PRACTITIONER'S GUIDE

# SUPPORTING THOSE AT RISK OF Female Genital Mutilation

FIFE VIOLENCE AGAINST WOMEN Partnership

"JUST ONE CHANCE"

**Female Genital Mutilation (FGM) includes all procedures involving the partial or total removal of the external female genitalia or other injury to the female genitals organs for non-medical reasons.**

It can also be described as 'genital cutting' or 'female circumcision'. It is usually practised on young girls (average age 5 – 8 years old), although it can extend from babies to adults. There are ***four types of FGM***[1] that range from pricking, stretching or cauterising to removing the clitoris, inner and outer labia and sewing the labia together to close over the majority of the vaginal opening.

Female genital mutilation (FGM) is an internationally-recognised term. It conveys the severe harm it causes to women and girls. However, women affected by FGM may not describe themselves as 'mutilated' and may not recognise the term 'FGM'. Although 'FGM' or 'cutting' are common terms, they are not universally understood because they are English words. Practitioners and agencies should understand the severe harm which FGM causes but mirror a woman's own description of her experience. For example, she may use other words such as 'cutting' or 'circumcision'. The term 'female circumcision' is unfortunate because it is anatomically incorrect and also misleading.

**The Law - *Section 1 (1) of The Prohibition of Female Genital Mutilation (Scotland) Act 2005***[2] **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.**

[1]Four types of FGM **WHO**
[2]**Prohibition of Female Genital Mutilation (Scotland) Act 2005**

## AWARENESS AND INVESTIGATION

A wide range of staff need to be aware of FGM, yet staff are unlikely to come across it regularly if ever, this guidance is intended to raise awareness and offer support where there are concerns.

The risk to the victim is of paramount importance and could involve honour-based violence. FGM is a form of child abuse and violence against women and girls, and should be dealt with using existing child and adult protection procedures.

Follow your single agency guidelines, seeking advice at the earliest possible opportunity. This guidance should be read in conjunction with:

- ***FGM – responding to female genital mutilation in Scotland, multi-agency guidance 2017***[3]
- ***Fife Multi-Agency Overarching Child Protection Guidance 2025***[4]
- ***Fife Interagency Adult Protection Guidance***[5]

Female Genital mutilation training is offered by Fife Violence Against Women Partnership, for more information contact fvawp@fife.gov.uk

If you are worried about a girl or woman at risk of FGM, you must share this information with social work or the police. It is then their responsibility to investigate, safeguard and protect. You should not attempt to investigate a case yourself. All cases will be dealt with individually and an appropriate and proportionate response agreed.

Women affected by FGM may require specific physical and psychological health intervention and support. Other women and girls within the family may also be affected or at risk of FGM, practitioners must therefore raise concerns with the police or social work in accordance with Fife's multi-agency child protection guidelines.

## CONTACTS

- Contact Police Scotland on **101** and ask for the Fife Public Protection Unit or dial 999 in an emergency
- Health and Social Care and Children's Services Contact Centre **03451 551503**
- Complete the Referral Form for the Social Work Service for concerns about a child and email to SW.contactctr@fife.gov.uk

For the purpose of this document a child is a person under the age of 18 including unborn babies.

- Adult Protection line **01383 602200**
- Adult Report of Harm Protocol form can be downloaded ***HERE***
- Social Work Contact Centre: SW.ContactCtr@fife.gov.uk
- Staff can also refer to the ***Fife Inter-agency Adult Support and Protection guidance***

If you need further guidance you can contact your manager or your service contact as follows:

