

## Female Genital Mutilation (FGM) Lambeth Good Practice Guidance for Practitioners

### 1. Background and purpose of this guidance

This local guide has been developed to raise awareness about FGM in Lambeth amongst practitioners. It attempts to summarise the issues for identifying, responding and preventing FGM for both children and adults. However if a practitioner comes across a case of suspected FGM involving a child, they should also refer to the London Child Protection Procedures for detailed guidance about how to safeguard children at risk of abuse through FGM.

### 2. What we know about FGM

#### What is FGM?

FGM includes any mutilation of a female's genitals, including the partial or total removal of the external genitalia for perceived cultural or other non-medical reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. It was made illegal in the UK in 1985; the most recent law covering this area is the Female Genital Mutilation Act 2003.

#### Who is at risk?

It has been estimated that over 24,000 girls and women are at risk or have undergone the most severe form of FGM in the UK<sup>1</sup>, although its true extent is unknown due to the hidden nature of the crime.

FGM can be practised at any age.

People from some communities within certain countries are more likely to practise FGM than others; this does not mean that every community from a particular country does practise FGM. However, because it can be difficult to ascertain whether a family/individual is from a practising community, professionals should consider whether their agency should be performing routine enquiry or selective enquiry (asking all females from countries where the practice is prevalent (see appendix 1 for a map of *Countries where FGM is prevalent*)).

Girls may be at increased risk of harm if their mother, or any sisters / female members of the extended family, have experienced FGM.

FGM is practised by families for a variety of complex reasons but usually in the belief that it is beneficial for the girl or woman. However, it is illegal to:

- perform, or arrange for someone to perform, FGM in the UK (regardless of the nationality or immigration status or the perpetrator(s) or victim) perform, or arrange for someone to perform, FGM abroad (when either the perpetrator or victim is a UK national/permanent resident)
- encourage or assist a girl who is a UK national to carry out FGM on themselves, anywhere.

FGM is a form of child abuse and a recognised strand of violence against women and girls. It can have severe short-term and long-term physical and psychological consequences for the individual.

There are a number of challenges in building a local picture of FGM in Lambeth; we are working to establish how many cases are identified by practitioners in Lambeth, what proportion of FGM takes place in the UK compared to abroad and if FGM is actively practised in Lambeth.

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<sup>1</sup> Prevalence study conducted by FORWARD

### 3. Addressing FGM

#### For children / young women:

#### Indicators that a girl may be at risk of / have experienced FGM

Professionals in all agencies, and individuals and groups in the community, need to be alert to the possibility of a child being at risk of or having experienced female genital mutilation. There are a range of potential indicators that a child may be at risk of FGM; whilst on their own these do not conclusively inform us whether FGM has or is about to take place. If it becomes apparent that a girl is at risk of FGM, the professional must ensure that there is a discussion with the family about the health and legal implications, if safe and appropriate to do so.

Indicators that FGM may be about to take place include:

- She is withdrawn from PSHE
- She has talked about, or you know about, the arrival of a female family elder
- She talks about it to other children
- She refers to a 'special procedure' or 'special occasion' or 'becoming a woman'
- She is going out of the country for a prolonged period
- She is taking a long holiday to her country of origin or another country where the practice is prevalent (parents may talk about it too)

Indicators that a girl may have already experienced FGM include:

- A girl has problems walking/standing/sitting
- A girl doesn't take part in Physical Education or swimming
- She spends a long time in the bathroom/toilet
- She has bladder or menstrual problems
- She has prolonged or repeated absences from school
- She has a reluctance to undergo pelvic medical examinations
- She is asking for help but giving a lack of explicit information
- A change in behaviour or demeanour
  
- She has returned from a long holiday to her country of origin or another country where the practice is prevalent and any of the above are present.

If any of the above indicators are present practitioners should address the issue by.....

- exploring through observation
- discussing the health and legal issues with the family, if safe and appropriate to do so
- seek the advice of social care or safeguarding leads where appropriate and form a professional judgement about risk of harm.

#### Safeguarding

Safeguarding girls at risk of harm through FGM poses specific challenges because the families involved may give no other cause for concern with regard to their parenting responsibilities or relationships with their children. However, there remains a **duty for all professionals to act to safeguard girls at risk of FGM under Working Together 2013. Anyone who has information that a child is potentially or actually at risk of significant harm must inform social care or the police.**

The local authority will exercise its powers and/or make enquiries to safeguard a girl's welfare under section 47 of the Children Act 1989 if it has reason to believe that a girl is likely to be subjected to, or has been subjected to, FGM. [For further information see the [London Safeguarding Children Board FGM resource pack and procedures](#)].

