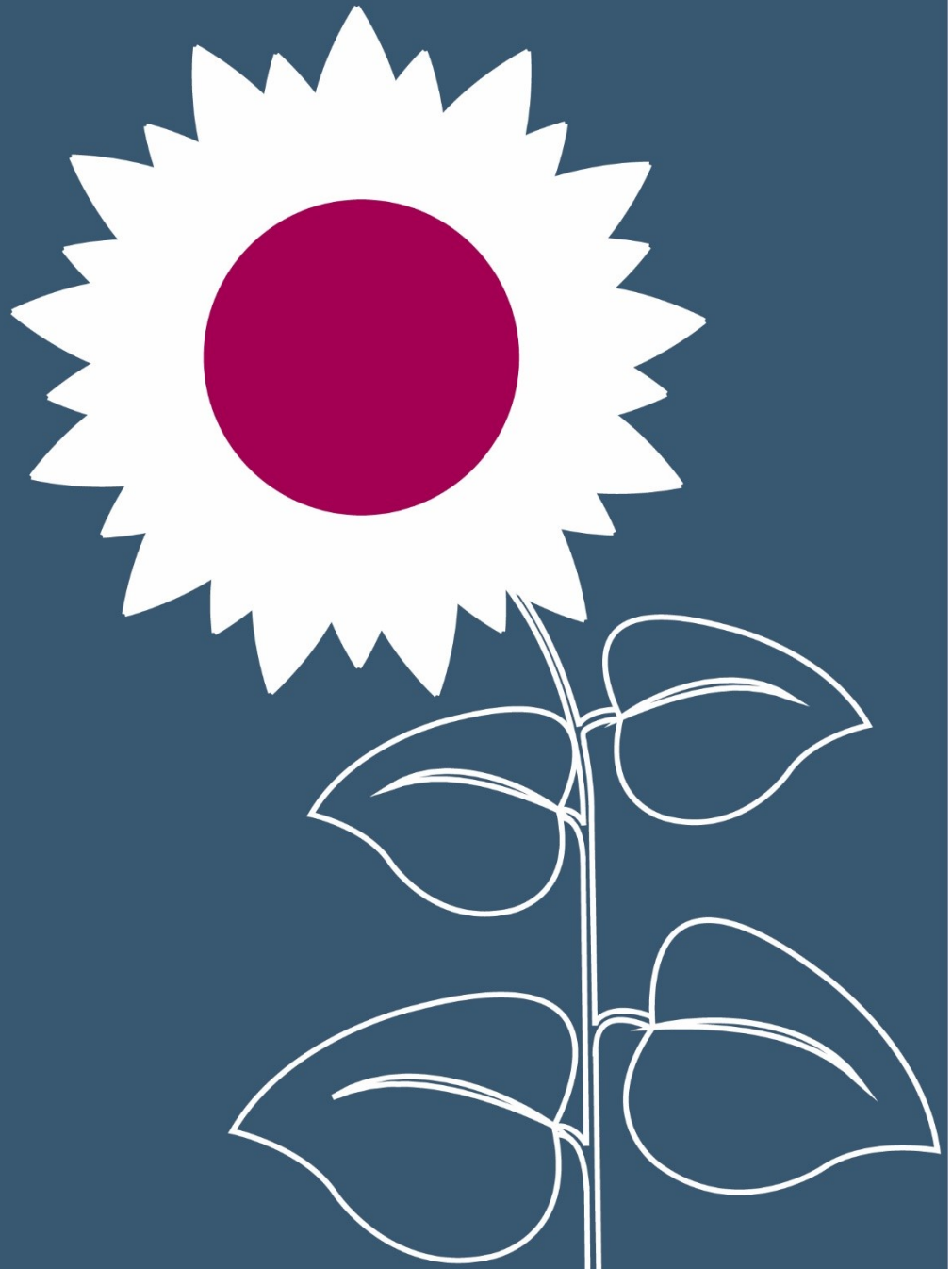


Female Genital Mutilation (FGM)

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1. Definition

Female Genital Mutilation (FGM) is a procedure where the female genital organs are deliberately cut, injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act and can cause harm in many ways. The practice can cause severe pain, and there may be immediate and/or long-term health consequences, including pain and infection, mental health problems, difficulties in childbirth and/or death.

FGM is a deeply rooted practice, widely carried out among specific ethnic populations in Africa and parts of the Middle East and Asia. It serves as a complex form of social control of women's sexual and reproductive rights.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out on newborn infants, during childhood or adolescence or just before marriage or during a woman's first pregnancy. There is no Biblical or Koranic justification for FGM and religious leaders from all faiths have spoken out against the practice.