| Agency | Contact | E-mail | Telephone |
|---|---|---|---|
| Police | Fife Child Abuse Investigation Unit | FifeChildAbuseInvestUnit@scotland.police.uk | 101 & ask for PPU or 999 in an emergency |
| | Fife Public Protection Unit | FifeDAIU@Scotland.police.uk | |
| NHS (for children and young people) | NHS FIFE Lead Nurse for Child Protection & NHS Fife Child Protection Lead Peadiatrician | Fife.initialreferraldiscussion@nhs.scot | 01592 648114 |
| NHS (for adult victims) | Gender Based Violence Coordinator | Fife.gbvteam@nhs.scot | 01592 729258 |
| Social Work – Children and Families | Team Manager, Social Work Contact Centre | sw.contactctr@fife.gov.uk | 03451 551503 |
| Adults Social Work | Team Manager, Social Work Contact Centre | sw.contactctr@fife.gov.uk | 01383 602200 |
| Education (Nursery, Primary, and Secondary) | Quality Improvement Officer – Child Protection | gavin.waterston@fife.gov.uk<br>c.c. namedpersonservice@fife.gov.uk | VOIP 430292 |
| University of St Andrews | Student Services | support.advice@st-andrews.ac.uk | 01334 462020 |
| Fife College | Safeguarding Team | wehearyou@fife.ac.uk | 0344 248 0115 |
| Housing | Lead Officer, Specific Needs | Specific.needs@fife.gov.uk | 03451 555555 ext 480414 |

## PREVALENCE

***FORWARD***[6] estimated that 60,000 girls under the age of 15 are at risk of FGM in the UK and that 137,000 girls and women are living with the consequences of FGM in the UK. The number of individuals from FGM practicing communities is increasing in Scotland. ***Tackling FGM in Scotland. A Scottish model of intervention*** [6]

It is estimated that 500,000 women living in Europe have undergone FGM. It has been practised across different continents, countries, communities and belief systems for over 5,000 years. This includes Europe, America, Asia, the Middle East and central Africa from the west coast to the Horn of Africa, where it is most concentrated today.

The worldwide movement of people means that FGM is found in communities all over the world, including Europe.

While the exact number of girls and women to have undergone FGM worldwide remains unknown, at least 230 million girls and women from 31 countries across three continents have been subjected to the practice.[7]
The actual figure is not known because there is little reliable data on prevalence in these population groups.

[3]FGM – responding to female genital mutilation in Scotland, multi-agency guidance 2017 **https://www.gov.scot/Resource/0052/00528145.pdf**

[4] **Fife Multi-Agency Overarching Child Protection Guidance 2025**

[5]**Fife Interagency Adult Protection Guidance**

[6]FORWARD (Foundation for Women's Health Research and Development). **www.forwarduk.org.uK**

[7] UNICEF **What is Female Genitial Mutilation**

Different ethnic groups carry out FGM for different reasons, and at different ages. Parents in communities affected by FGM will believe that it is the right thing to do and that it is part of being a responsible parent.

In working to protect girls it is very important to find out the reasons why FGM is carried out in her community/ethnic group, and the age at which it is arranged. If a girl is viewed as potentially at risk then there should be increased monitoring and support around the age at which FGM is traditionally carried out in her family/ethnic group. Practitioners should aim to support parents in resisting any pressure from their family or wider community.

Even where the parents oppose FGM, there are still risks if the girls and young women are visiting the country of origin or being visited by extended family, or are living in a community which supports FGM, especially if this is supported by the Community Leaders.

A Scottish Government statement, opposing FGM, supported by Scottish Ministers, the Lord Advocate and Police Scotland is available to download from ***Scottish Government statement on FGM | Rape Crisis Scotland*** and is intended to be used to support parents when visiting family/community.

# WHY IS FGM PRACTISED?

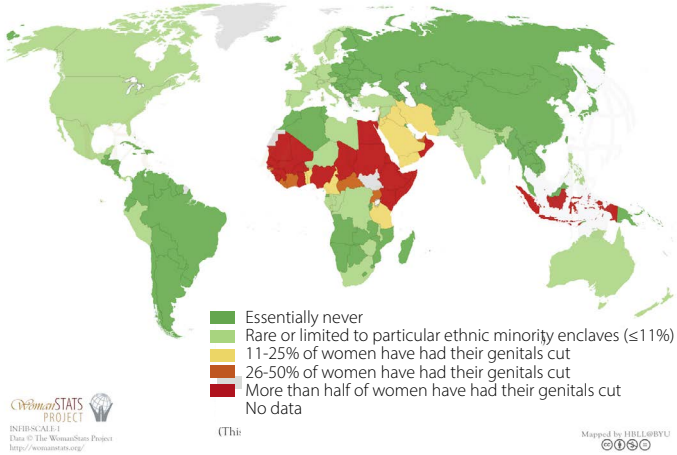
There are many reasons given for the practice of FGM and families may give more than one reason for the practice. When identifying those at risk of FGM it is important that practitioners focus on country of origin and cultural identity, rather than on religious identity.

