Female Genital Mutilation (FGM) Safeguarding Guidance

January 2023

Document Control

Title of document:	KBSP - FGM Safeguarding Guidance 2022
Authors job title(s):	KBSP JSBU PPO - OK
Document version:	V2 2021 23/10/2022
Supersedes:	V1
Date of Adoption:	Approved KCS 01/02/2023
Review due date:	February 2026 unless triggered for review

Version Control

Version	**Date**	**Reviewer**	**Changes Made**
V2	October 2022	KBSP PPO OK	Full review

Contents

Acknowledgements

The KBSP would like to thank Dr Saadye Ali, who provided an independent evaluation of the Bristol FGM risk assessment tool and to thank our local communities and stakeholders for contributing their views and experiences.

Part 1 - Introduction

Aims and Policy context

The aim of this guidance is to provide any professional, individual, organisation, group, or community with support to better understand Female Genital Mutilation (FGM) assess any risk, and ensure that action is taken to prevent harm, protect when harm has been identified and appropriate support is accessible to survivors.

Central to the guidance is the FGM referral risk assessment tool which supports practitioners to take proportionate action when assessing risk**.** This tool was developed following consultation with Bristol communities and has been recently reviewed and amended to reflect their views and comments.

This guidance ensures appropriate, safeguarding services are put in place which are responsive to need. This includes resources, further information and contacts of organisations that can provide further support.

Legal Framework

Equalities Statement

In the formulation of this guidance, we acknowledge our duties under the Equality Act 2010 and our general and specific duties under the Public Sector Equality Duty. These General duties include:

1. Eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by the Equality Act 2010.

2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it.

3. Foster good relations across all protected characteristics between people who share a protected characteristic and people who do not share it.

Legislation and guidance

This Local Safeguarding Partnership guidance has been produced in conjunction with legislation and statutory guidance and forms part of the KBSP Children and Young Peoples Safeguarding Policies and Polices. The KBSP Safeguarding policies and procedures can be found on the Southwest Child Protection Procedures Website and on the KBSP Website.

This document in supporting localised practice also reflects the following legislation and guidance:

- **Human Rights Act 1998** – gives effect to the convention rights set out in the European Convention on Human Rights and fulfils Article 1 of the obligation to respect rights and freedoms within the UK. These compliment and are congruent with the UN Convention of the Rights of the Child.
  Children Act 2004 – Legislation which sets out the legal duties for agencies to work together to safeguarding children. This further strengthens powers under the Children Act 1989 and provides the legal basis for statutory guidance Working Together to safeguarding children (2018). Working Together to safeguarding children (2018) - Statutory guidance
- **Female Genital Mutilation Act 2003** – This replaces and strengthens arrangements under the Prohibition of Female Circumcision Act 1985. This has further been amended by the Serious Crimes Act 2015 which now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk; and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police

- The multi-agency statutory guidance on female genital mutilation (2016; updated 2020) provides additional instruction for agencies to comply with the legal framework.
- **FGM Enhanced dataset 2015 – NHS staff responsibilities** . This is also known as the Mandatory Recording Duty and applies to General Practice, Mental Health Trusts, NHS Trusts and private health providers. The Department of Health's FGM Prevention strategy provides greater understanding of the extend and issue of FGM in England and to ensure support and care services that need to be commissioned.

FGM is illegal in many countries, including the UK. It is a cultural rather than a religious practice. The Keeping Bristol Safe Partnership (KBSP) recognises FGM as an illegal practice, a form of child abuse and gender-based violence against women and girls.

Mandatory Reporting requirements for professionals

Section 74 SCA 2015 inserts new section 5B into the FGM 2003 Act that creates a new mandatory reporting duty for regulated professionals. It includes doctors, nurses, midwives, social workers and teachers (and social care workers in Wales).

It is mandatory to report known cases of FGM on girls under 18 to the police. The duty applies where, in the course of their professional duties, a professional discovers that FGM appears to have been carried out on a girl aged under 18 (at the time of the discovery). 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 an act of FGM has carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (eg it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local adult safeguarding procedures.

To undertake mandatory reporting follow the link https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

Definitions

What is FGM?

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The Types of FGM

The World Health Organisation has categorised FGM into 4 types:

Type 1: this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM).

De-infibulation refers to the practice of cutting open the sealed vaginal opening of a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, and cauterising the genital area.

