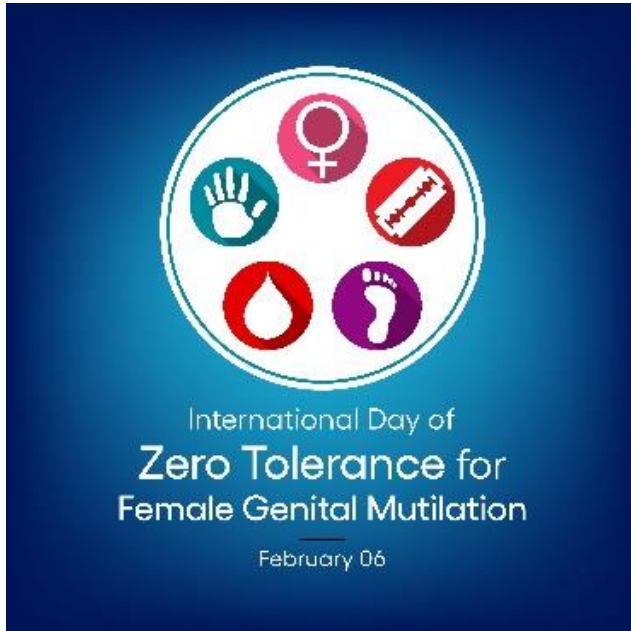


FEMALE GENITAL MUTILATION (FGM/C)



*Presentation produced by
Portsmouth Harmful
Practices Group*

Training delivered by:

Helin Khan

Community Development Worker
FGM and Harmful Practices – Stop Domestic Abuse

WELCOME

House Keeping



If you feel you need to step away from the computer, please do and let us know if you need further support



Silence Your Mic



AIMS AND OBJECTIVES



- Increase your **knowledge and understanding on FGM** including the types of FGM and why/how its performed
- Improve your understanding of the prevalence of FGM including locally within Hampshire areas
- Understand the **legal frameworks** on FGM
- Gain understanding into **your roles and responsibilities** in relation to FGM
- Identify who is **'at risk' of FGM**
- Understand the **key health risks and consequences of FGM**
- Reinforcing the local referral procedure within Hampshire, Isle of Wight, Portsmouth and Southampton

'THE CRUEL CUT'

[https://www.youtube.com/watch?v= 6-w77RJ62Y](https://www.youtube.com/watch?v=6-w77RJ62Y)

WHAT IS FGM?

Female Genital Mutilation (FGM) comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth and causing dangers to the child.'

World Health Organisation 2014



QUIZ



HARMFUL PRACTICES



HONOUR KILLINGS



**HONOUR BASED ABUSE/
VIOLENCE**

**CHILD ABUSE LINKED TO
FAITH AND BELIEF (CALFB) –
e.g. witchcraft**

BREAST IRONING/FLATTENING

FORCED MARRIAGE

FEMALE GENTIAL MUTILATION

FGM IS A MULTI-AGENCY ISSUE

Social Care

Community

Housing

Education

Border Force

Health

Police

FGM/FC/FGC

- **Female Genital Mutilation:** term used by many professionals - highlights that it is a very damaging violation of human rights
- **Female Circumcision:** term often used in practising communities- sometimes felt to be misleading as it suggests a similarity to the male circumcision
- **Female Genital Cutting:** term used by some who feel that the word “mutilation” stigmatises practising communities and/or survivors

FEMALE CIRCUMCISION
KUTAIRI
MEKHNISHAB
BONDO
ISA ARU
TAHUR
YANKAN GISHIRI
SUNNA PHARAONIC
BOLOKOLI
NOISIXE
EXCISION
FEMALE GENITAL MUTILATION

The National FGM Centre – Traditional terms for FGM

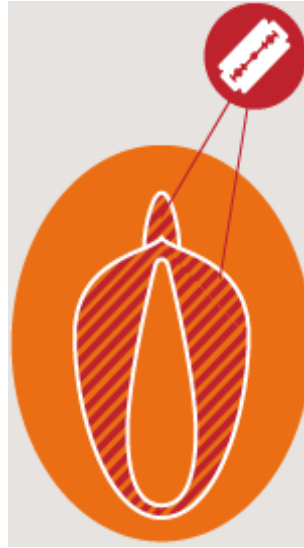
<https://www.fgmnetwork.org.uk/wp-content/uploads/2019/06/FGM-Terminology-for-Website.pdf>

TYPES OF FGM



Type 1- (Clitoridectomy)

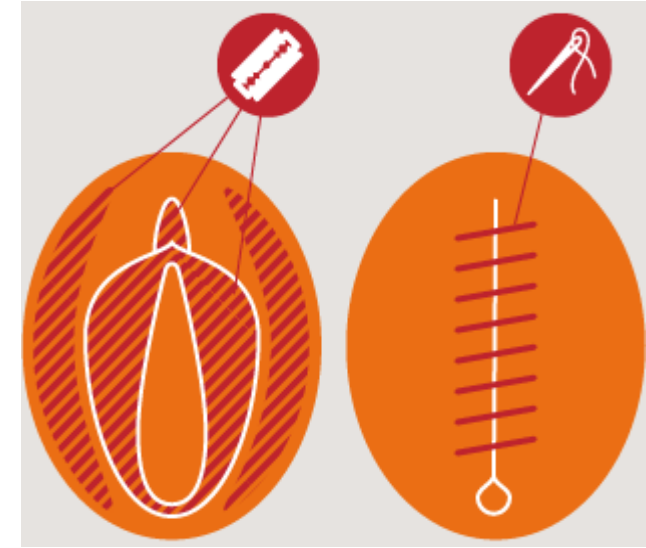
Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). Type 1 can be divided into divisions of variation: 1a and 1b.



Type 2 – (Excision)

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. Type 2 is divided into subdivisions of variations: 2a, 2b and 2c.

Type 4 — All other harmful procedures/practices to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.



Type 3 – (Infibulation)

Narrowing of the vaginal orifice with creation of a covering seal by cutting and joining the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). Type 3 is divided into subdivisions of variations: 3a and 3b.

HOW IS FGM PERFORMED?

