



FEMALE GENITAL MUTILATION

The purpose of this policy is to explain what FGM is and why it is important in the context of safeguarding children and young people.

FGM is a criminal offence. It is child abuse and a form of violence against women and girls. Therefore, there is a mandatory duty on teachers and those who work in other educational establishments, as well as regulated health and social care professionals to report a disclosure or their concerns about the risk of FGM without delay, as part of their wider safeguarding duty of care. This policy is based on the 'Multi-agency statutory guidance on female genital mutilation issued by HM Government.

FGM serves as a complex form of social control of women's sexual and reproductive rights. UNICEF estimates that over 200 million girls and women worldwide have undergone FGM. FGM is prevalent in 30 countries, mainly in Africa, as well as in parts of the Middle East and Asia. However, there were 5,391 newly recorded cases of FGM reported in England during 2016 - 2017. In 57 cases, the FGM was known to have been performed in the UK. Where the nature of the UK procedures was known, around 50 were genital piercings.

Girls between the age of 5 to 9 years was the most common age range at which FGM was undertaken.

This policy will cover:

- What the law says
- What FGM is and where it is performed
- The different types of FGM
- The consequences of FGM
- Signs that FGM may have taken place
- The mandatory reporting duty
- The roles and responsibilities of professionals
- Reporting & recording
- The importance of working together

THE LAW

FGM is a criminal offence in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM.
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK.
- Lifelong anonymity for victims of FGM.
- FGM Protection Orders which are used to protect girls at risk.
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

WHAT IS FGM?

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act and can cause physical and psychological harm in many ways. The age at which FGM is carried out varies greatly; for example, shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy. FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. Although FGM is practised by secular communities, it is most often claimed to be carried out in accordance with religious beliefs. However, FGM predates Christianity, Islam and Judaism, and the Bible, Koran, Torah and other religious texts do not advocate or justify FGM.



MOTIVES FOR PERFORMING FGM

Whilst there is no justification whatsoever for FGM, where it is carried out, it may be believed that it:

- Brings status and respect to the girl
- Preserves a girl's virginity/chastity
- Is part of being a woman
- Is a right of passage
- Gives a girl social acceptance, especially for marriage
- Upholds the family "honour"
- Cleanses and purifies the girl
- Gives the girl and her family a sense of belonging to the community
- Fulfils a religious requirement believed to exist
- Perpetuates a custom or tradition
- Is aesthetically desirable
- Makes childbirth safer for the infant
- Rids the family of bad luck or evil spirits

TYPES OF FGM

FGM has been classified by the World Health Organisation into four types:

- Type 1** – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2** – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).
- Type 3** – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer labia, with or without removal of the clitoris.
- Type 4** – Other: all other harmful procedures to the female genitalia for non-medical purposes; eg, pricking, piercing, incising, scraping and cauterising the genital area.

OTHER NAMES FOR FGM

FGM is known by a wide variety of names, including 'cutting', 'female genital cutting', 'circumcision' or 'initiation'. The terms 'FGM' or 'cut' are increasingly used at a community level, although they are not always understood by individuals in practising communities because they are English terms.

RISK FACTORS

The most important factor to consider when thinking about the risk of FGM is whether the girl's family has a history of practising FGM and whether it is known to be practised in her community or country of origin. It is believed that FGM may happen to girls in the UK as well as overseas. Girls of school age who are subjected to FGM overseas are likely to be taken abroad, often to the family's country of origin, at the start of the school holidays, especially in the summer, so there is enough time for her to recover before the start of school.

Other potential risk factors include:

- A girl confides that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'
- A girl talks about a long holiday to her country of origin or another country where the practice is prevalent
- Parents state that they or a relative will take the girl out of the country for a prolonged period
- A girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- A girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent. A girl is unexpectedly absent from School
- A female child is born to a woman who has undergone FGM
- A female child has an older sibling or cousin who has undergone FGM



- A female child's parent comes from a community known to practise FGM
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children
- A woman/family believe FGM is integral to cultural or religious identity
- A girl/family has a limited level of integration within UK community
- Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law
- A parent or family member expresses concern that FGM may be carried out on the girl
- A family is not engaging with professionals (health, education or other)
- A family is already known to social care in relation to other safeguarding issues
- A girl talks about FGM in conversation; for example, a girl may tell other children about it
- A girl has attended a travel clinic or equivalent for vaccinations/anti-malarial

