

Female genital Mutilation (FGM) is:

- The partial or total removal of the external female genitalia – clitoris, labia minora, labia majora
- Injury to the female genital organs –piercing, pricking, cauterising
- Narrowing of the vaginal opening through creation of a covering seal

where there is no medical need or purpose and no benefit to health.. FGM is often referred to as ‘Sunnah’, ‘female circumcision’ and ‘cutting’.

Identifying FGM:

Indicators that FGM may have taken place:

- Difficulty walking, sitting or standing
- Spending longer than normal in the toilet
- Behaviour change after prolonged absence
- Complaining of pain or discomfort between the leg

Indicators that FGM may be about to take place:

- Parents withdraw girl from any learning about her body, hygiene, puberty etc. in SRE
- A request for extended holiday absence in family’s country of origin
- Girl talks of a special family celebration or event in family’s country of origin

Information Sharing:

All services have a duty to act to identify potential risk of FGM and share information where appropriate. Schools may be invited to attend multi-agency strategy meeting where they have a female pupil on roll with a familial risk of FGM. **School nursing service will inform schools of any female pupil at point of entry/transfer who has an FGM risk indicator (Red Flag) on their health records.**

Useful Documents/Websites:

- Home Office online FGM Training Module
- HM GOV FGM Mandatory Reporting Duty Guidelines
- NSCB multi-agency Guidelines on FGM

Prevalence: FGM is practised widely in 28 countries in Central Africa and parts of Asia and the Middle East. It is deeply rooted in tradition and culture and serves as a social control of women’s sexual and reproductive rights. It is **NOT** validated in any major religious text e.g. Qu’ran, Torah, Bible.

Motives: It is believed to protect the purity of the unmarried girl and bring status and respect to her and uphold her family honour.

Age: The age at which a girl undergoes FGM varies according to the customs and practice of the community. The procedure can be carried out at birth, during childhood, at onset of adolescence, just before marriage or at first pregnancy. Most cases take place when the girl is between 5 and 8 years old.

FGM Mandatory Reporting Duty for Regulated Professionals (October 2015):

All **Regulated Professionals** must now report all **known cases** of FGM in **under 18s** to the police.

Regulated professionals include **teachers***

Known cases of FGM are:

1. A disclosure **by the victim** that FGM has been performed on her at any point
2. Visible signs that suggest that FGM has been performed on a girl

Mandatory reporting:

- Must be reported to the **Police** verbally or in writing
- Must identify the girl and give reason for mandatory reporting
- Should normally be done by the end of the following working day
- Should be recorded by the schools designated safeguarding lead within their usual safeguarding procedure
- Will receive a reporting reference number from the police
- Will be recorded alongside a child protection referral to Children’s Social Care

Points to note:

1. There are no circumstances where a teacher* should examine a girl’s genitalia. A teacher* may see evidence of FGM if carrying out an agreed ‘intimate care’ procedure, e.g. assisting with toileting or changing a nappy.
2. Only a disclosure from **the victim herself** requires mandatory reporting to the police. Notification by family or friends should be referred to Children’s Social Care as “suspicion of FGM”.
(persons employed or engaged to carry out teaching work in schools and other institutions).

The Law:

FGM is illegal in the UK under the Female Genital mutilation Act (2003). It is illegal to:

- Perform FGM in the UK
- Assist someone to perform FGM in the UK
- Assist someone to perform FGM on herself in the UK
- Assist someone to perform FGM on a UK national/permanent UK resident, outside of the UK

Female Genital Mutilation (FGM) Guidance for Newcastle Schools

April 2016

Child Protection and FGM:

Identifying and safeguarding girls at risk of FGM poses a challenge since families may give no other cause for concern and girls may indicate no failure to thrive beforehand.

FGM is **always** child abuse and should be dealt with under Section 47 of the Children’s Act, under local safeguarding procedures.