- Often by traditional birth attendants or circumcisers 'cutters' (Often 'Elders')
- Anaesthetic rarely used and the child held down by a number of women
- Wound sometimes held together with thorns (differs in every community)
- Sometimes herbs are used as medicine (differs in every community)
- Girls legs are bound together until wound is healed

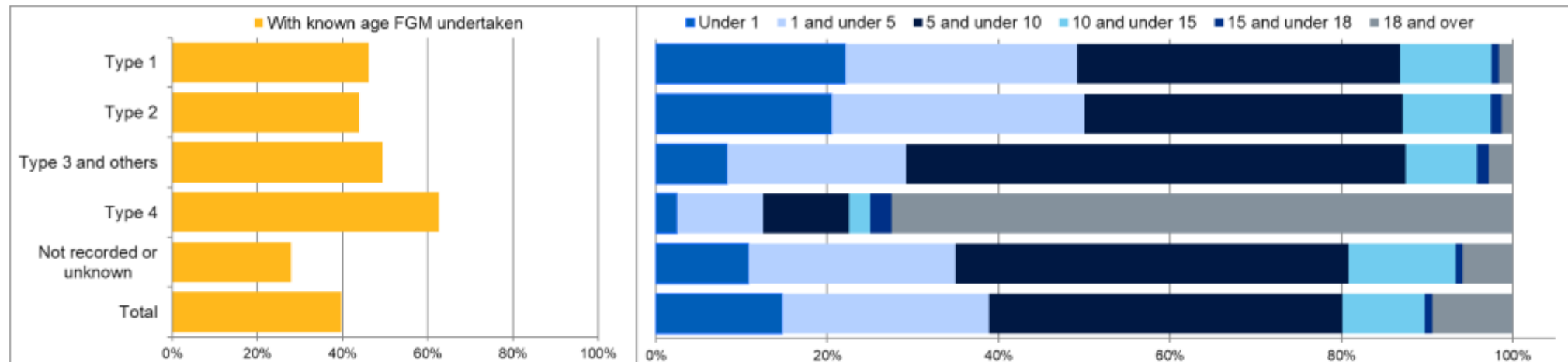


WHO is particularly concerned about the increasing trend for medically trained personnel to perform FGM. 18% of all FGM is performed by health care providers.

WHEN IS FGM PERFORMED?

The age at which FGM is carried out, varies from a few days old to adulthood depending on the geographical area and community – usually 5 to 14 years of age (WHO)

Figure 2.5: Individual¹ women and girls: by age FGM was undertaken, by FGM type, England, April 2020 to March 2021



Source: FGM
Enhanced Dataset:
England April 2020
to March 2021
statistics, Annual
Report

WHY IS FGM PERFORMED?

FGM is an ancient traditional practice that has been taking place for over 2,000 years. While it is not known exactly where and why it first happened, it is thought to originate from Sudan/Egypt

- Mistaken belief that is a religious obligation
- Controlling women's sexuality, preserving virginity and chastity
- Hygiene
- Family expectations to maintain 'family honour'- social acceptance
- As a result of social pressure girls may want to undergo FGM
- Honour and Gender based violence, transition to womanhood/to ensure women are ready for marriage

PREVALENCE OF FGM



There is growing evidence that FGM takes place across the world in numerous countries. It is thought that there is at least 92 countries across the globe where there is currently available evidence of women and girls living with/ at risk of FGM

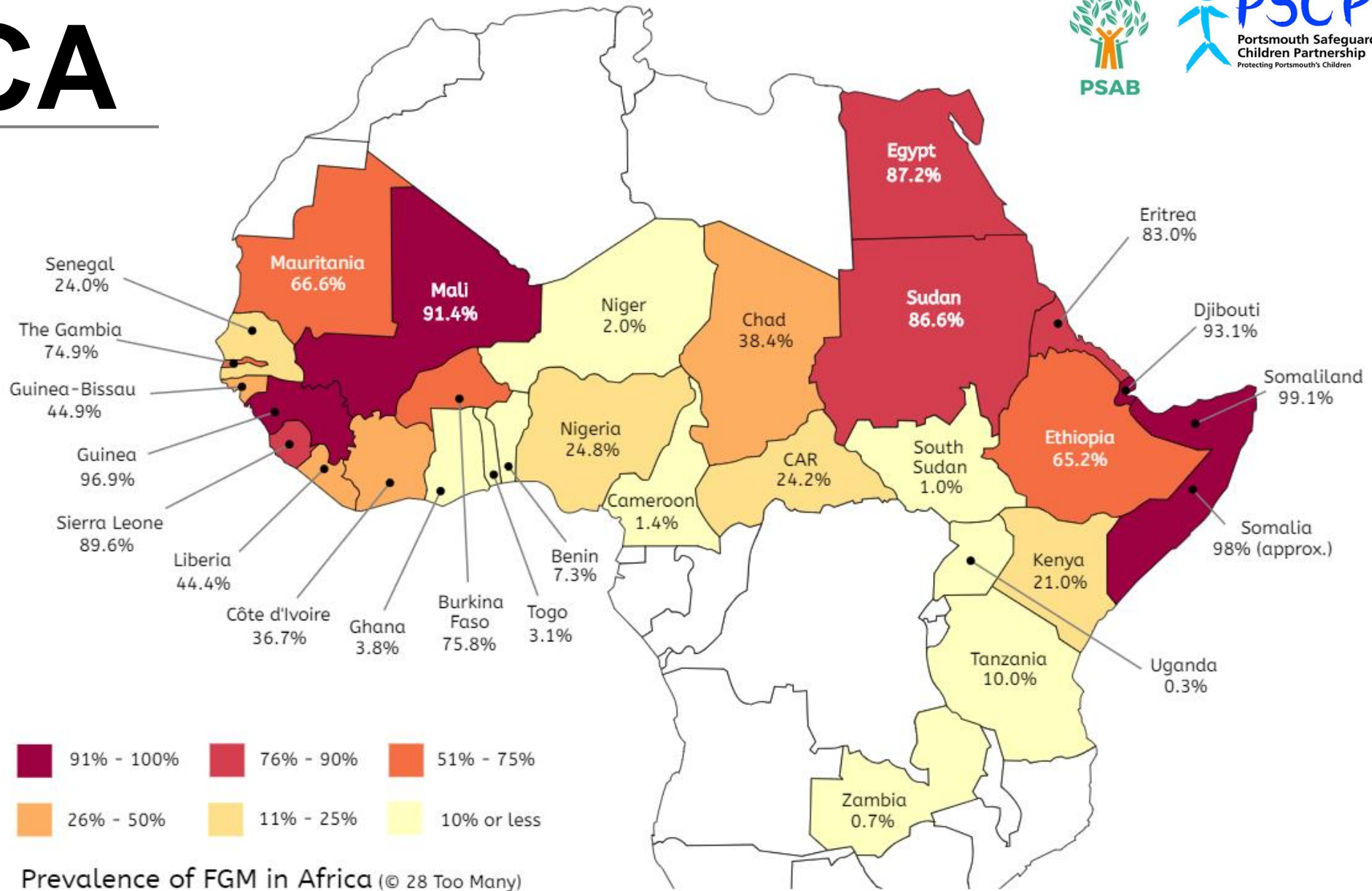
Source: UNICEF Global Database, 2020

It is estimated that more than 200 million girls and women alive today have been subjected to FGM

