

Female Genital Mutilation (FGM): Briefing for Education Professionals

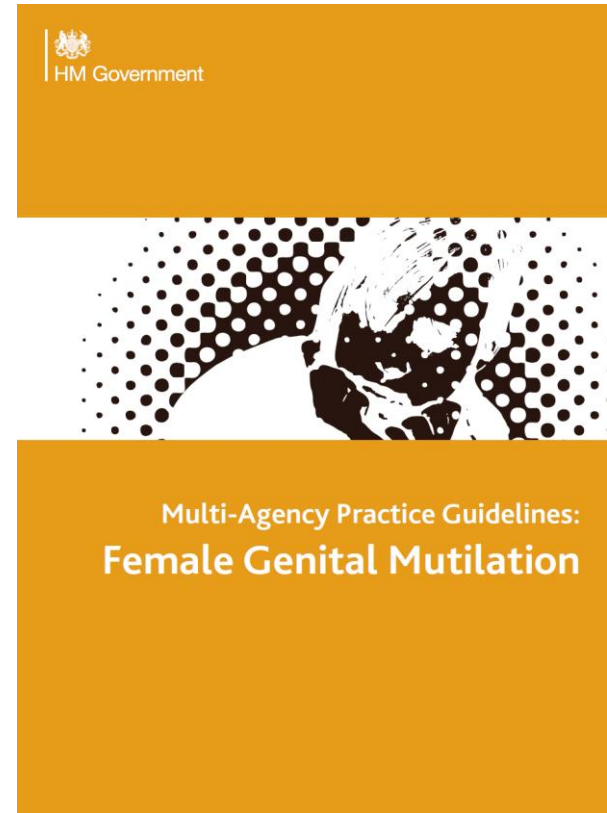
Updated October 2015

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Female Genital Mutilation

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

World Health Organisation

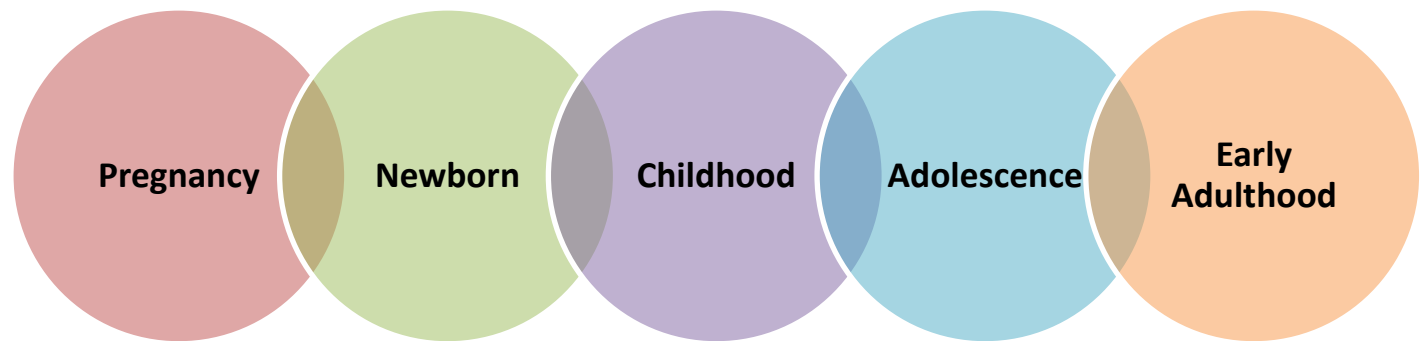


The Law

FGM is Child Abuse and against the Law.....

