Wandsworth Multi-Agency Practice Guidance on Female Genital Mutilation

2019

Developing excellence in response to FGM and other harmful practices

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1. Introduction

1.1. Purpose

This multi-agency guidance is aimed at all frontline professionals who are likely to come into contact with girls (under 18) and women who have had or are at risk from Female Genital Mutilation (FGM). This includes, but is not limited to, health and social care professionals, police officers, teachers and other educational professionals and community organisations.

No single agency can eradicate FGM, so there is a need for different agencies to work together to help prevent and tackle it, as to support FGM survivors. This guidance aims to support professionals to:

- Understand what FGM is, why it occurs and where
- Identify when a girl or woman may be at risk of FGM and respond appropriately to protect them
- Identify when a girl or woman has had FGM and respond appropriately to support them

This guidance is designed to provide an example, which can be used to implement a frontline process. It should be considered in conjunction with *Working Together to Safeguard Children (2018)*[1], *London Child Protection Procedures and Practice Guidance (2019)*[2] and *Multi-Agency Statutory Guidance on Female Genital Mutilation (2016)*[3].

1.2. Definition

Female Genital Mutilation (FGM), which is also known by some affected communities as 'excision', 'circumcision' or 'Sunnah', is defined by the World Health Organisation (WHO) as:

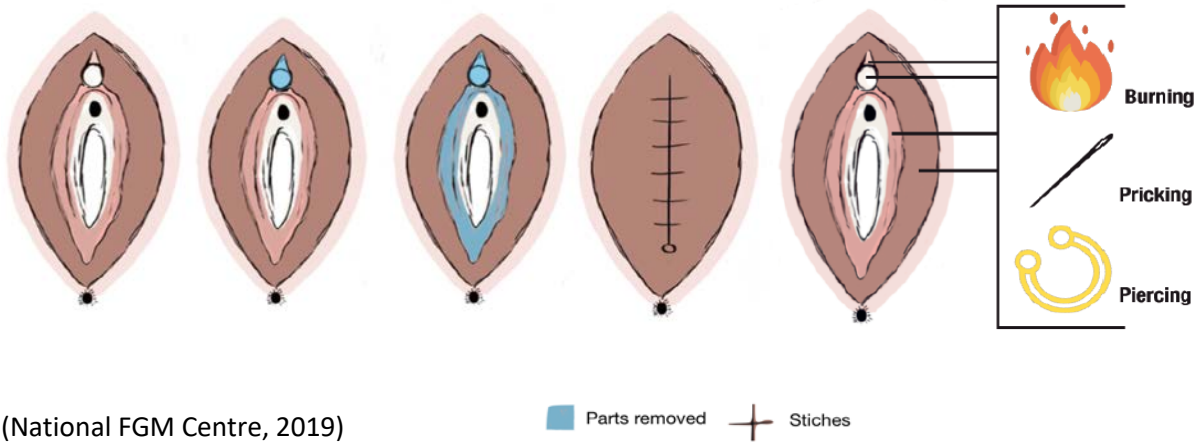
> 'All procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons', *WHO FGM Fact Sheet* (2018)[4].

FGM has been classified by WHO into four types:

Type 1: Partial or total removal of the clitoris and/or the fold of skin surrounding the clitoris (clitoridectomy).
Type 2: Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision).
Type 3: Narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the inner or outer labia, with or without removal of the clitoris (infibulation).
Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example: piercing, pricking, scraping and incising.

For a full list of traditional terms for FGM see section 7.2 of this guidance.

[1] www.gov.uk/government/publications/working-together-to-safeguard-children--2
[2] www.londoncp.co.uk
[3] www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation
[4] www.who.int/en/news-room/fact-sheets/detail/female-genital-mutilation



(National FGM Centre, 2019)

1.3. FGM and Other Forms of Gender Based Violence

FGM is a form of Gender-Based Violence, a human rights violation and a form of child abuse. Other forms of Gender-Based Violence include forced marriage, 'honour'-based abuse, sexual exploitation, trafficking and domestic abuse. FGM may not occur in isolation from other forms of abuse, so this needs to be considered. If other forms of abuse are identified when working with a girl suspected of FGM, professionals should review *Wandsworth Safeguarding Children and Young People Multi-Agency Procedures*[5].

