

FGM FACT SHEET

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. Section 5B of the 2003 Act introduces mandatory duties for regulated health, social care professionals and teachers in England and Wales to report to police ‘known’ FGM cases for girls under 18 years old, identified in the course of their professional work. This duty has applied since 31 October 2015 onwards.

Female genital mutilation (“FGM”) involves procedures that include the partial or total removal of the external female genital organs for non-medical reasons. The practice is extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life.

The age at which girls undergo FGM varies between communities they come from. FGM may be carried out when a girl is new-born, during infancy or adolescence, just before marriage or during the first pregnancy, although most FGM is thought to take place between age five and eight.

Girls are at increased risk of suffering FGM if family or relatives subscribe to certain beliefs, practice FGM within their culture, if other females such as mothers, siblings, aunts etc. have undergone FGM, or where they may be coerced by elders on grounds of culture, belief or moral attitudes.

The following factors increase the likelihood of a girl having had or becoming subject to FGM:

- Coming from a community, nationality or family known to practice FGM (most documented cases are from African countries such as Somalia, Mali, & Egypt).
- Not fully integrated into UK society
- Another family member has undergone FGM
- A child, especially a female, is withdrawn from PSHE, by parents wishing to keep children uninformed about their bodies and rights

Indications that FGM may be imminent:

- A female elder visiting from country of origin.
- References to FGM overheard by staff
- Child confides she is to have a procedure that will make her a woman.
- Reference to child leaving the country for a long period, particularly if FGM practice is prevalent in the country of origin
- Child being withdrawn from learning re: FGM.

Potential signs and symptoms indicative of a female who has undergone FGM

- She has difficulty with mobility or sitting down.
- She spends longer than normal in the toilet (due to difficulty urinating).
- Prolonged or repeated absences from education.
- Frequent urinary, menstrual, or stomach problems.
- Behaviour changes and/or reluctance to undergo medical examinations or undress for sports etc

FGM and your duties to report offences?

The duty applies to cases identified in the course of your professional work. If you do not normally undertake genital examinations in your work then the duty does not change this. Most professionals will only visually identify FGM as a secondary result of undertaking another action. If you are a relevant professional and a girl discloses to you that she has had FGM, whether she uses the term 'female genital mutilation' or another, E.g. 'cut', then the duty applies. If, in delivering services to a girl you would usually ask if she has had FGM, you should continue to do so. Under the 2003 Act it is an offence for any person in England, Wales or Northern Ireland (regardless of their nationality or residence status) to perform FGM (S1) or to assist a girl to carry out FGM on herself (S2). It is also an offence for persons from England, Wales or N. Ireland, to assist a non-UK national or resident to carry out FGM outside the UK on a UK national or permanent UK resident (S3).

S4 extends Sections 1 to 3 to extra-territorial acts so that it is also an offence for a UK national or permanent UK resident to: perform FGM abroad; assist a girl to perform FGM on herself outside the UK; and assist (from outside the UK) a non-UK national or resident to carry out FGM outside the UK on a UK national or permanent UK resident.

Why victims of FGM may be reluctant to come forwards and the law to address this?

To date no-one has been convicted of FGM in England and Wales. Reluctance to be identified as a victim of FGM is believed to account for the low incidence of reporting FGM. It is anticipated that providing anonymity for victims of alleged FGM will encourage more victims to come forward.

Section 71 of 2015 Act amends the 2003 Act to prohibit publication of any information likely to lead to identification of a person against whom an offence of FGM may have been committed. This is similar to the anonymity given sex offence victims under the Sexual Offences (Amendment) Act 1992.

Statutory responsibilities for the protection of girls at risk of FGM and the implications should someone fail in this statutory duty?

S72 of the 2015 Act inserts new section 3(a) into the 2003 Act; creating a new offence of failing to protect a girl from FGM. This means that if FGM is committed against a girl under age of 16, each person who is responsible for the girl at the time of FGM occurred is liable, the maximum penalty being seven years' imprisonment or a fine or both.

Personal professional duties towards FGM?

The duty is a personal duty that requires individual professionals who becomes aware of a case to make a report; this duty cannot be transferred unless the professional knows that another individual from their profession has already made a report; in that case there is no requirement to make a second report.

Where there is a concern in respect of FGM and the mandatory duty does not apply, the Local Safeguarding Procedures should be followed. Cases of failure to comply with the duty will be dealt with in accordance with existing performance procedures in place for each profession. FGM is child abuse, and employers and professional regulators are expected to pay due regard to the seriousness of breaches of the duty.

Who the duty applies to?

The duty applies where the professional either:

- is informed by the girl that an act of FGM has been carried out on her, or
- observes physical signs which appear to show FGM has been carried out and has no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or childbirth.

The duty applies to professionals working within healthcare or social care, and teachers. It therefore covers:

Professionals regulated by a body overseen by the Professional Standards Authority (except the Pharmaceutical Society of N. Ireland). It does include: doctors, nurses, midwives, and in England, social workers and teachers. It applies to social care workers in Wales.

What might happen if you fail to protect a girl against FGM?

Section 73 of the 2015 Act provides FGM protection Orders or FGMPOs for the purposes of protecting a girl from FGM or protecting a girl against whom such an offence has been committed. A criminal breach of an FGMPO carries a penalty of up to five years' imprisonment, or as a civil breach, punishable by up to two years' imprisonment.

How to make a report?

Any concerns re: FGM should always be shared with the DSL. It is recommended that reports are made orally by **calling 101**, the single non-emergency number.

The system will determine your location and connect you to the police force covering that area. If you are calling with a report relating to an area outside the force area which you are calling from, you can ask to be directed to that force.