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Title	Female Genital Mutilation – A Guide to Investigation
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Female Genital Mutilation

Aid to Investigators

Introduction

The Metropolitan Police is charged with safeguarding children and making London safe for children and young people. This document provides instructions with regard to dealing with all incidents of Female Genital Mutilation.

Aim

This document is not intended as an exhaustive investigative guide but as an information aid for officers

Application

All Police Officers and Police Staff, including the extended Police Family and those working voluntarily or under contract to the MPA must be aware of, and are required to comply with, all relevant MPS policy and associated procedures.

However, this policy applies in particular to officers and staff in the following roles:

- Child Abuse Investigation Command
- Community Safety Units
- Missing Persons Teams
- Sapphire Units
- All police officers and police staff who in the course of their duty deal or come into contact with children and young people

NB: This list is not intended to be exhaustive

These SOPS are to be read in conjunction with The London Safeguarding Children Board document “Safeguarding Children at Risk of Abuse through Female Genital Mutilation” and the current London Child Protection Procedures.

Definition

Female genital mutilation (FGM), often referred to as 'female circumcision' or 'cutting', comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

There are different types of FGM known to be practised today. They include:

FGM Type 1 - removal of clitoral hood with or without removal of the clitoris.

FGM Type 2 - removal of the clitoris and partial or total removal of the labia minora (vaginal lips).

FGM Type 3 - removal of the clitoris, labia minora and majora and the stitching of the vagina leaving a 1 – 2 cm opening.

FGM Type 4 - pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterisation by burning of the clitoris and surrounding tissue.

(Definition: World Health Organisation)

Background Information

The majority of cases of FGM are carried out, or originate in communities from 28 African Countries (such as Somalia, Sudan, Sierra Leone and others in the Horn of Africa) but it is also practiced among Muslim populations in parts of Malaysia, Pakistan, Indonesia and the Philippines and Iraq. It is believed to affect 138 million females around the world, and an estimated 66,000 females in the UK. As a result of immigration and refugee movement, some ethnic minority populations in Europe, including the UK, are now practising FGM.

There is no religious basis for FGM. The Bible, Qur'an, Torah and other holy books do not advocate FGM.

The procedure of FGM varies within practicing communities within each country but generally it is carried out in non-sterile conditions, using blunt or non-medical instruments and without anaesthetic.

The procedure is typically performed on girls aged between four and thirteen, but in some cases is performed on newborn infants or on young women before marriage or before child-bearing age.

The short and long-term health implications for a child suffering the FGM procedure can be severe to fatal, depending on the type carried out, but can include both physical and psychological injury.

Legislation

Female Genital Mutilation Act 2003

Section 1 - A person is guilty of an offence if he/she excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris.

Section 2 – A person is guilty of an offence if he/she aids, abets, counsels or procures a girl to carry out FGM on herself

Section 3 – Makes it an offence for a person in the UK to aid, abet, counsel or procure the performance outside the UK of FGM that is carried out by a person who is not a UK National or permanent resident. So the person who, for example, arranges by telephone from England for his UK national daughter to have FGM carried out abroad by a foreign national (who does not live permanently in the UK) commits an offence.

Section 4 – Extends sections 1, 2 and 3 of the Act so that any of the prohibited acts done outside the UK by a UK national or permanent UK resident will be an offence under UK law and triable in the courts of England, Wales and Northern Ireland. (Scotland has separate legislation – the Prohibition of Female Genital Mutilation (Scotland) Act 2005.)

By virtue of section 8 of the Accessories and Abettors Act, it is also an offence for:

- a person in the UK; or
- a UK national or permanent UK resident outside the UK

To aid, abet, counsel or procure a UK national or permanent UK resident to carry out FGM outside the UK. For example, if a person in the UK advises his UK national brother over the telephone how to carry out FGM abroad, he is guilty of an offence.

The effects of the extension of section 2 is that it is an offence for a UK national or permanent UK resident outside the UK to aid, abet, counsel or procure a person of any nationality to carry out FGM on herself wherever it is carried out.

The effect of the extension of section 3 is that it is an offence for a UK national or permanent UK resident outside the UK to aid, abet, counsel or procure a foreign national (who is not a permanent UK resident) to carry out FGM outside the UK on a UK national or permanent UK resident. For example, a permanent UK resident who takes his permanent UK resident daughter to the doctor's surgery in another country so that FGM can be carried out, is guilty of offence.

