

# Hertfordshire Multi-agency FGM Pathways

Guide to FGM

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The World Health Organisation (WHO) defines Female genital mutilation (FGM) as comprising 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.

FGM is defined into four categories as follows:

**Type One: 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 Two: Excision**

Partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora.

**Type Three: Infibulation**

Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.

**Type Four: All other**

Harmful procedures to the female genitalia for non-medical purposes (such as pricking, piercing, incising, scraping, cauterizing (burning) the genital area.

# Risk Factors

## Factors that may heighten risk of FGM include:

**History of FGM in family** - Any girl who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family. Any girl born to a woman who has been subjected to FGM may also be at risk.

**County of Prevalence (p.4)** - Pressures from community members, widespread support for FGM and high prevalence levels may increase risk to girls who are visiting their country of origin and may compromise the capacity of parents/carers to safeguard their children from FGM. Risk assessment should consider the views of the parents as well as the influence of extended family/community in the parent's decisions concerning their children.

**Cultural or religious requirement** – Some families believe that FGM is integral to their child's acceptance into their culture/community or that FGM is necessary to fulfil a religious obligation (i.e. make the child pure/clean). They may believe that if they do not perform FGM, this may result in negative consequences for the whole family (bad luck/spirit possession/ostracised). Girls born to such parents must be considered to be at risk.

**Social isolation** – Families from FGM practicing communities who are less integrated into UK society may be more likely to continue traditions such as FGM and have less understanding of the legal framework around FGM. It is important to note that in some countries FGM is legal and families may have the same expectation (if uninformed) of UK Law.

**Education** - Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights

**\*Professionals should not assume that all women and girls from a particular community are supportive of, or at risk of FGM.**

## There can also be clearer signs when FGM is imminent:

It may be possible that families will practice FGM in the UK when a female family elder is around, particularly if she is visiting from a country of origin where FGM is practiced.

A professional may hear reference to FGM in a conversation, for example a girl may tell other children about it.

A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.

A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.

Parents may state that they or a relative will take the child out of the country for a prolonged period.

A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

**\*The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood, in adolescence, at marriage or during the first pregnancy. Assessment of risk should therefore be accompanied by Safety Planning in line with the possibility that risk of FGM may span a child's lifetime.**

# Health implications

## Indications that FGM may have already taken place:

- A girl or woman may have difficulty walking, sitting or standing.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- There may be prolonged or repeated absences from school/college or prolonged absence from school/college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

## Other health implications of FGM include:

- Haemorrhage
- Severe pain
- Death
- Blood Infections
- Urine retention
- Injury to adjacent genital tissue
- Difficulties with menstruation
- Painful intercourse
- Sexual dysfunction
- Difficulties with childbirth
- Post-traumatic stress
- Depression

## Questions to explore FGM and possible risks

(Use language that the girl/woman understands such as genital cutting)

What is your view on genital cutting (FGM) and how does this fit with the view of your extended family/community?

