

Female Genital Mutilation (FGM)

Brent JSNA
2019



NHS

Brent

Clinical Commissioning Group

Definition and Types of Female Genital Mutilation (FGM)

Definition of FGM

Internationally the World Health Organisation has defined FGM as:-

- 'Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.'

[World Health Organisation FGM Factsheet – February 2017](#)

The United Kingdom has further clarified that:-

- 'FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this'
- 'FGM is illegal in the UK. For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minora or clitoris'
- 'FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls'

[Multi-agency statutory guidance on female genital mutilation – 2016 \(Updated 2018\) – Page 8](#)

Types of FGM

FGM has been classified by the World Health Organisation (WHO) into four types:

- **Type 1 – Clitoridectomy:** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) 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 (the labia are the 'lips' that surround the vagina);
- **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; and
- **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.

[Multi-agency statutory guidance on female genital mutilation – 2016 \(Updated 2018\) – Page 9](#)

Health Impact and Names used for Female Genital Mutilation

Alongside the ongoing psychological and emotional impact of FGM the Multi-Agency Statutory Guidance highlights the following physical consequences

Immediate/Short-Term Consequences of FGM can include:-

- severe pain;
- shock;
- haemorrhage;
- wound infections;
- urinary retention;
- injury to adjacent tissues;
- genital swelling; and/or
- death.

The long-term consequences of FGM can include:

- genital scarring;
- genital cysts and keloid scar formation;
- recurrent urinary tract infections and difficulties in passing urine;
- possible increased risk of blood infections such as hepatitis B and HIV;
- pain during sex, lack of pleasurable sensation and impaired sexual function;
- psychological concerns such as anxiety, flashbacks and post traumatic stress disorder;
- difficulties with menstruation (periods);
- complications in pregnancy or childbirth (including prolonged labour, bleeding or tears during childbirth, increased risk of caesarean section); and
- increased risk of stillbirth and death of child during or just after birth.

[Multi-agency statutory guidance on female genital mutilation – 2016 \(Updated 2018\) – Page 37](#)

Names for FGM

'FGM is known by a variety of names, including 'female genital cutting', 'circumcision' or 'initiation'. The term 'female circumcision' is anatomically incorrect and misleading in terms of the harm FGM can cause. The terms 'FGM' or 'cut' are increasingly used at a community level, although they are not always understood by individuals in practising communities, largely because they are English terms.'

Below are some of the names for FGM that may be used by practising communities, please note that whilst the word 'Sunna' may be used to describe FGM in some communities this does not mean that it is 'Sunnah' in the broader Islamic understanding of the word, i.e. part of traditions and practices described in the Qur'ān or Hadith, FGM is not an Islamic requirement.

Bagne; Gadja; Thara; Khitan; Khifad; Megrez; Absum; Mekhnishab; Niaka; Kuyango; Musolula Karoola; Fanadu di Mindjer; Xatna; Kutairi; Kutairi was ichana; Ibi/Ugwu; didabe fun omobirin / ila kiko fun omobirin; Sunna; Bondo; Sonde; Gudiniin; Halalays; Qodiin; Khifad; Tahoor; Kadin Sunneti .

[Multi-agency statutory guidance on female genital mutilation – 2016 \(Updated 2018\) – Page 12 and Annex G](#)

Legislation

FGM has been a specific criminal offence in the UK since 1985 when the Prohibition of Female Circumcision Act was passed. This Act was updated by the Female Genital Mutilation Act 2003, which was itself amended by the Serious Crime Act in 2015.

