

USEFUL CONTACTS

If you are concerned or worried about yourself or your friends, please contact:

0116 305 0005 (Leicestershire)

0116 454 1004 (Leicester City)

01572 758 407 (Rutland)

You can access Chapter 2.21 Safeguarding Children at Risk of Abuse through Female Genital Mutilation (FGM) of the LLR Safeguarding Children Boards Procedures Manual here:

http://lrsrb.proceduresonline.com/chapters/p_fgm.html

The NSPCC run a FGM helpline. It is free, anonymous and available 24/7:

0800 028 3550

Or you can email the NSPCC:
fgmhelp@nspcc.org.uk

For more information, you can visit the NSPCC's website:

www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm

When the school holidays are approaching, suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad or in the UK. If any agency becomes aware of a child who may have been subjected to or is at risk of FGM, they must make a referral to Children's Social Care (see 1.3.1 Referrals to Children's Social Care Services Procedure: <https://goo.gl/Uay7Ng>).

All professionals need to consider whether any other indicators exist that FGM is being planned or has already taken place.

For example:

- Preparations are being made to take a holiday – arranging vaccinations or planning an absence from school
- The child has changed in behaviour after a prolonged absence from school
- The child has health problems, particularly bladder or menstrual problems
- You are aware of women in the family who have had the procedure and this may prompt concern as to the potential risk of harm to other female children.

Acknowledgments:

Text adapted from NHS Bristol Public Health leaflet

Picture on front cover: Amnesty International (Sweden)

FEMALE GENITAL MUTILATION



INFORMATION
LEAFLET

What is Female Genital Mutilation (FGM)?

Female Genital Mutilation (FGM) is any procedure which involves the partial or complete removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Many believe that FGM is necessary to ensure acceptance by their community. However, this custom is against the law in the UK and many other countries.

Female Genital Mutilation and The Law

All types of FGM have been illegal in the UK since the 1985 Female Circumcision Prohibition Act. The Female Genital Mutilation (FGM) Act 2003 updates and extends the original act.

It is 'an offence to take UK nationals and habitual residents overseas for the purpose of circumcision, to aid and abet, counsel or procure the carrying out of Female Genital Mutilation (all types of circumcision). It is illegal for anyone to circumcise women or children for cultural or non-medical reason'. Re-infibulation is also illegal: women will not be sewn back up following child birth.

There is now anonymity for victims of FGM. FGM Protection Orders can be obtained.

A person convicted of an offence under the FGM Act 2003 is liable to imprisonment for up to 14 years.

It is an offence to fail to protect a girl under 18 at risk of FGM.

There is a duty for health professionals, teachers and social workers to notify the Police of known cases of FGM.

Types of FGM

There are many variations of FGM that broadly come under four types:

Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type 2: Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora (excision).

Type 3: Narrowing of the vaginal orifice with creation of a covering seal by cutting and bringing together (sewing) the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type 4: All other types of harmful traditional practices that mutilate the female genitalia, including pricking, cutting, piercing, incising, scraping and cauterisation.

Who is at risk of FGM?

FGM is mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women.

It can also be classed as Honour Based Violence.

Practising communities include (but are not exclusive to) Eritrean, Ethiopian, Indian, Nigerian, Peruvian, Russian, Sierra Leonean, Somalian and Sudanese.

These countries have significant populations that practise a variety of religions which are often used to justify the practice of FGM. However, this is a mistaken belief as FGM is primarily a social practice, not a religious one.



**Protecting Children
– Not everyone's
occupation, but
everybody's
responsibility!**

Health Implications

Short term health implications include: severe pain and shock; broken limbs (from being held down); infection; increased risk of HIV and AIDS; urine retention; injury to adjacent tissues and immediate fatal haemorrhaging.

Long term health implications include: uterus, vaginal and pelvic infections; cysts and neuromas, infertility, increased risk of fistula, complications in pregnancy and child birth; sexual dysfunction; difficulties in menstruation; considerable psycho-sexual, psychological and social consequences; trauma; flashbacks and depression.

An estimated 10% of victims die from short term effects and 25% from recurrent problems.

What can you do?

If you are concerned that a girl is at risk of FGM, this must be shared with Children's Social Care or the Police.

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