Swindon

Female Genital Mutilation (FGM) Policy

For people who work with Children, Young People and Adults
Published by Swindon Community Safety Partnership
August 2022
Review: August 2025

Version:	Final
Date:	August 2022
Review Date:	July 2025
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Document Owner:	Swindon Community Safety Partnership

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Under the Female Genital Mutilation Act 2003, FGM is a criminal offence - it is child abuse and a form of violence against women and girls and should be treated as such.

1. Definition

FGM is a procedure where the female genital organs 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. The practice can cause severe pain, and there may be immediate and/or long-term health consequences, including pain and infection, mental health problems, difficulties in childbirth and/or death.

FGM is a deeply rooted practice, widely carried out 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 age at which FGM is carried out varies enormously according to the community. The procedure may be carried out on new-born infants, during childhood or adolescence or just before marriage or during a woman's first pregnancy. There is no Biblical or Koranic justification for FGM and religious leaders from all faiths have spoken out against the practice. 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.

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.

2. What are the Signs that a Child is at Risk?

Signs that a child may be at risk of FGM
A female child is born to a woman who has undergone FGM or whose older sibling or cousin has undergone FGM;
The child's father comes from a community known to practise 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 the UK community;
The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
The girl talks about a 'special procedure/ceremony' that is going to take place;
Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;
A girl talks about a long holiday to her country of origin or another country where the practice is prevalent;
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;
Sections are missing from a girl's Red book.
A girl's risk can usually be identified at birth, through ante-natal care and delivery of the child. NHS professionals can and should have identified that the mother has had FGM and recorded this on the FGM Information Sharing System. (See Section 7, NHS Data Sharing.)

These indicators are not exhaustive; if any of these risk factors are identified, professionals will need to consider what action to take. If a professional is unsure whether the level of risk requires a Referral to Children's Social Care at this point, they should discuss with their concerns with the named/designated safeguarding lead in their organisation (see section 8- protection and action to be taken). All concerns and actions agreed should be detailed in the child's record.

3. Signs that FGM may have already taken place:

It is also important to consider whether FGM may have already taken place, for example if:

Signs that FGM may have already taken place
A girl asks for help;
A girl confides in a professional that FGM has taken place;
A mother/family member discloses that female child has had FGM;

A girl has difficulty walking, sitting or standing or looks uncomfortable;
A girl finds it hard to sit still for long periods of time, and this was not a problem previously;
A girl 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 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;
A girl displays increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
A girl is reluctant to undergo any medical examinations;
A girl 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.

4. Consequences of FGM

Depending on the degree of mutilation, FGM can have a number of short-term and long term-health implications:

Short- Term Implications	Long-Term Implications
• Severe pain and shock; • Wound infections; • Urine retention; • Injury to adjacent tissues; • haemorrhaging; • Genital swelling; • Death.	• Genital scarring; • Genital cysts and keloid scar formation; • Recurrent urinary tract infections and difficulties in passing urine; • Possible increased risk of blood infections such as hepatitis B and HIV; • Pain during sex, lack of pleasurable sensation and impaired sexual function; • Psychological concerns such as anxiety, flashbacks and post-traumatic stress disorder; • Difficulties with menstruation (periods); • Complications in pregnancy or childbirth (including prolonged labour, bleeding or tears during childbirth, increased risk of caesarean section); and • Increased risk of stillbirth and death of child during or just after birth. • In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM.

5. Justifications for 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.

See the Health Passport - Statement Opposing FGM for an overview of the law on FGM in England, Wales and Northern Ireland. Copies can be downloaded in a range of different languages:

https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation

6. FGM Mandatory Reporting Duty

Regulated health and social care professionals and teachers in England and Wales have a duty to report to the police '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 (See appendix 1).

'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 necessary for the girl's physical or mental health or for purposes connected with labour or birth.

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. A longer timeframe than the next working day may be appropriate in exceptional cases where, 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.

Remember - Mandatory Reporting does not replace safeguarding children actions; if a professional has concerns that FGM has taken place, they should share this information with their safeguarding lead and make a referral to Children's Social Care. MASH

For more information on the Mandatory Reporting Duty, please see: https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information/mandatory-reporting-of-female-genital-mutilation-procedural-information-accessible-version

7. Protection and Action to be Taken

FGM is child abuse and should be treated as such. Professionals should intervene to safeguard girls who may be at risk of FGM or who have been affected by it.

