

# Female Genital Mutilation

## WORKBOOK



**This workbook is designed to increase your awareness around Female Genital Mutilation if you do not have mandatory reporting responsibility**

Name	
Job Title	
Agency	
Date	
Email	

# Contents

By working through this booklet you will learn:

- What does protecting children have to do with me?
- What female genital mutilation is
- The different types of female genital mutilation
- Why female genital mutilation is performed
- The health effects of female genital mutilation
- What to do after female genital mutilation has taken place
- Where female genital mutilation is practiced
- Signs and symptoms of what to look out for
- Case Study
- Questions

Take you time to work through this booklet, answer the questions by referring to the information on the surrounding pages.

When you have finished, complete the question and answer section at the end of the booklet and email it to your manager. Your manager will then discuss your answers with you, and will inform the Children's MARS team that you have completed your training.



# What does protecting children have to do with me?

Everyone has a part to play in keeping children safe. Safeguarding children from abuse and promoting the welfare of children is everyone's responsibility. This booklet specifically covers the risks to girls from **Female Genital Mutilation** and lets you know your role in this.

You should take seriously any of your concerns about a child's welfare. If you're in any doubt, seek advice from North Lincolnshire Council, Children's Services Single Point of Contact:

- **01724 296500 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday)**
- **08081 689667(free phone)**
- **01724 296555(answerphone –out of hours and at weekends) #**

To learn more about safeguarding children in North Lincolnshire, a [Safeguarding Awareness e-workbook](#) is available on the Children's MARS website.

# What is Female Genital Mutilation?

The World Health Organisation defines female genital mutilation (FGM) as:

“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. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls’ and women’s bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child”

FGM is also known as female genital cutting. You may hear it referred to by its local name in communities – examples of names include ‘tahor’ or ‘sunna’.

## **FGM is illegal in the UK.**

**UK Law - Female Genital Mutilation Act 2003—practising FGM is a criminal offence in the UK. The offence could result in 14 years in prison or a fine or both.**

**It is illegal to help, support or arrange for FGM to be performed on a girl in the UK. It also forbids taking a girl outside the UK to have FGM.**

**Studies suggest that as many as 137,000 women in England and Wales may be victims**

**Within your organisation, you may already be aware of your responsibilities in relation to safeguarding children. However, we need to raise your awareness of this issue and what action you should take if you are worried a girl might be at risk or if you suspect it has already taken place.**

# The types of Female Genital Mutilation

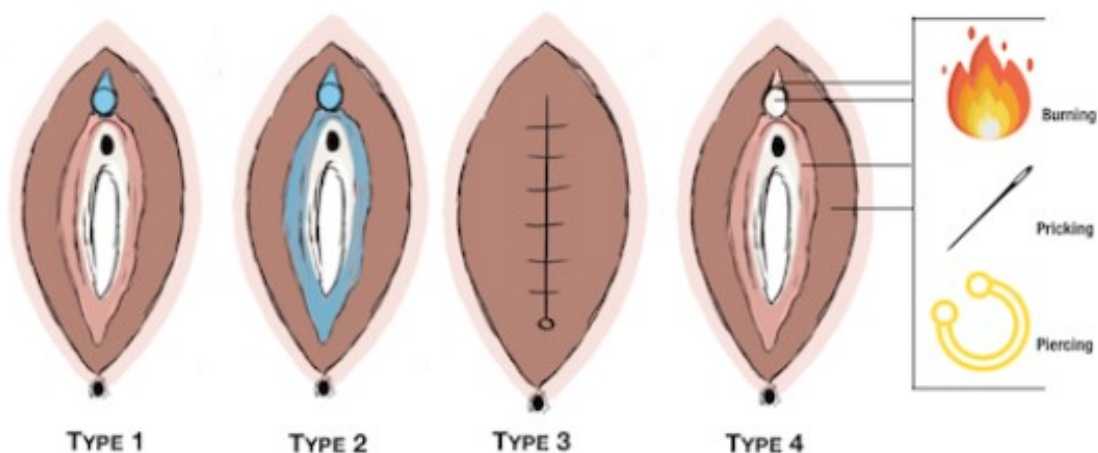
There are four different types of FGM based on the extent of the cut made.

This include Type 1, Type 2, Type 3 and Type 4. The type practiced may depend on the community's cultural tradition and their reason for continuing the practice.

Type 1	The cutting or removal of the clitoris and/or the clitoral hood
Type 2	The cutting or removal of the clitoris and the inner lips
Type 3	The clitoris, inner lips and outer lips are cut and sewn together or sealed, leaving only a small opening (infibulation)
Type 4	All other types of harm, which could include pricking, piercing, cutting, stretching, scraping and burning of female genitalia

## Types of FGM

■ Parts removed    ✚ Stitches



# Why is Female Genital Mutilation performed?



Although the age that FGM is performed differs from community to community, it is most commonly performed before a girl reaches puberty, and often between the ages of five and ten. In reality, it can happen at any age before a girl gets married or has a baby and can be performed on babies, teenagers and sometimes

even on adult women.

