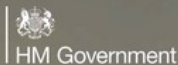


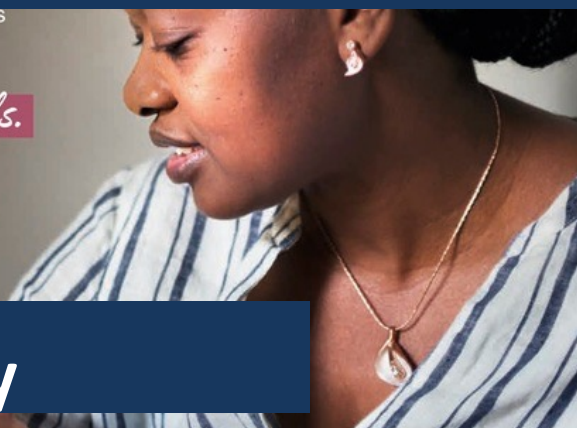
At risk of:
Trauma
Infection



Female Genital Mutilation – An Introduction

pricking, piercing and cutting, has
lifelong consequences for us all.

Let's protect our girls.



Presented by

Rita Buhanda

Rita.Buhanda@hestia.org

The session
will start at 2.30pm

FGM is illegal. To find out how to protect
our girls, visit nspcc.org.uk/fgm or call the
free, anonymous helpline on 0800 028 3550.

In partnership with
NSPCC

www.hestia.org

MAIN OBJECTIVES OF THIS SESSION

- General information on FGM & the law
- FGM risk indicators
- How to explore concerns with children and parents/carers
- A resource on how to explore concerns and make referrals to children's social care

WHY IT MATTERS?

- FGM is **CHILD ABUSE** and a form of violence against women and girls
- FGM is **ILLEGAL** and an **EXTREMELY** harmful practice
- FGM is a **SAFEGUARDING** concern

About Female Genital Mutilation

[https://www.youtube.com/watch?v=
M5E936tbv4g](https://www.youtube.com/watch?v=M5E936tbv4g)



#EndFGM:

The Words Don't Come

What is FGM?

Female genital mutilation (FGM) is a procedure where the female genitals organs are deliberately cut, injured or changed, and there's no medical reason for this to be done.

It is frequently a very traumatic and violent act for the victim and can cause harm in many ways.

(NHS, 2014)

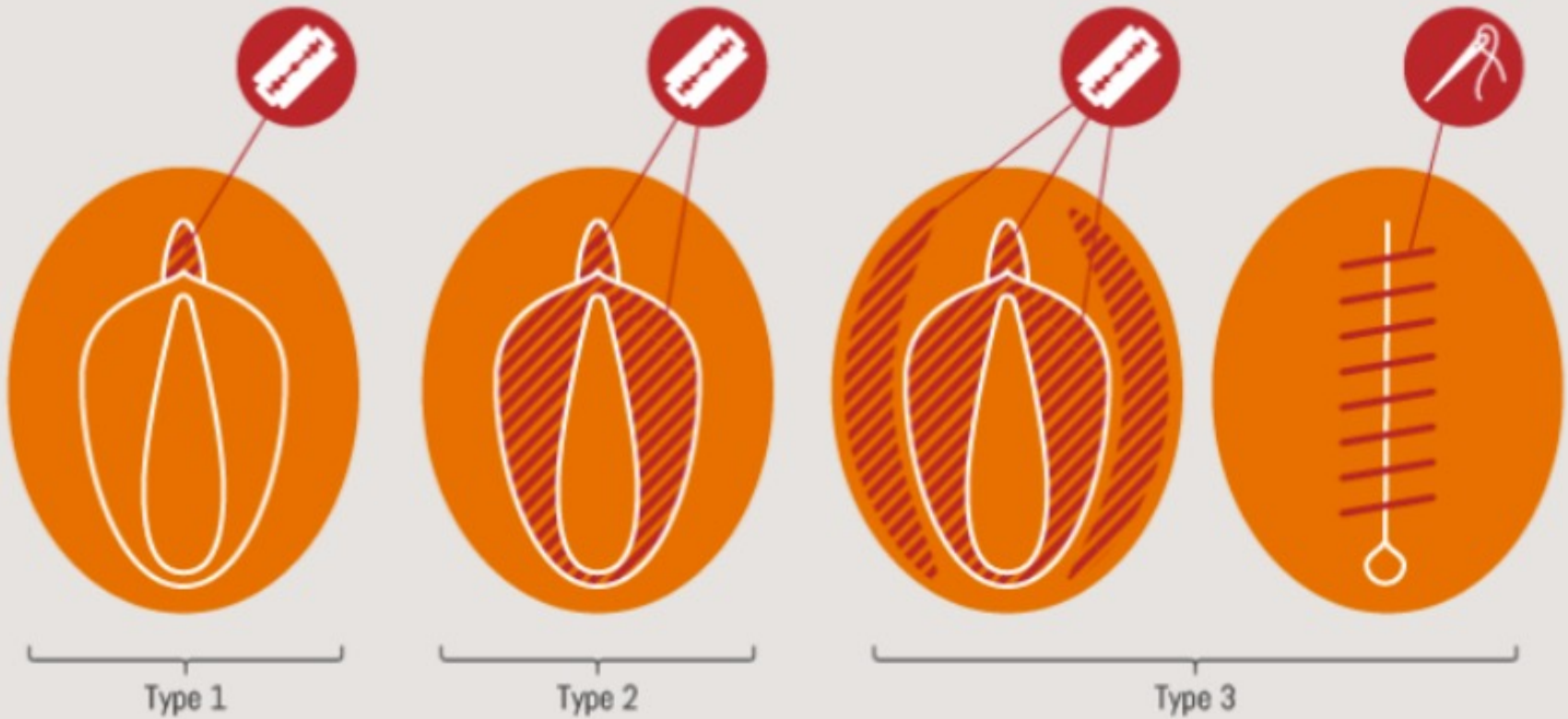
Others names for FGM?

