

Female Genital Mutilation (FGM)

Appendix for Safeguarding Policy, 2015

FGM in education settings –

Female Genital Mutilation (FGM) is illegal in the UK. It is a severe form of child abuse and violence against women and is therefore a safeguarding issue. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (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 that an act of FGM has been carried out on her; or
- they observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.

Although there are no circumstances in which a teacher, school staff member or social worker should be examining a girl. It is possible that a teacher or school staff member, 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 or school staff member must make a report under the duty, but should not conduct any further examination of the child.

- The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures. Guidance on handling such cases is available in the [multi-agency guidance on FGM](#) and [working together to safeguard children](#).

Prevention & Reporting

School staff can play a key role in protecting girls from FGM.

If you think a girl is at risk of FGM or that FGM may have taken place you **must report it immediately** as you would any other form of child abuse.

- 1) You **must** inform your Safeguarding /Child Protection lead and Local Authority Advisor.
- 2) A referral **must** be completed to children's social care.
- 3) In urgent cases, contact children's social care and the police direct on **101** where you explain that you are making a report under the FGM mandatory reporting duty.

It is essential that the young person's parents **are not** spoken to before a referral is sent to children's social care.

A full risk assessment will be conducted and any decision to contact the young person's parents will be made jointly by children's social care and police.

Key Points:

- It is not a religious practice but a cultural practice
- Occurs mostly to girls aged from 5 – 8 years old; but up to around 15
- Criminal offence in UK since 1985
- Offence since 2003 to take girls abroad
- Criminal penalties include up to 14 years in prison

Reasons for this cultural practice include:

- Cultural identity – An initiation into womanhood and social acceptance
- Gender Identity – Moving from girl to woman – enhancing femininity and fertility
- Sexual control – reduces the woman’s desire for extra-marital sex
- Hygiene/cleanliness – un mutilated women are regarded as unclean and not worthy of marriage

Risk Factors include:

- low level of integration into UK society
- mother or sister who has undergone FGM
- girls who are withdrawn from PSHE
- a visiting female elder from the country of origin
- being taken on a long holiday to the family’s country of origin
- talk about a ‘special’ event or procedure to ‘become a woman’

High Risk Time

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks but any holiday period poses a risk. Schools should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school. The family may or may not request an ‘authorised absence’. Although, it is difficult to identify girls before FGM takes place, where girls from these high risk groups return from a long period of absence with symptoms of FGM, advice should be sought from social services or the police.

Signs that FGM may have occurred

- Prolonged absence from school with a noticeable change in behaviour on return
- difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- Asking to be excused from PE or swimming
- Reluctance to undergo normal medical examinations
- Asking for help, but may not be explicit about the problem due to embarrassment or fear.

Longer Term problems include:

- difficulties urinating or incontinence
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems & infertility
- cysts and abscesses
- pain when having sex
- complications during pregnancy and childbirth
- emotional and mental health problems

USEFUL RESOURCES

- **Female Genital Mutilation: Multi-Agency Practice Guidelines**
<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>
- **Online Home Office eLearning Toolkit which includes case studies**
<https://www.fgmelearning.co.uk/>
- **London Safeguarding Children’s Board** - http://www.londonscb.gov.uk/fgm_resources/
- **Addressing FGM in schools, PSHE Association**
<https://www.pshe-association.org.uk/content.aspx?CategoryID=1193>
- **NSPCC FGM Helpline** 0800 028 3550 & available factsheet
- **Metropolitan Police Child Abuse Investigation Command/Project Azure for FGM**
Telephone: 0207 161 2888

Members of staff must follow the school’s normal safeguarding procedures; including reporting to the school’s designated safeguarding lead immediately on the day they have a concern. A professional should continue to have regard for their wider safeguarding responsibilities, which requires consideration and action to be taken whenever there is any identified risk to a child, whether in relation to FGM or another matter.