Female Genital Mutilation Practice Guidance

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Contents

Number	Section Title	Page(s)
1	Introduction	4
2	Definition of FGM	4
3	The Impact of FGM	5
4	Signals and Indicators	6
5	Mandatory Reporting	7- 8
6	Resources and Reference List	9
7	NHS England Mandatory Reporting Flowchart	10

1. Introduction

Female Genital Mutilation (FGM) is illegal in England and Wales and is prohibited by the Female Genital Mutilation Act 2003[1]. This also includes any female genital mutilation that takes place outside of the UK and covers any adult who takes a child out of the country for that purpose. **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Female genital mutilation is commonly practised in many African countries and in parts of the Middle and Far East, but it has also been found more recently in Western Europe and other developed countries, including in the UK, usually amongst immigrant and refugee communities.

Female genital mutilation causes real physical and emotional harm to children who are not in a position to resist or to give informed consent. However families who practice female genital mutilation believe that it maintains the family honour and is part of their customs and traditions. They consider that it encourages hygiene and cleanliness and preserves virginity and chastity, which are all seen as essential for marriage. Some communities believe that it is a religious requirement, and for many families it promotes a sense of belonging and carries with it the fear of social exclusion for those who do not take part.

Section 5B of the 2003 Act[2] introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. **The duty applies from 31 October 2015 onwards.**

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003.

2. Definition

The World Health Organisation (WHO)[3] defines female genital mutilation as: "all procedures which involve partial or total removal of the external female genitalia or injury

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[1] Female Genital Mutilation Act 2003

[2] As inserted by section 74 of the Serious Crime Act 2015

[3] http://www.who.int/en/

to the female genital organs whether for cultural or other non-therapeutic reasons" *(WHO, 1996)*

Female genital mutilation is also known as female circumcision and takes three main forms:

Circumcision: (Sunna)

This is the least severe form of female genital mutilation, known as Sunna, which means 'tradition' in Arabic and involves the removal of the hood of the clitoris preserving the clitoris itself.

Excision: (Clitoridectomy)

This involves the partial or total removal of the clitoris together with parts of the whole of the labia minora (the small lips which cover and protect the opening of the vagina and the urinary opening). Large scar tissue remains after healing.

Infibulation: (also called Pharaonic Circumcision)

This is the most severe form of female genital mutilation where the clitoris, the whole of the labia minora and the internal parts of the labia majora (the outer lips of the genitals, which lubricate the inside of the skin folds to prevent soreness) are removed. The two sides of the vulva are then sown together with silk, catgut sutures, or thorns leaving only a very small opening to allow for the passage of urine and menstrual flow.

Unclassified

This includes all other operations on the female genitalia including pricking, piercing, and stretching of the vulva region, incision of the clitoris and/ or labia, cauterisation by burning the clitoris and surrounding tissues, incisions to the vaginal wall, scraping (anqurya cuts) or cutting (gishiri cuts) of the vagina and surrounding tissues.

3. The impact of female genital mutilation

Some female children are particularly vulnerable to the risk of female genital mutilation. The procedure is usually performed on prepubescent girls aged between four and 13, but in some cases it is carried out on newborn infants or on young women before marriage or pregnancy. A number of girls die as a result of blood loss or infection. Female genital mutilation can lead to complications and emotional consequences which affect the child's physical and psychological health, their later sexual relationships and childbirth. It can sometimes cause immediate fatal haemorrhaging.

Short-term health implications include:

a) severe pain and shock and sometimes death

b) infections

c) urinary retention

d) injury or damage to nearby tissues or to other organs as a result of restraint

Long term health implications include:

a) damage to the reproductive system, including infertility and complications in pregnancy and childbirth

b) uterine, vaginal and pelvic infections

c) psychological damage; including mental health disorders such as depression and anxiety and psychosexual problems including sexual dysfunction or frigidity

d) difficulties in menstruation and passing urine

e) increased risk of HIV transmission

4. Signals and indicators

Some professionals are in a good position to detect the risk of Female Genital Mutilation, particularly staff and teachers in primary schools and school nurses and other professionals in health care settings.

What to look for

There are a number of indications that female genital mutilation may take place:

- The family comes from a community that is known to practice female genital mutilation such as Somalian, Sudanese and other sub-Saharan countries.

