

The background of the entire page is a photograph of a woman with long brown hair, wearing a red tank top and black climbing pants, climbing a blue rock wall. The wall is decorated with various colorful climbing holds, including a prominent yellow one. The woman is looking down and to the side, focused on her climb.

POLICIES

FEMALE GENITAL MUTILATION POLICY

V.1.2020

SAFEGUARDING STATEMENT

At the Adur Centre we respect and value all children, young people and adults and are committed to providing a caring, friendly and safe environment. We believe every person should be able to participate in all our activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by or invited to deliver services at the Adur Centre.

We recognise our responsibility to safeguard all who access our activities and promote the welfare of all by protecting them from physical, sexual and emotional abuse, neglect and bullying.

Statement of Purpose

At the Adur Centre, we are determined to ensure that all necessary steps are taken to protect children from harm. This includes safeguarding girls from Female Genital Mutilation (FGM). New mandatory FGM reporting requirements for education, health and social care professionals were introduced from 31st October 2015. In our capacity as a multi-agency partner, the Adur Board have determined the Centre will adhere to the said reporting requirements and have ratified this policy which should be read in conjunction with our Safeguarding and Child Protection policies.

Implementing FGM Duty

To implement FGM Duty the ADUR Centre will ensure all staff and volunteers have access to training to ensure all have an understanding and build capability to deal with the risks identified. This includes:

- An understanding of what FGM means;
- An understanding of FGM types, including short- and long-term health effects;
- An understanding of FGM risk factors;
- An understanding of FGM legislation;
- How to challenge FGM ideology;
- How to obtain support from the Adur Board, the police, local authorities and multi-agency partnerships;
- How to share information to ensure a person at risk of FGM obtains appropriate support;
- How and when to make a direct FGM referral to the police;
- How to record and maintain records to comply with the Centre's responsibilities.

What is Female Genital Mutilation (FGM)?

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 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 (FGC) around the age of three years old, though the age may vary depending on the type of ritual and customs of the local village or region.

The World Health Organisation (WHO) estimates that 100 – 140 million girls and women have experienced FGM. It is estimated that in 2014, 170,000 women in England and Wales were living with the consequences of FGM¹ with 1,036 newly recorded cases in England from April to June 2015². 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 predominately practiced in the African continent, Yemen and Iraq however, following migration, is also practiced amongst

¹ Counter-Extremism Strategy- HM Government, 2015

² Female Genital Mutilation (FGM) - April 2015 to June 2015, Experimental Statistics- Health and Social Care Information Centre (HSCIC) 2015

immigrant communities in Europe, North & 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 of men over women
- Preservation of virginity
- Custom and tradition
- Family honour
- Hygiene or cleanliness
- Mistaken belief that FGM is a religious requirement

Methods of FGM

There are four types of FGM categorized as:

- **Type I:** Sunna Circumcision- removal of the prepuce with the excision of part or all of the clitoris. In this procedure the clitoris is pulled out and amputated. Bleeding is stopped by packing the wound or by stitching the clitoral artery.
- **Type II:** Excision- a clitoridectomy which involves the partial or entire removal of the clitoris, as well as the scraping off of the labia majora and labia minora.

Types I and II are thought to generally account for 80-85% of all female genital mutilation.

- **Type III:** Infibulation - also known as 'Pharaonic Circumcision', this is the most extreme form of FGM which involves removal of the clitoris and the adjacent labia (majora and minora). The scraped sides of the vulva across the vagina are then secured with thorns or sewn. The girl's legs are then tied together whilst fusion takes place, usually between 2- 6 weeks. The scar creates skin that covers the urethra and most of the vagina to act as a physical barrier to intercourse. (A small opening is kept allowing passage of urine and menstrual blood). An infibulated woman must be dilated (a process that may take months) or recut (defibulation) to allow intercourse. Defibulation is traditionally undertaken by the husband or a female relative using a knife or piece of glass. The incision may be closed again (re-infibulation) after intercourse to secure fidelity to the husband. During childbirth defibulation is repeated to prevent an obstructed labour or perineal tears. Traditionally, re-infibulation is performed after the woman gives birth.
- **Type IV:** Use of Angurya and Gishiri cuts - The term "angurya cuts" describes the scraping of the tissue around the vaginal opening. "Gishiri cuts" are posterior (or backward) cuts from the vagina into the perineum. These procedures often result in vesicovaginal fistulae and damage to the anal sphincter.

FGM- Possible Indicators of Risk

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 child is to travel overseas for an extended period;
- a child expresses anxiety about or discusses a special ceremony or traditional custom;
- another family member is known to have previously undergone FGM.