1.4. Beliefs and Cultural Practices Surrounding FGM

Many affected communities believe that FGM is a necessary custom to ensure that a girl is accepted within the community and prepared for adulthood and marriage. Families who practice FGM on girls usually see it as a way of safeguarding their future. Other common reasons given for practising FGM include:

- Beauty / cleanliness
- Perceived health benefits
- Protection of family honour
- Control female sexuality
- Preservation of girl's virginity
- Perceived religious justification (there are no religions that advocate for FGM)

FGM is not a requirement of any religion. FGM pre-dates the major faiths and there is no evidence from the Bible, Quran, Torah or other religious text to support it. A declaration[6] (2016) has been signed by various major religious leaders in the UK condemning the practice of FGM.

In some communities FGM is carried out by traditional practitioners with no formal medical training, without anaesthetics or antiseptics, using knives, scissors and scalpels, pieces of glass or razor blades. Often the girl is forcibly restrained throughout the procedure.

In other communities FGM is medicalised. This may result in families believing it to be safer than traditional methods. However, the medicalisation of FGM does not reduce the resulting harm and girls have died from medicalised FGM.

[5] www.wscb.org.uk/wscb/info/89/local_multi-agency_policies_and_procedures
[6] http://nationalfgmcentre.org.uk/wp-content/uploads/2018/01/Religious-Signed-FGM-Declaration.jpg

2. Risk Factors

2.1. Potential Immediate and Long-Term Consequences

FGM has no health benefits and the immediate and long-term consequences can be extremely harmful.

Potential immediate harm:

- Severe pain
- Shock
- Infections
- Excessive bleeding
- Urinary problems
- Death

Potential long-term harm:

- Chronic infections
- Menstrual problems
- Scar tissue and keloids
- Infertility
- Psychological problems
- Reduced sexual satisfaction and sexual desire
- Increased risk of complications in child birth

2.2. Risk Identification

Professionals should not assume that all women and girls from a particular community are supportive of or at risk of FGM. Some women who have survived FGM and suffered problems as a result may be less likely to support or carry out FGM on their own children.

The age at which girls and women undergo FGM varies enormously depending on the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during pregnancy. However, the primary age is between 6-12 years old.

The following list of indicators will help to inform your risk assessment and decision about whether a referral to Wandsworth Children's Social Care is required. If a risk of FGM is suspected refer to your organisation's safeguarding protocol and section 5. of this guidance about points to consider when making a referral.

Signs suggesting a girl or woman has undergone FGM*	Signs suggesting a girl or woman is at increased risk of FGM*
She has frequent urinary, menstrual and/or stomach problems She spends longer than normal in the toilet or bathroom due to difficulties urinating She has difficulty sitting down or walking She avoids physical exercise	She is born to a woman who has undergone FGM She has an older sibling or cousin of a similar age who has undergone FGM She comes from a community known to practice FGM

She has prolonged or frequent absences, such as from school She asks for help, but is not explicit about the problem She talks about discomfort between her legs	She is married into a community known to practice FGM She confides that she is to have a 'special procedure' or attend a 'special occasion to become a woman' Family members believe FGM is integral to cultural and religious identity Family has limited level of integration with other communities in the UK Parents state that they or a relative will take girl out of the country for prolonged period to her country of origin, or another country where FGM is prevalent

*This is not an exhaustive list of signs.

3. Prevalence

3.1. National Picture

FGM is a global concern. According to the WHO, it has been documented in over 30 countries across Africa, the Middle East and Asia, where FGM is concentrated. It is estimated that more than 200 million women and girls alive today have undergone FGM.

3.2. Local Context

A 2015 study on the Prevalence of FGM in England and Wales reported that no local authority area is likely to be free from FGM entirely[7]. Plus, women and girls from low prevalence areas may be more isolated and in greater need of support.

