

## Female Genital Mutilation

### **Definition & Background:**

Female genital mutilation (FGM; also referred to as 'cutting') is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or other non-therapeutic reasons.

All forms of FGM carry serious health consequences including death.

There are both immediate risks following the procedure and long-term medical problems, including major complications during childbirth. (See RCOG Green top guideline no 53).

No religion requires FGM, and the practice is not limited to any religious group.

The age at which girls undergo FGM varies according to the ethnic group practising it. The procedure may be carried out when the girl is newborn, during childhood, adolescence, at marriage or during the first labour. In some FGM practising cultures, women are re-infibulated (re-stitched) following childbirth as a matter of routine.

The WHO estimates that between 100 and 140 million girls and women have been subjected to FGM and that each year a further 2 million girls are at risk. Most of these women and girls live in 28 African countries, a few in the Middle East and Asia and among immigrant communities in Europe, Australia, New Zealand, the United States of America and Canada. Systematic surveys have not been undertaken in all FGM - practising communities.

There is little evidence that this practice is currently being carried out within communities in Scotland, although evidence is hard to establish because FGM is a private practice which is not reported. There is, however, some anecdotal evidence of FGM amongst the Somali community in Glasgow.

### **WHO Classification of types of female genital mutilation procedures:**

**Type I** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

**Type II** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

**Type III** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

**Type IV** All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing\*, incising, scraping and cauterizing.

**\*Piercing is part of this WHO classification but the legal status of this is unclear in the UK**

### **The Law: (prohibition of Female Genital Mutilation (Scotland) Act July 2005)**

Female genital mutilation is illegal in Scotland.

It is illegal for UK nationals to perform FGM or to aid and abet the practice whether in **or outside** the UK. If convicted sentences handed down may be 5-14 yrs. Anyone found guilty of failing to protect a girl from risk of FGM faces up to 7 years in prison, a fine, or both.

It is NOT an offence for a medical practitioner (or midwife) to perform a surgical procedure that is necessary for that person's physical or mental health, or that is necessary in labour or after birth or at other times for purposes associated with the birth.

Re-infibulation post delivery is a crime and affected clients need to be aware of this.

### **Sensitive Enquiry and Documentation:**

All clients from areas with a high prevalence of FGM should be asked if they have had genital cutting - in a sensitive way.

High risk countries include (**Djibouti, Egypt, Guinea, India, Indonesia, Iraq, Jordan, Kurdistan, Mali, Saudi Arabia, Sierra Leone, Somalia, Sri Lanka and Sudan**)

Suggested questions include "It is common in some countries to have been cut, has this happened to you?" or "It is common in your country to have been cut, are you open or closed?" Clients may not disclose this and you may see it on examination only.

FGM **must** be recorded in;

- **clinical notes**
- **medical history page** (Medical Conditions, enter FGM and select from drop down list)
- **social history page** under the violence and abuse section> click yes for gender based violence > other and document FGM in comments box.

If using an interpreter it may be worth exploring the interpreter's understanding and views on FGM prior to the consultation.

If clients disclose FGM they should be asked if they have any sexual or gynaecological worries or concerns and some direct questioning on their sexual functioning may be needed to elicit problems.

Clients who have experienced FGM may have difficulty being examined due to physical and emotional issues.

If you are concerned re genital appearances during an examination ensure a review by a senior clinician. Clients can be referred internally to the SRH Team via an internal referral for discussion and support around these issues.

Referral for psychosexual counselling should also be considered.

### **Child Protection Issues:**

Clients should have a family history taken including a discussion about any children they have or that they are looking after to assess for other girls at risk of FGM.

It is important to **document full names and ages of all children in the family**, the school they attend should be recorded where possible.

Any cases of FGM should be shared with the Inclusion team (by completing an internal referral) for referral/discussion with social work if there is any risk to other women or girls; this is only possible if adequate information is recorded as above.

### **Requests for examination as part of a claim for asylum:**

Although not common this is occasionally requested by Lawyers. These requests should be forwarded to Dr Tamsin Groom.

### **Requests for revision (deinfibulation) / resection of scarring:**

Clients should be offered an appointment with Dr Groom for a discussion prior to onward referral to tertiary care for surgery as many women have limited anatomical knowledge and Gynaecological issues perceived to be as a result of FGM may not be.

Deinfibulation is best offered before conception.

### **Support Groups:**

DARF (Dignity Awareness & Research Forum) [www.darf.org.uk](http://www.darf.org.uk)

<http://www.plan-uk.org/because-i-am-a-girl/female-genital-mutilation-fgm/>

The Female Genital Cutting Education and Networking Project: [www.fgmnetwork.org](http://www.fgmnetwork.org)

### **Saheliya**

Specialist mental health and well-being support organisation for black and minority ethnic (BME) women and girls (12+) in Scotland. [www.saheliya.co.uk](http://www.saheliya.co.uk)

Glasgow office: 0141 2276750

**Daughters of Eve** This is a non profit organisation that works to protect girls and young women who are at risk from FGM. <http://www.dofeve.org>

### **References**

RCOG Greentop Guideline No. 53 Reviewed 2018.

Female genital mutilation fact sheet [www.forwarduk.org.uk](http://www.forwarduk.org.uk) Greater Glasgow Health Board Midwifery guidance FGM 2006 [Accessed March 2020]

Multi-agency statutory guidance on FGM. April 2016.

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation> [Accessed March 2020]

NHS GGC FGM in Pregnancy Pathway. July 2017.

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Women%20and%20Childrens%20Services/Obstetrics/Greater%20Glasgow%20and%20Clyde%20Guidelines/Documents/FGM%20Pathway%20flow%20chart.pdf> [Accessed March 2020]

### **Further Resources, Info and learning**

[www.fgmaware.org](http://www.fgmaware.org)

[www.fgmelearning.co.uk](http://www.fgmelearning.co.uk)