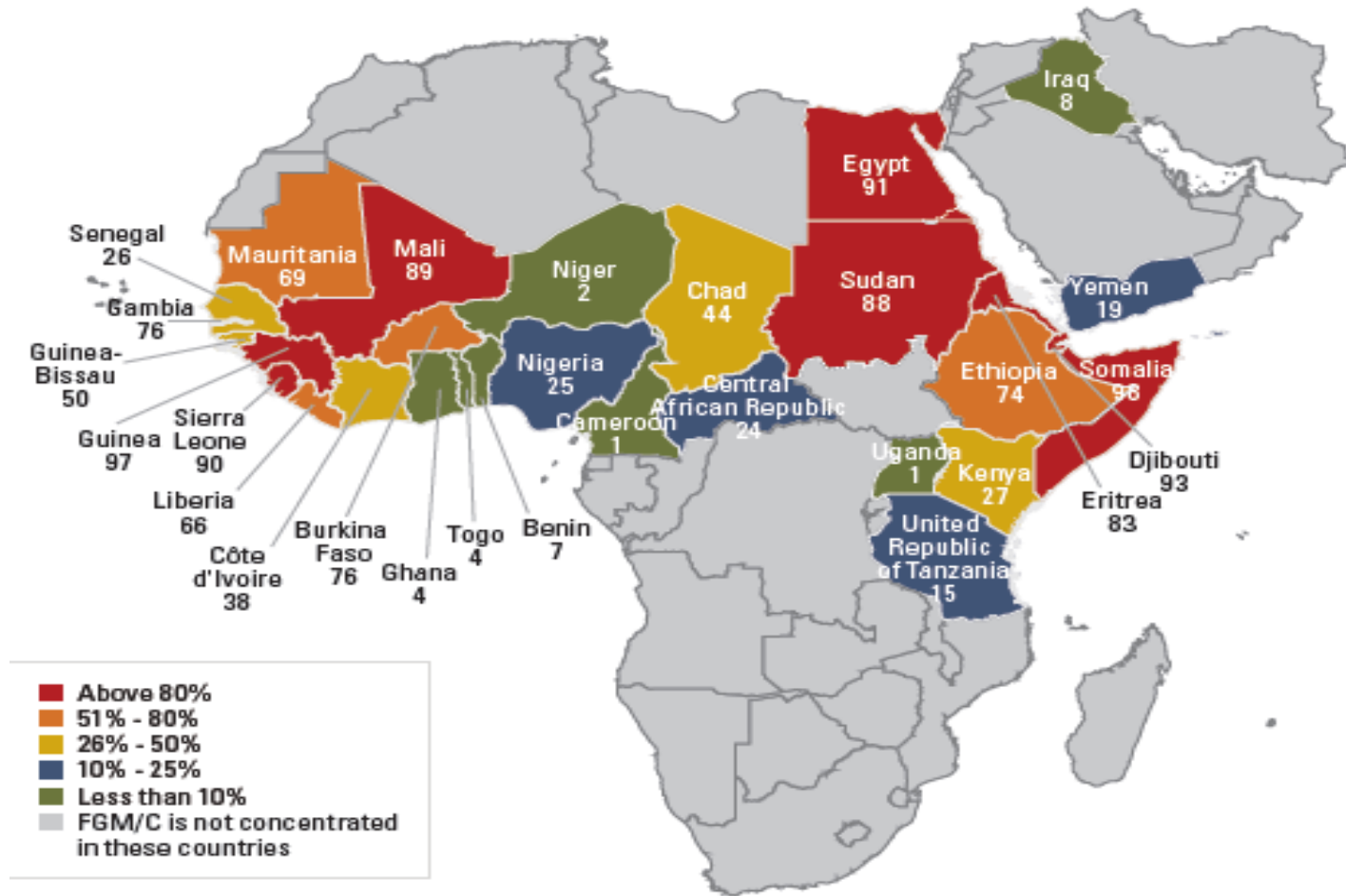
The Female Genital Mutilation Act 2003 makes it illegal to:

- Perform FGM in the UK.
- Aid, abet, counsel or procure a non UK National to carry out FGM on girls who are British Nationals or permanent residents of the UK abroad, whether or not it is lawful in that country
- To aid, abet, counsel or procure a girl to carry out FGM on herself
- Penalty of up to 14 years in prison or a fine



Age of FGM varies from a few days old to adulthood depending on the geographical area and community but usually 5 to 14 years

International Prevalence



England and Wales Prevalence

60, 000 girls age 0-14 born to mothers who have FGM

Migration to UK

103,000 women aged 15-49

24,000 women aged over 50

Living with FGM

10,000 girls under 15

Likely to have undergone

London Cardiff, Manchester,
Sheffield, Northampton, Crawley
Birmingham, Oxford, Reading,
Slough and Milton Keynes



Why is FGM practiced?