The Office for National Statistics does not publish data on the exact country of birth for Wandsworth residents. As a result of this and other data limitations, it is not possible to ascertain the prevalence of FGM within the population of women and girls in Wandsworth. However, NHS Digital collects data on FGM within the NHS in England on behalf of the Department of Health (DH), and between April 2015 and March 2019 there were 225 newly[8] recorded cases of FGM in Wandsworth, primarily recorded through maternity services. Modelling by NEL Commissioning Support Group (2019) on behalf of NHS England estimates that by 2021 there will be 197 girls aged 0-14 years old with FGM in the NHS Wandsworth CCG. This places Wandsworth as the authority which is 12th out of 32 in terms of local authorities in Great London in terms of the number of girls with FGM.

It is also difficult to quantify the number of women and girls at risk of FGM within the Borough. These judgements can only be made through contacts between individual women and relevant professionals[9]. Between October 2015 – July 2019, Wandsworth Children's Social Care undertook child and family assessments for 19 girls where FGM was recorded as a factor at the end of the assessment. The assessments showed that less than 6 of these girls had undergone FGM historically in another country, and two were potentially at risk of FGM.

Whilst the prevalence and risk of FGM in Wandsworth is unclear, there are women and girls affected by FGM living in the Borough. We need to ensure agencies are aware of the associated needs and risks and have the appropriate strategies to meet them.

[7] Macfarlane A, Dorkenoo E. (2015) *Prevalence of Female Genital Mutilation in England and Wales: National and local estimates.* London: City University London and Equality Now http://openaccess.city.ac.uk/12382/

[8] 'Newly' means that this is the first time they have been identified by a health professional in the UK as having undergone FGM. The majority of these women and girls will have undergone FGM historically in another country.

[9] Macfarlane A, Dorkenoo E. (2015), p.6, *Prevalence of Female Genital Mutilation in England and Wales: National and local estimates.* London: City University London and Equality Now http://openaccess.city.ac.uk/12382/

4. The Law and FGM

4.1. Female Genital Mutilation Act (2003)

FGM has been a specific criminal offence since 1985 under the Prohibition of Female Circumcision Act (1985) which was replaced by the Female Genital Mutilation Act (2003) in England, Wales and Northern Ireland. It carries a maximum penalty of 14 years. Under the Act it is an offence to:

- Excise, infibulate or otherwise mutilate the whole or any other part of the labia majora or labia minora or clitoris of any person
- Aid, abet, counsel or procure a girl to mutilate her own genitalia
- Aid, abet, counsel or procure another person who is not a UK national to mutilate a girl's genital outside the UK

4.2. The Serious Crime Act (2015)

The Serious Crime Act (2015) bought about the following legal addendums:

4.2.1. Mandatory Reporting

Regulated professionals such as teachers, social care, doctors, nurses and midwives, have a duty to notify the police on 101 if a girl (under 18) has:

- Disclosed to them that she has undergone FGM, or
- Been observed by them to have physical signs of FGM.

Reports under this duty must be made as soon as possible and it is best practice to do so by close of the next working day, however, there may be exceptional cases where a maximum timeframe of up to one month applies (for exceptions, see *Mandatory reporting of female genital mutilation: procedural information, 2016*). All such cases should still be dealt with under existing safeguarding frameworks.

Failure to comply with this duty will be dealt with via existing disciplinary measures, which may include a referral to the professional regulator and/or Disclosure and Baring Service as appropriate.

4.2.2. Lifelong Anonymity of Victims of FGM

Reluctance to be identified as a victim of FGM is believed to be one of the reasons for the low incidence of reporting of this offence to the Police. It is anticipated that providing for the anonymity of victims of alleged offences of FGM throughout Court proceedings will encourage more victims to come forward. The law holds that anonymity will commence once an allegation has been made and will last for the duration of the victim's lifetime.

4.2.3. Extension of Extra-Territorial Jurisdiction

The Serious Crime Act 2015 amends the 2003 Act so that the extra-territorial jurisdiction extends to prohibited acts undertaken outside the UK by a UK national or a person who is habitually resident in the UK. These changes mean that the 2003 Act can capture offences of FGM committed abroad by or against those who are at the time habitually resident in the UK irrespective of whether they are subject to immigration restrictions. The term 'habitually resident' covers a person's ordinary residence as opposed to a short-term, temporary stay in a country.

