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in response to FGM

# Female Genital Mutilation (FGM)

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# What is FGM?



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“all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”

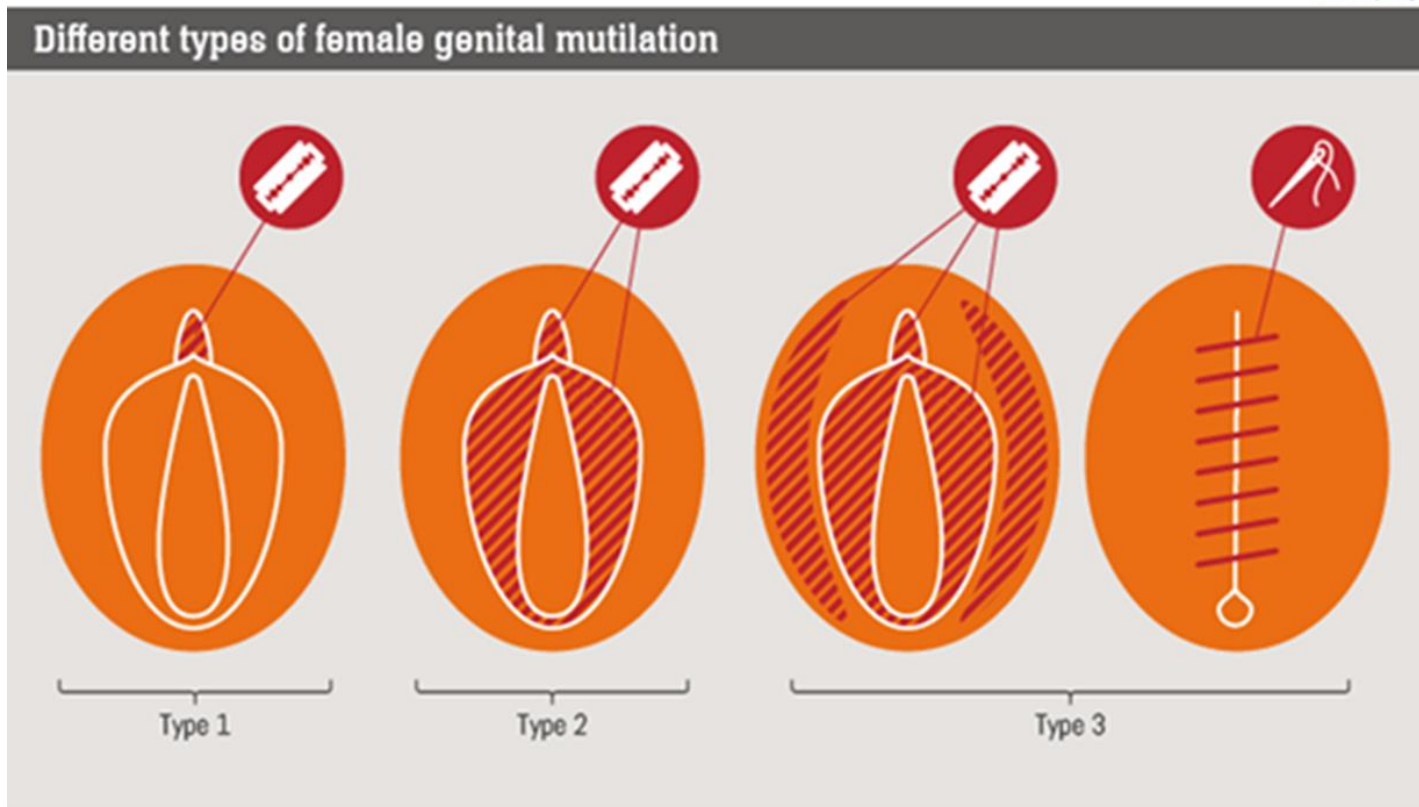
*(World Health Organisation)*

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# 4 Types of FGM



# Why is FGM Practised?



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- Social norm/ to be accepted as part of community
- Traditional right of passage
- Family honour
- Marriage
- Believe it is a religious obligation
- Control female sexuality/ maintain virginity

# Health Implications



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- Death
- Broken/fractured bones
- Severe Pain and shock
- Infections (e.g. HIV or Hep C)
- Injury to adjacent tissue

## Short Term

## Long Term

- Recurring UTI and difficulty urinating.
- Psycho-sexual problems
- PTSD (especially during labour) and flashbacks
- Infertility
- Difficulty in birth (particularly with type 3)
- Cysts

# Practising Countries



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Senegal

Gambia

Mali

Malaysia

Egypt

Iraq

Somalia

Pakistan

Indonesia

Sri Lanka

India

Sierra Leone

Colombia

Sudan

Oman

and more...