For detailed information about FGM legislation, go to the UK Government '[Serious Crime Act 2015 Factsheet – female genital mutilation](#)' or the Crown Prosecution Service [FGM Prosecution Guidance](#)

Female Genital Mutilation Act 2003

- It is an offence to perform FGM
- It is an offence to aid, abet, counsel or procure a girl to perform FGM
- It is an offence for someone in the UK to aid, abet, counsel or procure FGM outside of UK that is carried out by a person who isn't a UK national or resident
- Any FGM act done outside the UK by a UK National or resident is an offence

The Serious Crime Act 2015 made new provisions to tackle FGM by:

- extending the extra-territorial reach of the offences in the Female Genital Mutilation Act 2003 so that they apply to habitual as well as permanent UK residents
 - introducing a new offence of failing to protect a girl from risk of FGM
 - granting lifelong anonymity to victims
 - bringing in a civil order ('FGM protection orders') to protect potential victims (From 17th July 2015)
 - introducing a duty on healthcare professionals, teachers and social care workers, to notify the police (by calling **101**) of known cases of FGM carried out on a girl under 18 (as outlined in '[Mandatory reporting of FGM – procedural information](#)')
-
- The maximum penalty for any of the FGM offences increased to 14 years' imprisonment and /or a fine

International Context of FGM

- At least 200 million girls and women alive today living in 31 countries have undergone FGM

[UNICEF – FGM Information Website](#)

- More than half of these live in just three countries: Indonesia, Egypt and Ethiopia
- 44 million are girls below age 15

[Female Genital Mutilation/Cutting: A Global Concern – UNICEF 2016](#)

- While FGM is concentrated in countries around the Atlantic coast to the Horn of Africa, and areas of the Middle East like Iraq and Yemen, it has also been documented in communities in:

- | | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|
| • Colombia; | • Oman; | • Malaysia; |
| • Iran; | • The United Arab Emirates; | • Pakistan; and |
| • Israel (within the Bedouin community and within the immigrant Ethiopian Jewish community in its country of origin); | • The Occupied Palestinian Territories; | • Saudi Arabia. |
| | • India; | • It has also been identified in parts of Europe, North America and Australia. |
| | • Indonesia; | |

[Multi-agency statutory guidance on female genital mutilation – 2016 \(Updated 2018\) – Page 9](#)

Human Rights

‘FGM is internationally recognised as a violation of women’s human rights and a form of child abuse...‘it constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity’. It also violates the rights of the child as defined in the United Nations Convention on the Rights of the Child.’

‘Many women who have survived FGM may also experience other forms of violence, such as early, child or forced marriage or domestic violence. As migrants, sometimes dependent on their husbands, fathers or wider family, they may be particularly vulnerable.

