

## FGM Guidance Policy

Female Genital Mutilation (FGM) is when a female's genitals are deliberately altered or removed for non-medical reasons. Most affected women live in 28 African countries, as well as parts of the Middle East and Asia. Whilst FGM is usually performed on pre-pubertal girls, infants and adult women are also known to be targeted. As a result of increased international migration, FGM has also become a concern in countries like the UK: data from 2001 indicates that 66,000 women may have undergone FGM in England and Wales.

FGM is not a religious issue but an issue which “*reflects a deep-rooted inequality between the sexes*” according to the World Health Organisation. In rare cases, parents in the UK may find themselves under pressure from family members or the wider community to put their children through FGM. Despite prevention efforts in countries where FGM is more prevalent, FGM can be used within UK migrant communities to curb sexuality and preserve cultural identity.

### Types of FGM

There are four different types of FGM:

- 1. Type 1: Prepuce removal only or partial or total removal of the clitoris (clitoridectomy)
- 2. Type 2: Removal of the clitoris plus part or all of the labia minora (excision)
- 3. Type 3: Removal of part or all of the labia minora with the labia majora either being sewn together covering the urethra and vagina leaving only a small opening for urine and menstrual fluid (infibulation)
- 4. 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

### Legal requirements

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (and as amended by the Serious Crime Act 2015). It is a form of child abuse and violence against women.

Section 5B of the 2003 Act<sup>1</sup> 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.

'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 - ie. 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. For the purposes 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 or over discloses she had FGM when she was under 18).

### Raising Awareness

It is good practice to raise awareness within the company about the issues surrounding FGM.

At least one staff member of Teach Major has to attend FGM training. This information will be cascaded to all other staff to raise awareness and educate staff on FGM.

### Identifying women/children affected

A primary role of the practice in terms of FGM is prevention and protecting girls or women at risk of FGM. If there is any concern that a child is at immediate risk of FGM or has had FGM, a referral must be made to social services or the police. Staff needs to bear in mind the following when interacting with patients:

#### When/how FGM is carried out

- 📌 Normally done between 4 – 12 years (but can be any age)
- 📌 Varies from community to community but usually by an elder woman in the community using a non-sterile instrument without anaesthetic
- 📌 UK girls are taken on “holiday” to have FGM done
- 📌 Communities in the UK are believed to have their own practitioners here
- 📌 Increased use of health professionals

If a member of staff suspects someone has experienced FGM or is at risk of undergoing FGM they have to raise this concern with the Safeguarding Officer within Teachmajor immediately.

#### Reporting FGM

A person under the age of 18 is considered a child for the purposes of FGM and any cases or suspected cases have to be reported.

Immediately contact Teach Major’s Designated Safeguarding Officer who will take the following action:

- 📌 Call the police force on 101, the single non-emergency number. (Dial 999 if at immediate risk.)
- 📌 Trained police officers and staff in the control room of the local police force answer calls to 101.
- 📌 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.

Be prepared to provide the call handler with the following information:

1. Explain that you are making a report under the FGM mandatory reporting duty
2. 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
3. Details of your organisation’s designated safeguarding lead:
  - Name
  - Contact details (work telephone number and e-mail address)
  - Place of work
4. The child’s details:
  - Name
  - Age/ Date of Birth
  - Address

If applicable, confirm that you have undertaken, or will undertake, safeguarding actions, as required by the English or Welsh version of Working Together to Safeguard Children as appropriate.

Make a note of the reference number for the call and document it in the records.

Ensure practice-safeguarding procedures for children are followed.

Ensure records are up to date and the designated safeguarding lead is kept updated as appropriate. Throughout the process, keep a comprehensive record of any discussions held and subsequent decisions made, in line with standard safeguarding practice. This will include:

- 1. The circumstances surrounding the initial identification or disclosure of FGM
- 2. Details of any safeguarding actions which were taken
- 3. When and how you reported the case to the police (including the case reference number).

While the requirement to notify the police of this information is mandatory and overrides any restriction on disclosure which might otherwise apply, in handling and sharing information in all other contexts you should continue to have regard to relevant legislation and guidance, including the Data Protection Act 1998 and any guidance for your profession. The provisions of the Data Protection Act 1998 do not prevent a mandatory report to the police from being made.

#### Supporting documents & resources

- 1. NHS Choices – FGM Services.
- 2. Gov.uk: Female Genital Mutilation: Multi-Agency Practice Guidelines

#### Checklist for Approaching the Topic of FGM

If you suspect someone is a victim or potential victim of FGM, the following guidelines can be used to approach the topic sensitively and discretely:

- 1. Reassure the individual about confidentiality and explain that you will not pass on any information to their family, friends or members of the community
- 2. Be sensitive to the intimate nature of the subject and recognise and respect the individual's wishes.
- 3. Take detailed notes and record them safely.
- 4. Collect information about the urgency of the situation to determine whether there is a need for immediate police involvement.
- 5. Contact Teach Major's Designated Safeguard Lead about how to proceed.