FGM has been classified by the World Health Organisation (WHO) into four types:

- Type 1 - Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);
- Type 2 - Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);
- Type 3 - Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
- Type 4 - Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Under the Female Genital Mutilation Act 2003, **FGM is a criminal offence - it is child abuse and a form of violence against women and girls** and should be treated as such.

2. What are the Signs that a Child or Young Person is at Risk?

Signs that a child or young person may be at risk of FGM:

- A female child or young person is born to a woman who has undergone FGM or whose older sibling or cousin has undergone FGM;
- The child's or young person's father comes from a community known to practise FGM;
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children or young people;
- A woman/family believe FGM is integral to cultural or religious identity;
- A girl or young woman has limited level of integration within the UK community;
- The girl or young woman talks about a 'special procedure/ceremony' that is going to take place or attending a special occasion to 'become a woman';
- Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;
- Parents state that they or a relative will take the girl or young woman out of the country for a prolonged period;
- A parent or family member expresses concern that FGM may be carried out on the girl or young woman;
- A family is not engaging with professionals (health, education or other);
- A young woman requests help because she is aware or suspects that she is at immediate risk of FGM;
- A girl or young woman talks about FGM in conversation, for example, a girl or young woman may tell others about it - it is important to take into account the context of the discussion.

Signs that FGM may have already taken place:

It is also important to consider whether FGM may have already taken place, for example if:

- A girl or young woman asks for help;
- A girl or young woman confides that FGM has taken place;
- A mother/family member discloses that female child or young person has had FGM;
- A girl or young woman has difficulty walking, sitting or standing or looks uncomfortable;
- A girl or young woman finds it hard to sit still for long periods of time, and this was not a problem previously;

- A girl or young woman spends long periods of time from education with bladder or menstrual problems;
- A girl or young woman spends long periods of time away from a classroom during the day with bladder or menstrual problems;
- A girl or young woman has frequent urinary, menstrual or stomach problems;
- A girl or young woman avoids physical exercise:
- A girl or young woman displays increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- A girl or young woman is reluctant to undergo any medical examinations;
- A girl or young woman asks for help, but is not being explicit about the problem; and/or
- A girl or young woman talks about pain or discomfort between her legs.

Remember: this is not an exhaustive list of indicators.

Where there are concerns that FGM has taken or is likely to take place, the professional should inform their designated safeguarding lead, and an immediate referral should be made to the Children's Advice and Duty Service (ChAD) on 01782 235100 option 2.

Professionals should not be afraid to ask about FGM, using appropriate and sensitive language. If professionals do not give a girl the opportunity to talk about FGM, it can be very difficult for her to bring this up herself.

3. FGM Mandatory Duty to Report to Police

Since 31 October 2015, when section 74 of the Serious Crime Act 2015 inserted new section 5B into the Female Genital Mutilation Act 2003, specified regulated professionals (including social workers) must report to the police any cases of female genital mutilation in girls or young people under 18 that they come across in their work. The duty applies where the professional either:

- Is informed by the girl or young woman that an act of female genital mutilation has been carried out on her; or
- Observes physical signs that appear to show an act of female genital mutilation has carried out and has no reason to believe that the act was necessary for the girl's or young woman's physical or mental health or for purposes connected with labour or birth.

Reports should be made using the non-emergency 101 telephone number.

'Known' cases are those where either a girl or young woman informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl or young woman appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was necessary for the girl's or young woman's physical or mental health or for purposes connected with labour or birth.

Reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made **by the close of the next working day**. A longer timeframe than the next working day may be appropriate in exceptional cases where, for example, a professional has concerns that a report to the police is likely to result in an immediate safeguarding risk to the child or young person (or another child or young person e.g. a sibling) and considers that consultation with colleagues or other agencies is necessary prior to the report being made.

Cases of failure to comply with the duty will be dealt with in accordance with the existing performance procedures in place for each profession.

Remember- Mandatory Reporting does not replace safeguarding children actions; if a professional has concerns that FGM has taken place, they should share this information with their safeguarding lead and make a referral to Children's Social Care.

For more information on the Mandatory Reporting Duty, please see:

- [Information for Professionals Subject the Duty and their Employers, Including on How to Make a Report](#);
- [Information for Health Care Professionals in England](#).

