HAUTE AUTORITÉ DE SANTÉ

BEST PRACTICE GUIDELINE

Female genital mutilation

How to assess risk

Toolkit guide 1

February 2020

Female genital mutilation is a criminal offence. This term is defined as the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons. In France, it is prohibited by law, even in cases where mutilation is committed outside the country.

PRIORITY INFORMATION TO BE TAKEN INTO ACCOUNT

The priority information to be taken into account is the parents' region of origin and/or country of birth, including for minors born in France. Female genital mutilation is performed on all continents and can be performed at any age and regardless of socio-professional category. Children are undergoing mutilation at an increasingly young age. The risk is present at any age and in particular at milestones of the victim's life:

- after discontinuing follow-up in the PMI network or in the case of a lack of such follow-up;
- before starting primary school;
- before starting middle school;
- before starting high school;
- before marriage;
- when on holiday or visiting family outside France.

Countries concerned directly and indirectly by female genital mutilation in France

Continents	Country
Africa	**Somalia (98%), Guinea (97%), Djibouti (93%), Egypt (87%), Sudan (87%), Sierra Leone (86%), Eritrea (83%), Mali (83%), Burkina-Faso (76%), Gambia (75%), Mauritania (67%), Ethiopia (65%), Guinea- Bissau (45%), Liberia (44%), Chad (38%), Côte d'Ivoire (37%)**, Central African Republic (24%), Senegal (23%), Kenya (21%), Nigeria (18%), Tanzania (10%), Benin (9%), Togo (5%), Ghana (4%), Niger (2%), Cameroon (1%),
Asia	***Indonesia (49%)***, India (North-Dawoodi Bohra sect), Malaysia, Thailand (South)
Near and Middle East	*Yemen (19%)*, Iraq (8%), Iran
Oceania	Australia
Europe	Dagestan, Republic of Russia

(%) Prevalence of women aged 15 to 49 years who have undergone female genital mutilation.
(%) Prevalence of girls aged under 15 years who have undergone female genital mutilation.
UNICEF data - Updated October 2019 https://data.unicef.org/wp-content/uploads/2018/10/FGM-Women-prevalence-database_Oct-2019.xlsx

RISK FACTORS

It is recommended to screen for these factors in order to assess the risk of a patient undergoing female genital mutilation. One of these criteria may be sufficient to warn the healthcare professional and implement preventive measures[1]:

- the family is originally from a community which is known to perform female genital mutilation;
- the patient's mother (representing a major risk factor), sister, cousin have undergone female genital mutilation;
- the family states that members of their community have a very high degree of influence or that these individuals are involved in the education of girls;
- the family believes that female genital mutilation is a key aspect of their culture, customs, or religion;
- the parents downplay the health and mortality risks associated with female genital mutilation;
- the parents are unaware of the legislation in France and the country of origin. The parents believe that the legal risk of performing female genital mutilation on their child is less severe for them if they are outside France.

WARNING SIGNS IN A MINOR

Having left the country of origin is not always enough to guarantee the girl's protection. This situation may, conversely, represent an increased risk due to inward-looking attitudes.

- The parents are planning a trip for their daughter outside the country, including in Europe (family celebration, illness of a loved one,
  etc.).
- The minor tells a healthcare professional that she will be taking part in a celebration, a particular ritual, "*like a baptism*", where she will be receiving "*gifts*", "*a pretty dress*", has a chance to "*become a woman*" or that she is going to be away on a long holiday.
- The family has not ensured that the minor receives regular medical follow-up (for example, blank child health record booklet).
- The parents are planning a trip or to return to the country of origin (the parents request a vaccination, preventive treatment for international travel, the minor has recently been vaccinated against yellow fever). The trip may only apply to the girls in the family.
- A parent, family member or relation expresses their concern about the risk of female genital mutilation for a minor.
- The minor mentions female genital mutilation during a conversation, for example when talking about another child. Never downplay this risk when the child is speaking in confidence or is sharing her concerns.
- A minor requests an adult's help as she has been told or suspects that she may become a victim of female genital mutilation.

1. Refer to section 6 of the guideline: "Procedure to follow to protect minors at a risk of female genital mutilation".

This document presents the key points of the best practice guideline "Management of female genital mutilation by primary healthcare professionals" – RBP - February 2020
The guideline and the associated scientific argument can be viewed in full at **www.has-sante.fr February 2020**