# http://www.wiltshire.gov.uk/wc-logo-landing-page-banner.jpg**Female Genital Mutilation: factsheet for staff & volunteers**

### Understanding FGM

* **FGM is illegal in the UK.** For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris.
* FGM is an unacceptable practice for which there is no justification. **It is child abuse and a form of violence against women and girls.**
* FGM is **prevalent in 30 countries.** These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.
* It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
* **FGM is a deeply embedded social norm, practised by families for a variety of complex reasons.** It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

### 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 for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy.

### Types of FGM

FGM has been classified by the World Health Organisation into four types, ranging from a symbolic scratch to the clitoris to the fairly extensive removal and narrowing of the vaginal opening.

### Names for FGM

FGM is known by a variety of names, including ‘female genital cutting’, ‘circumcision’ or ‘initiation’. The term ‘female circumcision’ is anatomically incorrect and misleading in terms of the harm FGM can cause. The terms ‘FGM’ or ‘cut’ are increasingly used at a community level, although they are not always understood by individuals in practising communities, largely because they are English terms.

### Cultural Underpinnings and Motives of FGM

FGM is a traditional practice often carried out by a family who believe it is beneficial and is in a girl or woman’s best interests. This may limit a girl’s motivation to come forward to raise concerns or talk openly about FGM – reinforcing the need for all professionals to be aware of the issues and risks of FGM.

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.

FGM is a complex issue, and individuals and families who support it give a variety of justifications and motivations for this.

However, FGM is a crime and child abuse, and no explanation or motive can justify it.

The justifications given may be based on a belief that, for example, 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 aesthetically desirable;
    - makes childbirth safer for the infant; and
    - rids the family of bad luck or evil spirits.

**FGM: Part of Wider Safeguarding Responsibilities**

FGM is not an issue where action or intervention can be determined by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. Fears of being branded ‘racist’ or ‘discriminatory’ should not weaken the protection that professionals provide.

### International Prevalence of FGM

FGM is a deeply rooted practice, widely carried out mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. It serves as a complex form of social control of women’s sexual and reproductive rights. The exact number of girls and women alive today who have undergone FGM is unknown, however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM.

While FGM is concentrated in countries around the Atlantic coast to the Horn of Africa, and areas of the Middle East like Iraq and Yemen, it has also been documented in other communities. It has also been identified in parts of Europe, North America and Australia.

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### Prevalence of FGM in England and Wales

The prevalence of FGM in England and Wales is difficult to estimate because of the hidden nature of the crime. However, a 2015 study estimated that:

* + - approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM; and
    - approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

The 2015 study reported that no local authority area in England and Wales is likely to be free from FGM entirely.

**What to do if I suspect a girl is at risk of FGM, or if I suspect a girl was subject to FGM?**

### You must speak to the Designated Safeguarding Lead immediately:

### (INSERT NAME OF DSL HERE)

**Additional information for teachers: FGM Mandatory Reporting Duty**

By law, teachers in England and Wales must report to the police any ‘known’ cases of FGM in under 18s which they identify in the course of their professional work.

“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.

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### Working Together to Tackle FGM: Roles and responsibilities

School leaders should ensure that:

* + - their organisation has a **lead person whose role includes responsibility for FGM** (this will often be the DSL). This person should have relevant experience, expertise and knowledge. Their role should include ensuring that cases of FGM are **handled, monitored and recorded properly**;
    - there is a **member of the organisation who has undertaken additional training** and can be approached to discuss and direct difficult cases (this may be the ‘lead person’ mentioned above);
    - their staff **understand their role in protecting** those who have undergone or are at risk of abuse, including FGM;
    - their staff **know to whom they should refer cases** within the school and when to refer cases to other agencies;
    - their staff **understand the importance of timely information sharing** both internally and with other agencies;

### Policies and procedures

* + - there are policies and procedures in place **to protect those who have undergone or are at risk of FGM**. The policies and procedures should be in line with existing statutory and non-statutory guidance on safeguarding children and vulnerable adults. These policies and procedures must reflect **multi-agency working arrangements**; and
    - policies and procedures are **kept under review and updated** to reflect any relevant changes.

### Awareness and Training

Training should enable all staff to discharge their safeguarding duties with regard to FGM, as for any other form of abuse. Learning for all professionals, developed by the Home Office, is available at

[www.fgmelearning.co.uk](http://www.fgmelearning.co.uk/).

As well as following relevant statutory guidance, schools may also find it useful to:

* + - * Raise awareness of FGM among staff and pupils/students by
        + displaying relevant materials;
        + providing staff training;
        + making materials such as books or DVDs available;
        + including FGM in relevant parts of the school curriculum: PSHE in England (PSE in Wales); sex and relationship education; science; citizenship.
      * Resources, including examples of lesson plans, are available in the online resource pack: [www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack](http://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack)

Professionals have a responsibility to ensure women and families understand that FGM is illegal in the UK, and to explain its potential harmful consequences.

