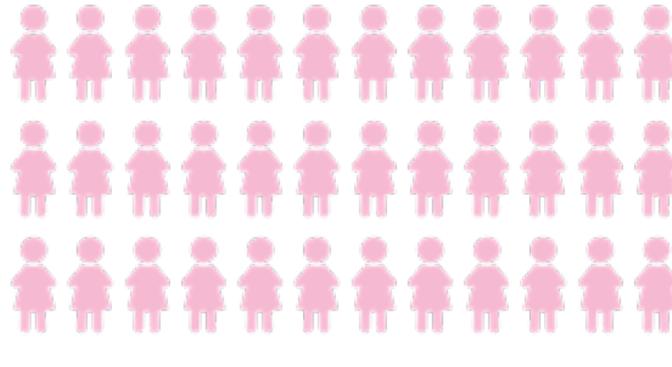

FGM - A Guide for Parents



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Female genital mutilation 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.

It has no health benefits and harms girls and women in many ways. Social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. FGM is not a requirement of any religion.



In the UK it is estimated that 60,000 girls under the age of 15 are at risk FGM. There are currently an estimated 137,000 women and girls currently living with the consequences of FGM in the UK (source: www.forwarduk.org.uk - March 2018).

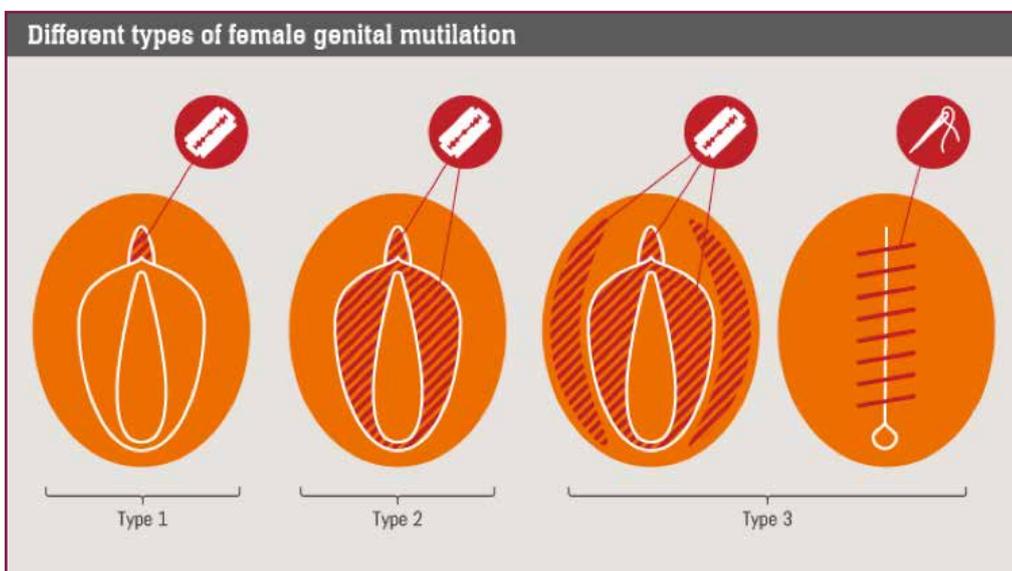
TYPES OF FGM

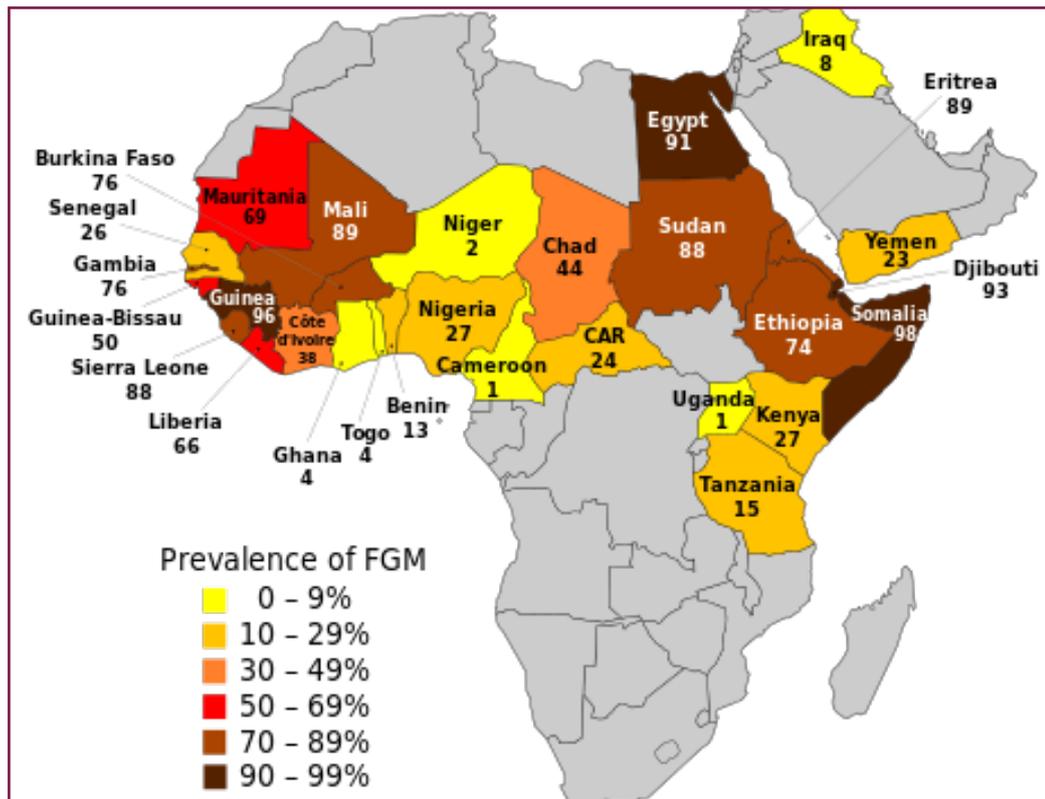
FGM Type 1 Sunna - removal of the hood of the clitoris.

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.





UNICEF Map of Prevalence

The World Health Organization estimates that **three million girls** undergo some form of the procedure every year in Africa alone. It is practised in **30 countries in Africa** and some in the **Middle East and Asia**.

FGM is also found in the UK amongst members of migrant communities. It is estimated that approximately **60,000 girls aged 0-14** were born in England and Wales to mothers who had undergone FGM1. It's estimated that **200 million women** have been affected by FGM worldwide.

PERSONAL ACCOUNT

"I was six years old when it happened to me. I knew what was going to happen. I knew they were going to cut me because a lot of my friends had had it done and I'd had a look. My friends had told me that it was really painful, that it was horrible, so I was terrified. It happened when my mother was away and relatives were looking after me and my sister."

<https://www.brook.org.uk/your-life/female-genital-mutilation-fgm-real-story>

