

Safeguarding News



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What is FGM?

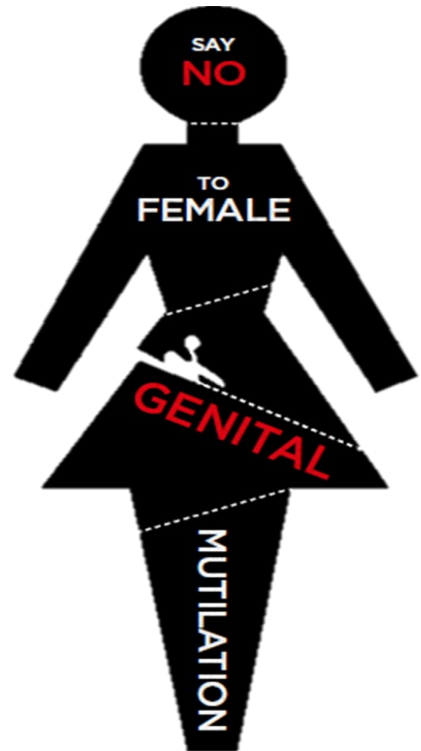
The World Health Organisation (WHO) defines Female Genital Mutilation (FGM) as

“all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (2012).

Mandatory Reporting

A mandatory reporting duty for FGM requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police.

The FGM duty came into force on 31 October 2015



Health problems of FGM

- Broken bones
- Severe pain and shock
- You could die because of shock and blood loss
- You could get repeated infections which make it very painful to wee
- Infections could stop you from getting pregnant
- A woman with FGM is more likely to give birth to a dead baby
- Women and girls with FGM often feel sad and depressed



What can we do?

As a practitioner:

- Early identification – be vigilant.
- Being able to listen to the ‘worries’ of parents. They may not want the procedure carried out, but maybe under pressure from family to.
- Don’t probe, but ask ‘interested questions’, ask for more details.
- Know who to ask for advice if your unsure.
- Ensure that you record your conversations in a prompt manner.
- Speak to your Designated Safeguarding Lead.

Risk Indicators

- **Age** – traditionally has been 5-14 years but this is changing to younger, including infancy.
- **Mother and/or siblings have had FGM**, especially if repeated (i.e. redone between pregnancies)
- **Holidays:**
 - ❖ To the 'mother' country – especially if extended (for recovery time)
 - ❖ Girl is excited about 'coming of age', 'becoming a woman' as part of trip – she will not be told in advance about FGM
 - ❖ Trip included special treats, she is bought new clothes, special food
 - ❖ Reason for trip doesn't make sense
 - ❖ Only female relatives are going on trip



Signs that someone may have had FGM

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- changes in behaviour – physically and psychologically
- behaviour becoming increasingly disruptive
- absence from nursery, school or college
- be particularly reluctant to getting undressed for PE/ to undergo normal medical examinations.
- asking for help, but may not be explicit about the problem due to embarrassment or fear.

Who is it practised by?

FGM is a deeply rooted tradition, widely practised among specific ethnic populations in Africa and parts of the Middle East and Asia.

FGM has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, the occupied Palestinian territories, India, Indonesia, Malaysia and Pakistan.