Impact of FGM on Women and Girls

FGM has no health benefits and often leads to long-term physical and psychological consequences. The health implications for a child who has had FGM can be severe and depending on the type of FGM even fatal. There are challenges for professionals in assessing risk related to FGM in a sensitive manner given the limited or no obvious indicators posed other than the risks of FGM. Survivors of FGM often show signs of psychological trauma: anxiety, somatisation, depression and post-traumatic stress. For more specific health implications please visit the World Health Organisation's website.

There are risks of survivors being re-traumatised and distressed when attending medical appointments, reporting they felt judged when being examined, and feelings of anxiety and fear when in pregnancy and childbirth. Given the trauma and distress caused by FGM it is vital that professionals undertaking assessments of risk and discussing FGM with women, girls and families do so in a culturally competent and trauma informed way.

FGM Cultural and Social Norms

Historically FGM has also been referred to as Female Circumcision. Whilst some communities still may refer to the practice as this, the Keeping Bristol Safe Partnership do not promote the use of this term in recognition that this term can lead to a potential to reinforce:

1. Perceived medicalisation of the process
2. Comparison to male circumcision - which is legal and can be done for medical reasons.

There are many different reasons given to practice FGM including social acceptance within communities, misconceptions about hygiene, a means of preserving a girl or woman's virginity, making the woman "marriageable" and enhancing male sexual pleasure. In some cultures, FGM is regarded as a rite of passage into adulthood, and considered a pre-requisite for marriage, while others see it to suppress a female's sexuality. In some communities it is associated it with religious beliefs, although no religious scriptures require it.

There are challenges for professionals in assessing risk related to FGM in a sensitive manner given the limited or no obvious indicators posed other than the risks of FGM. There are additional considerations to make in being culturally competent around FGM:

- Talking about FGM, genitals and sex in some communities is taboo.
- FGM is an English acronym, and if English is an additional language, you may need to use the term that the community uses. You can access a list of traditional terms used for FGM in other languages here (National FGM Centre).
- Not all members of the community agree with the practice, equally there are still members of community who support the practice.
- Risk of FGM practice is not linked to education status, nor is it linked to social or economic capital.

FGM can be linked to other forms of gender oppression which means that women or girls may not be able to resist pressure to practice even if they do not personally agree with it. Under your Public Sector Equality Duty, you must ensure that you make reasonable adjustments to provide interpreters if the family require it.

Bristol Context

Through Enhanced Data Set duties Bristol's data indicate higher numbers of FGM than other areas of the country, however this maybe a reflection of the efficacy of health professionals consistently upholding their professional duties to collect and record data.

The review of local practice, policy and conduct is held by the KBSP FGM Delivery and Safeguarding Partnership. This is known as the Bristol Model. Representatives from statutory agencies and members of the community come together to develop effective practice implementing statutory guidance.

There have been many studies and commentaries evaluating practice for working with communities in Bristol. The Keeping Bristol Safe Partnership welcomes participation and co-construction of process and practices to tackle FGM. The Partnership recognises the role that communities themselves play in ending FGM practices and engages them in the design and delivery of future safeguarding procedures. It is also important professionals undertaking assessments of risk and discussing FGM with women, girls and families do so in a culturally competent manner, to avoid retraumatising families or causing unnecessary offence.

In Bristol, the charity FORWARD in partnership with Refugee Women of Bristol support both local and national campaigns to end FGM and they work closely with local communities. Peer research from FORWARD and Refugee Women of Bristol provides helpful advice and guidance around working with risk affected communities to ensure safeguarding work remains respectful and effective.

- https://www.refugeewomenofbristol.org.uk/resources/
- The partnership has also been supported by youth organisations such as Integrate UK.

Integrate UK are a charity that campaigns on gender-based violence issues. They are led by young people and engage using various media, music and drama. They have been successfully in engaging the government and influencing change nationally at both a practical and policy level. They have developed training packages for schools, and they offer both peer education and education for professionals.

Part 2 –Prevention, protection, and support

Prevention

The KBSP recognise that preventative work is a much better approach to safeguarding and the Partnership needs to invest time and resources to develop effective ways of conducting grassroots, community-based prevention work.

This will involve learning more about our communities, their social networks, finding out their views and ideas on how best to tackle FGM and gaining their trust. There is also a need to have dialogue with local faith leaders to highlight that FGM is not aligned to any religious principles and ask them to work with us to promote this.