Where there are concerns that a girl is at risk of FGM:

As soon as a girl is identified as at risk of FGM, information should be shared with other agencies in accordance with local information sharing protocols and Information Sharing Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers. If a professional is unsure whether the level of risk requires referral to Children's Social Care at this point, they should discuss their concerns with the named/designated safeguarding lead in their organisation. All concerns identified and actions agreed should be noted in the child's record **(see flowchart appendix 1).**

Professionals must take into consideration that by alerting the girl's family to any concerns about FGM, they may place her at increased risk of harm and professionals should therefore take sufficient steps to minimise this risk.

The level of safeguarding intervention needed will depend on how imminent the risk of harm is. An appropriate course of action should be decided on a case-by-case basis, following a risk assessment, with expert input from all relevant agencies. A victim centred approach should be taken, based on a clear understanding of the needs and views of the child.

If, following referral to Children's Social Care there is cause to believe that the child has suffered or is likely to suffer Significant Harm, a Section 47 Enquiry will be carried out in conjunction with the Police. A strategy discussion/meeting will be held and this should include relevant health professionals and if the child is of school age, a school representative.

It may not always be appropriate to remove the child from an otherwise loving family environment. Parents and carers may genuinely believe that it is in the girl's best interest to conform to their prevailing custom. Professionals should work in a sensitive manner with families to explain the legal position around FGM in the UK. The families will need to understand that FGM and re-infibulation (the process of resealing the vagina after childbirth) is illegal in the UK. The Health Passport - Statement Opposing FGM can be useful to share with families as it outlines what FGM is, the legislation and penalties involved and the help and support available. It is available in a range of languages;

https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation

Interpretation services should be used if English is not spoken or well understood and the interpreter should not be an individual who is known to the family.

If the only risk indicator is that a girl's mother has undergone FGM, referral to Children's Social Care may not be appropriate, but other local multi- agency arrangements may be relevant. In such cases, monitoring is important to ensure that agencies respond appropriately if circumstances change and other risk factors arise. Where there is a specific risk, the case should be referred to Children's Social Care.

When a girl is at imminent risk, legal intervention should be considered; including an Emergency Protection Order, an FGM Protection Order (FGMPO) or police powers of protection.

Professionals should remember that FGM can be carried out at any age, so identifying at birth that a girl is at risk of FGM means that safeguarding measures adopted may need to remain in place for a number of years over the course of her childhood.

In this situation, professionals should always take opportunities to discuss and understand changes to the girl's / family's circumstances and look out for changes in relation to any of the known risk factors. For example, if the professional becomes aware of new travel plans or the arrival of extended family members to live with the girl, this information should be shared with appropriate partner agencies without delay.

Where there are concerns that FGM has taken place - professionals should inform their named/designated safeguarding lead, and an immediate referral should be made to the relevant local authority Children's Social Care department.

Remember - Professionals subject to the FGM Mandatory Reporting Duty are also required to report 'known' cases of FGM in girls under 18 to the police.

Children's Social Care will liaise with Paediatric services where it is believed that FGM has already taken place to ensure that a Medical Assessment takes place and the girl receives the care and support she needs. Enquiries will be made about other female family members who may need to be safeguarded from harm. Criminal investigations into the perpetrators can also be commenced (see Section 9 Legislation)

National FGM Support Clinics have been established to offer a range of support services for women over 18 who have undergone FGM.

Swindon Children can be seen by Paediatrics in Swindon but it may also be appropriate to be seen at a more specialist service in Bristol or through the Sexual Assault Referral Centre (SARC) .

The National FGM centre have a tool that will help you identify:

- What risks are present?
- What safety factors are present or need to be developed?
- Other information to help you decide what steps to take?

https://assessment.nationalfgmcentre.org.uk/

FGM Identified in Adults

It is important to identify women who are pregnant that have undergone FGM. Pregnancy may be the first time a woman who has undergone FGM is able to have access to a health professional who will have some understanding about her situation. There may be some women who do not know that they have undergone FGM until they are examined by a health professional. Identifying women who have undergone FGM will mean that staff will able to consider ongoing medical and psychological support for the woman

Women who will be identified outside of maternity services are likely to be attending a range of specialist services. These may be relating to the consequence of FGM or for non FGM related reasons.

