overseas a girl’s genitalia”. Under these circumstances FGM is a criminal offence and as such when a child/young person is considered at risk must be reported to the Police by **healthcare workers, teachers and social workers**. The Serious Crime Act 2015 extends extra-territorial jurisdiction to prohibited acts done outside the UK by a UK national or a person who is resident in the UK.

In communities where FGM is practiced it is usually carried out by older women; for these it would be seen as a way of gaining prestige and income. The procedure is justified as: –

- Bringing status and respect
- Becoming a woman
- A rite of passage
- A means of becoming socially acceptable
- Up holding family honour
- A sense of belonging to the community
- A religious requirement
- A female considered to be clean and hygienic
- Being cosmetically desirable
- Making childbirth safe

There are many consequences, both of a physical and emotional nature resulting from the time of the procedure when restraint is used and from the type of FGM carried out with longer term physical consequences; both of which can result in psychological damage.

There are 3 main groups affected by FGM who need to be considered as potentially at risk by practitioners

- A baby girl born to a mother who has undergone or who comes from a community where FGM is practiced
- A girl at risk of FGM
- A girl who has undergone FGM.

Staff need to consider the following indicators that FGM could take place:

- A family comes from a community where FGM is practiced
- If there are known female elders in the community
- If parents state that they or a relative is planning to take the child out of the country for a an extended period of time
- The child talks about visiting the families country of origin where FGM is practiced e.g. Africa or the Middle East
- The child talks about “a special procedure”.
- A child is heard talking about FGM to her friends
- Any child whose mother has undergone FGM should be considered at risk
- Any child whose sister of close female relative has undergone FGM

Staff may also need to consider:

- The level of the family and girls integration within UK community
- Limited or no engagement with professionals (education, health or others)
- Existing safeguarding issues
- Unexplained absences from school
- Certain communities carry out FGM when a girl reaches a certain age

If staff recognise or have concerns relating to risk factors, they need to be aware of what action it is appropriate to take.

There are 4 key actions: -

- Enquiry and Returning Enhanced Data Set for Health
- Recording and Information Sharing
- Safeguarding Referral
- Mandatory Reporting of Children who have been subject to FGM to the Police

FGM is a complex issue. Professionals on the one hand need to deal sensitively with potential victims, whilst acting firmly to eradicate this form of abuse. Children at risk of FGM may have no other issues relating to potential significant harm and may otherwise be well cared for. There are challenges for professionals in remaining alert to indicators that FGM may be imminent when we are aware that a child or woman may be at risk and that this risk is a long term one.

Enquiry and Returning Enhanced Data Set for Health

When health professionals enquire about FGM, they must ensure that they do so in a sensitive, non-judgemental and appropriate way. They need to ask direct questions e.g. “Do you or your partner come from a community where cutting or female circumcision is practiced?” and “have you been cut?” It is important to allow time for the girl or woman to speak given the sensitivity of the issue; and awareness that by doing so they may be disclosing information which they have been told by their family or community must not be discussed.

Health Professionals must report the enhanced data set on all girls and women they identify as having FGM. The data needs to be reported by Acute Foundation Trusts, Mental Health Foundation Trusts and General Practice; it is reported to the Health and Social Care Information Centre (HSCIC). If the latter is the case the GP practice must also inform the Named GP.

The information leaflet explaining the process and the rights of all parties must be given to the woman/parent concerned. This includes the right to object to the disclosure of personal information; however, at this point there is a requirement for the information to be submitted (the information leaflet can be downloaded from the HSCIC Website).

If an adult women objects to the data being returned NUTH will support the clinician in respecting the women’s wishes. However, all other safeguarding procedures must be followed.

Recording and Information Sharing

FGM risk must be recorded, and flagged, in Primary Health Care records and the fact that there is an FGM risk must be included in all referrals to Secondary Care to support the ongoing provision of care. Once secondary care is aware of the FGM risk, either from Primary Care or from within the organisation, they also need to record and flag the risk in their health records.

If a female child is considered at risk of FGM this should also be shared with the health visitor (preschool children) or school nurse (school aged children) who are required to appropriately flag the child health record and note in other female siblings records of the

potential risk of FGM. A process for sharing this information with the school, either at the time of the concern or at a later time at school entry age will need to be considered for all children at the time of multi-agency strategy meeting**.**

Schools will be expected to record and flag their records either at the time of strategy meeting or school entry (historic reports of FGM). This information must be transferred with the child at the time of any change of school.

Parents of children, who are considered at risk of FGM and where multi-agency meetings have been held, will be made aware that the information of the potential risk will follow the child until they leave education and will be flagged on their health records permanently. Parents will be informed of this requirement by the Police Officer/Social Worker at the time of home visit as part of the initial enquiry.