It is encouraged that all statutory and relevant agencies within the Local Safeguarding Partnership have allocated a subject matter expert for their organisation which who can act as a point of expertise for their colleagues and ensure that policies and training are effective. It is expected that this colleague undertakes advanced training for them to carry out their role.

Policies and Practice

It is important that FGM is integrated into safeguarding and child protection policies and practice for all agencies that work directly with children and families and should be consistent with this document issued by the KBSP. Local organisational polices should include what steps you take to raise awareness of FGM, and what actions you will take if the organisation identifies a case of known or suspected FGM.

If your organisation has professionals who are subject to the Mandatory Reporting Duty, you should include this in your policy and awareness training.

Training and raising awareness

The guidance around tackling FGM has statutory status, and the KBSP encourages that agencies who work directly with children and families engage all staff in awareness training. The Home Office has a free online course Registration - Enable (vc-enable.co.uk)

The KBSP provides multi-agency training for professionals and front-line practitioners on developing practice around preventing FGM, so they do not inadvertently distress the very people they are trying to help. Similarly, the partnership encourages more bespoke single agency training for agencies who are more likely to encounter cases of FGM so they can develop confidence and competence within their workforces for example educational settings in Bristol can receive single agency training so they can apply a consistent approach to addressing concerns proportionately but also meet sector specific duties such as teaching FGM on the curriculum.

From a community perspective grassroots organisation run events collectively known as the Summer Campaigns to raise awareness throughout communities. Details of these events are likely to be cascaded by sector leads represented on the KBSP FGM Delivery and Safeguarding Partnership.

Identification and referral

It is imperative those working with children and families are familiar and feel comfortable taking proportionate action when they identify or suspected cases of FGM. Awareness training includes what to do if you have an FGM concern. The Mandatory Reporting Duty can be accessed here - Click here for official guidance

If you are a regulated professional or undertake teaching work, you have a **legal** duty to report known cases for any girl aged under 18 to your local police constabulary via 101. It is expected that any referral to the police regarding FGM should also be referred to the Local Authority Children's Social Care.

The duty applies in cases where in the course of their professional duties, they are either:

- informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. Organisations Designated Safeguarding Leads should provide support to members of staff who may not have formal experience of engaging with statutory services.

For suspected cases of FGM professionals should follow their organisation's safeguarding and child protection policy and procedures. This should involve the Designated Safeguarding Lead undertaking reasonable enquires proportionate to the concerns identified.

FGM is illegal for both women and girls. If a women aged over 18 is identified as being at risk of FGM and she is deemed to meet the criteria in the Care Act 2014 of having care and support needs then a safeguarding referral should be considered to Care Direct https://www.bristol.gov.uk/social-care-health/form-contact-adult-careservices

- For health practitioners this could be using the FGM Professional Guidance (publishing.service.gov.uk)
- For other professionals the use of the KBSP Referral Risk Assessment tool has been developed to ensure proportionate local responses.

As part of the assessment, professionals should make sure that the girl and/or appropriate family members understand:

- FGM is illegal.
- The potential health consequences of FGM.
- Any actions taken.

- That information will be shared about this with colleagues and partner organisations as appropriate

When considering any safeguarding risks for a child it is always best practice to engage the parents/ carers of the child. There are a few exceptions, and these include:

- When you feel talking to the parents would put the child at greater risk of harm
- If there is the risk that information related to criminal activity may be lost or destroyed or you feel your life or that of others may be put at risk
- If talking to the parents may encourage them to avoid professional contact or abscond with the child

If you have no safeguarding lead in your organisation or are not a professional, you can speak to the NSPCC FGM hotline for support (Tel 0800 028 3550) or First Response (Tel 0117 9036444) for advice.

Additional considerations

- **Children who have already undergone FGM** - It is recognised that if a child is a survivor of FGM that the likelihood for further harmful procedures to be carried out is minimal. It is essential that professionals continue to refer and consider referrals to statutory agencies to ensure that should the child require specialist medical or psychological support that this is assessed and provided.

- **Think Family** - Professionals may also need be mindful of other female members of the family who may be at risk of FGM who may not have yet been subject to a procedure.

