

Female Genital Mutilation (FGM)



Safeguarding

Version Control Sheet

Document Title	Female Genital Mutilation (FGM)
Author	
Owner	
Doc version/status	Initial Draft
Date issued	17/12/19

Version History

Version	Date	Summary of changes
V1	17 th December 2019	Initial draft
V1.1	9 th June 2020	Final draft

Change Control

Any requested changes to this document should be emailed to:

Contents

1. Purpose and Aim	3
2. Summary	3
3. Process	4
4. What information to record	4
5. Contact Details	5
6. Confidentiality	5
7. Appendix	5

1. Purpose and Aim

This policy has been developed to provide information and detail practice requirements regarding the management of Service Users who are accommodated with Serco who are or may be a victim of Female Genital Mutilation (FGM). The purpose of this advice is to:

- Provide a clear process to follow when a Service User is or may be a victim of FGM;
- Outline the reporting requirements;
- Reduce the level of uncertainty and stress for staff in managing service users is or may be a victim of FGM.

2. Summary

Definition of **FGM**:

All procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM or 'cutting' is referred to by different names and terms in different languages and that there are different types of FGM. Sensitivity is required when addressing FGM with claimants, the women and girls involved may come from a cultural background in which FGM is an accepted norm and they may be unaware that FGM is illegal in the UK.

Women and girls who have undergone FGM may experience numerous physical and mental health issues as a result of being cut, and so a referral to the local safeguarding team is vital.

Whilst FGM may be an isolated incident of abuse, it can be associated with other behaviours that discriminate against, limit or harm women and girls. For example, FGM can be a precursor to child marriage, forced marriage and domestic abuse. It is important to be aware that an individual who has been subject to FGM in the past may not be aware of the type of FGM she has been subject to and depending on her community she may be at risk of deinfibulation (opening of the vagina) and reinfibulation (narrowing of the vaginal opening) in the future (for example, they may be deinfibulated to open up the vagina for sex or child birth and then reinfibulated to close up the vagina).

Signs FGM might happen:

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away – or plans to run away - from home

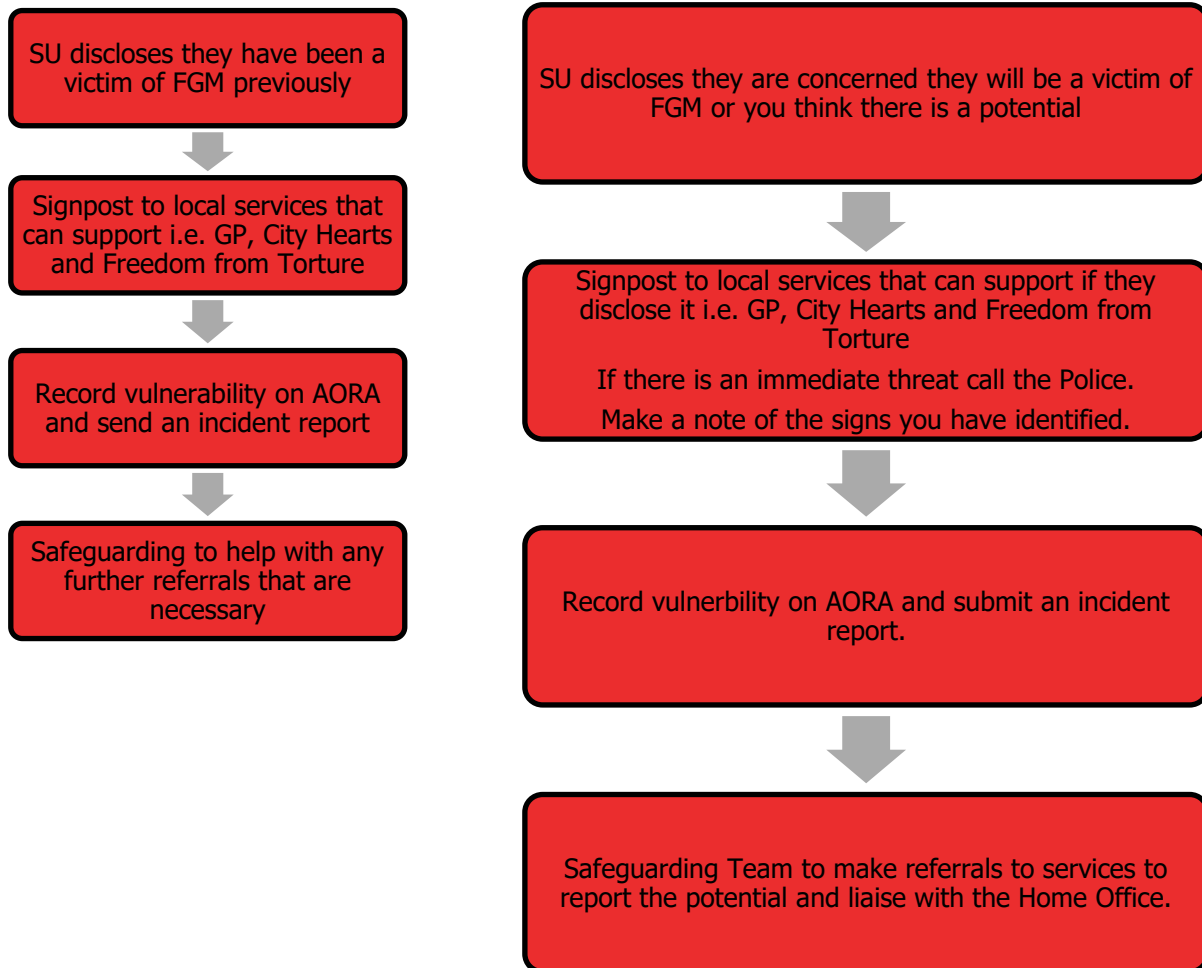
Signs FGM might have taken place:

