

Responding to Female Genital Mutilation in Highland

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Prepared by: Gillian Gunn	Date of Review: October 2018		
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Introduction

The term “Female Genital Mutilation” (FGM) includes all procedures that involve the partial or total removal of external female genitalia, or other injury to the female genital organs for non-medical purposes. It has been previously known as female circumcision or cutting.

FGM is a harmful traditional practice, which is practiced in 29 African countries and in parts of the Middle East, Far East & Asia. FGM can also feature in other communities across the globe. It is more accurate however, to view FGM as being practised by specific ethnic groups, rather than by a whole country, as communities practising FGM straddle national boundaries.

As a result of immigration and refugee movements, FGM is now being practiced by ethnic minority populations in other parts of the world. FORWARD estimates that as many as 6,500 girls are at risk of FGM within the UK every year.

FGM is often carried out on babies or pre-pubescent girls, but the age at which FGM is carried out varies across communities and can extend into young adulthood. It can involve a range of procedures, most of which involve removal of some or all parts of the external genitalia, usually the clitoris and possibly parts of the labia. The World Health Organisation identifies four types of FGM. There are no religious or medical reasons for this, but communities often regard FGM as a method to preserve girls’ virginity and make them more marriageable.

Section 1 (1) of The Prohibition of Female Genital Mutilation (Scotland) Act 2005 makes it an offence for a person to carry out the specified female genital mutilation procedures on another person, Section 3 (1) (a) of the Act makes it an offence for a person in Scotland to aid, abet, counsel, procure or incite another person to carry out FGM in Scotland, Section 3 (1) (c) of the Act makes it an offence for a person in Scotland to aid, abet, counsel procure or incite a person who is not a UK national or permanent UK resident to carry out an FGM procedure outside the UK. This also applies to countries where the practice is legal.

Every report of FGM will be investigated thoroughly by Police Scotland and every person (adult/child) who is a victim/potential victim will receive protection and safety advice and will be offered a referral to a relevant support service.

The risk to the victim, whether a child or adult, is of paramount importance and could involve wider ‘Honour Based Violence’ issues which require addressing. Police Scotland should be contacted at the earliest opportunity regarding suspected cases of FGM in girls to enable an Interagency Referral Discussion to take place. If FGM is identified in an adult they should be made

Warning – Document uncontrolled when printed	
Version: 2	Page 2
Date of Issue: October 2016	Date of Review: October 2018

aware that FGM is a crime and that the Police take reports of FGM very seriously. If a woman reports FGM to the police, she will be allocated an officer to help support her and note her statement. Staff in other agencies can explain this process to survivors who may want to report to the police.

In some instances police may receive information in relation to circumstances where there are opportunities to intervene to prevent FGM occurring. In such cases the primary objective is the protection of the individual involved and the prevention of any future risk of harm, it may, therefore, be necessary to invoke Inter Agency procedures to ensure the safeguarding of that individual.

Recognising FGM

FGM takes different forms and can result in various consequences, some of which are detailed below. Staff are unlikely to come across FGM regularly and, therefore, those who may be involved in intimate procedures may be concerned that FGM has happened, but unsure. Film clips on the <http://www.fgmresource.com/> website includes diagrammatic examples of what constitutes the various forms of FGM.

Immediate effects of FGM can include:

- severe pain
- shock
- bleeding
- wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
- injury to vulval tissues surrounding the entrance to the vagina
- damage to other organs nearby, such as the urethra and the bowel
- FGM can sometimes result in death

Long-term consequences of FGM can include:

- chronic vaginal and pelvic infections
- abnormal periods
- difficulties passing urine and persistent urine infections
- kidney impairment and possible kidney failure
- damage to the reproductive system, including infertility
- cysts and the formation of scar tissue
- complications in pregnancy and newborn deaths
- pain during sex and lack of pleasurable sensation
- psychological damage, including low libido, depression and anxiety
- flashbacks during pregnancy and childbirth
- the need for later surgery to open the lower vagina for sexual intercourse and childbirth

Psychological and mental health problems as a result of FGM:

Case histories and personal accounts taken from women indicate that FGM can be an extremely traumatic experience for girls and women, which can

Warning – Document uncontrolled when printed	
Version: 2	Page 3
Date of Issue: October 2016	Date of Review: October 2018

stay with them for the rest of their lives. Young women receiving psychological counselling in the UK for their experiences of FGM report feelings of betrayal by parents, regret and anger.

