Norfolk Safeguarding Children Board

Female Genital Mutilation Policy

2016

Title	**Female Genital Mutilation Policy.**
Description of document	**Frontline professionals have responsibilities to safeguard children from female genital mutilation. This policy sets out advice and recommendations in line with statutory guidance.**
Scope	**Frontline professionals and volunteers within agencies that work to safeguard children as part of their role.**
Author and Designation	
Equality Impact Assessment	**No negative impact**
Dissemination	**NSCB website**
Approval process	**NSCB**
Review arrangements	**Review annually or sooner should changes to legislation or guidance require it.**

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1. Introduction

Female genital mutilation (FGM) is a collective term for procedures, which include the removal or injury of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice can be very traumatic and can cause immediate and long-term physical and mental health problems. It is also known as female genital cutting, female circumcision or initiation.

FGM is a criminal offence. It is child abuse and a form of violence against women/girls. FGM is illegal in the UK.

2. Classification

It is classified into four major types by the World Health Organisation:

- Type 1 – Clitoridectomy: partial or total removal of the clitoris and, in rare cases, only the prepuce.
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal, 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, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

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.

3. Prevalence

It is estimated that approximately 103,000 women aged 15-49 and 24,000 women aged 50 and over who have migrated to England and Wales are thought to be living with the consequences of FGM. Approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM. Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM. UNICEF estimates that over 200 million girls and women worldwide have experienced FGM.

FGM is prevalent in 30 countries. It is widely carried out among specific ethnic populations in Africa and parts of the Middle East and Asia, but it is increasingly found in Western Europe and other developed countries. Victims of FGM are likely to come from a community that is known to practice FGM. UK Communities that are at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian, Ethiopian, Eritrean, Yemeni, Afghani, Kurdish, Indonesia, Sri Lancan and Pakistani.

No local authority in England and Wales is likely to be free from FGM entirely.

The age at which girls undergo FGM varies enormously according to the community however it is typically performed on girls aged between 5 and 8, but in some cases it is performed on new-born infants or on young women before marriage or first pregnancy.

FGM is a complex issue and is much more common than is 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.

FGM cannot be left to personal preference or cultural custom as it is an extremely harmful practice which violates basic human rights. It is not supported by any religious doctrine.

4. Legislation

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003. It is a form of child abuse and violence against women. Other than in the excepted circumstances, it is an offence for **any person (regardless of their nationality or residence status)** to:

- perform FGM in England or Wales (section 1 of the 2003 Act);
- assist a girl to carry out FGM on herself in England or Wales (section 2 of the 2003 Act); and
- assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a **UK national or permanent UK resident** (section 3 of the 2003 Act).

Provided that the mutilation takes place in England or Wales, the nationality or residence status of the victim is irrelevant.

FGM taking place overseas: Section 4 of the 2003 Act extends sections 1 to 3 to extra-territorial acts so that it is also an offence for **a UK national or permanent UK resident to**:

- perform FGM abroad (sections 4 and 1 of the 2003 Act);
- assist a girl to perform FGM on herself outside the UK (sections 4 and 2 of the 2003 Act); and
- assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or permanent UK resident (sections 4 and 3 of the 2003 Act).

The Serious Crime Act 2015 builds on the current criminal and civil law to enhance the protection of vulnerable children and others, by strengthening the law to tackle FGM. A summary of the changes are:

- Extends the extra-territorial reach of female genital mutilation offences and providing anonymity to victims. (Sections 70 and 71)
- A new offence of failing to protect a girl under 16 from the risk of female genital mutilation. (Section 72)
- Provision for female genital mutilation protection orders to protect victims and likely victims. (Section 73)
- A new duty on professionals to notify the police of acts of female genital mutilation. (Section 74)

5. Reasons given for FGM

These are numerous and complex and generally relate to tradition, inequalities of power and communities ensuring compliance of girls and women. Many women see FGM as necessary to ensure marriageability and acceptance by their community. Many loving families see it as a natural and beneficial practice, believing it is in the girl's best interests. **However complex the reasons and motivations given by families FGM is child abuse and a form of violence against young girls.**

6. Complications

Short term complications:

These include severe pain, bleeding, infections, shock, damage to adjacent tissues/organs, emotional trauma, urinary retention, fractures due to restraint and death.

Long term complications:

These include chronic pain, chronic infections, menstrual problems, chronic urinary tract infections and problems including renal impairment/failure, fertility problems, fistula/cysts/ scars, sexual problems, obstetric complications including death of the mother and/or baby and psychological problems.

7. Identifying girls and women at risk

Professionals in all agencies need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM.

