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Female Genital Mutilation Policy

CM20

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment	Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

Key Lines of Enquiry

KLOE	How this applies to Access to Files and Records
Safe	This FGM policy falls under 'Safe' as FGM has been illegal in the UK since 1985. In November 2015, the Serious Crime Act strengthened legislation by adding extra requirements for health care professionals to report FGM in order to keep service users' safe.

Related Documents

This policy should be read in conjunction with our:

- CP02 - Care Planning Policy
- CM39 - Mental Capacity Act Implementation Policy
- CM12 - Consent Policy

Policy Aims

To make sure staff are aware of their responsibility to safeguard those in their care and recognise female genital mutilation (FGM) as abuse.

It is estimated that thousands of women living in the UK have been victims of FGM, a practice classed as torture by the United Nations. There are no health benefits and girls and women suffer physical, psychological, and psychosexual complications. These include severe pain, infection, haemorrhage, anxiety, depression, kidney damage, infertility, and death.

The Serious Crime Act 2015

FGM has been illegal in the UK since 1985. In November 2015, the Serious Crime Act strengthened legislation by adding extra requirements for health care professionals to report FGM.

The Act:

- Granted lifelong anonymity to alleged FGM victims.
- Made it an offence for parents to fail to protect their child from FGM.
- Introduced FGM Protection Orders, which can prevent potential victims from travelling abroad.
- Created a mandatory reporting duty for nurses, midwives, doctors, social workers and

teachers to report to the police whenever they observe physical signs of FGM on a person under the age of 18, or where a girl tells them it has been carried out on her.

- It is an offence for FGM to be committed abroad against UK residents

Key Question: How is FGM Identified?

FGM has been classified by the World Health Organisation (WHO) into four types:

- **Type 1** – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);
- **Type 2** – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);
- **Type 3** – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
- **Type 4** – Other: all other harmful procedures to the female genitalia for nonmedical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Indications that FGM may have already occurred include:

- Bladder and menstrual problems
- Reluctance to receive medical attention or participate in practical activities

There is no requirement for automatic referral of adult women with FGM to adult social services or the police. Staff should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. Referral to the police must not be introduced as an automatic response when identifying adult women with FGM, and each case must continue to be individually assessed.

The member of staff should seek to support women by offering referral to community groups who can provide support, and for possible clinical intervention or other services as appropriate, for example through an NHS FGM clinic. The wishes of the woman must be respected at all times.

Talking about FGM

Good communication is essential when talking to individuals who have had FGM, or are affected by the practice. Professionals should ensure that they enquire sensitively about FGM. The topic of FGM may arise in a variety of settings, including in a care/home environment.

Talking about FGM can be difficult and upsetting. Care Workers may wish to speak with their supervisor if they are affected by what they have heard.

Adhering to key standards will enable professionals to hold conversations in a sensitive and appropriate way. These include:

- making the care of women and girls affected by FGM the primary concern, treating them as individuals, listening and respecting their dignity;
- working with others to protect and promote the health and well-being of those in their care, their families and carers, and the wider community; and

- being open and honest, acting with integrity and upholding the reputation of the profession.

When initiating a conversation about FGM, professionals should:

- ensure that the conversation is opened sensitively;
- be aware of the specific circumstances of the individual when a discussion about FGM needs to take place; and
- be non-judgmental

Information Sharing

When dealing with FGM, Careville Ltd continues to have regard to their wider responsibilities in relation to the handling and sharing of information. To safeguard children and vulnerable adults in line with relevant statutory requirements and guidance, it may be necessary to share information with other agencies or departments. To ensure effective safeguarding arrangements please read our Information Sharing Protocol.

Further Advice

Useful contacts are:

Foundation for Women's Health, Research & Development, 6th Floor 50 Eastbourne Terrace, London W2 6LX

Tel: 0207 725 2606

Website: www.forwarduk.org.uk

Key Points to Take Away

- FGM has been illegal in the UK since 1985. In November 2015, the Serious Crime Act strengthened legislation by adding extra requirements for health care professionals to report FGM.
- The member of staff should seek to support women by offering referral to community groups who can provide support, and for possible clinical intervention or other services as appropriate, for example through an NHS FGM clinic. The wishes of the woman must be respected at all times.
- Good communication is essential when talking to individuals who have had FGM, or are affected by the practice. Professionals should ensure that they enquire sensitively about FGM. The topic of FGM may arise in a variety of settings, including in a care/home environment.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director