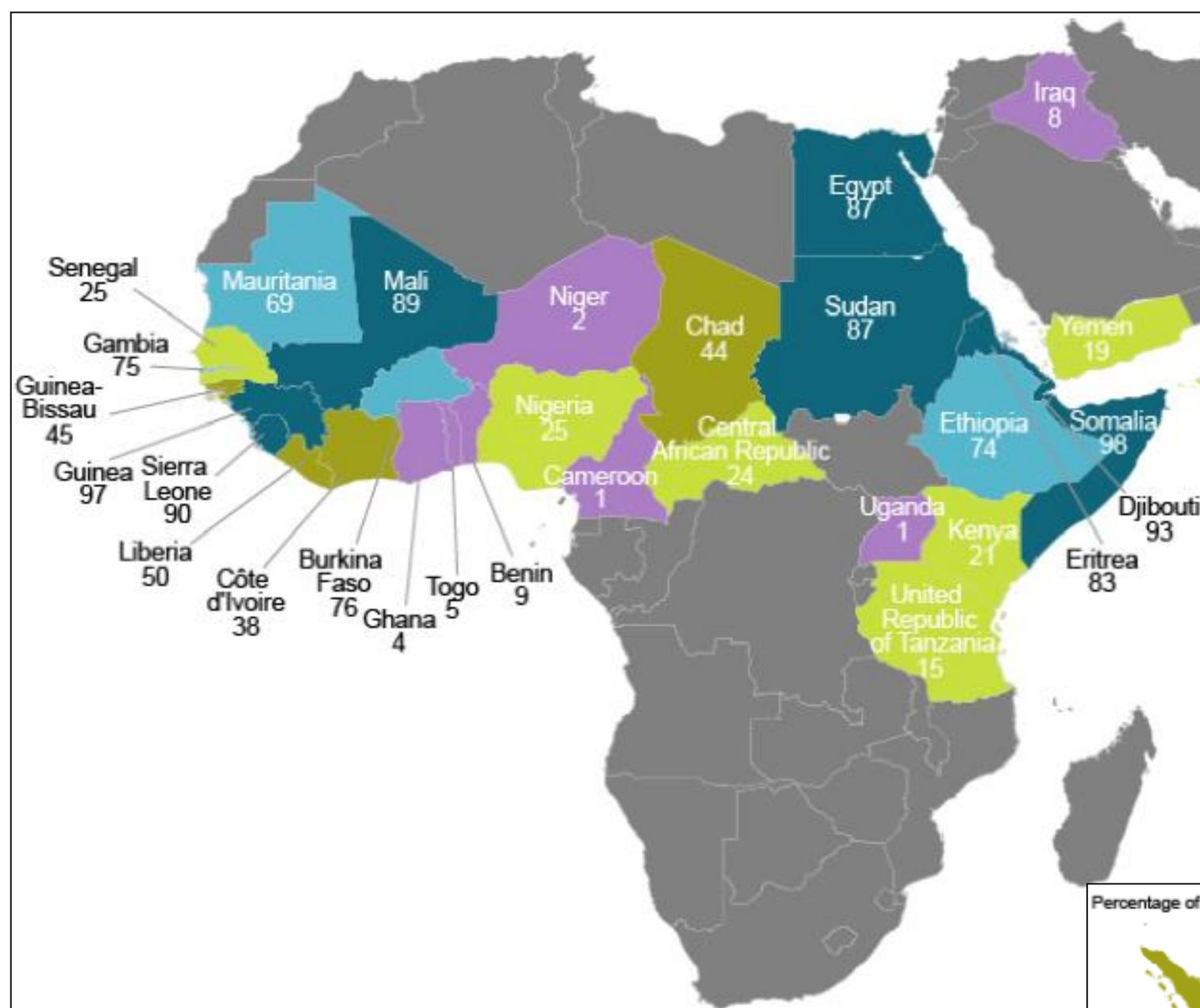
Communication from the commission to the European Parliament and the European Council
[Towards the elimination of female genital mutilation – November 2013](#)

Interactive Maps

[An on-line interactive prevalence map is available via the UK National FGM Centre](#)

Map indicating Percentage of girls and women (aged 15-49) who have undergone FGM

[Data released by UNICEF in 2016 and reproduced in the Multi-agency statutory guidance on female genital mutilation – 2016 – Page 10](#)



