

# Female Genital Mutilation

A Safeguarding Children Issue

# AIMS

- To create an awareness of the safeguarding children issues of FGM
- To create an understanding of what is FGM
- To create an awareness of the current legislation in the IOM for FGM
- To create an awareness on the processes in the IOM for assessing and referring concerns about FGM
- **Whistle stop tour on FGM ( further reading will be required)**

# Definition

- “Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external genitalia or other injury to the female genital organs for non – medical reasons.

# Myths

- In some communities it is believed FGM is necessary to protect women from diseases and demonic mishaps.
- There is a belief that women give birth to demonic babies if they have not had FGM.
- It is believed mutilated women are very hardworking and therefore an asset to any family they may marry in to.
- It is believed uncut girls are unclean, promiscuous and unmarriageable

# Types of FGM

- Type 1 – Partial removal of the clitoris and or prepuce. Considered the mildest form of FGM
- Type 2 – Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. (accounts for 80% of FGM in Africa)

# Types of FGM

- Type 3 – Partial or total removal of the external genitalia and stitching and narrowing of the vagina
- Type 4 – includes all other forms such as piercing or incision of the clitoris, cauterisation by burning the clitoris , cutting of the vagina or using corrosive substances

# Who is at Risk

- Young girls sometimes between infancy and the age of 15 years - majority are cut before the age of 5 years
- Occasionally on adult women before marriage
- Women during their first pregnancy
- Women during child birth
- **In Africa about three million girls are at risk annually**

# UK Context

- Over 60,000 women living in the UK have undergone FGM and over 20,000 girls under 15 years are potentially at risk.
- The most common age for girls to undergo FGM in the UK is between 5 and 8 years old
- Women in the UK who have undergone FGM may be British Citizens having come under refugee status, asylum seekers, wives of overseas students or overseas students themselves.

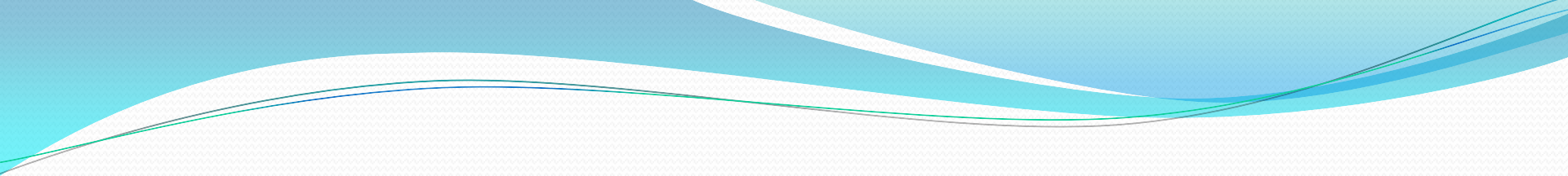


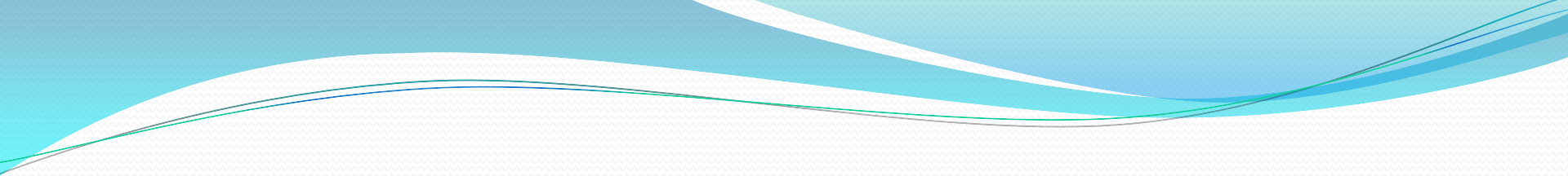
# Current law in IOM

- FGM is illegal in the Isle of Man has been illegal since 2010 - **Prohibition of Female Genital Mutilation Act 2010 s.4**
- Mandatory reporting is in place in England and Wales.
- IOM Safeguarding Children Board have chosen to develop a pathway and procedures for FGM so reporting goes via Children and Families Team Social Care.

# Indicators

- If family comes from an FGM practising community.
- If a family from a practising community is not well integrated into mainstream society.
- Parents not wanting their children to take part/participate in sexual health classes to learn about their bodies.

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- A child may talk about a long holiday to her country of origin or another country where the practice is prevalent.
  - If parents are intending to extend her school holiday.
  - A child may talk about having a special ceremony or a special party or a special occasion to become a woman (especially during the summer holiday).

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- A professional may be aware of reference to FGM, for example a child may tell other children about it or a child may request help from a teacher or another adult.
  - If one of the parents wishes to take the girl abroad without the knowledge or consent of the other parent.
  - **A multi agency awareness is vital to manage the potential for FGM.**

# Effects of FGM

- Risk of haemorrhage excessive bleeding
- Risk of shock from the pain
- Risk of infection – not healing
- Complications passing urine / menstruating
- Obstructed birth
- Psychological problems
- Infertility

# Who may become aware

- **Education staff** – child may be absent for school – planned visit to family abroad
- Child speaks of a certain party which is planned
- Child may confide in teacher
- Teacher may notice change in child's behaviour e.g. asking to go to the toilet more often – looking like they are in pain – quiet or withdrawn.

