



FEMALE GENITAL MUTILATION

**Staffordshire Safeguarding Children Board –
Procedures - Section 4M**

**Stoke-on-Trent Safeguarding Children Board –
Procedures - Section F09**

FEMALE GENITAL MUTILATION

What is female genital mutilation (FGM)?

“Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.”
(World Health Organisation, 2014).

FGM is known by a number of names including “female genital cutting”, “female circumcision” or “initiation”.

FGM is also linked to domestic abuse, particularly in relation to „honour based violence“. Please see pages 11 - 12 for further information and links to other Staffordshire Safeguarding Children Board and Stoke-on-Trent Safeguarding Children Board procedures.

Types of FGM

FGM has been classified by the World Health Organisation (WHO 2014, Factsheet No. 241):-

Type 1 - Clitoridectomy: partial or total removal of the clitoris (the small sensitive erectile part of the female genitalia), in rare cases the prepuce (hood of the clitoris) only is removed.

Type 2 - Excision: partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora. (The labia are the “lips” surrounding the vagina (80% cases)).

Type 3 - Infibulation: narrowing of the vaginal opening by cutting and re-positioning the inner or outer, labia, with or without removal of the clitoris. (15% cases)

Type 4 - Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Prevalence

FGM is deeply rooted in tradition widely practiced among specific ethnic populations in Africa and parts of the Middle East and Asia. Data from Somalia, Guinea, Djibouti, Sierra Leone, Egypt, Sudan, Eritrea and Mali show a prevalence of over 80% but it is also widely practiced in other African countries. However, FGM has been found in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan.

The World Health Organisation 2014 estimates that between 100 and 140 million girls and women have been subjected to FGM and that around 3 million girls

undergo some form of the procedure each year in Africa alone.

The prevalence of FGM in the UK is difficult to estimate due to its hidden nature but it is estimated that over 20,000 girls under the age of 15 years could be at risk in England and Wales. In addition, it is estimated that there are in excess of 125,000 females aged 15 years and over, currently residing in England and Wales, who are living with the consequences of FGM (HM Government, Multi- Agency Practice Guidelines: Female Genital Mutilation; 2014.) The distribution of cases is likely to be uneven and will mirror the distribution of particular practicing communities.

Why is female genital mutilation performed?

FGM is a complex issue. It is often seen as a natural and beneficial practice by a loving family who believe that it is in the girl's best interests.

A number of factors have been identified:-

- To maintain cultural identity.
- Religion - in the mistaken belief that it is a religious requirement.
- Social acceptance especially for marriage.
- Preservation of virginity/chastity.
- Increasing sexual pleasure for the male.
- Men's control of female reproductive functions.
- Hygiene and cleanliness.
- Family honour.
- Fear of social exclusion.

Many women believe that FGM is necessary to ensure acceptance in their community. They are often unaware that it is not practised in most of the world. FGM serves as a complex form of social control of women's sexual and reproductive rights.

At what age is FGM performed?

The age at which FGM is performed varies from area to area. It can be performed on female infants who are a few days' old, female children and adolescents, and occasionally on mature women. However the majority of cases are thought to happen between the ages of 5 and 8 years.

Who performs FGM?

The practice of female genital mutilation is often perpetrated by an older woman in the practicing community and can be a way of her gaining prestige and making a good income.

It is performed with crude blunt instruments such as often unsterilised household knives or razor blades, but broken glass and stones are also used, and often without anaesthetic. The more affluent may have the procedure performed in a health care facility by qualified health personnel.

Effects of FGM

FGM can cause both short term and long term complications. Some of these are as a result of the procedure being performed in unhygienic circumstances.

Short-term implications:

- Severe pain.
- Shock - both emotional and psychological as well as medical.
- Haemorrhage.
- Wound infection including tetanus and blood borne viruses such as HIV and hepatitis B and C.
- Damage to organs around the clitoris and labia.
- Urine retention.
- Fracture of bones or dislocation of joints as a result of restraint.
- Damage to other organs.

