

Female Genital Mutilation

Screening toolkit



Female Genital Mutilation

Female Genital Mutilation (FGM) describes the cutting, pricking, evisceration, elongating or any way of mutilating the genitals of women and girls. FGM is specifically seen as a means of controlling sexual behaviour in women and girls in communities where honour and honour-based culture is related to the maintenance of virginity before marriage.

FGM is a criminal offence in the UK and has been since the Female Circumcision Act 1985.

This was updated in 2003 with the Female Genital Mutilation Act, which in turn was amended to include extra protection for victims and additional responsibility for professionals by the Serious Crime Act 2015.

There is no basis in religion, culture or practice to support FGM. It is a breach of the Universal Declaration of Human Rights and the European Convention on Human Rights, the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the UNICEF Convention on the Rights of the Child.

At the Girl Summit 2014, the government pledged to eradicate FGM here and elsewhere in the world 'within a generation'.

FGM is not confined to discreet parts of the world and it is very much happening in the United Kingdom.

How it impacts the victims

The impact of FGM is lifelong, causing physical and psychological injury. It can cause lifelong physical and psychosexual problems, pain, bleeding and difficulty in child birth including infant mortality.

Assessment and screening

The one chance rule

A potential victim may only have one chance to ask for help. You may only have one chance to provide help so it is important to get it right on the first occasion.

When raising the issue of FGM or cutting with clients consider that:

- FGM is a very sensitive issue to the individual and her family because it is an established part of some cultures. It is an intimate injury and she may be very aware of getting family members or herself into trouble if she either admits it or talks about it, especially to a relative stranger. Where appropriate, she may feel more comfortable talking to another female
- you may be dealing with young women (or family members) for whom English is not their first language, so the potential for misunderstanding is high. If you are considering using an interpreter, please be careful about their understanding of FGM, honour crimes, and their own background: they should not be a family member, not be known to the individual, and not be someone with influence in the individual's community
- you will need time and a calm atmosphere in which to discuss any concerns you have or that the individual, family members or supporters may have.

Tips for opening up a conversation

What follows are a series of questions you can use as the basis for discussions with girls or women you are concerned may be at risk.

Any discussion needs to be taken at a pace and in a way that is sensitive to the difficulties this subject raises for survivors, victims and potential victims of FGM, or for those who may be at risk of an honour crime.

- **Try to start with information gathering questions** before moving on to more intimate questioning. This will give the person time to settle and engage with you and their surroundings.
- **Frame your questions carefully** so as not to turn a conversation or discussion into a cross-examination. Wherever possible, try to use open questions. In other words, questions that invite the person to give you more than a yes or no answer.
- **Use silences.** If someone doesn't answer you immediately, wait and give them time. Don't feel you have to jump into silences. They may be about to tell you something very important to them and may need the time to do so.
- **Watch the body language and non-verbal responses carefully.** Do the verbal answers tie up with their non-verbal language? If they don't, use a follow-up acknowledgement, such as: 'I can see that you found it difficult to answer, could you tell me a bit more about...', or 'I wonder if there is something else you need or want to say about that?', or, 'I'm just wondering if I might have missed something, is there something else you want to say?'
- **Use acknowledgement often** as it helps individuals to feel that they are being heard and their difficulties appreciated. Phrases such as 'I can see how difficult/upsetting this is for you...', 'I can appreciate these are difficult/worrying questions to be asked...' can be very helpful.
- **Reflecting back what you think has been said** ensures there has been a common understanding: 'So what I've heard you say is that...' It can also help you to build from that reflection to your next question, for example, 'So what I've heard you say is that there are things that happen in your family that you are worried about, could you tell me a bit more about what they are or give me an example?'
- **Think how you would feel about being asked questions such as those set out below.** Would you feel they were intrusive or embarrassing? If so, think about how you would like these questions to be asked of you – what would be important to get right?
- **Please select the questions you use carefully.** These are examples and not a set of questions to be asked of every individual.
- **Once you establish that a person is at risk and what the risk is, think about how you can best advise and support them.** Remember that legal protection is just that and your client will need additional signposting to sources of help and support. If it is not safe for them to return to their home, please make sure that you have organised an appropriate next step beyond you and the legal protection you can put in place.

Screening questions

- Can you tell me which country you were born in/what is your country of origin? (FGM is concentrated in 27 African countries, Yemen, Iraqi Kurdistan and found elsewhere in Asia and the Middle East and among communities throughout the world. Determining country of origin is a good first step.)
- Is there a particular tribe, group or community you belong to? (Within individual countries, the risk can vary from group to group, the type of FGM practice may vary group to group, as may the age at which the victim is 'cut'.)
- Can you tell me a little about your education? Do you/have you been able to go to school/college?
- Does your family think it is important to learn English?
- Do you have any physical, emotional or health problems that you would like to talk about?
- Who normally makes decisions in your family? What about making decisions about what you can do?
- Do you normally come and go from the family home as you choose?
- Do you normally have someone with you/an escort when you go out?
- If you usually have an escort/someone with you, who would that person normally be?
- Are you allowed to work?
- Do girls in your family have the right to choose who they will marry?
- Has there been any discussion in the family about you being taken back to your home country/country of origin, perhaps for a party?

