



# Female Genital Mutilation Refresher CPD Accredited Course Notes

The following course notes are provided to support the content of our 'FGM' Refresher course.  
The notes will assist in the assessment process and as a reference document.

## Female Genital Mutilation (FGM)

This course is designed to refresh your knowledge of Female Genital Mutilation.

On the 31<sup>st</sup> October 2015, new procedures for reporting on FGM were introduced by HM Government as a mandatory duty for social workers, healthcare professionals and teachers.

FGM is a form of child abuse that can lead to extreme and lifelong physical and psychological suffering to women and girls. The term FGM comprises all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. In general, girls undergo female genital cutting around the age of 3, though this may vary depending on the type of ritual/custom of the local village, region or belief system.

### Risk Factors

There are factors that may indicate a child may be at risk of FGM. As with all other aspects of safeguarding, they may form part of a collective picture of concern. For example, if:

- The family originates from a community known to practice FGM and/or information is shared of intention to travel to their country of origin;
- A parent requests permission for a child to travel overseas for an extended period during the academic year;
- A parent seeks to withdraw their child from learning about FGM in the school/academy;
- A child expresses anxiety about a *special ceremony* or traditional custom;
- Another family member is known to have previously undergone FGM.

### Immediate health consequences

The immediate health consequences of FGM may include:

- Fatality as a result of shock, haemorrhage or septicaemia;
- Infection due to insanitary conditions;
- Transmission of the HIV virus which can cause AIDS;
- Extreme levels of pain, fear, anxiety and discomfort.

### Long-term health consequences

FGM has many long-term physiological, sexual and psychological effects some of which include:

- Kidney and or recurrent urinary retention/infection;
- Genital malformation, cysts, keloid scar formation;
- Delayed menarche (first menstrual cycle);
- Chronic pelvic complications;
- Sexual frigidity, pain during sex, lack of pleasurable sensation;

- Obstetric complications;
- Mental health difficulties, Post-Traumatic Stress Disorder (PTSD).

The origins of FGM are unclear but there is historical evidence of the practice in ancient Egypt, Tsarist Russia and by pre-Islamic Arabs and African tribes. It is predominantly practiced in the African continent however, following migration, is also practised amongst immigrant communities in Europe, North and South America, Canada, Australia and New Zealand. FGM is not an Islamic practice. It is a cross-cultural and cross-religious ritual.

Communities supporting FGM justify the practice for a variety of reasons. These may be:

- Sexual control by men over women;
- Preservation of virginity;
- Custom and tradition;
- Family honour;
- Hygiene or cleanliness;
- Mistaken belief that FGM is a religious requirement.

## FGM – Mandatory reporting duty

From October 2015 education, social care and health professionals in England and Wales have a mandatory duty to report to the police if they discover, either through disclosure by the victim or visual evidence, a girl aged under 18 years of age appears to have undergone FGM. The duty requires the individual professional who becomes aware of the case to make a report. Unlike other safeguarding or child welfare concerns the reporting responsibility cannot be transferred *e.g.* to a designated named person for safeguarding. The only exception to this is when the professional is aware another individual from your profession has already made a report. In this case there is no requirement to make a second report to the police. However, concerns should be recorded in line with your organisation's safeguarding protocols.

This mandatory reporting duty applies to Health and Social Care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care (with the exception of the Pharmaceutical Society of Northern Ireland) namely:

- Health and Care Professions Council (whose role includes the regulation of social workers in England);
- Nursing and Midwifery Council;
- General Chiropractic Council;
- General Dental Council;
- General Medical Council;
- General Optical Council;
- General Osteopathic Council;
- General Pharmaceutical 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;
- Social Care Workers in Wales.

Mandatory direct reporting to the police is required if the professional has:

*"visually confirmed FGM has taken place and there is no reason to believe the act was carried out in relation to physical or mental health purposes or connected to labour or birth;"*

or

*"directly experienced a verbal disclosure that FGM has been carried out."*

It is important to note that professionals are not required to report directly to the Police in relation to at-risk or suspected cases, or where the woman is over 18. In these cases, you should follow your organisation's safeguarding procedures and reporting protocols. However, as with all aspects of Child Protection, where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police.

## **FGM – Visually identified cases**

The reporting duty for visually identified cases only applies to cases discovered in the usual course of a professional's work. If genital examinations are not undertaken in the course of delivering a role, then the duty does not change this. Most professionals will visually identify FGM as a secondary result of undertaking another action.

For example, should a healthcare professional in the course of their work see physical signs which they think appear to show that a child has had FGM, this is the point the duty applies. Unless already delivering care which requires a genital examination, one should not be carried out.

