

# Awareness of Female Genital Mutilation (FGM) Guidelines

Female Genital Mutilation (FGM) remains a significant safeguarding issue both nationally and internationally. National reporting continues to highlight the need for professional vigilance, effective multi-agency working, trauma-informed practice and timely safeguarding intervention.

## **Staff must:**

- Be vigilant in identifying girls and young women who may be at risk of FGM.
- Understand their safeguarding and mandatory reporting responsibilities.
- Use sensitive, survivor-centred communication and support.
- Work collaboratively with safeguarding partners to prevent harm and protect those at risk.

These guidelines pertain to the Safeguarding and Child and Adult Protection Policy and provide information about Female Genital Mutilation (FGM) to enable staff to recognise indicators and take informed and appropriate action. FGM is an unacceptable practice for which there is no justification. It is abuse and a form of violence against women and girls.

## **1. What is Female Genital Mutilation (FGM)?**

**FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.**

It is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

It is illegal in the UK to practise FGM or to take a girl abroad for the purpose of having FGM carried out. It is also an offence to assist a girl in mutilating her own genitalia.

It can take place in families that you would not normally consider to be a safeguarding risk. Parents can believe that it is beneficial for the girl involved and can be anxious about the disapproval of the local community if it is not carried out.

The majority of FGM takes place between the ages of five and eight years of age and it often takes place at the beginning of the summer holiday (so that there is time for the girl to recover before attending school again). It is particularly prevalent as a practice in Africa but other communities can practise it too.

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.

There are four types of FGM that are carried out:

- Type 1 Clitoridectomy – partial/total removal of clitoris.
- Type 2 Excision – partial/total removal of clitoris and labia minora.
- Type 3 Infibulation - entrance to vagina is narrowed by repositioning the inner/outer labia.
- Type 4 Even procedures that may appear symbolic or minor—such as pricking, nicking, superficial incisions, burning, piercing, or scraping—are legally classified as Type 4 FGM under WHO guidelines and UK law, and must be treated as safeguarding concerns.

As of December 2025, NHS England reported 16,300 FGM-related attendances during the 2024–25 reporting period involving 6,980 individual women and girls.

Since national data collection began in 2015, over 118,530 FGM-related attendances have been recorded across NHS services in England. These figures demonstrate that FGM remains a significant safeguarding and public health issue requiring continued vigilance from professionals working with children, young people and vulnerable adults

The study also reported that:

- women who have undergone FGM do not only live in urban centres in England and Wales: while many affected women live in large cities where migrant populations tend to be clustered, others are scattered in rural areas
- no local authority area is likely to be free from FGM entirely: in many areas, the estimated prevalence is low, but there are still some women who may be affected by FGM
- London has the highest prevalence rate in England and Wales, with an estimated 2.1% of women affected by FGM
- outside London, the highest estimates were for Manchester, Slough, Bristol, Leicester and Birmingham.

## **2. Why is it carried out?**

There is a belief that FGM:

- brings status/respect to the girl – social acceptance for marriage
- reserves a girl's virginity
- part of being a woman / rite of passage
- upholds family honour
- cleanses and purifies the girl
- gives a sense of belonging to the community
- fulfils a religious requirement

- perpetuates a custom/tradition
- helps girls be clean / hygienic
- is cosmetically desirable
- makes childbirth easier.

There is a lot of family honour surrounding FGM and whilst it is an illegal practice, it is nevertheless deeply embedded in some cultures. However, it is also known that it is a form of child abuse which causes significant trauma and physical injury to girls and women, with no positive physical benefits to those involved.

FGM has no health benefits and it harms girls and women in many ways. It is important that survivors of FGM receive targeted healthcare support, for both their physical and mental health needs.

### **3. Who is at risk of FGM and where is FGM carried out?**

The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African communities that practice FGM include Yemeni, Afghan, Kurdish communities, Indonesian, Malaysian and Pakistani Bohra Muslim communities.

There are believed to be approximately 30 countries in the world where FGM is practiced. These countries are mainly in Africa, Asia and the Middle East. FGM is not connected to any particular religion but is a cultural practice in some communities. A staggering 200 million women and girls are believed to have had this inflicted across the world, and therefore it would not be improbable that staff at St Piers/Young Epilepsy support a girl or young woman where this has happened or is a risk.

Whilst FGM is predominantly performed outside of the UK, it is believed that some girls have been subject to this within the UK.

FGM can be carried out on girls as young as six months and upwards. It is usually performed in a non-sterile and non-surgical environment and performed by a non-medically trained person in the community, creating significant risks of harm to girls and women.

The implications for a girl or woman who has had FGM performed on them can be significant and sometimes catastrophic. Injuries, pain, infections and post-traumatic stress disorder are all very common, and women and babies have died during childbirth as a result of complications.

### **4. Is FGM legal?**

It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out.

In England, Northern Ireland and Wales, the Female Genital Mutilation Act 2003 sets out the law surrounding FGM

As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 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.
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

In England and Wales, regulated health and social care professionals and teachers have a **mandatory duty to make a report to the police** if:

- they are informed by a child under the age of 18 that they have undergone FGM
- they observe physical signs that an act of FGM may have been carried out on a child under the age of 18 (Section 74 Serious Crime Act 2015).

The Mandatory reporting of female genital mutilation - procedural information (Home Office, 2016) sets out this duty in further detail.

Under section 1 of the 2003 Act, a person is guilty of an FGM offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris. To excise is to remove part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips). To infibulate is to narrow the vaginal opening by creating a seal, formed by cutting and repositioning the labia.