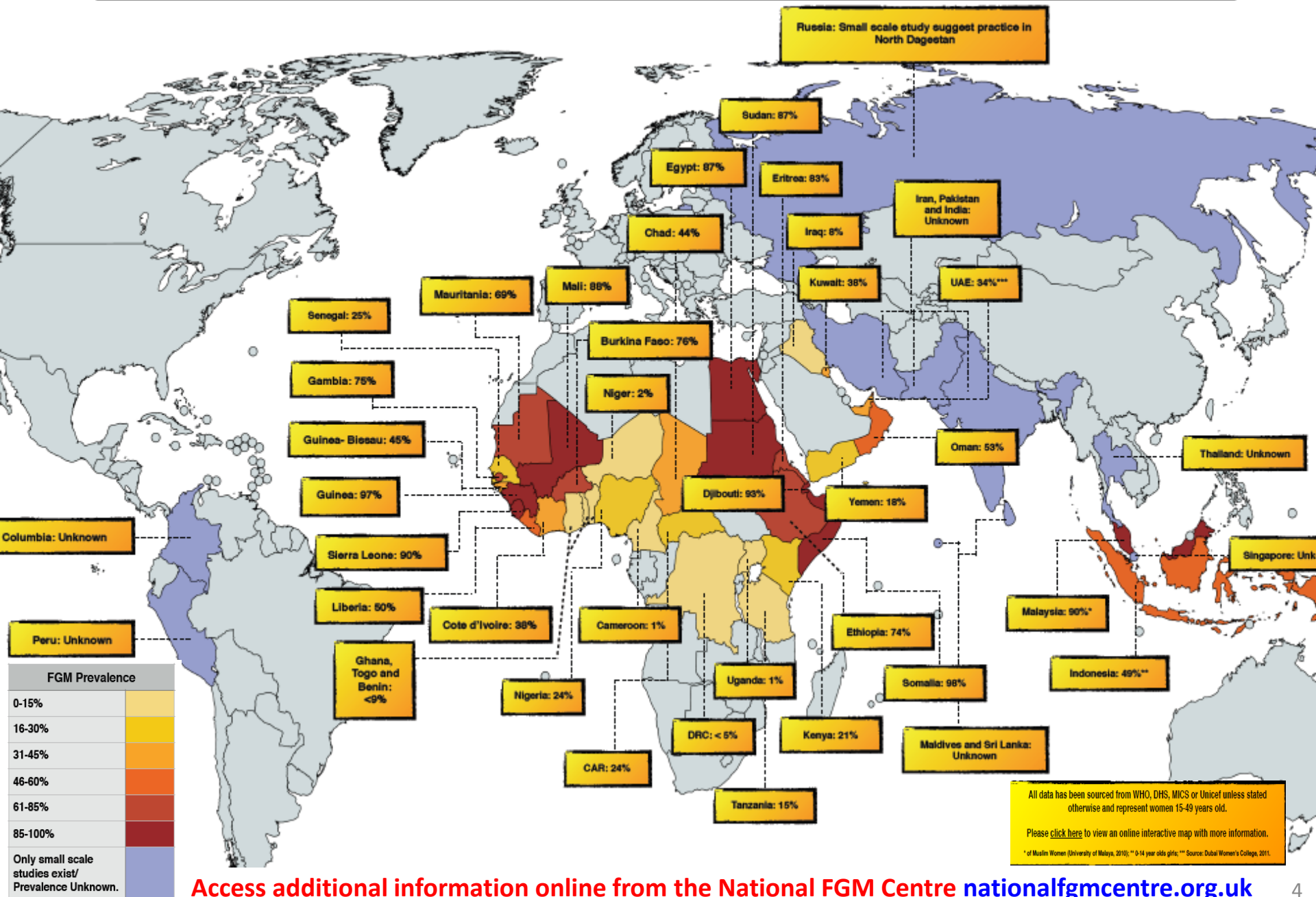
Have you or any member of your family had genital cutting?

What key events take place in the life of female children in your family? Does genital cutting (FGM) feature in this?

Do you think you can protect your daughter from being cut? Do you need support to do this?

**\*Note: Women/girls may not always be aware that they have been subjected to FGM particularly if the procedure was completed in infancy.**

# FGM Prevalence Map



Access additional information online from the National FGM Centre [nationalfgmcentre.org.uk](http://nationalfgmcentre.org.uk)

# Legal Framework

## **Criminal Law**

In England, Wales and Northern Ireland, FGM is illegal under the Female Genital Mutilation Act 2003. In Scotland it is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005. In summary:

- ❑ It is an offence for a person to perform FGM in the UK or abroad
- ❑ It is an offence to assist the carrying out of FGM in the UK or abroad
- ❑ It is an offence to assist a girl to carry out FGM on herself in the UK or abroad.

## **Mandatory Reporting**

Under the Serious Crime Act 2015, there is a duty on regulated professionals such as teachers, social care, health care professionals to make a report to the police where they receive disclosure of FGM or observe physical signs of FGM on a girl under 18.

## **Failure to Protect**

The Serious Crime Act 2015 extended the reach of the previous Acts and made it an offence for a person with parental responsibility (and who has frequent contact with a child) such as mother, father, guardian to fail to protect a girl (under 16) from FGM. If 18 or over, the liable adult is one who assumes responsibility for the girl in the manner of a parent.