There are no circumstances in which teachers or social workers should examine a girl. It is possible however that a teacher (applying the definition stated earlier) may see something which appears to show that FGM may have taken place e.g. changing a nappy, assisting toileting, SEND intimate care needs. In such circumstances, the teacher must make a report under the duty, but should not conduct any further examination of the child.

## **FGM – Verbal disclosure**

As with all safeguarding disclosures, it is not the duty of staff to interrogate or investigate whether FGM has been carried out. Staff should be aware that the girl may use alternative words or references rather than the specific term Female Genital Mutilation or FGM e.g. cut, cutting. To help enable the girl to share information:

- Find a quiet place to talk;
- If asked not to tell anyone, explain your safeguarding duty;
- Maintain a calm appearance and open posture;

- Allow time – let the girl talk freely without leading the conversation;
- Listen carefully and accurately;
- Wherever possible use the girl's description to clarify any disclosure *e.g.* 'you said "special ceremony" – what did you mean?';
- Reassure that telling was the right thing to do.

The professional's responsibility to report to the Police only applies when the victim makes a direct verbal disclosure. If another person makes an indirect disclosure about a girl, the mandatory duty to report to the police does not apply. Such disclosures should be handled in line with the usual processes for safeguarding concerns *e.g.* Social Care Services in England, the Local Authority in Wales.

## FGM – Making a report to the police

Reports under the duty should be made as soon as possible after a case is discovered, best practice being by the close of the next working day. The legislation requires you to make a report to the police force area within which the girl resides. Reports can be made in writing or orally by calling the single non-emergency number 101. You will be required to share the following information:

- An explanation of why you are making a report under FGM duty;
- Your details – name, place of work, role, contact details and availability;
- Contact details of your organisation's safeguarding lead;
- The girl's details – name, age, date of birth and address.

The Police will issue a reference number which should be recorded in the safeguarding record. The record should include details of the discussion and any decisions made.

## FGM – Action following a report to the police

In line with safeguarding best practice the girl's parents or guardians should be informed that a report has been made to the Police, unless this action is deemed to put the girl or anyone else at risk. This should be discussed with your organisation's safeguarding lead. Further action taken should be in line with your general safeguarding responsibilities, which may involve participating in a multi-agency response.

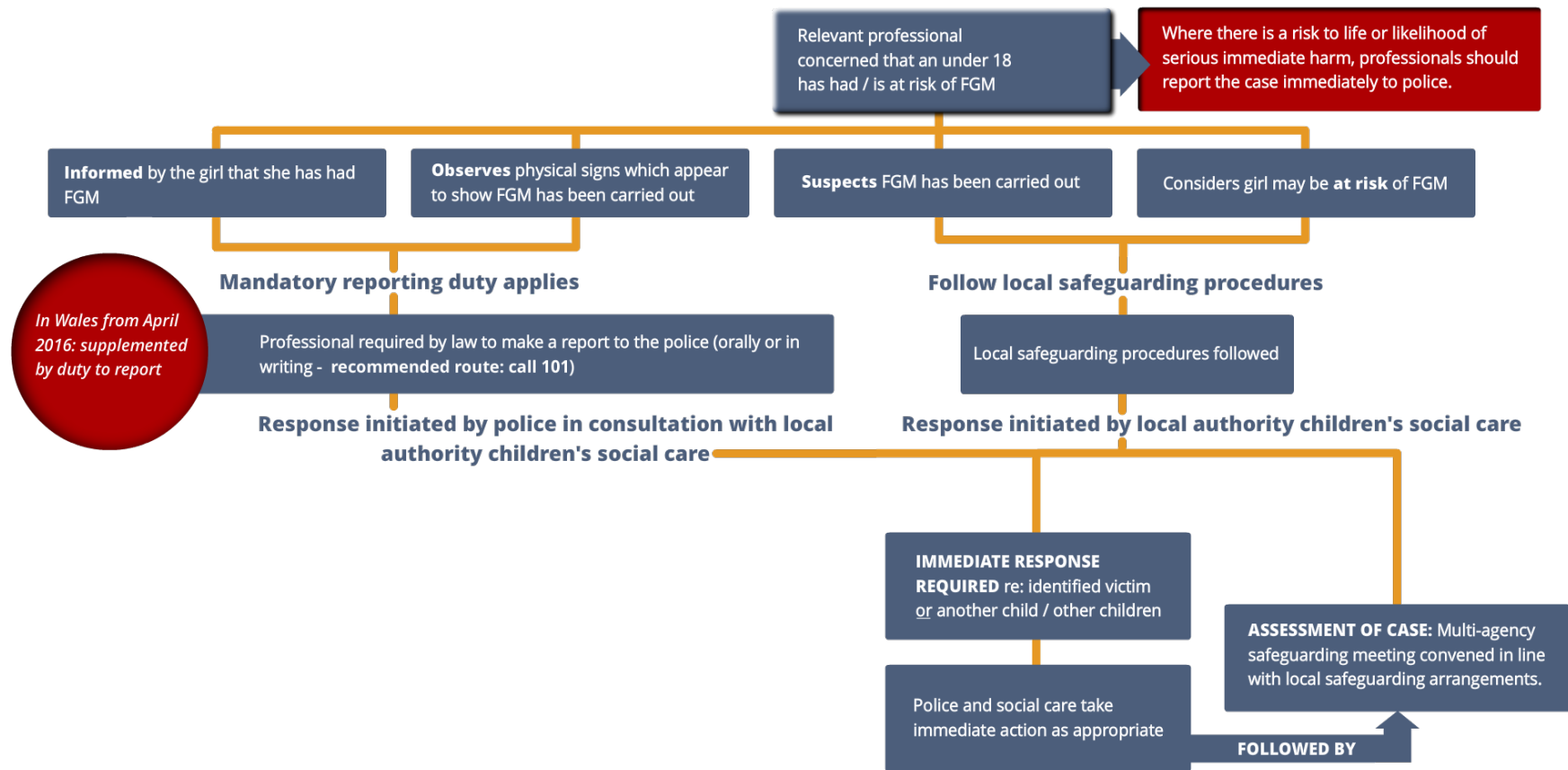
## FGM – Failure to comply with the duty