It is also important that practitioners do not assume that all families from practising communities will want their girls and women to undergo FGM. Assessment of risk must be undertaken on a case-by-case basis utilising all of the available information.

**Some of the reasons include:**

- To preserve cultural identity or maintain tradition
- To protect a girl's virginity, decrease her sexual desire, or prove she has not had sex before marriage
- To signal that a girl has become a woman
- Social expectations which include recognition, belonging and increasing marriage prospects
- Misinterpretation of religious beliefs
- Increased male sexual pleasure
- Perception of cleanliness

Female Genital Mutilation




An increasing number of countries have criminalised FGM, however enforcement is not consistent.

## IDENTIFYING FGM RISK

**All professionals need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM. The following are indicators that a girl/woman may be at risk of FGM:**

- There is a high incidence of FGM within their community
- A female sibling/mother/relative has had FGM
- Intention to take a girl to a community where FGM is performed
- A girl talking about a prolonged holiday (potentially including parties and ceremonies)
- Grandparents visiting family in the UK
- A request for reinfibulation (closing the vagina by suturing) after childbirth
- One or both parents come from an ethnic group that traditionally practices FGM
- A girl may talk about "something special happening", or that there will be "a big party" or "she is going to be a woman soon".
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it: words used may include 'cut', 'cutting', 'circumcised', 'closed'.

## INDICATORS THAT A GIRL OR WOMAN MAY ALREADY HAVE EXPERIENCED FGM

- Prolonged or repeated absence from school / further & higher education / work
- Sudden change in behaviour (refusal to take part in physical exercise, withdrawal etc.)
- Reluctance to engage with routine intimate examinations e.g. smears
- Recurrent infections

# EFFECTS OF FGM

**FGM takes many forms and the impact can vary considerably depending on the individual circumstances**

## Immediate physical health consequences include:

- Severe pain
- Emotional and psychological shock (exacerbated by being subjected to the trauma by loving parents, carers, extended family and friends)
- Haemorrhage
- Wound infections including Tetanus and blood-borne viruses (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 physical effects include:

- Chronic vaginal and pelvic infections.
- Difficulties during 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.
- Complications in pregnancy and delay in the second stage of childbirth.
- Maternal or foetal death.
- Increased risk of sexually-transmitted infections

## Long-term mental health implications could include:

- Mental health issues
- Drug and alcohol dependency
- Feelings of betrayal (by parents and community)
- PTSD

## ONE CHANCE CHECKLIST

# DO:

- ✔ recognise a woman may not know she has had FGM
- ✔ be aware a survivor may choose to use other terminology to describe their experience
- ✔ be sensitive to the intimate nature of the subject
- ✔ assure confidentiality, explaining any boundaries
- ✔ use a female interpreter, ensuring they are not known to the family/community
- ✔ Reassure the victim about confidentiality, explaining any boundaries and remembering child protection procedures must be followed. A victim or someone at risk of forced marriage is "a child or adult at risk" under the terms of the relevant legislation.
- ✔ Accessible, acceptable and sensitive health, education, police, social care and voluntary sector services must underpin interventions for FGM.
- ✔ create an opportunity for the individual to disclose (eg. see individual privately)
- ✔ recognise that a girl/woman may be loyal to their family (particularly in view of the illegality)
- ✔ record details accurately
- ✔ be realistic about what can be done for her (eg through reversal or de-infibulation)
- ✔ check what services can do for a woman in advance of referral

It has been recognised that professionals' concerns about rights to confidentiality may be acting as a barrier to effective information sharing between agencies. Practitioners must discuss each case with their manager to ensure that confidentiality is not a barrier to protecting children and adults at risk. FGM is not a matter that can be left to be decided by personal preference, professionals should not let fears of being branded 'racist' or 'discriminatory' weaken protection required by vulnerable girls and women.

Treat it as a child protection issue, or adult support and protection issue where relevant criteria are met, as the safety and welfare of the child and/or adult is paramount.