Note: Under the Act the term 'girl' includes 'woman'. Therefore any female on whom FGM is carried out comes within the definition of 'girl' regardless of her age.

There are defences with regard to this Act. No offence is committed by an approved person (ie. midwife or medical practitioner or person training to fulfil these roles) if they perform such a surgical procedure necessary for the girl's physical or mental health or in relation to a birth or labour.

The penalty for FGM is up to 14 years imprisonment and/or a fine on conviction on indictment; and up to 6 months imprisonment and/or a fine (not exceeding the statutory maximum) on summary conviction.

Under the Children's Act 1989 Local Authorities can apply to the Courts for various Orders to prevent a child being taken abroad for mutilation (i.e. prohibited steps orders)

Police Response [\(please also refer to flow chart\)](#)

1. A child at risk of FGM

Indications that FGM may be about to take place include:

- The family come from a community that is known to practise FGM.
- Parents state that they or a relative will take the girl out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.
- The girl may confide that she is to have a "special procedure" or to attend a special occasion or celebration for her.
- Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family.

The above list is not exhaustive

Initial steps

If any Police Officer or members of Police Staff believe that a child may be at risk of undergoing FGM, an immediate referral should be made to their local Child Abuse Investigation Team (CAIT). If this is outside the core hours, the SCD Reserve Desk must be made aware of any concerns. The CAIT will in turn make an immediate referral to the local Children's Social Care Team.

If any Officer believes that the child could be at immediate risk of significant harm they should consider the use of Police Protection Powers under S46 Children's Act 1989.

Officers should carry out the following actions;

- Complete appropriate checks
- Create MERLIN PAC entry
- Risk assessment/Risk management plan
- Crime Report using Flag "PG"
- All Officers must inform their supervisor, who must be at least the rank of Inspector.
- CAIT Officers should ensure that the on-call SCD5 Superintendent is made aware of the referral

All Officers and staff must consider whether this could be a Critical Incident and deal with the matter accordingly.

Next steps

As a Section 47 Children's Act investigation, EVERY referral with regard to FGM must generate a strategy meeting with Police, Children's Social Care and the referrer (e.g. school) as soon as practicable (and in any case within 48 hours). Consider, also, attendance by a representative from Health.

Ensure that minutes are taken at the meeting and decisions are recorded on Form 3542 (Substantive Strategy/Planning Meeting record)

The first consideration should be informing the parents of the law and the dangers of FGM. This can be done by representatives from schools, social services, health professionals and/or police. It is the duty of all professionals to look at every possible way that parental co-operation can be achieved, including the use of community organisations to facilitate the work with the parents/family.

If there is any suggestion that the family still intend to subject that child to FGM, the first priority is the protection of the child and the least intrusive legal action should be taken to ensure the child's safety. Officers should consider the use of police protection powers under s46 Children Act 1989 and removing her to a place of safety. In addition, Children's Social Care should consider the use of a Prohibitive Steps Order or Emergency Protection Order.

The welfare of other children within the family in particular female siblings should be reviewed.

The investigation should be the subject of regular ongoing multi-agency reviews to discuss the outcome and any further protective steps that need to be taken with regard to that child and any other siblings.

2. Child where FGM has taken place

If any Police Officer or Police Staff is made aware that a child has already undergone FGM an immediate referral should be made to their local Child Abuse Investigation Team (CAIT). If this is outside the core hours, the SCD Reserve Desk must be made aware of any concerns The CAIT will in turn make an immediate referral to the local Children's Social Care Team.

Officers should carry out the following actions;

- Complete appropriate checks
- MERLIN entry
- Risk assessment/Risk management plan
- Refer to Children's Social Care unless they were the referrer
- Crime Report using the flag "PG"
- All Officers must inform their supervisor, who must be at least the rank of Inspector.
- CAIT Officers should ensure the on-call Supt. is made aware of the referral

All Officers and staff must consider whether this could be a Critical Incident and deal the matter accordingly.

Child Abuse Investigation Team Officers

If it is believed or known that a child has undergone FGM a Strategy meeting must be held as soon as practicable (and in any case within 48 hours) to discuss the implications for the child and the coordination of the criminal investigation. There is a risk that the fear of prosecution will prevent those concerned from seeking help resulting in possible health complications, thus Police action will be in partnership with other agencies and communities. This should also be used as an opportunity to assess the need for support services such as counselling and medical help as appropriate.