Failure to comply with mandatory FGM reporting to the Police is dealt with by the performance measures in place for each profession. For Health and Social Care professionals this will be through fitness to practise proceedings by the regulator with whom the professional is registered. For teachers this will be through staff disciplinary procedures. Should a school or academy dismiss a teacher, or if a teacher resigns before dismissal occurs, the Governing Body or Trustee Board may refer the matter to the Teaching Regulation Agency in England or the Education Workforce Council (EWC) in Wales, as regulators of the teaching profession. The result of such referral may result in fitness to practice proceedings and affect teaching registration.

## FGM – Process reporting map

A process map summarising the FGM reporting requirements and stages of action is included with these course notes. (Appendix 1)

# Appendix 1 – FGM Process Reporting Map



## Appendix 2 – Traditional and local terms for FGM

Country	Term used for FGM	Language	Meaning
Egypt	Thara	Arabic	Deriving from the Arabic word <i>'taha'</i> meaning to clean/purify
	Khitan	Arabic	Circumcision – used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word <i>'khafad'</i> meaning to lower (rarely used in everyday language)
Ethiopia	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
Eritrea	Mekhnishab	Tigreigna	Circumcision/cutting
Kenya	Kutairi	Swahili	Circumcision – used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
Nigeria	Ibi/Ugwu	Igbo	The act of cutting – used for both FGM and male circumcision
	Sunna	Mandingo	Religious tradition/obligation – for Muslims
Sierra leone	Sunna	Soussou	Religious tradition/ obligation – for Muslims
	Bondo	Temenee	Integral part of an initiation rite into adulthood – for non Muslims
	Bondo/Sonde	Mendee	Integral part of an initiation rite into adulthood – for non Muslims
	Bondo	Mandingo	Integral part of an initiation rite into adulthood – for non Muslims
	Bondo	Limba	Integral part of an initiation rite into adulthood – for non Muslims
Somalia	Gudiniin	Somali	Circumcision used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word <i>'halal'</i> ie. <i>'sanctioned'</i> – implies purity. Used by Northern and Arabic speaking Somalis.
	Qodiin	Somali	Stitching/tightening/sewing refers to infibulation

Country	Term used for FGM	Language	Meaning
Sudan	Khifad	Arabic	Deriving from the Arabic word ' <i>khafad</i> ' meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word ' <i>tahar</i> ' meaning to purify
Chad - the Ngama Aara subgroup	Bagne		Used by the Sara Madjingaye
	Gadja		dapted from ' <i>ganza</i> ' used in the Central African Republic
Guinea-bissau	Fanadu di Mindjer	Kriolu	'Circumcision of girls'
	Fanadu di Omi	Kriolu	'Circumcision of boys'
Gambia	Niaka	Mandinka	Literally to ' <i>cut/weed clean</i> '
	Kuyango	Mandinka	Meaning ' <i>the affair</i> ' but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning ' <i>the women's side</i> ' / 'that which concerns women'