Long-term implications:-

- Damage to the reproductive system including infertility.
- Chronic vaginal and pelvic infections.
- Cysts and abscesses.
- Complications in pregnancy and child birth, including death.
- Psychological damage.
- Painful sexual intercourse.
- Sexual dysfunction.
- Difficulties in menstruation.
- Difficulties in passing urine and chronic urine infections.
- Renal impairment and possible renal failure.
- Increased risk of HIV and other sexually transmitted infections.
- Death.

There is increasing awareness of the severe psychological consequences of FGM which can be lifelong. There is evidence to suggest that girls having undergone FGM suffer from post-traumatic stress disorder with flash backs and many suffer from anxiety and mood disorder. The feeling of betrayal, incompleteness, anger and regret are themes reported by young women undergoing counselling.

Identifying girls at risk of FGM

A girl from a practicing community may be at risk of FGM but it cannot be assumed that all families from practicing communities will want their females to undergo FGM.

The risk of FGM to an individual is greater when the community is less well integrated into British society, when their own mother or sister has been the subject of FGM or when they have been withdrawn from Personal, Social and Health Education (PSHE) lessons at school. The withdrawal from such lessons may be the parent's way of keeping the girl uninformed of her rights and her own body.

A girl may be taken out of the country for a holiday for the procedure to be carried out abroad with time for recovery, but there is also evidence that FGM is carried out in the UK. Girls are particularly vulnerable during the summer holidays, both for female genital mutilation and forced marriage. All professionals, particularly those in education settings, are encouraged to be particularly alert to the signs of potential abuse at this time of year.

Alerts to imminent FGM may include:-

- A visiting female elder being in the UK from the country of origin.
- A professional hearing reference to FGM e.g. having a "special procedure".
- A disclosure or request for help if the girl is aware or suspects she is at risk.
- Parents taking the child out of the country for a prolonged period.
- The girl talking about a long holiday to one of the countries where FGM is practiced.

FGM may already have taken place but it is important that this is recognised so that help can be offered to the girl, other family members at risk can be safeguarded and so that a criminal investigation can be carried out.

Indications that FGM has already been carried out may be suspected if:-

- A girl seems to have difficulty walking, sitting or standing.
- A girl spends longer than normal in the bathroom/toilet due to difficulties urinating.
- A girl spends long periods away from the classroom with bladder or menstrual problems.
- A girl misses a lot of time off school or college.

- A girl has a change in behaviour.
- A girl being unduly reluctant to have a normal medical examination.
- A girl confides in someone or may ask for help but not be explicit due to fear or embarrassment.

Legal Context

FGM is illegal in the UK

The Female Genital Mutilation Act 2003 applies to England, Wales and Northern Ireland and a person, whatever their nationality or residence status, is guilty of an offence under this Act if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris within the UK for non-medical reasons. Necessary operations by a registered medical practitioner or midwife for medical reasons or related to child birth are specific exclusions under the Act.

It is also an offence to assist a girl or woman in mutilating her own genitalia.

FGM has been illegal in England, Wales and Northern Ireland since the ***Female Circumcision Prohibition Act 1985*** came into force.

In 2003 the Act was updated to stipulate that it was an offence to:

- Perform FGM
- Assist in the carrying out of FGM
- Assisting a female to carry out FGM on herself in the UK or abroad.

A person found guilty of any of the above offences would be liable to receive a maximum sentence of 14 years imprisonment.

The ***Serious Crime Act 2015*** then extended the realms of the previous Act to include making it an offence for:

- Any person with parental or caring responsibility for a girl to fail to protect her from FGM
- To publish any information that would likely lead to the identification of a person whom an FGM offence is alleged to have been committed on.

The Serious Crime Act 2015 introduced the FGM Protection Order which can be issued in court and has the power to protect a female who is thought to be at risk of FGM or to

protect a female who has already undergone FGM.

It also made reporting in relation to FGM a mandatory process for those regulated professionals such as teachers, social workers and health professionals.