## **FGM Protection Order**

This can be issued by courts to protect girls who are at risk of FGM or who have been subjected to FGM. Application can be submitted by:

- ❑ The person who has had FGM or who is at risk of FGM.
- ❑ A Local Authority.
- ❑ Any other person with the permission of the court (for example, the police, a teacher, a charity or a family member).

\*It is an offence to publish any information that would likely lead to the identification of a person against whom an FGM offence is alleged to have been committed. Anonymity will commence once an allegation has been made and will last for the duration of the victim's lifetime.

## **Significant Harm**

In the case of *B and G (Children) (No 2)* January 2015, the President of the Family Division (Sir James Munby) concluded that **all types of FGM (including Type 4) constitute "significant harm"** for the purposes of Family Law.

**\*Offence under the Female Genital Mutilation Act 2003 carries maximum penalty of 14 years imprisonment and/or a fine.**

**\*Failure to protect a child carries maximum penalty of 7 years imprisonment and/or a fine**

# FGM Multi-agency Pathway (Child)

Disclosure/Identification of FGM

Risk of FGM

Mandatory reporting  
Call 101  
(If urgent medical care is required, call 999 to request an ambulance, do not leave child unattended)

Complete screening tool (Appendix 2)  
Refer to Children's Services including out of hours **0300 123 4043**  
\*Report to NHS digital (relevant agencies)

Children Services to convene Multi-Agency Strategy Meeting (to include Health and Police) and follow Child Protection Protocol

Children Services to refer child to specialist FGM Clinic for medical examination within 48 hours of referral (See Appendix 4 for list of services)

Police and Children Service to consider FGM Protection Order to safeguard child/ siblings

Police to initiate criminal investigation as appropriate

Immediate risk

Call 999

Refer to Children Service (including out of hours) on **0300 123 4043** and include screening tool (Appendix 1)

No immediate risk

Complete screening tool (Appendix 1). No further Action needed If no risk identified.

If risk is identified, refer to Children Services and include screening tool.

If threshold is met, complete Statutory Assessment. If threshold is not met refer to FGM Service for follow up.

**\*Screening tools should accompany all referrals to Children Services**  
**\*Looked After Children medicals should screen for FGM**

# FGM Multi-agency Pathway (Adult)

Pregnant Adult

Has undergone FGM

Has NOT undergone FGM  
but risk factors present  
(see Page 2 for indicators)

Refer woman to FGM Services  
at Watford General Hospital  
or Lister Hospital  
(Appendix 4/5)  
Report to NHS digital

Refer female children  
under 18 to Children  
Services (include screening  
tool Appendix 1)  
Report to NHS Digital

Complete Screening Tool  
(Appendix 3)

FGM Service to complete  
Risk Assessment with  
pregnant woman (and  
relevant family members)

Children Services to  
complete Statutory  
Assessment

Concerns identified

No concern identified

Repeat risk assessment  
on delivery and  
document in Red book,  
'History of FGM in family'

