

FEMALE GENITAL MUTILATION AND THE MANDATORY REPORTING DUTY - AN UPDATE

This article looks at the responsibility of GPs and healthcare professionals to report concerns surrounding female genital mutilation

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Female Genital Mutilation (FGM), also termed ‘cutting’ and ‘female circumcision’, and known by a range of colloquial terms in communities that perform FGM, is a harmful practice, and an abuse of women and girls. FGM is illegal in England, Wales and Northern Ireland, under the FGM Act 2003. In Scotland it is illegal under the Prohibition of FGM (Scotland) Act of 2005. More than 200 million women and girls worldwide are estimated to have suffered Female Genital Mutilation, and 137,000 women and girls in England and Wales are thought to be FGM survivors.

FGM is defined as comprising all procedures involving the partial or total removal of the external female genitalia for non-medical reasons, and therefore includes not only FGM practised for cultural and ethnic reasons, but also genital piercing, genital tattooing and female genital cosmetic surgery carried out for non-medical reasons.

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In 2014, the Home Affairs Select Committee on FGM highlighted that there had been no convictions for the offence of FGM, and addressed the need to change the law in order to “improve child protection and increase the likelihood of a successful prosecution”.

Soon after, The Serious Crime Act (2015) became law. This Act enhanced legislative powers in helping to end FGM in England and Wales, with additional provisions amending the FGM Act 2003, one being the FGM Mandatory Reporting duty. The duty

came into force on 31st October 2015, and requires regulated health and social care professionals, and teachers in England and Wales, to report ‘known’ cases of FGM in young women and girls under the age of 18 years, which are identified in the course of their professional work, to the police via the 101 (non-emergency) telephone number. The law requires that the regulated professional explain why a report is being made, and identify the girl or young woman.

‘KNOWN’ cases are defined for the purposes of the Mandatory Reporting duty as either or both of the following:

1. **DISCLOSURE:** The under 18-year-old girl or young woman informs the regulated professional, using any accepted term for FGM, that an act of FGM has been performed on her. If another individual, including a parent/carer/sibling, reports that FGM has been carried out this duty does not apply;

and/or:

2. **IDENTIFICATION:** The regulated professional has observed physical signs consistent with FGM. The duty does not require a **full** clinical diagnosis confirming FGM before a report is made, and you are not required to undertake a genital examination for these purposes.

While the legislation allows for a report to be made within a month of FGM being disclosed or identified, best practice is for a report to be made no later than the end of the next working day. A report may be delayed, for example, if it may lead to an increased safeguarding risk to the child or others, and advice from colleagues is required prior to making a report. The safety of the child or young adult is of paramount importance. It may not always be safe to inform a child and/or family that a report will be or has been made, in case this leads to an increased risk of serious harm to the child or others. If there is a risk to life or likely serious imminent harm, the case should be

reported to the police immediately, including calling 999 if indicated.

Reporting FGM under the duty does not breach patient confidentiality regulations. This is a personal duty, hence, the professional who has identified FGM must make the report, and cannot transfer this duty. Failure to make a report is not a criminal offence and would be considered by the professional's regulatory body, and may lead to disciplinary proceedings.

For the duty to apply, the girl or young woman must be under 18 at the time that FGM is either disclosed or observed by the regulated professional. The duty does not apply to a risk of FGM or to suspected cases of FGM in women over 18. For all cases, whether they fall into the duty or not, professionals must follow local safeguarding procedures. Cases that do not fall within the duty, whether due to suspected FGM, or a risk of FGM, in women and girls of any age, may in some instances, require police involvement.

The Mandatory Reporting Duty is not to be confused with the requirement for healthcare providers to make an anonymous report of FGM cases to the HSCIC (Health and Social Care Information Centre) for the purposes of gathering statistics and data regarding FGM.

Reporting FGM under the duty does not breach patient confidentiality regulations

There are about 1,300 101 call handlers in London, and therefore, bearing in mind that calls to make an FGM mandatory report are infrequent, a consistent response cannot be assured, and there have been occasions when uniform officers have been sent to respond to mandatory report calls. In order to ensure that a proportionate response takes place, it is important to convey to the 101 call handler the current level of risk to the child and others (such as siblings). The police will initiate the multi-agency response, in accordance with local safeguarding arrangements. If the police considers the case to be an emergency, action may be taken prior to the multi-agency response. The police will liaise with social care before taking action.

Although national figures are not readily available, between 31st October 2015 and 28th February 2017, 44 mandatory reports were made in London to the Metropolitan Police Service, of which the majority were made by healthcare professionals. Somalia represented the most common country of origin of young women and girls' reported under the duty, and the majority of

reports related to 15-17 year olds. Many reports have related to historic incidents of FGM.

