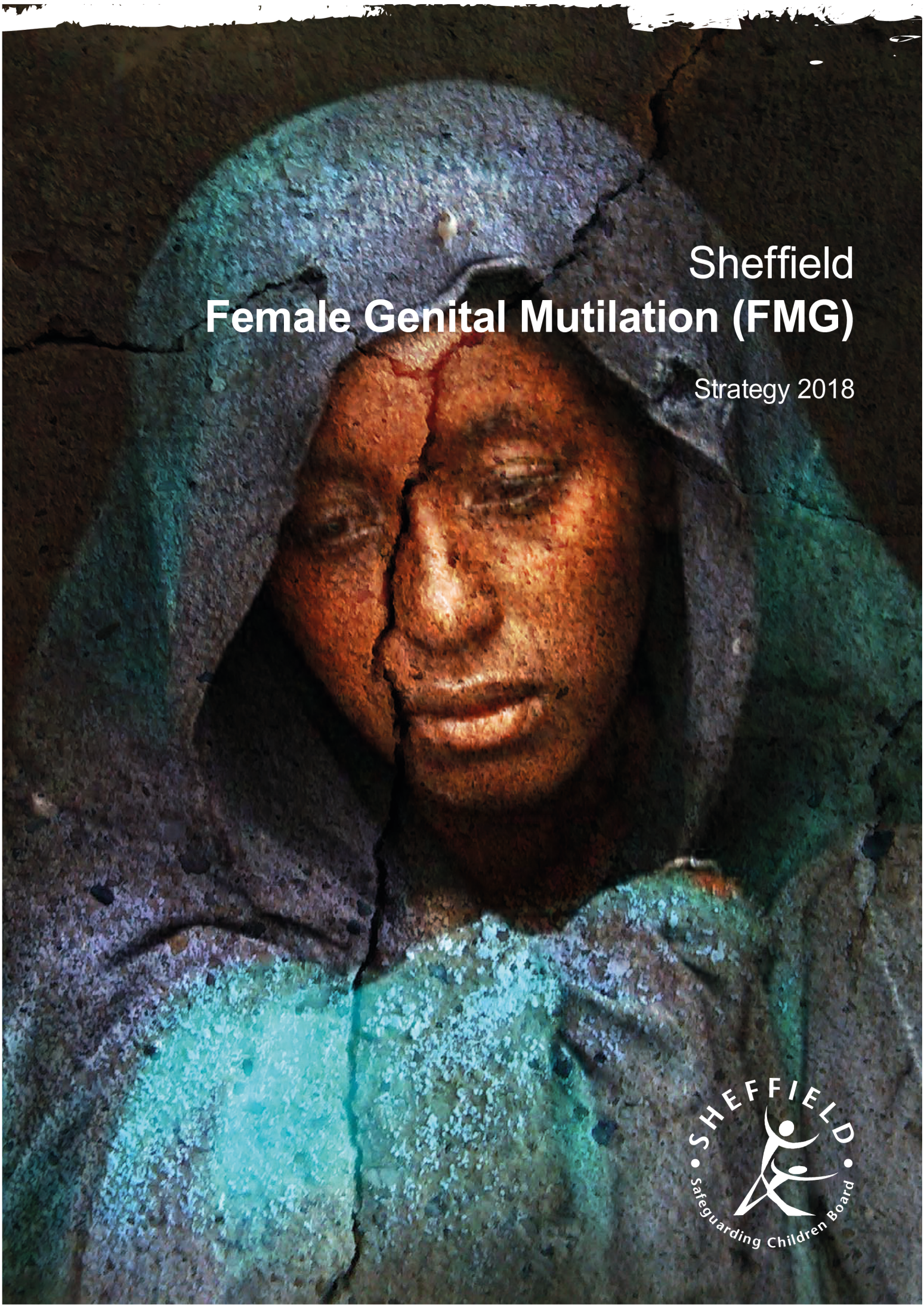


Sheffield
Female Genital Mutilation (FMG)

