



DARLINGTON

Safeguarding Children Board

Female Genital Mutilation Practice Guidance



December 2017

Title	Female Genital Mutilation Practice Guidance
Version	3
Date	15/12/2017
Author	Practice, Development and Procedures Sub Group
Edited by:	Amanda Hugill

Update and Approval Process			
Version	Group/Person	Date	Comments
1	LSCB Policy and Procedure Group	June 2015	
2	LSCB Policy and Procedure Group	09.02.2016	
3	LSCB Practice, Development and Procedures Sub Group	November 2017	Incorporated NHS England Mandatory reporting flowchart and additional resources and links
3.1	LSCB Practice, Development and Procedures Sub Group	November 2017	Agreement reached further revisions required and flow chart to be revised to reflect local arrangements.
3.2	LSCB Practice, Development and Procedures Sub Group	December 2017	Final feedback incorporated from members of sub group
Issue Date		December 2017	
Review Date		December 2019	
Reviewing Officer			

Contents

Number	Section Title	Page(s)
1	Introduction	3
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	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](#). 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.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated¹. Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths. FGM is mostly carried out on young girls between infancy and age 15. FGM is a violation of the human rights of girls and women².

Between January and March 2017 there were 2,102 attendances reported at NHS trusts and GP practices nationwide where FGM was identified or a procedure for FGM was undertaken as identified.³

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

[Section 5B of the FGM 2003 Act](#) 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.

¹ UNICEF - [FEMALE GENITAL MUTILATION/CUTTING: A GLOBAL CONCERN](#) (2016)

² [World Health Organisation \(WHO\) Fact sheet](#) (February 2017)

³ [NHS Digital Female Genital Mutilation \(FGM\) Enhanced Dataset](#)

2. Definition

The [World Health Organisation](#) (WHO) defines female genital mutilation as: “all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (WHO 2017).

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Procedure

Female genital mutilation is classified into 4 major types:

- **Type 1:** Often referred to as **clitoridectomy**, this is the 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:** Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

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 thirteen, 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.

Immediate complications include:

- severe pain
- infections e.g. tetanus
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death

Long term health implications include:

- urinary problems (painful urination, urinary tract infections)
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks.
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);

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 [Home Office FGM Mandatory Reporting duty](#) 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

In addition to the mandatory reporting duty, you may consider making a referral into Children's Services, Children's Access Point in line with [DSCB Child Protection Procedures](#).

Telephone: 01325 406222

e-mail: childrensaccesspoint@darlington.gcsx.gov.uk

Further information and guidance is available in [HM Government Multi-agency statutory guidance on female genital](#).

A process map has been included within this document to assist practitioners, please refer to page 10 of this document.

Where there is a risk to life or likelihood of serious immediate harm, you should report the case immediately to police by calling 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.
- 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](#) guidance for health care professionals

NSPCC – [Female Genital Mutilation](#)

GOV.UK – Female Genital Mutilation – [help and advice](#)

GOV.UK – [Multi-Agency Statutory Guidance on FGM](#)

GOV.UK - [FGM Protection Orders](#)

Training

Free online safeguarding training course - [Female Genital Mutilation: Recognising and Preventing FGM](#) – Virtual College

7. Flowchart



FEMALE GENITAL MUTILATION (FGM) Mandatory Reporting Duty