FGM in Highland

It is currently rare for staff working in Highland to be concerned about a girl at risk of FGM or to have experience of working with a woman who has had FGM. As it is not a common occurrence in Highland, staff may not feel well equipped to respond to cases if and when they do arise. This protocol aims to support staff in this situation by giving clear guidance on their responsibilities and on the services that we can provide locally.

Staff should also recognise that it may be appropriate to contact colleagues in the police and within their own agency in other areas of Scotland or UK who may be in a better position to advise how best to work with women who have had FGM and girls who may be at risk of FGM.

Girls at Risk of FGM

FGM is always considered as a form of significant harm to a child or young person. Staff must be clear about their child protection procedures when responding to FGM. Staff can also contact the Public Protection Unit (01463 720830) and/or Child Protection Advisor – Health for advice at any time if they have concerns about a child/ren. The CPA contact list is available at: <http://forhighlandschildren.org/2-childprotection/> (tel cpadmin on 01463 703524)

The following factors can be used to determine if a girl is at potential risk of FGM:

- Ethnic group has a high FGM rate
- Female sibling has had FGM
- One or both parents come from a family or community that has practiced FGM
- Mother has had FGM
- Mother and/or father has asked for a woman to be reinfibulated (the closing of the vagina by suturing) after childbirth

Protective factors:

- No female relatives have had FGM
- Country of origin has high rate, but girl comes from an ethnic group which does not traditionally carry out FGM

It is recognised that attempts to mediate or reconcile in situations may unwittingly increase an individual's vulnerability and place them in danger. Advice and assistance in these circumstances must be sought from the police.

Along with partners, consideration will be given to invoking Police Emergency Powers, Child Assessment Orders or Child Protection Orders.

Warning – Document uncontrolled when printed	
Version: 2	Page 4
Date of Issue: October 2016	Date of Review: October 2018

Women who have had FGM

Women with experience of FGM should be offered support relative to their needs. Local support for specific issues can be sought through services such as Obstetrics and Gynaecology, GPs, Sexual Health, Forensic Services, Urology and Mental Health services. There are also local organisations who may be able to provide support such as Brook, Waverley Care, Victim Support, Women's Aid services and/or RASASH, depending on the woman or young person's needs. www.fgmaware.org has information about services that women in Scotland can access as well as information about FGM in general.