It's also known as female circumcision or cutting, and by other terms, such as sunna, gudniin, halalays, tahir, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

TYPES OF FGM?

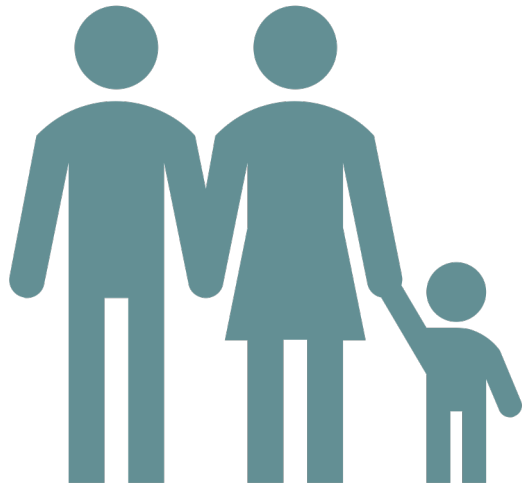
Different types of female genital mutilation



WHY IS FGM PERFORMED ?

- **Preservation of the girl's virginity**
- **Protection of family honour**
- **Rite of passage into womanhood**
- **Marriage**
- **Perceived health benefits**
- **Cleanliness**
- **Perceived religious justifications. There are no religions that advocate for FGM.**
- **Safeguarding**

