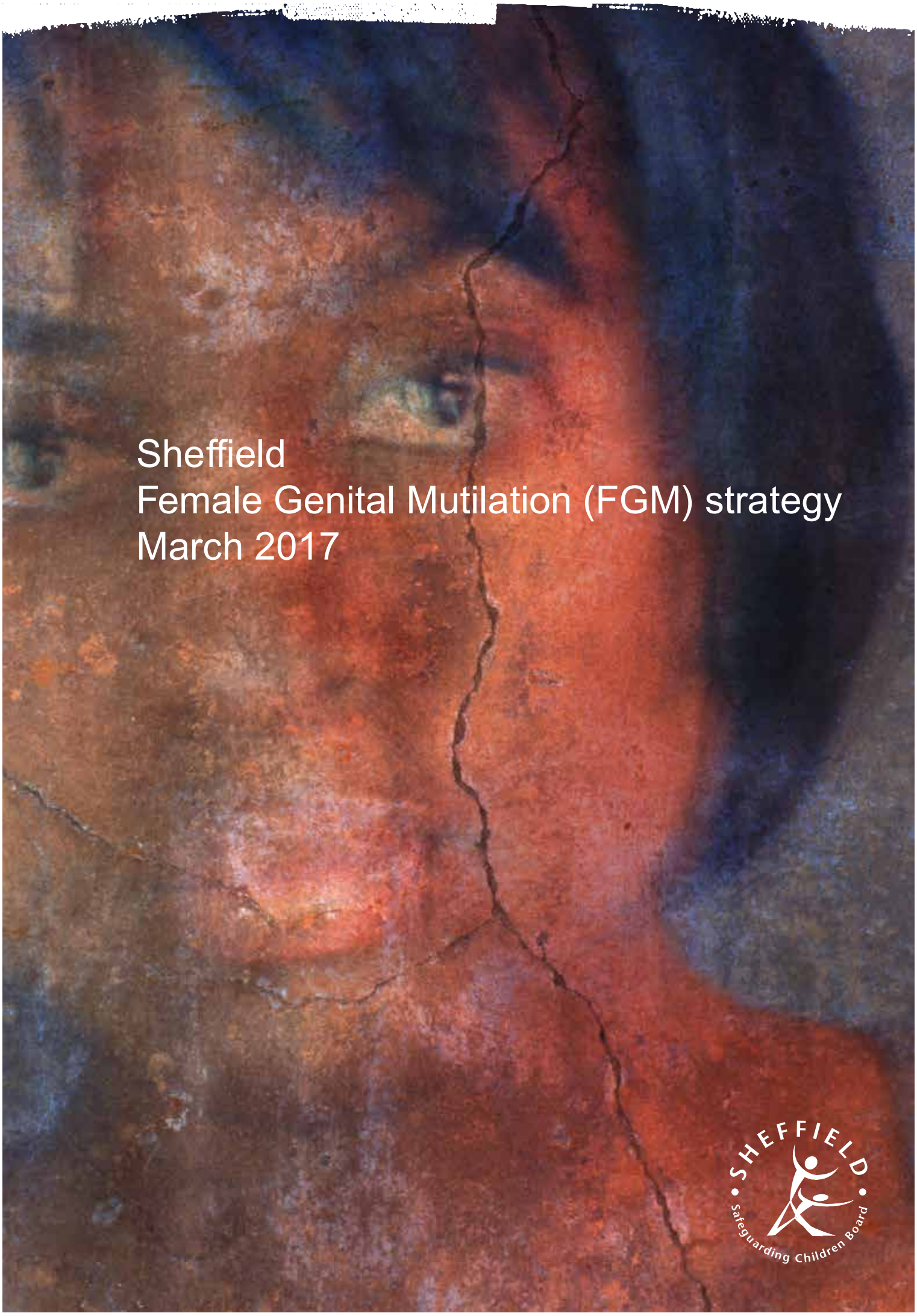


Sheffield
Female Genital Mutilation (FGM) strategy
March 2017

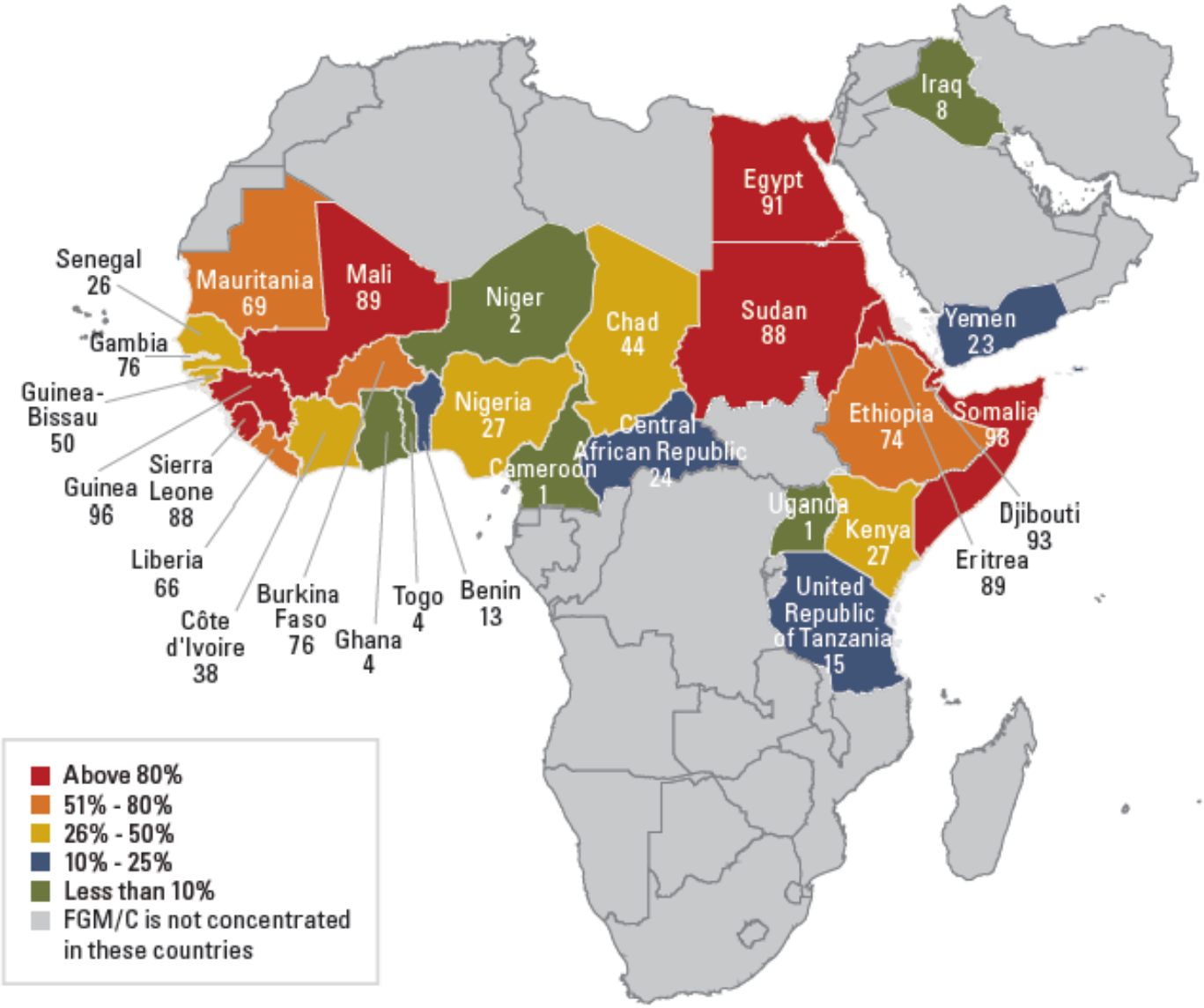
SHEFFIELD
Safeguarding Children Board

What is Female Genital Mutilation (FGM)?

> ***"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."*** **(WHO, 2016)**

FGM has been an embedded practice for centuries in some countries in the world. See map below for prevalence of FGM among women aged 15–49 in Africa and the Middle East.

FGM has also been recorded in other countries, including Iran, Iraq, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan (DH, 2015).