Source – UNICEF figures 2020

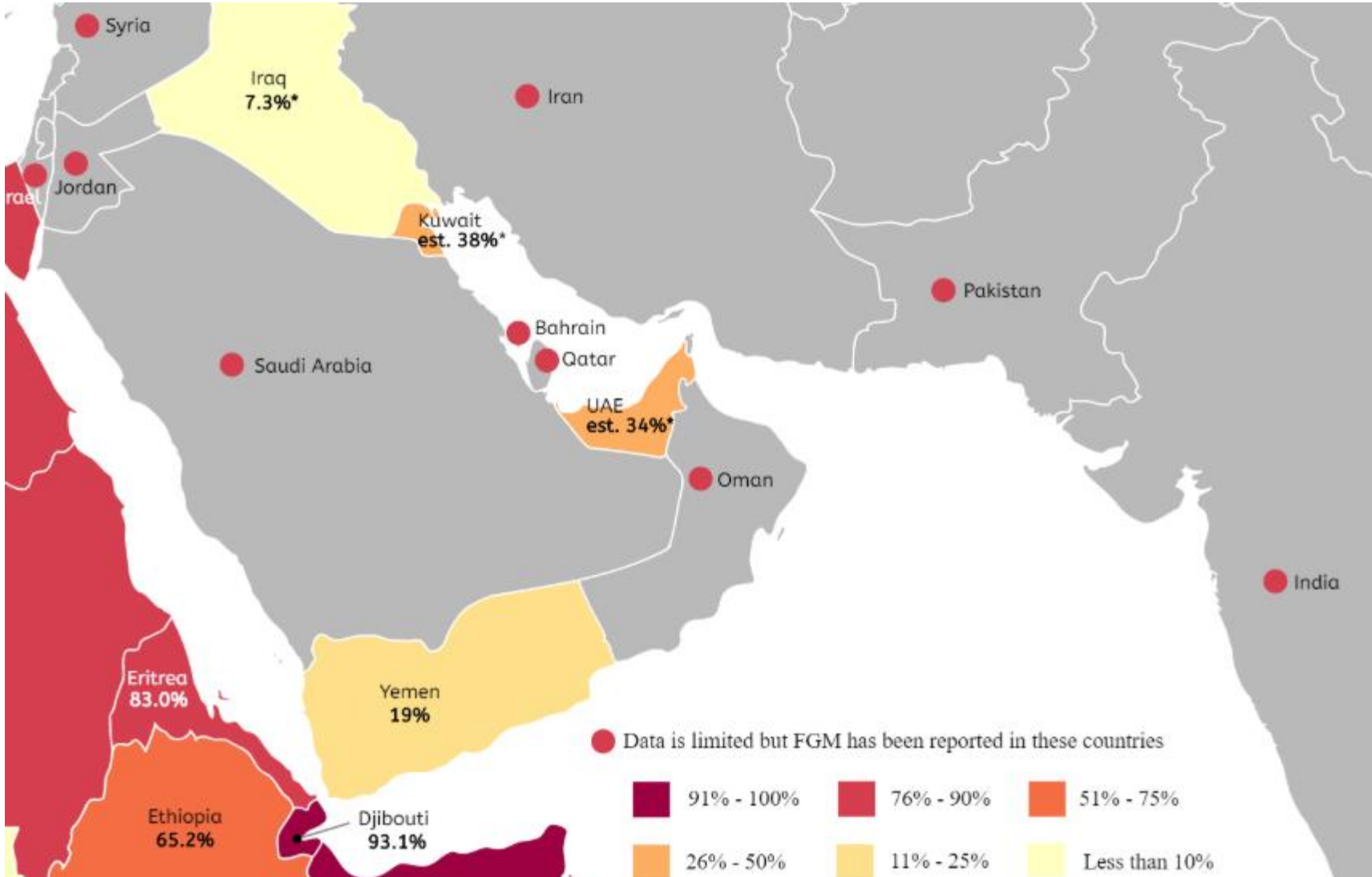
AFRICA

FGM is concentrated in 28 countries in a band that spans from West Africa to the Horn of Africa



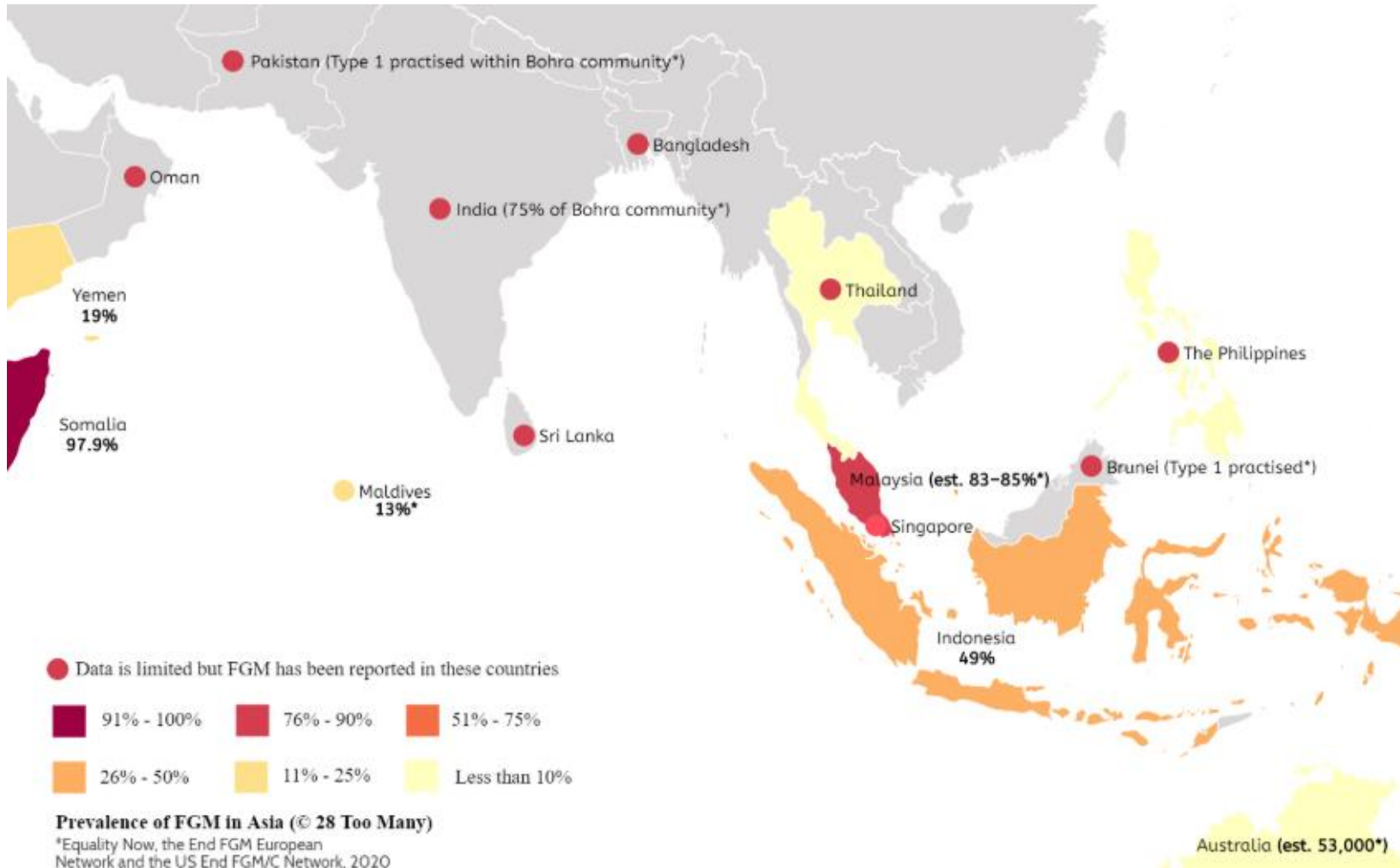
Prevalence of FGM in Africa (© 28 Too Many)