Many people believe:

It brings status and respect to the girl.

It preserves a girl's virginity/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.

It perpetuates a custom/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.

Health Implications as a result of FGM

Short Term Complications

- Shock, severe pain and black out
- Haemorrhaging
- Urinary tract infections, urine retention
- Injury to surrounding tissue
- Injury to other limbs due to physical restraint
- Death – at least 10% of victims

Long term Complications

- Chronic urinary tract infections and difficulty passing urine
- Difficulties menstruating and painful periods
- Infertility/Complications/Infection during childbirth
- Painful sexual intercourse, psychosexual, physiological and social problems
- Risk of HIV/AIDS infections

FACTORS THAT MAY HEIGHTEN A GIRL'S RISK OF BEING AFFECTED BY FGM

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- 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.
- 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.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON

- It may be possible that families will practise FGM in the UK when a female family elder 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.

INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE

A girl may:

- Have difficulty walking, sitting or standing and may even look uncomfortable.
- Spend longer than normal in the bathroom or toilet due to difficulties urinating.
- Spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- Have frequent urinary, menstrual or stomach problems.
- Have prolonged or repeated absences from school or college.
- Noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- Be particularly reluctant to undergo normal medical examinations.
- Confide in a professional.
- Ask for help, but may not be explicit about the problem due to embarrassment or fear.
- Talk about pain or discomfort between her legs.

BARRIERS TO REPORTING FGM

Some Barriers to Reporting...

- Children are unlikely to 'tell on their parents'
- Many from families may give no other cause for concern this is the only occasion for professional intervention
- Once in a lifetime event
- Honour Based Abuse and shame if not carried out
- Community Acceptance / Marriage
- Victim's maybe too young to remember
- Language / Immigration status
- Unaware of the law
- Lack of understanding of health implications, they may not connect the health complications they suffer as an adult being connected to the FGM they suffered as a child

FGM Offence for any person (regardless of their nationality or residence status) to:

- Perform FGM England, Wales and Northern Ireland
- Assist in the carrying out of FGM
- Assist a girl to carry out FGM on herself
- Assist a non UK person to carry out FGM outside the UK on a UK national or permanent UK resident

Also

Offence for UK nationals or permanent residents

- Perform it abroad
- Assist to carry it out abroad
- Assist a girl to perform it outside the UK
- Assist FGM to be carried out abroad to a girl or woman who is UK national or permanent resident

FGM: The Serious Crime Act 2015

In summary the new powers relating to FGM are:

- Extends the extra-territorial reach of female genital mutilation offences and providing anonymity to victims. **(Sections 70 and 71)**
- A new offence of failing to protect a girl under 16 from the risk of female genital mutilation. **(Section 72)**
- Provision for female genital mutilation protection orders to protect victims and likely victims. **(Section 73)**
- **A new duty on professionals to notify the police of acts of female genital mutilation. (Section 74)**

Mandatory Reporting on Known Cases of FGM – October 2015

- From 31st October 2015, all regulated professionals (health, teachers, social workers) are required to report all known cases of FGM in girls under 18s which they identify in the course of their professional work direct to the police.
- The duty applies to any teacher who is employed or engaged to carry out 'teaching work', whether or not they have qualified teacher status, in maintained schools, academies, free schools, independent schools, non-maintained special schools, sixth form colleges, 16-19 academies.
- This is a personal duty; it cannot be transferred to anyone else.
- Failure to report is not a criminal offence but may lead to local disciplinary proceedings.