Mandatory Reporting and Recording of Data for Department of Health (DOH)

A mandatory reporting duty for FGM requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. The FGM duty came into force on 31 October 2015 to report 'known' cases of FGM in the under 18s which they identify in the course of their professional work (either on examination or because the patient or parent says it has been done) to the police as soon as possible (DoH, 2015).

All health professionals must also be familiar with the requirements of the Health and Social Care Information Centre (HSCIC) FGM Enhanced Dataset and explain its purpose to the woman when FGM is disclosed. The requirement is for her personal data to be submitted without anonymisation to the HSCIC; this is in order to prevent duplication of data and should be explained clearly. However, she should also be told that all personal data is anonymised at the point of statistical analysis and publication (RCOG, Green-top Guideline, 2015).

Responding to FGM

Girls, young women and babies once born at risk of FGM need to be safeguarded. Anyone with information that a child is potentially or actually at risk of significant harm, is required to inform children's social care or the police. (Children Act 1989; consolidated by S10 Children Act 2004, places a duty on all key agencies to co-operate to improve the well-being of children and young people). (Appendix A).

If any child under the age of 18 years, or unborn, is identified at risk of FGM, or known to have undergone FGM, they must be referred to Children Services (Staffordshire First Response Team / Stoke on Trent Safeguarding Referral Team at the MASH) using standard existing safeguarding procedures (Appendix B).

When an enquiry is received that relates to a concern for a child or unborn child in relation to FGM, Children Services are required to gather information from a range of sources including school and health to assist in the decision-making process. It is critical to any decision that the presenting concerns are viewed with consideration to the families' country of origin.

All decisions in response to FGM referrals will be undertaken in line with the Local Authority Operating Principles.

Where it has been determined that a child or unborn is at risk of FGM a referral will be processed to the relevant Specialist Safeguarding Team for assessment. A Child Social Work Assessment is required to determine whether or not a child / unborn is at risk of FGM and any other females within the family. In circumstances where there are reasonable grounds to suspect that a child is likely to be subject to imminent FGM, legal

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advice should be sought and a strategy discussion is to take place immediately in order to gather information from partner agencies to determine the level of risk.

The outcome of the Strategy meeting and legal advice may lead to S47 enquiries and initiating civil proceedings in order to obtain a Female Genital Mutilation Protection Order (FMGPO). Staff in education settings, obstetrics and midwifery services must be aware of the potential risks to girls and women from communities known to practice FGM.

Professionals need to be aware of the sensitive and complex nature of FGM. Often the family do not see FGM as an act of abuse and in all other ways provide a loving environment. Removal of the girl from the family home may not be appropriate; each case needs to be responded to depending on the particular circumstances and level of risk at the time.

When talking about FGM, it is good practice for professionals to:-

- Ensure a female professional is available if the girl prefers.
- Make no assumptions.
- Be sensitive to the fact that the girl may still be loyal to her family.
- Be non-judgemental and stick to facts (e.g. the legal position & health implications).
- Gain accurate information and keep accurate records.
- Use simple, non-loaded and value neutral terminology.
- Ask direct questions to avoid confusion.

If an interpreter is required, it would be preferable they have received training in relation to FGM, they must not be a family member or have any influence in the girl's community.

Females may be frightened about contact with statutory agencies for a variety of reasons including being in breach of immigration rules. However, the female may need medical treatment or may be the victim of a crime. The situation should be handled sensitively and may need agreement between the police and UK Border Agency officials.

Females may also find it difficult to disclose FGM because of fear of the consequences for the family, including being taken to court.

If a medical examination is required, this should be carried out by an appropriately trained person. For children this should be carried out under safeguarding procedures by a senior paediatrician, or gynaecologist (usually both) preferably one with experience of dealing with FGM. Local arrangements may apply and advice can be accessed through child protection paediatric leads.