Identification of FGM

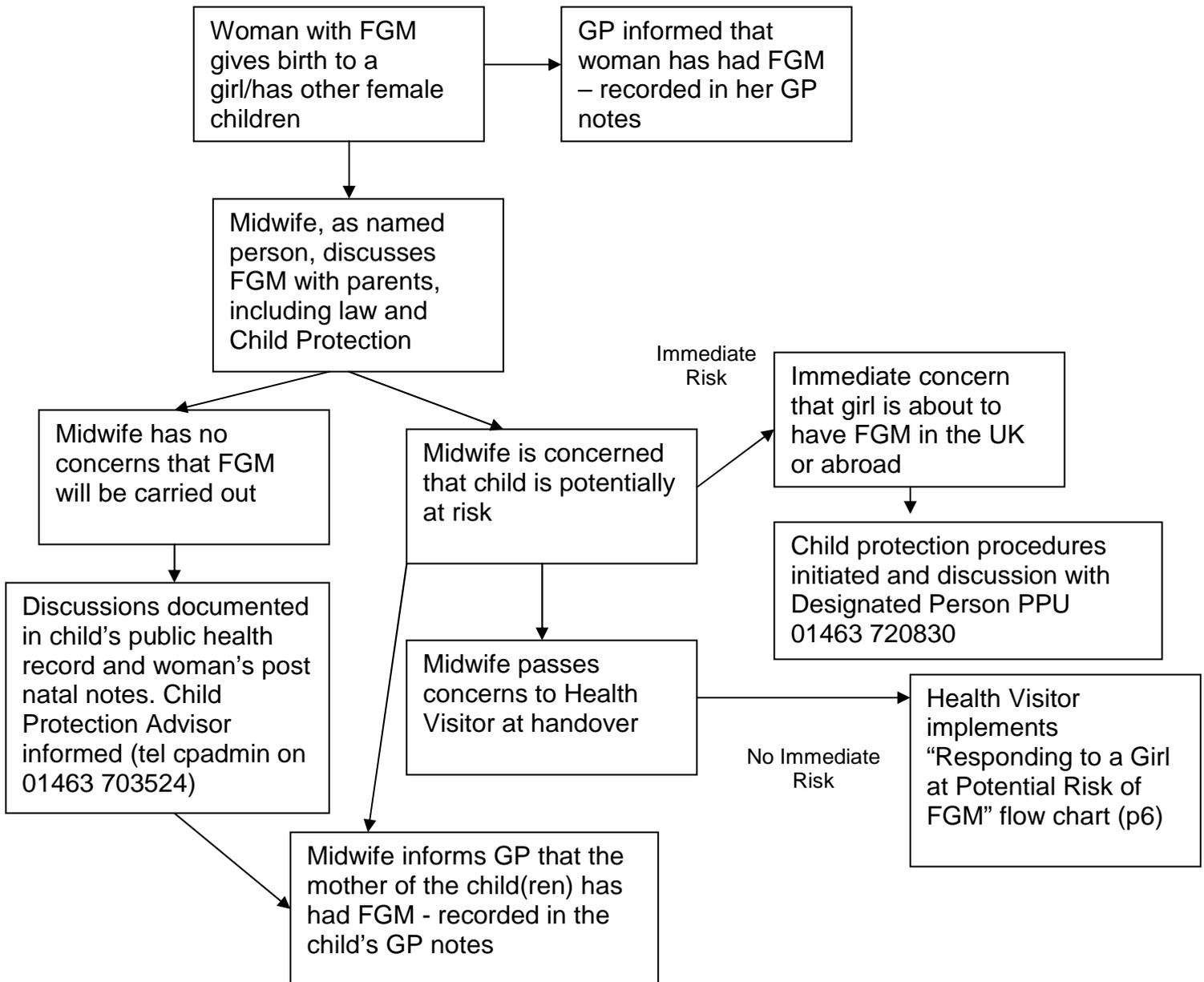
FGM is routinely asked about in maternity services. All pregnant women in Highland are asked if they have experienced FGM when they book with their midwife. This is because women who have experienced FGM will require specialist review with a consultant obstetrician.

No other services routinely ask all women about FGM, but they should ask direct questions about FGM on a case by case basis, as appropriate. FGM may be identified during an intimate examination, as a result of discussions about another, related, health need, or a woman may self disclose.

Education staff should be vigilant and raise concerns of any intention to remove any children who are thought may be at risk of FGM abroad. It is often the case that there is a 'party' or 'celebration' arranged within families of the child becoming a woman when in fact the trip involves the child being subjected to FGM. Long unexplained periods of absence need to be explained particularly when planning to be away from home whether to other areas of the UK or abroad. Individuals also at risk of forced marriage are under enormous cultural pressure to conform to the wishes of their family and wider community, thus moving them abroad, which in turn could lead to FGM.