Strategy 2018

SHEFFIELD
Safeguarding Children Board

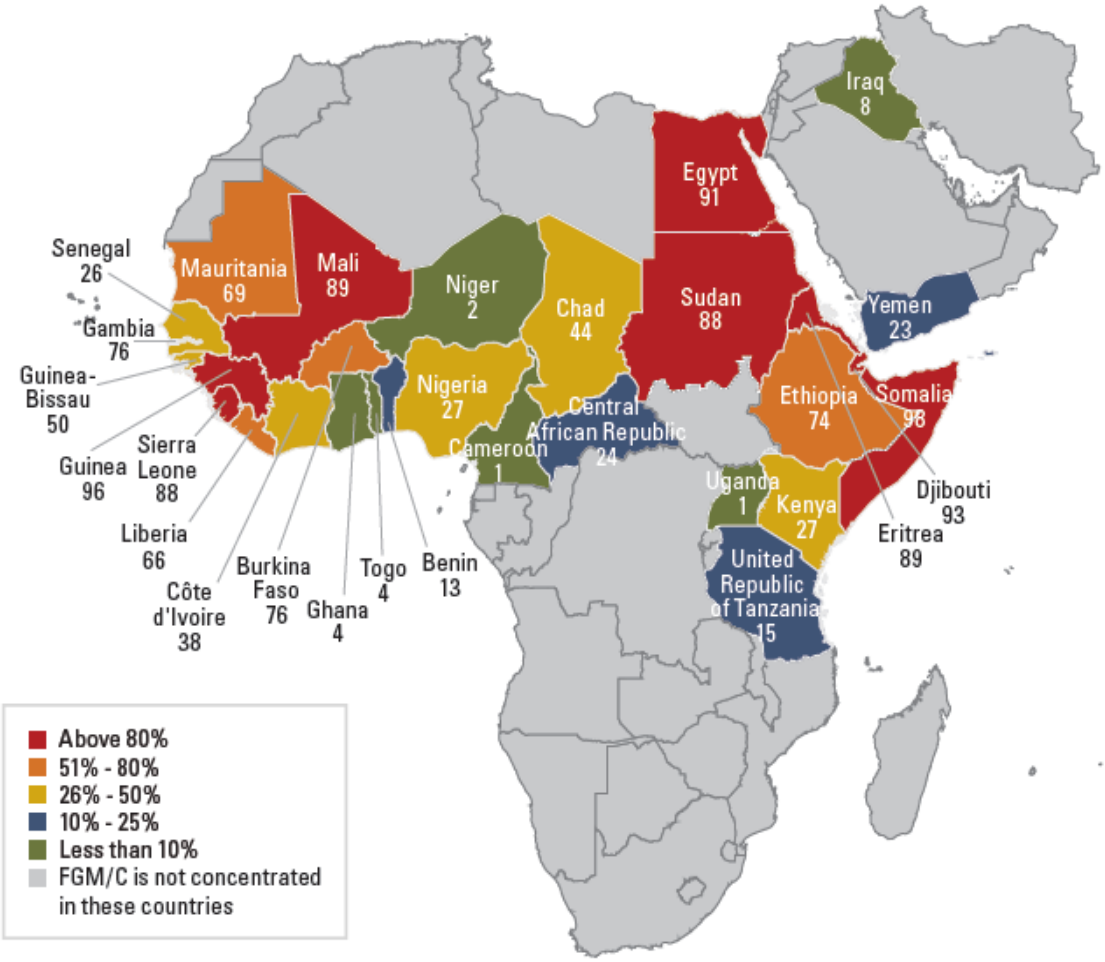
Sheffield Safeguarding Children Board

FGM strategy - updated June 2018

What is Female Genital Mutilation (FGM)?

"Female genital mutilation (FGM) comprises 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." (WHO, 2016)

FGM has been an embedded practice for centuries in some countries in the world. See map below for prevalence of FGM among women aged 15–49 in Africa and the Middle East



FGM has also been recorded in other countries, including Iran, Iraq, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan (DH, 2015).

The World Health organisation estimated that between 100 to 140 million women and girls worldwide have undergone FGM, with a further 3 million girls undergoing FGM every year in Africa (World health Organisation WHO) 2008 The prevalence of FGM in the UK is difficult to estimate because of the hidden nature of the crime. However a report published in 2015 by City University London (Prevalence of Female Genital Mutilation in England and Wales) estimates that:

Approximately 60,000 girls aged 0-14 have been born in England and Wales to mothers who had undergone FGM;

Approximately 103,000 women aged 15-49, and approximately 24,000 women aged 50 and over who have migrated to England and Wales, are living with the consequences of FGM.

