

Female Genital Mutilation (FGM)



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The age at which girls undergo FGM varies enormously according to the community, however the average age of those at risk is between 5 and 8 years. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during a first pregnancy. Communities often call the procedure cutting or female circumcision but some local or religious terms are also used, such as sunna, gudniin, halalays, tahur, megrez and khitan among other names.

FGM is illegal in the UK and is a form of child abuse. It is also illegal to send or take a child to another country to have any FGM procedure performed, and to help someone carry out FGM in any way.

Communities that practise FGM are found in many parts of Africa, the Middle East and Asia. Girls and women whose families originate from practising communities are at greater risk of it happening to them.

There are families residing in Lancashire who originate from such communities, for example: Egypt; Eritrea; Ethiopia; Gambia; Guinea; Kenya; Liberia; Malawi; Nigeria; Pakistan; Somalia; and Sudan.



TYPES OF FGM

FGM has been categorised into four types:

- **Type 1:** removing some or all of the clitoris
- **Type 2:** removing some or all of both the clitoris and the labia minora (inner ‘lips’) and sometimes the labia majora (outer ‘lips’)
- **Type 3:** Infibulation: narrowing of the vaginal opening creating a covering seal after the removal of all or some the female genitalia, including the clitoris.
- **Type 4:** all other types of harm, including cutting, burning, scraping, piercing, pricking and stretching the female genitals.

It is usually a girl's parents or extended family who arrange for her to have FGM. Reasons for doing it are complex and shrouded in myth, religion and tradition, controlling female sexuality without medical foundation.

There are no religious doctrines that support or encourage FGM, however religion may be given as an excuse for the procedure to take place. Other reasons can include: custom; preserving tradition; preserving virginity; cleanliness; protecting family honour; and social acceptance, especially in relation to marriage.

The justification for the continuation of FGM is often based on misunderstanding or lack of awareness.

HEALTH IMPLICATIONS

FGM causes serious harm to girls and women, some girls die from blood loss or infection as a direct result of the procedure. Women who have had FGM are also likely to experience difficulty in childbirth.

- constant pain
- pain and/or difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses or incontinence
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life-threatening for mother and baby
- Possible increase risk of blood infections such as hepatitis B and HIV



SIGNS TO BE AWARE OF

The following may be signs that a girl or a woman may be at risk of, or has undergone FGM:

- A female child in a family where other females have undergone FGM;
- The family is from a nation, region or community in which FGM is practised;
- Strong levels of influence by elders and/or elders are involved in bringing up female children;
- Family elder (non-related ‘cutter’) visiting from a country of origin;
- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
- The child talks of a ‘special ceremony’ that is going to happen;
- Sudden or repeated failure to attend or engage with health and welfare services or very reluctant to undergo genital examination;
- A girl from a practising community is withdrawn from Sex and Relationship Education.



Girls who have undergone the procedure may have difficulty walking, standing or sitting for long periods, and may spend longer time in the bathroom or toilet. They may display unusual behaviour after an absence from school or college, or appear withdrawn, anxious or depressed.

WHAT TO DO

Multi-agency statutory guidance for FGM and **Working Together 2015 guidance** highlights the need to safeguard and promote the welfare of children and adults at risk.

If someone is in **immediate danger** of FGM contact the **Police** immediately by dialling **999**, and ensure immediate safety as appropriate.

If you're concerned that someone may be **at risk** of FGM, contact **Children's Social Care** or **Adults Social Care (if over 18)** in your area to report your concerns and seek advice.

Blackburn with Darwen Children: 01254 666400 or
Adults: 01254 585949
Blackpool Children:
01253 477299 or
Adults: 01253 4775592
Lancashire Children & Adults: 0300 123 6720

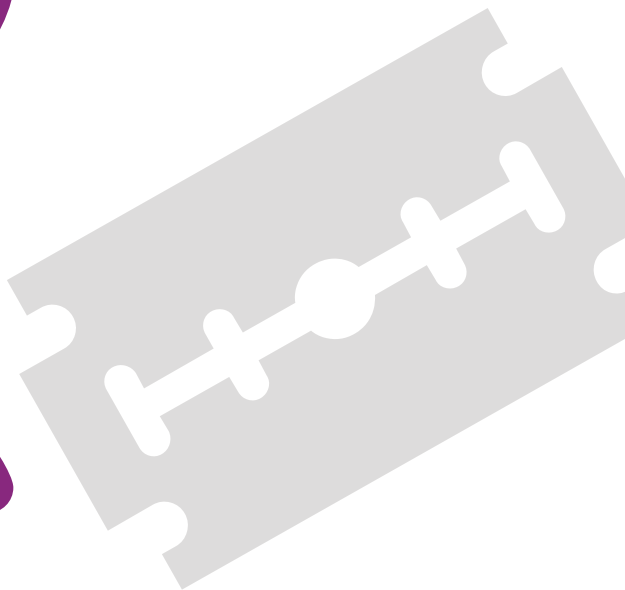
Regulated health and social care professionals and teachers have a legal duty to make a report to the police via 101 if:

- They are informed by a girl under the age of 18 that she has undergone an act of FGM

OR

- They observe physical signs that an act of FGM may have been carried out on a girl under the age of 18.

If you are unsure, always seek advice and support from your supervisor and/or safeguarding lead.



SUPPORT AVAILABLE

Lancashire Victims Services	0300 323 0085 info@lancashirevictimservices.org http://lancashirevictimservices.org/
AFRUCA	0161 205 9274 info@afruca.org www.afruca.org/
FCWA	01253 596699 fcwa.co.uk
FORWARD	0208 960 4000; 07834 168 141 support@forwarduk.org.uk www.forwarduk.org.uk
NSPCC Helpline	0800 028 3550 fgmhelp@nspcc.org.uk www.nspcc.org.uk/
NESTAC	01706 868993 info@nestac.org www.nestac.org/
SafeNet	07866510 728 contact@safenet.org.uk www.safenet.org.uk
Saheli	0161 945 4187 info@saheli.org.uk http://saheli.org.uk/ Savera UK 0800 107 0726 info@saverauk.co.uk www.saverauk.co.uk/

If you've had FGM, you can get help from a specialist NHS gynaecologist or FGM service – ask your GP, midwife or any other healthcare professional about services in your area.



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