The World Health organisation estimated that between 100 to 140 million women and girls worldwide have undergone FGM, with a further 3 million girls undergoing FGM every year in Africa The prevalence of FGM in the UK is difficult to estimate because of the hidden nature of the crime. However a report published in 2015 by City University London (Prevalence of Female Genital Mutilation in England and Wales) estimates that:

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

Approximately 103,000 women aged 15-49, and approximately 24,000 women aged 50 and over who have migrated to England and Wales, are living with the consequences of FGM.

Female genital mutilation is classified into four major 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.

Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

(DoH, 2016, page 27)

On the whole, FGM is carried out on girls between the ages of five and ten. However, in some countries it is practised on babies as young as two or three days old. In other areas, it is practised prior to marriage or as part of the wedding rituals. Young girls may be held down by loved family members, such as grandmothers and aunts, for this traumatic procedure, which may have long term effects on the relationship between them. Ultimately, it is the parents decision as to whether their daughters are cut or not, but they face tremendous pressure from older members of their families, especially, it they return to their country of origin (Norman, Hemmings, Hussein and Otoo-Oyotey, 2009).

Why it is important to prevent FGM:

FGM is “an illegal, extremely harmful practice and a form of child abuse and violence against women and girls” (DH, 2016, page 1).

FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person’s rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death (WHO 2016).

FGM is a form of violence against women and girls which is, in itself, both a cause and consequence of gender inequality. Whilst FGM may be an isolated incident of abuse within a family, it can be associated with other behaviours that discriminate against, limit or harm women and girls. These may include other forms of honour-based violence (e.g. forced marriage) and domestic abuse. (HM GOV - Multi-agency statutory guidance on female genital mutilation 2016)

Indications that a girl or woman may be at risk of FGM:

- Family of the girl or woman practice FGM
- Community of family is known to practice FGM
- Family want to take the girl out of the UK for a prolonged period
- Girl talks about a holiday to a country where FGM is prevalent
- Girl confides that she is having a special celebration
- Girl or mother or relative may disclose FGM
- Older sibling may disclose FGM and request medical intervention or have safeguarding concerns for younger female siblings within the family

Short term consequences of FGM may include:

- severe pain
- emotional and psychological shock
- haemorrhage
- wound infections, including tetanus and blood-borne (including HIV and Hepititis B and C
- urinary retention
- injury to adjacent tissues
- fracture or dislocation as a result of restraint
- damage to other organs
- death

Long-term implications for a girl's or woman's Health and Welfare may include:

- chronic vaginal and pelvic infections
- difficulties with menstruation
- difficulties in passing urine and chronic urine infections
- renal impairment and possible renal failure
- damage to the reproductive system including infertility
- infibulation cysts, neuromas and keloid scar formation
- obstetric fistula
- complications in pregnancy and delay in the second stage of childbirth
- pain during sex and lack of pleasurable sensation
- psychological damage, including a number of mental health and psychosexual problems, such as low libido, depression, anxiety and sexual dysfunction: flashbacks during pregnancy and childbirth; substance misuse and/or self-harm
- reduced attendance at cervical screening appointments and delaying seeking treatment for other conditions as a result of wishing to hide FGM
- increased risk of HIV and other sexually transmitted infections
- death of mother and/or child during childbirth

(Department of Health, 2015)

Women may also be at increased risk of domestic abuse (e.g. where mothers are attempting to protect daughters). There have also been reports of cases where individuals have been subjected to both FGM and forced marriage. (HM GOV - Multi-agency statutory guidance on female genital mutilation 2016)

Legislation underpinning FGM:

- Children Acts 1989 and 2004
- Emergency Protection Orders
- Child Protection Plans
- Police Protection Powers
- Female Genital Mutilation Act 2003
- Against the law to take a child out of the UK to have FGM
- FGM protection orders (Serious Crime Act, May 2015)

Mandatory reporting for professionals:

From 31st October 2015 all regulated professionals (Health, Social Care and Teachers) are required to report known cases of FGM directly to the Police in girls who are under 18, by phoning 101as soon as possible and within 48 hours. This is a personal responsibility and cannot be transferred to anyone else.

For these reasons Sheffield needs to have a comprehensive plan in place to prevent FGM being carried out.