4. Protection and Action to be Taken

FGM is child abuse and should be treated as such. Professionals should intervene to safeguard girls and young woman who may be at risk of FGM or who have been affected by it.

Where there are concerns that a girl or young woman is at *risk* of FGM:

As soon as a girl or young person is identified as at risk of FGM, information should be shared with other agencies (in accordance with local information sharing protocols and [Information Sharing Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers - DfE](#)). If a professional is unsure whether the level of risk requires Referral to Children's Social Care at this point, they should discuss their concerns with the named/designated safeguarding lead in their organisation. The [National FGM Centre's FGM assessment tool](#) is a useful resource to help professionals determine whether a safeguarding referral needs to be made. This will need to be completed prior to referral to CHAD Service.

All concerns identified and actions agreed should be noted in the young person's record.

The level of safeguarding intervention needed will depend on how imminent the risk of harm is. An appropriate course of action should be decided on a case-by-case basis, following a risk assessment, with expert input from all relevant agencies. A victim centred approach should be taken, based on a clear understanding of the needs and views of the young person.

A strategy discussion/meeting may be held and this should include relevant health professionals and, if the young person is of school age, a school representative.

When a girl or young woman is at imminent risk, legal intervention should be considered, including an FGM Protection Order (FGMPO).

Professionals should remember that FGM can be carried out at any age.

Where there are concerns that FGM has taken place- professionals should inform their manager, and an immediate Referral should be made to the [Children's Advice and Duty Service \(ChAD\)](#) on 01782235100 option 2.

Remember- Professionals subject to the [FGM Mandatory Reporting Duty](#) are also required to report 'known' cases of FGM in girls or young women under 18 to the police.

Children's Social Care will liaise with Paediatric services where it is believed that FGM has already taken place to ensure that a Medical Assessment takes place and the girl or the young woman receives the care and support she needs. Enquiries will be made about other female family members who may need to be safeguarded from harm. Criminal investigations into the perpetrators can also be commenced (see [Section 6, Law in England, Wales and Northern Ireland](#)).

[National FGM Support Clinics](#) have been established to offer a range of support services for women over 18 who have undergone FGM. Support for girls or young women under 18 is available from a specialist paediatric service at University College London Hospitals (UCLH). UCLH can be contacted by email at UCLH.paediatricsafeguarding@nhs.net.

Support for children, young people and families is also available from the [NSPCC](#).

5. Issues

Training

Training should be available to enable professionals to discharge their safeguarding duties with regard to FGM, as for any other form of abuse. Training on FGM could include the following:

- An overview of FGM (what it is, when and where it is performed);
- The UK law on FGM and child protection;
- The potential consequences of FGM;
- What to do when FGM is suspected or has been performed; and
- The role of different professionals and the importance of multi-agency working.

See also: E-learning for all professionals developed by the Home Office.

[Health Education England](#) offer e-learning, free to access by health and social care professionals.

Consequences of FGM

Depending on the degree of mutilation, FGM can have a number of short-term health implications:

- Severe pain and shock;
- Wound infections;
- Urine retention;
- Injury to adjacent tissues;
- Haemorrhaging;
- Genital swelling;
- Death.

Long-term implications can include:

- Genital scarring;
- Genital cysts and keloid scar formation;
- Recurrent urinary tract infections and difficulties in passing urine;
- Possible increased risk of blood infections such as hepatitis B and HIV;
- Pain during sex, lack of pleasurable sensation and impaired sexual function;
- Psychological concerns such as anxiety, flashbacks and post-traumatic stress disorder;
- Difficulties with menstruation (periods);
- Complications in pregnancy or childbirth (including prolonged labour, bleeding or tears during childbirth, increased risk of caesarean section); and
- Increased risk of stillbirth and death of child during or just after birth.

In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM.

Justifications for FGM

FGM is a complex issue, and individuals and families who support it give a variety of justifications and motivations for this. However, FGM is a crime and child abuse, and no explanation or motive can justify it. The justifications given may be based on a belief that, for example, it:

- Brings status and respect to the girl or young woman;
- Preserves a girl's or young woman's virginity/chastity;

- Is part of being a woman;
- Is a rite of passage;
- Gives a girl or young woman social acceptance, especially for marriage;
- Upholds the family "honour";
- Cleanses and purifies the girl or young woman;
- Gives the girl or young woman and her family a sense of belonging to the community;
- Fulfils a religious requirement believed to exist;
- Perpetuates a custom/tradition;
- Helps girls and women to be clean and hygienic;
- Is aesthetically desirable;
- Makes childbirth safer for the infant; and
- Rids the family of bad luck or evil spirits.

