

Basic Introduction to Female Genital Mutilation Team Briefing Paper

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Leeds Safeguarding
Children Partnership

Why Talk about Female Genital Mutilation (FGM)?

FGM is a medically unnecessary practice, which is extremely painful with serious health consequences both at the time it is carried out and in later life. The procedure takes place here in the UK as well as overseas and is typically performed on girls aged between 4 and 13 years and in some instances on new born females. Girls of school age are often taken abroad at the start of the school summer holidays, as this allows sufficient time for them to recover before returning to school.

During January 2020 - March 2020 NHS England reported 860 newly recorded cases of FGM. This means the first time they appeared on the dataset and doesn't indicate how recently the FGM was undertaken

In March 2019 a mother was jailed for 11 years after becoming the first person in Britain to be convicted of FGM

How to use this briefing paper?

This paper should provide you with some basic information to raise awareness within a staff team around the topic of Female Genital Mutilation:

- Ask team members to read the sheet then, as a group, work through the information on the sheet, using it as a prompt to promote discussions
- Use the discussion points at the end to explore how your team works with the topic
- Consider if there are any further learning and development needs in your team and who is best to pursue this

What is FGM?

Female Genital Mutilation (FGM) refers to procedures that intentionally alter, mutilate or cause injury to the female genital organs for non-medical reasons. FGM is prevalent in 28 African countries and areas of the Middle and Far East, however, it is increasingly practiced in the U.K. Victims of FGM are likely to come from communities that are known to practise the procedure, with larger populations of first-generation immigrants, refugees and asylum seekers.

4 types of FGM

- Clitoridectomy: partial or total removal of the clitoris
- Excision: partial or total removal of the clitoris and the labia minora.
- Infibulation: narrowing of the vaginal opening by the creation of a covering seal.
- Other harmful procedures include; pricking, piercing, cutting, scraping or burning the area

80% of the procedures carried out are Clitoridectomy & Excision

Why is FGM Practiced?

FGM is practised as people believe it will:

- Bring status and respect
- Cleanse and purify the girl
- Preserve virginity/chastity
- Uphold the family's honour and gives a girl social acceptance, especially for marriage
- Provide the family with a sense of belonging to the community
- Perpetuate a custom/tradition
- Help girls and women to be clean and hygienic
- Desirable aesthetically
- Rid the family of bad luck or evil spirits

Signs & Indicators FGM may take place:

- Overhear reference to FGM, or talk of a 'special procedure' to 'become a woman'
- Other females in the family have undergone FGM
- May disclose or ask for help if suspect they are at risk of FGM
- Mention of a visit or holiday to a country with a high prevalence of FGM, especially during holiday periods
- Missing from school and /or has attended travel clinic for vaccinations

Signs & Indicators that FGM has taken place:

- Spends longer time in the bathroom due to difficulties urinating or menstrual problems
- Prolonged or repeated absences from school or college
- Reluctant to undergo normal medical examinations
- Ceases to take part in/avoids physical activities
- Behaviour/personality changes becomes timid, anxious, withdrawn, clingy or rejects contact
- Sudden decline in school performance/attendance

The Impact of FGM:

- Chronic vaginal, urine and pelvic infections
- Difficulties with menstruation, and the reproductive system, including infertility and complications in pregnancy
- Medical complications leading to incontinence and renal impairment or failure
- Psychological damage
- Increased risk of HIV and other STI's

Responding to FGM: From October 2015 all agencies have a [statutory duty](#) to report offences of FGM to the Police.

If you believe a child is at risk of FGM raise this with your line manager or Safeguarding Lead, and take appropriate action. Consider that any siblings or children in the extended family could also be at risk.

The Leeds multi-agency workflow (updated Dec 2019) [is here](#). Further information is available on the [LSCP website](#)

The most important thing to remember is doing nothing is not an option you must take action. If you think a child is in immediate danger, call the police on 999.

Do

- Create an opportunity for the child to talk to you
- Listen carefully, ask open questions and check your understanding
- Consider if the child at imminent risk
- Use simple language they will understand and tell them they have done the right thing
- Be sensitive to the nature of the subject and loyalty to their parents
- Let them know that you will have to pass the information on, who you're telling and why
- Notify your DSL in accordance with school procedure

Don't

- Investigate
- Look shocked or embarrassed
- Speculate, judge or pass comment about the alleged perpetrator
- Delay in getting help
- Inappropriately share information

Areas for Consideration

- How do we recognise & respond to FGM in our service-user group?
- What more can we do to raise awareness of FGM and support victims ?
- Do we need to change any of our ways of working?
- How can we find out more about FGM and who will we do this?

Further Information & References

[Multi-agency statutory guidance on female genital mutilation, Home Office, 2018](#)

[A Statement Opposing Female Genital Mutilation, HM Government, 2016](#)

[West Yorkshire Procedures - Female Genital Mutilation](#)

[National FGM Centre](#)

[Forward UK](#) - 020 8960 4000

Leeds Black Health Initiative – 0113 307 0300

[LSCP webpages on FGM](#)