'Known' Cases

'Known' cases are defined as those where a teacher:

- **is informed by a girl under 18 that an act of FGM has been carried out on her; or**
- **observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 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.**

The duty does *not* apply in suspected cases or if a teacher identifies a child at risk of FGM but these concerns should be reported to the Designated Safeguarding Lead within the school in any event.

Reporting Arrangements

- ‘**At risk**’ – this would relate to situations whereby the child victim is at risk of FGM being performed, suspected of being performed or suspected of having been performed. In these scenarios, , talk to the Designated Safeguarding Lead within school in accordance with the School’s Safeguarding Policy to agree what action to take next.
- “**Mandatory Reporting Duty**” – this is the new reporting system, which would relate to known cases of FGM that have occurred already. “Known” would be where it has been directly disclosed by the victim to the professional that they have had FGM or where the professional has visually identified FGM. In this situation, you must report your concerns to the police without delay and notify the Designated Safeguarding Lead (DSL) within school thereafter.
- A verbal report can be made to the police by dialling 101.
- Where there is a risk to life or likelihood of serious immediate harm, professionals should dial 999

Please ensure that you read the Home Office guidance, ‘Mandatory Reporting of Female Genital Mutilation – procedural information’ (October 2015) to fully understand your responsibilities in this area.

Reporting Arrangements

What do I need to give the 101 operator?

Explain that you are making a report under the FGM mandatory reporting duty

- **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

- **details of your organisation's designated safeguarding lead:**

- name
- contact details (work telephone number and e-mail address)
- place of work

- **the girl's details:**

- name
- age/date of birth
- address

- **if applicable, confirm that you have undertaken, or will undertake, safeguarding actions**

What to do if you suspect a child is at risk of, or is the victim of, FGM

Do Not:

- Send the victim away
- Ignore what the student has told you or dismiss out of hand the need for immediate protection.
- decide that it is not their responsibility to follow up the allegation.
- Approach the family or community leaders
- Attempt mediation / use family as interpreters
- Assume it is a racial/cultural issue/faith issue
- Assume someone of a similar ethnic origin is best to deal with such a case

What to do if you suspect a child is at risk of, or is the victim of, FGM

Do: believe what they are telling you

- 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.
- recognise and respect their wishes where possible, but child welfare must be paramount, even if this is against the girl's wishes. If you do take action against the student's wishes, you must inform them of the reasons why.
- ensure that the girl is informed of the long-term health consequences of FGM to encourage her to seek and accept medical assistance.
- liaise with the designated teacher with responsibility for safeguarding children.
- refer the student, with their consent, to appropriate medical help, counselling and local and national support groups
- ensure that safeguarding and protection is considered for any female family members.
- **Follow your child protection procedures and talk to your Designated Safeguarding Lead without delay in order to get support from other agencies**

Creating an open and supportive environment in your education setting

- Circulate and display materials about FGM; posters, DVD's and books
- Display relevant information and helplines, NSPCC, ChildLine, Police, NDVC and appropriate support organisations
- Ensure a private telephone is available should someone need to seek advice discretely.
- Raise awareness and training amongst staff
- Always talk to your Designated Safeguarding Lead
- Encourage young people to access advice, information and support
- Introduce FGM into the school curriculum such as
 - Personal, Social Health and Economic Education (PSHE)
 - Sex and relationship education (SRE), having regard to relevant statutory guidance;
 - Science, particularly in ensuring accurate naming of body parts as required by the curriculum
 - Citizenship

Other agencies who can assist

- Freedom – 24/7 Helpline 0845 607 0133
- Karma Nirvana Honour Network Helpline – 0800 5999 247
- IKROW – Iranian & Kurdish Women
- Forced Marriage Unit
- Southall Black Sisters
- Women's Aid
- NSPCC FGM Helpline
- Health, Research & Development (FORWARD)
- The African Well Women's Clinic (AWWC)
- MASH partner agencies

All agencies are listed in the back of the FGM Guidance documents