It is important to note that as with domestic violence and rape, if an adult woman has had FGM and this is identified through the delivery of NHS healthcare, the patient's right to patient confidentiality MUST be respected if they do not wish any action to be taken. No reports to social services or the police should be made in these cases unless there are significant concerns for the woman's immediate safety.

It should be acknowledged, that the woman did not choose to undergo FGM, although she comes from a society where such practices are the norm. As well as the physical and emotional trauma of the procedure, the woman may have gone through the emotional turmoil of migration, separation from family, and in some cases, civil war and torture. The woman should be treated with sympathy and sensitivity, and in a non-judgmental way as some families may feel marginalized in the UK.

When women are identified the same consideration should be given to the safety of any female children they may have, younger female siblings or other female children in their family. The professional should have a sensitive conversation with the woman about her attitudes (and that of the wider family) in relation to the practice of FGM and undertake a risk assessment of any female children. If any concerns are

identified in relation to the woman and or her partner considering the practice on their children, if they know of any female children who may be at risk or identification of pressure from family members or the community, the woman must be informed by the professional that it is their responsibility to refer to children's social services, re iterating that this practice is illegal in the UK.

Support for girls under 18 is available from a specialist paediatric service at University College London Hospitals (UCLH). UCLH can be contacted by email at UCLH.paediatricsafeguarding@nhs.net.

For further information, please see: Safeguarding Women and Girls at Risk of FGM – Guidance for Professionals (DHSC) – includes Pathway and Risk Assessment tools:

https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm

8. Issues

Prevention

Safeguarding children partners should actively seek and support ways to reduce the prevalence of FGM in practising communities within the UK. Services aimed at preventing FGM should be developed in consultation with expert voluntary sector organisations and FGM survivors.

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 and the need to ask questions about FGM when they have concerns. In addition, 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.

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. Good communication is essential when talking to individuals who have had FGM, may be at risk of FGM, or who are affected by the practice. When speaking to families, the care of women and girls affected by FGM should be the primary concern, treating them as individuals, listening and respecting their dignity. Sensitive language should be used and the girl's wishes, culture and values are recognised and respected;

Care must be taken to ensure that an interpreter is available, so the family fully understands what is happening and why. The interpreter should be an authorised accredited interpreter, should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community

Training

Training should be available to enable professionals to discharge their safeguarding duties with regard to FGM, as for any other form of abuse. Training on FGM could include the following:

SSP course: Honour-based abuse, forced marriage and female genital mutilation.

Free e learning training: Recognising and Preventing FGM. Available at: https://www.virtual-college.co.uk/resources/free-courses/recognising-and-preventing-fgm

9. Legislation

FGM is illegal in the UK. In England, Wales and Northern Ireland, civil and criminal legislation on FGM is contained in the Female Genital Mutilation Act 2003 ("the 2003 Act").

Law in England, Wales and Northern Ireland

Criminal Law

Under section 1 of the 2003 Act, it is a criminal offence to perform FGM and it is 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. This crime has a 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". This could be for example family members, with whom she was staying during the school holidays;

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.

Under provisions of the law which apply generally to criminal offences, 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 Protection Orders (FGMPO)

Under section 5A and schedule 2 of the 2003 Act, provision is made for FGM Protection Orders. This is 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. Those might, for example, involve surrendering a passport to prevent the person at risk 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 may apply for an FGM Protection Order are:

- The person who has undergone or is at risk of FGM
- A local authority
- Any other person (for example the police, a teacher, a charity or a 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 FGM Protection Order 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 FGM Protection Order, subject to meeting the relevant criteria. If the conditions in the FGM Protection Order are not followed, this is called a breach. It can be dealt with either by the Family Court as a contempt of court, or as a criminal offence, with a maximum penalty of five years' imprisonment.

