



FGM Policy

Published: October 2024

Completed by: Rebecca Freeman

Reviewed: Rebecca Freeman 03/09/2025

Next Review Date: 21/07/2026

Illuminate AP FGM Guidance Policy

'Female Genital Mutilation' (FGM) is a global issue, with victims numbering in the millions every year.

FGM is not a religious issue. The World Health Organisation (WHO) has described FGM as a practice that "*reflects a deep-rooted inequality between the sexes*". In the UK, family members and the wider community, both here and abroad, play a role in pressurising parents to put their children through FGM. Even where prevention is making headway in countries of origin, FGM can be used within UK migrant communities to curb sexuality and preserve the cultural identity of a minority.

Definition of FGM:

FGM refers to all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons. FGM is also sometimes referred to as female circumcision, cutting or sunna.

Types of FGM:

There are four different types of FGM:

- Type 1: Prepuce removal only or partial or total removal of the clitoris (clitoridectomy)
- Type 2: Removal of the clitoris plus part or all of the labia minora (excision)
- Type 3: Removal of part or all of the labia minora with the labia majora either being sewn together covering the urethra and vagina leaving only a small opening for urine and menstrual fluid (infibulation)
- Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area

Legal requirements:

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act" and as amended by the Serious Crime Act 2015). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. **The duty applies from 31 October 2015 onwards.**

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003 - ie. 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. For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Raising Awareness:

It is good practice to raise awareness within Illuminate AP about the issues surrounding FGM

Practice Training:

All staff at Illuminate AP will attend FGM training and will be renewed annually. This information, in conjunction with the practice policy will be cascaded to all other staff to raise awareness and educate staff on FGM.

Identifying women/children affected:

A primary role of the practice in terms of FGM is prevention and protecting girls or women at risk of FGM. If there is any concern that a child is at immediate risk of FGM or has had FGM, a referral must be made to social services or the police. Staff needs to bear in mind the following when interacting with children and young people:

When/how FGM is carried out:

- Normally done between 4 – 12 years (but can be any age)
- Varies from community to community but usually by an elder woman in the community using a non-sterile instrument without anaesthetic.
- UK girls are taken on “holiday” to have FGM done.
- Communities in the UK are believed to have their own practitioners here.
- Increased use of health professionals

Suspected case FGM / Suspect child may be taken for FGM:

- If a member of staff suspects someone has experienced FGM or as at risk of undergoing FGM they have to raise this concern with the Designated Safeguarding Lead within Illuminate AP immediately.

Reporting FGM:

- **Mandatory reporting: Aged under 18 years**

A person under the age of 18 is considered a child for the purposes of FGM and any cases or suspected cases **have to be reported**.

Making a Report:

Immediately contact Illuminate AP Designated Safeguarding Lead who will take the following action:

- i. Contact the police on 101 the single non-emergency number. (Dial 999 if at immediate risk.) Trained police officers and staff in the control room of the local police force answer calls to 101. The call handler will log the call and refer it to the relevant team within the force, who will call you back to ask for additional information and discuss the case in more detail.
- ii. Be prepared to provide the call handler with the following information:
 - a. Explain that you are making a report under the FGM mandatory reporting duty.

- b. Your details:
 - Name
 - Contact details (work telephone number and e-mail address) and times when you will be available to be called back
 - Role
 - Place of work
 - c. Details of your organisation's designated safeguarding lead: if they are not available to make the call themselves)
 - Name
 - Contact details (work telephone number and e-mail address)
 - Place of work
 - d. The girl's details:
 - Name
 - Age/date of birth
 - Address
- iii. If applicable, confirm that you have undertaken, or will undertake, safeguarding actions, as required by the English or Welsh version of Working Together to Safeguard Children as appropriate.

While the requirement to notify the police of this information is mandatory and overrides any restriction on disclosure which might otherwise apply, in handling and sharing information in all other contexts you should continue to have regard to relevant legislation and guidance, including the Data Protection Act 1998 and any guidance for your profession. The provisions of the Data Protection Act 1998 do not prevent a mandatory report to the police from being made.

- iii. Make a note of the reference number for the call and document it on CPOMS.
- iv. Ensure practice-safeguarding procedures for children are followed, starting with notifying the Children's Social Care.
- v. Ensure records are up to date and the practice's designated safeguarding lead is kept updated as appropriate. Throughout the process, keep a comprehensive record of any discussions held and subsequent decisions made, in line with standard safeguarding practice. This will include:
 - The circumstances surrounding the initial identification or disclosure of FGM
 - Details of any safeguarding actions which were taken
 - When and how you reported the case to the police (including the case reference number).

Supporting documents & resources:

- NHS Choices – FGM Services.
- Gov.uk: Female Genital Mutilation: Multi-Agency Practice Guidelines

Checklist for Approaching the Topic of FGM:

If you suspect someone is a victim or potential victim of FGM, the following guidelines can be used to approach the topic sensitively and discretely:

- Be sensitive to the intimate nature of the subject and recognise and respect the individual's wishes.
- Take detailed notes and record them safely.

- Collect information about the urgency of the situation to determine whether there is a need for immediate police involvement.
- Call Illuminate AP's Designated Safeguarding Lead about how to proceed.

Reviewed by: Rebecca Freeman

Date: 03/09/2025

Next Review by: 21/07/2026