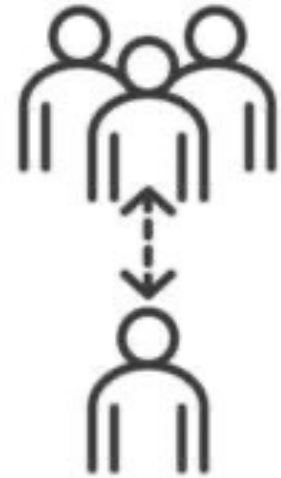
Case 1 - Who do you think decides



FAMILY



RELIGION



SOCIETY

Pseudo
religious
reasons

Fear:
Myths of
what
happens if
you don't

Rite of
passage

Community
belonging

Belief:
stops
female
promiscuity

Aesthetically
desirable

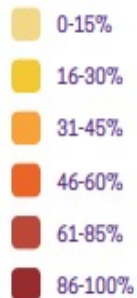
Family
honour

Suitable
for
marriage

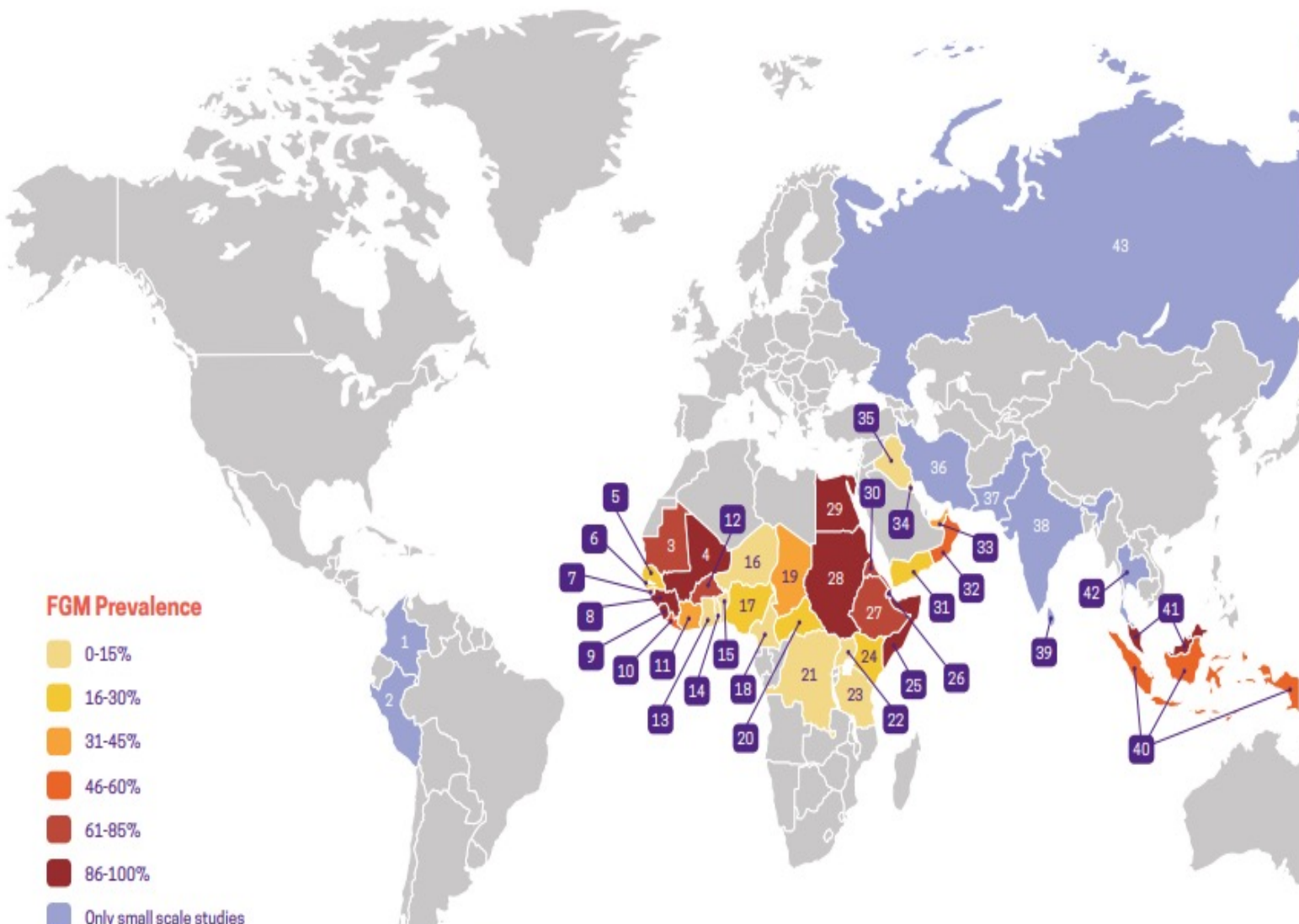
Belief:
more
hygienic

PREVALENCE MAP (TYPES 1-3)