- **Adults who have survived FGM** - there is no requirement for automatic referral of adult women with FGM to adult social services or the police. Professionals should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. A referral to the police should not be an automatic response for all adult women who are identified as having had FGM cases must individually assessed

Protection – Multi-agency response

Different agencies may have different duties in safeguarding children who are at risk of or have survived FGM. These have been collated in Part 3 – Agency Specific Considerations. It is important that work is done under the principals of Working Together to Safeguard Children 2018. It is essential that practitioners work in a culturally sensitive manner and bear in mind other practice considerations. Including providing additional support for families including commission the services of community-based advocates.

Every attempt should be made to work with parents on a voluntary basis to prevent the abuse. It is the duty of the individual referring the child to look at every possible way that parental cooperation can be achieved, including the use of community organisations working to end FGM to facilitate the work with parents / family. **However, the child's interest is always paramount.**

If professionals disagree the KBSP escalation policy should be exercised.

Dependent on the level of presenting risk, statutory assessments should be considered under the Children Act 1989. Once a potential risk of FGM has been identified, this information should be shared between professionals and agencies to ensure that there is ongoing awareness of this risk.

In cases where there is not felt to be an immediate risk of FGM to a child and the potential for harm is unclear, Children's Social Care may choose to undertake enquires as a single agency to establish whether the threshold for a strategy discussion is met or not. These enquires must take into consideration all background information and identified protective factors. Further information can be found in the National FGM Centre FGM Assessment Tool

For cases where referrals or assessments suggests a significant risk of harm a Strategy Discussion should be convened to plan and agree the next actions. The participants of the Strategy Discussion should include Children's Social Care, the Police Light House Unit, Health and any other relevant agency who has experience of working with the family to inform a proportionate assessment. This can be the child's education setting, Health visitor and or specialist agency FGM lead/expert.

Support

Support for children

An assessment of need should be carried out in respect to children who require it. If a child has current symptomatic affects from FGM they should be referred to a specialist service, which should be agreed between health and children's social care. If a child is asymptomatic, they may need an onward referral to their GP in the future if they begin to experience difficulties with continence, intercourse or concerns about child birth. Anyone can ring First Response if they are need further advice or if they are concerned about a child or young person or if they think they need support. Tel:0117 903 6444 or email

Details of FGM support and services are also available on the KBSP website

Integrate UK Is a charity fighting to end FGM and empower young people. Their free 24 hour FGM helpline is T 0800 028 3550.

FORWARD - The Foundation for Women's Health Research and Development provides support and campaigns to safeguard the sexual and reproductive health and rights of African girls and women. They can be contacted on T 0208 960 4000

Refugee Women of Bristol

Refugee Women of Bristol (RWoB) Mend the Gap project addresses multiple forms of violence against women and girls (VAWG) within Black and Minority Ethnic (BME) communities, particularly African and Arab speaking communities. This includes asylum seekers, trafficked women, refugees, and those with no recourse to public funds. They can be contacted on T 0117 9415867 or email at info@refugeewomenofbristol.org.uk

Bristol Community Rose Clinic

The Bristol Community Rose Clinic is a community-based service that provides specialist care and support for adult women who are experiencing problems because of FGM. It is staffed by female doctors and nurses who understand the sensitive and complex issues surrounding FGM, the helpline and appointments are confidential with translation available on request. See section on contacts for FGM information, training, and support for further details.

Part 3 – Agency specific considerations

Social care

It is important to ensure that social care practitioners continue to meet statutory duties under safeguarding and child protection legislation and guidance. It is acknowledged that there are nuances around case coordination and making decisions which will require practitioners to exercise cultural competency and respect for wider cultural practices.

Strategy Discussion

Social Care should convene a strategy discussion whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Strategy Discussions are used for critically serious cases and should involve a community paediatrician and legal representative if needed. It is important when organising a strategy meeting that all relevant partners are considered as part of the invite process. The meeting can be convened at any point in the safeguarding/child protection process to ensure effective multi-agency working. FGM is a child protection issue, however there maybe wider safeguarding needs/vulnerabilities which also need to be considered and met either under s. 17 or Early Help/universal plus.

Other outcomes that can be considered:

- Progress as a single agency social care assessment to assess need (s.17) or risk of harm (s.47)
- Refer for a medical examination
- Convene a child protection conference
- Seek legal advice with a view to seek an FGM Protection Order

If the child has already undergone FGM (Section 5B of the FGM Act 2003 - Mandatory Reporting Duty) the strategy meeting / discussion will need to consider carefully the needs of other girls in the family, this includes the unborn child. This may involve new assessment and investigations. The strategy should also consider if the child or young person has health needs resulting from the FGM and how they will be supported to access appropriate health care if needed. If any legal action is being considered, legal advice must be sought.