## 5. Circumstances and occurrences that may point to FGM happening:

- Child talking about getting ready for a special ceremony.
- Knowledge that there is a history of FGM in the family.
- Family taking a long trip abroad.
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghan, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM.
- It is known that an older relative or friend is visiting the girl, perhaps preparing for FGM.
- Child talks about going abroad to be 'cut' or to prepare for marriage.
- Child or young person becomes less integrated and more isolated.

## 6. Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities.

- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued.
- Bladder or menstrual problems.
- Finding it difficult to sit still and looking uncomfortable.
- Complaining about pain between the legs.
- Mentioning something somebody did to them that they are not allowed to talk about.
- Secretive behaviour, including isolating themselves from the group.
- Reluctance to take part in physical activity.
- Repeated urinal tract infection.
- Disclosure.
- Noticing an abnormal appearance of a young lady's genitalia whilst providing intimate care.

## **7. FGM and the Mandatory Relationships and Sex Education (RSE) Guidance**

The government statutory guidance on Relationships and Sex Education (RSE), makes it compulsory for secondary schools to teach pupils about FGM and other harmful practices, including forced marriage and honour-based abuse. Although the duty to teach about FGM is not mandatory for primary schools, it can optionally be applied. By the end of secondary school, pupils should know the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships. Ofsted now checks that FGM is properly addressed in RSE.

## **8. Parental Engagement**

The RSE statutory guidance recommends that all schools should work closely with parents when planning and delivering FGM lessons in schools. Schools should ensure that parents know what will be taught and when. Parents should be given every opportunity to understand the purpose and content of Relationships Education and RSE. The Department for Education has highlighted that good communication and opportunities for parents to understand and ask questions about the school's approach help increase confidence in the curriculum. Parents should be provided with translated or simplified resources if required to increase engagement.

## **9. What to do if you are concerned**

The Serious Crime Act 2015 introduced a duty on all teachers and registered health and social care professionals to notify the police of any known cases where FGM has taken place on a child (i.e., anyone under the age of 18). If you fall into one of these

categories it is therefore **your duty to report it directly to the police**, as well as notifying your Designated Safeguarding Lead.

The duty requires the individual professional who becomes aware of the case to make a report. **Unlike other safeguarding or child/adult at risk welfare concerns the reporting responsibility cannot be transferred to the Lead or Deputy DSLs.** 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 duty to report refers to 'known' cases and this means that the member of staff has either visually identified the FGM or it has been verbally disclosed to them.

There are two ways in which a case of FGM might become known – visual (an observation made by staff most likely during personal and intimate care or verbal (student discloses information).

Ensure the Lead DSL/Deputy DSL is informed and they will support you to report.

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 Designated Safeguarding Lead (Gill Walters – 07825 188820 or 01342 832243 Ext 409)
- 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 records. The record will include details of the discussion and any decisions made.

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 Lead DSL.

All further action taken will be in line with our general safeguarding responsibilities, which may involve participating in a multi-agency response.

**Remember, FGM is a form of abuse, causing long term and significant damage to girls and women. Staff have a duty of care to report if they have concerns that a girl or woman is at risk of FGM. Please speak to one of the DSLs immediately if you have any concerns. Do not delay.**

The [NSPCC](#) operates a free [national FGM helpline](#), which offers guidance to thousands of people, including professionals. The FGM helpline is staffed by specialised practitioners, who are all trained to identify the risk of FGM. The helpline can offer advice and support: if you are worried about a child who is at risk of FGM, if somebody has already undergone an FGM procedure or if you have any questions regarding FGM.

The helpline is available seven days a week between the following hours: Monday to Friday 8am to 10pm and Saturday and Sunday 9pm to 6pm. You can call and choose to remain anonymous on 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk).

The FGM-IS service is now fully operational in England. It enables authorised NHS and safeguarding staff—including GPs, practice nurses, midwives and school nurses—to:

- Flag and view family histories of FGM in girls under 18.
- Share data securely across regions via point-of-care systems and the National Care Records Service, to avoid duplication.

## **10. Communicating Sensitive**

It is essential to use trauma-informed and culturally respectful language when discussing FGM. Some women and girls may prefer the term “cutting” rather than “mutilation.” Professionals should be guided by the survivor’s preferences and avoid terms that may be perceived as stigmatising or distressing. Always approach the topic with empathy, non-judgment, and confidentiality.

### **Resources**

[Multi-agency statutory guidance on female genital mutilation - GOV.UK](#)

**This procedure is agreed by the Director of Education and will be implemented by all Departments.**

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|--------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Signed:</b>  | <b>Date:</b> 02/09/2025                    |
| <b>Name:</b> Ben Bastin<br><b>Title:</b> Director of Education                                   | <b>Date of next review:</b> 01 August 2028 |

### Version table

**Creation:-** Gill Walters

**Approved by:-** Director of Education

| Version No. | Date of changes | Reason for change                                                                                                                                                                           | Changes made by |
|-------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1           | 05 May 2022     | General review/minor amendments                                                                                                                                                             | Gill Walters    |
| 2           | 30 June 2023    | Statistics/prevalence updated (pg. 1 & 2)<br>Clarity around offences (pg.4)<br>National helpline number added/Resources (pg.6)                                                              | Gill Walters    |
| 3           | 01 August 2025  | Updates to Type 4 (pg. 2)<br>Statistics/prevalence updated (pg. 2)<br>FGM-IS service (pg.6)<br>Addition of Section 10 - communicating sensitively (pg. 6)<br>Updates to Resources (pg.6 &7) | Gill Walters    |
| 4.          | 30 July 2026    | Statistics updated; minor editorial amendments                                                                                                                                              | Gill Walters    |