### For adult women:

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. All agencies should consider whether they should be performing routine enquiry (asking all service users) or selective enquiry (asking all females from countries where the practice is prevalent (see appendix 1 for a map of *Countries where FGM is prevalent*)).

When asking about FGM, professionals should:

- ensure that a woman is offered a female professional to speak to where possible
- discuss with the individual on their own and in private
- be sensitive to the intimate nature of the subject
- be sensitive to the fact that the individual is likely to feel loyal to their family
- be non-judgemental (pointing out the illegality and health risks of the practice, but without blaming eg. avoid terms like 'wrong' that indicate judgement)
- get accurate information about the urgency of the situation if the individual is at risk
- take detailed notes and keep a record
- use simple language and ask straightforward direct questions that are understandable to the woman, such as:

*"Were you circumcised?"*

*"Have you been cut down there?"*

*"Is circumcision practised in your community?"*

*"Do you have any problems passing urine?"*

*"How long does it take to pass urine?"*

*"Do you have any pelvic pain or menstrual difficulties?"*

*"Have you had any difficulties in childbirth?"*

*"Do you experience any pains or difficulties during intercourse?"*

**Professionals have a responsibility to ensure that individuals, families and communities know that FGM is illegal and that practitioners are actively tackling FGM and supporting communities not to practise it. This knowledge alone may deter families from having FGM performed on their children, and safeguard girls and women from harm.**

#### 4. Things to be aware of in dealing with cases of FGM:

- Any **interpreter** should be an authorised accredited interpreter and should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community – ensure you ask the individual if they are comfortable with the assigned interpreter
- Individuals may not want to be seen by a **professional from their own community**
- **A girl and her family should be informed that you are going to make a Child Protection referral UNLESS to inform them may place the child at further risk.** Alerting her family to her disclosure of FGM may place her at risk of harm – speak to the girl about any referrals/action you will take, asking whether this will put her at risk; acknowledge any concerns she has and ensure that these inform your response
- For adult women and adolescent girls, you may need to develop an **alternative reason** why they are meeting with you, in case they are seen by someone known to them at, or near, your meeting place that may put them at risk
- Offer a woman the option to have someone **accompany them during any interview** (e.g. by a teacher or advocate) - ensuring that any accompanying person understands the full implications of confidentiality, especially with regard to the woman's family
- Explain the law as well as their choices about prosecution – but be aware that a woman may not want to prosecute a member of their own family
- Fleeing FGM and applying to remain in the UK as a refugee is a complicated process and may require professional **immigration advice** (see [www.ukba.homeoffice.gov.uk/asylum](http://www.ukba.homeoffice.gov.uk/asylum) for more information about the asylum application process)
- Many women may be **frightened by contact with any statutory agency**, as they may have been told that the authorities will deport them and/or take their parents or children from them. *[Professionals need to be extremely sensitive to, and address these fears when dealing with a victim or potential victim from overseas, even if they*



*have indefinite leave to remain (ILR) or a right of abode, as they may not be aware of their true immigration position.]*

## **6. Safeguarding and support services**

If you come into contact with a **child** that due to indicators and your assessment of that child and/or family, you suspect is at risk, or has experienced Female Genital Mutilation, you should make a referral by contacting Lambeth Social Services Referral and Assessment Screening Team from Monday to Friday from 9am - 5pm on any of the numbers below:

Tel: 020 7926 1772; 0207 9267 856; 0207 926 6586; 0207 926 6583; 0207 926 6010; 0207 926 7868

Or Out of Hours Emergency Tel: 020 7926 1000

If you would like advice on a specific case or making a referral, you can contact Nana Amoo-gottfried : e: [NAmoo-Gottfried@lambeth.gov.uk](mailto:NAmoo-Gottfried@lambeth.gov.uk)] or Suzanne McLeod [e: [SMcleod@lambeth.gov.uk](mailto:SMcleod@lambeth.gov.uk)].