Female genital mutilation is classified into four major types:

> Type 1: 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 2: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
>
> 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. pricking, piercing, incising, scraping and cauterizing the genital area.
>
> (DoH, 2016, page 27)

On the whole, FGM is carried out on girls between the ages of five and ten. However, in some countries it is practised on babies as young as two or three days old. In other areas, it is practised prior to marriage or as part of the wedding rituals. Young girls may be held down by loved family members, such as grandmothers and aunts, for this traumatic procedure, which may have long term effects on the relationship between them. Ultimately, it is the parents decision as to whether their daughters are cut or not, but they face tremendous pressure from older members of their families, especially, it they return to their country of origin (Norman, Hemmings, Hussein and Otoo-Oyotey, 2009).

Why it is important to prevent FGM:

FGM is *"an illegal, extremely harmful practice and a form of child abuse and violence against women and girls"* (DH, 2016, page 1).

FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death (WHO 2016).

FGM is a form of violence against women and girls which is, in itself, both a cause and consequence of gender inequality. Whilst FGM may be an isolated incident of abuse within a family, it can be associated with other behaviours that discriminate against, limit or harm women and girls. These may include other forms of honour-based violence (e.g. forced marriage) and domestic abuse. (HM GOV - Multi-agency statutory guidance on female genital mutilation 2016)

Indications that a girl or woman may be at risk of FGM:

- Family of the girl or woman practice FGM
- Community of family is known to practice FGM
- Family want to take the girl out of the UK for a prolonged period
- Girl talks about a holiday to a country where FGM is prevalent
- Girl confides that she is having a special celebration
- Girl or mother or relative may disclose FGM
- Older sibling may disclose FGM and request medical intervention or have safeguarding concerns for younger female siblings within the family

Short term consequences of FGM may include:

- severe pain
- emotional and psychological shock
- haemorrhage
- wound infections, including tetanus and blood-borne (including HIV and Hepatitis B and C
- urinary retention
- injury to adjacent tissues
- fracture or dislocation as a result of restraint
- damage to other organs
- death

Long-term implications for Health and Welfare may include:

- chronic vaginal and pelvic infections
- difficulties with menstruation
- difficulties in passing urine and chronic urine infections
- renal impairment and possible renal failure
- damage to the reproductive system including infertility
- infibulation cysts, neuromas and keloid scar formation
- obstetric fistula
- complications in pregnancy and delay in the second stage of childbirth
- pain during sex and lack of pleasurable sensation
- psychological damage, including a number of mental health and psychosexual problems, such as low libido, depression, anxiety and sexual dysfunction: flashbacks during pregnancy and childbirth; substance misuse and/or self-harm
- reduced attendance at cervical screening appointments and delaying seeking treatment for other conditions as a result of wishing to hide FGM
- increased risk of HIV and other sexually transmitted infections
- death of mother and/or child during childbirth (Home Office, 2015)

Women may also be at increased risk of domestic abuse (e.g. where mothers are attempting to protect daughters). There have also been reports of cases where individuals have been subjected to both FGM and forced marriage. (HM GOV - Multi-agency statutory guidance on female genital mutilation 2016)

Legislation underpinning FGM:

Children Acts 1989 and 2004
- Emergency Protection Orders
- Child Protection Plans
- Police Protection Powers

Female Genital Mutilation Act 2003
Against the law to take a child out of the UK to have FGM
Offence to fail to protect a girl at risk of FGM

Serious Crime Act, May 2015
FGM Protection Orders
Mandatory reporting

Mandatory reporting for professionals:

From 31st October 2015 all regulated professionals (Health, Social Care and Teachers) are required to report known cases of FGM in girls who are under 18 directly to the Police, by phoning 101as soon as possible and within 48 hours. This is a personal responsibility and cannot be transferred to anyone else.

For these reasons Sheffield needs to have a comprehensive plan in place to prevent FGM being carried out.

Purpose of the FGM Strategy:

The purpose of this strategy is to outline the objectives required to tackle issues around FGM in Sheffield. The strategy is supported by the Multi-agency FGM pathway, the Sheffield Multi-Agency Risk Assessment Panel and the Sheffield FGM Risk Assessment Tool (see Appendix 1,2 & 3) that have been developed by the SSCB Multi-Agency Task and Finish group to support Communities and Practitioners in Sheffield.

Strategic Objectives

We aim to ensure that girls and women are protected from being subject to this form of abuse and in the long term reduce the number of victims in Sheffield. Also where communities have high levels of prevalence they receive the knowledge, help and support for victims and to eradicate the practice.

The strategy has three key objectives in order to meet the aims.

