Female Genital Mutilation (FGM) learning resource for front line professionals in Oxfordshire

What is FGM?
Female genital mutilation (FGM), also known as 'female circumcision' or 'female genital cutting', is a practice that involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Female genital mutilation is classified into four major types:

- **Type 1: Clitoridectomy**: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin ("hood") 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
- **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., labial elongation ('pulling'), pricking, piercing, incising, scraping, and cauterising the genital area

There are many complex reasons why communities practice FGM. These include ideas surrounding the preservation of virginity, promoting hygiene and cleanliness, adherence to cultural norms, religion (neither the Bible nor the Koran condone FGM) and ensuring eligibility for marriage.

FGM is performed on girls between the ages of infancy and age 15 years, depending on which country and culture they are from. Tools traditionally used include knives, scissors, scalpels, pieces of glass and razor blades without use of anaesthetic or antiseptics. However, with increased awareness of the harms of FGM, there has been a rise in medicalisation of FGM, namely, parents/family taking the child to a clinical setting for a doctor or nurse to perform FGM

FGM is considered to be a grave violation of the human rights of women and children. Performing

FGM on a child is considered to be child abuse. There are NO health benefits to FGM.

What is the law associated with FGM?
In the UK it is illegal to perform FGM, or to arrange for FGM to happen, on a girl or woman. It is also illegal to take or arrange for a girl to be taken to another county for FGM, even if it is legal in that country. If caught, offenders face a large fine and a prison sentence of up to 14 years.

Where is FGM practiced?
The **World FGM Map – National FGM Centre** is an interactive map that illustrates the prevalence of FGM in women and girls aged 15-49 years in Africa, and in parts of Asia and the Middle East.

FGM is also practiced in Saudi Arabia, and Type 4 FGM (labial elongation) is increasingly recognised as a practice in Zambia, Uganda, Zimbabwe, Rwanda and Burundi, none of which are referenced on the map. FGM type 4 is not considered a form of "circumcision" nor "FGM" in these countries and therefore use of the term "pulling" or "elongation" is preferable in discussion with communities/women.

Knowing *where* FGM is practiced will help you to know *who* to ask about FGM.

What health problems are associated with FGM?
There are no health benefits to FGM. Women and girls who have experienced FGM are at high risk of significant physical and psychological complications.

Immediate complications include: pain, bleeding, infection, urinary retention, damage to pelvic organs, and

death.

Longer-term complications include: failure to heal, urinary tract infections, difficulty urinating or menstruating, chronic pelvic infection, vulval pain due to cysts and neuromas, pain during sex, infertility, fistula, severe perineal trauma during childbirth, depression, psychosexual difficulties and post-traumatic stress disorder.

Some women/girls may not experience significant complications.

Consider asking about FGM when taking a medical history from women from practicing cultures/countries who present with:

- Pain during intercourse, vaginal discharge and/or painful periods
- Chronic urinary tract infections
- Chronic low backache
- Mental ill-health

Or, who are frequent users of health services with non-specific vague symptoms:

- Headache
- abdominal pain
- defaulters from the cervical cancer screening programme

Why should I ask women from practising cultures about FGM?
Healthcare professionals have a duty to provide appropriate and sensitive clinical care to women who have experienced FGM. They also have a statutory duty to safeguard any children who may be at risk of FGM. Daughters or other female children in the household may be at risk of FGM or already have undergone FGM.

How can I ask women about FGM?
Women from countries where FGM is practiced are not usually offended if asked about FGM, whether or not they have been affected, provided this is done in a sensitive and non-judgmental manner.
They may feel embarrassed by such discussion, so it is important to explain/justify why you are asking about it.

In addition, they may have been cut as a small baby and may not remember or know that FGM has taken place. Terminology is important in initiating a conversation around FGM, it is best to use value-neutral terms such as “circumcision” or “cut” or “closed” or “pulled/pulling”.

Consider starting with a short lead-in:

You/your partner are from [name country]. I know that many/some [which- based on map] women are cut/circumcised when they are young girls in [country]. Is this something that has happened to you? Have you/could you have been cut/circumcised* when you were young?*

Women who have been through this can sometimes have longer term problems. Some women have concerns about their physical health, emotional health, giving birth and sexual relations. I appreciate this can be a sensitive subject to talk about. Do you have any concerns/worries? (then explore possible complications- direct enquiry- see above section).

I would like to ask you a few more questions:

- *Have any of the girls in your family or partner’s family been circumcised*?*
- *Would you ever consider having your daughter cut/circumcised*? Would it be expected that this is something that should be done?*
- *Do you feel that your daughter/s are at risk of being cut/circumcised* by anyone in your family or*

in your circle of friends?

*amend accordingly- consider using term "pulling" if from Uganda, Zambia, Burundi, Rwanda, Zimbabwe

What help is available locally for women and girls living with FGM?

The Oxford Rose Clinic is a specialist clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women can be referred to this clinic by contacting by emailing oxfordrose.clinic@nhs.net or calling 01865 222969. Women can also self-refer.

Safeguarding children

Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website
http://oxfordshirescb.proceduresonline.com/chapters/p_female_gen_mut.htm

If a professional suspects that a child may be at risk of FGM, the screening tool should be used to identify the relevant risk factors and record the evidence behind the concerns. Any information or concern that a child is *at immediate risk* should result in a child protection referral to Children's Social Care (CSC) via the **Multi-Agency Safeguarding Hub tel: 0845 0507666.**

If the risks *do not* appear to be immediate, or if the professional is uncertain as to the level of risk, they should consult with their designated safeguarding lead/FGM lead and decide whether the risk could be further clarified by bringing the case for discussion to the monthly multi-agency FGM consultation meeting. The case could also be discussed with CSC via the no-names consultation process.

Mandatory reporting – since 31st October 2015 all health and social care professionals and teachers are required to report cases of FGM in girls under 18, which they identify in the course of their professional work, to the police. Mandatory reporting applies if a child has told a professional that they have undergone FGM or if a professional identifies FGM on physical examination. If this is the case, the professional must report to the police by ringing 101.

If a parent/guardian discloses that a child has had FGM (e.g., child has not disclosed and there is no evidence from physical examination), then this should be managed under safeguarding procedures as in the above link, or be discussed at the monthly multiagency FGM meeting.

Oxford University Hospitals FGM leads **are Dr Maria Finnis via Community Paediatrics on 01865 231994** or **Dr Brenda Kelly on 01865 222969**

Where can I get further information?

National Guidelines

- Department of Health: FGM Risk and Safeguarding – Guidance for professionals
- Department of Health and NHS England: FGM Mandatory reporting duty guidance
- HM Government: Multi-agency statutory guidance on FGM

Further info and resources

- National FGM Centre website
- NHS Choices: www.nhs.uk/conditions/female-genital-mutilation/pages/introduction
- FGM National Clinical Group www.fgmnationalgroup.org
- FORWARD www.forwarduk.org.uk
- NSPCC – FGM helpline 0808 028 3550
- Oxford Against Cutting www.oxfordagainstcutting.org