



# Safeguarding Against Female Genital Mutilation Procedure

## *All Services*

This procedure provides guidance about how to recognise when a child may be at risk from Female Genital Mutilation (FGM) and how to respond. The aim is to support all who work for or deliver services on behalf of the community of companies to understand the signs of FGM and respond to concerns around FGM safely and appropriately in order to safeguard children.

The term 'child' or 'children' is used to refer to all children under the age of 18 years. Where the context specifically relates only to older children, the term 'young person' is used.

The term 'adult' in Scotland legally refers to anyone aged 16 and over, however the [Children and Young People \(Scotland\) Act 2014](#) defines a "child" as someone who has not attained the age of 18, therefore both Child & Adult Protection Procedures apply to all 16-18 year olds in Scotland. Following consultation with local authorities, the Polaris Community should implement Child Protection Procedures for all young people aged 16-18 in Scotland unless instructed by the relevant Local Authority that Adult Protection Legislation is more appropriate in an individual case.

As part of Polaris community, the term foster parent is preferred but it is recognised that foster carer is also used in legislation and within the community.

This procedure forms part of the Polaris Quality Management System in line with ISO-9001:2015 standards and applies to all companies within the community unless stated otherwise.

Procedure Owner:	QA & Safeguarding Team
Approved by:	Operations Board
Date approved:	13/08/24
Next review date:	August 2027

Version No:	02
Associated Policy and supporting documents:	Safeguarding Children Policy and Safeguarding Children Procedure
	Suite of Safeguarding Procedures

All Polaris companies are detailed in the current legal structure.

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## Definition

The World Health Organisation defines Female Genital Mutilation (often referred to as ‘FGM’ or cutting) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.

It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls’ and women’s bodies. The practice causes severe pain and has several immediate and longer term health consequences.

The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. It is a form of child abuse when perpetrated on those aged under the age of 18 years of age. It is also a crime if committed against an adult woman over the age of 18, and therefore adult safeguarding procedures need to be followed.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. The World Health Organisation states that FGM is mostly carried out on young girls between infancy and age 15.

## Types of FGM

Female genital mutilation is classified into 4 major types.

- **Type 1:** this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).
- **Type 2:** this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Also known 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 clitoral prepuce/clitoral hood and glans (Type I FGM).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening of a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

## FGM and the law

In England, Wales and Northern Ireland, all forms of FGM are illegal under the Female Genital Mutilation Act 2003, and in Scotland it is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for the first time for UK nationals, permanent or habitual UK residents, to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the

Elimination of all Forms of Discrimination Against women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights and Protocol to the African Charter on Human and Peoples' Rights on the rights of women in Africa. All these documents highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

It is also illegal to take a child abroad for the purposes of FGM, and also to help or force a girl to inflict genital mutilation on herself. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 will be liable to a fine, imprisonment of up to 14 years, or both. It is same penalty under Scottish law.

### Failing to protect a girl from risk of FGM

There is a mandatory duty for professionals to report any instances of FGM on a girl under 18 to the police (see later section 'What to do if you have concerns about Female Genital Mutilation' for details). The duty applies to all regulated professionals working within health or social care, and teachers (please refer to the section on Mandatory Reporting).

If an offence under Sections 1, 2 or 3 of the Female Genital Mutilation Act is committed against a girl under the age of 16, each person who is responsible for the girl at the time the FGM occurred could be guilty of an offence under section 3A of the 2003 Act.

### FGM prevalence and cultural underpinnings

FGM is a deeply rooted tradition, widely practiced among specific ethnic populations in Africa and parts of the Middle East and Asia, which serves as a complex form of social control of women's sexual and reproductive rights.

The World Health Organisation estimates that between 200 million girls and women worldwide have experienced FGM and around 3 million girls undergo some form of the procedure each year in Africa alone. FGM has been documented in 30 countries mainly in Africa as well as the Middle East and Asia.

FGM has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan. FGM is not restricted to these areas or cultures (please see Appendix 1 for a list of countries that FGM has been documented in).

The prevalence of FGM in the United Kingdom is difficult to measure because of the hidden nature of this crime. The prevalence is likely to vary across the country too, with it being more likely in areas with larger communities from practicing countries as noted above. A study completed in 2014 suggested Cardiff, Manchester, Sheffield, Northampton,

Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes may be areas with higher prevalence.