MIDDLE EAST



FGM is reported in at least five Middle Eastern countries: Iraq, Iran, Oman, the UAE and Yemen

ASIA



Studies have shown that in South East Asia, FGM is practised by more than 90% of the Muslim population in Indonesia and Malaysia.

EUROPE



● European Commission indicates FGM in these countries
Prevalence of FGM in Europe (© 28 Too Many)

UNITED KINGDOM

It is estimated that **137,000** women and girls are affected by FGM in England and Wales.

Girls living or born in the UK whose families originate from FGM-practising communities have a higher risk of undergoing FGM themselves.

500,000 women living in Europe are estimated to have undergone FGM. 180,000 girls and women in Europe are estimated to be **AT RISK** of FGM each year.

WHAT ARE THE RISK FACTORS AND SIGNS TO BE AWARE OF?

- A child's family being from one of the 'at-risk' communities for FGM
- Family living with extended family or a relative or cutter visiting from abroad
- A long holiday abroad or going 'home' to visit family
- A female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- Family not fully integrated e.g. language barriers/ not accessing services
- A special occasion or ceremony to 'become a woman' or 'special procedure'
- 'Cutting season': the UK summer holidays – going abroad
- Unexpected, repeated or prolonged absence from school



KNOW THE SIGNS...

- 'Refusal to attend PE/swimming or engage in other physical activity
- Frequent toilet use; extended periods in toilet (Bladder or menstrual problems)
- Change of temperament – withdrawn, anxious or depressed
- Have difficulty in walking, standing or sitting
- Ask for help but not being explicit about the problem
- Display secretive, isolating or challenging behaviour



CHAT BAR TASK

Can you name some short/long term effects of FGM?

EFFECTS OF FGM

Immediate Effects:

- Severe pain
- Shock
- Trauma
- Urinary Retention
- Fractures or dislocation due to restraint
- Haemorrhage
- Infection such as tetanus, HIV and hepatitis B and C
- Excessive swelling

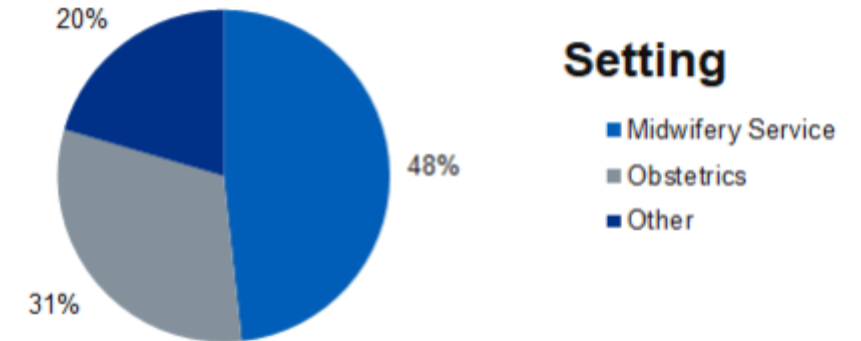
Long-term effects of FGM:

- Difficulties urinating or incontinence
- Frequent or chronic vaginal, pelvic or urinary infections
- Menstrual problems
- Cysts and Abscesses
- Pain when having sex
- Infertility
- Complications during pregnancy and childbirth
- Emotional and mental health problems – PTSD
- Death

IMPLICATIONS IN PREGNANCY

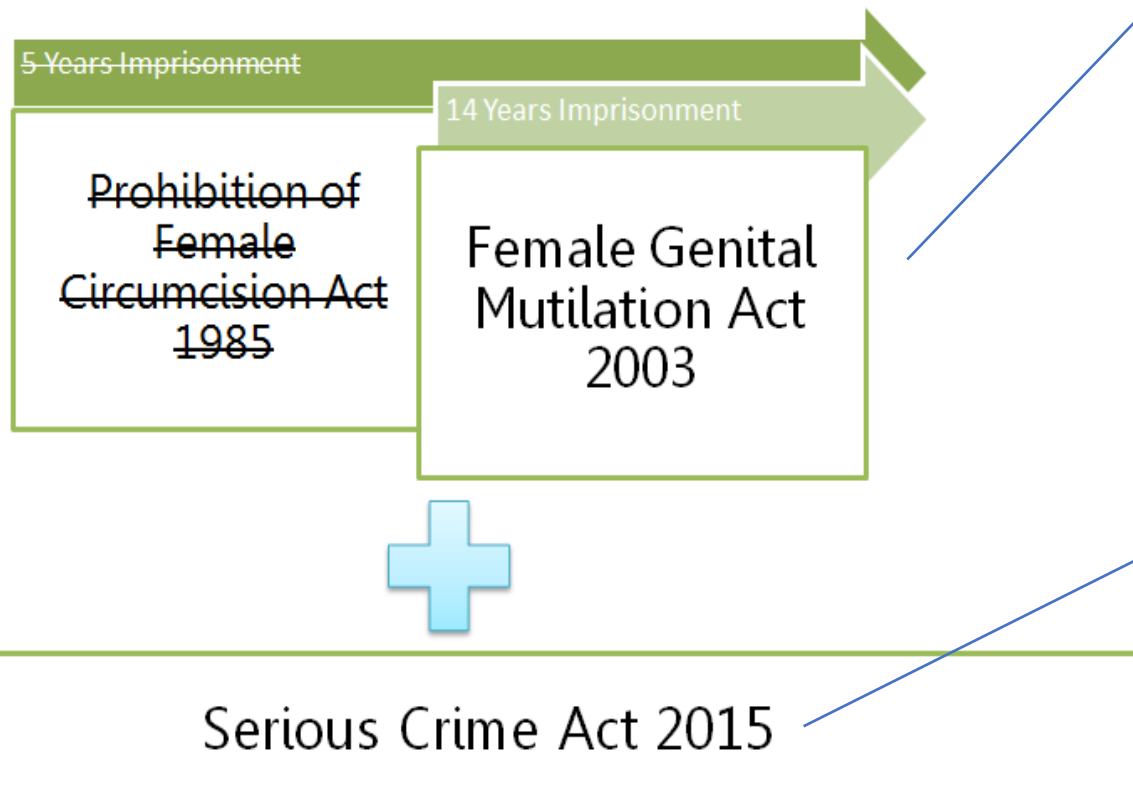
- Flashbacks
- May not be identified antenatally
- Scarring and restriction of the vaginal canal
- Difficulty in vaginal examinations/ applying FSE
- Obstructed Labour/ Delay in descent of head
- Fistulas
- Perineal damage
- Haemorrhage
- Foetal or maternal death
- Limited knowledge of birth attendant
- Increased risk of C/S, PPH, foetal asphyxia
- Perineal trauma – scar tissue

