

# Female Genital Mutilation (FGM)



## Guidance for professionals in Lewisham

Female Genital Mutilation (FGM) is a violation of the human rights of women and girls and a form of child abuse. It has significant long term impacts on the health and wellbeing of survivors. FGM causes death, disability, physical and psychological harm to millions of women and girls worldwide.

FGM has been illegal in the United Kingdom since 1985 and laws were strengthened with the Female Genital Mutilation Act 2003 and the Serious Crime Act 2015.

### Who is this guidance for?

This guidance sets out Lewisham Council's multi-agency response to FGM and aims to:

- assist practitioners and managers in the prevention and detection of FGM
- provide guidance for professionals working in the London Borough of Lewisham who have responsibilities for safeguarding children and adults.

#### **This includes, but is not limited to:**

- health professionals
- police officers
- children's social care workers
- teachers and other educational professionals
- professionals in the voluntary and community sector.

### Facts and figures

- London has the highest national prevalence of women affected by FGM with an estimated 2.1% of the female population
- The highest prevalence rates of FGM of any local authority in the country are from Southwark (4.7%) and Brent (3.9%)
- Lewisham's estimated prevalence of women affected by FGM is 2.5%, which is higher than the national prevalence estimate.
- The number of girls born to mothers who are FGM survivors in Southwark was 10.4% in comparison to the national estimate of 1.6%.
- In the period of 2005–2013 it is estimated that 5.98% of girls in Lewisham were born to mothers with FGM.

### Definition

The World Health Organisation (WHO) defines female genital mutilation (FGM) as: 'all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons' (WHO, 1996).

#### **FGM has been classified by the WHO into four types:**

- Type 1: circumcision – excision of the prepuce with or without excision of part or all of the clitoris.
- Type 2: excision (clitoridectomy) – excision of the clitoris with partial or total excision of the labia minora. After the healing process has taken place, scar tissue forms to cover the upper part of the vulva region.
- Type 3: infibulation (also called pharaonic circumcision) – this is the most severe form of female genital mutilation. Infibulation often (but not always) involves the complete removal of the clitoris, together with the labia minora and at least the anterior two-thirds and often the whole of the medial part of the labia majora.
- Type 4: unclassified – this includes all other procedures on the female genitalia, and any other procedure that falls under the definition of female genital mutilation given above. It includes prickings, genital piercings and tattoos, as well as cosmetic procedures to female genitalia.

## FGM good practice principles

- The welfare and safety of the child is paramount and all agencies should act in the interests of the rights of the child as stated in the United Nations Convention (1989).
- Some FGM practicing communities do not see FGM as abusive. FGM is child abuse and has severe significant long and short-term physical and mental health consequences. It should never be excused, accepted or condoned.
- FGM is not something that can be decided by personal preference – it is an extremely harmful practice. Professionals should not let fears of being perceived to be culturally insensitive or discriminatory limit the protection and support provided to girls and women.
- Adult survivors of FGM should be seen as victim survivors of a harmful practice and a referral to the FGM Prevention Service should be offered to all women alongside any safeguarding or legal processes involving her children.
- Accessible, acceptable and sensitive statutory and voluntary sector services must underpin interventions.
- FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with in accordance with UK legislation and existing child and adult safeguarding/protection structures, policies and procedures.
- A coordinated multi-agency response is integral to responding effectively to FGM.
- Because FGM is an embedded cultural practice, engagement with families and communities will be required to achieve eradication of FGM.
- All decisions or plans should be based on good quality assessments and be sensitive to the issues of race, culture, gender, religion and sexuality; and should avoid stigmatising the girl or woman affected, and the practising community, as far as possible given the other principles above.

## Health consequences of FGM

Potential immediate and short term consequences	Potential long term consequences
Severe pain during the procedure and healing process.	Chronic pain due to trapped or unprotected nerve endings.
Shock (caused by pain and/or haemorrhage and/or infection leading to septic shock).	Difficulty passing urine and recurrent urinary tract infections.
Injury to other areas (e.g. bladder/bowel) and fractures caused by restraint during the procedure.	Excessive scar tissue formation; possible need for further surgery to allow sexual intercourse or childbirth.
Difficulty in passing urine or faeces due to swelling and/or pain.	Increased risk of blood-borne virus acquisition or transmission in adulthood due to an increased risk for bleeding during intercourse.
Wound infections including tetanus and gangrene from unsterilised equipment and/or poor wound care.	Impaired sexual function due to reduced sexual sensitivity, pain during sex and traumatic memories associated with the procedure.
Risk of blood-borne virus infection (Hepatitis B or C and/or HIV) due to the use of contaminated surgical instruments.	Damage to reproductive tract leading to menstrual difficulties and/or infertility
Unintended labial fusion following Type 2 FGM.	Birth complications (higher rates of prolonged labour, tearing, caesarean section, postpartum haemorrhage and episiotomies).
Psychological damage and flashbacks due to pain and the use of physical force by those performing the procedure. Emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by parents/extended family).	WHO data suggests increased risk of stillbirth or of infants requiring resuscitation after birth.
Death from haemorrhage or infections.	Psychological consequences such as fear of sexual intercourse, post-traumatic stress disorder, anxiety, depression and memory loss.

# Guidance and process chart for professionals

## FGM is identified or suspected by professional, or via third party

### Disclosure:

A girl under 18 has told you she has undergone FGM

**Visual confirmation:** You have observed a physical sign to indicate FGM has taken place in a girl under 18

You observe signs that a child may be at risk of FGM or may have already undergone the practice

Woman is pregnant or has female children

You identify FGM in an adult woman. (Either via disclosure or visual confirmation)

### Mandatory reporting duty applies for health, social care and education professionals

- Professional who made the initial identification must call the police on 101 to make the report.
- Record all decisions/actions.
- Be prepared for police officer to call you back.
- Best practice is to report before close of play the next working day
- Update your local safeguarding lead.
- Other professionals to consider reporting case via 101

Use FGM risk factors to help you to identify risks to girl. Contact the NSPCC for advice if required.

If there is a safeguarding risk to the child identified, a referral to MASH should be made

Woman has no children and is not pregnant

Offer woman referral to Athena service, run by Refuge, for support

All professionals refer case to MASH

All professionals to inform manager and/safeguarding lead of actions taken

All professionals to consider informing the girl/parents/guardian etc. regarding your actions where it is safe to do so.

**Mandatory recording of FGM in case notes for health professionals.**  
Good practice for all other professionals to record action taken.

### Further information

To view the full FGM guidance or to find out more information about FGM and support services for professionals visit [www.lewisham.gov.uk/vawg](http://www.lewisham.gov.uk/vawg) or [www.safeguardinglewisham.org.uk](http://www.safeguardinglewisham.org.uk)