Ages of victims vary from community to community, but it is usual that it occurs between the ages of 5 and 8. It is often performed by older women of the community and unsterilized equipment is often used with no anaesthetic. Reports of razors and knives being used to perform the procedure have been recorded.

Unlike the girl talking above, some children at immediate risk of FGM may not know what's going to happen. But you may become aware of:

- A long holiday abroad or going 'home' to visit family.
- Relative or cutter visiting from abroad.
- A special occasion or ceremony to 'become a woman' or get ready for marriage.
- A female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt.

TEACHERS' RESPONSIBILITY

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 girls under 18 years old to the police. The FGM duty came into force on 31 October 2015. As a parent, if you have any concerns regarding FGM relating to a child at this school, speak to the DSL in school who will advise and act as appropriate.



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 FGM, to aid and abet, counsel or procure the carrying out of FGM. 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 psychosexual, psychological and social consequences; trauma; flashbacks and depression.

An estimated 10% of victims die from short-term effects and 25% from recurrent problems.

HOW CAN WE STOP IT - A FUTURE WITHOUT FGM

Because of the complexities of the FGM issue a range of approaches and strategies need to continue and grow in order to stamp out the practice. There needs to be a continued drive to raise awareness with children, empowering them through educating them to have the knowledge and understanding to speak out and prevent it from happening to them and others. The law needs to be enforced fully in all cases of FGM to send a message to all communities at risk of the procedure; also providing a strong deterrent. Lastly, political pressure will ensure the practice becomes illegal in all areas identified as practicing FGM.