### Information Sharing

When dealing with FGM, organisations and professionals should continue to have regard to their wider responsibilities in relation to the handling and sharing of information. To safeguard children and vulnerable adults in line with relevant statutory requirements and guidance, it may be necessary to share information with other agencies or departments.

# Please refer to the [Multi-Agency Statutory Guidance on FGM](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation) (April 2016) for more information, including:

# Terms used for FGM in other languages (Annex G), Contact Information and Resources.

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# **Female Genital Mutilation Act 2003**

It is an offence for **any person (regardless of their nationality or residence status)** to:

* + - perform FGM **in England or Wales**;
    - assist a girl to carry out FGM on herself **in England or Wales;** and
    - assist (**from England or Wales**) a non-UK national or UK resident to carry out FGM outside the UK on a **UK national or UK resident**.

Other offences include:

* failing to protect a girl from the risk of FGM: each person who is responsible for the girl at the time the FGM occurred could be liable.
  + - * aid, abet, counsel or procure a person to commit an FGM offence;
      * encourage or assist a person to commit an FGM offence;
      * attempt to commit an FGM offence; and
      * conspire to commit an FGM offence.

### FGM Mandatory Reporting Duty

The 2003 FGM Act introduces a mandatory reporting duty which 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.

This includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions.

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**.

**Professionals Not Subject to the Mandatory Reporting Duty**

If a non-regulated professional becomes aware that FGM has been carried out on a girl under 18, they should still share this information with the DSL and follow the school’s safeguarding procedures.

Girl (Under 18) who is Suspected to have Undergone FGM

If any professional suspects that a girl has undergone FGM their named/designated safeguarding lead must be made aware and **an immediate referral should be made to the relevant local authority’s children’s social care department**.

When a girl is **suspected** to have already undergone FGM, all professionals should:

* + - * document this in their notes;
      * complete relevant risk assessment; and
      * follow local multi-agency safeguarding procedures.

Girl (Under 18) or Vulnerable Adult who is Suspected to be at Risk of FGM

**All cases should be handled in accordance with local safeguarding procedures**, and all relevant factors should be taken into account, as with all other forms of safeguarding risk to children or vulnerable adults. The initial referral should, in the case of a girl, be made to the relevant local authority’s children’s social care department (possibly via the Multi-Agency Safeguarding Hub). In the case of a vulnerable adult, an initial referral should be made to adult social services.

**Where there is an imminent or serious risk, an emergency response may be required**, either an urgent referral to social services and/or potentially contacting the police. Where it is considered that there is an immediate risk to a girl or woman, the local authority should consider whether to apply for an FGM Protection Order and/or an Emergency Protection Order.

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# **Female Genital Mutilation: indicators and risk factors**

**Indicators that FGM may have already taken place**

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

* + - * a girl or woman asks for help;
      * a girl or woman confides in a professional that FGM has taken place;
      * a mother/family member discloses that female child has had FGM;
      * a family/child is already known to social services in relation to other safeguarding issues;
      * a girl or woman has difficulty walking, sitting or standing or looks uncomfortable;
      * a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously;
      * a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating;
      * a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
      * a girl or woman has frequent urinary, menstrual or stomach problems;
      * a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP’s letter;
      * there are prolonged or repeated absences from school or college;
      * increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
      * a girl or woman is reluctant to undergo any medical examinations;
      * a girl or woman asks for help, but is not be explicit about the problem; and/or
      * a girl talks about pain or discomfort between her legs.

### Remember: this is not an exhaustive list of indicators.

**Where there is an imminent or serious risk, an emergency response may be required**, either an urgent referral to social services and/or potentially contacting the police.

Where it is considered that there is an immediate risk to a girl or woman, the local authority should consider whether to apply for an FGM Protection Order and/or an Emergency Protection Order.

### Risk Factors

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, particularly in the summer, in order for there to be sufficient time for her to recover before returning to school. Given the hidden nature of FGM, women and girls who have undergone FGM may not fully understand what FGM is, what the consequences are, or that they themselves have had FGM. Potential risk factors may include:

* + a female child is born to a woman who has undergone FGM; and/or her father comes from a community known to practise FGM;
  + a female child has an older sibling or cousin who has undergone 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 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 girl confides to a professional 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; and/or has attended a travel clinic or equivalent for vaccinations / anti-malarials;
  + parents state that they or a relative will take the girl out of the country for a prolonged period;
  + 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 requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
  + a girl talks about FGM in conversation, for example, a girl may tell other children about it – it is important to take into account the context of the discussion;
  + 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.

**Remember:** this is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. For example, in certain communities FGM is closely associated to when a girl reaches a particular age.

**Professionals should not assume that all women and girls from a particular community are supportive of, or at risk of FGM**.

### If the risk of harm is imminent, emergency measures may be required.