Purpose of the FGM Strategy:

The purpose of this strategy is to outline the objectives required to tackle issues around FGM in Sheffield. The strategy is supported by the FGM pathway (see appendix 1) that has been developed by the SSCB Multi-Agency Task and Finish group to support Communities and Practitioners in Sheffield.

Strategic Objectives

We aim to ensure that girls and women are protected from being subject to this form of abuse and in the long term reduce the number of victims in Sheffield. Also that communities with high levels of prevalence receive the knowledge, help and support for victims and to eradicate the practice.

The strategy has three key objectives in order to meet the aims.

1. Protection

- To safeguard the physical and emotional health of girls and women who have undergone FGM by ensuring professionals in all agencies are able to identify and assess their needs.
- To investigate individual cases of abuse and protect girls suspected to be at high risk of FGM

2. Provision

- To ensure women and girls who have undergone FGM can access specialist services for information, advice, support and any necessary mental or physical health interventions.
- To ensure all agencies have access to resources that identify services available

3. Prevention

- To improve education, awareness of FGM with agencies, professionals, community groups, education, youth services etc to inform and help address attitudes and myths about FGM, to eradicate acceptance of FGM in Sheffield.
- To support professionals and community groups to share their knowledge of 'what works' in reducing the risk of FGM to girls.
- To support and educate pregnant women and new mothers to improve their understanding of FGM (including legal position), children's safeguarding issues and access to help and advice.

These objectives will be supported by

- Provision of multi-agency training for practitioners in relation to FGM, including how to sensitively ask women and girls about FGM and know how to respond appropriately.
- Raising awareness in schools and communities across Sheffield and through engagement with local communities to support them on the prevention of FGM.
- Ensuring that staff in all multi-agency partners are trained to be aware of their responsibilities, including mandatory reporting, and that these responsibilities are being fulfilled.
- Promotion and implementation of the multi-agency FGM pathway (appendix 1) in order to support and protect women and girls who have had or who are at risk of FGM
- Ensure that multi-agency guidance for local safeguarding partners is up to date so that there is an effective safeguarding response to the issue of FGM.

Our key principles are:

To consider the lived experience of children, young people and adults who are survivors of FGM and how agencies work together to support them.

To ensure that all agencies are working together with children, young people and families where there is a risk of FGM and that risk assessments are completed.

To ensure the workforce is able to identify those at greatest risk of having FGM and those survivors with support needs.

To ensure the workforce understands the potential short and long term consequences from FGM.

To ensure the workforce knows how to effectively use risk assessment tools and referral pathways.

To ensure effective information sharing across all agencies to lead to appropriate and timely interventions.

To ensure all agencies have policies that reflect the strategic objectives of the SSCB FGM strategy

To ensure this strategy is shared with all agencies including all education establishments within the city.

How will we reduce the incidence of FGM in Sheffield?

Key Priorities

1. Communication and Engagement

- SSCB event to promote the pathway (appendix 1) and understand the needs of the community.
- Launch of FGM strategy and sign up by all agencies
- Update the SSCB and local Domestic Abuse websites
- Dissemination of Sheffield FGM Pathway (appendix 1)
- Engagement with social media to raise awareness
- Identify any gaps in resources so that communities are able to access information on FGM in their own languages
- Promote the International Day of Zero Tolerance to FGM

2. Training

- Review training packages to ensure good outcomes and competencies
- Review SSCB procedures and produce a factsheet
- Ensure professionals are able to understand the impact FGM has on health and the safeguarding responsibilities
- All agencies to review their own procedures to ensure they are in line with the SSCB FGM strategy

3. Monitoring outcomes and impact will be by

- Data suite – national and local (SSCB)
- Audit
- Training outcomes

How will we know when we have made a difference?

If successful the SSCB would expect to see:

An increase in

- Identifying health needs and referring to appropriate services
- Women and girls accessing support services
- Professionals accessing training
- Knowledge of FGM and roles and responsibilities across all agencies
- Hits to the FGM pages on the SSCB website
- Referrals to police & social care of girls deemed to be at high risk

SHEFFIELD MULTI-AGENCY FEMALE GENITAL MUTILATION (FGM) PATHWAY (for victims and those at risk)

Questions to consider asking to aid identification of victims and those at risk

Do you come from a community that practices cutting (FGM)?