FGM Prevalence



Only small scale studies

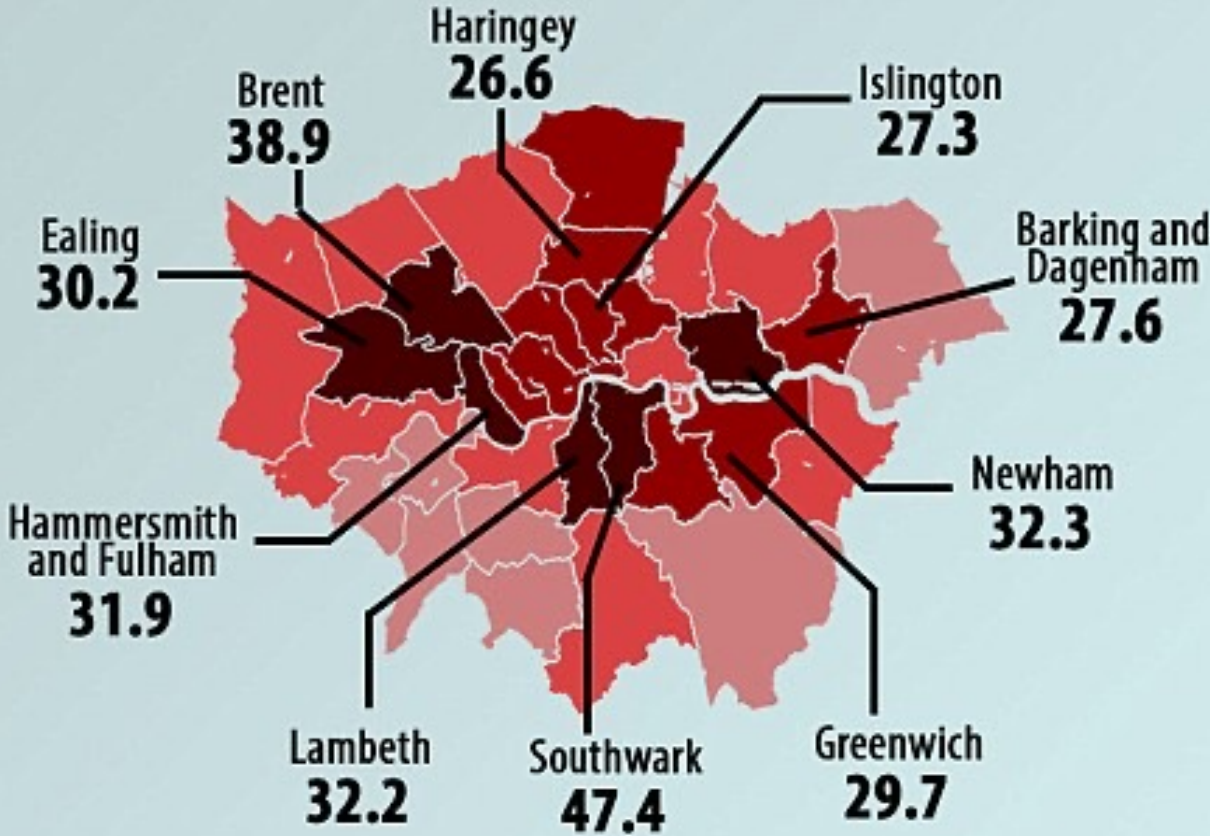


COUNTRIES

- | | |
|------------------------------|--------------------------------------|
| 1. COLOMBIA | 21. DEMOCRATIC REPUBLIC OF THE CONGO |
| 2. PERU | 22. UGANDA |
| 3. MAURITANIA | 23. TANZANIA |
| 4. MALI | 24. KENYA |
| 5. SENEGAL | 25. SOMALIA |
| 6. THE GAMBIA | 26. DJIBOUTI |
| 7. GUINEA BISSAU | 27. ETHIOPIA |
| 8. GUINEA | 28. SUDAN |
| 9. SIERRA LEONE | 29. EGYPT |
| 10. LIBERIA | 30. ERITREA |
| 11. COTE D'IVOIRE | 31. YEMEN |
| 12. BURKINA FASO | 32. OMAN |
| 13. GHANA | 33. UNITED ARAB EMIRATES |
| 14. TOGO | 34. KUWAIT |
| 15. BENIN | 35. IRAQ |
| 16. NIGER | 36. IRAN |
| 17. NIGERIA | 37. PAKISTAN |
| 18. CAMEROON | 38. INDIA |
| 19. CHAD | 39. SRI LANKA |
| 20. CENTRAL AFRICAN REPUBLIC | 40. INDONESIA |
| | 41. MALAYSIA |
| | 42. THAILAND |
| | 43. RUSSIA |

Prevalence of FGM by Local Authority 2014

London



Prevalence of FGM 2022 Jan 22- Mar 22

- There were 1,685 individual¹ women and girls who had an attendance where FGM was identified in the period January 2022 - March 2022. These accounted for 3,050 attendances² reported at NHS trusts and GP practices where FGM was identified.
- There were 750 newly recorded¹ women and girls in the period January 2022 - March 2022. Newly recorded means that this is the first time they have appeared in this dataset. It does not indicate how recently their FGM was undertaken, nor does it mean that this is the woman or girl's first attendance for FGM. The number of newly recorded women and girls has reduced over time. This is to be expected as the longer the collection continues, the greater the chance of a woman or girl having been recorded in it previously.
- Between January 2022 - March 2022, 66 NHS trusts and 9 GP practices submitted one or more FGM attendance records.

