



Dear Colleagues,

**Re: Female Genital Mutilation – Child Protection Awareness and Procedures**

I write to remind you that under the Female Genital Mutilation Act 2003 it is an offence to subject a girl or woman to FGM in the UK; to assist a girl to perform it on herself; for UK nationals or permanent residents to perform FGM abroad; or to assist anyone to perform FGM abroad.

FGM includes any mutilation of a female's Genitals, including the partial or total removal of the external genitalia for so-called cultural or other non-medical reasons. FGM is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is illegal and is a child protection issue.

FGM can be practised at any age, however the majority of cases take place between the ages of 5 and 8 years old. It is estimated that in the UK there are approximately **20,000 girls under the age of 15 at risk of FGM every year**. People from African countries as well as parts of the Middle East and Asia are more likely to practise FGM than other Communities. Whilst not all people from these regions will practice FGM, and indeed there are many people in these communities in the UK who are working to eradicate this harmful and abusive practice, professionals should be aware of this issue for girls from these regions. (It should also be remembered that FGM is not practised for any religious reasons and indeed it is known to pre-date the religions within which FGM is prevalent).

Schools, nurseries and youth settings are well-placed to identify girls at risk of FGM for two reasons: 1) a significant number of the girls at risk of FGM fall within the school-age range, and 2) parents and families that practise FGM may give no other cause for concern, meaning that girls are not known or accessing any services other than school. You may be their only contact with a practitioner.

Safeguarding girls at risk or harm through FGM poses specific challenges because the families involved may give no other cause for concern with regards to their parenting responsibilities or relationships with their children. However, there remains **a duty for all professionals to act to safeguard girls at risk of FGM under Working Together 2013. Anyone who has information that a child is potentially or actually at risk of significant harm should inform social care or the police.** The Peterborough and Cambridgeshire FGM practice guidance state that "any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family"

The local authority will exercise its powers and/or make enquiries to safeguard a girl's welfare under Section 47 of the Children Act 1989 if it has reason to believe that a girl is likely to be subjected to, or has been subjected to FGM.

Professionals also have a responsibility to ensure that individuals, families and communities know that FGM is illegal and that agencies are actively tackling FGM and supporting communities not to practice it. This knowledge alone may deter families from having FGM performed on their children, and safeguard girls and women from harm.

### Indicators that a girl may be at risk of FGM

- She has a parent from a practising community.
- She and her family have a low integration into a community.
- The mother or any sisters have experienced FGM.
- She is withdrawn from PSHE.
- She has talked about, or you know about the arrival of a female family elder.
- She talks about it to other children.
- She refers to a 'special procedure' or 'special occasion' or 'becoming a woman'.
- She is out of the country for a prolonged period.
- She is taking a long holiday to her country of origin or another country where the practice is prevalent. (Parents may talk about it too).

### Indicators that a girl has experienced FGM


- A girl has problems walking/standing/sitting.
- She spends a lot of time in the bathroom/toilet.
- She has bladder or menstrual problems.
- She has prolonged or repeated absences from school.
- She has a reluctance to undergo medical examinations.

### Things you can do

1. Call the police on 999 if you have concerns that a child is at **immediate** risk of harm (such as a girl telling you that FGM is occurring that evening/the next day, etc.)
2. Notify your Safeguarding Lead and make a referral to the MASH. If you have concerns that a child is at risk of FGM or has undergone FGM refer to LSCB practice guidance flowchart 1.
3. Contact the FGM Helpline on 0800 028 3550 or email them at [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)
4. Complete the free Home Office e learning on FGM at <http://www.safeguardingchildren.co.uk/resources/female-genital-mutilation-recognising-preventing-fgm-free-online-training/>
5. Attend LSCB training sessions on FGM – Please refer to LSCB Websites for further details. <http://www.safeguardingpeterborough.org.uk/children-board/>
6. Read the **UK Government multi-agency practice guidelines on tackling and preventing female genital mutilation** at <https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines>
7. Raise awareness in your education setting or health practice by displaying posters – available here: <http://www.peterboroughlscb.org.uk>

I trust you find this information helpful. If you would like to discuss the content of this letter further, or to discuss any other safeguarding matter, please do not hesitate to contact me.

Yours sincerely



**Emilia Wawrzkowicz**

Designated Doctor, Safeguarding Children