## 01 Background



The government has recently issued multi-agency statutory guidance on female genital mutilation (HM Government, April 2016). This guidance sets out the obligations on all health, education and social care professionals who become aware of FGM or its possible/probable commission. FGM has 4 degrees of severity and has been classified as 'significant harm' for the purposes of the protection of children, by The Family Division of The High Court.

FGM is illegal in the UK under the Female Genital Mutilation Act 2003. It affects both women and airls and in children is a form of child abuse. It is estimated that approximately 10.000 girls under 15 now living in the UK 07 have undergone FGM.

## Why it matters



FGM is a procedure where the female genital organs are cut, removed, sutured closed, injured or changed and where there is no medical reason for this. It is a traumatic and violent act for the victim; performed in nonmedical settings, sometimes abroad, without anaesthetic and may cause lasting physical and psychological harm.

Women will organise and perform it but it is the men that will drive the need for it preferring to marry pure, untouched and 'initiated' women. Taking girls/women abroad for it to happen is also an offence and should be reported in the same way

## **Questions**

Do I know what FGM is and how to spot the signs?

Do I know what to do if I suspect/find FGM?

Will I be bold, openly discussing this and promoting awareness amongst my peers and being pro-active when dealing with 'at risk groups'

**Female Genital Mutilation** (FGM)

Information

FGM is illegal, and there is now legislation that deals with the harm it causes as well as a mandatory reporting duty requiring health, education and social care professionals to report known and suspected cases of FGM in under 18s to the Police.

## What to do

If you fear a girl or woman is at risk of this procedure and may leave your presence/location ring the police on 999 or 101 immediately. Ensure immediate safety as appropriate and contact your supervisor

Responses to actual or suspected FGM must be handled inter-agency and referred through BEFORE THE END OF THAT WORKING DAY

Make detailed records re observations, family tree, residence, heritage, key phrases used, plans for national/international travel and any other significant information

• Family elder (non-related 'cutter') visiting from a country of origin

• The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school:

- The child talks of a 'special ceremony' that is going to happen;
- Sudden or repeated failure to attend or engage with health and welfare services or very reluctant to undergo genital examination;
- A girl from a practising community is withdrawn from Sex and Relationship Education. Family may wish keep them uninformed about their body and rights.

It is a cultural, not a religious practice and pre-dates both Christianity and the Muslim faith. The reasons for still doing it are shrouded in myth and tradition, none of which has any medical foundation. The following are some signs that the child may be at risk of FGM:

- A female child in a family where other females have undergone FGM;
  - The family is from a nation, region or community in which FGM is practised;
    - Strong levels of influence by elders and/or elders are involved in bringing up female children;