- A child may talk about a long holiday to her country of origin and may confide to a teacher, school nurse or welfare officer, teacher's aide or adult helper that she is to have a 'special procedure' or going to attend a special occasion.
- A child may talk about female genital mutilation or circumcision in conversation.
- A parent may state that they or a relative are to take the child out of the country for a prolonged period of time.

Indications that female genital mutilation may have already taken place include:

- A child may spend long periods of time away from the class during the school day, with bladder or menstrual problems.
- There may be prolonged absences from school because of bladder or menstrual problems.

- A long absence from school with noticeable behaviour changes on the girl's return could also be an indication that a girl has undergone female genital mutilation.
- A referral to the school nurse may indicate the physical signs that suggest female genital mutilation has taken place.

5. Mandatory Reporting

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 that an act of FGM has been carried out on her; or

- 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 (see section 2.1a for further information).

It is recommended that you make a report by **calling 101**, the single non-emergency number. Calls are answered by trained police officers and staff in the control room of the local police force. The call handler will log the call and refer it to the relevant team within the force, who will call you back to ask for additional information and discuss the case in more detail.

You should be prepared to provide the call handler with the following information:

- explain that you are making a report under the FGM mandatory reporting duty

- your details:
  - name
  - contact details (work telephone number and e-mail address) and times when you will be available to be called back
  - role
  - place of work

- details of your organisation's designated safeguarding lead:

  - name
  - contact details (work telephone number and e-mail address)
  - place of work

- the girl's details:

  - name
  - age/date of birth
  - address

if applicable, confirm that you have undertaken, or will undertake, safeguarding actions, as required by Working Together to Safeguard Children as appropriate.

Additional information and further guidance is outlined in the Home Office document[4]

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

Any decisions or plans for a child who has been or may be subject to female genital mutilation should always be sensitive to, the issues of race, culture, gender, religion and sexuality. You should contact the girl and/or her parents or guardians as appropriate to explain the report, why it is being made, and what it means. Every attempt should be made to work with parents to help them understand the harmful effects of female genital mutilation and that the practice is illegal in this country and should ensure families know the authorities are actively tackling the issue. This knowledge alone may deter families from performing FGM and save girls and women from harm. Parents do not usually intend it as an act of abuse, but genuinely believe that it is in the girl's best interests to conform with their customs and beliefs. They should be encouraged to stop the abuse and offered advice and information in whatever way is helpful for them. At this stage it is often useful to involve members of the family's own community who understand the reasons behind the enquiries

Even though a child has been identified as at risk of significant harm, it may not be helpful to consider removing the child from an otherwise loving family environment. The main aim is to prevent the child undergoing any form of female genital mutilation, rather than removal from the family. If it is not possible to reach an agreement with the parents, the priority is then to protect the child using the minimum of legal action needed to keep the child safe.

But if the child is in immediate danger of mutilation, or is about to be sent out of the country for that purpose, and her parents are determined to go ahead, the next step is to seek a Prohibited Steps Order, with or without a Supervision Order or in extreme circumstances, an Emergency Protection Order.

If a child has already undergone female genital mutilation

The circumstances and the implications for the child will need to be assessed. Again this will normally involve the police and other professionals. The police will also have to consider whether any criminal offence has taken place.

- It would be helpful, with the child and parent's consent, to carry out a medical examination of the child.
- There may be a risk to other female children in the family and this will need to be assessed as well.

[4] Mandatory reporting of Female Genital Mutilation procedural information

- A child protection conference may be needed if there are unresolved child protection issues, once the initial investigation and assessment have been completed.

If a woman has undergone female genital mutilation

Sometimes a woman who has already undergone female genital mutilation will come to professional attention. Talking about the experience with her will provide an opportunity to assess her needs and the implications for any female children she may have, or any younger siblings or extended family who might be at risk of female genital mutilation.

Female genital mutilation is an illegal, painful and unnecessary procedure that brings with it many health risks and long term consequences for the child. It continues to be practiced within a number of communities and will require a multi faceted approach to deal with it which includes understanding, education and sensitive practice.