Female Genital Mutilation Protection Orders ("FGMPO"). An FGMPO is a civil order which may be made for the purposes of protecting a girl against the commission of an FGM offence or protecting a girl against whom an FGM offence has taken place. Breaching an order carries a penalty of up to 5 years in prison. The terms of the order can be flexible and the court can include whatever terms it considers

necessary and appropriate to protect the girl or woman including to protect a girl from being taken abroad or to order the surrender of passports.

An application for a FGMPO can be made at a Family Court in England and Wales. The person completing the application should read the guidance first – see FGM700 (guidance on https://formfinder.hmctsformfinder.justice.gov.uk/fgm700-eng.pdf).

If an application is being made on behalf of someone else, the court's permission to apply will be needed and so form FGM006 should be used: http://formfinder.hmctsformfinder.justice.gov.uk/fgm006-eng.pdf.

All of these forms are free and can be obtained from any of the court centres listed in the guidance (FGM700) or the forms can be downloaded from: https://hmctsformfinder.justice.gov.uk/HMCTS/FormFinder.do (enter 'FGM' in the form number or form title field).

10. NHS Data Sharing

NHS Digital collects data on FGM within in the NHS in England on behalf of the Department for Health and Social Care.

Data on the following is collected from NHS acute trusts, mental health trusts and GP practices:

- If a patient has had Female Genital Mutilation;
- If there is a family history of Female Genital Mutilation;
- If a Female Genital Mutilation-related procedure has been carried out on a patient.

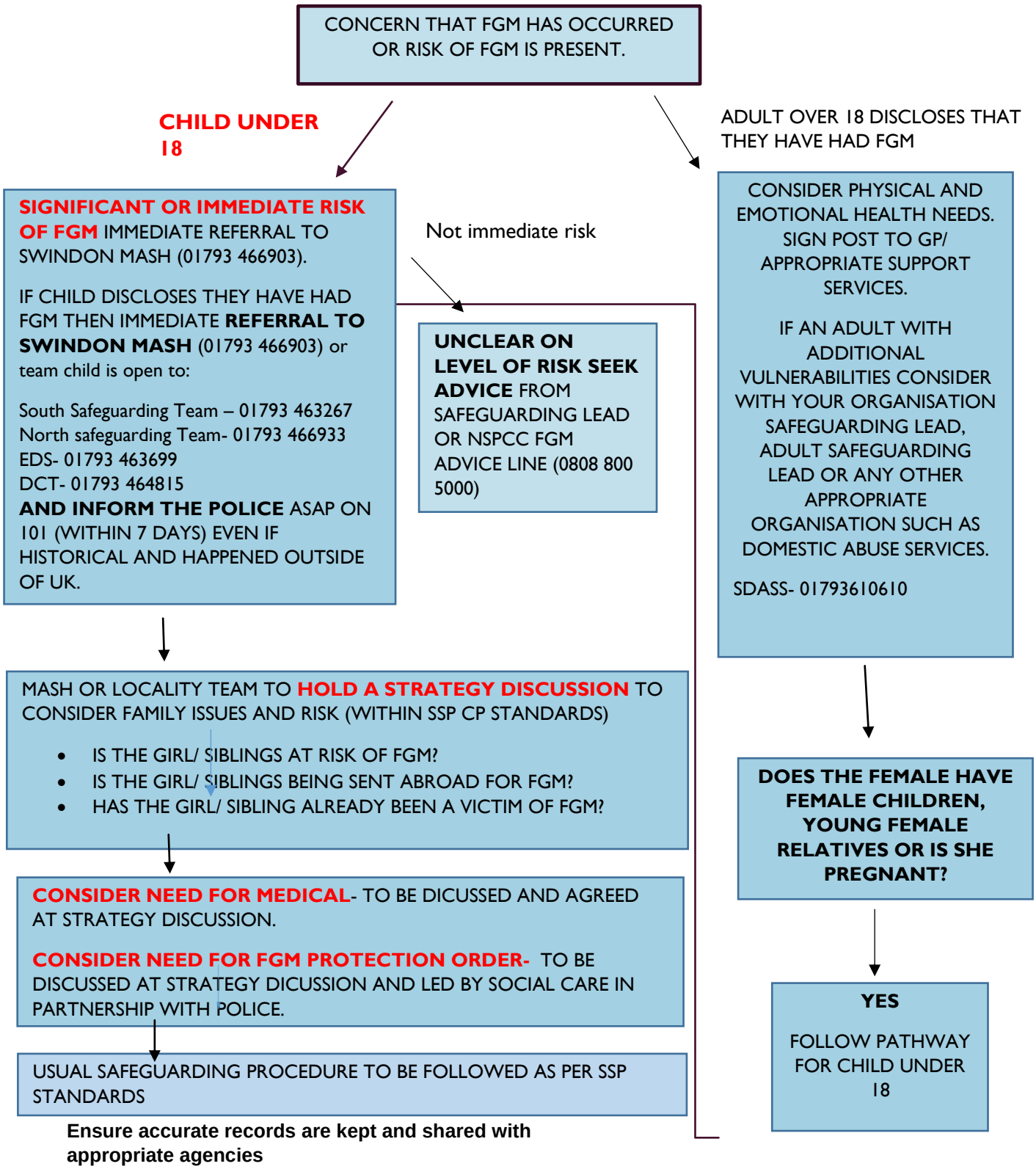
Aggregate information on the data collected is available online, see NHS Digital website.

