Female Genital Mutilation (FGM)
See also Female Genital Cutting
www.isleofmanscb.im

Introduction

Female genital cutting/mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic 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. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on young women before marriage or pregnancy.

FGM has been a criminal offence in the Isle of Man since the Prohibition of Female Genital Mutilation Act 2010. This act came into force in July 2011 and makes it an offence for the first time for Isle of Man nationals or permanent Isle of Man residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

It is increasingly found in Western Europe and other developed countries primarily among immigrant and refugee communities.

Percentage of girls and women aged 15 to 49 years who have undergone FGM, by country

Source: UNICEF. 2013
What we know about the UK rates:

Whilst it is difficult to ascertain the number of girls at risk of FGM in the UK what we do know is that approximately 60,000 girls aged 0 -14 years were born in England and Wales to mothers who had undergone FGM. The Health and Social Care Information Centre Enhanced Data Set (2016) indicates that 5,702 cases of FGM were newly recorded in the year April 2015 to March 2016. This does not suggest that these cases originated in England and Wales but it does give us some idea of the scale of the potential risk of FGM to babies and young girls.

Cultural Sensitivity

Investigating agencies need to be sensitive to the cultural beliefs surrounding FGM and should consult with cultural community groups. However, professionals should not let fears of being branded 'racist' or 'discriminatory' weaken the protection required by girls and women at risk.

FGM is much more common than is generally realised both worldwide and in the U.K. It is deeply embedded in the culture of the practicing community who may resent what they perceive as the imposition of liberal western values on them, but it is not a matter which can be left to personal preference or culture and custom. FGM is an extremely harmful practice that violates the most basic human rights. However, any community education should be sensitive to cultural norms and pressures.

It may be most useful to try to engage community groups and elders or religious leaders in community education programmes. It is extremely important that those running programmes are not seen as alien to the practice. This may create animosity and paranoia within the practicing communities and make it harder to safeguard adults from FGM. It is important to recognise that children are most at risk of FGM; it is possible that identifying adult women who have been subject to FGM may assist in preventing children being subjected to this procedure.

For many families English may not be their preferred language, the assistance of an independent interpreter needs to be considered - Any interpreter should be appropriately trained in relation to FGM 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. This is because girls or women may feel embarrassed to discuss sensitive issues in front of such people and there is a risk that personal information may be passed on to others in their community and place them in danger.

The guidance recommends that a female professional be available to speak to if the girl or woman would prefer this.

Raising an Alert

If any agency becomes aware of a child or adult who may have been subjected to or is at risk of FGM they must raise an Alert, see Child protection and Safeguarding Adults Procedures re how to refer.
Suspicious may arise in a number of ways that a child or adult is being prepared for FGM to take place abroad. All professionals need to consider whether any other indicators exist that FGM may have or has already taken place, for example:

- Preparations are being made to take a long holiday;
- The child or adult has changed in behaviour after a prolonged absence from home; or
- The child or adult has health problems, particularly bladder or menstrual problems.

There may be older women in the family who have already had the procedure and this may prompt concern as to the potential risk of harm to other females in the same family.

It should be remembered that this is a one-off act of abuse to a child, although it will have lifelong consequences, and can be highly dangerous at the time of the procedure and directly afterwards and may be part of a controlling or coercive relationship.

**Health Services**

If a health professional has cause to suspect a child has had or may be at risk from FGM, or the patient has children who are potentially at risk of FGM or there are other children in the family /close friends who might be at risk a referral must be made to the Children and Families Team Social Care. The Department of Health has designed risk assessments which will help inform the health practitioner’s assessment and any referral that may be required. These are particularly relevant to GPs, health visitors, school nurses, midwives, paediatricians, paediatric nurses and family planning nurses however every health professional should be aware of the impact and risks of FGM.

If a GP, midwife, obstetrician, health visitor or school nurse becomes aware that a mother has undergone FGM this information must be shared between health professionals to allow ongoing risk assessment.

**Schools and Colleges**

If a teacher or lecturer or other member of staff suspects that a student has been removed from or prevented from attending education as a result of FGM a referral must be made to the Children and Families Team Social Care.

**Remember**: schools have specific duties in relation to attendance at school or removing pupils from the school register. Staff should not delete a pupil from the schools admission register without reference to The Education Act 2001, Education Regulations (Registration of Pupils 2016

**Assessment and Case Management**

Once a Safeguarding concern has been raised, the case may progress though the safeguarding process.
Family and carers may genuinely believe that it is in the child’s or adult’s best interest to conform to their prevailing custom. The preferred outcome may be that the family, agree to halt the process. Therefore the main emphasis of work in cases of actual or threatened FGM should be through education and persuasion.

Where a child or adult appears to be in immediate danger of mutilation, legal advice should be sought, making it clear to the family that they will be breaking the law if they arrange for the adult to have the procedure.

**Initial Police response to FGM**

The Isle of Man Constabulary primary objective will be to protect the individual involved, ensuring the safety and well-being of that victim and any children associated to that person. The Police have a statutory duty to protect life.