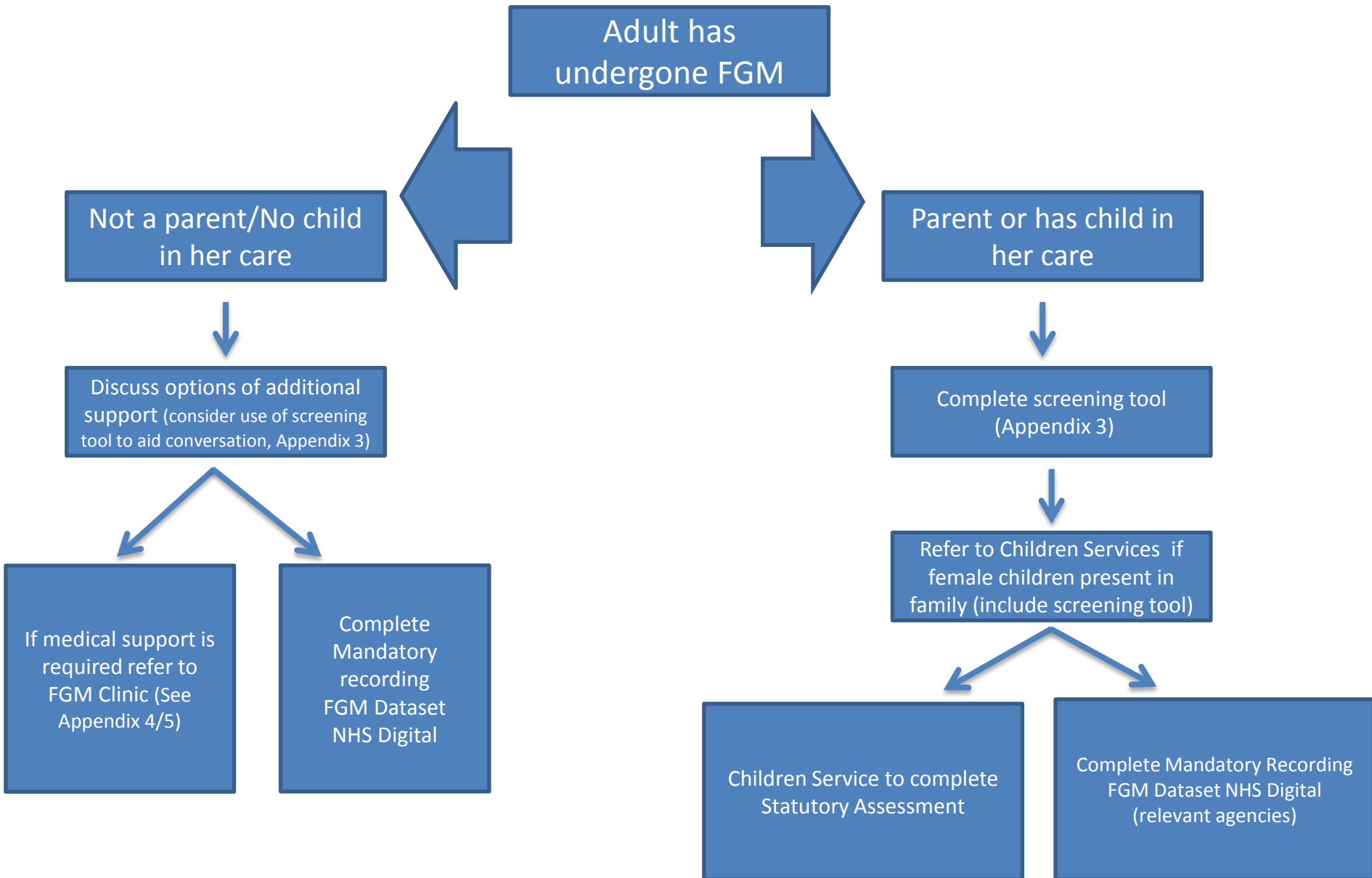
Refer unborn baby to  
Children Services for  
statutory assessment

Provide Statement  
Opposing FGM  
(Appendix 6)