Healthcare professionals have voiced concerns regarding the potential repercussions of the mandatory reporting duty, including the negative impact it may have on their relationships with patients and their families, and the potential consequences of a report for children and their families, such as children being taken into care.

Bearing in mind these concerns, the figures may go some way in reassuring professionals. Thirty-eight of the 44 mandatory reports have resulted in these cases being closed, with no further action being taken by the Police. Four are still under investigation, and in two cases safeguarding actions have led to the implementation of child protection plans within the family unit.

To date, there have been no convictions in England and Wales for the crime of FGM. Healthcare professionals manage the needs of many patients suffering with the complications of FGM, both physical and psychological, and, as such, are well placed to

STATEMENT FROM THE METROPOLITAN POLICE

The introduction of mandatory reporting of FGM has been a positive learning process for both police and health. The duty has altered the information sharing dynamic between police and regulated professionals.

Project Azure (MPS) has worked collaboratively with health partners to raise awareness of the duty to report; to increase understanding of the nuanced role of the police in tackling FGM and to ensure that the mandatory reporting duty is seen by regulated professionals as a positive process that helps safeguard children.

To achieve this, the MPS has taken a proactive approach to sharing anonymised information on mandatory reports received. We have also introduced a feedback loop (at the request of health partners), so those making the reports are informed as to what happens next. This information is also shared with NHS England and the Department of Education so that we can develop a better picture of whether all the reports that should have been made, have been. Police are keen to enhance the confidence of professionals and communities to share intelligence on FGM. One of the biggest barriers to securing a conviction is that a child is likely to have to give evidence against a parent or close relative. With a better understanding of how FGM is practised (by whom, when, how and where), police have the opportunity to both prevent it happening and prosecute those who commit this life changing child abuse.

FGM is a hidden crime and there are many barriers to tackling it. Sharing information between partners helps safeguard the vulnerable.

To date there have been no convictions in England and Wales for the crime of FGM

identify FGM, and make a mandatory report of this all too often hidden crime, with a view to contributing to the goal of one day ending this form of abuse against women and girls.

References

1. <https://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20107.htm>
2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525405/FGM_mandatory_reporting_map_A.pdf
3. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf
4. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

NEW WORKSHOP ON DELIVERING OUT-OF-HOURS CARE

Dr Sharon Raymond will be hosting a one-day event on the 'Golden Rules of GP Out of Hours and Urgent Care' in London on 27th June.

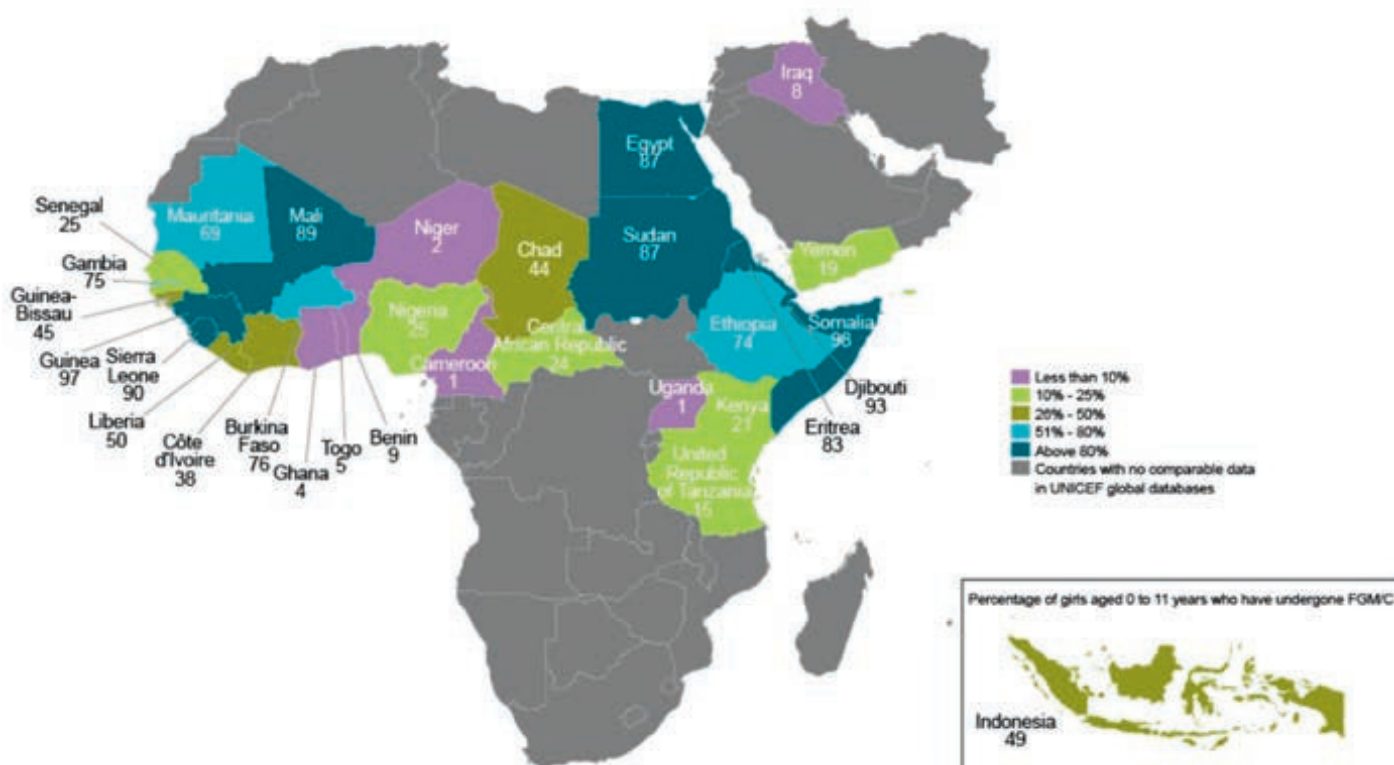
This training day, which will include a speaker from the General Medical Council, will cover the principles, pitfalls, challenges and guidance for clinicians working in the unscheduled primary care setting, covering the different modes of working – telephone triage, home visits, primary care centre and urgent care centre work. Designed specifically for clinicians working, or planning to work in, the out of hours and urgent primary care setting, this training day will address the learning from common complaints and will equip you with the golden rules of working in this potentially challenging environment.