FGM is recognised by the Isle of Man Constabulary as being Honour Based Violence (HBV). The term ‘honour-based-violence’ embrace a variety of incidents or crimes including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is punished by their family or community. They are punished for actually or allegedly ‘undermining’ what the family or community believe as the correct code of conduct or behaviour.

The person who fails to conform to this is seen to have brought ‘shame’ upon their family and as a result perpetrators carry out actions, which are criminal, to justify protecting or restoring ‘honour’ to the family.

This should be considered when a professional recognises FGM as this could ultimately bring ‘shame’ to the family or community when professionals start intervening in the domestic setting. It’s imperative that any professional dealing with such incidents show a high degree of sensitivity

The Police should be informed, as soon as practicable; this information should be directed to the Duty Police Inspector. It will be the decision of the Duty Inspector to make contact and liaise with named HBV officer for guidance and assistance. The victim’s details should NOT be disclosed to any other individual of Police staff. The only information which should be passed to Police via the ESJCR control would be that you’re dealing with a “HBV incident” and you need to speak with Duty Inspector or HBV officer. The Duty Inspector or the named HBV officer will be contacted and at this time you can notify them of the person’s details and the circumstances.

It will be the Duty Inspector or the named HBV officer’s role to ensure a HBV Risk Assessment and Protection plan is carried out and an appropriate initial response is coordinated.

In all cases a Multi-Agency professionals meeting will be convened whether through Child Protection procedures or in relation to safeguarding the individual. This will be a highly sensitive meeting with only the lead professionals from each agency. From this meeting it will be decided the best approach to investigating and safeguarding the individual(s) involved.
It’s important to obtain as much information, as practicable, from the individual. The safety of the individual should never be jeopardised in any case when retrieving this information. If a rapport is established with the individual consideration should be given to obtaining the following information:

- Personal description of the individual-details of any distinguishing features
- Photograph of the individual (No legal basis but should be obtained voluntarily)
- If the individual is a child or young person –school, college or university attending
- Details of immigration status (if applicable)
- Passport number and copy (some people have two passports; they should be encouraged to travel on British passport as it’ll be easier to stop through border control.
- National Insurance number (if applicable)
- Drivers License
- List of any vehicles; used by individual, family or perpetrator
- Full details of any extended family
- Details of any proposed forced marriage including spouse details, date and location
- Details of any travel itinerary including return date.
- Information in relation to risk identification
- DNA will be taken by the Police (this enables identification of the individual if they go missing or any other investigations e.g Abduction overseas)

If the person speaks minimal English and an interpreter is required, this should be tasked to the Duty Inspector or HBV named officer to find an appropriate interpreter. Interpreters can often be part of the same community where the individual lives and this could compromise the person’s safety. At no time shall a family member or partner be used to interpret.

It’s important to understand that individuals subjected to FGM and HBV distrust professionals including, health, social services, and Police. This is commonly due to previous involvement with these agencies from where they originate who tend to be corrupt or untrustworthy. When moving to UK and Isle of Man the individual are fed similar ideas about UK and Isle of Man agencies by their family and the community to prevent the individual from reporting matters to professionals in an attempt to isolate them.

**Legislation:**

**Prohibition of Female Genital Mutilation Act 2010 s.4**

A person commits an offence if he or she does any of the acts mentioned in subsection (2) in relation to the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina of a woman or a girl.

(2) Those acts are:-
  a) excising it;
  b) infibulating it; or
  c) otherwise mutilating it.
No offence is committed by an approved person who performs:

a) A surgical operation on a woman or a girl which is necessary for her physical or mental health; or

b) A surgical operation on a woman or a girl who is in any stage of labour, for purposes connected with labour or birth

The following approved persons, in relation to an operation:

- Registered medical practitioner
- Registered midwife
- A person undergoing training with a view to becoming practitioner or midwife

When a surgical operation is being carried out for a woman or a girl’s physical or mental health, only a registered medical practitioner can carry out the operation.

The operation will never be carried out on basis of the person’s beliefs, matter of custom or ritual.

Section 6 of the offence makes it an offence for a person to aid, abet, counsel, procure or incite to commit FGM. Any person assisting another to commit FGM will be treated with the same penalties as someone carrying out the FGM act itself.

**Penalties for offence:**

A person is guilty of an offence:

- On conviction of information (General Goal: decided by jury): **Custodial sentence up to 14 years imprisonment or a fine or both.**

- On Summary (dealt with by Deemster): **Custodial sentence up to 6 months or a fine not exceeding £5,000 or both**


**Required Actions Isle of Man**

In the Isle of Man agreement exists between the Department of Health and Social Care (DHSC), Department of Home Affairs (DHA) and Department of Education and the Isle of Man Safeguarding Children Board that concerns should be raised with DHSC either through the Initial Response Team Children and Families or Adult Social Care dependent on the age of the person that concern has been identified on **Tel 686179.**
Useful Organisations

**Foundation for Women's Health, Research & Development (FORWARD)**
(https://www.forwarduk.org.uk/)
Tel: 020 8960 4000

**Black Women's Health and Family Support**
82 Russia Lane, London, E2 9LU
Tel: 020 890 3503