FGM is a complex issue, and there are a variety of reasons given for the practice. Some of the perceived justifications and mistaken beliefs include:

- It brings 'status and respect' to the girl
- It 'preserves a girl's virginity or chastity'
- It is 'part of being a woman'
- It is 'a rite of passage'
- It gives a girl 'social acceptance, especially for marriage'
- It 'upholds the family honour'
- It 'cleanses and purifies the girl'
- It gives the girl and her family 'a sense of belonging to the community'
- It 'fulfils a religious requirement believed to exist' (although FGM predates Christianity, Islam and Judaism, and the Bible, Koran, Torah and other religious texts do not advocate or justify it)
- It perpetuates a custom or tradition
- It 'helps girls and women to be clean and hygienic'
- It is 'aesthetically desirable'
- It is mistakenly believed to make childbirth safer for the infant
- It 'rids the family of bad luck or evil spirits'.

FGM is abuse and causes a catalogue of short and long term physical and mental health problems for girls and women, including but not limited to pain, infection, haemorrhage, depression, shock, anxiety, infertility and death.

### Specific factors that may heighten a girl's risk of being affected by FGM

There are factors that can increase the risk of a girl being subjected to FGM. These include:

- Country of origin. FGM is more prevalent in certain communities, such as:
  - Africa
  - Middle East
  - Asia
  - South America
- Growing migration has increased the number of girls and women living outside their country of origin who have undergone FGM or who may be at risk of being subjected to the practice (please see Appendix 1 for a list of countries that FGM has been documented in).
- Belonging to a family or community that is less integrated into British Society

- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family, and therefore a referral must be made to children's social care
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family, and therefore a referral must be made to children's social care.

### Indicators that FGM may be about to happen or has happened

It is believed that FGM happens to girls in the United Kingdom, as well as abroad, so whilst a child being taken out of the country may be a sign of risk, girls are also at risk within the United Kingdom.

#### **Other signs that FGM may be imminent:**

- It may be possible that families will practice FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin
- A professional may hear reference to FGM in conversation; for example, a girl may tell other children about it
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk
- Parents state that they or a relative will take the child out of the country for a prolonged period
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent
- Parents seeking to withdraw their children from learning about FGM.

#### **There are a number of signs that FGM may have already taken place:**

- A girl may have difficulty walking, sitting or standing and may look uncomfortable
- A girl may spend longer than normal in the bathroom or toilet due to difficulties urinating
- A girl may have frequent urinary, menstrual or stomach problems
- A prolonged absence from school or college with noticeable behaviour changes (eg. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM

- A girl may be particularly reluctant to undergo normal medical examinations
- A girl may confide in a professional
- A girl may ask for help, but may not be explicit about the problem due to embarrassment or fear
- A girl may talk about pain or discomfort between her legs.

### What to do if you have concerns about FGM

During the course of your work, you may encounter girls who could be at risk of undergoing FGM, such as a foster parent or adopter's child, for example, or the family members of children currently in care. You may also work with children who have already undergone FGM, which may or may not already be known to other agencies. FGM of a child under 18 years of age is child abuse.

**If you are concerned a child may be at risk of FGM, or are, aware that a girl under 18 has undergone FGM you should report this to Children's Social Care (following local safeguarding children's partnership procedures) /for Scotland, LA Social Work team and the police immediately.**

The risk to the child must be discussed with your manager and the child's Social Worker, if they have one, or a Local Authority Children's Social Care Duty Team if not, and urgent action taken if the risk is felt to be imminent.

Remember that alerting the family to your concerns could heighten the risk to the child, and you should seek advice from your manager and the QA lead for your setting about what action to take and what information to share.

**DO NOT** approach the girl's family about your concerns before taking advice from the Police and relevant Children's Social Care team/for Scotland LA Social Work team.

**Please refer to the Safeguarding Children Procedure for detailed information about what to do if you have concerns that a child is at risk of harm.**

Remember that any child protection investigation involving a child placed with foster parents or adopters also requires notification to the relevant regulator.

### Procedural aspects

When talking to children, families, foster parents or adopters about Female Genital Mutilation **DO**:

- Consider whether your discussions could place a child at increased risk; take advice beforehand from your manager and other agencies as appropriate

- Talk about FGM in a professional and sensitive manner
- Explain that FGM is illegal in the UK and that they will be protected by the law
- Take action if you have concerns that a child or adult may be at risk of FGM:
  - Make a referral to the police and children's social care
  - Liaise with your manager and QA lead for your setting
  - Remember that FGM is child abuse and against the law. If a member of staff believes that a girl is at risk of, or has already undergone, FGM, the Police and relevant Children's Social Care team must be informed, even if this is against the girl's wishes
  - If you do take action against the girl's wishes, you must inform her of the reasons why when it is safe to do so
  - Activate Safeguarding Procedures and local multi-agency safeguarding procedures
  - Ensure that the girl is informed of the long-term health consequences of FGM to encourage her to accept medical assistance
  - Ensure that safeguarding and protection is considered for any other female family members by including this information in the referral to Children's Social Care and the Police
  - Keep thorough written records of all your discussions and decisions.