**\*Screening tools should accompany all referrals to Children Services**



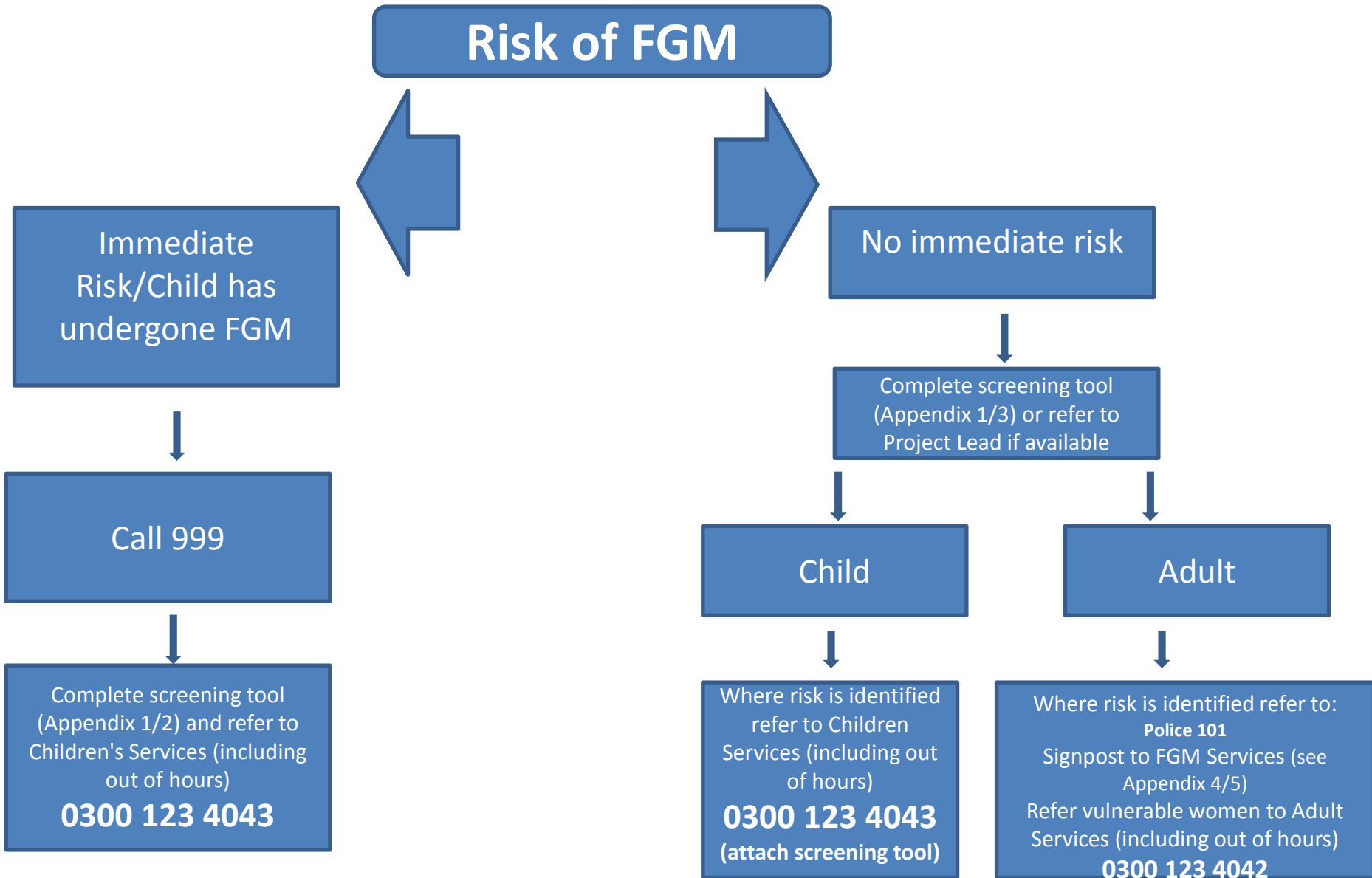
# FGM Multi-agency Pathway (Adult Not Pregnant)



**\*Screening tools should accompany all referrals to Children Services**



# FGM Referral Pathway VOLUNTARY SECTOR



# Guidance for FGM Screening Tool

## Female Genital Mutilation (FGM) Screening Tool

### **How to use this tool**

This tool is to help professionals working in Health, Education, Children's and Adult's Social Care, Police, Probation, Youth Services, Voluntary Sector to identify and assess the risk of FGM. It should be read in conjunction with the Hertfordshire (HSCB) Safeguarding Children Board's inter-agency safeguarding procedures on FGM: <http://hertsscb.proceduresonline.com/index.htm>

### **The tool is divided into Three parts:**

**Part One – Child/Young Person at risk of FGM**

**Part Two – Child/Young Person who has had FGM**

**Part Three – Woman with FGM presenting to- GP/Maternity/Gynaecology/Urology/Dermatology/Sexual Health Services/Other Service.**

Professionals need **only complete the screening tool that applies** to the child/adult they are working with. The front sheet of the tool should also be completed (located on page 11 of this booklet). Use the tool to identify the relevant risk indicators, being careful to record whether each indicator is known to be present, definitely not present, or suspected to be present; and make a brief note of your evidence.