Have you/ your wife / partner or any other family members been cut e.g. sisters, cousins etc.?

Do you or any member of your family want/plan to have your daughter cut (Inc. grandparents)?

Provide information to women and girls on how to access health, support services, counselling etc.

Woman (18+) discloses or is identified as having had FGM

Prior to following the pathway professionals should refer to the DOH FGM Risk & Safeguarding Guidance for Professionals and consider using the risk assessments in Appendix A, B, C or D attached

GIRLS (under 18 years)

Consider physical and emotional health needs and offer support to see GP

Does the woman have female children, young female relatives or is she pregnant?

Girl is **seen** to have had or **they tell you** they have had FGM

Girl **at risk** of FGM **OR** someone tells you about a child who has had FGM

If an adult with additional vulnerabilities discuss with your organisation's safeguarding lead, Adult Social Care or any other appropriate services e.g. Domestic Abuse

YES

Follow pathway for girls

Support woman to ensure health aware e.g. GP/ Midwife

Mandatory - Ensure police are notified ASAP via 101 (within 31 days) even if it is historical and happened outside of the UK. This may result in a child protection investigation following risk assessments

Refer to Children's Social Care via safeguarding procedures

Consider need for a medical assessment

Discuss with your organisations safeguarding lead

If significant or immediate risk from FGM refer to Childrens' Social Care asap. If level of risk unclear seek additional advice e.g. the Advice Line – Tel 2053535

Refer to SSCB safeguarding procedures. Strategy Discussion held to consider family/issues and risk, this will include police.

ENSURE ACCURATE RECORDS ARE KEPT AND INFORMATION SHARED WITH APPROPRIATE AGENCIES

Links to Sheffield procedures and national guidance

http://sheffieldscb.proceduresonline.com/chapters/p_female_gen.html
https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm
https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Part One (a)
PREGNANT WOMEN

This to help you make a decision as to whether the unborn child (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM.

Date _____ Completed by _____

initial / on-going Assessment

INDICATOR	Yes	No	Details
CONSIDER RISK			
Woman comes from a community known to practice FGM			
Woman has undergone FGM herself			
Husband/partner comes from a community known to practice FGM			
A female family elder is involved/will be in care of children/ unborn child or is influential in the family			
Woman/ family has limited integration in UK community			
Woman and/or husband/ partner have limited/ no understanding of harm of FGM or UK law			
Woman's nieces of siblings and/ or in-laws have undergone FGM			
Woman has failed to attend follow up appointment with an FGM clinic / FGM related appointment			
Woman's husband/ partner /other family member are very dominant in the family and have not been present during consultations with the woman.			
Woman is reluctant to undergo genital examination			

SIGNIFICANT OR IMMEDIATE RISK			
Woman already has daughters who have undergone FGM			
Woman requesting reinfibulation following childbirth			
Woman is considered to be an adult with vulnerabilities and issues of capacity and consent should be considered if she is found to have FGM			
Woman says that FGM is integral to cultural or religious identity			
Family are already known to social care services –if known and you have identified FGM within a family, you must share information with social care			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider Risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named / designated safeguarding lead.

Significant or immediate risk – if you identify one or more serious or immediate risk or other risks are, by your judgement, sufficient to be considered serious, you should look to refer to social care in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases:

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Please remember: any child under 18 who has undergone FGM should be referred

Ref: Department of Health:
FGM Guidance for Professionals

Part One (b)

NON-PREGNANT ADULT WOMAN (over 18)

This to help you make a decision as to whether any female children are at risk of FGM, whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM

Date _____ Completed by _____

initial / on-going Assessment

INDICATOR	Yes	No	Details
CONSIDER RISK			
Woman already has daughters who have undergone FGM – who are over 18 years of age.			
Husband/partner comes from a community known to practice FGM			
Grandmother (maternal or paternal) is influential in family or female family elder is involved in care of children			
Woman/ family has limited integration in UK community			
Woman's husband/ partner /other family member are very dominant in the family and have not been present during consultations with the woman.			
Woman and/or husband/ partner have limited/ no understanding of harm of FGM or UK law			
Woman's nieces of siblings and/ or in-laws have undergone FGM Please note: if they are under 18 years you have a professional duty of care to refer to social care			
Woman has failed to attend follow up appointment with an FGM clinic / FGM related appointment			
Family are already known to social care services –if known and you have identified FGM within a family, you must share information with social care			

SIGNIFICANT OR IMMEDIATE RISK			
Woman says that FGM is integral to cultural or religious identity			
Woman already has daughters who have undergone FGM –who are under 18 years of age			
Woman is considered to be an adult with vulnerabilities and issues of capacity and consent should be considered if she is found to have FGM			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider Risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named / designated safeguarding lead.