There are a range of potential indicators that may heighten a girl's or woman's risk of being affected by FGM in addition to her community or country of origin:

- The family is not integrated into UK society;
- The girl's mother has had FGM;
- The Mother has requested re-infibulation following childbirth;
- The girl's sister has had FGM, (NB remember other female children in the extended family);
- Any girl withdrawn from Personal, Social and/ or Health Education as a result of her parents wishing to keep her uninformed about her body and rights.

Signs that a girl could be at immediate risk of FGM include:

- If there are references to FGM in conversation, for example if a girl tells other children about it;
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- A girl is taken abroad to a country with a high prevalence of FGM, especially during the summer holidays;
- Parents state that they or a family member will take the child out of the country for a prolonged period;
- If a female elder is present, particularly when visiting from a country with a high prevalence of FGM and taking a more active/ influential role in the family;
- A girl may request help from an adult or teacher if she suspects that she may be at risk;
- Arranging vaccinations to a country with a high prevalence of FGM.

All professionals need to consider whether any other indicators exist that FGM has already taken place on a girl or woman, for example:

- Difficulty walking, sitting or standing;
- Spending longer than normal in the bathroom or toilet due to difficulties urinating;
- Spend long periods of time away from a classroom with bladder or menstrual problems;
- Frequent urinary or menstrual problems;
- Prolonged or repeated absences from school or college;
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression; change of dress from tight to loose fitting clothes) on the girl's return could be an indication that a girl has undergone FGM;
- Reluctance to undergo normal medical examinations;
- Confiding in a professional;

- Asking for help, but this may not be explicit about the problem due to embarrassment or fear;
- Taking about pain or discomfort between her legs;
- Talking about FGM.

FGM is a sensitive and complex issue that requires the subject to be approached carefully in a sensitive and professional manner.

8. Referral and reporting

There are two FGM reporting/referral processes now in place:

- **"Mandatory Reporting Duty"** – this would relate to known cases of FGM that have occurred already.
- **'At risk'** – this would relate to situations whereby a child is at risk of FGM being performed, suspected of being performed or suspected of having been performed.

These are outlined in more detail below:

9. Mandatory reporting on known cases of FGM

A new mandatory duty was introduced via the Serious Crimes Act from 31st October 2015. This requires all regulated professionals (health and social care professionals and teachers) to report all **known** cases of FGM in girls under 18s which they identify in the course of their professional work directly to the police. This is a personal duty and cannot be transferred to anyone else. **Failure to report will be dealt with via existing local disciplinary proceedings.**

Specifically known cases are defined as those where a professional:

- is informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs in a girl under 18 which appear to show that an act of FGM has been carried out 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.

'Visually confirmed' cases of FGM normally apply to Healthcare professionals who see physical signs of FGM as part of delivering care to a girl. For teachers and social workers there are no circumstances in which they should be examining a girl. It is possible that a teacher, perhaps assisting a young child in the toilet or changing a nappy, may see something which appears to show that FGM may have taken place. In such circumstances the teacher must make a report under the duty but should not conduct any further examination of the child.

The expectation is that the professional should report to the police via 101 as soon as possible (best practice by the close of the next working day). In very exceptional circumstances professionals can report up to one month. **Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialing 999 if appropriate.** The safety of the individual is paramount. Once the call to 101 has been made the duty to comply with mandatory reporting has been met. The professional should ensure that they/ someone with access to all the information is available to discuss further with the police lead investigator. They should make a record of their actions, and write down the Police reference number.

What do I need to give the 101 operator?

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 (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.

For the purposes 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 or over discloses she had FGM when she was under 18).

Complying with duty does not replace normal safeguarding procedures. Professional must carry out their normal safeguarding duties as well as making a report.

The duty does not apply in suspected cases or if a professional identifies a child at risk of FGM. These cases need to be referred to MASH as outlined below.

10. What to do if you are concerned a child is at risk or likely to have undergone FGM

Talk to them about your concerns, but use simple language and straightforward questions, e.g. 'I know that in XX country a lot of women have been affected by FGM. Do you know what that is? Are you worried that this is something that might affect you? Have you been cut down there?' Give the person time to talk and avoid looks of horror and value laden words (e.g. barbaric or horrific). Be sensitive. Be sensitive and let them know that they can talk to you again. Explain that FGM is illegal and that the law can be used to offer protection. Explain the health consequences of FGM. Tell the person there is support available.

A child at risk of forced marriage or FGM may also be at risk of honour based abuse. Extreme caution should be taken in sharing information with any family members or those with influence within the community as this may alert them to your concerns and may place the child in danger.