# Who may become aware

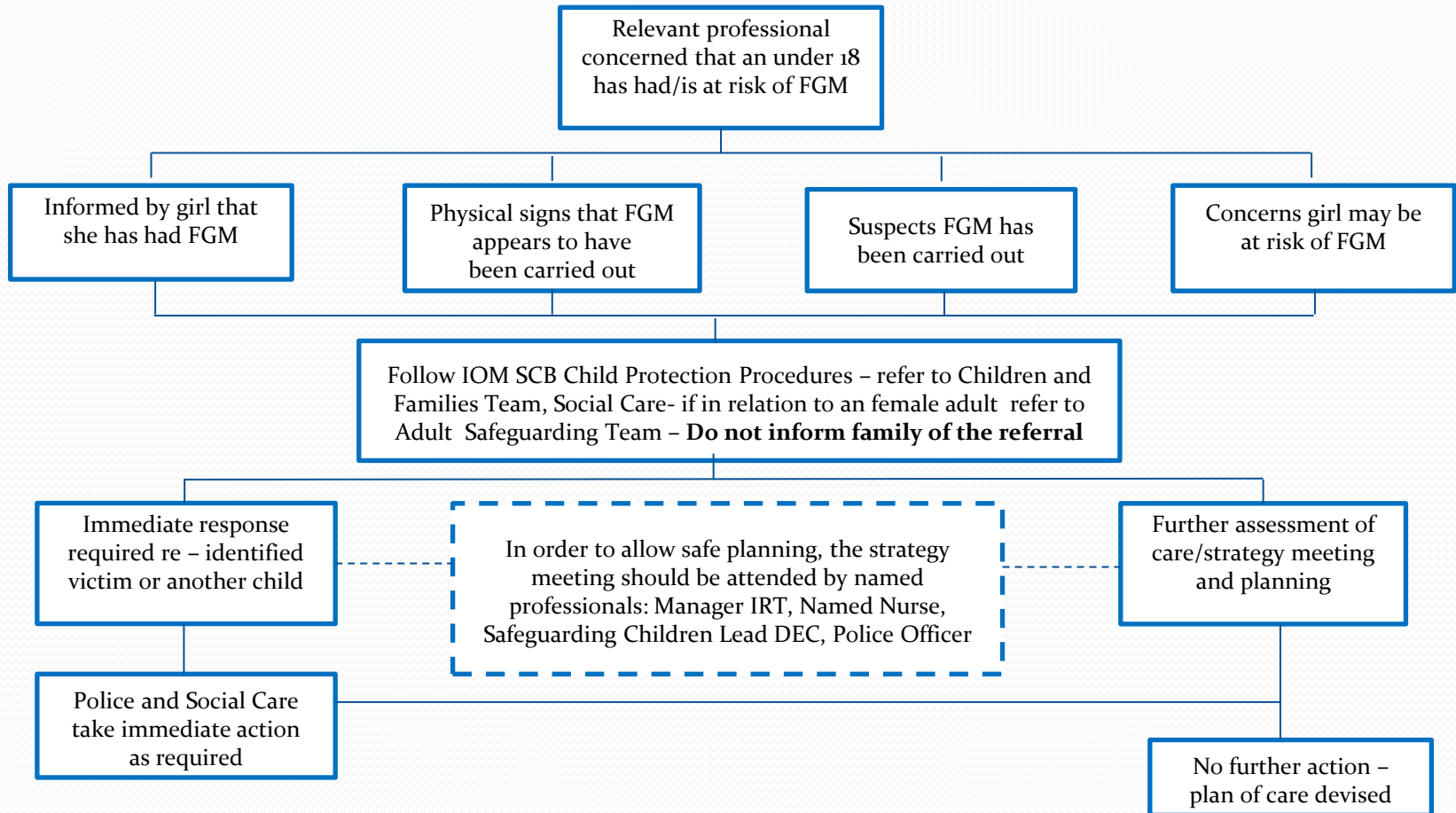
- **Health Staff** – Midwives may become aware pregnant lady has had FGM
- GP may become aware
- Health visitor
- School nurse

# Risk Assessment

- Immediate action may be required
- Active /ongoing case with social care as lead
- Information sharing between agencies with no specific plan in place
- **Planning of referral with child if appropriate /possible**
- **NB use risk assessment documents**



# Female Genital Mutilation Pathway



Note: It is important to consider the necessity to provide an interpreter for children and their families in order to ensure full understanding of the information received

# Important

- Confidentiality – sharing of information should be kept tight as demonstrated in pathway
- **Do not inform family of referral !!**
- Careful planning at strategy meeting is required to ensure safety of girl and any siblings
- Timing of investigations must be known and understood by all agencies