Percentage of girls aged 0 to 11 years who have undergone FGM/C

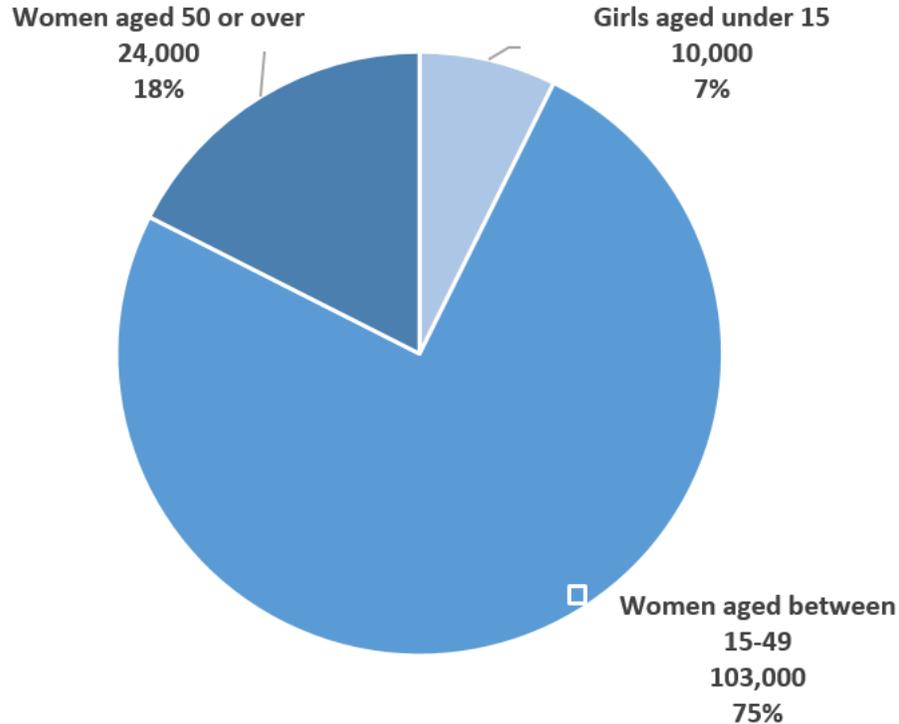


Excellent individual country profiles are available from the organisation [28 Too Many](#)

National, Regional and Brent Context of FGM

England and Wales

- Approximately 137,000 women and girls who have migrated to England and Wales are living with the consequences of FGM. Their ages are indicated in the pie chart below.



- Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM

[Multi-agency statutory guidance on female genital mutilation – 2016 \(Updated 2018\) – Page 11](#)

The NHS 'Enhanced FGM Dataset'

Since 2015 most NHS health services have had to collect and submit data regarding any 'newly recorded' cases of FGM, this does not mean the person had been recently cut nor that it's the first time they have been to an NHS service for their FGM, but that this is the first time they have appeared in the national dataset. This data is collected and published via NHS Digital in the [NHS 'Enhanced FGM Dataset'](#)

Collated from the Enhanced FGM Dataset for the period
April 2015 to March 2019

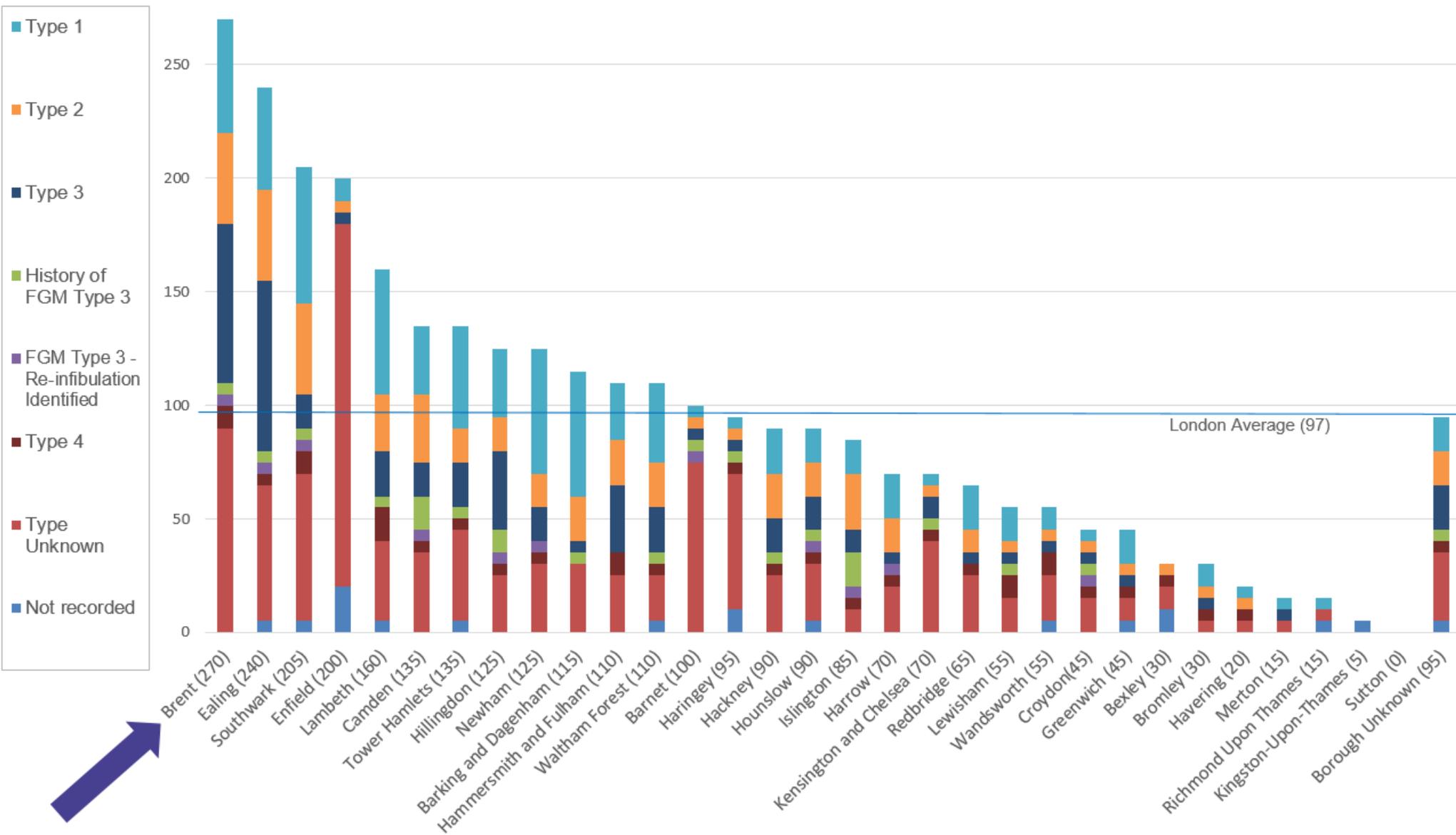
- 20,760 women and girls living in England had undergone FGM, and that their FGM status was newly recorded
- 260 of these cases were reported to have been undertaken in the UK
 - Of those 20,760 women and girls at least 390 of whom were born in the UK.
 - Between them they had at least 7,041 daughters under the age of 18
- Of those 20,760 women and girls – 11,105 lived in London
 - at least 110 of whom were born in the UK
 - Between them they had at least 2,795 daughters under the age of 18
- Of those 11,105 women and girls – 965 lived in Brent
 - at least 5 of whom were born in the UK
 - Between them they had at least 450 daughters under the age of 18