### **What to do next.**

Having completed the screening tool and identified risk indicators, professionals should seek consultation and advice from their agency's Safeguarding Lead, FGM Lead or Children's Social Care/ Hertfordshire Police.

**In instances where the risk of harm to a child is judged to be high (i.e. that is it likely that FGM will happen in the near future or has happened and a child is suffering harm) there should be no delay in calling 999 and referring the child to Safeguarding Children's Services on 0300 123 4043.**

# FGM Screening Tool – Page 1

## Person completing this tool

Name \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_

Contact No \_\_\_\_\_ Email Address \_\_\_\_\_

## Details of Subject

Name \_\_\_\_\_

DOB \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

## Family Composition

Name	DOB	Relationship to subject	Ethnicity	Address if different to above

**\*If risk identified, consult Children Services or Police prior to discussing the referral with the family as it may place child at greater risk of harm**

## Appendix 1 – Child at Risk of FGM

<b>Potential Indicators - Children/Young Adult at risk of FGM. This is to help consider risk to child or any other children/Young Adults</b>	Yes	No	Suspected	Brief details
A child seeks help to avoid FGM or the circumstances in which FGM is a risk (e.g. going abroad)				
A parent or family member expresses concern that FGM may be a current risk				
Mother/Father comes from a community known to practice FGM				
Mother has undergone FGM herself				
Girl has a sister or other female relative who has already undergone FGM				
Extended family/community member who is pro-FGM is influential within the family and is involved or will be involved in the care of the girl.				
Girl withdrawn from PHSE lessons or from education on FGM. School nurse to speak with child				
Mother/family has limited contact with people outside of her family				
Parents have poor access to information about FGM and nobody has advised them about the harmful effects of FGM or UK law				
Parents stating that they or a relative will be taking the girl abroad where FGM is prevalent for a prolonged period				
Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent				
Girl has attended a travel clinic or equivalent for vaccinations/anti-malarials for her country of origin/another country where the FGM is prevalent				
Girl has confided in 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 become like my mum and sister'				
FGM is referred to in conversation by the child, family or close friends of the child				

## Appendix 2 – Child has undergone FGM

<b>Potential Indicators – This is to help consider whether a child/ Young Adult has had FGM and assess risk to other children.</b>	<b>Yes</b>	<b>No</b>	<b>Suspected</b>	<b>Brief details</b>
Girl is reluctant to undergo any medical examination				
Girl has difficulty walking, sitting or standing or looks uncomfortable				
Girl spends long periods away from the classroom with bladder or menstrual problems				
Girl finds it hard to sit still for long periods of time, which was not a problem previously				
Girl presents to GP or A&E with frequent urine, menstrual or stomach problems				
Noticeable behavioural changes following long summer holiday or prolonged absence from school				
Girl has spoken about having been on a long holiday to her country of origin/another country where the FGM is prevalent				
Increased emotional and psychological needs e.g. withdrawal, depression				
Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP's letter				
<b>Significant or immediate risk</b>				
Girl asks for help				
Girl confides that FGM has taken place				
Mother/Family disclose FGM has taken place				
Family/child are known to children's social care and FGM is identified within a family.				

## Appendix 3 - Adult at Risk of FGM

Potential Indicators-: Pregnant/non-pregnant women/girls. This is to help consider risk to Unborn Baby or any other female child or woman.	Yes	No	Suspected	Brief details
Mother comes from a community known to practice FGM				
Mother has undergone FGM herself				
Father comes from a community known to practice FGM				
Woman already has daughters who have undergone FGM				
Extended family/community member who is pro-FGM is influential within the family and is involved or will be involved in the care of the girl				
Mother has limited integration in UK community				
Woman believes FGM is integral to cultural or religious identity				
Parents have limited/ no understanding of harm of FGM				
Parents have limited or no understanding of Law on FGM				
Mother requesting reinfibulation following childbirth				
Females in mother's extended family have undergone FGM				
Females in father's extended family have undergone FGM				
Mother has been reinfibulated following previous delivery				