The expectation would be that the Police and Children's Social Care will also have a flagging system to indicate FGM risk.

Safeguarding Referral

FGM by its definition is a criminal offence against children and a child protection issue. If any child under 18 years has signs or symptoms of FGM or there is reason to suspect that they are at risk of FGM having considered family history and relevant factors information should be shared with the Police and Children's Social Care. Any member of staff who has contact with a child either through direct contact with the child or through contact with their parent or family member should be vigilant e.g. General practitioners, school staff, volunteers , community groups and school nurse. Female siblings and other females in the wider family could also be at risk and therefore need to be considered. Health staff should be mindful that where girl/woman request re-infibulation after child birth should be classed as a potential indicator that they are not willing to comply with UK Law and that this should be seen as a child protection concern.

Professionals must use their judgement as to whether to refer to the Police or Children's Social Care via their Initial Response Service. If there is imminent risk of FGM taking place or of a person leaving the country so that FGM can take place a referral must be made to the Police by ringing 999. If in doubt advice should be sought from the safeguarding lead within their agency or from the Police or Children's Social Care about what to tell the women / family in these circumstances.

In all other cases involving children and vulnerable adults a referral must be made to either Children's Social Care via the Initial Response Service or to the Safeguarding Adults Team (see flow chart for further details). In cases where only an adult with capacity is involved and the FGM has already occurred many years previously this does not require a safeguarding referral but may well require a referral for physical health reason, counselling and support.

Mandatory Reporting of Children who have been subject to FGM to the Police

All practitioners in regulated professions such as doctors, nurses, social workers and teachers, must report FGM in children (persons under the age of 18) to the police via 101. The police will then refer the matter to the PVP Police Unit by the next working day. This should also be reported to Children's Social Care via the Initial Response Service.

Non-regulated practitioners still have a general responsibility to report safeguarding issues relating to FGM as part of NSCB safeguarding procedures. They also have a duty to share information when they become aware that FGM has been carried out on a girl under the age of 18 years.

This duty applies when a child tells a professional that they have been subject to FGM or professional suspects that this is the case from genital examination.

The issue of genital piercing of adults who have capacity and are not under duress is a complex one. It is important to record the fact that they do have capacity and are not under duress but no further action is required. If there is any uncertainty about what to do in this situation further guidance should be sought on the issue.

Strategy discussions/meeting about a child at risk of FGM must include:-

1. Decision about immediate risk and action.

2. The sharing of information about the family – who requires the information and how it will be shared.

3. A professional familiar with the culture of the potential victim/s should be present at the meeting to ensure an appropriately culturally sensitive approach.

4. Home visits should be undertaken by investigating professionals and should be undertaken by an experienced Police Officer or Social Worker. Consideration should be given to whether home visits may need to be supported by other professionals.

5. Professional interpreters must be used if either parent is not completely fluent in English and considered for all contacts. The gender of the interpreter should be considered.

6. Verbal and written information must be given to family about FGM, its illegality, notification, recording and flagging in health, school and other records. Verbal and written information regarding available support must also be given to the parent / family.

7. Attempt to work with the family on a voluntary basis to prevent the abuse being undertaken and to put in place protective factors. A key element of this work relates to education and health promotion to parents / family and communities. However, the child's welfare is paramount and must remain the focus of multi-agency work.