ABE Interview

As with all criminal investigations children and young people should be interviewed under the relevant procedures/guidelines (e.g. ABE) to obtain the best possible evidence for use in any prosecution. Consent should be obtained allowing the use of the interview in both family and/or criminal courts. Additionally information gained from the interview process will enable a risk assessment to be conducted as to the risk to any other children/siblings.

Medical Examination

Corroborative evidence is to be sought through a Medical examination conducted by a qualified Paediatrician/Doctor and consideration is to be given as to a specialist FGM Nurse being present during any such examination. Where a child refuses to be interviewed or undergo medical examination, assistance is to be sought from an intermediary or community organisation.

A girl or young person that has already undergone FGM should be offered counselling and medical help as appropriate. Police officers may want to refer to the CPS guidance document entitled Provision of Therapy for Child Witnesses Prior to a Criminal Trial or visit the weblink <http://www.cps.gov.uk/publications/prosecution/therapychild.html>

A second strategy meeting should take place within 10 working days of the initial referral.

The Investigative Strategy should consider identifying established excisors (people who carry out FGM for payment or otherwise) and investigating these with a view to identifying further victims and closing down these networks within the MPS and beyond, where children in London are affected.

3. Adult Female has undergone FGM

If any Police Officer or Police Staff is made aware that an adult female has undergone FGM, a multi-agency meeting must be convened to consider the risks to the woman. This meeting should discuss any potential risk to any girls within the family (and extended family) and consider initial and core assessments of those girls. It should also consider providing supportive Services for the woman, including counselling and medical assistance.

Issues relevant to Investigation of Offences

The reasons behind FGM are complex, and can vary from community to community. However despite the very severe health consequences, parents and others who have this done to their daughters do not intend it as an act of abuse. They genuinely believe that it is in the girls best interests to conform to their prevailing traditional practice.



FGM is firmly embedded in the culture of the practising communities who may resent what they perceive as the imposition of western values on them. The act of FGM constitutes significant harm and is physically and emotionally abusive. FGM is not a matter that can be left to be decided by personal preference or tradition; it is an extremely harmful practice, which violates the most basic human rights.

FGM is child abuse and against the law. Officers should not let fears of being branded racist weaken their investigative strategy. Although officers should consider and research cultural matters around this issue, FGM investigation should be robust and enforce the law.

Information Sharing

Professionals in all agencies should share information in line with Information Sharing in the current London Child protection Procedures.

Associated Documents and Policies

London Safeguarding Children Board – Safeguarding Children at Risk of Abuse through Female Genital Mutilation

<http://www.londonscb.gov.uk/files/procedures/LondonFGMProcedureFinalDoc.doc>

Home Office Circular 10/2004 – The Female Genital Mutilation Act 2003

<http://www.londonscb.gov.uk/files/procedures/LondonFGMProcedureFinalDoc.doc>

SCD5 – Child Abuse Investigation Command Policy

http://intranet.aware.mps/SC/Child_Abuse_Investigation/Documents/Policys

Working together to safeguard Children

<http://www.everychildmatters.gov.uk>

For assistance with regard to all other aspects of FGM, including details of Clinics and Therapeutic services, contact:

Foundation For Women's Health Research & Development (FORWARD)

765 – 767 Harrow Road, London NW10 5NY

020 8960 4000 or www.forward.org.uk

Other Support Groups

Agency for Culture and Change Management Sheffield (ACCM)

St Jude's, 14 - 18 West Bar Green, Sheffield S1 2DA

0114 2750 193 or www.accmsheffield.org or info@accmsheffield.org

FGM National Clinical Group
c/o University College London Hospital NHS Trust
Elizabeth Garret Anderson and Obstetric Hospital
Huntley Street, London, WC1E 6DH
info@fgmnationalgroup.org

Black Women's Health & Family Support
82 Russia Lane, Bethnal Green, Middlesex, London, E2 9LU
020 8980 3503

AFRUCA (Africans Unite Against Child Abuse)
Unit 436, 3D/F Leroy House, 436 Essex Road, London, N1 3QP
020 7704 2261

Metropolitan Police Service

For further assistance with Investigations or this Policy, please contact:
Project Azure - Child Abuse Investigation Command.
020 7161 2888 SCD5mailbox-Azure@met.police.uk



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