**Female Genital Mutilation (FGM)**

**Safeguarding Fact Sheet:**

**FGM is a collective term for all procedures which include the partial or total removal of the external female genital organs or other injury to the female genital organs for non-medical or therapeutic reasons. It is acknowledged that some FGM-practicing families do not see it as an act of abuse. However, FGM has severe significant physical and mental health consequences both in the short and long term, and must not be excused, accepted and condoned. The procedures are more common than most people realise and work is taking place worldwide to eradicate this illegal and dangerous practice.**

**Requests for help may not be explicit for reasons of fear and embarrassment**

**Referral and Assessment**

All practitioners have a duty to act to safeguard girls at risk of FGM and need to consider that it is an illegal act that a girl may be removed from the UK to have the procedure performed. Delay must be avoided.

Referrals of suspected FGM should be made to Children’s Social Care and a Strategy Meeting will be called to consider:

1. If the family are aware of the harmful aspects of FGM.
2. If they are aware of the law relating to FGM.

A disclosure that FGM has taken place must be reported immediately to the police for criminal investigation. A multi-agency strategy meeting will consider next steps and actions required.

**Signs and risk factors**

* The age at which the procedure takes place may vary from birth to adolescence to just before marriage or during the first pregnancy. The most common age is between 5 and 8 years.
* There may be other girls or women in the family or household that have had the procedure.
* A girl may confide in a friend or teacher of a special ceremony to ‘become a woman’.
* Prolonged absence from school or college.
* Reluctance to undergo medical examinations or participate in PE.
* Signs of pain and frequent urinary or menstrual problems.

**After a Procedure..**

**It is important you still refer even after a procedure has been carried out. Where the procedure has already taken place the information and risks must be assessed and consideration must be given to convening a Child Protection Conference.**

**Careful consideration must also be given to the potential risks to any younger females in the family or household.**

**Counselling and medical help should be provided if needed.**

**All assessments and investigations should be mindful of issues of language and communication, religion, culture and race**.

**After a procedure**

**The need of the child must remain paramount**

**Justifications given for FGM**

* Custom and tradition
* Family Honour
* Hygiene and cleanliness
* Preservation of virginity / chastity
* Social acceptance especially for marriage
* The mistaken belief that it is a religious requirement
* A sense of belonging to the group and conversely the fear of social isolation

**It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.**

**Publications and research:**

* [**What to do if you suspect a child is being sexually exploited, DforE June 2012**](file:///%5C%5Csheffield.gov.uk%5Cgroup%5CSSD%5CCsp%5CChildProt%5CBea%20Kay%5CSafeguarding%20Website%5CAll%20docs%202014-15%5CP%26P%27s%2014-15%5CP%26Ps%20on%20web%5C%E2%80%A2%09https%3A%5Cwww.gov.uk%5Cgovernment%5Cpublications%5Cwhat-to-do-if-you-suspect-a-child-is-being-sexually-exploited)
* [**Qualitative study of children, young people and 'sexting', NSPCC 2012**](http://www.nspcc.org.uk/inform/resourcesforprofessionals/sexualabuse/sexting-research_wda89260.html)