2. About the Data: When is the data collected?



Most recent annual report (England) suggests almost 80% of data collection/attendances are in Maternity or Obstetric services

FGM AND LEGAL FRAMEWORKS



Its an offence (up to 14 years imprisonment):

- Perform FGM in UK
- Assist the carrying out of FGM in the UK or abroad
- Assist a girl to carry out FGM on herself
- Take a girl abroad to be subjected to FGM
- **Section 72** – Make parents/carers of a child liable for failing to prevent their child being subjected to FGM
- **Section 73** – New FGM civil protection order (FGMPO) to protect a girl who is at risk of FGM or a girl against whom a FGM offence has been committed (breach = up to 5 years prison term)
- **Section 74**- Introduces mandatory reporting (of all types of FGM) duty requiring regulated health and social care professionals to report known cases of FGM in under 18s to the police (101)

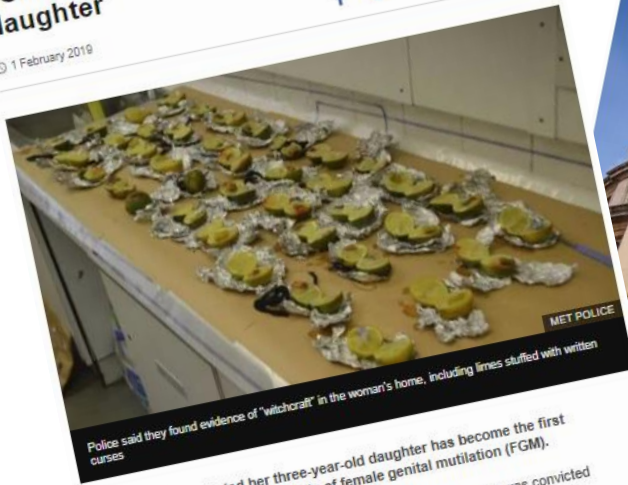
FIRST PROSECUTION IN THE UK

FGM trial: First ever person convicted of practice in UK jailed for 13 years after mutilating 3-year-old daughter

Mother who was also guilty of distributing indecent image of a child told that what she did was 'barbaric, sickening, child abuse'

FGM: Mother guilty of genital mutilation of daughter

© 1 February 2019



A woman who mutilated her three-year-old daughter has become the first person in the UK to be found guilty of female genital mutilation (FGM).

The 37-year-old mother from east London wept in the dock as she was convicted after a trial at the Old Bailey.

Mother of three-year-old is first person convicted of FGM in UK

Ugandan woman from east London was accused of mutilating daughter in 2017



A Ugandan woman from east London has become the first person to be found guilty of female genital mutilation (FGM) in the UK in a landmark case.

The woman, 37, and her Ghanaian partner, 43, both from east London, were accused of cutting their daughter over the Christmas holiday.

The woman was on bail, police searched the mother's home and found evidence of witchcraft, including spells aimed at silencing the daughter. Police found spells written inside 40

In February 2019, a 37-year old woman was found guilty of performing FGM on her 3 year old daughter and was sentenced (8/3/19) to 13 years in prison (11 for offence + 2 years for possessing indecent images/ extreme pornography)

HUMAN RIGHTS



Human Rights

FGM is a violation of a girl and woman's human rights in accordance with several international human rights laws

1989 UN Convention on the rights of the child- Article 19.1 states:

"protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse..."

1989 UN Convention on the rights of the child- Article 24.3 states:

"Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children..."

FGM is a breach of the following Universal Declaration of Human Rights



On 20 December 2012, the United Nations General Assembly adopted a 'Resolution to Ban FGM' worldwide – this reflects universal agreement that female genital mutilation constitutes a violation of human rights.

- A woman's right to health
- A woman's right to life and physical integrity
- A woman's right to freedom from violence & torture
- A woman's right to dignity, liberty, security of person & privacy

MANDATORY REPORTING

All regulated Health and Social Care professionals/ Teachers/ Teaching professionals have a duty to comply with the mandatory reporting



What do I need to do?

- Call your designated **SG lead**
- Accurately **record** actions/decisions
- Call the **Police on 101** as soon as possible and explain you are making a report under the FGM mandatory reporting duty
- **Inform/discuss with the family/child** that you are making the report where possible, **HOWEVER**, if you believe that reporting would lead to a risk of serious harm to the child or anyone else refrain from having this discussion.

Within scope of DUTY

- Girls under 18 who disclose they have had FGM
 - Using all accepted terminology
 - Cut
 - Circumcised
 - Sunna
- When you see signs/symptoms appearing to show she has had FGM
 - If you have no reason to believe it was for the girl's physical or mental health or for purposes connected with labour or birth
 - Remember this includes genital piercings and tattoos for non-medical reasons

Within scope of existing safeguarding processes

- Adult woman (18 and over) has had FGM
- Parent/guardian discloses that child has had FGM
- You believe a girl is at risk of FGM
- You think a girl might have had FGM but she has not disclosed, and you have not seen any signs/symptoms

Within scope

You should follow local safeguarding processes for these cases. You may wish to refer to the DH FGM safeguarding and risk assessment guidance (see 'Resources' for the link).

'Care, Protect, Prevent'
#EndFGM

FGM-INFORMATION SHARING (IS)



The FGM-IS is a national IT system that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who have a family history of FGM (Launched in July 2014). Data is collected by healthcare providers in England, including acute hospitals, mental health services and GP practices.