[NHS 'Enhanced FGM Dataset'](#)

Newly Recorded Cases of FGM by London Local Authority - April 2018 to March 2019

(mapped from postcode of usual address)



Factors that could indicate that a girl is at risk of FGM

There are a number of factors in addition to a girl's or woman's community, country of origin and family history that could indicate she is at risk of being subjected to FGM.

Potential risk factors may include:

- a) a female child is born to a woman who has undergone FGM;
- b) a female child has an older sibling or cousin who has undergone FGM;
- c) a female child's father comes from a community known to practise FGM;
- d) the family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- e) a woman/family believe FGM is integral to cultural or religious identity;
- f) a girl/family has limited level of integration within UK community;
- g) parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;
- h) a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- i) a girl talks about a long holiday to her country of origin or another country_s where the practice is prevalent
- j) parents state that they or a relative will take the girl out of the country for a prolonged period;
- k) a parent or family member expresses concern that FGM may be carried out on the girl;
- l) a family is not engaging with professionals (health, education or other);
- m) a family is already known to social care in relation to other safeguarding issues;
- n) a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
- o) a girl talks about FGM in conversation, for example, a girl may tell other children about it – it is important to take into account the context of the discussion;
- p) a girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent;
- q) a girl is unexpectedly absent from school;
- r) sections are missing from a girl's Red book;
- s) a girl has attended a travel clinic or equivalent for vaccinations / anti-malarials.

It is important that professionals look out for signs that FGM has already taken place so that:

- the girl or woman receives the care and support she needs to deal with its effects;
- enquiries can be made about other female family members who may need to be safeguarded from harm;

and/or

- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those who have broken the law and to protect others from harm.

Factors that could indicate that FGM has already taken place, include:-

- a) a girl or woman asks for help;
- b) a girl or woman confides in a professional that FGM has taken place;
- c) a mother/family member discloses that female child has had FGM;
- d) a family/child is already known to social services in relation to other safeguarding issues;
- e) a girl or woman has difficulty walking, sitting or standing or looks uncomfortable; a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously;
- f) a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating;
- g) a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
- h) a girl or woman has frequent urinary, menstrual or stomach problems;
- i) a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
- j) there are prolonged or repeated absences from school or college (see 2015 guidance on children missing education);
- k) increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- l) a girl or woman is reluctant to undergo any medical examinations;
- m) a girl or woman asks for help, but is not be explicit about the problem; and/or
- n) a girl talks about pain or discomfort between her legs.