# Risks and Indicators



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“special  
ceremony”

Long/delayed  
period of  
absence

Practising  
country

Change in  
dress/behaviour

Female only  
holiday, evasive  
about plans

# FGM Legislation



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Serious Crime Act 2015



# Serious Crime Act 2015



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- Extends reach of 2003 Act to habitual as well as permanent resident in the UK
- Person with **parental responsibility** for the girl e.g. mothers, fathers married to the mothers at the time of birth, guardians, adult looking after child during summer holidays

**Lifelong  
anonymity for  
survivors**

+

**FGM Protection  
Orders**

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# Mandatory Reporting Duty



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The Serious Crime Act 2015 introduced the duty to report female genital mutilation

The duty is personal; i.e. the professional who identifies FGM/ receives the disclosure must make the report

**All regulated health and social care professionals and teachers** are now required to report known cases of FGM in girls under 18 identified as part of their work to the police within 1 month

# Who does the duty apply to?



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Health and social care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care including:

- ✓ General Chiropractic Council
- ✓ General Dental Council
- ✓ General Medical Council
- ✓ General Optical Council o General Osteopathic Council
- ✓ General Pharmaceutical Council
- ✓ Health and Care Professions Council (whose role includes the regulation of social workers in England)
- ✓ Nursing and Midwifery Council

Teachers - this includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions and, in Wales, education practitioners regulated by the Education Workforce Council

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# What is a 'known' case of FGM?



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- 1) **Verbally disclosed** i.e. a girl under 18 discloses that she has undergone FGM using all accepted terminology (i.e. cut, gudni, sunna, tahor, circumcision)
- 2) **Visually identified** i.e. when you see signs/symptoms appearing to show she has had FGM and have no reason to believe it was for the girl's physical or mental health or for purposes connected with labour or birth. This includes genital piercings and tattoos for non-medical reasons