# DO NOT:

✘ make assumptions about a woman's feelings about having gone through FGM

✘ approach family, friends or community unless she has asked you to do so

**Remember risk is fluid, and just because the victim has been supported and the risk of FGM is mitigated or support has been given where FGM has already taken place, does not mean the victim is now safe. Consider consequences of engagement with services and further risks to the victim including other types of "honour based abuse" due to their disclosure. This must not deter services from intervening but alert them to further safety planning needs.**

***The following page includes a flow chart. Please do not use this flowchart in isolation as it should be considered alongside the rest of the guidance document, as well as your single agency guidance.***

**ASP** Adult Support and Protection
**CP** Child Protection
**IRD** Inter-agency Referral Discussion
**MARAC** Multi Agency Risk Assessment Conference

**SW** Social Work
**EOOHS** Emergency Out of Hours Service (Social Work)
**UBB** Unborn Baby

# Responding to Female Genitalia Mutiliation (FGM) Concerns

***Is this person an adult or a child?***

## Adult

**INITIAL ACTION:**
- Offer reassurance and support
- Ensure it is safe to speak to the person
- Gather information from the adult
***(there may only be one chance to do so)***
- Assess immediate risk using the risk assessment tool

***Is the adult in immediate danger?***

**YES**
Take immediate protective action

**Take Immediate Protective Action Including:**
- Involve Police - **Phone 999 immediately**
- Report of Harm to Social Work Contact Centre
- Phone 01383 602200 followed by emailing Report of Harm referral to sw.contactctr@fife.gov.uk
- Provide copy of completed Risk Assessment to Police/SW
- Seek immediate medical attention if required
- Interagency and own ASP procedures to be followed
- SW/Police to consider IRD/Emergency MARAC referral

**NO**
Discuss immediate safety planning with the adult

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- Report of Harm to Social Work Contact Centre
- Phone 01383 602200 followed by emailing Report of Harm referral to sw.contactctr@fife.gov.uk
- Interagency and own ASP procedures to be followed
- Risk Assessment tool to be completed
- Consider referrals to other support agencies (see contacts page) including medical attention if required
- SW/Police/Health to consider IRD
- Consider MARAC referral / Emergency MARAC

## Child

**INITIAL ACTION:**
- Offer reassurance and support
- Ensure it is safe to speak to the child and if not, establish how that can be achieved
- Gather information from the child
***(there may only be one chance to do so)***
- Assess immediate risk using the risk assessment tool

***Is the child in immediate danger?***

**YES**
Take immediate protective action

**Take Immediate Protective Action Including:**
- Involve Police - Phone 999 immediately
- Report of Harm to Social Work Contact Centre
- Phone 03451 551503 followed up by completing Child Concern Referral Form and emailing to sw.contactctr@fife.gov.uk
- Provide copy of completed Risk Assessment to Police/SW
- Seek urgent medical attention if required
- Interagency and own CP procedures to be followed
- SW/Police/Health to consider IRD
- **If you need to raise an IRD urgently contact 03451 555555 ext. 446911 or email: swcp.team@fife.gov.uk**

**NO**
follow local Child Protection Procedures

- Interagency and own CP procedures to be followed
- Completed Risk Assessment tool and/or concerns to be shared with Social Work Contact Centre on 03451 551503 then email form to sw.sw.contactctr@fife.gov.uk and/or Emergency Out of Hours Service on 03451 550099 (manned at all times OOH) or by emailing socialwork.EOOHS@fife.gov.uk (only manned until 03:00)
- If and IRD is already initiated/in process then contact the Child Protection Team directly at swcp.team@fife.gov.uk
- Consider medical attention/referral if required
- SW/Police/Health to consider IRD
- Discuss with lead person from your own agency

Record accurate notes, update lead person in your own agency, and continue to support/risk assess, and progress further actions

**You can contact Police at any time during the process.**

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- ***If in any cases there is an Unborn Baby Involved then please also report to Social Work Contact Centre and/or if SW/Police/Health consider raising an IRD for UBB.Contact NHS Fife Midwifery Team***
- ***If the person is a young person aged 16-17 then also consider the Vulnerable Young Person's (VYP) Protocol***

# ACCESSING SUPPORT

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 can be offered in relation to trauma / emotional impact, as well as in relation to any physical treatment.