Professionals may feel uncomfortable about disclosing information about FGM, but law and policy allow for disclosure when it is in the public interest or where a crime may have been committed. Professionals should follow appropriate guidance regarding confidentiality and disclosure, e.g. Information Sharing Guidance for Practitioners

(2008) Nursing and Midwifery Council's advice on confidentiality (2009), General Medical Council guidance (2009), Local Safeguarding Children Boards policy and procedures.

Professionals need to be aware that an individual may be at risk of both FGM and forced marriage. The national and local guidance on forced marriage should be considered within the assessment process.

Legal interventions

“If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children’s social care. This referral can be made by any professional”.

Working Together to Safeguard Children (2013 p.13 & 2015)

FGM is recognised as significant harm.

Police can exercise their powers if a child is identified at immediate risk of significant harm relating to FGM; the police may use their protection powers under section 46 of the Children Act 1989.

Emergency Protection Order (EPO) can be applied for within the courts. An EPO authorises the applicant to remove the girl and keep her in safe accommodation. It lasts for 8 days but can be renewed for up to a further 7 days.

Care Orders and Supervision Orders – Children Services may need to consider whether the circumstances constitute likely significant harm to justify initiating care proceedings. The court will decide whether the threshold has been reached and which order is most appropriate depending on the circumstances and the age of the child or young person (Children Act 1989 section 31).

Under the Children Act 1989, local authorities can apply to the courts for various orders to prevent a child being taken abroad for FGM.

A Prohibitive Steps Order (Children Act 1989, Section 8) can be sought to prevent parents or carers from carrying out a particular act without the consent of the court. This order may be in addition to a Female Genital Protection Order (FGMPO).

The Female Genital Mutilation Protection Order (FGMPO) came into effect from 17th July 2015 and is aimed at safeguarding girls at risk of FGM including those who have already become subject to this procedure. This covers children and young people whether they are in the UK or travelling abroad.

The FGMPO is a **civil** measure which offers the means of protecting victims or potential victims from FGM under the civil law.

Applications for an FGMPO can be made by:

- The female to be protected (either in person or with legal representation).
- A relevant third party (Currently only local authorities have been classified as relevant third parties)
- Any other person with the permission of the court (e.g.: police, voluntary sector support service, a healthcare professional, teacher, friend or family member).

The applicant can apply to the court to be considered by a designated Judge, normally within the High Court.

The courts themselves can also make an FGMPO without an application being made whilst in family proceedings already before the court, by considering whether a child may be at risk of FGM, this would be considered if an older child or female in the family had already undergone this procedure.

The Local Authority may make an application for a FGMPO following assessment that a child is at risk of FGM if:

- It is known that a family are planning to visit their country of origin where it is recognised that FGM is practiced.
- A family member is visiting from a country where FGM is practiced.

If the court decides it is in the child's best interests to make an order it can impose prohibitions, requirements and restrictions, the aim of these are to protect the female at risk, terms imposed could include:

- To order a person to surrender travel documents such as passports, Visa, and tickets and to prohibit them from applying or reapplying any other travel documentation from the United Kingdom passport agency, the Visas and immigration department of the United Kingdom Home office or any foreign passport agency or other agency responsible for travel documentation.
- To order a person not to excise, infibulate or otherwise mutilate the whole or any part of the children's labia majora, labia minora, or clitoris whether in the jurisdiction of England and Wales or outside of it.
- To order a person not to facilitate, allow or otherwise permit the children to undergo any operation or procedure to excise, infibulate or otherwise mutilate the whole or any part of their own labia majora, labia minora or clitoris whether in the jurisdiction of England and Wales or outside of it.
- To order a person not to aid, abet, counsel, procure, encourage, suggest or assist another person to excise, infibulate or otherwise mutilate the whole or any part of the children's labia majora, labia minora, or clitoris or attempt to do so or take any steps to cause the mutilation of the whole or part of their labia majora, labia minor, or clitoris.

- The court may also order parents not to encourage, assist, agree or allow any other person to take steps to remove or attempt to remove the children from the jurisdiction of England and Wales.
- To give permission to local authorities to arrange medical assessments in order for children at risk to be medically examined as deemed appropriate by medical professionals taking into account ages and physical emotional development.