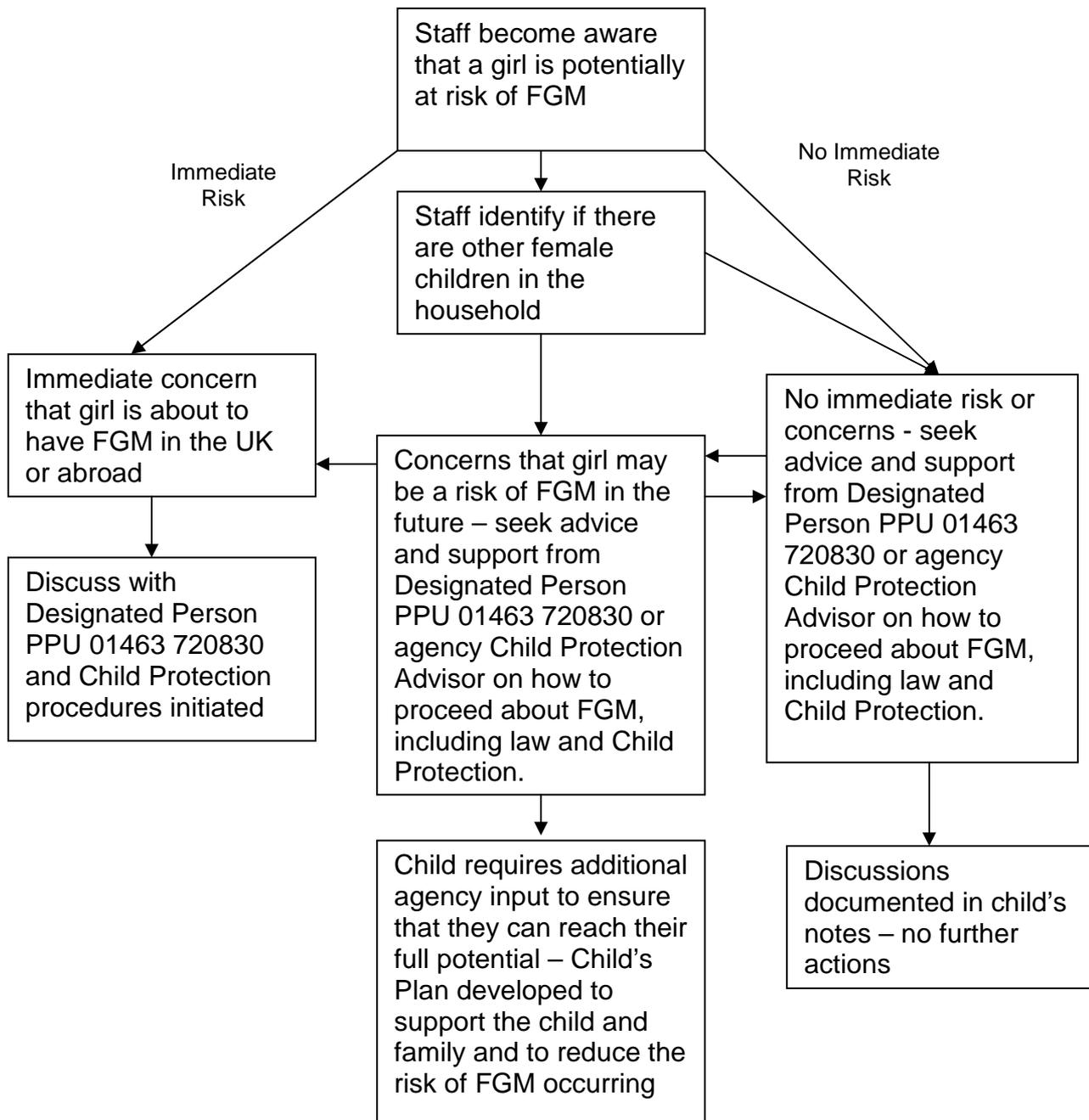
Warning – Document uncontrolled when printed	
Version: 2	Page 5
Date of Issue: October 2016	Date of Review: October 2018