1. Protection

   - To safeguard the physical and emotional health of girls and women who have undergone FGM by ensuring professionals in all agencies are able to identify and assess their needs.

   - To investigate individual cases of abuse and protect women and girls of all ages suspected to be at high risk of FGM through the Sheffield Multi-agency FGM Risk Assessment Panel process

2. Provision

   - To ensure women and girls who have undergone FGM can access specialist services for information, advice, support and any necessary mental or physical health interventions.

   - To ensure all agencies have access to resources that identify services available

3. Prevention

   - To improve education, awareness of FGM with agencies, professionals, community groups, education, youth services etc. to inform and help address attitudes and myths about FGM, to eradicate acceptance of FGM in Sheffield.

   - To support professionals and community groups to share their knowledge of ‘what works’ in reducing the risk of FGM to girls.

   - To support and educate pregnant women and new mothers to improve their understanding of FGM (including legal position), children’s safeguarding issues and access to help and advice.

These objectives will be supported by

- Provision of multi-agency training for practitioners in relation to FGM, including how to sensitively ask women and girls about FGM and know how to respond appropriately.
- Raising awareness in schools and communities across Sheffield and through engagement with local communities to support them on the prevention of FGM.
- Ensuring that staff in all multi-agency partners are trained to be aware of their responsibilities, including mandatory reporting, and that these responsibilities are being fulfilled.
- Promotion and implementation of the Sheffield Multi-agency FGM pathway, the Sheffield FGM Risk Assessment Tool and the Sheffield FGM Risk Assessment Panel Process in order to support and protect women and girls who have had or who are at risk of FGM
- Ensure that multi-agency guidance for local safeguarding partners is up to date so that there is an effective safeguarding response to the issue of FGM.

Our key principles are:

To consider the lived experience of children, young people and adults who are survivors of FGM and how agencies work together to support them.

To ensure that all agencies are working together with children, young people and families where there is a risk of FGM and that risk assessments are completed and acted upon.

To ensure the workforce is able to identify those at greatest risk of having FGM and those survivors with support needs.

To ensure the workforce understands the potential short and long term consequences from FGM.

To ensure the workforce knows how to effectively use risk assessment tools and referral pathways.

To ensure effective information sharing across all agencies that leads to appropriate and timely interventions.

To ensure all agencies have policies that reflect the strategic objectives of the SSCB FGM strategy

To ensure this strategy is shared with all agencies including all education establishments within the city.

How will we reduce the incidence of FGM in Sheffield?

Key Priorities

1. Communication and Engagement

- Promote the updated Sheffield Multi-agency FGM pathway
- Launch the Sheffield FGM Risk Assessment Tool and Panel process
- Publish the updated FGM strategy with agreement from all SSCB partner agencies
- Update the SSCB and local Domestic Abuse websites
- Engagement with social media to raise awareness
- Identify any gaps in resources so that communities are able to access information on FGM in their own languages
- Promote the International Day of Zero Tolerance to FGM

2. Training

- Review training packages to ensure good outcomes and competencies
- Review SSCB procedures and produce an updated factsheet
- Ensure professionals are able to understand the impact FGM has on health and the safeguarding responsibilities
- All agencies to review their own procedures to ensure they are in line with the SSCB FGM strategy

3. Monitoring outcomes and impact will be through the SSCB by

- Data suite – national (NHS England) and local (SSCB)
- Audit and Monitoring cases referred to the Sheffield FGM Risk Assessment Panel
- Training outcomes

How will we know when we have made a difference?

If successful the SSCB would expect to see:

An increase in

- Identifying health needs and referring to appropriate services
- Women and girls accessing support services
- Professionals accessing training
- Knowledge of FGM and roles and responsibilities across all agencies
- Hits to the FGM pages on the SSCB website
- Use of the Sheffield Multi-agency FGM Risk Assessment Tool
- Referrals to Sheffield Multi-agency FGM Risk Assessment Panel

References:

Department of Health (2015). *Female Genital Mutilation Risk and Safeguarding. Guidance for Professionals.*

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Norman, K., Hemmings, J., Hussein, E. and Otoo-Oyortey, 2009. *FGM is always with us. Experiences, Perceptions and Beliefs of Women Affected by Female Genital Mutilation in London; Results from a PEER Study.* Options Consultancy Services and FORWARD

World Health Organisation (WHO), 2016. *FGM factsheet.* Available at: www.who.int/mediacentre/factsheets/fs241/en/