

Female Genital Mutilation, Asylum Seekers and Refugee Health

Jennifer Bourne RGN, Queens Nurse
Dept of Health FGM Prevention
Programme

Work Tel: 075000 78214

Tel: 07973236349

jennifer.bourne1@nhs.net

Female Genital Mutilation

Female Genital Mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or injury to the female genital organs for non medical reasons.

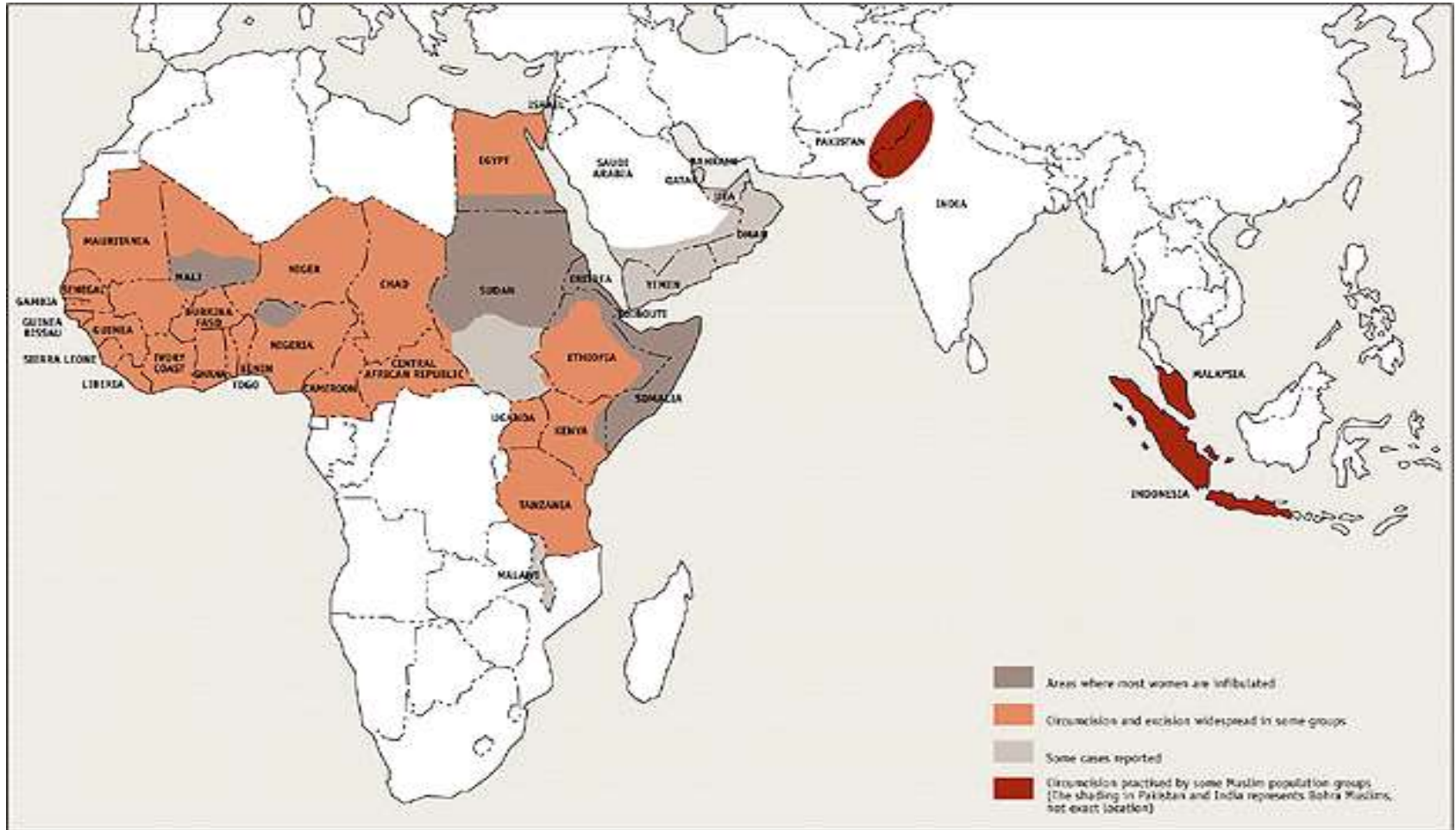
World Health Organisation, Fact Sheet 241
May 2008

FGM is a violation of the rights of the child and woman. It is child abuse and illegal in the UK

Types of FGM

- **Type 1:** Clitoridectomy, partial or total removal of clitoris and/or prepuce
- **Type 2:** Excision, partial or total removal of clitoris. Sometimes partial excision of labia minora.
- **Type 3:** Infibulation. Removal clitoris, labia minora/majora and formation of a covering seal to vaginal opening
- **Type 4:** All other harmful procedures to female genitalia for non medical reasons.

Epidemiology



Why FGM is Practiced?

Reasons are complex and include:

- Controlling women's sexuality ensuring marital fidelity and behaviour by women considered immoral. Social pressure to conform and cultural identity/social cohesion
- Hygiene, preserving virginity
- Mistaken belief that is a religious obligation
- As a result of social pressure girls may want to undergo FGM
- Honour and Gender based violence, transition to womanhood

How is FGM performed?