## Appendix 4 - FGM Services

### Female Genital Mutilation (FGM) Service for girls under 18 years

**Address: University College Hospital, Paediatric Safeguarding, 6th Floor Central, 250 Euston Road: London NW1 2PG**

**Direct tel: 020 3447 5241:**

**Switchboard: 020 3456 7890 Extension: 75241**

**Email: [UCLH.paediatricsafeguarding@nhs.net](mailto:UCLH.paediatricsafeguarding@nhs.net)**

This is a dedicated monthly multidisciplinary clinic for girls under 18 years who have had, are suspected to have had, or may be at risk of FGM. The clinic is run jointly by Dr Deborah Hodes (consultant community paediatrician) and Sarah Creighton (consultant gynaecologist) with psychological input from Claudia De Campos (child psychotherapist).

**\*For urgent cases that cannot be seen at UCLH FGM Clinic within 48 hours that require medical examination following a Strategy Meeting, Police or Children Services Social Worker should contact the local community paediatrician in line with local arrangements for Child Protection (see contact details below).**

**Lister Hospital. Coreys Mill Lane.  
Stevenage. SG1 4AB  
07919396676 (office hours)  
Out of hours: 01438 314 333  
(Ask for on-call paediatrician)**

**Peace Children's Centre.  
Watford. WD17 3EW  
01923 470 606 (office hours)  
Out of hours refer to on-call rota  
(Held by Police and Social Care)**

### Female Genital Mutilation (FGM) Service for Women over 18 years

**Watford FGM Clinic  
Watford General Hospital  
Vicarage Road, Watford WD18 0HB  
Switchboard: 01923 244366**

This clinic is led by Dr. Gloria Rowland (Associate Director of Midwifery and Gynaecology Nursing) and Lucy Okuonghae (Antenatal Clinic/FGM Midwife). Clinic's detail is outlined overleaf.

**Lister Hospital - FGM Service  
Coreys Mill Lane,  
Stevenage SG1 4AB  
Switchboard: 01438 314333**

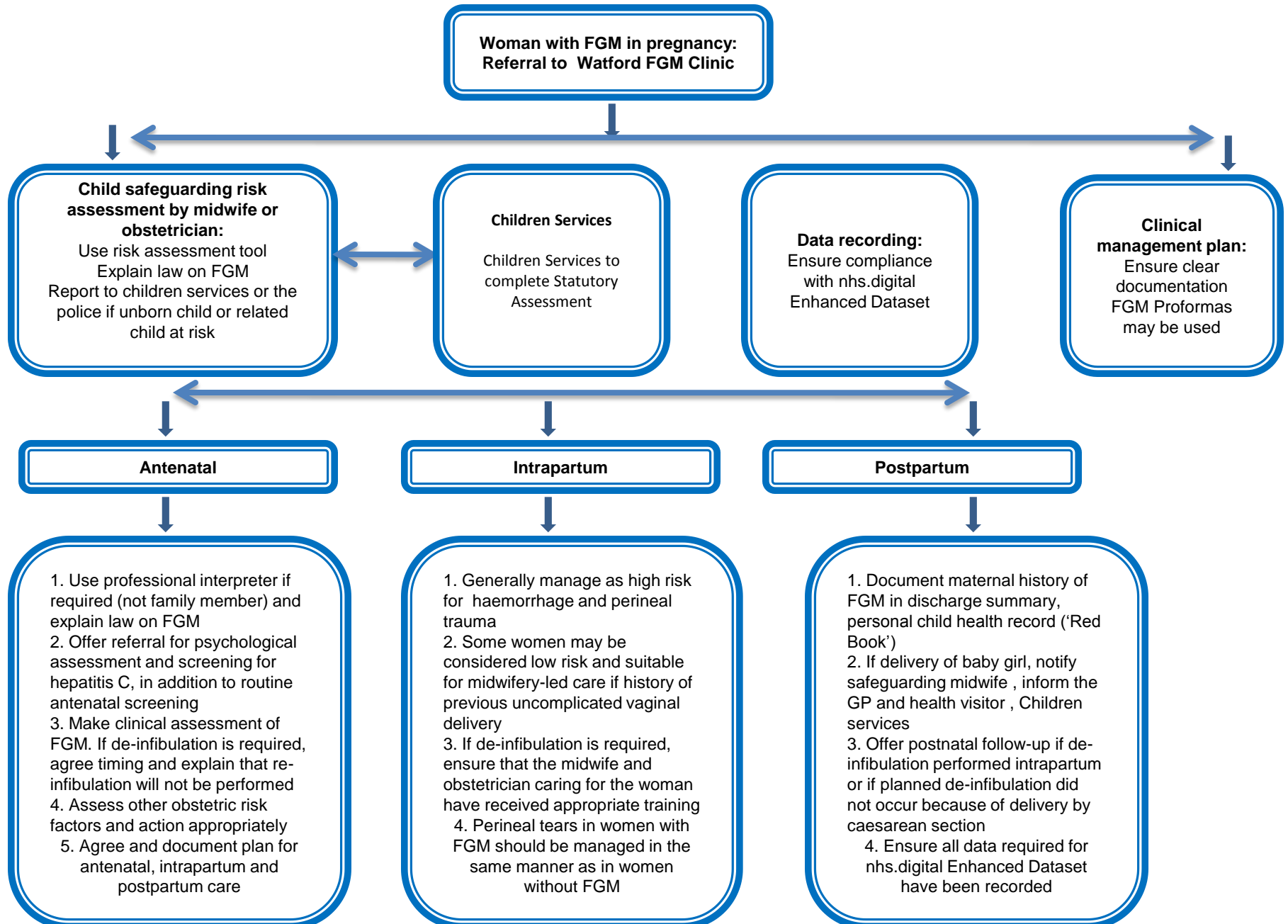
The FGM Service at Lister hospital is led by Dr Raoya Farah (Consultant Obstetrician and Gynaecologist).