Where FGM has been practiced on a child and this is believed to have taken place after the family moved to the UK or if they were born here, the police will take a lead role in the investigation of this serious crime, working to common joint investigative practices and in line with strategy agreements.

Assessment

The National FGM Centre has produced an assessment tool for social workers to support them to guide assessments of cases where FGM is a concern. The tool can be used and completed online to support and aid best safeguarding children.

The National FGM Centre has produced Good Practice Guidance to support the assessment process. For cases which may require additional protections you should seek legal advice. Consideration of an FGM Protection Order should be made.

Health

Health services play a vital role in the identification of those at risk and have a responsibility to contribute effectively to the safeguarding partnership's response, particularly in terms of articulating and addressing the specific health needs of those affected by FGM. Professional groups such as GP, health visiting, midwives and school nurses each have their own professional guidance and arrangements. In case of a strategy discussion, consideration should be given to which of the professions will hold the most information about the family and a representative from their agency invited to attend. The professional coordinating the strategy will need to ensure there is agreement on who needs to be contacted in health and who will do this.

Midwives

Midwives now ask all pregnant women directly whether they have been cut or experienced any form of FGM. Think family principles must be incorporated into the initial assessment including the consideration of any daughters. The Department of Health 2017 guidance includes a FGM Safeguarding and Risk Assessment and can assist with assessing the risk posed. A referral to First Response Assessment Service should be made must if a child is deemed to be at "significant or immediate risk".

After childbirth a girl/woman who has been de-infibulated (opened) may request and continue to request re-infibulation (being sewn up again). This is against the law. Midwives must document that the woman has been told about the law and information is shared with appropriate health professionals (GP and Health Visitor).

If after explaining to the parent/woman that FGM including re-infibulation is illegal, they continue to request this, then it should be treated as a potential risk to a child., Whilst repeated requests or insistence on re-infibulation, by the woman or her family members, suggests that the family may continue to consider that FGM holds significant cultural value, and thus implies an increased risk to female children in the family. because whilst the request for re-infibulation is not in itself a child protection issue, the fact that the girl or woman is apparently not wanting to comply with UK law and/or consider that the process is harmful raises concerns in relation to daughters she may already have or may have in the future. Professionals should consult with their safeguarding lead and with First Response (Bristol Children's social care service) about making a referral to them.

Health Visitors

Health Visitors are in a good position to reinforce information about the health consequences and the law relating to FGM. Health visitors should discuss the risks of FGM and document the parent's response and the advice and any leaflets given to explain the law relating to FGM. Any concerns about a parent's attitude towards FGM should be taken seriously and appropriate referrals made. Professionals should consult with their safeguarding lead, the client's GP and First Response in making a referral to them.

School Nurses

School Nurses are in a good position to reinforce information about the health consequences and the law relating to FGM. The school nurse should work closely with the child's school supporting them in any concerns. The school nurse should be vigilant to any health issue such as recurrent urinary tract infections that may indicate FGM has been done.

If the school nurse has contact with any family who come from a country where FGM is practised, they should discuss the risks of FGM and document the parent's response and any advice and leaflets given to explain the law relating to FGM. Any

concerns about a parent's attitude towards FGM should be taken seriously and appropriate referrals made. Professionals should consult with First Response and the Lighthouse should be informed.

GPs & Nursing Staff

Treatment room and Practice Nurses should be vigilant to any health issue such as recurrent urinary tract infection that may indicate FGM has been done. They also need to consider families who are requesting foreign travel vaccinations. This can be an ideal opportunity to talk about FGM, the health risks and the law. Document any advice or leaflet given out. It is an ideal time to talk to women from FGM practising communities about the issues of FGM when they attend for their routine Cervical smears.