Significant or immediate risk – if you identify one or more serious or immediate risk or other risks are, by your judgement, sufficient to be considered serious, you should look to refer to social care in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases:

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Please remember: any child under 18 who has undergone FGM should be referred

Ref: Department of Health:
FGM Guidance for Professionals

Part TWO(b)

CHILD / YOUNG ADULT (under 18 years old)

This to help when considering whether a child is AT RISK OF FGM, or whether there are other children in the family for whom a risk assessment may be required

Date _____ Completed by _____

initial / on-going Assessment

INDICATOR	Yes	No	Details
CONSIDER RISK			
Child's mother has undergone FGM			
Other female family members have had FGM			
Father comes from a community known to practice FGM			
A family elder such as grandmother is very influential within the family and is/ will be involved in the care of the girl			
Mother/ family have limited contact with people outside of family			
Parents have poor access to information about FGM and do not know of the harmful effects of FGM or UK law			
Parents say that they or a relative will be taking the girl abroad for a prolonged period – this may not only be to a country with high prevalence but this would more likely lead to a concern.			
Girl has spoken about a long holiday at her country of origin / another country where practice is prevalent			
Girl has attended a travel clinic or equivalent for vaccinations			
FGM is referred to in conversation by the child, family or friends			
Sections missing from the red book. Consider if child has received immunisation, do they attend clinics etc.			
Girl withdrawn from PHSE lessons or from learning about FGM			
Girl presents with symptoms that could be related to FGM			
Family not engaging with professionals (health, school or other)			
Any other safeguarding alert already associate with the family			
SIGNIFICANT OR IMMEDIATE RISK			
A child or sibling asks for help			
A parent or family member expresses concern that FGM may be carried out on the child			
Girl has confided to another that she is to have a 'special procedure' or to attend a 'special occasion'. Girl has talked about going away to 'become a woman' or to 'be like my mum and sister'.			
Girl has a sister or other female child relative who has had FGM			
Family/ child are already known to social services			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider Risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named / designated safeguarding lead.

Significant or immediate risk – if you identify one or more serious or immediate risk or other risks are, by your judgement, sufficient to be considered serious, you should look to refer to social care in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases:

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Ref: Department of Health: FGM Guidance for Professionals

Part THREE

CHILD / YOUNG ADULT (under 18 years old)

This to help when considering whether a child HAS HAD FGM

Date _____ Completed by _____

initial / on-going Assessment

INDICATOR	Yes	No	Details
CONSIDER RISK			
Girl is reluctant to undergo any medical examination			
Girl has difficulty walking, sitting or standing or looks uncomfortable			
Girl presents to GP or A&E with frequent urine, menstrual or stomach problems			
Increased emotional and psychological needs e.g. withdrawal, depression, or significant change in behaviour			
Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP's letter			
Girl has spoken about having been on a long holiday to her country of origin / another country where the practice is prevalent			
Girl spends a long time in the bathroom / toilet/ long periods of time away from the classroom.			
Girl talks about pain or discomfort between her legs			

SIGNIFICANT OR IMMEDIATE RISK			
Girl asks for help			
Girl confides in a professional that she has had FGM			
Mother/ family member discloses that female child has had FGM			
Family/ child are already known to social services- if known, and you have identified FGM within a family, you must share this information with social care.			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider Risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named / designated safeguarding lead.

Significant or immediate risk – if you identify one or more serious or immediate risk or other risks are, by your judgement, sufficient to be considered serious, you should look to refer to social care in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases:

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Ref: Department of Health:
FGM Guidance for Professionals

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