**Please note that women may not wish to access FGM services in their area. List of alternative clinics outside of Hertfordshire can be accessed here:**

**[NHS Specialist Services for Female Genital Mutilation](#)**



# Appendix 5 – FGM Clinic Watford



### **FGM Passport - Statement Opposing Female Genital Mutilation**

This outlines what FGM is, the legislation and penalties involved and the help and support available. The statement is sometimes referred to as a FGM/Health Passport. The booklet is available in English but can also be obtained in the languages listed below via the following link :-

<https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

[Welsh translation of statement](#)

[Turkish translation of statement](#)

[Urdu translation of statement](#)

[Farsi translation of statement](#)

[French translation of statement](#)

[Somali translation of statement](#)

[Swahili translation of statement](#)

[Arabic translation of statement](#)

[Amharic translation of statement](#)

[Tigrinya translation of statement](#)

**This statement opposing female genital mutilation (FGM) can be taken abroad to explain the criminal status of FGM in the UK.**

**If you know someone is in immediate danger and has been taken abroad, you should also contact the Foreign and Commonwealth Office on 020 7008 1500 or from overseas: +44 (0)20 7008 1500**

# References

**World Health Organization: Female genital mutilation Fact sheet: Updated February 2016**

<http://www.who.int/mediacentre/factsheets/fs241/en/>

**FGM Prevention programme team, Department of Health Female Genital Mutilation Risk and Safeguarding. Guidance for professionals. May 2016**

**Ministry of Justice/Home Office March 2015 . Serious Crime Act 2015 Factsheet – female genital mutilation**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416323/Fact\\_sheet\\_-\\_FGM\\_-\\_Act.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact_sheet_-_FGM_-_Act.pdf)

**Home Office, Department for Education and Department of Health .Statutory guidance: Multi-agency statutory guidance on female genital mutilation. April 2016**

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

**SIR JAMES MUNBY PRESIDENT OF THE FAMILY DIVISION: In the matter of B and G (Children) (No 2) 14<sup>th</sup> January 2015**

**Case No: LJ13C00295**

[https://www.judiciary.gov.uk/wp-content/uploads/2015/01/BandG\\_2\\_.pdf](https://www.judiciary.gov.uk/wp-content/uploads/2015/01/BandG_2_.pdf)

**Statement opposing Female Genital Mutilation**

<https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

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