

Child protection: FGM

Since November 2015 it has been mandatory for health professionals to report incidents of female genital mutilation (FGM) to the police. *BDJ Team* spoke to **Sandra Robinson**, Helpline Team Manager at the NSPCC, to find out more.

Introduction

In November 2015, John Cameron OBE, Head of Helplines at the National Society for the Prevention of Cruelty to Children (NSPCC), released a statement regarding Female Genital Mutilation (FGM). The UK Government has now made it mandatory for health and social care professionals and teachers to report incidents of FGM to the police. The NSPCC is keen to ensure children are protected from FGM and that victims are identified, protected and supported and that offenders are brought to account. It believes that adults and professionals have a key role to play in encouraging and supporting children to come forward.

FGM has been illegal in the UK since 1985, but as yet no one has been found guilty of it. The NSPCC set up an FGM helpline in summer 2013 as it became aware that

other child protection concerns within the family and a professional who suspects a child has undergone the practice can often debate whether to report what's happened given they

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the FGM issue often poses a dilemma for professionals in health related roles. FGM is a complex form of abuse – often there are no

think harm has already been done.

Since launching, the NSPCC FGM helpline has received over 900 contacts from the

Q&A with Sandra Robinson, NSPCC**1. Are you aware of any calls being made to the FGM helpline from dental professionals?**

We have not had specific calls from dental professionals; however, the helpline does receive calls from a variety of professionals who have wanted further information, advice and guidance or to discuss specific concerns for a child. This has also included calls about the Mandatory Duty to report and from professional such as nurses who are meeting with a woman who they suspect may have had FGM and just want to talk through how to have that conversation.

2. Are there areas of the UK where FGM practices are known to be more commonly carried out?

FGM can happen anywhere in the UK.

However, there are large populations of practising communities in:

- London
- Cardiff
- Manchester
- Sheffield
- Northampton
- Birmingham
- Oxford
- Crawley
- Reading
- Slough
- Milton Keynes.¹

order for there to be sufficient time for her to recover before returning to her studies.

FGM performed in this country would be in private home environments and is therefore not carried out under medical procedure or by trained professionals. It is illegal to perform FGM in the UK, to assist a girl to perform FGM on herself or to assist in facilitating a child who is UK national or permanent resident to have FGM performed in another country.

4. Would you recommend that dental practices display FGM posters/helpline numbers on their walls?

Yes, for a number of reasons. It should be displayed in professional areas so any member of staff can contact if they want more information or have a concern for a child. It should also be displayed in public waiting areas so anybody who attends the surgery is aware there is help and support out there should they need it. The FGM helpline is there for everyone.

5. If dental professionals have concerns about a patient and suspect FGM, what is the first step they should take?

If a child discloses (this is any female under 18) they have had FGM or, on routine clinical examination you believe FGM has been practised on a child, then you need to inform the police as part of the Mandatory Reporting procedures under the Serious Crime Act 2015.

'IS IT BELIEVED THAT FGM HAPPENS TO BRITISH GIRLS IN THE UK AS WELL AS OVERSEAS (OFTEN IN THE FAMILY'S COUNTRY OF ORIGIN)...?'

public and professionals and over 300 have been so serious they have been referred onwards to children's services and the police. One example of a call involved a doctor who called anonymously with a concern about a patient. The patient's father was preparing for his daughter to visit Somalia, but wouldn't give the doctor any details about why she was going there. The patient and family's details were then passed on to local children's services to follow up.

The NSPCC believes that any parent who has allowed FGM to happen to their child needs not only to be brought to account for their action but their attitudes and beliefs need to be challenged. FGM is traumatic for every victim and it is essential that the NSPCC provides psychological support for the women and girls who have gone through it and that it works to best assess any further risks to children within the same family.

Girls are more at risk if FGM has been carried out on their mother, sister or a member of their extended family.²

A study in 2015 reported that no local authority area in England and Wales is likely to be free from FGM entirely and that women and girls from affected communities in areas with lower known cases may be more isolated and in need of targeted support.

3. In the UK where is FGM usually carried out?

It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in summer, in

This will usually be through calling 101 but if the injury is recent or the child is in imminent danger then use 999. Be prepared to give your name, contact details and professional role; you will also need to give the name, date of birth and address details for the child. Remember to contact the safeguarding lead for your organisation in addition to reporting to the police, and take the police reference number so you can share this with them also. The duty is an individual duty and must be reported by the person who has identified the issue. Timescale should be as soon as possible but should certainly be within 24 hours although in some circumstances a longer delay may be acceptable, however, remember the safety of the girl or others at risk must always be the priority.

If you have concerns the FGM may have taken place or been told by someone other than the child then you would follow your organisation's normal safeguarding procedures and consider a report to children's services and/or police. This is the same as you would do for any safeguarding concern.

In general it is always good to keep families informed and involved when you are addressing concerns for a child, however, if in doing this you are putting that child or other siblings at risk do not discuss with the family and take advice from your designated safeguarding lead.

Information on what could be included in local procedures can be found in new statutory multi-agency guidance on FGM published (1 April 2016) on page 50, section D2.2.³

6. If you want to know more about FGM are there any free resources available?

e-Learning for all professionals (including teachers, police, border force staff, and health visitors), developed by the Home Office, is available at www.fgmelearning.co.uk.

Health Education England offer e-learning, free to access by health and social care professionals, at www.e-lfh.org.uk/programmes/female-genital-mutilation/.

7. Do you have any other general advice for dental professionals working in communities with a high proportion of residents from countries where FGM is common?

As well as the FGM helpline the NSPCC helpline 0808 800 5000 is available 24/7 to discuss concerns for a child on any issue. There is also an email address help@nspcc.org.uk.

I would also recommend the NSPCC website www.nspcc.org.uk this has loads of really good information on FGM and a range of other issues such as Underwear Rule Campaign (how to talk to children about their privates staying private), Share Aware and Net Aware (raising awareness of online safety, information about apps used by children and how you can talk to your child about staying safe online).

You can also sign up to the NSPCC Library service and get regular safeguarding updates. You can do this through the NSPCC website >Research and Resources > Sign up for CASPAR.

1. NHS Choices. Female genital mutilation. 27 June 2014. Available at: <http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/>



“ I was cut when I was little. I’ve grown up believing that the pain it’s caused is normal. ”

Female genital mutilation, or ‘cutting’, is violent, painful and can cause problems that last a lifetime. It is child abuse and it is illegal. Every girl has the right to a life free from FGM.

You can help stop it. For advice and support, call us.
FGM helpline:
0800 028 3550
 Free. 24/7. Anonymous.
nspcc.org.uk/fgm

NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

- Introduction.aspx (accessed April 2016).
- 2. Home Office and Department for Education. Female genital mutilation: multi-agency practice guidelines. 20 April 2011. <https://www.gov.uk/government/publications/female-genital-mutilation-guidelines> This guidance has been superseded by new guidance.³
- 3. Home Office, Department for Education and Department of Health. Multi-agency statutory guidance on female genital mutilation. 1 April 2016. Available at: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation> (accessed April 2016).

If you think someone is potentially at risk of FGM or you want to report a concern/need advice please contact the NSPCC helpline on 0800 028 3550 or email fgmhelp@nspcc.org.uk – you can remain anonymous if you wish. Alternatively if you know a child who is concerned about FGM – please encourage them to call ChildLine on 0800 1111 anytime.

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