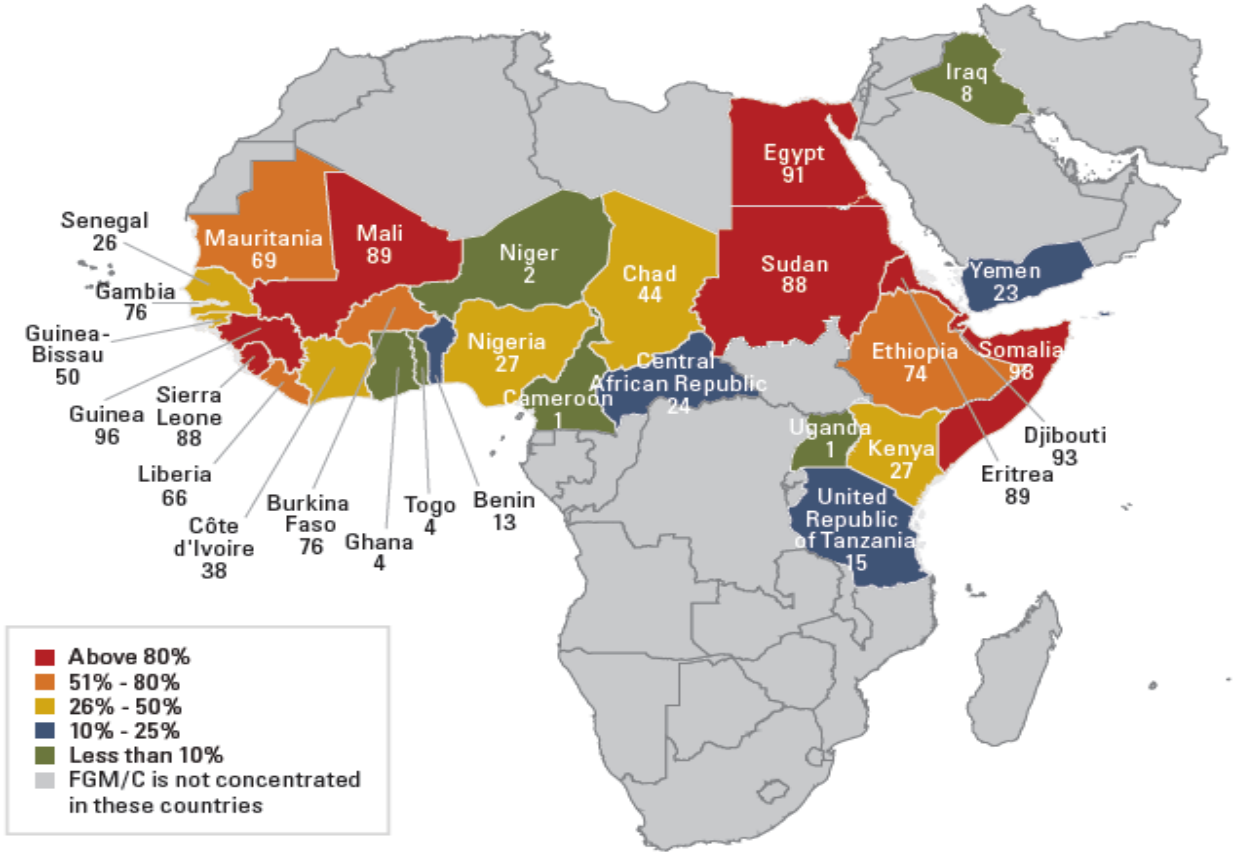
8. If the child cannot be protected then legal advice must be sought; staff need to be vigilant to indicators of change within the family and increased risk. It must always be remembered that a care order alone does not prevent a child being taken out of the country and consideration needs to be given to obtaining an FGM Order or putting the matter before the High Court in Wardship Proceedings

9. Consideration of need for Specialist Medical Assessment and possible treatment. If there is any doubt about who a child or women should be referred to discuss with the Hospital Safeguarding Children Team or Safeguarding Lead for Midwifery.

