

Definitions and context

Female genital mutilation (FGM) comprises 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. There are no health benefits to FGM. It is illegal in Scotland and the UK and classed as a form of child abuse and violence against women.

FGM cases are largely concentrated in Africa. The percentage of girls and women aged 15 to 49 years who have undergone FGM between 2004–2015 is very high in some countries, for example

- Somalia (98%)
- Guinea (96%)
- Djibouti (93%)
- Egypt (91%)
- Mali, Sierra Leone and Sudan (each over 85%)

and it is also widely practised in the Middle East and South-East Asia. See this link for detailed statistics and trends:

https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

Approximately 24,000 people from FGM practising countries were living in Scotland in 2011, mostly in Glasgow, Aberdeen, Edinburgh and Dundee. 2,750 girls were born in these families between 2001-2012. By weighted prevalence, Nigerians are the largest community in Scotland potentially affected by FGM. As the percentage of women and girls affected in their home countries is so high (see above) it is very likely that clinicians in Scotland will come across survivors. There is the danger that girls born here will be forced to return home for mutilating surgery.

Physical symptoms can be immediate (pain, shock, infection, injury to adjacent tissues, injuries from being restrained or fatal haemorrhage) or longer term (cysts, neuromas, scarring, urine retention, menstrual difficulties, uterine/ vaginal/ pelvic infections, sexual dysfunction, subfertility, risk of fistulae and difficulties or loss in pregnancy and childbirth).

FGM is also associated with complications in pregnancy and delay in the second stage of childbirth as well as maternal or fetal death. Early specialist input enables pre-conception counselling and planning, including 'de-infibulation', a procedure to create a revised vaginal opening. FGM can be associated with significant mental health comorbidity and will need appropriate referral to the appropriate trauma-informed or trauma specialist mental health services and victim support groups.

Highest safeguarding risks are present if a child asks for help or if the child or their sibling confides in another about a 'special occasion/celebration' during an imminent trip overseas. Also, if the family behave or demonstrate views that are a cause for concern or simply, if their sibling or mother has had FGM.

Examination, management and support of patients

Avoid repeat examinations, offer a chaperone and clarify consent. Refer for specialist gynaecology review, on the same day in the unlikely event of acute FGM surgery being discovered.

Pregnancy: Arrange early specialist obstetric review. If presenting with subfertility or wishing to conceive, refer to gynaecology for assessment, pre-conception planning and assessment for 'defibulation' (or revision) of FGM if required.

Psychological distress, anxiety, depression and PTSD: Refer to the appropriate trauma-informed specialist mental health service. Signpost to online or local support groups such as

- Women's Support Project
- KWISA
- Dignity Alert Research Forum (DARF)
- Shakti Women's Aid
- Amina: Muslim Women's Helpline.

Safeguard the survivor and female members of her family, especially female children. Follow local Child Protection Procedures and share information. Enter read codes e.g. 'FGM' on mother's notes; 'FH: FGM' on child(ren)'s notes as appropriate.

Helpful numbers include

- the 24-hour NSPCC helpline 0800 028 3550
- For immediate risk, such as an intended forced journey abroad, dial 999 for Police
- If patients need help while abroad, advise them to call the Foreign and Commonwealth Office on +44 (0) 20 7008 1500 or the local British High Commission or Embassy.

Table 1. How to support a survivor of FGM, or someone at risk

Be Vigilant	Ask without Judgement	Empower and Educate
New Patient Checks Cervical smears Antenatal booking Recurrent UTI, pelvic, bladder or menstrual issues Travel Clinics and vaccines Opportunistic and/or symptomatic discussions	"Do you or your partner come from a community where cutting or circumcision is practised?" "Have you ever been cut, closed or circumcised?" Use sensitive language with a female interpreter; refer to a list of dialect-specific terms if needed	FGM is prohibited because it is very harmful with no health benefits UK law protects females of all ages from FGM and protects victims of FGM Help is available for symptoms, for childbirth and for prevention of FGM UK law deems it a crime if anyone carries out, assists or even arranges / allows FGM. This law applies even if the cutting occurs outside Scotland, and it is our duty as clinicians to report such crimes Provide the Scottish Government Statement Opposing FGM http://www.gov.scot/Resource/0047/00474491.pdf