### Mandatory reporting

In England, Northern Ireland and Wales, the [Female Genital Mutilation Act 2003](#) sets out the law surrounding FGM. In Scotland it is the [Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#).

In **England** and **Wales**, regulated health and social care professionals and teachers have a mandatory duty to make a report to the police if:

- they are informed by a child under the age of 18 that they have undergone FGM
- they observe physical signs that an act of FGM may have been carried out on a child under the age of 18 ([Section 74 Serious Crime Act 2015](#)).

The Mandatory reporting of female genital mutilation - procedural information (Home Office, 2016) sets out this duty in further detail.

In **Wales**, professionals who identify cases of FGM must report to the local authority as well as the police ([Female Genital Mutilation Act 2003](#) and [Social Services and Well-being \(Wales\) Act 2014](#)).



In **Northern Ireland**, it is an offence under [Section 5](#) of the Criminal Law (Northern Ireland) Act 1967 to fail to report a 'relevant offence' to the police. This includes:

- knowing or believing that an offence has been committed
- having information which could lead to the apprehension, prosecution or conviction of an offender.

This legislation covers offences against children and adults and includes offences related to FGM.

In **Scotland**, there is no specific legal duty to report suspected FGM in Scotland. But professional obligations to raise concerns, and existing child/adult protection framework requirements, do apply.

In **England** and **Wales**, the [Multi-agency statutory guidance on female genital mutilation](#) provides advice and support to professionals with the responsibility to safeguard and support those affected by FGM (Department for Education, Department of Health and Social Care and Home Office, 2020). This guidance should be considered alongside other statutory safeguarding guidance.

The Home Office has published a [resource pack on female genital mutilation](#), which includes guidance and support materials for local authorities, professional services and voluntary organisations (Home Office, 2021).

The Department of Social Care has provided practical guidance on [safeguarding women and girls at risk of FGM](#) (Department of Health and Social Care, 2017).

In **Northern Ireland** professionals should follow the [Multi-agency practice guidelines: Female genital mutilation \(PDF\)](#) (Department of Health, 2014). The Department of Health and Safeguarding Board for Northern Ireland (SBNI) have also published guidance about [safeguarding and risk assessment for FGM](#) (Department of Health and SBNI, 2020).

In **Scotland** the guidance is [Responding to female genital mutilation in Scotland: multi-agency guidance \(PDF\)](#) (Scottish Government, 2017).

## References and Further Information

Female Genital Mutilation Act 2003:

[http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga\\_20030031\\_en.pdf](http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf)

Female Genital Mutilation (Scotland) Act 2005: [Female Genital Mutilation - FGM](#) (also includes links to FGM factsheets in various languages)

Female Genital Mutilation: resource pack

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack>

Home Office: Mandatory Reporting of Female Genital Mutilation – procedural information:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573782/FGM\\_Mandatory\\_Reporting\\_-\\_procedural\\_information\\_nov16\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf)

NSPCC national FGM helpline: 0800 028 3550 or [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

Unicef, FGM data <https://www.unicef.org/protection/female-genital-mutilation>

World Health Organisation Factsheets about FGM: [WHO | Female genital mutilation](#)

[Information for Professionals Subject the Duty and their Employers, Including on How to Make a Report](#)

[Information for Health Care Professionals in England](#)

If a child or young person needs confidential help and advice direct them to Childline. Calls to 0800 1111 are free and children can also [contact Childline online](#) or [read about FGM on the Childline website](#).

**Countries that FGM has been documented in (Unicef 2020):**

- Benin
- Burkina Faso
- Cameroon
- Central African Republic
- Chad
- Côte d'Ivoire
- Djibouti
- Egypt
- Eritrea
- Ethiopia
- Gambia
- Ghana
- Guinea

- Guinea-Bissau
- Iraq
- Kenya
- Liberia
- Mali
- Maldives
- Mauritania
- Niger
- Nigeria
- Senegal
- Sierra Leone
- Somalia
- Sudan
- Togo
- Uganda
- United Republic of Tanzania
- Yemen