Female Genital Mutilation Policy, procedure and guidance

Contents

Reviewed: 26th November 2018
Effective date: 29th January 2019

1. Synopsis

The NSPCC's aim is to end cruelty to children in the UK. It exists to protect children who have suffered abuse, to prevent abuse from happening and to transform society so that child cruelty becomes a thing of the past. All children deserve a childhood free from abuse and neglect.

Anyone who is employed by or volunteers on behalf of the NSPCC, regardless of the type or amount of contact they have with children, has a role to play in safeguarding and protecting them. Everyone must:

- know how to recognise potential child abuse concerns
- know what to do when safeguarding concerns arise
- understand what the NSPCC expects of them in terms of their own behaviour
- know how to prevent harm to children.

Female genital mutilation (FGM) is a child protection issue and is illegal in each of the jurisdictions in the United Kingdom for a child up to 18 years of age. The policy provides information about what constitutes FGM, its prevalence, information about the legal context, what action is needed to fulfil the mandatory requirements to report FGM, and guidance to support staff and volunteers in safeguarding children, young people and adults at risk.

This policy, procedure and guidance is aimed at providing all staff and volunteers (including trustees and interns), secondees, agency staff, and students, with information about child abuse and female genital mutilation.

This document should be read in conjunction with:

- Safeguarding and Child Protection Policy
- code of conduct and policy on professional conduct
- procedure for 'What to do if you have a concern about a child' full procedure
- Adults at Risk of Abuse Policy and procedure.

2. Definition

FGM is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-medical reasons. 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. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy. It is a one-off act of abuse that has dangerous implications and lifelong consequences.

3. Classification of FGM

FGM has been classified by the World Health Organization into four types. This classification has been incorporated by the Home Office and the Department of Education.

- 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

- Type 4 – Other: all other procedures to a child's female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, cauterising the genital area and stretching the labia or clitoris

4. Legal context

FGM is illegal in the UK under:

4.1 **The Female Genital Mutilation Act 2003 (England, Wales and Northern Ireland).** This act has been amended to incorporate a new duty as outlined below.

Mandatory (legal) reporting duty applies where FGM has taken place.
The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003, section 5B (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 years that an act of FGM has been carried out on her; or
- observed physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years 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.

4.2 For the purpose of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 years or over discloses she had FGM when she was under the age of 18 years)

4.3 The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply. For staff who work within the NSPCC, legal mandatory reporting only pertains to some staff (children's services managers and practitioners and some national services managers and practitioners) and it relates to situations when FGM has already taken place.

4.4 Failure to report cases within one month, unless there are 'exceptional' safeguarding issues, could result in the professionals facing internal disciplinary action or referral to regulators, which could lead to barring them from practice.

4.5 Other organisational safeguarding responsibilities regarding girls and young women at risk of FGM: In relation to at risk or suspected cases of FGM, or in cases where the woman is over 18 years of age, or if a parent, guardian, sibling or other individual (not a professional) discloses that a girl under 18 years of age has had FGM carried out on her, the mandatory duty to report to the police does not apply. However, it is an NSPCC organisational requirement (as a safeguarding/child protection organisation) that all staff act on concerns regarding FGM when they become aware that a child or young woman is at risk.

Any such disclosure of a child 'at risk' should be handled in line with wider safeguarding responsibilities – in England, this is likely to include a child protection referral to children's social care, and in Wales the disclosure should be immediately referred to the local authority. In these cases, the Local Children Safeguarding Board procedures, the NSPCC safeguarding and child protection policy, and adults at risk of abuse policy and procedure must be followed. For more information please see the English or Welsh Working Together to Safeguard Children as appropriate, and/or the multi-agency guidance on FGM.

4.6 Prohibition of Female Genital Mutilation Act 2005 (Scotland)

- It is an offence for anyone (regardless of nationality and residence status) to perform FGM in the UK or to assist a girl to perform FGM on herself in the UK. Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.
- It is an offence under the 2003 Act for a UK national or permanent UK resident to perform FGM, or to assist a girl to perform FGM on herself, outside the UK. It is also an offence to assist FGM carried out abroad by anyone (including foreign nationals); although in some cases the offence is limited to the situation where the victim is a UK national or permanent UK resident**.** This would cover taking a girl abroad to be subjected to FGM.

4.7 Children Act 2004 (England and Wales) and the Children (Northern Ireland) Order 1995 Local authorities can apply to the courts for various orders to prevent a child being taken abroad for mutilation.