### FIFE CENTRE FOR EQUALITIES

Support, guidance, referral and general equality training.
**01592 645 310 www.centreforequalities.org.uk**

### AMINA: MUSLIM WOMEN RESOURCE CENTRE

Services, campaigning and confidential free helpline.
**0808 801 0301 www.mwrc.org.uk**

### SCOTTISH DOMESTIC ABUSE & FORCED MARRIAGE HELP LINE

**www.sdafmh.org.uk**
Support is available 24/7
**Telephone: 0800 027 1234** **Email: helpline@sdafmh.org.uk**
**Text/WhatsApp: 07401288595** **Online Chat: www.sdafmh.org.uk/en/**

### JUSTRIGHT SCOTLAND

Legal support for women and girls affected by FGM
**0141 406 5350 www.justrightscotland.org.uk**

### FIFE INTERNATIONAL FORUM

**www.fifeinternational.uk**
**Telephone: 01592 642927**
**Email: info@fifeinternational.uk**

**SHAKTI WOMEN'S AID**
Support, information, training and public education, with the main focus being domestic abuse.
**0131 475 2399 www.shaktiedinburgh.co.uk**

**KWISA - AFRICAN WOMEN IN SCOTLAND ASSOCIATION**
Advice, support, training and public education on issues affecting African Women in Scotland.
**0131 281 7347**
**kenyanwomeninscotland@gmail.com**
**www.kwisa.org.uk**

**FOREIGN & COMMONWEALTH OFFICE FORCED MARRIAGE UNIT**
The Forced Marriage Unit is a single point of confidential advice and assistance for those at risk of being forced into marriage overseas.
**Telephone: 020 7008 0151**
**From overseas: +44 (0)20 7008 0151**
**Monday to Friday, 9am to 5pm Out of hours: 020 7008 1500 (ask for the Global Response Centre)**
**Email: fmu@fcdo.gov.uk**
**www.gov.uk/guidance/forced-marriage**

**KARMA NIRVANA**
Karma Nirvana provides specialist support to Asian women and children and advice to other agencies. They can also access refuge accommodation.
**www.karmanirvana.org.uk**

**ROSHNI**
Roshni aims to raise awareness and ensure the safety of children, young people and adults within minority ethnic communities.
**www.roshni.org.uk/**

**LGBT+ HELPLINE SCOTLAND**
**Telephone: 0800 464 7000 plue LiveChat**
**Tuesday, Wednesday, Thursday 12 - 9pm Sunday 1 - 6pm**

## USEFUL LINKS & RESOURCES

**FGM – RESPONDING TO FEMALE GENITAL MUTILATION IN SCOTLAND, MULTI-AGENCY GUIDANCE 2017**
**http://www.gov.scot/Resource/0052/00528145.pdf**

**FGM AWARE**
A Scottish website which provides information about FGM and including health, child protection, and the law. It also signposts to relevant resources and support services.
**www.fgmaware.org**

**FIFE VIOLENCE AGAINST WOMEN PARTNERSHIP**
**Violence against women | Fife Council**

**CHILD PROTECTION IN FIFE**
**www.fifechildprotection.org.uk**

**FIFE ADULT PROTECTION AND SUPPORT:**
**Tell us about someone who is at risk of harm, abuse or neglect | Fife Council**
**www.fife.gov.uk**

**NSPCC TELEPHONE HELPLINE 0800 0283550**
**Email:fgm.help@NSPCC.org.uk**
***Female Genital Mutilation - Prevent & Protect | NSPCC***

**FORWARD**
FORWARD is a UK wide organisation campaigning against FGM.
**www.forwarduk.org.uk**

**EQUALITY NOW**
Equality Now advocates for the human rights of women and girls around the world. **www.equalitynow.org**

**ZERO TOLERANCE**
Zero Tolerance briefing paper which provides links to further FGM information and resources. **www.zerotolerance.org.uk**

**ORCHID PROJECT**
Information and awareness raising of FGM **www.orchidproject.org**