**YOU DON'T NEED TO BE 100% CERTAIN FGM  
HAS BEEN CARRIED OUT**

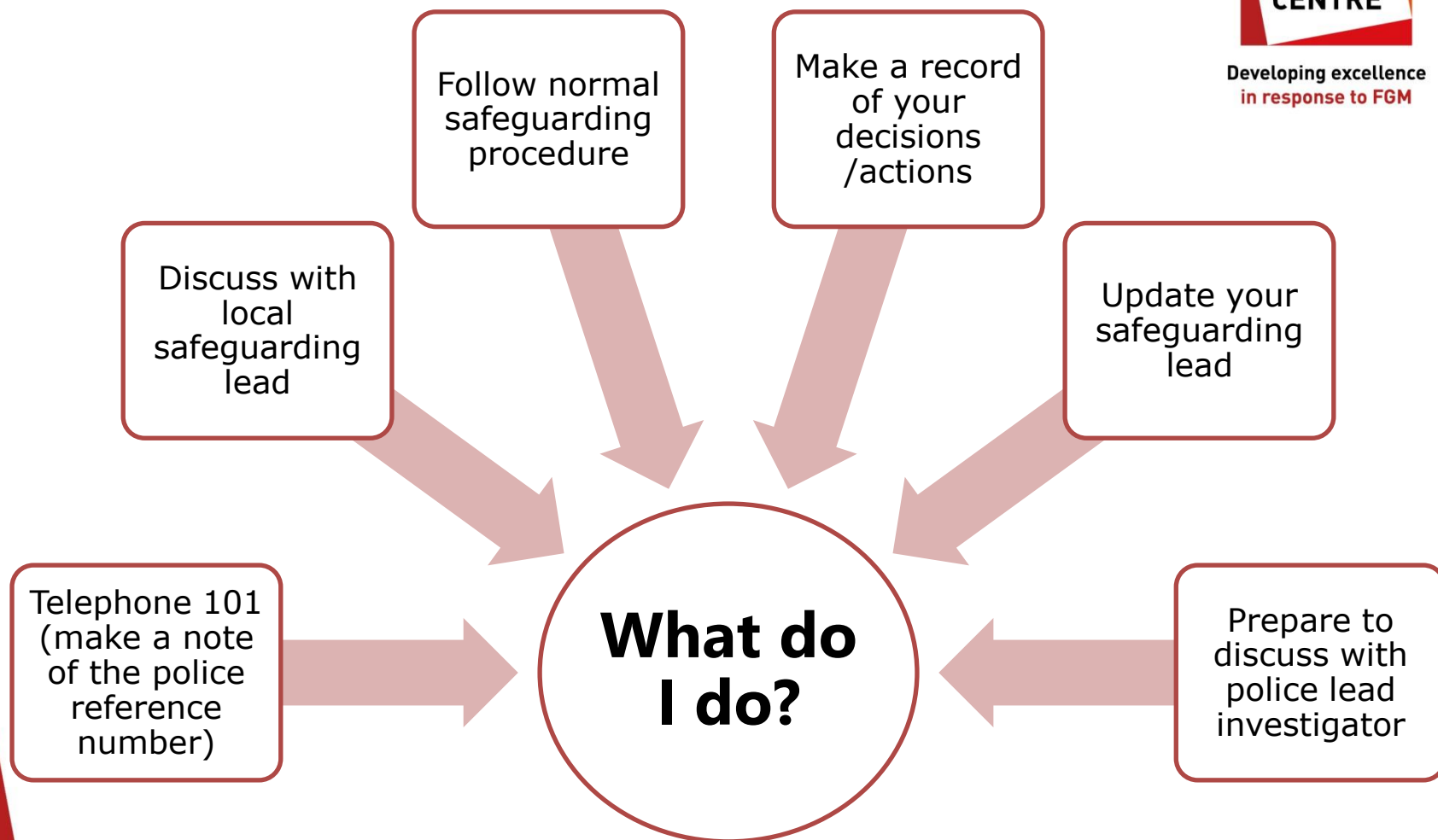


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## The duty does not apply:

- Adult woman (18 and over) has had FGM
- Parent/guardian discloses that child has had FGM
- You believe a girl is at risk of FGM
- You think a girl might have had FGM but she has not disclosed, and you have not seen any signs/symptoms

**IN THESE CASES YOU NEED TO FOLLOW LOCAL SAFEGUARDING PROCEDURES**



# What do I need to tell 101?



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

- **Give your details:**
  - name and contact details (work telephone number and e-mail address)
  - times when you will be available to be called back
  - Your role
  - Your place of work
- **Details of your organisation's designated safeguarding lead:**
  - name and contact details (work telephone number and e-mail address)
  - place of work
- **The girl's details:**
  - name
  - age/DOB
  - address
  - if applicable, confirm that you have undertaken, or will undertake, safeguarding actions.

# When should I report?



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## **Call 101 as soon as possible**

- You should report ASAP with the same urgency as for all other safeguarding cases
- You should report by the close of the next working day
- If you believe reporting would lead to risk of serious harm to the child or anyone else, contact your designated safeguarding lead for advice.
- In exceptional circumstances, you may need a longer timeframe to take action.
- The safety of the girl or others at risk of harm is the priority



# Should I tell the girl's parents?



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**YES:** In line with safeguarding best practice, you should contact the girl and/or her parents or guardians as appropriate to explain the report, why it is being made, and what it means. Wherever possible, you should have this discussion in advance of/in parallel to the report being made.

**NO:** If you believe that telling the child/parents about the report may result in a risk of serious harm to the child or anyone else, or of the family fleeing the country, you should not discuss it. If you are unsure or have concerns, speak to your designated safeguarding lead.

# What else should I do?



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Follow standard safeguarding procedures

Follow other professional responsibilities e.g. in a healthcare setting, you would need to respond to the physical and psychological needs of the girl.

# Failure to Report



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- Failure to comply may be considered through existing Fitness to Practise proceedings with your regulator
- Regulators will, as with all other matters, consider professionals ability currently to practise safely and take into account the circumstances of the case.

**The safety of the girl or other individuals at risk of harm is paramount.**

# Contact details



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