If you have concerns that a child is at risk you have a duty under Section 47 of the Children's Act to inform the Multi Agency Safeguarding Hub (MASH) without delay:

Children's Services: 0344 800 8020

You do not need consent from the family to make the referral but it is usual practice to be open and honest with them about the concerns and why you were making the referral. However if you felt that seeking consent would place the child at increased risk e.g. the family would take the child out of the country then consent would not be needed.

The Children's Social Care Services team in partnership with the Police Child Abuse Investigation Unit will liaise with the Paediatric services where it is believed that FGM has already taken place to ensure that a Medical Assessment takes place in line with the NSCB's Medical examination policy. (see appendix for link)

It should be remembered that although this is a one-off act of abuse to a child, it will have lifelong consequences, and can be highly dangerous at the time of the procedure and afterwards.

Children Services should with the Police exercise its powers to make enquiries to safeguard a girl's welfare under section 47 of the Children Act 1989 if it has reason to believe that a girl is likely to be subjected to or has been subjected to FGM.

However, despite the very significant severe physical and mental health consequences, parents and others who have FGM performed on their daughters do not intend it as an act of abuse – they believe that it is in the girl's best interests to conform to their prevailing custom but it must not be excused, accepted or condoned.

Therefore, where a girl has been identified as suffering or likely to suffer Significant Harm, it may not always be appropriate to remove the child from an otherwise loving family environment. FGM protection orders (FGMPOs) are new civil measures that can be used to protect a girl who may be likely to suffer FGM. The High Court or Family Courts are now able to issue an FGMPO to protect a girl who may be at risk of an FGM offence or a girl to whom FGM has been committed.

Courts can obtain a range of restrictions or prohibitions as they deem appropriate to protect girls and women. For example they may order the surrender of passports or any other travel documents if a girl is considered to be at risk of FGM abroad or they may prevent a potential 'cutter' from travelling to the UK.

Both the person to be protected and third parties acting on their behalf may apply for a FGM protection order (FGMPO). A court can also issue an order independently following family proceedings.

A breach of a FGMPO is a criminal offence subject to five years imprisonment.

Applications for FGMPOs made by local authorities are to be made via their legal department in close liaison with relevant frontline professionals and not via case workers or social workers.

Where a girl appears to be in **immediate** danger of FGM, consideration should be given to legal Interventions such as, Police protection, Emergency Protection Orders under section 44 of the Children Act 1989, Care Orders and Supervision Orders, Inherent jurisdiction, Applications for wardship, or Repatriation back to the UK.

Professionals have a responsibility to ensure that families know that FGM is illegal, and the family will be breaking the law if they arrange for the child to have FGM. This knowledge alone, that the authorities are actively tackling the issue, may deter families from having FGM performed on their children, and save girls and women from harm.

11. Mandatory recording of cases

From October 2015, a new professional mandatory reporting duty has been introduced for all regulated professionals. In addition, GPs and mental health trusts will be mandated under the Health and Social Care Act 2012 to record FGM patient data under the FGM Enhanced Dataset. Acute trusts have had to meet the requirements of the FGM Enhanced Dataset since 1 June 2015.

The data collected is sent to the Health and Social Care Information Centre (HSCIC), where it is anonymised, analysed and published in aggregate form. Personal information is only collected as part of the FGM Enhanced dataset for internal data quality assurance and to avoid duplicate counting. A woman or child's personal details will never be published in the national aggregate reports and will never be passed to anyone outside HSCIC. This work specifically will not pass any personal details to the police or social services -the collection of this data will not trigger individual criminal investigations.

Complying with the FGM Enhanced Dataset does NOT mean that a professional will have met their professional requirements as set out in the new mandatory reporting duty. Organisations should take care to ensure this message is clear when implementing the FGM Enhanced Dataset, and that all local procedures and policies reflect all responsibilities across these areas.

12. References:

Multi-Agency statutory guidance on Female Genital Mutilation

https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Mandatory Reporting of Female Genital Mutilation – procedural information and additional resources

https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare

FGM pocket guide

https://www.england.nhs.uk/ourwork/safeguarding/our-work/fgm/

FGM resource pack

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

FGM Prevention Programme.
Understanding the FGM Enhanced dataset – updated guidance and clarification to support implementation.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461524/FGM_Statement_September_2015.pdf

FGM Risk and Safeguarding Guidance for professionals DoH - **www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf**

NSPCC FGM Helpline: 0800 028 3550

www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm

email: **fgmhelp@nspcc.org.uk**

Female Genital Mutilation and its management- RCOG

https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/

Link to NSCB medical examinations policy (insert link once completed)