Fact sheet 07: Appropriate professional responses to FGM

A. An appropriate response to a child suspected of having undergone FGM as well as a child at risk of undergoing FGM could include:

- Arranging for an interpreter if this is necessary and appropriate
- Creating an opportunity for the child to disclose, seeing the child on their own
- Using simple language and asking straightforward questions
- Using terminology that the child will understand e.g. the child is unlikely to view the procedure as abusive
- Being sensitive to the fact that the child will be loyal to their parents
- Giving the child time to talk
- Getting accurate information about the urgency of the situation, if the child is at risk of being subjected to the procedure
- Giving the message that the child can come back to you again

Coventry University has designed a new app to educate young people about female genital mutilation. It is endorsed by the NSPCC: http://petals.coventry.ac.uk/

B. An appropriate response by professionals who encounter a girl or woman who has undergone FGM includes:

- Arranging for a professional interpreter and not agreeing to friends/family members interpreting on their behalf
- Being sensitive to the intimate nature of the subject
- Making no assumptions
- Asking straightforward questions
- Being willing to listen
- Being non-judgemental (condemning the practice, but not blaming the girl/woman)
- Understanding how she may feel in terms of language barriers, culture shock, that she, her partner, her family are being judged

- Giving a clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters

C. Appropriate response by professionals who encounter a prospective mother who has undergone FGM includes:

Health professionals in acute trusts should always update a patient record with whatever discussions or actions have been taken. If the patient has undergone FGM, referral to a specialist FGM clinic should always be considered. If you refer a patient to social services or the police, then this should also be recorded in the patient's health record. If a patient is identified as being at risk of FGM, then this information must be shared with the GP and health visitor, as part of safeguarding actions[1].

Women with FGM Type 3 require special care during pregnancy and childbirth, especially if it is first pregnancy or the woman has had a previous caesarean section or re-infibulation took place in the past. Early antenatal registration is important in providing midwives with the opportunity to plan for this. Women may not know which type of FGM they have undergone, it is therefore best practice to examine the woman during the booking. Unfortunately many women only access services very late in their pregnancy.

Counselling

All girls/women who have undergone FGM (and their boyfriends/partners or husbands) must be told that re-infibulation is against the law and will not be done under any circumstances. Each woman should be offered counselling to address how things will be different for her afterwards.

Counselling sessions should be offered and arranged, taking into account that the woman may not want to make the arrangements about it when her boyfriend/partner or husband or other family members are present. Professionals should be aware that there may be coercion and control involved which may have repercussions for the girl/ woman. Boyfriends/partners and husbands should also be offered counselling, they are usually supportive when the reality is explained to them.

Health professionals should communicate equally the disadvantages of infibulation and the benefits of remaining open after childbirth. It:

- Is more hygienic.
- Means that sex will be much more comfortable and better once both partners get used to it.
- Will make future births much easier and less risky
- Increases the likelihood of conception
- Reduces the chances of neonatal death

Once women know all the facts and the benefits of remaining open most of them are happy to remain so. Health professionals should not, however assume that this means that the woman will be more able to resist the pressure from the community to subject any daughter/s she may have to FGM.

[1] Ibid 15

Additional resources

Information from the Department for Education about safeguarding children can be found at https://www.gov.uk/childrens-services/safeguarding-children

A Department of Health DVD about FGM can be also ordered by emailing fgm@dh.gsi.gov.uk

The FGM National Clinical Group has produced an educational DVD which clearly instructs and shows doctors, midwives and nurses how to undertake de-infibulation. This can be ordered from the group's website: www.fgmnationalgroup.org

An NHS Choices FGM page containing information and support for frontline professionals and members of the public who are concerned about the practice and are seeking advice.
www.nhs.uk/fgm

NHS organisations and professionals can access an FGM e-learning programme on the eLearning for Healthcare website, www.e-lfh.org.uk, consisting of 5 sessions providing training on all aspects of FGM and standard care provision principles.

Professionals, civil society partners and members of the public can request copies of the government's leaflets, posters and latest DVD about FGM from: FGMEnquiries@homeoffice.gsi.gov.uk

The government's FGM unit can offer advice and support to local areas who would like to strengthen or develop their work on tackling FGM. To contact the FGM unit, please email: FGMEnquiries@homeoffice.gsi.gov.uk

More information on the role of the FGM unit can be found at:
https://www.gov.uk/government/collections/female-genital-mutilation