4.8 Northern Ireland Section 5 of the Criminal Law (Northern Ireland) Act 1967

While the reporting duty in the Serious Crime Act amendment does not extend to Northern Ireland, provisions contained in Section 5 of the Criminal Law (NI) Act 1967 do apply. This requires the reporting of a specified offence by a citizen to the police and would de facto include FGM offences. Staff in NI should also follow Departmental and Safeguarding Board Guidance on the handling and the reporting of FGM see link below:

4.9 Social Services and Well-being (Wales) Act 2014 **'**Professionals working within Wales should be aware that, from April 2016, section 130 of the Act will also apply to cases covered by the FGM mandatory reporting duty. The all-Wales child protection procedures, adopted by all safeguarding boards in Wales, provide a consistent framework for referral, consideration, and determining action by all safeguarding partners in Wales, including a dedicated protocol on FGM.'

4.10 The Human Rights Act 1998 and European Convention on Human Rights Article 3 states that no one will be *"subjected to torture or to inhuman or degrading treatment or punishment".*

4.11 The UN Convention on the Rights of the Child States that any person below the age of 18 years has the right to protection from activities or events that may cause them harm and that they need special safeguards and care, including appropriate legal protection.

5. How staff comply (procedure)

Mandatory reporting is only required when FGM has been perpetrated on a girl under 18 years of age. Where there is a risk if FGM identified, or where a woman is over 18 years of age, there is no mandatory reporting required but action needs to be taken under the NSPCC safeguarding and child protection policy and the adults at risk policy and procedure.

5.1 When receiving information about FGM all staff and volunteers must:

- give consideration to the possibility of female professionals being available to speak to girls or women if they prefer
- listen actively and give the person time to talk
- be sensitive about the intimate nature of the topic
- be non-judgemental and use simple and appropriate language that is not offensive

- make detailed notes as soon as possible
- provide anonymity to safeguard the victim (this may not always be possible, if a referral to the Local Authority is needed).

5.2 When receiving information about FGM all staff and volunteers must not:

- ignore what the young person or adult has told them or dismiss out of hand the need for immediate protection
- approach the young person's family, friends or those people with influence within the community as this will alert them to your enquiries
- contact the family in advance of any enquiries, either by telephone or letter
- share information outside child protection information-sharing protocols without the express consent of the young person
- breach confidentiality except where necessary to ensure the young person's safety.

5.3 Children's Services staff

When a practitioner receives any report that: a child under the age of 18 years has been subjected to an act of FGM, or there are physical signs that indicate that an act of FGM has been carried out the **mandatory reporting duty under section 4.1** must be followed and the regional/national head of children's services should be notified so that this data can be captured and reported.

When a practitioner receives any report: of a child at risk of FGM, or any information on perpetrators of FGM the practitioner must follow the 'what to do if you are concerned about a child procedure'.

Where practitioners are working in areas where FGM is prevalent or where they are delivering services where FGM is likely to be an issue, they must make proactive links with partners in health and social care and be aware of local protocols and procedures to protect children and young people.

5.4 Schools service

The Schools Service Practice Guidance provides very detailed procedural guidance about the management and recording processes for all child welfare and child protection concerns and therefore staff and volunteers in this service must understand and follow this practice guidance. Schools service staff also need to refer to the procedure for 'what to do if you are concerned about a child for those who work directly with children and in relation to adults at risk they need to refer to the Adults at Risk policy and procedure. Please refer to 4.1 in this guidance in relation to mandatory reporting of FGM that applies to health and social care professionals and teachers in England and Wales.

5.5 Helpline

When the helpline receives any report: of a child at risk of FGM, or where details are provided, to reasonably identify that a child is at risk of FGM, or any information on perpetrators of FGM, the helpline will refer this matter to the local children's social care for further action.

When a practitioner receives any report that: a child under the age of 18 years has been subjected to an act of FGM, or there are physical signs that indicate that an act of FGM has been carried out the mandatory reporting duty must be followed. In both the above situations, this action is not dependent upon who provides such information. Please read the Helpline Safeguarding Standards in conjunction with this procedure and the procedure for 'what to do if you are concerned about a child, for those who work directly with children and adults'

5.6 Childline

If Childline receives any report that a child or young person is at risk of FGM, or is reporting that a child or young person has been a victim of FGM: a risk assessment should be undertaken via the on-call duty manager/duty supervisor to decide if, such reports meet the threshold for breaching. If the breaching confidentiality threshold is met, this should be referred to the Helpline for them to action.