4.2.4. Offence of Failing to Protect

When an offence of FGM is committed against a girl under 18, each person holding responsibility for that child at the time will be liable for prosecution. The maximum penalty for this offence is seven

years imprisonment, a fine or both. To be 'responsible' for a girl, the person will either have parental responsibility for the girl and have frequent contact with her or, will have assumed responsibility for caring for the girl 'in the manner of a parent'.

4.2.5. Female Genital Mutilation Protection Order (FGMPO)

A FGMPO can be sought with the purpose of protecting a girl who is at risk of FGM or who has been subjected to FGM. Application can be made by the girl who has had FGM or is at risk of FGM, a local authority or any other person with permission from the court, such as the police or teacher.

Breach of an FGMPO will be a criminal offence with a maximum penalty of five years' imprisonment, or as a civil breach punishable by up to two years' imprisonment.

The court must consider all the circumstances including the need to secure health, safety and wellbeing of the girl and could include such prohibitions, restrictions or other requirements for the purposes of protecting a victim or potential victim of FGM. This could include, for example, provisions to surrender a person's passport or any other travel documents; and not to enter into any arrangements, in the UK or abroad, for FGM to be performed on the person to be protected. Information on FGMPO's and how to apply for them can be found in section 7.3. of this guidance.

5. Key Points to Consider When Making a Referral

If you suspect a child may have had FGM or is at imminent risk of FGM you should act in accordance with your own agency's FGM safeguarding policies and procedures, as is the procedure with all instances of child abuse, and the *Multi-Agency Statutory Guidance on Female Genital Mutilation (2016)*[10].

Here are some key points to consider when making a referral to Wandsworth Children's Social Care MASH:

Contacting the police if child is at immediate risk of FGM

Where there is an imminent or serious risk, an emergency response may be required, either an urgent referral to social services and/or potentially contacting the police. Where it is considered that there is an immediate risk to a girl or woman, the local authority should consider whether to apply for an FGM Protection Order and/or an Emergency Protection Order.

The family's beliefs and understanding of FGM

Information about the family's beliefs and understanding of FGM will help to inform your risk assessment and whether a referral to Wandsworth Children's Social Care MASH is required. Unless it will cause immediate risk to any child ask the child and/or parents/carers questions, such as*:

- What do they know about FGM?
- If they come from an affected community, what do they think about FGM and why is it practiced?
- Do they understand the harmful consequences of FGM?
- Do they know that FGM is illegal in the UK, even if it is performed abroad?
- If they are going on holiday: Where are they going? Who with? How long for? Is there a special celebration planned? What is this for? Who is going?

*These questions are examples. Each case should be considered individually and sensitively, bearing in mind age and understanding of the individual. For advice on appropriate and sensitive language see section 7.2.

Providing information and support

If the family are unaware of the law (section 4.1), health consequences (section 2.1) or support services (section 7.1) available, provide the family with information on this.

Completing FGM risk assessment

You can complete the relevant FGM risk assessment via the National FGM Centre or Department for Health websites: National FGM Centre Risk Assessment Tool / Department for Health FGM Safeguarding Risk Assessment. As part of your assessment, you should consider whether other female family members or unborn children are at risk of FGM. If your assessment indicates risk, a referral needs to be made to Wandsworth Children's Social Care on 020 8871 6622 / mash@wandsworth.gov.uk.

[10] www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Referrals should be made using the Multi Agency Referral Form (MARF). This is available on https://wandsworth-self.achieveservice.com/service/Make_a_Referral_to_the_Wandsworth_MASH .

Mandatory reporting

If the mandatory reporting duty applies (see section 4.2.1) call 101 and report to Police. This must be made as soon as possible, and it is best practice to do so by close of the next working day, however, there may be exceptional cases where a maximum timeframe of up to one month applies (for exceptions, see Mandatory reporting of female genital mutilation: procedural information, 2016). Explain that you are calling under FGM mandatory reporting duty. Record the reference number given, and report made, in line with standard safeguarding practice. In line with safeguarding best practice, contact the girl and/or parents to explain why the report is being made and what it means. If you believe reporting would lead to risk of serious harm to the child or anyone else, contact your designated safeguarding lead for advice – who may advise you to complete a referral without informing the parents/carers. Make an immediate referral to Wandsworth Children's Social Care on 020 8871 6622 / mash@wandsworth.gov.uk, and explain that mandatory reporting has been made.

