



**Safeguarding children from Female genital
mutilation**

The concept of this policy is in compliance with the Multi-agency statutory guidance on FGM published by HM Government April 2016, statutory guidance issued under section 5C of the Female Genital Mutilation Act 2003 and Serious Crime Act 2015

1. According to the Multi-agency statutory guidance on FGM published by HM Government April 2016, *“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.”*
2. The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy.
3. FGM is illegal in England & Wales under the Female Genital Mutilation Act 2003 and includes a mandatory reporting duty which requires professionals to report known cases of FGM in under 18’s to the police.
4. FGM is prevalent in 27 African countries, the Middle East and some countries in Asia Indonesia. As a result of immigration, FGM has also spread to Europe, with some families having their daughters undergo the procedure while on vacation overseas.
5. There are a number of indications that a girl has already been subjected to FGM (this list is not exhaustive):
 - a girl or woman confides that FGM has taken place;
 - a mother/family member discloses that female child has had FGM;
 - a family/child is already known to social services in relation to other safeguarding issues;
 - a girl has difficulty walking, sitting or standing or looks uncomfortable;
 - a girl finds it hard to sit still for long periods of time, and this was not a problem previously;
 - a girl spends longer than normal in the bathroom or toilet due to difficulties urinating;
 - a girl avoids physical exercise;
 - there are prolonged or repeated absences from the Nursery;
 - increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
 - a girl talks about pain or discomfort between her legs;
 - wound infections;
 - urinary retention;



- injury to adjacent tissues;
 - genital swelling
- 5.1 Other signs to watch out for include unusual behaviour such as (this list is not exhaustive):

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|---------------------|----------------------------|
| ○ withdrawn | ○ soils clothes |
| ○ anxious | ○ takes risks |
| ○ clingy | ○ unexplained absence |
| ○ depressed | ○ changes in eating habits |
| ○ aggressive | ○ obsessive behaviour |
| ○ problems sleeping | ○ nightmares |
| ○ eating disorders | ○ self-harm |
| ○ bed wetting | |

6. Other signs, symptoms or risk factors can include (this list is not exhaustive):

- A girl tells staff about an impending special ceremony, and in the following week the girl is taken to the GP surgery to receive travel vaccinations for planned departure; the knowledge of both of these details is critical to understanding the risk the girl faces.
- A girl talks about a long holiday to her country of origin or another country where the practice is prevalent (see point 4 for the nationalities that traditionally practice FGM)
- A female child is born to a woman who has undergone FGM;
- A female child has an older sibling or cousin who has undergone FGM;
- A female child's father comes from a community known to practise FGM;
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- A woman/family believe FGM is integral to cultural or religious identity;
- A girl/family has limited level of integration within UK community;
- Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;
- A girl confides to staff that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'

7. SPECIFIC PROCEDURES

7.1 Where a case of FGM is disclosed or visually identified or a child is suspected of being at risk, staff will make an objective record using the 'incident form log' of any observation or disclosure made and include:

- Child's full name



- Full name of parent/ carer
- Date and time of observation/ disclosure
- Exact words spoken by the child
- Exact position and type of injuries/ marks seen
- Exact observation of an incident including any other witnesses
- Name of the person to whom the concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with parent/ carer (where deemed appropriate)

These records will be signed by the person reporting this and verified by the manager/ deputy.

7.2 The information and log will be shared with the designated safeguarding officer who will then contact the appropriate authorities (Referrals or Croydon Safeguarding Board).

8 The designated Safeguarding Officers

are _____

and _____

Important Numbers;

M.A.S.H **020 8255 2888**

Emergency Duty Team **020 8726 6400**

OFSTED Information Line: **0800 2346 346**

OFSTED Complaints Line: **0300 123 1231**

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