Any concerns about a parent's attitude towards FGM should be taken seriously and appropriate referrals made to First Response. Emergency departments and Walk in Centres need to consider the risks associated to FGM, e.g. if girls from FGM-practising countries attend with Urinary Tract Infections (UTI), menstrual pain, abdominal pain and an assessment of risk associated with FGM completed. This should be documented. Documents that guide health professionals include:

https://www.gov.uk/government/collections/female-genital-mutilation-fgm-guidance-for-healthcare-staff

https://www.rcgp.org.uk/policy/rcgp-policy-areas/female-genital-mutilation

Medical examinations

It is important any medical exam undertaken due to child protection concerns for FGM employs a holistic approach which explores any other medical, support and safeguarding needs of the girl or young woman, just as any child protection medical assessment would, and that appropriate referrals are made as necessary. In Bristol, medical examinations are undertaken by senior Paediatricians experienced in examining female genitalia. The need for a medical examination on a child should at first be discussed with a Consultant Paediatrician before it is raised with the family. This will ensure the consideration of who will seek informed consent from the family for the medical examination.

The timing for a medical examination will depend on several factors including when the FGM has been suspected to have been done; whether the child has any symptoms of concern; the availability of paediatrician and the needs and wants of the child and family.

When the FGM is suspected to be recent (in the last 7 days) then the medical examination will usually take place at the Bridge SARC or the children's Star clinic at Eastgate house and in some situations at the specialist FGM clinic in London. Due to the specialist health expertise required, and the potential need for further expert opinion these examinations are routinely recorded by video so that a second (and

potentially third) opinion can be sought without the need for the girl to have repeated examinations.

The Paediatrician will give initial feedback to the family and the Social Worker of the outcome of the medical examination within the limits of their expertise in the examining of female genitalia and then complete a full Child Protection Medical Report and document their assessment. This report should be shared with relevant agencies.

Police

The police have duties to prevent, protect and gather evidence to consider whether an offence has been committed or not. However, in cases of child protection, evidence gathering can also assist multi-agency investigations and parallel civil proceedings The College of Policing have produced 'Authorised professional practice on FGM' which will guide practitioners through these processes. When responding to the case, the duty Detective Sergeant must be made aware, and an immediate referral should be made to their local child abuse specialist team. If this is outside their core hours, the duty detective inspector (or on-call senior investigating officer) must manage the initial phase of the investigation and ensure that effective protection measures are put in place.

The specialist team will in turn make an immediate referral to the relevant local authority's children's social care team

Emergency powers

If any officer believes that the girl could be at immediate risk of significant harm, they should consider the use of police protection powers under section 46 of the Children Act 1989 and/or use of an Emergency Protection Order

Officers should carry out the following actions:

- Complete appropriate checks, e.g. Police National Database (PND), Police
- National Computer (PNC), Children's Social Care
- Submit an appropriate intelligence safeguarding log on Niche
- Complete relevant risk assessment and management plans, including consideration of the available information, partner agencies information, (where time permits) to inform the risk assessment process.
- An initial investigation plan should then be drawn up by a supervisory officer.
- Complete a crime report, ensuring that the incident is flagged in accordance with Avon & Somerset police force procedures
- Consider 'Golden Hour' principles in relation to evidence gathering; and risk to other children and women in the family.

Initial steps when a girl is thought/known to have had FGM

Follow the above steps but if the report is made under the mandatory reporting duty it must be recorded as a crime without delay or waiting for further investigation (Unless there is immediately available credible evidence to show that a crime has not occurred). This includes cases where it is suspected that FGM occurred outside of England and Wales.

Any investigative strategy should consider obtaining evidence or intelligence identifying the cutters (people who carry out FGM for payment or otherwise) and investigating these individuals with a view to identifying further victims and closing such networks; and investigating officers must refer to the Police/Crown Prosecution Service (CPS) Protocol for the investigation and prosecution of FGM cases.

FGM protection orders

Under section 5A and schedule 2 of the 2003 Act, provision is made for FGM Protection Orders. An FGM Protection Order is a civil law measure which provides a means of protecting and safeguarding those children and adult victims at risk of FGM. They contain conditions to protect a victim or potential victim. Those might, for example, involve surrendering a passport to prevent the person at risk from being taken abroad to undergo FGM, or a requirement that nobody arranges for FGM to be performed on the person being protected. Those who may apply for an FGM Protection Order are:

- the person who has undergone or is at risk of FGM
- a local authority
- any other person (for example the police, a teacher, a charity or a family member), with the permission of the court

An application for an order may be made at a Family Court in England and Wales; there is no fee, or by an online application process A court can be asked to consider an application straightaway when necessary and can make an FGM Protection Order without the respondent(s) being present. Civil legal aid is available to victims, potential victims and third parties who seek to make, vary, or discharge an FGM Protection Order, subject to meeting the relevant means and merits criteria.