- Traditional Birth Attendants or circumcisers.
- Anaesthetic rarely used and the child held down by a number of women.
- Special knives, scissors, razors or pieces of glass. Even sharp stones are reported as being used.
- Wound often held together with thorns
- Type 3 - Girls legs are bound together until wound is healed.
- 18% of all FGM is performed by health care providers. Doctors performing FGM are violating the fundamental medical ethic to “do no harm”

Age of FGM varies from a few days old to adulthood depending on the geographical area and community usually 5 to 14 years

These thorns were displayed by a circumciser in Somaliland
They are traditionally used to close the wound. The thread is wound
around the thorns and the resin, in this case, myrrh is used as a glue and anti bacterial



Short Term Complications

- Haemorrhage
- Severe pain and shock
- Urine Retention
- Injury to adjacent tissue
- Tetanus
- Fracture or dislocation limbs as a result of being restrained
- The procedure can result in death through severe bleeding leading to haemorrhagic shock, neurogenic shock as a result of pain and trauma, and overwhelming infection and septicaemia

Long Term Complications

- Difficulty passing urine and chronic urinary tract infection. Possible renal failure.
- Difficulties with menstruation and painful periods. Possible hysterectomy.
- Problems during labour and childbirth
- Sexual dysfunction & lack of sexual pleasure
- Acute and chronic pelvic infections which can lead to Infertility
- Clitoral neuroma, cysts and chronic scar formation
- HIV, Hep C/B

Psychological and Mental Health

FGM is extremely traumatic & can have lifelong consequences for mental health.

- Research in African communities show women who have had FGM have the same level of PTSD as adults who were subjected to other forms of abuse in childhood.
- The fact that FGM is “embedded” in culture does not protect from developing PTSD
- Fleeing conflict, rape, sexual assault. Seeing family members killed or injured.
- Social difficulties/isolation such as housing and language barriers and poorer access to healthcare can add to mental health problems

Women may not link having had FGM to the difficulties they are experiencing. They may have also been victims of rape, torture and have fled war. They may have had to leave families or children behind.

Symptoms might include:-

- Flashbacks
- Sleep disturbances & nightmares
- Panic attacks
- Sexual dysfunction
- Depression & anxiety

The Law

England and Wales

There has been a law in England and Wales since 1985. (Prohibition of Female Circumcision Act)

- Female Genital Mutilation Act 2003
- Penalty – 14 years imprisonment
- Anyone involved in taking a girl outside of the U.K. to have FGM carried out.
- Serious Crime Act 2015 made important additions to the Act including Mandatory Reporting Duty

MANDATORY REPORTING DUTY

All girls/women under 18 years identified as having HAD FGM either disclosure by the girl or when visually confirmed/discovered during the delivery of an episode of care - MUST be referred to Police on 101

- If FGM has been done very recently then should be referred immediately & without delay 999
- If the FGM was done historically then referral may be made within one month but ideally by end of the next working day
- Duty applies to all regulated healthcare professionals, social workers and teachers

MANDATORY RECORDING OF DATA

- This is the collection of data required by the Dept of Health (HSCIC) mandatory since 2014 for Acute Trusts (Information Standard called – FGM Prevalence Dataset)
- Enhanced Data Set applies to acute and mental health trusts and GPs
- When any women and/or children are disclosed or discovered to have FGM this MUST be recorded in hospital notes and collected by the Information Team and sent to HSCIC.

Enhanced Dataset

- From October 1st, 2015 applies to all GP surgeries & Mental Health Trusts New Information Standard called - FGM Enhanced Dataset
- Not all mandatory. (e.g. ethnicity, number and age of children)
- The patients name and NHS number is used to populate the data fields but will remain anonymous at the point of delivery

Enhanced Data Set October to December 2015

		Total Patients known
National	England	2,238
Commissioning Region	London	1,262
	Midlands and East of England	350
	North of England	372
	South of England	254

- Over 50% of women/girls live in London
- 35 girls recorded under the age of 18
- Self reports is most common
- Where country of birth known Somalia has highest volume of cases. Other countries with high volume of cases include Eritrea, Sudan and Nigeria.
- Highest recorders; midwifery, obstetrics and gynaecology
- Most common types; unknown followed type 1, 2, 3, 4

Enhanced dataset includes how FGM identified, family history, no. daughters < 18, advise on health implications and legalities, country of birth of baby's father, age range when FGM undertaken, country where FGM undertaken

Caution is advised in interpreting findings because data completeness is often low and may vary by region and submitter

Data is collected and sent to the Health and Social Care information Centre (HSCIC), where it is anonymised, analysed and published in aggregate form. A woman or child's personal details will never be published in the national aggregate report and will never be passed to anyone outside HSCIC.

In Healthcare settings

Be sensitive but ask directly.

“I notice you come from a country where FGM/cutting is often practised” Have you been cut/circumcised/ had any genital surgery?

- Carry out a safeguarding risk assessment for any female children
- Explain law in the U.K.
- Explain how FGM can affect health but be sensitive she may never have linked the difficulties to being cut or even remember what happened to her.
- Share information with GP & HV/SN
- FGM documented in healthcare records/FGM RIS
- Enhanced Data collection is completed if required

Finally

Remember

- FGM is against the law in the UK.
- It is child abuse and a human rights violation
- Ensuring good standard of care and support for these already affected
- Safeguarding those at risk and the mandatory duty

Any Questions ?