If professionals identify an **adult woman** who needs support you can contact the below services:

The **Gaia Centre** provides a one-to-one confidential and bespoke support service for females aged 13+ and males aged 16+ who live in Lambeth and who have experienced or who may be at risk of gender-based violence, including female genital mutilation. The service is free and staffed by female members of staff only. Children are welcome and child care provision is available. Practitioners can contact the Gaia centre on behalf of victims or victims can self-refer by calling 0207 733 8724 or emailing [lambethvawg@refuge.org.uk](mailto:lambethvawg@refuge.org.uk) to make a referral. The centre is open 8am to 6pm Monday to Friday with an additional out-of-hours 24 hour on-call service.

The **African Well Woman's Clinic**, based in Guy's and St Thomas' Hospital, provides counselling, support, advice and a reversal operation. Practitioners can contact the clinic on behalf of females, or females can self-refer, by calling 020 8188 6872 or emailing [Comfort.Momoh@gstt.nhs.uk](mailto:Comfort.Momoh@gstt.nhs.uk). Women from anywhere across the UK can access the service.

**African Advocacy Foundation** works in Lambeth, Southwark and Lewisham on campaigns and community events, raising awareness around FGM. They also provide drop-in confidential counselling and advice as well as discussions through group meetings for women, and can provide advice to professionals working with children and families to safeguard girls at risk of FGM. To access the service call 020 8698 4473 or email [mulkaht@a-af.org](mailto:mulkaht@a-af.org).

**If there are immediate concerns in relation to the safety of any individual then the Police should be called on 999 as a priority.**

**The Metropolitan Police have a specialist team who provide advice on FGM, Project Azure, you can contact them for advice on 020 7161 2888. [Please note they do not accept referrals.]**

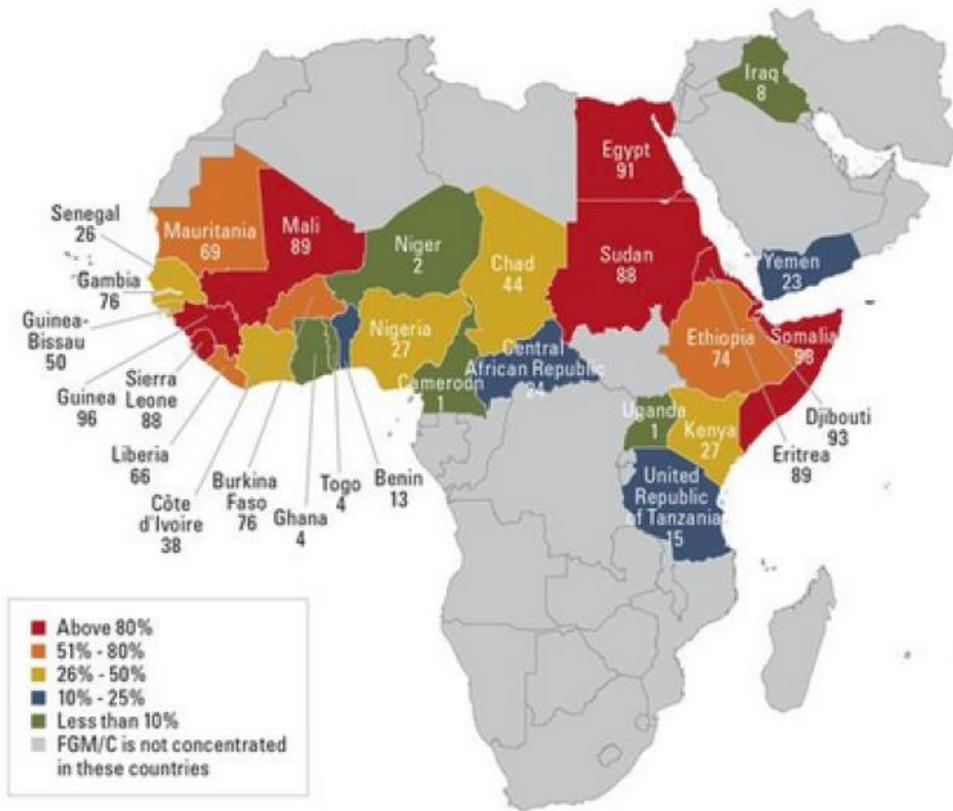
## **7. Further information**

For further information it is recommended that all practitioners read the full *HM Government: Multi-agency Practice Guidelines Female Genital Mutilation* guidelines, which can be accessed here: <http://www.homeoffice.gov.uk/publications/crime/FGM>

The London Borough of Lambeth offers a free one-day training course on FGM – to view the training programme and book your place go to [www.lambeth.org.uk/vawg](http://www.lambeth.org.uk/vawg) then 'Information for practitioners working in Lambeth'.