Action to be Taken in Cases or Suspected Cases of FGM

- 'FGM is not an issue where action or intervention can be determined by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. Fears of being branded 'racist' or 'discriminatory' should not weaken the protection that professionals provide.'
- 'Professionals should intervene to safeguard girls and protect women who may be at risk of FGM or have been affected by it.'
- 'The level of safeguarding intervention needed will depend on how imminent the risk of harm is. An appropriate course of action should be decided on a case-by-case basis, with expert input from all relevant agencies.'
- 'Working across agencies as soon as a girl or woman is identified as being at risk of FGM is essential.'

[Multi-agency statutory guidance on female genital mutilation – 2016 – Page 46](#)

- You must immediately follow your organisations Child Protection procedures and inform your designated safeguarding lead. Most agencies in Brent base their policy on the [London Child Protection Guidance](#)
- In Brent referrals about a concern should be made via the '[Brent Family Front Door](#)' which incorporates our Multi Agency Safeguarding Hub (MASH) on **020 8937 4300** or via Family.FrontDoor@brent.gov.uk
- If risk to the child is imminent then you should call the police on **999**
- If you are not in Brent you may Call the 24/7 National FGM Helpline on **0800 028 3550** or via fgmhelp@nspcc.org.uk
- Regulated professionals' (e.g. Teachers, Health and Social Care Workers, etc.) have a mandatory reporting duty and must also inform the police via the non emergency phone line (**101**) in cases when, during the course of their work with an under 18 year old, they receive a verbal disclosure or have visual confirmation that FGM has occurred to that under 18 year old.

[Click Here for full Procedural information and FAQ's on the mandatory reporting duty relating to FGM](#)

[Click here for additional information about the mandatory reporting duty for health care professionals in England](#)

FGM Specialist Clinical Support Services for Women in Brent (delivered by the London North West University Healthcare Trust)

Clinic 1 AWW Clinic (African Well Woman's Clinic) for Pregnant Women over 18

Location: Central Middlesex Hospital, Antenatal Clinic ,
Acton Lane, Park Royal, NW10 7NS

Hours: Wednesday 08:00 – 13:00

Contact: Ifrah Warsame , Specialist FGM midwife,
0208 963 7180 / 07796705859

Clinic 2 AWW Clinic (African Well Woman's Clinic) for Pregnant Women over 18

Location: Northwick Park Hospital, Antenatal Clinic,
Watford Road, Harrow, HA1 3UJ

Hours: Fridays 09:00 – 13:00

Contact: Gina Acquah Specialist midwife,
0208 869 2870 / 07776673996

The Hibiscus Clinic - for Non Pregnant Women (Over 18)

One of 8, [National Female Genital Mutilation Support Clinics](#)

This is a fast-track service where women can self refer, but referrals from GP's and other health care professionals are strongly encouraged.

Location: SMS Medical Practice, Wembley Centre for Health, 116 Chaplin Rd, Wembley HA0 4UZ

Hours: Alternate **Tuesdays 9am – 5pm** (from 03/09/19)

Contact: Specialist FGM Midwives via:- 07776673996 07796705859 02088695046

E-Mail Referrals - LNWH-tr.FGMBrentServices@nhs.net

FGM Specialist Clinical Support Services for Girls Under 18 (delivered by the University College London Hospitals NHS Trust)

Children's FGM Service (for girls under 18)

Contact: 0203 447 7396 UCLH.PaediatricSafeguarding@nhs.net

Local support and campaigning organisations for women who have been cut, include:-