Part 2: EndFGM/Our Daughters

<https://www.youtube.com/watch?v=r0m0Wy-DIID8>



#EndFGM:

Our Daughters

#EndFGM

Identify the tell, tell signs that a girl is at risk of FGM, a woman experienced FGM.

Room 1 (7) ...
Open

samantha mathurin In meeting
Lorraine Gobin
HENRY, Hevin (BALAAM STREET ... In meeting
MAQBOOL, Hina (NEWHAM MEDICAL CENT...
JOHN, Nini (THE AZAD PRACTICE) In meeting
GERSHUNY, Deana (BARTS HEAL... In meeting
KARSAN, Jaya (LATHOM ROAD M... In meeting

Room 2 (5) ...
Open

Dr Sharif Hussain (GP) In meeting
Sufia Patel In meeting
AITCHIKH, Siham (LIBERTY BRID... In meeting
BASI, Sanita (NEWHAM MEDICAL ...In meeting
MUKALULA, Chola (BARTS HEAL... In meeting

Room 3 (6) ...
Open

Katherine Taylor In meeting
LOFTHOUSE, Mai (ST. BARTHOL... In meeting
ANANTHARAJU, Manoghna (GRE... In meeting
Tahmina Hussain In meeting
SKELTON, Abigail (NHS NORTH E... In meeting
Dr Rehan Shahid In meeting

Room 4 (6) ...
Open

Ruhala begum (Guest) In meeting
HUSSAIN, Shahinur (NEWHAM M... In meeting
JONES, Vanessa (ABBEY ROAD M... In meeting
FAIZ, Asha (THE AZAD PRACTICE) In meeting
AIDDA, Bincy (BALAAM STREET P... In meeting
SURENTHIRAN, Rebecca (ABBEY ... In meeting

Room 5 (5) ...
Open

ROBLE, Huda (NHS NORTH CENT... In meeting
ANJUM, Sharika (MARKET STREET HEALTH ...
SAM, Soumya (BALAAM STREET ... In meeting
SHAH, Aisha (NEWHAM MEDICAL... In meeting
Sarah waithe In meeting

Room 6 (5) ...
Open

JOSEPH, Anne (CLAREMONT CLINIC)
SHABEER, Nabeel (BALAAM STR... In meeting
AHMED, Suhanaj (NEWHAM MEDICAL CENT...
MEDASANA, Amrutha Rathnam (L... In meeting
NAZ, Afshan (BALAAM STREET P... In meeting

Potential Risk Factors

- Born to a woman who has been subjected to FGM and or has a female relative has already undergone FGM
- Father comes from a practicing community
- Where the belief that FGM is integral to cultural/religious identity.
- Where there are strong levels influence and involvement of elders in family life
- With limited level of integration within UK community - knowledge of the law
- Family is not engaging with professionals,
- Family is known to Social Care
- Concern from other family members

Possible Signs and Indicators

FGM may be about to take place:

- Unexpectedly absent from school
- You hear reference to FGM in conversation
- Talk about a 'special procedure' or that she is going to **'become a woman'**
- A girl may request help
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- Parents seeking to withdraw their children from learning about FGM