See the [Health Passport - Statement Opposing FGM](#) for an overview of the law on FGM in England, Wales and Northern Ireland. Copies can be downloaded in a range of different languages.

FGM is a traditional practice often carried out by a family who believe it is beneficial and is in a girl or woman's best interests. This may limit a girl's or young woman's motivation to come forward to raise concerns or talk openly about FGM – reinforcing the need for all professionals to be aware of the issues and risks of FGM and the need to ask questions about FGM when they have concerns. In addition, women and girls who have undergone FGM may not fully understand what FGM is, what the consequences are, or that they themselves have had FGM.

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. Good communication is essential when talking to individuals who have had FGM, may be at risk of FGM, or who are affected by the practice. When speaking to families, the care of women and girls affected by FGM should be the primary concern, treating them as individuals, listening and respecting their dignity. Sensitive language should be used and the girl's and young woman's wishes, culture and values are recognised and respected.

An accredited female interpreter may be required. Any interpreter should ideally be appropriately trained in relation to FGM, and should not be a family member, nor someone known to the individual or who has influence in the individual's community.

6. Law in England, Wales and Northern Ireland

In England, Wales, and Northern Ireland criminal and civil legislation on FGM contained in the Female Genital Mutilation Act 2003 ('the 2003 Act').

The Act:

- Makes it illegal to practice FGM in the UK;
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country;
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad;
- Has a penalty of up to 14 years in prison and/or, a fine.

As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 also includes:

1. An offence of failing to protect a girl or young woman from the risk of FGM - A person is liable if they are "responsible" for a girl at the time when an offence is committed. This covers both someone who has parental responsibility for the girl and has "frequent contact" with her, as well as any adult who has assumed responsibility for caring for the girl in the "manner of a parent". This could be for example family members, with whom she was staying during the school holidays;
2. Female Genital Mutilation Protection Orders ("FGMPO"). An FGMPO is a civil order which may be made for the purposes of protecting a girl against the commission of an FGM offence or protecting a girl against whom an FGM offence has taken place. Breaching an order carries a penalty of up to 5 years in prison. The terms of the order can be flexible and the court can include whatever terms it considers necessary and appropriate to protect the girl or woman including to protect a girl from being taken abroad or to order the surrender of passports;
3. Allowing for the lifelong anonymity of victims of FGM – prohibiting the publication of any information that could lead to the identification of the victim. Publication covers all aspects of media including social media;
4. Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK;
5. Mandatory reporting which requires specified professionals to report known cases of FGM in under 18s to the police.

Please note: in Scotland, FGM is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

See also: [Making an Application for an FGM Protection Order \(FGMPO\) - Flowchart](#).

7. NHS Data Sharing

NHS Digital collects data on FGM within the NHS in England on behalf of the Department for Health and Social Care.

Data on the following is collected from NHS acute trusts, mental health trusts and GP practices:

- If a patient has had Female Genital Mutilation;
- If there is a family history of Female Genital Mutilation;
- If a Female Genital Mutilation-related procedure has been carried out on a patient.

Aggregate information on the data collected is available online, see [NHS Digital website](#).

Female Genital Mutilation Information Sharing (FGM- IS)

FGM-IS is a national IT system for healthcare professionals and administrative staff to record that a girl has a family history of FGM. For more information, please see [NHS Digital - FGM](#).

8. Further Information

Legislation, Statutory Guidance and Government Non-Statutory Guidance

[Multi-Agency Statutory Guidance on Female Genital Mutilation \(GOV.UK\)](#)

[Female Genital Mutilation Resource Pack \(Home Office\)](#)

[FGM Protection Orders: Factsheet Mandatory Reporting of Female Genital Mutilation](#)

[Safeguarding Women and Girls at Risk of FGM – Guidance for Professionals \(DHSC\)](#) – includes Pathway and Risk Assessment tools

Good Practice Guidance

NSPCC FGM helpline: 0800 028 3550

[FGM Assessment Tool for Social Workers \(National FGM Centre\)](#). It has two elements; Best Practice Guidance and an Online FGM Assessment Tool to help guide the assessment of cases where FGM is a concern.

Useful Websites

[AFRUCA \(Child Protection of African Children\)](#)

[Forward \(Foundation for Women's Health Research and Development\)](#)

[NHS - FGM](#) including information on where to get support

[Female Genital Mutilation and its Management: Royal College of Obstetricians and Gynaecologists 2015](#)