RISK: An immediate family history of FGM is the most significant factor which indicates that a girl might be at risk of FGM.

The FGM-IS contains:

- An indicator that a girl has a family history of FGM
- The date that the FGM indicator was added on to the system

Pro's

- Part of NHS Spine (via summary care record with NHS smart card)
- Systematically **shares FGM information with authorised healthcare professionals** and administrative staff, who come into contact with girls with a family history of FGM as they grow up.
- This **prompts the professional** to consider if they **need to take any safeguarding actions**. This should reduce the chance that health services might overlook that she has a family history of FGM when providing treatment as she grows up.
- Provides an **opportunity to strengthen local safeguarding frameworks** and processes.

NHS FGM ENHANCED DATA SET



- ✓ Supports the Department of Health's FGM Prevention Programme by presenting a national picture of the prevalence of FGM in England.

Since 2015, NHS Digital have collected data on FGM within the NHS in England on behalf of the Department of Health (DH) – statutory reporting duty from NHS acute trusts, primary care, mental health trusts.

The data collected is used to produce information that helps to:

- Improve how the NHS supports women and girls who have had or who are at risk of FGM
- Plan the local NHS services needed both now and in the future
- Help other organisations e.g. local authorities to develop plans to stop FGM happening in local communities
- Data is collected from NHS acute trusts, mental health trusts and GP practices and reports are **published as an official statistic every quarter/ annually**

Table 2.1.1: Individual¹ women and girls: by FGM Type, England, April 2020 to March 2021

Commissioning Region ³	FGM Type ²								
	Not recorded ⁴	Not stated or unknown ⁵	Type 1	Type 2	Type 3	Type 4	History of Type 3	Type 3 - Re-infibulation Identified	Total
East of England	5	45	40	25	5	30	0	0	145
London	10	760	460	255	250	60	30	40	1,865
Midlands	40	260	360	275	185	90	15	5	1,225
North East and Yorkshire	20	220	140	115	45	85	5	5	635
North West of England	25	390	230	140	70	20	5	5	885
South East of England	30	55	50	35	10	15	5	5	200
South West of England	40	225	30	30	30	15	10	5	385
Total	170	1,975	1,320	880	610	325	65	50	5,395

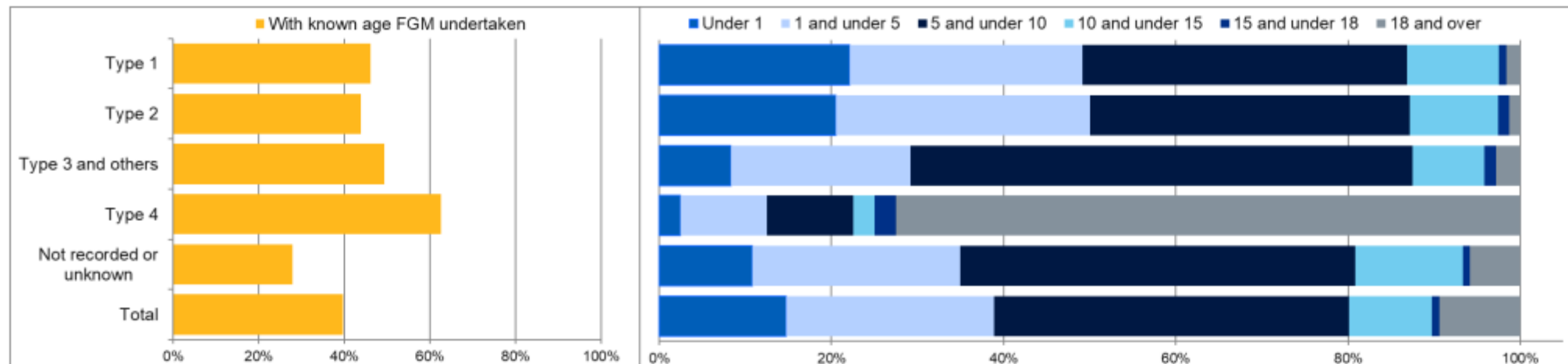
Values 1-7 are rounded to 5 - all other values are rounded to the nearest 5.

Source: NHS Digital

South East England

- 200 girls/women recorded onto Dataset
- 50 of these had type 1 FGM
- 35 of these had type 2 FGM
- 20 of these had type 3 FGM

Figure 2.5: Individual¹ women and girls: by age FGM was undertaken, by FGM type, England, April 2020 to March 2021





**DONT FORGET –
'ITS YOUR JOB TO ASK'**

<https://youtu.be/fmuDE90vivM>

ASKING THE QUESTION

Top Tips:

- Create an opportunity for **open and honest conversations**
- Do you need an **interpreter?** (use professional interpreters)
- Think about your **body language**
- Be **professional** – explain why you need to discuss FGM
- Don't **be judgemental – don't make assumptions**
- **Record** all the information you need to make a good assessment of the case
- Be **respectful and empathetic**
- Use fact – **explain the UK law**
- Use **simple language** (avoid medical terminology/jargon)
- Consider **culturally appropriate language** when asking about FGM (some communities may use words such as 'Sunna' or 'cutting')

Start with general questions:

- 'I notice that you come from a country where some communities practice FGM. Do you know what FGM is?'
- Have you had circumcision or been cut when you were a young girl or baby?'
- 'What is the term used for cutting/FGM in your community?'
- 'There are many countries around the world where female circumcision is practiced, has that happened to you?'
- Do you know if you have ever been closed/ cut/ circumcised/ down below?'
- Do you feel you can tell me about your experience?'

If she is unsure if she had been subjected to FGM or if she is unsure on the type, you can use more leading questions:

- Do you experience any pain or difficulties during intercourse?'
- Do you have any problems passing urine?'
- How long does it take you to pass urine?'
- Do you have any stomach pain or menstrual difficulties?'

If she consents, talk to them about their anatomy – this may be the first time they have spoken out

A STATEMENT OPPOSING FGM

A Statement Opposing Female Genital Mutilation

2016



Female Genital Mutilation (FGM) is child abuse and an extremely harmful practice with devastating health consequences for girls and women. Some girls die from blood loss or infection as a direct result of the procedure. Some women who have undergone FGM are also likely to find it difficult to give birth and many also suffer from long-term psychological trauma.

What this statement is for: You should take this statement with you when you go abroad. You can show it to your family. This makes it clear that FGM is a **serious criminal offence** in the UK with a maximum

UK law: FGM is a crime in the UK¹.