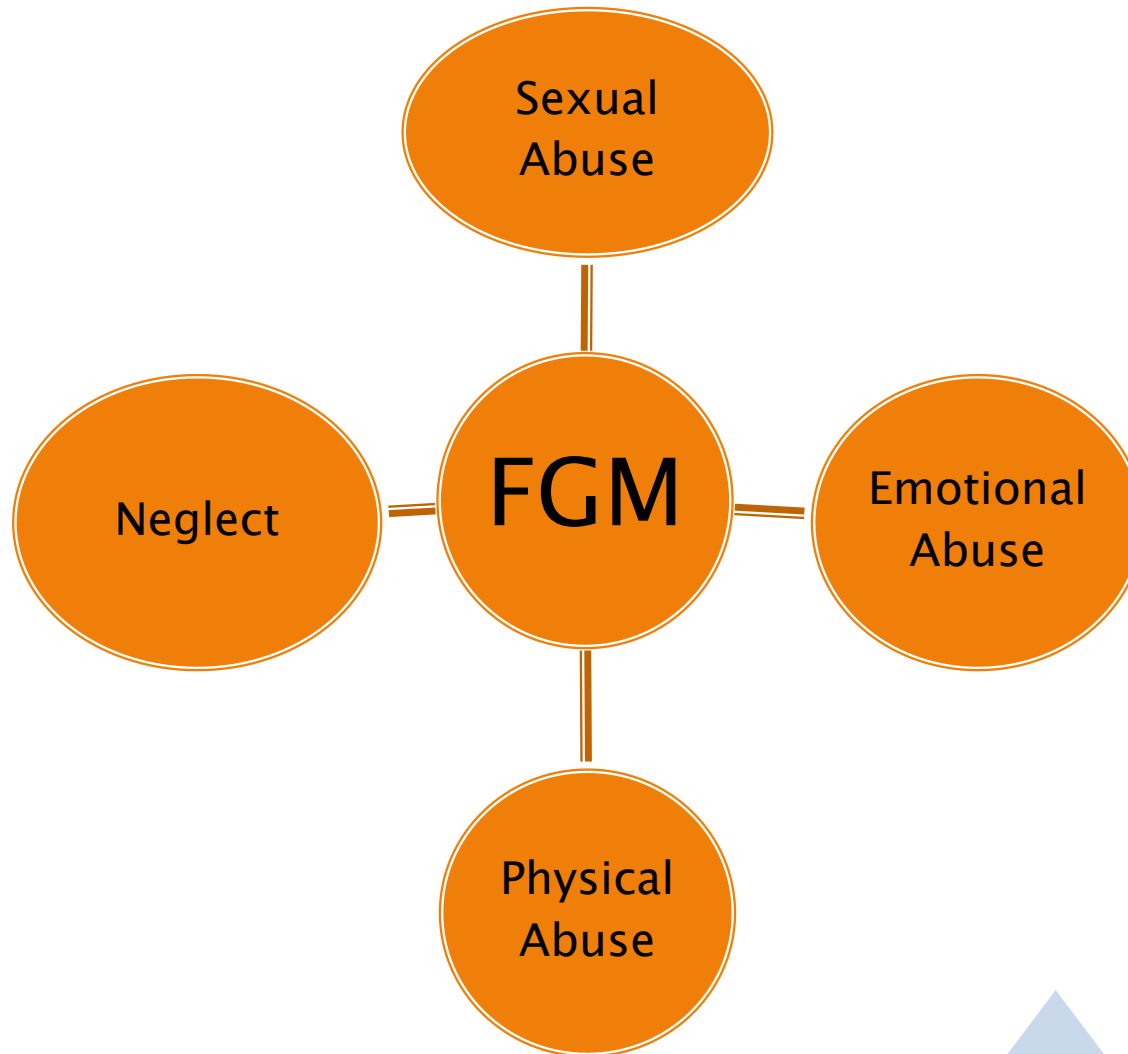
FGM may already have taken place:

- Difficulty walking, sitting or standing
- Spending a long time in the toilet
- Prolonged or repeated absences from school
- Noticeable behaviour change
- Requests to be excused from PE/swimming
- Girl or family member tell someone or ask for help
- May talk about pain or discomfort between her legs
- Increased emotional/psychological needs

BREAK

The Role of professionals?

FGM as a Child Safeguarding Issue



What the law says about FGM!

What does the law say?

