

Useful Contacts

Peterborough Children's Services
01733 864180 & 01733 864170

Out of Hours - Emergency Duty Team
01733 234724

Police Child Protection Team 101

NSPCC - 24 Hour Help line
Tel 0800 800 5000

FGM Helpline Email: fgmhelp@nspcc.org.uk
Telephone: 0800 028 3550
In an emergency dial 999 or contact your local Police Station

Peterborough Safeguarding Children Board
01733 863744 www.safeguardingpeterborough.org.uk

Foreign and Commonwealth Office Telephone: 020 7008 1500
From overseas: +44 (0)20 7008 1500

FORWARD - The Foundation for Women's Health, Research and Development - for African women & girls. Tel: 020 8960 4000 www.forward.org.uk

MANDATORY REPORTING

It is a mandatory requirement for Health and Social Care professionals and Teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure / identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).



To download this leaflet or the FGM resource pack to deliver within your own agency, visit

www.safeguardingpeterborough.org.uk
Peterborough Safeguarding Children Board
01733 863744

www.cambridgeshire.gov.uk/lscb/
Cambridgeshire Local Safeguarding Children Board 01480 373522



Female Genital Mutilation



Amnesty International (Sweden)

Factsheet for professionals

What is Female Genital Mutilation (FGM)?

Female Genital Mutilation 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.

FGM is a tradition practised in 28 African countries and parts of Asia and Latin America. Justifications for FGM include custom, cleanliness, religion (no religion advocates FGM), preservation of virginity and social acceptance especially for marriage.

Many women believe that FGM is necessary to ensure acceptance by their community; they are unaware that FGM is not practised in most of the world.

Who is at risk?

School-age girls in the UK from ethnic minorities especially Somalian, Sudanese and Ethiopian where up to 98% of women have been circumcised. It is estimated that in the UK there are approximately **20,000 girls under the age of 15 at risk of FGM every year**. Women who have undergone FGM may also need medical attention or other support such as counselling.

What are the warning signs?

Summer holidays are a key time when some adults take their daughters on 'holidays' with the intention of subjecting them to FGM.

Elders are also flown into the UK to perform FGM on many girls together. If any girls in a family have undergone FGM then this increases the risk for other girls in the family.

It is important to note that FGM is not an act of hate by parents. Uninformed girls may look forward to this 'rite of passage' into woman-hood as it signifies their status in the community and is often accompanied by parties and giving of presents.

Girls who have undergone FGM may have a long absence from school. When they return they might spend a long time in the toilet, they could be in pain and may exhibit symptoms of abuse and/or a change in behaviour.

Types of FGM

FGM Type 1

Sunna - removal of the hood of the clitoris

FGM Type 2

Excision - removal of the clitoris with partial or total excision of the labia minora

FGM Type 3

Infibulation - removal of the clitoris and labia minora with narrowing by stitching of the vaginal opening

FGM Type 4

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

What can you do?

If you are concerned that a girl is at risk of FGM, this is a child protection issue and must be immediately shared with Children's Social Care, and / or the Police Child Protection team (see over for contact details).

If you work in a school ensure that parents are aware that FGM is illegal in the UK regardless of the country in which it is performed. Give parents a copy of the FGM Community Support & Information leaflet. Note that the community terminology is 'circumcision' or 'cutting' rather than 'FGM'. Find out more through FGM awareness training for professionals (see over).

Professionals and volunteers from all agencies have a statutory responsibility to safeguard children from being abused through FGM

For the UK Government multi-agency practice guidelines on tackling and preventing female genital mutilation visit <https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines>

Download the Home Office Health Passport at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279233/FGM_Feb_2014_v5.pdf

FGM and the Law

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

It is now 'an offence to take UK nationals and those with permanent UK residency overseas for the purpose of circumcision, to aid and abet, counsel or procure the carrying out of FGM. It is illegal for anyone to circumcise women or children for cultural or non-medical reasons.'

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

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.



Amy Vitail - Panos Pictures