- Even if someone is taken overseas to undergo FGM, it is still a crime in the UK if the mutilation is done by a UK national or a UK resident.
- It is also a crime if a UK national or resident assists or gets a non-UK national or resident to carry out FGM overseas on a UK national or resident

¹ In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. In Scotland it is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

- And if FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the relevant time is guilty of an offence².

Criminal Penalties: Anyone found guilty of an FGM offence – or of helping somebody commit one – faces up to 14 years in prison, a fine, or both.

Anyone found guilty of failing to protect a girl from risk of FGM faces up to 7 years in prison, a fine, or both.

² In England, Wales and Northern Ireland.

penalty of 14 years in prison for anyone found guilty. Your parents, or whoever is caring for you, may also be guilty of an offence if they fail to protect you from FGM being carried out.

Keep this statement safe: You should carry it with you at all times – especially when you go abroad.

What is FGM: FGM is the mutilation of the external female genitalia for non-medical reasons. It is sometimes known as female circumcision or 'sunna'.

In 2012 the Government published a **'Statement Opposing Female Genital Mutilation'** leaflet, commonly referred to as the "Health Passport". This pocket-sized document sets out the law and the potential criminal penalties that can be used against those allowing FGM to take place. It has been designed to be discreetly carried in a purse, wallet or passport. It is available in a variety of languages.

Help and support: If you are worried that this may happen to you or someone you know, you can speak in confidence to a teacher, doctor, school nurse, social worker, police officer or any health, educational or social care professional. They will be able to help, support and protect you. If you are a victim of FGM and report it to the police, you will be given lifelong anonymity from the time an allegation is made. This means that no information may be published that could identify you as a victim of FGM, even if there is no eventual court case.

If you are in the UK and are concerned that you may be taken overseas for the purpose of FGM please **call the police by dialling 999**.

If you are abroad and require help or advice please call the **Foreign and Commonwealth Office on +44 (0) 20 7008 1500**

You can also access help and support from:

NSPCC FGM Helpline:
0800 028 3550
Email: fgmhelp@nspcc.org.uk

Childline
Tel: 0800 1111
www.childline.org

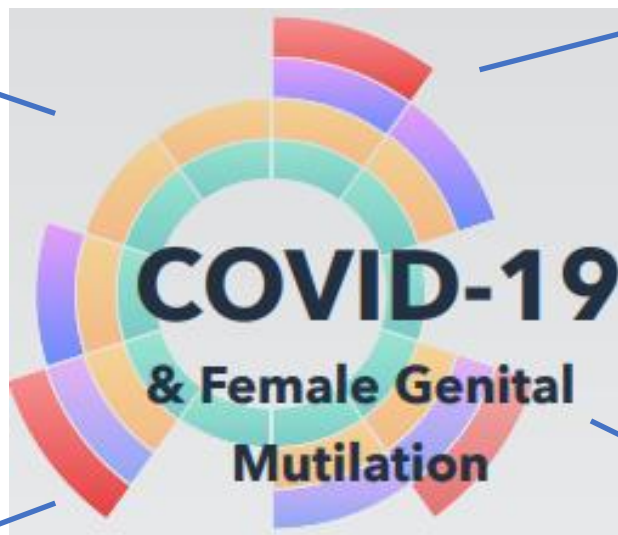
Equality Now
(in Nairobi, Kenya and London, UK)
Tel (London): +44(0) 20-7304 6902
Tel (Nairobi): + 254 20-271-9832
www.equalitynow.org

© Crown copyright 2016



COVID-19 and FGM

FGMPO's were/ can still be obtained during the pandemic and whilst social distancing measures are enforced.



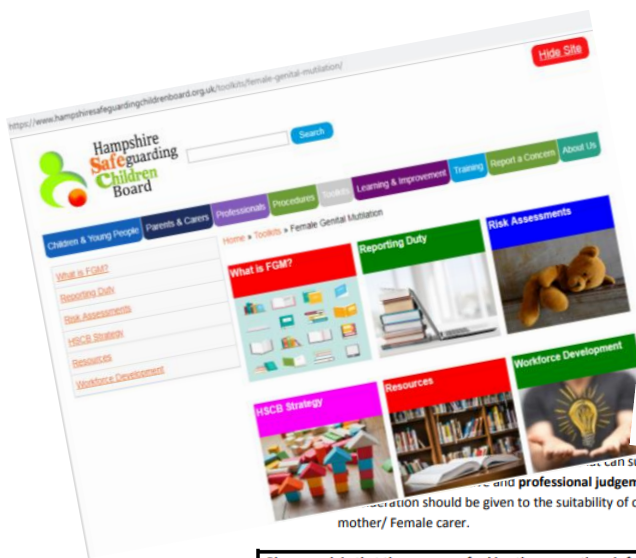
Reduced access to support: virtual access to counselling and advocacy support via the NHS FGM support clinics; leading to a possible increase in survivors with mental health needs.

Its important for schools to ensure children 'at risk' are monitored/ on the radar during periods where schools may be closed/ re-opened. Contact children's services for advice if you have concerns or need advice.

Concerns:

- Reduced protection for girls from affected communities (not being seen)
- Increased risk of girls potentially being cut in the UK

THE HSCP DOCUMENTS & FGM TOOLKIT



- Home » Toolkits » Female Genital Mutilation » Resources » FGM Fact Sheets for Professionals
- FGM Fact Sheets for Professionals**
 These fact sheets have been produced by the Hampshire Safeguarding Adults and Children Partnership.
- Fact sheet 01: Cultural, Religious and Social Causes of FGM
 - Fact sheet 02: Physical and Mental Consequences of FGM
 - Fact sheet 03: Statement Opposing Female Genital Mutilation
 - Fact Sheet 04: Warning Signs That FGM May Be About to Take Place
 - Fact sheet 05: Guidance in Talking About FGM
 - Fact sheet 06: Indication That FGM May Have Already Taken Place
 - Fact sheet 07: Appropriate Professional Responses to FGM
 - Fact sheet 08: Current Requirements on NHS Staff in Reporting FGM
 - Fact sheet 09: Procedure for Reporting FGM Concerns to Social Services or The Police
 - Fact sheet 10: FGM Enhanced Dataset



Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick if the factor is present, comments can be added below. If the information is provided by a third party please indicate source in right hand column.				
	Yes	Suspected	No	Third party Source (clarify)
Score as HIGH RISK if answering 'YES' to any questions 1-10 Submit this risk assessment with a child protection (s47) referral to Children's Services				
1. Has the child disclosed that she has had FGM? Comments:				
2. Has the child got symptoms which appear to show that she has had FGM? (do not examine genitalia if this is out of your professional remit)				
3. Has the child disclosed that they are afraid of FGM/C or made a non-specific request for help due to concerns regarding personal safety, shame or dishonour to the family?				
4. Has the child disclosed that they are having a special occasion, such as where they are going to 'become a woman'?				
5. Has the child or family member informed someone that FGM/C is to be performed soon?				