Responding to a Woman with FGM who gives birth to a female child



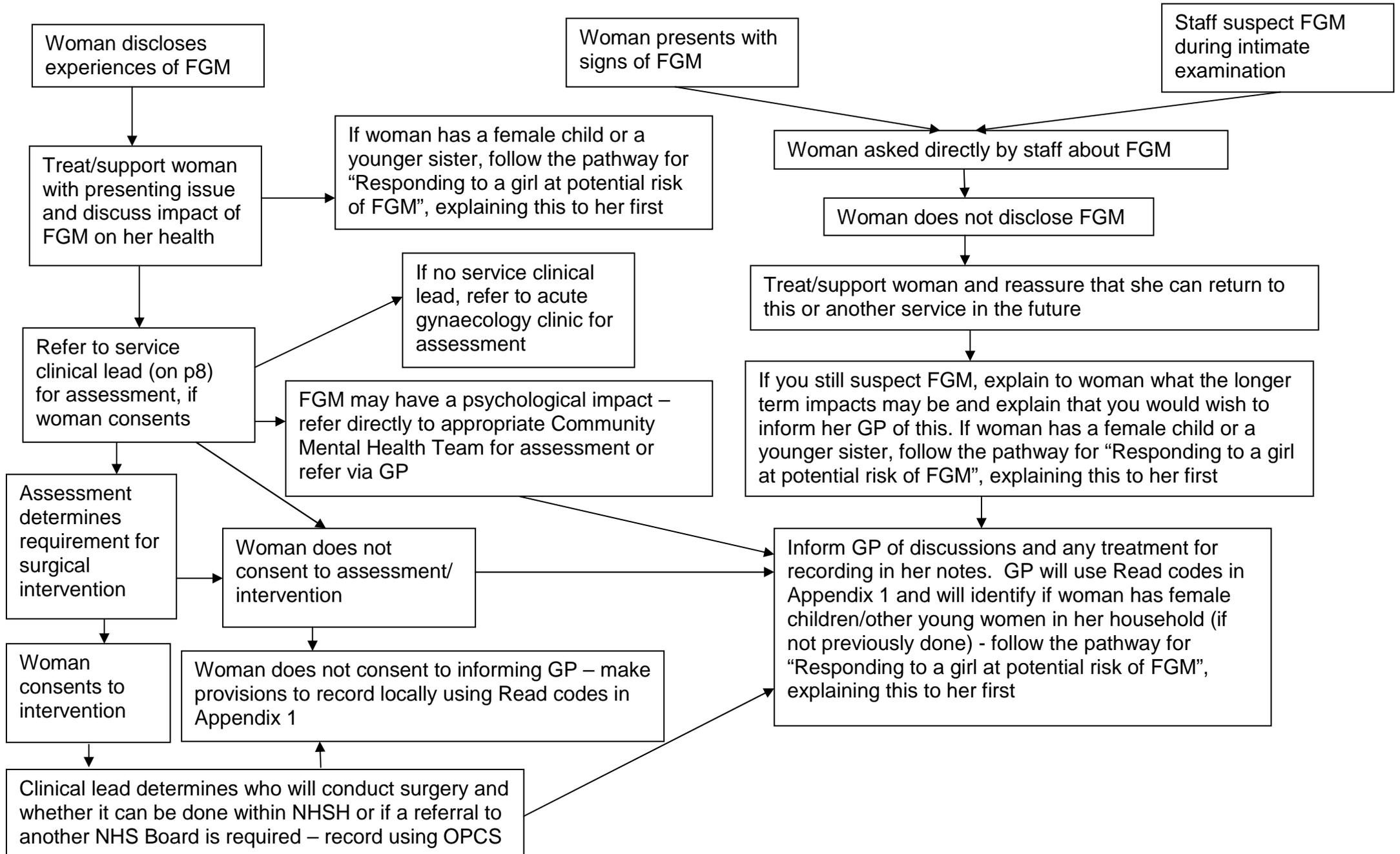
Warning – Document uncontrolled when printed	
Version: 2	Page 6
Date of Issue: October 2016	Date of Review: October 2018

Responding to a Girl at Potential Risk of FGM



Warning – Document uncontrolled when printed	
Version: 2	Page 7
Date of Issue: October 2016	Date of Review: October 2018

Responding to a Woman with FGM



Further Professional Guidance and Position Statements on FGM

- [Royal College of Obstetricians & Gynaecologists](#)
- [International Organisation of Physical Therapists in Women's Health](#)
- [Royal College of General Practitioners](#)
- [Royal College of Nursing](#)

Service Contacts for FGM

Police Scotland

Head of Public Protection Unit, Highlands and Islands Division - 101

The Highland Council

For information on contacts within Children's Services in Highland Council see <http://forhighlandchildren.org/2-childprotection/>

Housing, Housing Policy Officer, telephone, 01463 702037

NHS Highland – Clinical Service Leads

Obstetrics & Gynaecology – Allison.davies1@nhs.net

Sexual Health, hame.lata@nhs.net (Raigmore)

Clinical specialist continence/pelvic floor physiotherapy,

kirsteen.ferguson@nhs.net (Inverness, Badenoch, Strathspey & Nairn,

Lochaber)/alison.clarke4@nhs.net (Ross-shire, Lochalsh, Skye, & Sutherland)

sylvia.craine@nhs.net (Caithness)