The court will expect a Child Social Work Statement to be completed with the application in addition to a Chronology and proposed Education Programme. It will be expected that the education programme will be delivered in a timely manner to the family and then a risk assessment completed in order to determine the level of risk for the subject child being subjected to FGM.

The Local Authority will be required to return to court in line with the agreed court timetable with the outcome of the education programme and updated risk assessment. The Local Authority will make a recommendation as to the continuation of the FGMPO or for the order to be discharged.

FGM Education Programme

The FGM education programme is a time limited intervention usually of between four to six sessions taking place with the family in order to explore the following areas:

- To ensure that parents gain a greater understanding about the concerns and risks associated with FGM both in respect of criminal and civil legislation and also within a cultural context.
- To ensure that parents gain a greater understanding of FGM, the reasons for the practices, prevalence and the impact upon girls and women's lives.
- To enable them to access support so that they can advocate for their children and ensure that they are protected from FGM from extended family/wider community, both in the UK and their country of origin.
- To provide parents with the tools to discuss FGM with their children and prepare them for any medical assessments, treatment and support as considered necessary.
- To explore if parents are genuine in respect of their assertion that they will not allow their children to be subjected to FGM procedures.

Parent's engagement with the program will inform the risk assessment and the recommendation to court in respect of discharging a FGMPO.

It may also inform decisions as to whether any court action is required if the Local Authority had delivered the education program without the requirement for initially making a court application.

Community Education

Links to cities such as London, Liverpool, Birmingham, Sheffield and Cardiff have substantial populations from the countries where FGM is widely practised. However, it is important to note that FGM is not necessarily confined to these areas.

Practising communities where FGM is deeply embedded in the culture may resent the imposition of “liberal” western values on them. Professionals nonetheless must be aware that FGM can be very harmful and is not a matter that can be left to personal preference or culture.

It is important however, that any community education is sensitive to the cultural norms and pressures applied to parents and children. Professionals involved will have to be aware of language and terminology. Consideration should be given to the production of leaflets in specific languages in order to help with this process.

Any child protection policy adopted will need to be effective within the community to which it is targeted and therefore liaison with community members to work with agencies around education will need to be put in place.

Support

Families involved may need to be referred to appropriate counselling services, to deal with any psychological conflicts that may arise.

It is imperative for agencies to recognise that many families, who are considering perpetrating this practice, have a considerable cultural dilemma. Families should be warned that this is an illegal practice in this country and that they are liable to prosecution if they proceed. This can take away the decision from the family and therefore reduce criticism from within their own community.

A specialist trained advisor (if available) may be needed to visit families where FGM is suspected.

Links with domestic abuse and ‘honour based violence’

'Honour-based' violence can include the following:-

- Forced marriage (FM)
- Female genital mutilation (FGM)
- Honour killings (murder)
- Domestic imprisonment
- Dowry related abuse

Definition of Honour-Based Violence (HBV)

The terms 'honour crime', 'izzat' or 'honour-based violence' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing against this "correct" code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family.

Links to Female Genital Mutilation and Forced Marriage

Forced marriage and honour-based violence are abuses of human rights and fall within the Government's definition of domestic violence. Forced marriage is defined as a marriage conducted without the full consent of both parties and where duress is a factor. There is a clear distinction between forced marriage and an arranged marriage. In arranged marriages, the families may take a leading role in arranging the marriage, but the choice whether or not to accept, remains with the prospective spouses. In a forced marriage, one or both spouses do not consent to the marriage. This person could be facing physical, psychological, sexual, financial or emotional abuse to pressure them into accepting the marriage.