**Appendix 1**

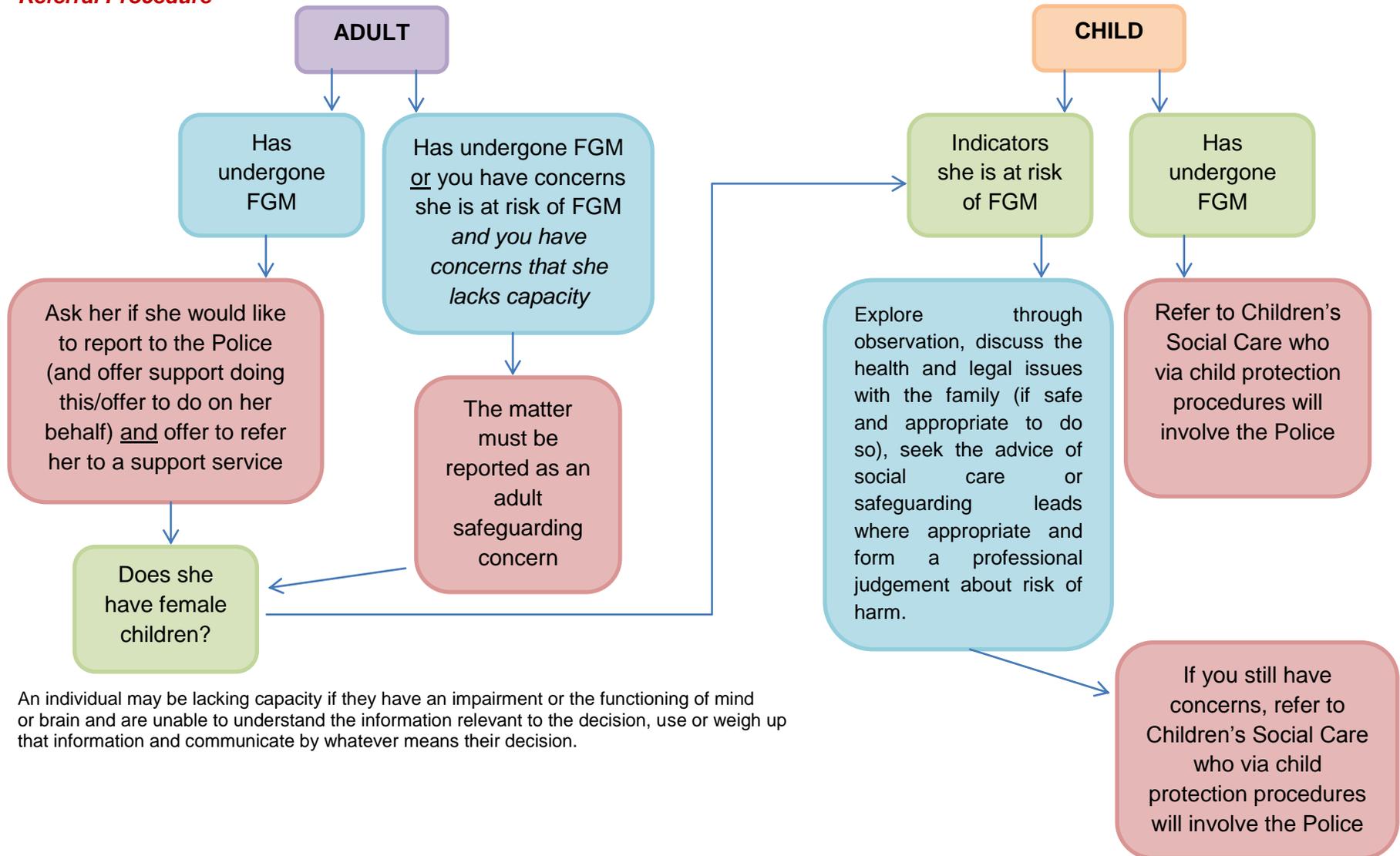
**Countries where some communities practise FGM. Women from these countries should be asked about FGM.**



FGM has also been documented in Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan.

**Appendix 2**

**Referral Procedure**



An individual may be lacking capacity if they have an impairment or the functioning of mind or brain and are unable to understand the information relevant to the decision, use or weigh up that information and communicate by whatever means their decision.