Telephone referrals to Wandsworth Children's Social Care must be followed up using the Multi Agency Referral Form (MARF) within 24 hours . The MARF is available electronically on the Wandsworth Council website and the website of the WSCP. https://wandsworth-self.achieveservice.com/service/Make_a_Referral_to_the_Wandsworth_MASH . MARF should be sent via email mash@wandsworth.gov.uk

Contact details for Wandsworth MASH

MASH telephone number is 020 8871 6622.

Out of hours (evening, weekends and bank holidays) 020 8871 6000

Out of hours (evening, weekends and bank holidays) 020 8871 6000.

MARF should be sent via email mash@wandsworth.gov.uk

6. The National FGM Centre

The National FGM Centre is a partnership between Barnardo's and the Local Government Association (LGA) to achieve a system change in the provision of services for children and families affected by FGM. The National FGM Centre's Vision is to keep children and young people safe from FGM and other Harmful Practices, including ending new cases of FGM by 2030. As of October 2017, we have expanded our remit to include Breast Flattening and Child Abuse Linked to Faith or Belief.

The centre aims to:

- Prevent new cases
- Protect children and young people
- Support those affected by FGM and other Harmful Practices
- Partner to deliver services and learn

The National FGM Centre offers consultancy, support and advice to professionals on cases where FGM is a concern. This support may be in the form of:

- A phone call to referring professional to provide advice on prevalence and practice in specific country
- Support in 'up-skilling' professionals around assessment forming exploratory conversations with parents where FGM is a concern
- Advice around risk indicators of potential FGM
- Social work consultancy with various models of intervention
- Joint visits with social workers to assess risk of FGM and deliver preventative work
- Support for families even when case is closed to social care
- Delivering various packages of training to professionals from awareness to bespoke, complex training where needed

The knowledge hub[11] is an interactive online resource with specific guidance for professionals and the opportunity to ask questions to the team is accessible to anyone within Wandsworth.

[11] www.nationalfgmcentre.org.uk/knowledge-hub

7. Appendix

7.1. Useful Contacts

St George's Hospital
*FGM Services for **pregnant women**.*
Tel: 07852938020
Open: 09:00 – 16:00 every Monday (some Thursdays).
Address: Antenatal clinic, Lansborough Wing, Roehampton Lane, London SW15 5PN.

Chelsea and Westminster Hospital
*FGM Services for **pregnant and non-pregnant women**. They aim to see women within two weeks of contact. Women can also self-refer. They can see older girls aged 16 years and above.*
Tel: 07812378363
Email: caw-tr.fgmwestlondon@nhs.net
Open: Thursday morning for maternity patients. Thursday afternoon for non-maternity referrals.
Address: Gynaecology Outpatients, 1st Floor, 369 Fulham Road, London SW10 9NH.

Croydon University Hospital
*FGM Services for **pregnant women**. Services: identification of type of FGM, identification and management of complications, preparation for hospital de-infibulation, education and support.*
Open: Every Friday. 09:00 – 16:30.
Address: Orchid Suite, Purple Zone, Croydon Hospital, CR7 7YE.

Edridge Road Community Health Centre
*FGM Services for **non-pregnant women**.*
Tel: 07469 4133 or 07469 413290
Email: ch-tr.tgmcroydon@nhs.net
Open: Every other Monday. 09:00 – 17:00.
Address: Impact House, 2 Edridge Road, Croydon, CR0 1FE.

SMS Medical Practice
*FGM clinic for **non-pregnant women**.*
Open: Every Tuesday. 09:00 – 17:00.
Address: 116 Chaplin Road, Wembley, Middlesex, HA0 4UZ.