6. Resources and References and Training

Resources and References

Female Genital Mutilation Act 2003

Serious Crime Act 2015

Home Office – Mandatory Reporting of FGM – procedural information

NHS England – Female Genital Mutilation (FGM) Mandatory reporting duty including flowchart and frequently asked questions

Female Genital Mutilation – Mandatory reporting in healthcare

NSPCC – Female Genital Mutilation

GOV.UK – Female Genital Mutilation – help and advice

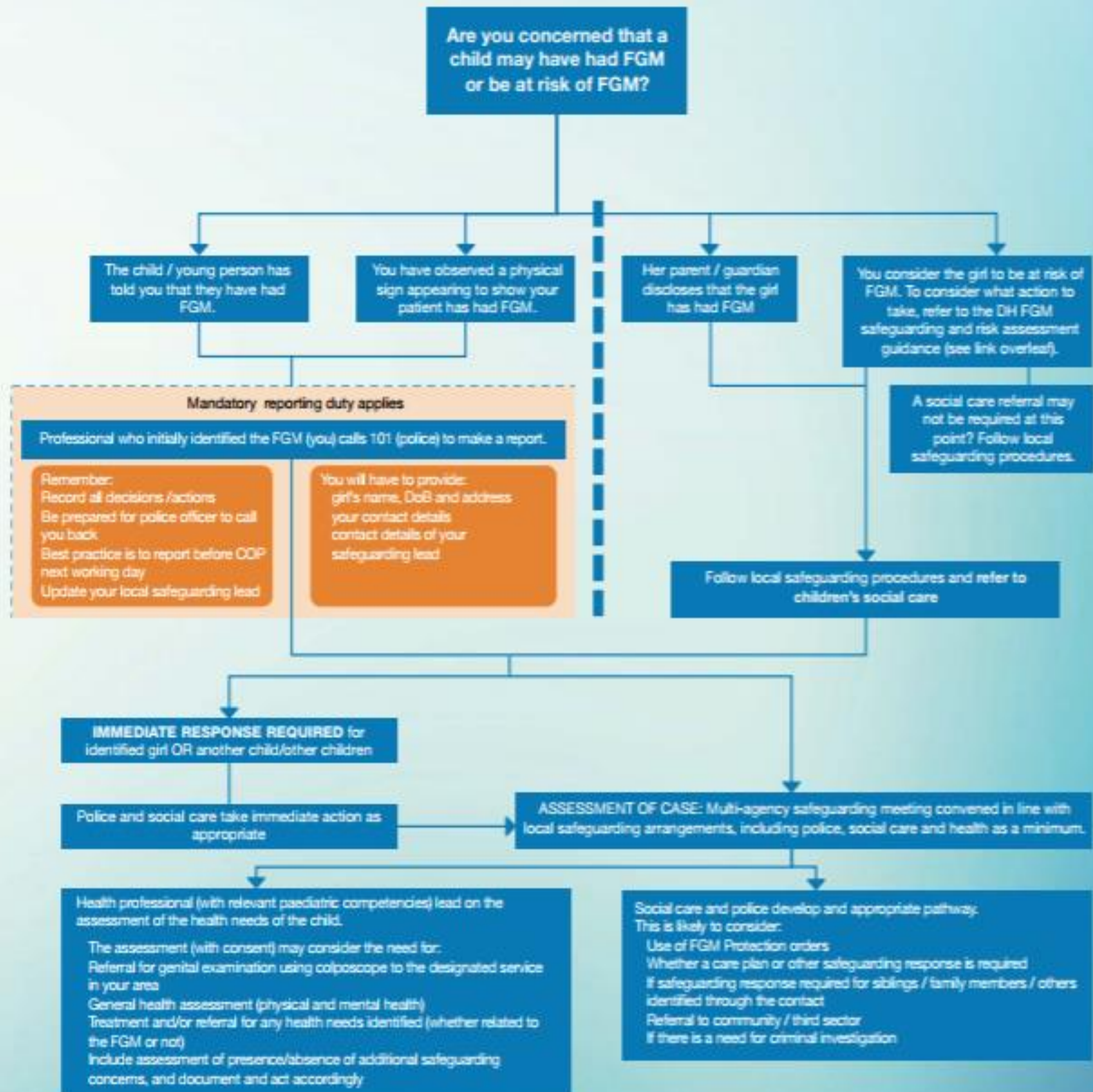
Training

Free online safeguarding training course - Female Genital Mutilation: Recognising and Preventing FGM – Virtual College

NHS
England

Female Genital Mutilation (FGM)

Mandatory reporting duty



If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. **Always ask your local safeguarding lead if in doubt.**