

01 Background

FGM comprises all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is **prevalent in 30 countries** concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities where FGM is commonly believed to be a way of ensuring virginity and chastity. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy. The practice is not required by any religion.

Why it matters

FGM is child abuse and a form of violence against women and girls. It has no health benefits but rather immediate and long term consequences including severe pain and blood loss, shock, mental health problems, complications in childbirth, and/or death.

It is believed that FGM may happen to girls in the UK as well as overseas. Girls of school age subjected to FGM overseas are likely to be taken abroad (often to the family's country of origin) at the start of the school holidays, particularly in the summer, in order for there to be sufficient time for them to recover before returning to school. FGM can be linked to Forced marriage and honour based violence

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The law

FGM is illegal in the UK. As amended by the [Serious Crime Act 2015](#), the [Female Genital Mutilation Act 2003](#) now includes: an offence of failing to protect girls at risk of FGM; extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals & habitual residents of the UK; lifelong anonymity for victims; FGM protection orders; & mandatory reporting duty of known cases in under 18's to police

Risk Indicators

- Female child born to a woman who has undergone FGM
- Girl discusses special occasion/ceremony to 'become a woman' /prepare for marriage
 - Long holiday abroad/ going 'home' visiting family
 - Unexpected absence from school and is from a practicing community
 - Relative/ cutter visiting from abroad
 - A female relative being cut
 - Avoids exercise
 - Spends longer in the bathroom or toilet
 - Recurrent urinary, menstrual or stomach problems
 - Travel vaccine request for country prevalent for FGM
 - Difficulty walking, standing or sitting
 - Reluctant to undergo routine medical examinations

Female Genital Mutilation (FGM)

07 Questions

- Have you undertaken any training round FGM
- Do you routinely consider FGM?
- Do you know what FGM is and how to spot the signs?
- Do you use independent interpreters?
- Do you know what to do/ where to refer if you suspect/find FGM?
- Do you know who your FGM agency lead is?

What to do?

- Follow the [Greater Manchester FGM protocol](#)
- Follow Salford's supporting [local FGM pathway](#)

If you think a child is in immediate danger
Don't delay - call the police on 999

Free Training

- [Recognising and Preventing FGM](#) (Home Office)
- [SSCB FGM seminar](#)

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Key Guidance

Home Office co-ordinates efforts and offers outreach support to local areas.

[Multi-agency statutory guidance on FGM](#)

(Home Office, April 2016)

[Mandatory Reporting Guidance](#)

Home office 2016

Further documents and resources for professionals are available [here](#)

Greater Manchester FGM strategy and action plan

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Further Information:

- NSPCC helpline email: fgmhelp@nspcc.org.uk Tel: 0800 028 3550
- www.afruca.org
- www.endthefear.co.uk
- www.nestac.org.uk
- FGMEnquiries@homeoffice.gsi.gov.uk