FGM and forced marriage are types of abuse that fall into the category of honour based violence. For further information please refer to the following Local Safeguarding Children Board Procedures for further guidance in relation Forced Marriages:-

Staffordshire Safeguarding Children Board:-

<http://www.staffsscb.org.uk/Professionals/Procedures/Section-Four/Section-Four-Docs/Section-4L-Forced-Marriage.pdf>

Stoke-on-Trent Safeguarding Children Board:-

http://webapps.stoke.gov.uk/uploadedfiles/D07_Forced_Marriage_July_13.pdf

Workers who are dealing with these issues will need specific support because it may be that if they are members of a similar community to the families they are working with, they may be seen as outsiders and treated with particular hostility.

Health Visitors and School Health Advisors will need to have an awareness of the problem, both from the point of view of offering potential counselling services and also for raising awareness in health education programmes.

Conclusion

- FGM is illegal in the UK.
- FGM has no basis in religion or race related but is a deeply rooted societal norm practised by families who feel that this is essential for a girl to remain clean and become a 'proper' woman.
- FGM is still taking place in countries where it has become illegal.
- FGM is known to be undertaken in England by female elders known as cutters and others.
- FGM is endorsed by the males in the family unit i.e. fathers and husbands.
- Women and children are still being taken outside of the UK for FGM to be undertaken.
- The practice of female genital mutilation tends to run in families and therefore if one family member is identified as being at risk of undergoing FGM or has undergone FGM, risks to other female family members must be recognised.

Any concerns regarding female genital mutilation must be acted upon in accordance with local policy and guidance. The referrer however, must feel reassured that a sensitive strategy will follow, including the sensitive management of any subsequent investigation and child protection conference.

Specialist groups which can provide advice and support for agencies:

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

Unit 4; 765 - 767 Harrow Road LONDON
NW10 5NY

Telephone: 020 8960 4000

www.forwarduk.org.uk

Agency for Culture and Change Management

1 Arundel Gate
Sheffield
S1 2PN

Telephone: 0114 275 0193

Equality Now

5th Floor
6 Buckingham Street London
WC2N 6BU

Telephone: 020 7839 5456

www.equalitynow.org

NSPCC FGM Helpline Telephone:

0800 028 3550

Fgmhelp@nspcc.org.uk

References

Department of Health (2015). Female Genital Mutilation Risk and Safeguarding Guidance for professionals. Accessed 11/08/2015 from;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf

Department of Education and Home Office (2015). Mandatory Reporting of Female Genital Mutilation – procedural information. Accessed 04/05/2017 from;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

HM Government, *Multi-Agency Practice Guidelines: Female Genital Mutilation*, 2014

HM Government, *Working Together to Safeguard Children*, 2013

Royal College of Obstetricians and Gynaecologists (2015). Green-top Guideline No. 53 Female Genital Mutilation and its management. Accessed 11/08/2015 from;
<https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf>

World Health Organisation, *Female Genital Mutilation, Fact Sheet No 241*, 2014

Useful documents

British Medical Association. *Female Genital Mutilation: Caring for patients and safeguarding children, Guidance from the British Medical Association*, 2011.
www.bma.org.uk

HM Government, *Multi-Agency Practice Guidelines: Female Genital Mutilation*, 2014
<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

Home Affairs Committee – second report – *Female genital mutilation: the case for a national action plan*, July 2014.
<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20102.htm>

Royal College of Midwives (2013). Tackling FGM in the UK Intercollegiate recommendations for identifying, recording and reporting. Accessed 11/08/2015 from;
http://www.rcn.org.uk/_data/assets/pdf_file/0004/547996/Tackling_FGM_in_the_UK_Intercollegiate_recommendations_for_identifying,_recording_and_reporting.pdf

Royal College of Nursing. *Female genital mutilation: An RCN educational resource for nursing and midwifery staff*, 2006. www.rcn.org.uk

World Health Organisation, *Female Genital Mutilation, Fact Sheet No 241*, 2014
<http://www.who.int/mediacentre/factsheets/fs241/en/>