- [Forward UK](#) – FGM support, training , advocacy and campaigning
- [Daughters of Eve](#) – Campaigning, signposting and supporting women
- [Asian Women's Resource Centre](#) – Supporting women against gender based violence
- [SAAFI](#) - Somali Advice And Forum of Information
- [Midaye](#) – Somali Development Network
- [IKWRO](#) – Iranian Kurdish Women's Rights Organisation
- [The Dahlia Project](#) - Support group for women who have undergone FGM

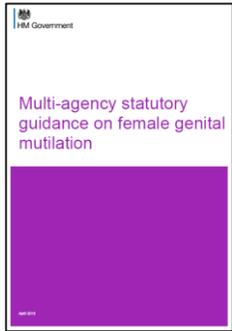
National and international support services for professionals, include:-

- [The National FGM Centre](#) – A partnership between Barnardo's and the Local Government Association to achieve a systems change in the provision of services for girls and women affected by female genital mutilation (FGM)
- [NSPCC](#) – FGM Factsheets and resources
- [28 Too Many](#) – FGM research and resources
- Information for the general public on [NHS Choices](#)
- **Project Azure:** Metropolitan Police Department for FGM - **0207 161 2888**
- **Crown Prosecution Service** – [FGM legal guidance](#)
- **World Health Organisation** – [FGM website for data, International campaigns and information](#)

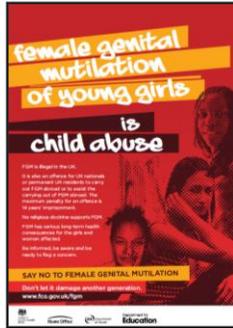
[Care of girls and women living with female genital mutilation: A clinical handbook \(May 2018\)](#)

Female genital mutilation: resource pack

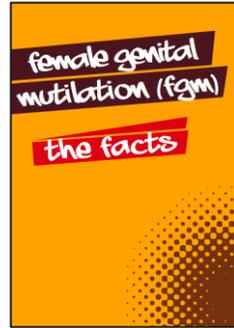
UK Government resource pack on FGM – Containing PDF's and Hyperlinks for guidance, pathways and resources about FGM



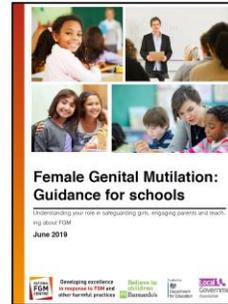
[Multi-agency statutory guidance on FGM](#)



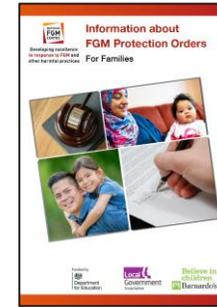
[FGM is Child Abuse - Poster](#)



[FGM The Facts - Leaflet](#)



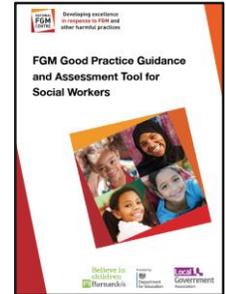
[FGM Guidance for Schools Guidance](#)



[FGM Protection Orders - Leaflet](#)



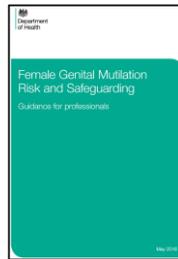
[FGM in Pregnancy - Leaflet](#)



[FGM Assessment Tool](#)



[London Child Protection Procedures - FGM](#)



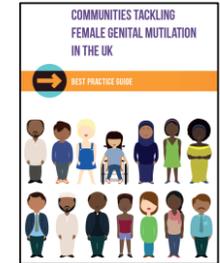
[FGM - Dep't of Health](#)



[FGM Safeguarding Pathway](#)



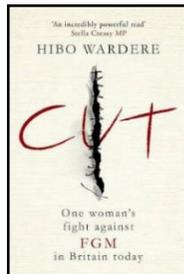
[FGM Risk Assessment Pathway](#)



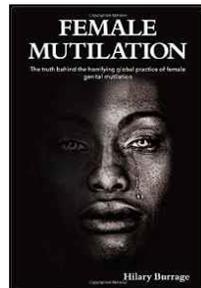
[Communities Tackling FGM in the UK - Best Practice Guide](#)

