**Female Genital Mutilation - FGM**

Female genital mutilation (FGM) is a child protection issue and is illegal in each of the jurisdictions in the United Kingdom for a child up to 18 years of age. The policy provides information about what constitutes FGM, its prevalence, information about the legal context, what action is needed to fulfil the mandatory requirements to report FGM, and guidance to support staff and volunteers in safeguarding children, young people and adults at risk.

This policy, procedure and guidance is aimed at providing all staff and volunteers, agency staff, and students, with information about child abuse and female genital mutilation. This document should be read in conjunction with:

* Safeguarding and Child Protection Policy
* code of conduct

**Definition**

FGM is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-medical reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy. It is a one-off act of abuse that has dangerous implications and lifelong consequences.

**Classification of FGM**

FGM has been classified by the World Health Organization into four types. This classification has been incorporated by the Home Office and the Department of Education.

* *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 procedures to a child’s female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, cauterising the genital area and stretching the labia or clitoris

**Legal context**

FGM is illegal in the UK under: The Female Genital Mutilation Act 2003 (England, Wales and Northern Ireland). This act has been amended to incorporate a new duty as outlined below.

*Mandatory (legal) reporting duty applies where FGM has taken place.*

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003, section 5B (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

* are informed by a girl under 18 years that an act of FGM has been carried out on her; or
* observed physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years 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.

For the purpose of the duty, the relevant age is the girl’s age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 years or over discloses she had FGM when she was under the age of 18 years)

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

Other organisational safeguarding responsibilities regarding girls and young women at risk of FGM: In relation to at risk or suspected cases of FGM, or in cases where the woman is over 18 years of age, or if a parent, guardian, sibling or other individual (not a professional) discloses that a girl under 18 years of age has had FGM carried out on her, the mandatory duty to report to the police does not apply.

However, it is a requirement at Monique’s that all staff act on concerns regarding FGM when they become aware that a child is at risk. Any such disclosure of a child ‘at risk’ should be dealt with as our Safeguarding policy and procedures outline. In these cases, the Local Authority Safeguarding procedures will be followed.

**Procedures**

Mandatory reporting is only required when FGM has been perpetrated on a girl under 18 years of age. When receiving information about FGM all staff and volunteers must:

* listen actively and give the person time to talk
* be sensitive about the intimate nature of the topic
* be non-judgemental and use simple and appropriate language that is not offensive
* make detailed notes as soon as possible
* ensure not to make any promises regarding the sharing of the information gathered

When receiving information about FGM all staff and volunteers must **not**:

* ignore what the child, young person or adult has told them or dismiss out of hand the need for immediate protection
* approach the young person’s family, friends or those people with influence within the community as this will alert them to your enquiries
* contact the family in advance of any enquiries, either by telephone, email or letter
* share information outside child protection information-sharing protocols without the express consent of the young person
* breach confidentiality except where necessary to ensure the young person’s safety.

When a practitioner receives any report that: a child under the age of 18 years has been subjected to an act of FGM, or there are physical signs that indicate that an act of FGM has been carried out the mandatory reporting duty must be followed.

When a practitioner receives any report: of a child at risk of FGM, or any information on perpetrators of FGM the practitioner must follow the procedures outlined in our Safeguarding policy.

Where any concern arises about FGM staff should:

* ensure that the concern has been recorded on our Safeguarding Concern Form, using the exact language the child has used in the case of a disclosure having been made.
* inform the DSL or deputy DSL as promptly as possible
* If neither are available, staff should contact Front Door 03000 411111 or the Police 101/999 as promptly as possible.

**Risk factors and warning signs**

FGM is more common than generally realised, both worldwide and in the UK. It is deeply embedded into the culture of communities and intervention by statutory agencies may be resented. Understanding factors that heighten girls’ or women’s risk of FGM is important so that concerns can be acted upon to prevent FGM. In addition to the community the girl or the woman comes from (see prevalence), there are other factors that need to be considered when assessing FGM risks:

* low integration of the family into UK society
* any girl born to a woman who has been subjected to FGM
* a family history of FGM, for example if a sibling in the family has undergone FGM
* a girl who is withdrawn from physical education (PE) regularly
* a girl who may confide that she is to have a special ceremony to make her a woman
* a girl who may talk about a long holiday to a country where FGM is practiced
* a parent who may ask for prolonged absence for a girl in order to leave the country.

Indicators that FGM has already taken place:

* difficulties standing, walking or sitting for long periods
* long periods of time in the bathroom
* long absences from nursery or repeated absences with bladder infections
* reluctance to receive intimate care such as nappy changes, assistance after toileting accidents
* emotional and behavioural changes after returning from a prolonged holiday.

**Prevalence**

FGM’s prevalence in the UK is difficult to estimate because of the hidden nature of the crime. However, a 2007 study showed that 66,000 women in England and Wales (mostly London) have had FGM and 23,000 girls in England and Wales under the age of 15 years were at risk of FGM. A more recent study in 2014 identified that up to 500,000 girls and women living in the European Union are affected or threatened by FGM. Of those 75,000 of them are estimated to live in Great Britain.

*Why is FGM practiced?*

Some FGM-practicing families do not see it as an act of abuse, however, FGM has significant physical and mental health consequences both in the short and long term and, therefore, must not be excused, condoned or accepted. FGM cannot be left to personal preference or cultural custom as it is an extremely harmful practice that violates basic human rights. Professionals should not let fears of being labelled as ‘racist’ or ‘discriminatory’ weaken the protection required by vulnerable girls and women. Some reasons given for this continued practice (which are not acceptable) are that it:

* brings status and respect to the girl
* preserves a girl’s virginity/chastity
* is part of being a woman
* is a rite 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/tradition
* helps girls and women to be clean and hygienic
* is cosmetically desirable
* is mistakenly believed to make childbirth safer for the infant.

*Why women suffering from or at risk of suffering from FGM are reluctant to come forward.*

FGM is shrouded in secrecy and in the affected communities everyone plays a role upholding this practice. Customs and tradition are the main reasons that justify the practice of FGM. FGM is often practiced as an initiation into adulthood and is considered an essential part of social cohesion. Some of the challenges in dealing with this issue comes from the hidden nature of this practice, as well as the extent to which the practice has been ingrained into culture. FGM is not perceived as an act of hate. It is carried out by parents on their children with a view that it is in their best interest. Women who speak out against FGM risk a strong backlash. They are fearful of being stigmatised, ostracised and judged.

*Short and long-term consequences of FGM*

Short-term consequences:

* severe pain
* emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving family and friends)
* haemorrhage, wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C)
* urinary retention, injury to adjacent tissues
* fracture or dislocation as a result of restraint
* damage to other organs and death.

The long-term health implications of FGM can include:

* chronic vaginal and pelvic infections
* difficulties with menstruation, and passing urine and urinary infections
* renal failure
* damage to the reproductive system, infertility
* complication in pregnancy and childbirth, cysts and scar formation
* psychological damage
* substance misuse or self-harm
* risk of HIV or other sexually transmitted infections and death during childbirth. As a result of these implications, FGM must be acted upon immediately.