PORTSMOUTH INFORMATION



Got a Concern?

- Contact Children's Services via the Multi Agency Safeguarding Hub (MASH) -
0845 671 0271/023 9268 8793 or complete the Inter-Agency Contact Form
Email: MASH@portsmouthcc.gov.uk
- Contact Adult's Social Care Connect -
023 9268 0810 or email PortsmouthAdultMASH@portsmouthcc.gov.uk
- Portsmouth Safeguarding Children's Partnership
<https://www.portsmouthscp.org.uk/professionals/female-genital-mutilation/>
- Stop Domestic Abuse (SDA) Service – SDA is a local charity providing services to women, children, young people and men who have experienced or who are experiencing domestic abuse in Portsmouth-
02393 065 494 / <https://stopdomesticabuse.uk/> / helin.khan@stopdomesticabuse.uk
- African Women's Forum Portsmouth
07758805316 or awf07@hotmail.co.uk

**STOP
DOMESTIC
ABUSE**



HAMPSHIRE INFORMATION



- FGM remains a priority across HIPS and we continue to raise awareness of FGM within Hampshire (Task and Finish Group to update the Hampshire Strategy etc.).
- Working collaboratively with multi-agency professionals (Harmful Practices groups etc.)

Got a Concern?

- Making a referral to children's services - via the [Inter Agency Referral form](#)
- Children's Services Professionals line - **01329 225379** or by email csprofessional@hants.gov.uk

**STOP
DOMESTIC
ABUSE**

- [Stop Domestic Abuse \(SDA\) Service](#) – SDA is a local charity providing services to women, children, young people and men who have experienced or who are experiencing domestic abuse in Hampshire- **0330 016 5112 / <https://stopdomesticabuse.uk/>**
 - Community Development Worker for Female Genital Mutilation/Harmful Cultural Practices
 - Raising awareness, community working, 1:1 support for victims training

SOUTHAMPTON INFORMATION

Got a Concern?

- Contact Children's Services via the Multi Agency Safeguarding Hub (MASH) - 02380 83 3336 or the [online referral form](#)
- Contact Adult's Social Care Connect - 023 8083 3003 or the [online referral form](#) (Adults)



Yellow Door- Offer a wide range of specialist therapeutic, supportive and preventative services around the issues of sexual abuse and violence, including FGM. Yellow Door work with victims of abuse to help them overcome the negative impacts of trauma, violence and abuse.

Yellow door can be contacted via; **Office- 023 8063 6312, Helpline- 023 8063 6313 or info@yellowdoor.org.uk**

Due to government advice regarding the Coronavirus, Yellow Door have had to suspend all face to face client services from our premises until further notice. However, they are continuing to provide information, advice, counselling and support via the telephone and online video sessions. For further information, please visit <https://www.yellowdoor.org.uk/>

ISLE of WIGHT INFORMATION

Got a Concern?

➤ Contact Children's Services via the Multi Agency Safeguarding Hub (MASH) -

0300 300 0117 or complete the [Inter Agency Referral form](#)

➤ Contact Adult's Social Care Connect -

01983 814980 or email safeguardingconcerns@iow.gov.uk

FGM CLINICS



Oxford Rose Clinic, John Radcliffe Hospital:

Adult FGM Clinic: Pregnant & non-pregnant

Bristol Community Rose Clinic at East Trees Heath Centre:

Adult FGM Clinic: Pregnant & non-pregnant

Chelsea and Westminster FGM Service – Chelsea and Westminster Hospital NHS Trust

Adult FGM Clinic: Pregnant & non-pregnant women

THE Sunflower Clinic, Queen Charlotte's Hospital

Adult FGM Clinic: Pregnant & non-pregnant women

Whittington Hospital FGM Clinic , London (previously African Well Women's clinic)

Adult FGM Clinic: Pregnant & non-pregnant women

Well Women Clinic - St Marys Hospital, Imperial College Healthcare

Adult FGM Clinic: Pregnant women only

Croydon – Edridge Practice (Calabash Clinic)

Adult FGM Clinic: Pregnant & non-pregnant women

Birmingham Heartlands Hospital – Heart of England NHS Foundation Trust:

Adult FGM Clinic: Pregnant & non-pregnant

Liverpool Women's Hospital:

Adult FGM Clinic: Pregnant Women

Nottingham University Hospitals NHS Trust :

Adult FGM Clinic: Pregnant & non-pregnant

Royal Infirmary of Edinburgh, Scotland:

Adult FGM Clinic: Pregnant & non-pregnant

St John Hospital, Livingston, Scotland:

Adult FGM Clinic: Pregnant & non-pregnant

University College London Hospitals NHS Foundation Trust

Children's FGM services: This is the only UK service for children who have had, suspected, at risk. Close liaison with the police, social care and local community groups.

RESOURCES



Support For Professionals:

- ❖ **HSCP FGM Toolkit-**
<https://www.hampshirescp.org.uk/toolkits/female-genital-mutilation/>
- ❖ **Gov.uk Safeguarding women and girls at risk of FGM -**
<https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>
- ❖ **Female Genital Mutilation: Statutory Multi-Agency Practice Guidelines**
<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>
- ❖ **National FGM Centre global map -**
<http://nationalfgmcentre.org.uk/wp-content/uploads/2016/10/Hard-Copy-Map.pdf>
- ❖ **National FGM Centre interactive world map -**
<http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/>
- ❖ **28 Too Many country profiles of FGM -**
<http://28toomany.org/fgm-research/country-profiles/>

Support for Patients:

- ❖ **National FGM Support Clinics -**
<https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/>
- ❖ **Coventry University app to educate young people about female genital mutilation. It is endorsed by the NSPCC -** [Coventry http://petals.coventry.ac.uk/](http://petals.coventry.ac.uk/)
- ❖ **NHS FGM information -**
<https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>
- ❖ **Department of Health FGM information leaflets for patients/families -** <https://www.nhs.uk/Conditions/female-genital-mutilation/Documents/2905942-DH-FGM-Leaflet-English.pdf>
- ❖ **Statement opposing female genital mutilation-**
<https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

FURTHER LEARNING

- **Health Education England e-learning FGM programme** (Only accessible to healthcare professionals) via the e-Learning for Healthcare platform - search 'FGM'

<http://www.e-lfh.org.uk/programmes/female-genital-mutilation/>

- **Home Office – Recognising and preventing FGM E-learning training** - <https://fgmelearning.vctms.co.uk/>

Ending FGM Campaign <https://youtu.be/HkDuzLA8T9w> ('Lets Protect our Girls' - Home Office)