Resources

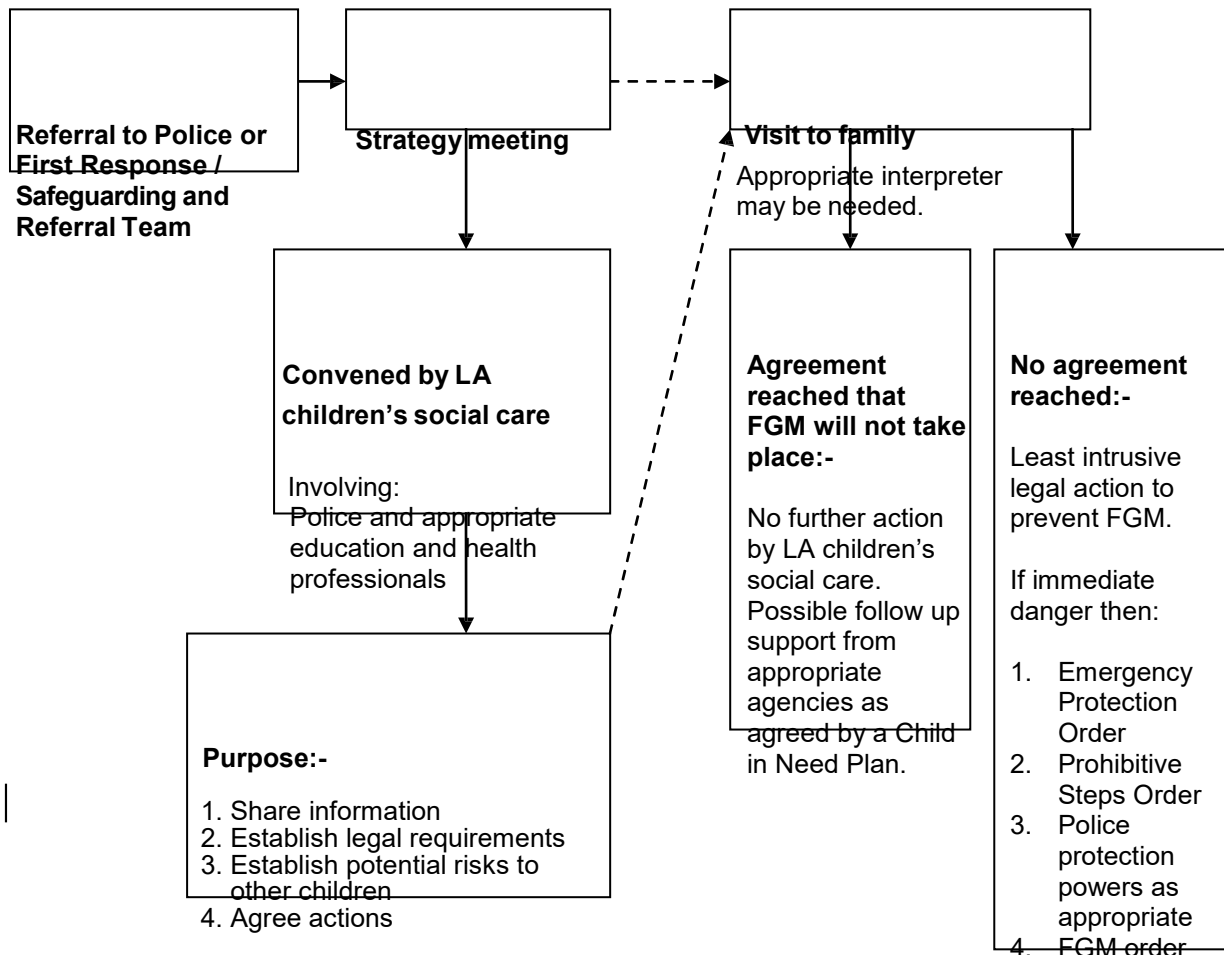
Home Office – FGM Support materials

<https://www.gov.uk/government/publications/fgm-support-materials>

Home Office – FGM Resource Pack

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack>

Appendix A - Child/ Unborn at risk of FGM



Appendix B - Child has undergone FGM