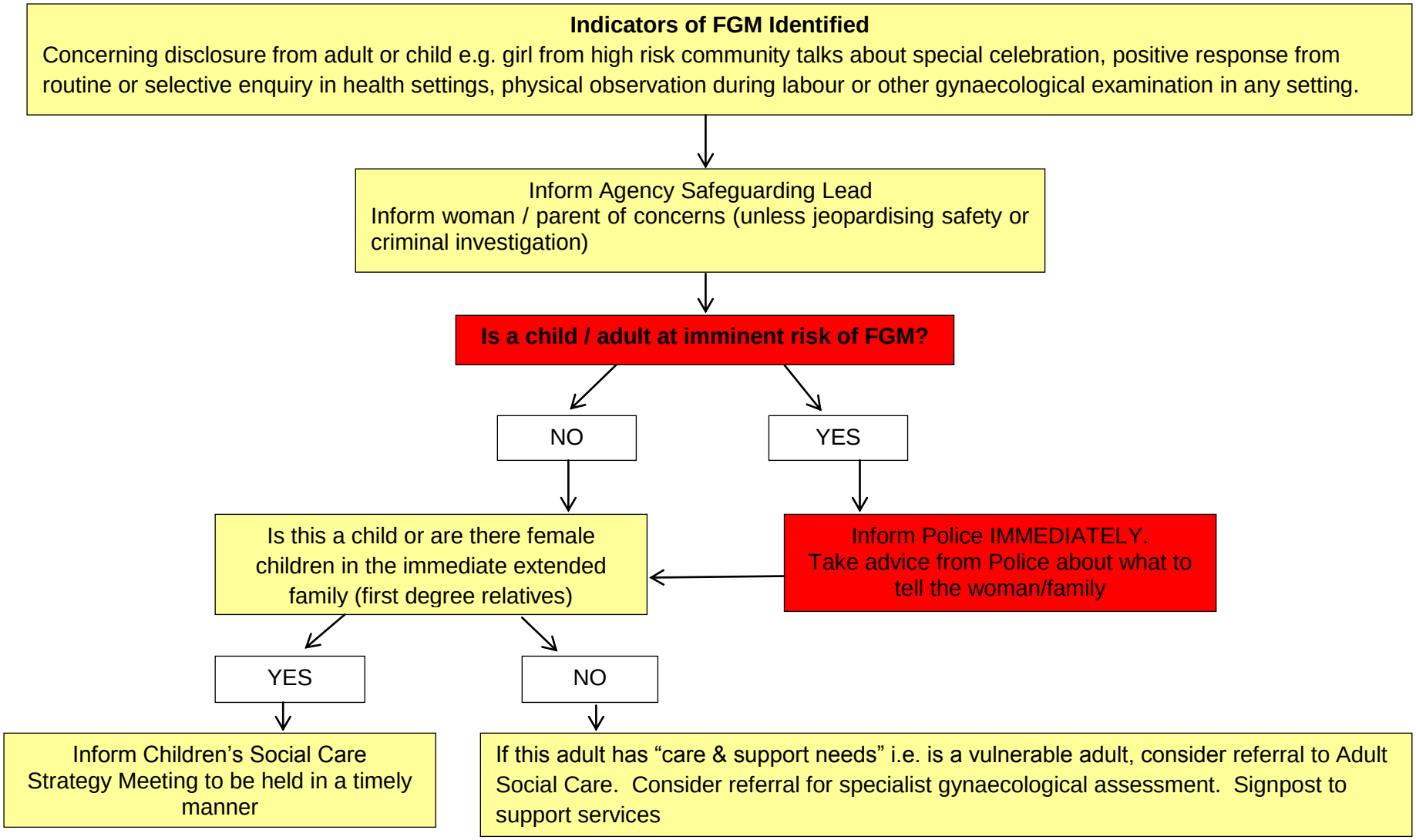
10. Consideration of future risk, including maintenance of flagging systems and how to ensure a continuing professional awareness of potential future risk

PREVALENCE OF FGM AMONG WOMEN AGED 15-49 IN AFRICA AND THE MIDDLE EAST

Source: UNICEF (July 2013), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2012.



FGM FLOWCHART



If a child (under the age of 18) has been subject to FGM then professionals must report this directly to the police via 101 as well as making a safeguarding children referral. This is a mandatory reporting duty which applies to all regulated professions e.g. Drs, nurses , social workers and teachers.

This duty applies when a child tells a professional that they have been subject to FGM or when a professional suspects this from physical examination findings

FGM Support Services in the North East

Organisation	Area	e-mail	Phone	Services Offered
Angelou Centre	North East	Rosie@angelou-centre.org.uk	0191 226 0394	We have a dedicated FGM project. Mama & Binti. Activities include • Individual support and advocacy for women and girls affected by FGM • Awareness raising training and support to women's community organisations affected by FGM • The development of FGM community champions from affected communities • Awareness raising events and activities with professionals • Development of a network for women and girls affected by FGM
HALO Project	Cleveland and Durham	info@teesvalleyinclusionproject.com	01642 683 045	The Halo Project has been set up specifically to support victims suffering abuse in the name of honour and those experiencing forced marriage
Purple Rose	Stockton	purplerose6611@hotmail.co.uk	07984 222236	Purple Rose is a community organisation set up to raise awareness about issues affecting BME women
Rape Crisis Tyneside and Northumberland	Tyneside & Northumberland	enquiries@rctn.org.uk	Admin 0191 222 0272 Helpline 0800 0352794	Rape Crisis Tyneside and Northumberland is a charitable organisation which provides information, support and counselling for women aged 16 and over who have been raped or sexually abused
Shine	Newcastle	Roya.rezaee@newcastle.gov.uk	0191 2772048 07825833074	One to one support for affected family members; Advice and information Training for men and women affected by FGM

				Awareness raising for professionals (currently developing drop in sessions for affected families) • Direct training for men and women affected by FGM • Awareness raising for workers(supported by existing community champion) • One to one support for affected family members. • Provision of up to date advice and information • Support development of local policies • Development of Community Champions to support awareness raising within communities and work with identified FGM cases. Future plan: • Establishing drop in sessions for affected families, including male family members and older adults. • Developing appropriate awareness raising material for use in secondary schools
Straight Forward	Middlesbrough	Straightforward421@yahoo.co.uk	07949592688 or 07462799555	Confidential, Non-judgemental and Respectful service to the communities on the issue of FGM. In the same token, we empower and support vulnerable female community members in Tees Valley Area.