



Female Genital Mutilation (FGM) webinar

Aims

- Improve understanding and knowledge of female genital mutilation, including the prevalence of FGM and barriers to reporting.
- Examine professional roles and responsibilities for mandatory reporting of FGM.
- Demonstrate knowledge regarding the use of Female Genital Mutilation Protection Orders (FGMPO's)
- To explain the local SSP procedure for resolving professional disagreements (Escalation Policy).

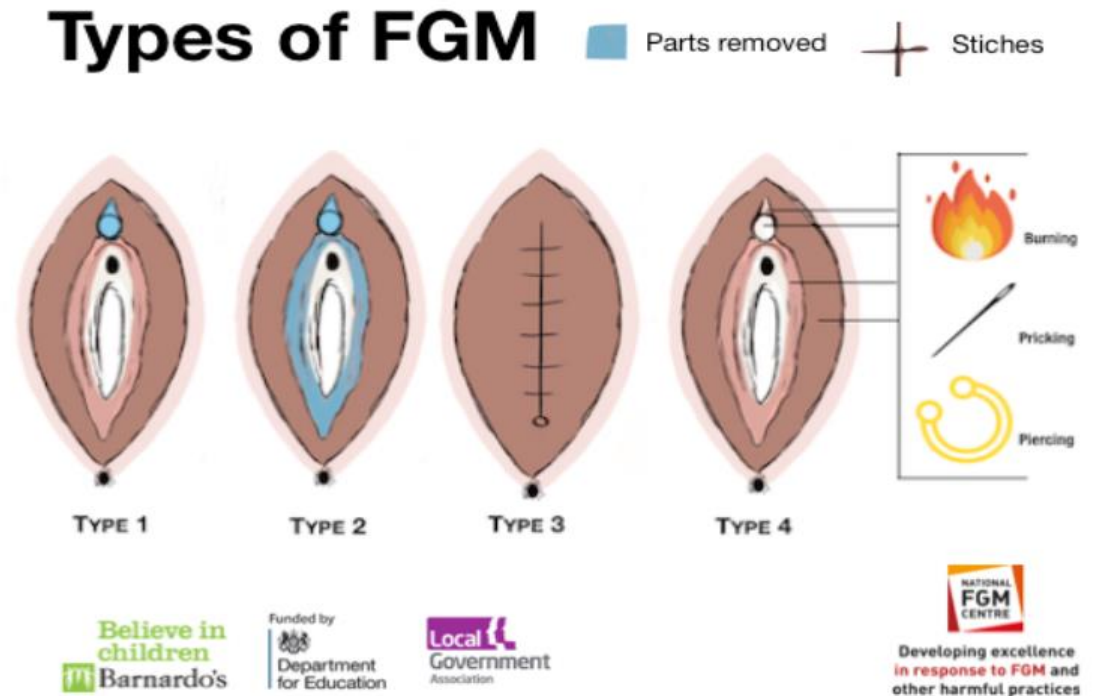
What is Female Genital Mutilation (FGM)?

- FGM is a procedure where the female genitalia are deliberately cut, injured or changed and there is no medical reason for this.
- It is frequently a very traumatic and violent act and can cause harm in many ways, for example causing
 - severe pain,
 - immediate and/or long-term health consequences, including pain/ infection,
 - mental health problems,
 - difficulties in childbirth and/or death

safeguarding issue

FGM has been classified by the World Health Organisation (WHO) into four types

Type 1	Clitoridectomy: 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	Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);
Type 3	Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
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.



Source: [Female genital mutilation \(who.int\)](http://www.who.int)

Source for graphic: [FGM – National FGM Centre](http://www.nationalfgmcentre.org.uk)

Why it Matters

- [FGM is a criminal offence \(Female Genital Mutilation Act 2003\)](#)
- This has been in law for nearly 20 years and there are still only single figure convictions.
- It is an offence to take females abroad to undergo FGM or to get it done in UK
- It is child abuse and a form of violence against women and girls and should be treated as such.
- FGM has [immediate and long term health consequences](#).
- It is believed that FGM may happen to girls in the UK as well as overseas.
- The exact number of girls/women who have undergone FGM is unknown; however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM.