Female Genital Mutilation Information Sharing (FGM- IS)

FGM-IS is a national IT system for healthcare professionals and administrative staff to record that a girl has a family history of FGM.

Appendix 1- Multi-Agency Flowchart. *Prior to using this pathway please **refer to DOH FGM Risk and Safeguarding Guidance for Professionals** and consider using the risk assessments in appendix.

***Care must be taken to ensure that an interpreter is available, so the family fully understands what is happening and why. The interpreter should be an authorised accredited interpreter, should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community**



Appendix 2- Additional Support Services and Resources.
NSPCC FGM helpline: 0800 028 3550

Multi-Agency Statutory Guidance on Female Genital Mutilation (GOV.UK) https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Female Genital Mutilation Resource Pack (Home Office) - https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack

FGM Assessment Tool for Social Workers (National FGM Centre). It has two elements; Best Practice Guidance and an Online FGM Assessment Tool to help guide the assessment of cases where FGM is a concern.

AFRUCA (Child Protection of African Children) https://afruca.org/

NHS - FGM (including information on where to get support) https://www.nhs.uk/conditions/female-genital-mutilation-fgm/

Female Genital Mutilation and its Management: Royal College of Obstetricians and Gynaecologists 2015 https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/

Mandatory Reporting of Female Genital Mutilation – procedural information https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Safeguarding Women and Girls at Risk of FGM – Guidance for Professionals (DHSC) – includes Pathway and Risk Assessment tools https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm

Adult Support Services

Foundations of Women's Health Research and Development (FORWARD) 02089604000. An African women's led organisation working to end violence against women and girls.

Daughters of Eve- Women's health organisation.

HALO Project- A national charity providing confidential advice and culturally sensitive support to Black and Minoritised victims and survivors of domestic abuse, sexual violence and illegal cultural harms including forced marriage, 'honour'-based abuse and FGM. T: 01642 683045, E: info@haloproject.org.uk.

IKWRO- Iranian & Kurdish Women's Rights Organisation (24hr): 0207 920 6463

Ashiana- Supporting Asian Women through DV, HBV, forced Marriage & FGM: 01142555740.

National FGM Support Clinics (NFGMSCs) are community-based clinics that offer a range of support services for women with female genital mutilation (FGM). This service is available to women aged 18 or older who are not pregnant when they seek support. National FGM Support Clinics are a place for women with FGM to discuss their health needs in a sensitive and non-judgmental environment.

The services are provided by an all-female team and include:

- physical assessment and treatment (including deinfibulation if required)
- emotional support and counselling
- general information
- access to FGM Health Advocates
- referral to a specialist consultant, if needed

How to access a clinic:

National FGM Support Clinics run either weekly or every 2 weeks.

Referrals from GPs and other health professionals are strongly encouraged, but you can also access a clinic through:

- walk-in appointments
- using a self-referral service

Local Clinic:

Bristol – Eastville Medical Practice (Rose Clinic)
East Trees Health Centre, 100a Fishponds Road, Bristol BS5 6SA
Contact details: 07813 016 911 Email: bristolrose.clinic@nhs.net