Queen Charlotte's and Chelsea Hospital
*FGM services for **all women affected by FGM** from all over the UK. All women are seen within two weeks of making contact with the clinic. They provide counselling and support, a de-infibulation service and a referral service to a uro-gynaecology specialist for women.*
Tel: 077 3097 0738
Email: Juliet.albert@nhs.net
Open: 09:00 – 17:00 every Friday.
Address: Gynaecology Outpatients, Ground Floor, Du Cane Road, London W12 0HS.

St Mary's Hospital
*FGM services for **pregnant women booked to have their baby at St Mary's Hospital**. These services are only available for those women who are formally booked at St Marys site.*
Tel: 02033121060 or 02033121730

Open: Every Tuesday.
Address: Gynaecology and Midwifery Department, Praed Street, London W2 1NY.

University College Hospital
*FGM Services for **girls (under 18)**. It is a dedicated monthly multi-disciplinary clinic offering appropriate care for affected children and young people. Assessment is made of whether FGM has been performed. If FGM is confirmed, the clinic offers management of the physical and psychological health implications of FGM. If surgery such as de-infibulation is required, it is undertaken in an age appropriate setting. Other at-risk children within the family can be assessed.*
Tel: 02034479411 or 07944241992
Open: Every second Friday of each month.
Address: Children's Safeguarding, 6th Floor North, 250 Euston Road, London NW1 2PG.

University College Hospital
*FGM service for **pregnant and non-pregnant women**. Offers care and support for women who have undergone FGM in a sensitive and non-judgemental environment. This is a comprehensive service for pregnant and non-pregnant women and includes de-infibulation.*
Tel: 02034479411 or 07944241992
Open: Every Monday.
Address: Clinic 3, Elizabeth Garrett Anderson Wind, London WC1E 6BD.

Chingway Medical Centre
*FGM services for **all adult women affected by FGM**.*
Tel: 02084307020
Email: bartshealth.fgmwhipps@nhs.net
Open: Friday, every two weeks. 10:00 – 16:00.
Address: Chingway Medical Centre, 7 Ching Way, London, E4 8YD.

Whipps Cross Hospital
*FGM walk-in clinic for **non-pregnant women**.*
Open: Last Monday of every month. 09:00 – 12:00.
Address: Perineal Clinic, Area A, Outpatients Building, Whipps Cross Hospital, Leytonstone, London E11 1NR.

Whipps Cross Hospital
*FGM clinic for **pregnant women**.*
Open: Last Wednesday of every month. 14:00 – 17:00.
Address: Antenatal Clinic, Maternity Building, Whipps Cross Hospital, Leytonstone, London E11 1NR.

FORWARD
Works through partnerships in the UK, Europe and Africa to transform lives, tackling discriminatory practices that affect the dignity and wellbeing of girls and women. Our focus is on female genital mutilation (FGM), child marriage and obstetric fistula.
Tel: 02089604000
Website: www.forwarduk.org.uk

Daughters of Eve
A non-profit organisation that works to advance and protect the physical, mental, sexual and reproductive health rights of young people from FGM practicing communities.
Tel: 07983030488
Website: www.dofeve.org

7.2. Useful Tools

FGM Assessment Tool – provides recommendations about capturing information as part of a holistic assessment.

Interactive Prevalence Map - contains information about the prevalence rates and research in various countries across the world.

Direct Work Toolkit – to support professionals to educate and explore views with parent(s)/carer(s) and children on FGM.

Language and Terminology Guide – for advice on traditional terms used for FGM.

7.3. Useful Links

Multi-agency statutory guidance on female genital mutilation (2016) – guidance for all persons and bodies in England and Wales.

NHS FGM safeguarding policies and procedures - these documents can be used by health professionals from all sectors, particularly designated and named safeguarding leads, and local safeguarding children board members. It is based on existing best practice within the NHS.

FGM Guidance for Schools – the purpose of this guidance is to quip professionals in educations settings to respond to concerns regarding girls at risk of FGM.

Medical Examination Booklet – designed to share good practice around the medical examination designed to determine whether a girl has undergone FGM or not.

FGM Protection Order Guidance – help and advice on how to get an FGM protection order.

Mandatory reporting of female genital mutilation: procedural information – gives relevant professionals and the police and understanding of the mandatory reporting duty.