Who's at risk continued

Girls living in communities that practise FGM are most at risk. It can happen in the UK or abroad.

In the UK, the Home Office has identified girls and women from certain communities as being more at risk:

- Somali
- Kenyan
- Ethiopian
- Sierra Leonean
- Sudanese
- Egyptian
- Nigerian
- Eritrean
- Yemeni
- Kurdish
- Indonesian.
- Turkey

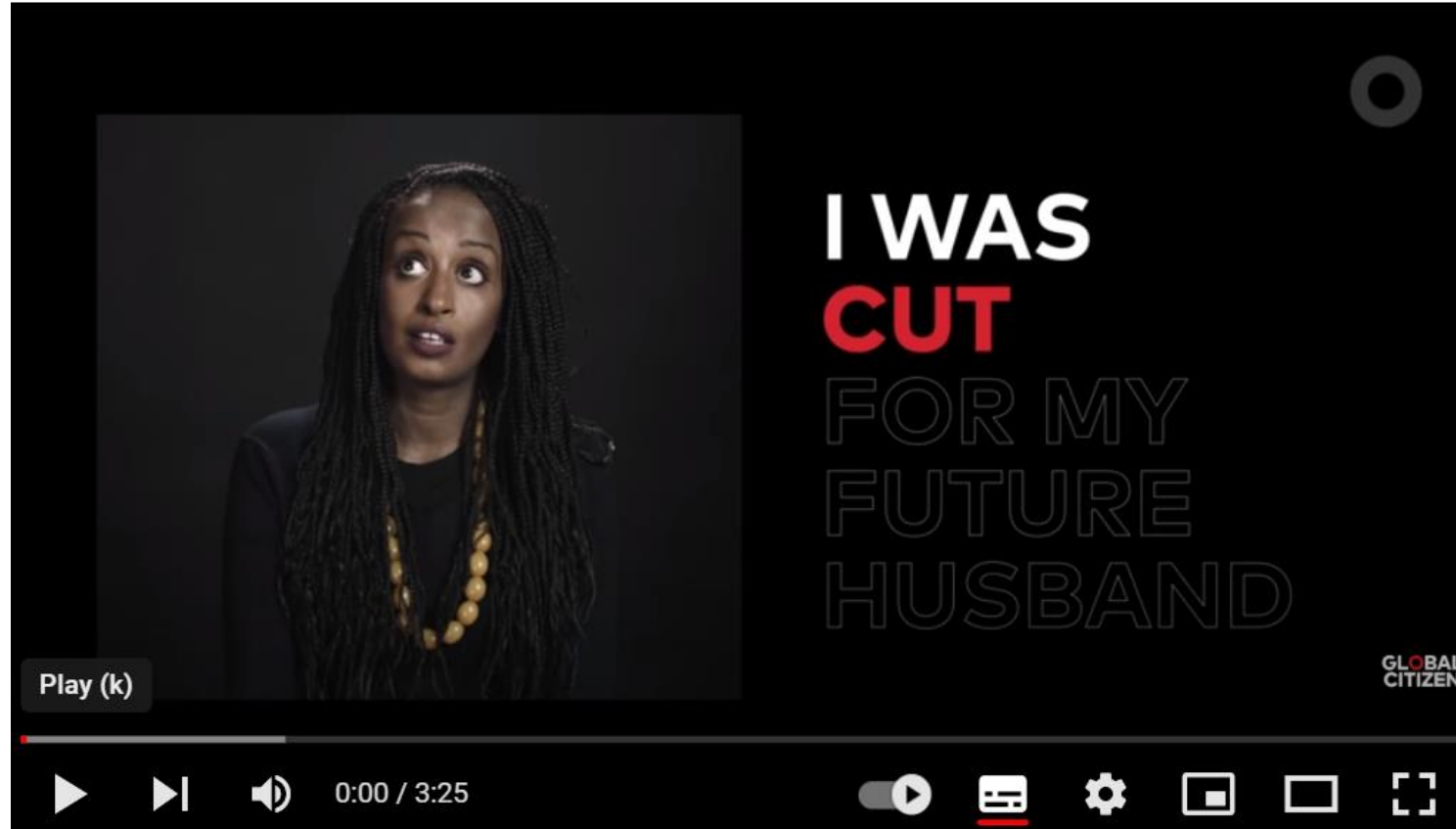
This list is not exhaustive

Children are also at a higher risk of FGM if it's already happened to their mother, sister or another member of their family.

Source: [Female Genital Mutilation - Prevent & Protect | NSPCC](#)

See also [Female genital mutilation \(FGM\) frequently asked questions \(unfpa.org\)](#)

A Survivor of Female Genital Mutilation (FGM)



[FGM Survivor: Leyla Hussein's Story – YouTube](#)
Duration - 3.20 minutes (2018)

The Law

FGM is illegal in the UK ([Female Genital Mutilation Act 2003](#)).

- **Under section 1 (FGM Act 2003)**, it is a criminal offence to perform FGM and an offence for any person (regardless of their nationality or residence status) to:
 - Perform FGM in England and Wales (section 1 of the 2003 Act)
 - Assist a girl to carry out FGM on herself in England and Wales (section 2 of the 2003 Act)
 - Assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (section 3 of the 2003 Act)
- If the mutilation takes place in England or Wales, the nationality or residence status of the victim is irrelevant.
- Penalty of up to 14 years in prison and/or, a fine.
- As **amended by the Serious Crime Act 2015**, the Female Genital Mutilation Act 2003 also includes:
 - An offence of failing to protect a girl from the risk of FGM. A person is liable if they are “responsible” for a girl at the time when an offence is committed.
 - This covers both someone who has “parental responsibility” for the girl and has “frequent contact” with her, as well as any adult who has assumed responsibility for caring for the girl in the “manner of a parent”. For example family members, with whom she was staying during the school holidays;
- Other provisions include:
 - lifelong anonymity for victims
 - FGM Protection Orders and
 - professional mandatory reporting duty of known cases under 18 years to police

The Law - FGM taking place abroad

- It is an offence for a UK national or UK resident (even in countries where FGM is not an offence) to:
 - Perform FGM abroad (sections 4 and 1 of the 2003 Act)
 - Assist a girl to carry out FGM on herself outside the UK (sections 4 and 2 of the 2003 Act)
 - Assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (sections 4 and 3 of the 2003 Act)
- An offence of failing to protect a girl from the risk of FGM can be committed wholly or partly outside the UK by a person who is a UK national or a UK resident.
- The extra-territorial offences of FGM are intended to cover taking a girl abroad to be subjected to FGM.
- It is also an offence to:
 - 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
 - Conspire to commit an FGM offence
- Any person found guilty of such an offence faces the same maximum penalty for these offences under the 2003 Act.

FGM Mandatory Reporting Duty

- **Duty to report to police:** Applies to 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.
- Reports should be made using the non-emergency 101 telephone number.
- **'Known' cases** are those where
 - either a girl informs the person that an act of FGM 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 necessary for the girl's physical or mental health or for purposes connected with labour or birth.
- Reports should be made as soon as possible after a case is discovered or by the close of the next working day.
- In exceptional cases a longer timeframe may be appropriate, for example, a professional has concerns that a report to the police is likely to result in an immediate safeguarding risk to the child (or another child, e.g. a sibling) and considers that consultation with colleagues or other agencies is necessary prior to the report being made.
- Cases of failure to comply with the duty will be dealt with in accordance with the existing performance procedures in place for each profession.