SIGNS THAT FGM MAY HAVE TAKEN PLACE

There are a number of indications that a girl or woman has already been subjected to FGM. They may:

- Ask for help or confide in a professional that FGM has taken place or they may ask for help but are not explicit about the problem
- Already be known to social care in relation to other safeguarding issues
- Have difficulty walking, sitting or standing or look uncomfortable
- Find it hard to sit still for long periods of time, and this was not a problem previously
- Spend longer than normal in the bathroom or toilet due to difficulties urinating
- Spend long periods of time away from a classroom during the day with bladder or menstrual problems
- Have frequent urinary, menstrual or stomach problems
- Avoid physical exercise or require to be excused from PE lessons without a GP's letter
- Have prolonged or repeated absences from school or college
- Have increased emotional and psychological needs; for example, withdrawal or depression or a significant change in behaviour
- Talk about pain or discomfort between the legs

This is not an exhaustive list of indicators and they should be considered in the light of other behavioural factors and what you already know about the child and young person. However, if any of these indicators are identified, you should discuss them with your safeguarding lead because professionals are subject to a mandatory reporting duty.

MANDATORY REPORTING DUTY

This Mandatory Reporting Duty requires professionals to report known cases of FGM in under 18s which they identify in the course of their work directly to the police. It applies to all qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other education institutions, and in Wales, education practitioners regulated by the Education Workforce Council.

It also applies to health and social care professionals. Specifically, they must make a report when, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made by the close of the next working day. This responsibility cannot be transferred. **In all cases you should ensure that you are given a reference number by the police for the case.**



ROLES & RESPONSIBILITIES

Safeguarding is everyone's responsibility so everyone who comes into contact with a girl affected by FGM has a role to play. Working Together to Safeguard Children in England or Safeguarding Children: Working Together under the Children Act 2004 (2007) in Wales set out the requirements and expectations on individual services and professionals to provide a multi-agency response to safeguard and promote the welfare of children.

REPORTING & RECORDING

If you suspect that a girl under the age of 18 has had the act of FGM carried out on her or observe physical signs which appear to show that an act of FGM has been carried out, then you should report this to your designated safeguarding lead and follow the procedures set out below:

Where a child makes comments to a member of staff that gives cause for concern (disclosure), observes signs or signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect, that member of staff:

- Listens to the child, offers reassurance and gives assurance that she or he will take action;
- Does not question the child;
- Makes a written record that forms an objective record of the observation or disclosure that includes:
 - The date and time of the observation or the disclosure;
 - The exact words spoken by the child as far as possible;
 - The name of the person to whom the concern was reported, with date and time; and
 - The names of any other person present at the time.

These records must be written within 45 minutes of the disclosure. Signed and dated and kept in the child's personal file which is kept securely and confidentially.

Suspicions and Disclosures of FGM must be reported to police

Making a referral to the local authority MASH:

Telephone number: **0300 500 80 90**- 8:30am until 5pm Monday to Friday.

Telephone number: **0300 456 45 46**- Emergency DUTY Team.

Safeguarding concerns can be made to www.nottinghamshire.gov.uk/MASH

THE REFERRAL NEEDS TO BE MADE WITHIN 24HRS

- NLS has 'Safeguarding Record folder (this folder is for templates and to fill individual cases)' contains detailed procedures for making a referral to the MASH team, as well as a template form for recording concerns and making a referral.
- If a member of staff has a concern regarding FGM they must follow NLS normal safeguarding procedure.
- We keep a copy of this document and follow the detailed guidelines given.
- All written child protection documents are kept in separate folders and stored in a secure place.
- All members of staff are familiar with NLS safeguarding folders and how to report safeguarding concerns to MASH.

FGM is child abuse and like any other form of abuse you should not assume that someone else will pass on information that may be critical to keeping a child safe. FGM doesn't just leave long lasting physical harm. Victims are likely to suffer long term effects on their mental health and wellbeing and other important areas, throughout life.

REFERENCES

www.nhs.uk/fgm

The Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015

Working together to Safeguard Children (2018)

Working together under the Children Act 2004 (2007)