If Childline receives any report from a child or young person less than 18 years of age that they have been a victim of FGM or likely that they will be a victim: the on-call duty manager/duty supervisor must consult with the Head of Service or Head of Childline, regarding whether the contact requires a breach to the service confidentiality with that child and if a referral to partner agencies is required. Please refer to Confidentiality, Information Sharing and Practice Standards document and the procedure for 'what to do if you are concerned about a child'

5.7 Other divisions (Fundraising, Corporate services, People, Strategy, policy and Evidence)

Where any concern arises about FGM they should: discuss this with their line manager in order to establish if this policy (and/or any related policy and procedure) needs to be followed, and if so, ensure that they report to the Helpline for them to take action. Please refer to the 'what to do if you are concerned about a child procedure'

6. Further Information-Guidance

6.1 Risk factors and warning signs

FGM is more common than generally realised, both worldwide and in the UK. It is deeply embedded into the culture of communities and intervention by statutory agencies may be resented.

Understanding factors that heighten girls' or women's risk of FGM is important so that concerns can be acted upon to prevent FGM.

In addition to the community the girl or the woman comes from (see prevalence), there are other factors that need to be considered when assessing FGM risks:

- low integration of the family into UK society
- any girl born to a woman who has been subjected to FGM
- a family history of FGM, for example if a sibling in the family has undergone FGM
- a girl who is withdrawn from physical education (PE) regularly
- a girl who may confide that she is to have a special ceremony to make her a woman
- a girl who may talk about a long holiday to a country where FGM is practiced
- a parent who may ask for prolonged absence for a girl in order to leave the country.

Indicators that FGM has already taken place:

- difficulties standing, walking or sitting for long periods
- long periods of time in the bathroom
- long absences from school or repeated absences with bladder or menstrual problems
- reluctance to undergo medical examinations
- emotional and behavioural changes after returning from a prolonged holiday.

6.1 Prevalence

FGM's prevalence in the UK is difficult to estimate because of the hidden nature of the crime. However, a 2007 study[1] showed that 66,000 women in England and Wales (mostly London) have had FGM and 23,000 girls in England and Wales under the age of 15 years were at risk of FGM. A more recent study[2] in 2014 identified that up to 500,000 girls and women living in the European Union are affected or threatened by FGM. Of those 75,000 of them are estimated to live in Great Britain.
For prevalence of FGM worldwide please see link below-what is FGM and where it happens.

6.2 Why is FGM practiced?

Some FGM-practicing families do not see it as an act of abuse, however, FGM has significant physical and mental health consequences both in the short and long term and, therefore, must not be excused, condoned or accepted. FGM cannot be left to personal preference or cultural custom as it is an extremely harmful practice that violates basic human rights. Professionals should not let fears of being labelled as 'racist' or 'discriminatory' weaken the protection required by vulnerable girls and women.

Some reasons given for this continued practice (which are not acceptable) are that 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 cosmetically desirable

[1] Foundation for Women's Health Research and Development (Forward) UK
[2] Desert Flower Foundation

- is mistakenly believed to make childbirth safer for the infant.

6.3 Why women suffering from or at risk of suffering from FGM are reluctant to come forward.

FGM is shrouded in secrecy and in the affected communities everyone plays a role upholding this practice. Customs and tradition are the main reasons that justify the practice of FGM. FGM is often practiced as an initiation into adulthood and is considered an essential part of social cohesion.

Some of the challenges in dealing with this issue comes from the hidden nature of this practice, as well as the extent to which the practice has been ingrained into culture. FGM is not perceived as an act of hate. It is carried out by parents on their children with a view that it is in their best interest.

Women who speak out against FGM risk a strong backlash. They are fearful of being stigmatised, ostracised and judged.

6.4 Short and long-term consequences of FGM

Short-term consequences:

- severe pain
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving family and friends)
- haemorrhage, wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C)
- urinary retention, injury to adjacent tissues
- fracture or dislocation as a result of restraint
- damage to other organs and death.

The long-term health implications of FGM can include:

- chronic vaginal and pelvic infections
- difficulties with menstruation, and passing urine and urinary infections
- renal failure
- damage to the reproductive system, infertility
- complication in pregnancy and childbirth, cysts and scar formation
- psychological damage
- substance misuse or self-harm
- risk of HIV or other sexually transmitted infections and death during childbirth.

As a result of these implications, FGM must be acted upon immediately.

6.5 Other sources of information

Latest government guidance and facts about FGM can be found using the links below:

Female genital mutilation: guidelines to protect children and women

Female genital mutilation: the facts

Mandatory Reporting of Female Genital Mutilation – procedural information

https://www.theguardian.com/society/2014/feb/06/what-is-female-genital-mutilation-where-happen

Northern Ireland- http://www.safeguardingni.org/female-genital-mutilation-fgm