- FGM has been illegal since 1985 (Prohibition of Female Circumcision Act 1985; Female Genital Mutilation Act 2003)
- Illegal to take British nationals or UK residents abroad for FGM (whether it's legal in that country or not)
- Illegal to aid, abet, counsel or procure the carrying out of FGM in UK or abroad
- It's now under the Serious Crime Act 2015
- It is mandatory for all regulated professionals (teacher, healthcare, social care) to report any cases involving girls under 18 should they discover that FGM has been carried- Use 101, the non-emergency crime number

The Serious Crime Act 2015

- Extra-territorial acts
- Anonymity for victims of FGM
- An offence of failing to protect girls from risk of FGM. parent's and guardians' liability for failing to prevent FGM
- A duty to notify police of FGM. Be limited to victims under 18.
- FGM civil protection order.
- Guidance about FGM

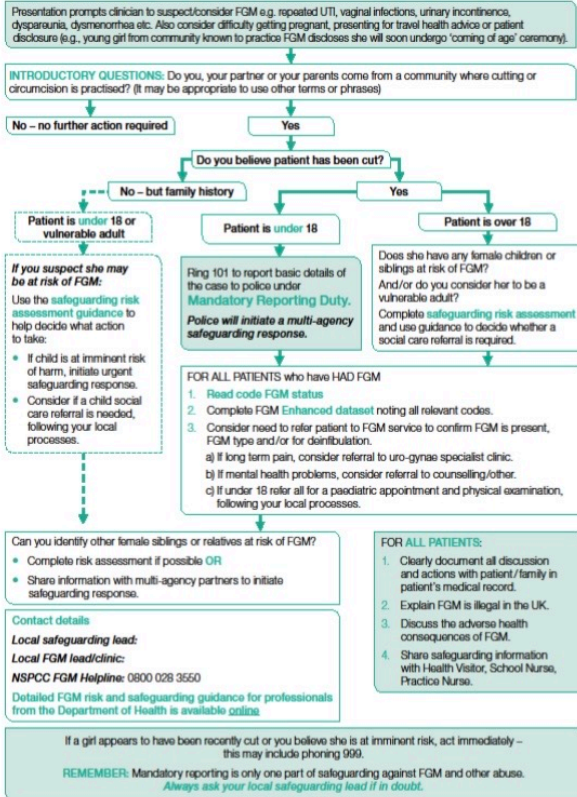
Mandatory Reporting

What will you do if you had a disclosure?



Department of Health

FGM Safeguarding Pathway



FGM Mandatory reporting duty- Under 18

- Regulated professionals (health and social care),
teachers.
- The child/young person has told you that they
have had FGM
- You have observed a physical sign appearing to
show your patient has had FGM.
- Call 101 to make a report

Difficulties identifying who is at risk

- FGM is a **taboo and a hidden crime** and very hard to identify who is or may be at risk
- Girls at **risk may not be known** to professionals as no other concerns with the family
- Girls may be put under pressure **not to talk** about it
- No schools records exists **professionals – may not be aware** that a family member has undergone FGM

What to do when you are concerned

- Talk about FGM in a professional and sensitive manner
- Explain that FGM is illegal in the UK
- Explain health consequences of FGM
- Recognize and respect their wishes where possible, but child welfare must be paramount
- Activate local safeguarding procedures
- Liaise with designated safeguarding lead
- Ensure safeguarding and protection is considered for female family members

Exercise - Would you call 101 or Not?

- **Mother tells you she teaches daughter to stretch her labia**
- **Child tells you she is going with her Dad to have a special ceremony to be a girl**
- **Shirleen (34 years old) tells you she has the seal and wants to see a doctor**

Key issues when working with girls

- Be aware of risk to other children in the extended family.
- Older female relatives may have key information regarding risk.
- Be aware of situations where a girl may be removed from the country.
- Provide information about health effects and specialist services, women might not link FGM to their health problems.
- Be aware of the links between FGM and other forms of abuse and violence against women and girls, including forced marriage.

Thinking about terminology when working with women and girls:

- **FGM** is the most used term and is used by those who want to convey the gravity and harm of the act. It is an advocacy and legal term but may be viewed negatively by some.
- **Female circumcision** is an inappropriate term but widely used by some communities.
- **Female genital cutting -FGC** viewed as a compromise option and non judgemental – used primarily by US agencies.
- **Sunnah** increasingly used by communities as more acceptable form of FGM.

What else can you do?

- Familiarise yourself with prevalence rates, the Multi-Agency Guidelines and embed them in your day-to-day work.
- Provide information (including 'health passports') as part of other general information given to families on health and safeguarding.
- Circulate and display materials about FGM in appropriate public spaces including the FGM Prevention and Support Service and the NSPCC FGM Helpline.
- Information sharing with colleagues.
- Promote the FGM prevention and support services to professionals and communities.

THANK YOU



Contacts:

- Rita Buhanda
- Rita.Buhanda@hestia.org