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.

- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed

For further guidance please refer to the Home Office document: [Gender issues in the asylum claim](#)

3. Process



If someone is concerned about a SU’s welfare they should tell the Safeguarding Manager, Housing Officer and Field Operations Manager. For further guidance around Safeguarding please see the Safeguarding Policy.

4. What information to record

We need to record:

- Name
- NASS/Port Ref
- Address
- Details of the information disclosed or signs of FGM

-
- Details of referrals already made
 - Details of any contacts for other stakeholders involved.

5. Contact Details

The following people must always be made aware:

- Housing Officer of the property
- Field Operations Manager
- Safeguarding Team –
- Home Office -
- Home Office Safeguarding Hub
 - NW –
 - MEE –

In the appendix you will find national and regional agencies that you can sign post or refer Service Users to.

The Safeguarding Team will be responsible for making the referrals during normal working hours, support from the Housing Officer may be needed. If anything, urgent is needed out of hours the on-call Housing Officer should complete.

6. Confidentiality

Information should only be shared with people who need to know. This includes the above contacts and any relevant external stakeholders i.e. social services. If there is a request for information regarding a case that they have not previously been in contact about or we have not referred to them you must advise that they contact.

Refer to

7. Appendix

National

Foreign and Commonwealth Office - if the girl has been taken abroad: 020 7008 1500

<https://www.gov.uk/female-genital-mutilation-help-advice>

Police: 999 (Emergency) 101 (If not in immediate danger)

Barnardos: 0800 0121552

FORWARD: 0208 960 4000

Daughters of Eve: text 07983030488

ChildLine Helpline: 0800 1111 (24 hours)

Save the Children: (0)20 7012 6400 (9-6 Mon – Fri)

Female Genital Mutilation Helpline (NSPCC): 0800 028 3550 or www.fgmhelp@nspcc.org.uk

Crime Stoppers: 0800 555 111

Orchid Project: 0203 752 5502

Regional

Local Authority	Contact
Birmingham	
Blackburn with Darwen	
Bolton	
Bury	
Cheshire East	
Cheshire West	
Coventry	
Derby	
Dudley	
Halton	
Knowsley	
Lancashire County Council	
Leicester	
Liverpool	
Manchester	
Norfolk	
Nottingham	
Oldham	
Peterborough	
Rochdale	
Salford	
Sandwell	
Sefton	
St Helens	
Stockport	
Stoke	
Suffolk	
Tameside	
Trafford	
Walsall	
Warrington	
Wigan	
Wirral	
Wolverhampton	