FGM- Immediate Health Consequences

The immediate health consequences of FGM can include:

- fatality as a result of shock, hemorrhage or septicemia;
- infection due to unsanitary conditions;
- transmission of the HIV virus which can cause AIDS;
- extreme levels of pain, fear, anxiety and discomfort.

FGM- 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, keyloid 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

Because of the nature and extent of both the initial and repeated cutting and suturing, the physical, sexual and psychological effects of Type III infibulation are greater and longer lasting than for other types of female genital mutilation.

FGM – Legislation

International legal frameworks such as the UN Convention on the Rights of the Child and UN Convention on the Elimination of all Forms of Discrimination contain general safeguarding measures, which may be applied to FGM.

The Prohibition of Female Circumcision Act (1985) made it a criminal offense in the UK to:

- incise, infibulate or mutilate of the whole or any part of the labia majora, labia minora or clitoris of a person
- or
- to aid, abet, counsel or procure another person to carry out this procedure

unless deemed a necessary surgical procedure carried out by a registered medical practitioner or midwife.

The 1985 Act was replaced by the **Female Genital Mutilation Act 2003**. Applying to England, Wales and Northern Ireland, the 2003 act extends offenses to also include:

- assisting a girl to carry out FGM on herself;
- extra-territorial offences to deter people from taking girls abroad for mutilation.

(The Prohibition of Female Genital Mutilation (Scotland) Act 2005 replaced the 1985 Act in Scotland).

The Serious Crime Act 2015 amends the 2003 Act so that the extra-territorial jurisdiction extends to prohibited acts done outside the UK by a UK national or a person who is resident in the UK.

Consistent with that change, it also amends section 3 of the 2003 Act (the offence of assisting a non-UK person to mutilate overseas a girl's genitalia) so that it extends to acts of FGM done to a UK national or a person who is resident in the UK.

These changes mean that the 2003 Act can capture offences of FGM committed abroad by or against those who are at the time habitually resident in the UK irrespective of whether they are subject to immigration restrictions. The term 'habitually resident' covers a person's ordinary residence as opposed to a short, temporary stay in a country. The courts determine whether an involved person is habitually resident in the UK, and therefore covered by the 2003 Act.

The Serious Crime Act (2015) also makes equivalent amendments to the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The 2015 Act has also created a new offence- that of failing to protect a girl from FGM. This means that, if an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time of FGM occurred will be liable. The term 'responsible' refers to those with parental responsibility who have frequent contact with the girl or where a person aged 18 or over have assumed responsibility for caring for the girl "in the manner of a parent". The maximum penalty for the new offence is seven years' imprisonment or a fine or both.

Female Genital Mutilation Protection Orders (FGMPO)

The 2015 Act also introduces the provision of FGM protection orders, a civil law measure to protect a girl against the commission of a genital mutilation offence or protect a girl against whom such an offence has been committed.

Application for the court to make a FGMPO can be made:

- by the girl who is to be protected;
- by a Relevant Third Party (RTP) appointed by the Lord Chancellor- currently only Local Authorities are classified as RTPs;
- any other person with the permission of the court e.g. the police, a voluntary sector support service, a healthcare professional, a teacher, a friend or family member.

The court will consider all the circumstances including the need to secure, the health, safety, and well-being of the girl.

The FGMPO contains prohibitions, restrictions or other requirements to protect a victim or potential victim of FGM. This could include be an order to:

- surrender a person's passport or any other travel document;
- protect a victim or potential victim from FGM from being taken abroad;
- not enter into any arrangements, in the UK or abroad, for FGM to be performed on the person to be protected.

Breach of an FGMPO is a criminal offence with a maximum penalty of five years' imprisonment, or as a civil breach punishable by up to two years' imprisonment.

FGM- Public Protection Orders

There are other public protection orders that may also be used to protect girls under 18yrs deemed at risk:

Police Protection Order- this gives the Police power to remove a girl thought to be at risk of significant harm and place her under 'police protection' for up to 72 hours;

Emergency Protection Order- after 72 hours the Police or Social Care Services can apply for this further protection if a girl is still thought to be at risk;

Inherent Jurisdiction- inherent jurisdiction of the court can be requested by Social Care Services where a care order is not deemed appropriate and issues concerning a girl cannot be resolved under the Children Act. Applications can also be made by any interested party to make a girl a ward of court.

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 know a girl aged under 18 years of age has undergone FGM. As stated earlier the Adur Board have determined the Centre will adhere to this in our multi-agency capacity. 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 their profession has already made a report. In this case there is no requirement to make a second report to the police however concerns will be recorded in line with our 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's 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.**

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.

There are no circumstances in which our staff should examine a girl. It is possible however that a member of staff may see something which appears to show that FGM may have taken place e.g. changing a nappy, assisting toileting, SEN intimate care needs. In such circumstances, the member of staff 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 staff should:

- Find a quiet place to talk;
- If asked not to tell anyone explain their 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 telling was the right thing to do.