Recommended

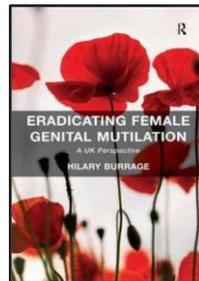
Further Reading



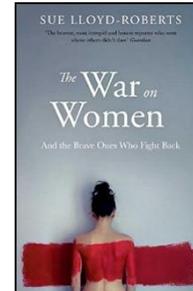
Cut: One Woman's Fight Against FGM in Britain
Hibo Wardere
Simon & Schuster UK - 2016
ISBN: 978-1471153983



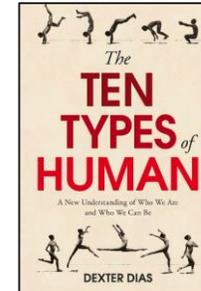
Female Mutilation
Hilary Burrage
New Holland Publishers - 2016
ISBN-13: 978-1742576077



Eradicating Female Genital Mutilation
Hilary Burrage
Routledge - 2015
ISBN: 978-1472419941



The War on Women
Sue Lloyd Roberts
Simon & Schuster UK - 2016
ISBN-13: 978-1471153907



The Ten Types of Human
Dexter Dias
William Heinemann - 2017
ISBN-13: 978-1785150166



[FGM Posters](#)

Learning and development about FGM

Relationships and Sex Education (RSE) at Secondary level education (Mandatory from September 2020)

'Schools should address the physical and emotional damage caused by female genital mutilation (FGM). They [pupils] should also be taught where to find support and that it is a criminal offence to perform or assist in the performance of FGM or fail to protect a person for whom you are responsible from FGM.'

[Relationships Education, Relationships and Sex Education \(RSE\) and Health Education in England Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers - July 2019 – Page 26 - Section 79](#)

Free training in Brent about FGM.

Free training about FGM is available for anyone works (paid or voluntarily) with children, young people or families in Brent. It can be accessed by registering on the [training website of The Brent Safeguarding Partnership](#)

Free e-learning about FGM.

Home Office - open access for anyone - [FGM e-learning for professionals](#)

For NHS Staff – [e-Learning for health - FGM Course](#)

Twitter has transformed the landscape of FGM awareness in the UK.

Consider the following twitter accounts (not an endorsement of the content or opinion of these accounts) for news on FGM and other related topics e.g.

[@LeylaHussein](#)

[@HiboWardere](#)

[@FahmaEndFGM](#)

[@DaughtersofEve](#)

[@FORWARDUK](#)

[@FORWARD_Youth](#)

[@FGMCentre](#)

[@FGMsilentscream](#)

[@ENDFGM_Network](#)

[@NoFGM_UK](#)

[@EndingFGM](#)

[@OrchidProject](#)

[@28TooMany](#)

[@HilaryBurrage](#)

[@FGMQuestions](#)

[@OrgSaafi](#)

NSPCC - [@NSPCC](#)

[@NSPCCpro](#)

Brent LSCB - [@LSCBBrent](#)

Brent Council - [@Brent_Council](#)

Summary

FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such.

Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding.

There are, however, particular characteristics of FGM that front-line professionals should be aware of to ensure that they can provide appropriate protection and support to those affected.

The following principles should be adopted by all agencies in relation to identifying and responding to those at risk of, or who have undergone FGM, and their parent(s) or guardians:

- the safety and welfare of the child is paramount;
- all agencies should act in the interests of the rights of the child, as stated in the United Nations Convention on the Rights of the Child (1989);
- FGM is illegal in the UK;
- FGM is an extremely harmful practice - responding to it cannot be left to personal choice;
- accessible, high quality and sensitive health, education, police, social care and voluntary sector services must underpin all interventions;
- as FGM is often an embedded social norm, engagement with families and communities plays an important role in contributing to ending it;

and

- all decisions or plans should be based on high quality assessments (in accordance with *Working Together to Safeguard Children (2015)* statutory guidance)
[Sic - *Working Together to Safeguard Children (2018)*]