

Female genital mutilation (FGM)

What do I need to know about FGM?

- FGM is deliberate cutting, injury or change to female genitals, with no medical reason
 - It's **illegal** in the UK, including if a girl is taken abroad for it, and is a form of child abuse
 - It happens for cultural, religious and social reasons
 - It's a form of honour-based abuse, where crimes are committed to protect or defend the honour of the family or community
 - Families might believe it's beneficial to a girl or in her best interests, which can mean a girl is less likely to raise concerns or talk about it
 - It can cause **long-term physical problems** (e.g., constant pain, repeated infections leading to infertility, and problems with sex, labour and childbirth) and **problems with mental health**
 - Girls are more at risk in the summer holidays, as this gives them time to "heal" before going back to school
 - It most commonly happens between the ages of 5 and 9
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Your duty to report FGM

Teachers have a statutory duty to report known cases of FGM on girls under 18 to the police. It's not enough to tell the DSL – you **must report it yourself**. You should make the report by the end of the next working day, and must make it within 1 month.

This duty applies if:

- A girl discloses to you that FGM has been carried out on her (if someone else tells you about FGM happening to a girl, the duty doesn't apply, but you must still report it to the DSL)
- You see visual signs

As a teacher, you might see signs if you're helping a young child in the toilet or changing. If this happens, make a report, but don't further examine the child yourself.

Even if you're not a teacher, you still have a duty to report it to the DSL as part of your safeguarding responsibilities.

What to look for

Signs that a girl might be at risk of FGM:

- She comes from a family with a history of FGM or from a community known to practice FGM (there are FGM-practising communities in many parts of Africa, the Middle East and Asia)

- She or her family have a limited level of integration within UK community
- Her family is not engaging with professionals or is already known to social care
- She is from an FGM-practising community and her family withdraws her from personal, social, health and economic education or relationships and sex education
- You hear references to FGM in conversation
- She confides she is going to have a special procedure or attend a special occasion to become a woman, or her friends share something similar
- She talks about a long holiday to a country where FGM is prevalent, or her parents talk about taking her out of the country for a long period
- She is unexpectedly absent from school

Signs that a girl may have undergone FGM – she:

- Asks for help
- Confides that FGM has taken place – this could be the girl or a family member
- Has difficulty walking, sitting or standing, or looks uncomfortable
- Finds it hard to sit still for long periods of time, and this wasn't a problem previously
- Has been absent from school or college repeatedly or for a prolonged period of time
- Is withdrawn or depressed, there's significant change in her behaviour, or she has other increased emotional and psychological needs
- Talks about pain or discomfort between her legs
- Spends longer than normal in the bathroom or toilet
- Avoids PE and exercise
- Has frequent urinary, menstrual or stomach problems

What to do

If you have concerns that FGM has happened or might happen, speak to the DSL (or deputy) as soon as possible, and make a written record. **Don't** examine a pupil yourself.

Known cases of FGM

Teachers must personally report known cases to the police and tell the DSL (or deputy).

If you're not a teacher, report it to the DSL (or deputy) as soon as possible, and make a written record.

To make a report to the police, call 101, and be ready to give the call handler the information on page 7 of this document: <https://bit.ly/39gW9GZ>

You'll be given a reference number for the call – make sure you keep a note of this.