The professional's responsibility to report to the Police 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 will be handled in line with our usual processes for safeguarding concerns.

FGM- Making a Report to the Police

Reports under the mandatory duty will 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 the professional to report to the police force area within which the girl resides. Reports will usually be made orally by calling the single non-emergency number 101, although written reports are also permitted. The professional will be required to share the following information:

- An explanation of why they are making a report under FGM duty;
- Their details- name, place of work, role, contact details and availability;
- Contact details of Alistair Cole Centre Manager;
- The girl's details- name, age, date of birth and address.

The Police will issue a reference number which will be recorded in our safeguarding record. The record will 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 will 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 will be discussed with the Centre Manager and / or the Adur Board. All further action taken will be in line with our general safeguarding responsibilities, which may involve participating in a multi-agency response.

The Role of the Board

At the ADUR Centre we recognise that FGM Duty encompasses responsibilities for staff therefore the Board has reviewed our code of conduct to reflect our responsibilities. In line with ADUR Centre's safeguarding arrangements, all FGM Duty concerns will be immediately reported to Alistair Cole Chair of the board by the Centre Manager. Together with the Centre Manager they will monitor on-going liaison with the police and other multi-agency partners.

The role of the Centre Manager

- It is the Centre Manager's role to implement the Centre's FGM Policy with the support of staff and the Adur Board;
- It is the Centre Manager's role to ensure there is a collective responsibility for safeguarding and that all staff and volunteers are aware of the FGM policy and related policies, protocols and procedures;
- The Centre Manager will ensure staff members with named responsibility for child protection have a clear understanding of the Centre's FGM policy and receive training in order to support staff and volunteers;
- The Centre Manager will promote FGM Duty when overseeing the development of activities;
- The Centre Manager will inform Alistair Cole of all FGM Duty concerns/referrals.

The role of all staff

- All staff will be made aware of and have access to the Centre's FGM Policy, protocols and procedures;
- All staff will attend/ complete annual safeguarding and FGM training which will include guidance on implementing FGM reporting duties;
- All staff will strive to safeguard children in all aspects of the FGM agenda;
- As with all aspects of safeguarding, staff will support volunteers working with the Centre or assisting off-site visits;
- All staff have a responsibility to monitor and, where necessary, guide the practice of volunteers, visitors or contractors working in the Centre. Any concerns will be reported to the Centre Manager and designated named persons.

Policies, protocols and procedures

ADUR Centre has a range of supporting policies, protocols and procedures to accompany this document which have been developed in accordance with national government and local authority guidelines. Policies can be accessed on the Centre website or by requesting a paper copy. (Please note the Centre reserves the right to charge for such requests). All policies and protocols have been ratified by the Adur Board and are regularly reviewed. These documents include our arrangements for the following areas:

- Safeguarding procedures;
- Child Protection procedures;
- Safe recruitment and selection processes including Disclosure & Barring

Service DBS; vetting checks (formerly CRB), enhanced check for regulated activity (barred list check), Disqualification by Association checks and Overseas vetting checks;

- Volunteers, visitors and contractors working with the Centre.

Visitors to the Centre and volunteers/ contractors working in the Centre premises

All visitors, supply staff, volunteers, extended service providers and contractors are provided with information on the Centre's safeguarding procedures to ensure they are aware of and follow our procedures. All such visitors will have a nominated point of contact in the Centre to whom any concerns should be reported. It is the responsibility of their nominated point of contact to implement the Centre's reporting procedures and ensure Alistair Cole Centre Manager and / or our designated named person/s are informed of any concerns. This includes any concerns re the practice of such visitors. All volunteers working in the Centre will receive basic awareness FGM training as part of the induction process.

Review of progress

This policy has been ratified by the Adur Board which has a rolling programme for reviewing all policies and monitoring their impact. In line with legislative requirements, they will review arrangements and this policy on an annual basis.

Publishing the FGM Policy

In order to meet best practice requirements, the Centre will:

- Publish the Centre's FGM policy on the website;
- Place an electronic copy of the FGM policy in the staff area of our computer system;
- Ensure paper copies are made available on request;
- Raise FGM Duty awareness through staff meetings and other communications;
- Ensure support is offered to parents/ guardians where English is a second language to help them understand the content of the Centre's policy.

We believe every child should be able to participate in all our activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by or invited to deliver services at ADUR Centre. This policy has been developed using the following documentation:

Working Together to Safeguard Children, DFE (2015)

Serious Crime Act (2015)

Mandatory Reporting of Female Genital Mutilation- procedural information, Home Office (2015)

Early Years Inspection Handbook, Ofsted (2015)

Safeguarding children, young people and adults' policy, Ofsted (2015)



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