- Have any special clothes been bought for you?
- Is honour important to your family? What sort of things do they think are important?
- Do you think that anyone in your family might be a risk or danger to you or your children? If so, can you tell me a bit more about what you think that risk or danger might be? Can you tell me what worries you most?
- Does anyone in your family have a particular traditional role to play? If so, what is it?
- Can you tell me if anyone in your family believes in or uses magic as a form of healing or as a punishment or threat? (If yes) Could you tell me a bit more about it? Or give me an example?
- May I ask you if virginity is seen as important before marriage? Can you tell me if your family or community think it is important that you don't have sex with your partner/the person you are going to marry before you are married?
- Has anyone in your family or your in-laws used or threatened violence against you? Do you worry that they might?
- Are there things that happen or are expected of you, or any traditions or practice to do with your religion or culture within your family or community that worry you, especially if they affect you or your daughters?
- Could you tell me whether there are any traditions in your family? Are there any that might involve cutting women or girls?
- Do you have older sisters? If so, have they been cut?

FGM is often one of a range of issues that the client will present with, including forced marriage and honour violence, as well as all other forms of domestic abuse.

Reasons for the practice of FGM

Whereas it is firmly stated by the United Nations and the World Health Organisation that FGM has no medical or health benefit, FGM is often associated by practitioners with purity, cleanliness and marriage ability. It is also often seen as a rite of passage for girls moving in to adulthood. It can be very entrenched as a practice within a family or community and there may family or community members who believe that it must be preserved.

Terminology

There is a variety of terms people may use to describe the practice. The words used within practising communities often reflect purification, for example in Mali, the most colloquial term for FGM is Bolokoli (washing your hands).

Given the wide variety of words used by the different communities, you cannot be expected to know them all. The organisation FORWARD created a useful list of the common terms used to describe FGM, which is widely available on the internet (search 'terms for fgm'). It isn't comprehensive however, so you should ask the individual what word they use. In practice, most will understand the verb 'to cut' and the practice promoted by 'the cutter'.

Some characteristics of FGM

Sir James Munby recommends the use of the full type categorisation as used by the WHO (www.who.int) as a means of insuring case by case clarity.

The practice described by individual women is almost unfailingly traumatic. It may happen to them as a baby or a young child, at puberty, at the point at which they marry or after the birth of their first child. It can be perpetrated more than once, for example where there have been complications or where it is believed that it hasn't prevented chastity in the person cut and this can lead to a more severe form of FGM.

Many clients who experience FGM may have associated problems with health, including mental health problems (eg post-traumatic stress disorder), problems with or painful menstruation, repeated infections, difficult and painful intercourse, inability to conceive, problems during pregnancy and in a surprising number of cases, infant mortality.

FGM is a very sensitive issue. As with forced marriage, victims are usually very reluctant to get the families that they love 'in trouble with the authorities'.

Identifying FGM

In April 2015 the Health and Social Care Information Centre (HSCIC) published their research into FGM in the UK stating that it was their belief that approximately 137,000 women and girls were impacted¹. As a result of greater reporting, the HSCIC have reported that 3,963 new cases were identified in the seven months to March 2015.

As well as health visitors, teachers are uniquely placed to spot the signs of FGM and it may be that they will be the ones who alert the authority if girls in a particular class are talking about 'going home for the summer holidays/going home to a family party/special clothes having arrived from abroad'.

It may be difficult to identify the less intrusive forms of FGM in babies and young children. Examination by skilled practitioners using a colposcope whilst at the same time obtaining diagrams, photographs and notes will be essential forensic practice as outlined in the case of **B and G (children's) (2) [2015] EWFC3**.

During pregnancy the existence of FGM may become apparent through the reluctance of a woman to be examined during the antenatal process.

Help and guidance available

Multi-agency statutory guidance on female genital mutilation can be downloaded from gov.uk

In **B and G (children's) (2) [2015] EWFC3**, Sir James Munby P in his judgment gives an extremely helpful summary of the criminal and family jurisdiction in the United Kingdom concerning FGM. The case should be read by practitioners faced with a case of FGM because of the guidance it affords. In particular, FGM in any and all of its forms constitutes significant harm of children for the purposes of **Section 31 of the Children Act 1989**. Guidance is also given on the appropriate collection of forensic evidence, expert witnesses and procedure.

¹Health and Social Care Information Centre
Female Genital Mutilation Datasets [online] Available at:
<http://www.hscic.gov.uk/fgm> [Accessed April 2016]

Further organisations

The Forced Marriage Unit

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit that leads on the government's forced marriage policy, outreach and casework.

0207 008 1500
fmu@fco.gov.uk

Foundation for Women's Health Research and Development (FORWARD)

An organisation that promotes gender equality and safeguarding the rights of African girls and women, specifically in FGM, Child Marriage and Obstetric Fistula practice.

0208 960 4000
www.forwarduk.org.uk
support@forwarduk.org.uk

Imkaan

Imkaan is a UK-based, black feminist organisation dedicated to addressing violence against women and girls.

0207 842 8525
www.imkaan.org.uk
info@imkaan.org.uk

Iranian and Kurdish Women's Rights Organisation (IKWRO)

An organisation that aims to protect Middle Eastern and Afghan women and girls who are at risk of 'honour' based violence, forced marriage, child marriage, female genital mutilation and domestic violence and to promote their rights.

0207 920 6460
www.ikwro.org.uk

Africans Unite against Child Abuse (AFRUCA)

Promotes the rights and welfare of African children with the belief that culture and religion should never be a reason to abuse children.

London 0207 704 2261
Manchester 0161 205 9274
www.afruca.org
info@afruca.org

Local safeguarding children's boards

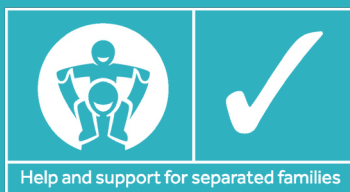
Many local authorities have resources and procedures for professionals dealing with FGM.

Resolution, PO Box 302, Orpington, Kent BR6 8QX
DX 154460 Petts Wood 3

T: 08457 585671

E: info@resolution.org.uk

W: www.resolution.org.uk



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