

# Safer Seven

On: Female Genital Mutilation



#### 1. Female Genital Mutilation Definition

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for nonmedical reasons. It is a practice that occurs worldwide.

It also takes place primarily among immigrant and refugee communities where FGM is commonly believed to be a way of ensuring virginity and chastity and perpetuates cultural traditions.

The procedure may be carried out from birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy, but the commonest age is 4-7 years.

## 3. Law and responsibilities

FGM is illegal in England & Wales. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- an offence of failing to protect a girl from the risk of FGM; Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK;
- lifelong anonymity for victims of FGM;
- FGM Protection Orders which can be used to protect girls at risk;
- A mandatory reporting duty for all regulated professionals to report known cases of FGM in under 18s to the police via 101. If a child is in immediate danger call 999

#### 2. Why it matters

FGM is child abuse and a form of violence against women and girls which has immediate and long term health consequences including severe pain and blood loss, shock, mental health problems, complications in childbirth, and/or death. It has no health benefits.

It is believed that FGM may happen to girls in the UK as well as overseas. Girls of school age subjected to FGM overseas are likely to be taken abroad (often to the family's country of origin) at the start of the school holidays, particularly in the summer, in order for there to be sufficient time for them to recover before returning to school.

### 4. Assessing Risk

Signs that a girl or young woman may be at risk include:

- The family comes from a community that is known to practice FGM;
- mother has been subjected to FGM;
- Family not well integrated into UK society;
- parents have poor access to information on the harmful impact of FGM;
- Parents state that they or a relative will take the child out of the country for a prolonged period;
- a child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion.

#### 5. Information

Often parents themselves can experience pressure to agree to FGM for their children.

Always consider elder family members. It is important to recognise that those seeking to arrange the cutting are unlikely to perceive it to be harmful.

Whilst every attempt should be made to work with parents/carers on a voluntary basis to prevent FGM, the safety of the child must be paramount.

#### 6. Questions

- Do you know the name of your agency lead for FGM?
- Do you know how to respond to a disclosure /identification?
- Do you know about the training resources on the DSPP website?

### 7. What to do next

The expectation is that team leaders will present briefings to their staff. It will be important to make the topic relevant to your service. The briefings should not be mixed in with the ordinary day to day issues of the team, as this will diminish their impact.

Visit our Learning Zone to see our selection of briefings and more **HERE** 

Web: https://dudleysafeguarding.org.uk Twitter: @DudleyDSPP #DSPP