For more information visit <http://bit.ly/2pXwnnj>

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DC 9773 Gillian Squires – FGM Subject Matter Expert, West Midlands Police Service

PREVALENCE OF FGM AMONG WOMEN AGED 15-49 IN AFRICA AND THE MIDDLE EAST⁴



MULTI-AGENCY STATUTORY GUIDANCE ON FEMALE GENITAL MUTILATION

In 2016, the government published multi-agency guidance on female genital mutilation. The guidance is intended for use by all persons and bodies in England and Wales who are under statutory duties to safeguard and promote the welfare of children and vulnerable adults.

The guidance replaces the female genital mutilation: guidelines to protect children and women (2014) guidance, and is designed to work alongside the *Working Together to Safeguard Children* (2015) document in England, and the *Safeguarding Children: Working Together under the Children Act 2004* (2007) in Wales.

The document includes a list of professional bodies whose members will be required to mandatorily report FGM, including:

- Health and social care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care (with the exception of the Pharmaceutical Society of Northern Ireland). This includes those regulated by the:
 - General Chiropractic Council
 - General Dental Council
 - General Medical Council
 - General Optical Council
 - General Osteopathic Council
 - General Pharmaceutical Council
 - Health and Care Professions Council (whose role includes the regulation of social workers in England)
 - Nursing and Midwifery Council
- Teachers - including qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions, and, in Wales, education practitioners regulated by the Education Workforce Council
- Social care workers in Wales.

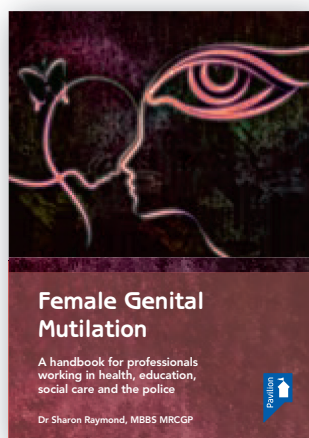
Procedural information regarding the process of mandatory reporting can be found here: <http://bit.ly/2qJbxtx>

For more information on the multi-agency statutory guidance on female genital mutilation visit <http://bit.ly/1Y3Mo30>

Female Genital Mutilation

A handbook for professionals working in health, education, social care and the police

Dr Sharon Raymond, MBBS MRCP



Female genital mutilation (FGM) is illegal in the UK and is a form of abuse against women and girls. The practice confers no health benefits but instead causes health risks and implications.

This handbook will provide health professionals with the knowledge and skills to identify when FGM has taken place, what the health implications may be and furthermore enable them to detect any risk indicators signalling FGM may be about to happen.

Dr Sharon Raymond has worked as a doctor in primary and secondary care, including in prison and army settings, both in the UK and internationally. She is a medical lead for Care

UK primary care out of hours service in North West London and Safeguarding Adults and Children Subject Matter Expert for Care UK, nationally.

Content includes:

Part One: An introduction to FGM

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Part Three: Risk assessment, management and safeguarding

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