If the conditions in the FGM Protection Order are not followed, this is called a breach. It can be dealt with either by the Family Court as a contempt of court, or as a criminal offence, with a maximum penalty of five years' imprisonment. You can apply online to obtain a FGM Protection order here.

Extra – Territorial Offences

The extra-territorial offences are intended to cover taking a girl abroad to be subjected to FGM and includes girls who are 'Habitually Resident'. This means it does not rely on any legal status e.g. UK National / UK Resident Under provisions of the law which apply generally to criminal offences, it is also an offence to:

- aid, abet, counsel, or procure a person to commit an FGM offence
- encourage or assist a person to commit an FGM offence
- attempt to commit an FGM offence
- conspire to commit an FGM offence

Education

In September 2020, Relationships Education became compulsory for all primary pupils. Relationships and Sex Education (RSE) became compulsory for all secondary pupils and Health Education in state-funded schools.

RSE covers the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, forced marriage, rape, domestic abuse and FGM, and how these can affect current and future relationships.

The Department of Education 'Keeping children safe in Education' includes guidance for schools on how to undertake FGM training, to better recognise the risk of FGM for their school population and ensure school policies reflected how to manage FGM.

The Bristol Safeguarding in Education Team provides training to local education establishments to support the development of awareness of FGM in education settings. The FGM training includes course materials for information which can be cascaded to other colleagues in the workforce but also consider strategically how practice and policy is effectively developed. Further details of the training and how the Safeguarding in Education team can help schools and colleges can be found on the KBSP website. Further resources including training to help school and colleges can be found at Appendix 1

Appendix 1 - Useful contacts and further information

Bristol Community Rose Clinic

Women (aged 18+) affected by FGM can self-refer to the Bristol Community Rose Clinic by calling Tel: 07813 016911. This is a commissioned service offering support for women over 18 years who have had FGM and may need opening procedures for type 3 to improve their health and well-being. It is staffed by female GPs and professionals.

It also provides support to women who may want to know more about how their FGM may impact on their health and wellbeing. The services will also talk about safeguarding and the law related to FGM If a woman has any identified mental health or emotional needs, she can be sign posted to appropriate support.

Other Sources of Information, Training and Support include:

The STAR clinic offers help and support to children and young people of all ages who have a genital condition that may need treatment. They also see children and young people who have recently or in the past been sexually harmed and may need care and treatment. Tel: 0300 125 6900.

The Bridge is a Sexual Assault Referral Centre (SARC). We offer medical care, emotional and psychological support, and practical help for free and confidential advice on 0117 342 6999. We're here 24/7, 365 days a year.

NSPCC FGM helpline: 0800 028 3550

South West Child Protection Procedures website May 21 FGM Update https://www.proceduresonline.com/swcpp/bristol/index.html

Safeguarding in Education Team Bristol FGM Training - Develop your awareness and understanding of FGM in education.

National FGM Centre (Local Government Association in partnership with Barnardo's)

Multi-Agency Statutory Guidance on Female Genital Mutilation https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Female Genital Mutilation Resource Pack (Home Office) - including links to local organisations https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack

Forward (Foundation for Women's Health Research and Development) https://www.forwarduk.org.uk/

NHS - FGM (including information on where to get support) https://www.nhs.uk/conditions/female-genital-mutilation-fgm/

FGM Protection Orders: Factsheet https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573786/FGMPO_-_Fact_Sheet_-__1-12-2016_FINAL.pdf

Female Genital Mutilation and its Management: Royal College of Obstetricians and Gynaecologists https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf

Safeguarding Women and Girls at Risk of FGM – Guidance for Professionals (DHSC) – includes Pathway and Risk Assessment tools https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm

Resources for teaching about FGM at primary school age.

Freedom charity - which include safeguarding training for teachers and staff, on issues such as preventing radicalisation and dishonour abuse.

Forward's FGM schools programme - gives age-appropriate services and activities for primary and secondary schools.

National FGM Centre - has a selection of educational resources that can be used in schools to educate young people, help aid conversations with parents and implement strong FGM policies.

Appendix 2 – Flowchart for FGM Referral into First Response Assessment Service