Child Protection, stephanie.govenden1@nhs.net

Highland Violence Against Women Partnership

For information and advice on policy, strategy and training for Female Genital Mutilation in Highland, contact, the Highland Violence Against Women Development & Training Manager on 01463 704724

Other considerations for staff

- It is illegal for FGM to be carried out in Scotland and to arrange to take a girl abroad for FGM – that should be communicated to parents during discussions about FGM
- Be mindful that a woman may not be aware she has had FGM (particularly if it happened when she was very young)
- Be realistic about what can be done for her, for example, although reversal, or de-infibulation, may be possible for some women with type 3 FGM, surgery may not be applicable to all types of FGM
- Check out what services can do for a woman in advance of referring her
- Under no circumstances, should staff ever perform FGM on a girl or reinfibulate a woman after childbirth or intercourse – If a girl or woman is at imminent risk, call the police on 999. In a non-emergency situation consult your manager and/or follow child protection procedures or adult support and protection procedures as appropriate

Warning – Document uncontrolled when printed	
Version: 2	Page 9
Date of Issue: October 2016	Date of Review: October 2018

More Information and Support

NHS

- Health services can provide support and treatment.
- Women can access the help they need by speaking to their doctor, health visitor or midwife or can attend a sexual health clinic.
- Support should be offered in relation to trauma / emotional impact, as well as in relation to any physical treatment.

Amina: Muslim Women Resource Centre

Services, campaigning and confidential free helpline

Tel: 0808 801 0301 www.mwrc.org.uk

Dignity Alert Research Foundation (DARF)

Training, research and work with communities in Scotland affected by FGM.

dignityalert@hotmail.co.uk

www.darf.org.uk/

Shakti Women's Aid

Support, information, training and public education, with the main focus being domestic abuse

T: 0131 475 2399

info@shaktiedinburgh.co.uk

www.shaktiedinburgh.co.uk

fgmaware.org

[World Health Organisation Fact Sheet on FGM](#)

[Scottish Legislation on FGM](#)

[National Training Resources website](#)

A range of resources and recommended reading on FGM

[FORWARD](#) – UK organisation raising awareness of FGM and campaigning against its practice. Also provides support

[Daughters of Eve](#) – provides support to those with experience of FGM

[National Child Protection Guidance](#)

[Highland Child Protection Procedures](#)

[Highland Adult Support & Protection Procedures](#)

[Missing Families Alert Guidance for Highland](#)

Highland Violence Against Women Partnership & Highland Child Protection Committee, October 2016

Warning – Document uncontrolled when printed	
Version: 2	Page 10
Date of Issue: October 2016	Date of Review: October 2018

Appendix 1 - CODES FOR FGM

OPCS Classification of Interventions and Procedures (OPCS) v 4.7	
P07.2	Deinfibulation of vulva
R27.2	Deinfibulation of vulva to facilitate delivery

P07.2 – This is a more general code which would be typically used in acute care and would be recorded on ISD's SMR01 (Inpatient and Day Case) records in Scotland

R27.2 – This is a specific code for obstetrics and would therefore be restricted to use in obstetric care and would typically be recorded on ISD's SMR02 (Obstetric) records in Scotland

The above 2 codes, which are to be recorded when patients are admitted to have these types of repair, came into effect in April 2014 in Scotland.

Read Codes Proposed concept	Read v2	Release date
Family history of Female Genital Mutilation	12b..	01.04.14
History of Female Genital Mutilation	15K..	01.04.14
Female Genital Mutilation	K578	Existing Concept
Female Genital Mutilation Type I	K5780	01.04.14
Female Genital Mutilation Type II	K5781	01.04.14
Female Genital Mutilation Type III	K5782	01.04.14
Female Genital Mutilation Type IV	K5783	01.04.14
Deinfibulation of vulva	7D045	Existing Concept
Deinfibulation of vulva to facilitate delivery	7F1B5	01.04.14

Warning – Document uncontrolled when printed

Version: 2

Page 11

Date of Issue: October 2016

Date of Review: October 2018