Mandatory Reporting does not replace safeguarding actions.

if a professional has concerns that FGM has taken place, this information should be shared with their safeguarding lead and a referral to Children's Social Care/MASH.

Female Genital Mutilation Protection Orders (FGMPO)

FGMPO's are a civil law measure which provides a means of protecting and safeguarding victims and potential victims of FGM.

- They contain conditions to protect a victim or potential victim, such as surrendering a passport to prevent the person from being taken abroad to undergo FGM, or a requirement that nobody arranges for FGM to be performed on the person being protected.
- Those who can apply for a FGMPO include:
 - The person who has undergone or is at risk of FGM
 - A local authority
 - Any other person (e.g. police, teacher, charity or family member), with the permission of the court
- An application for an order may be made at a Family Court in England and Wales; there is no fee.
- A court can be asked to consider an application straightaway when necessary, and can make an FGMPO without the respondent(s) being present.
- Civil legal aid is available to victims, potential victims and third parties who seek to make, vary or discharge an FGMPO (subject to relevant criteria).
- If the conditions in the FGMPO are not followed, this is a breach which can be dealt with by the Family Court as a contempt of court, or as a criminal offence, with a maximum penalty of five years' imprisonment.

Professional Disagreement and Escalation

What is an escalation?

- Process of challenging a decision made by another professional/organisation.
- Differences of professional opinion arise on safeguarding cases when professionals deem decisions not to be in the best interests of the child/adult. Such as:
 - differing opinions about thresholds
 - professional difference regarding decision making/action to be taken.
- Case reviews – children and adults have highlighted a lack of awareness and use of the escalation procedure.

Continued

- Effective working together depends on an open approach and honest relationships between agencies.
- Most professional differences or disagreements can be resolved by the professionals involved by discussing the concerns and risk assessing together.
- Best practice: Professional with the concern should raise the issue/concern with their counterpart from the relevant agency; they may also wish to discuss the issues with their named safeguarding lead/line manager.
- Discussions can be a telephone conversation or face to face meeting.
- Record - any agreed outcomes of discussions or actions on case records.
- Consider - If no resolution following the formal stages of the escalation process

When there is a need to escalate a concern...

Professionals should:

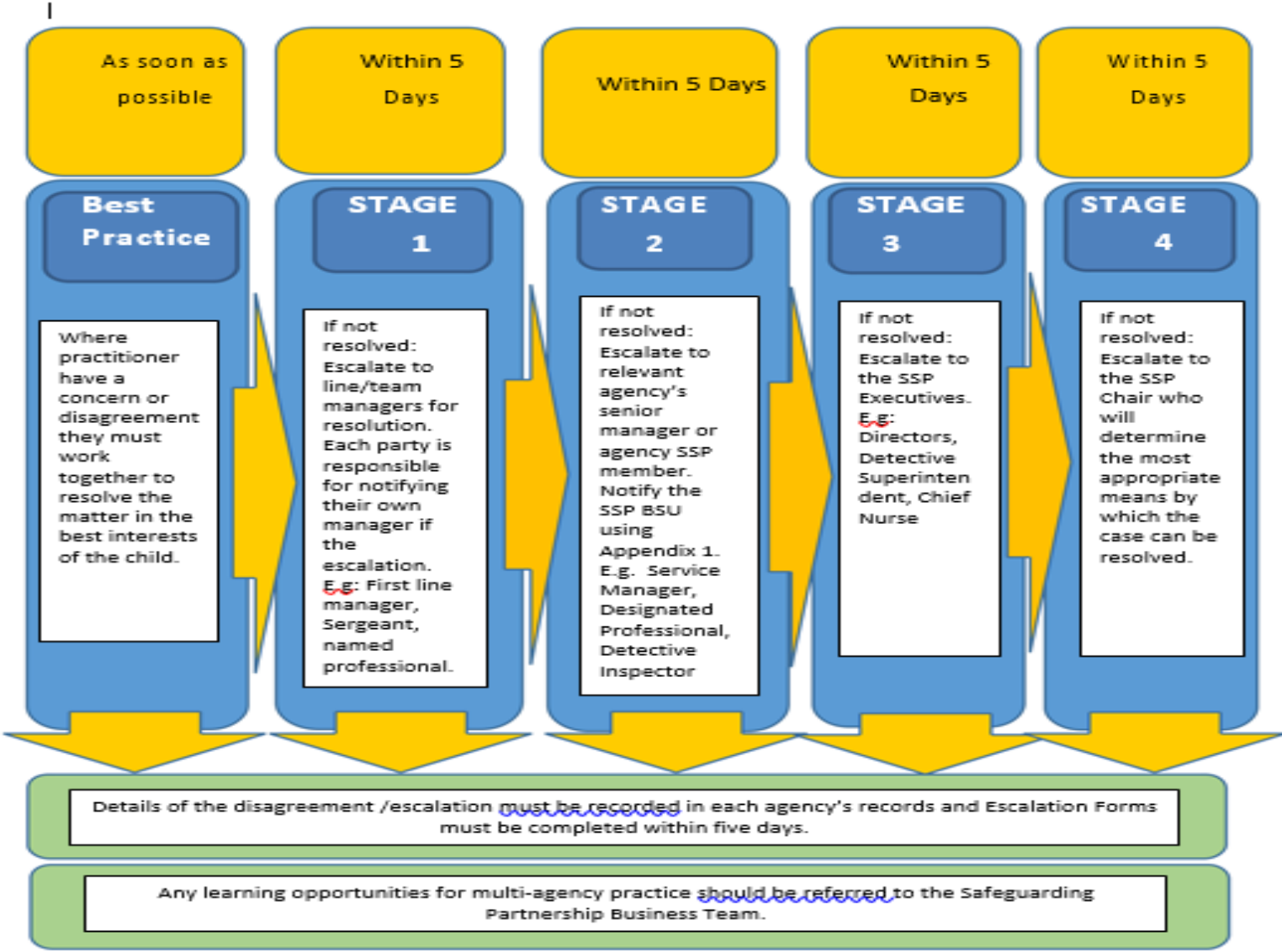
- Raise the concern with respect, balance and clarity
- Act swiftly and deal with issues and concerns as they arise
- Ensure concerns are raised correctly using the agreed process
- Be open and ready to listen to the responses when provided
- Focus on the risk's, safety and wellbeing at all times

Maximum Timescales
Do not delay if inaction will increase the risk to a child
 Refer to MASH/EDT if you consider the child to be a risk of significant harm-


**Stages of Escalation:
 Child**

For further information refer to the:


- ✓ [Escalation policy - Swindon Safeguarding Partnership](#)
- ✓ [7 minute brief Professional disagreement and escalation - Swindon Safeguarding Partnership](#)




Stage 1: Manager / Safeguarding Lead to Manager / Safeguarding Lead within 5 working days



Stage 2: Senior Manager or Agency Safeguarding Partnership Representative to Senior Manager or Agency Safeguarding Partnership Representative within 5 working days



Stage 3: Refer to Executive Leads for the Partnership within 5 working days



Stage 4: Refer to Safeguarding Partnership Chair within 5 working days

For further information refer to the: [Adults Escalation Policy - Swindon Safeguarding Partnership](#)

Do you...

- ✓ Know the name of your agency lead for FGM?
- ✓ Know what FGM is and how to spot the signs?
- ✓ Know where to go for advice and guidance?
- ✓ Routinely consider FGM?
- ✓ Use independent interpreters?
- ✓ What to do/where to refer if you suspect/find FGM?
- ✓ Know what to do if you are a professional to which the FGM Mandatory Reporting Duty applies.

If you don't know the answer to some of these questions you may need to find out more.