It is carried out for cultural, religious and social reasons in families and communities, typically by older women (known by names such as 'circumciser' or 'excisor' but who are usually not medically trained).

FGM is an extremely traumatic form of abuse. Frequently girls are forcibly restrained and anaesthetics are not used. It is often performed without sterilized equipment or anaesthetic, with a razor blade or knife often being used to cut the genitals.



# Why is Female Genital Mutilation performed?

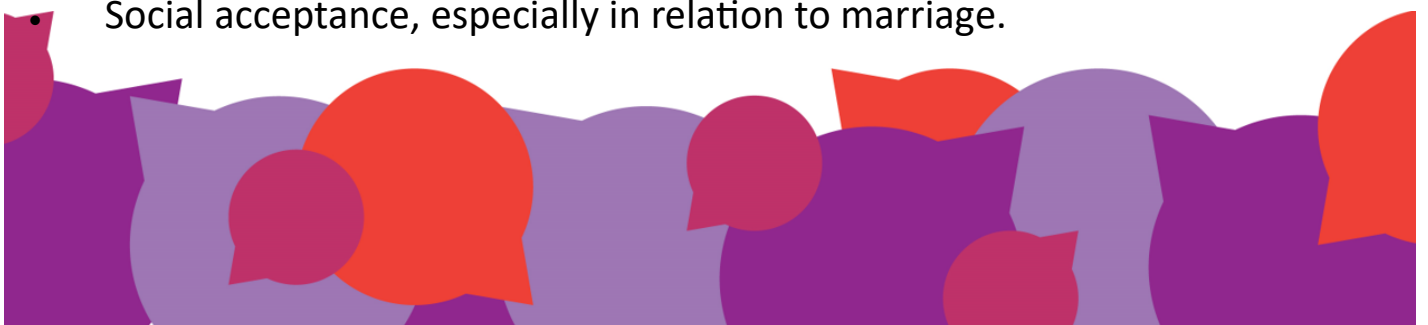
FGM is a deeply rooted tradition, widely practiced amongst specific communities. There is often more than one reason given by communities for FGM these reasons are based on myths and misinformation. Communities also put pressure on individuals to practice FGM and believe FGM is in the girls interest. FGM is not acceptable or beneficial in any way.

In many communities, there is strong pressure from families and friends to continue the practice and often both men and women support the practice of FGM. There are no religious texts which support FGM or say it should be done.

It is usually a girl's parents or extended family who arrange for her to have FGM.

Reasons for doing it include the following:

- Custom
- Religion
- Preserving tradition
- Preserving virginity – it is believed that FGM ensures a girl's virginity, making sure she has not had sex with anyone before marriage. This may make men more willing to marry her and pay more money for her (her bridal price, which is money paid to her parents)
- Cleanliness
- Protecting family honour
- Social acceptance, especially in relation to marriage.



# The health effects of Female Genital Mutilation

FGM is usually preformed by women who are not medically trained however FGM is also being practised by trained medical professionals including midwives, nurses and doctors. Regardless of the method or who is preforming FGM, the practice could be fatal or lead to serious short and long-term health consequences.

It causes harm to individuals such as:

- Severe loss of blood
- Urinary tract infections
- Severe pain or shock
- Difficulties in passing urine or menstruating
- Increased risk of HIV and spread of infections
- Difficult or painful sex
- Complications with pregnancy and childbirth
- Mental health problems e.g. post traumatic stress disorder or anxiety disorder related to the trauma of FGM

Not all girls and women who have undergone FGM experience health problems. Others may not perceive them to be unusual or related to FGM if complications occur many years after the procedure. Equally, not all health professionals may link health problems to FGM if they are not aware the patient has undergone FGM.





# The health effects of Female Genital Mutilation

Girls and women who have had FGM may have problems that continue through adulthood.

This may include:

- Constant pain
- Difficulties urinating or incontinence
- Frequent or chronic vaginal, pelvic or urinary infections which can lead to infertility
- Menstrual problems
- Kidney damage and possible failure
- Bleeding, cysts and abscesses
- Pain when having sex
- Infertility
- Complications during pregnancy and childbirth which can lead to death
- Emotional and mental health problems, including depression, flash-backs and self-harm



# What you should do

FGM is abuse and can have very serious consequences. If you believe that a child has been or is at risk of being the victim of this type of procedure you must contact the Police or Children's Services immediately. If you feel it is an emergency, then you should call the police.

If you are concerned that the girl is in immediate danger of FGM, contact the police by calling 999.

If a child has shared something with you that causes you concern, you should contact Children's Services or the police and advise the child that you will have to share the information.

Even partial information may still be helpful to Children's Service. They can draw up a complete picture of the child and gather information from different sources, including checking any historical information they may hold, which will always aid their decision making.

## Worried about FGM?

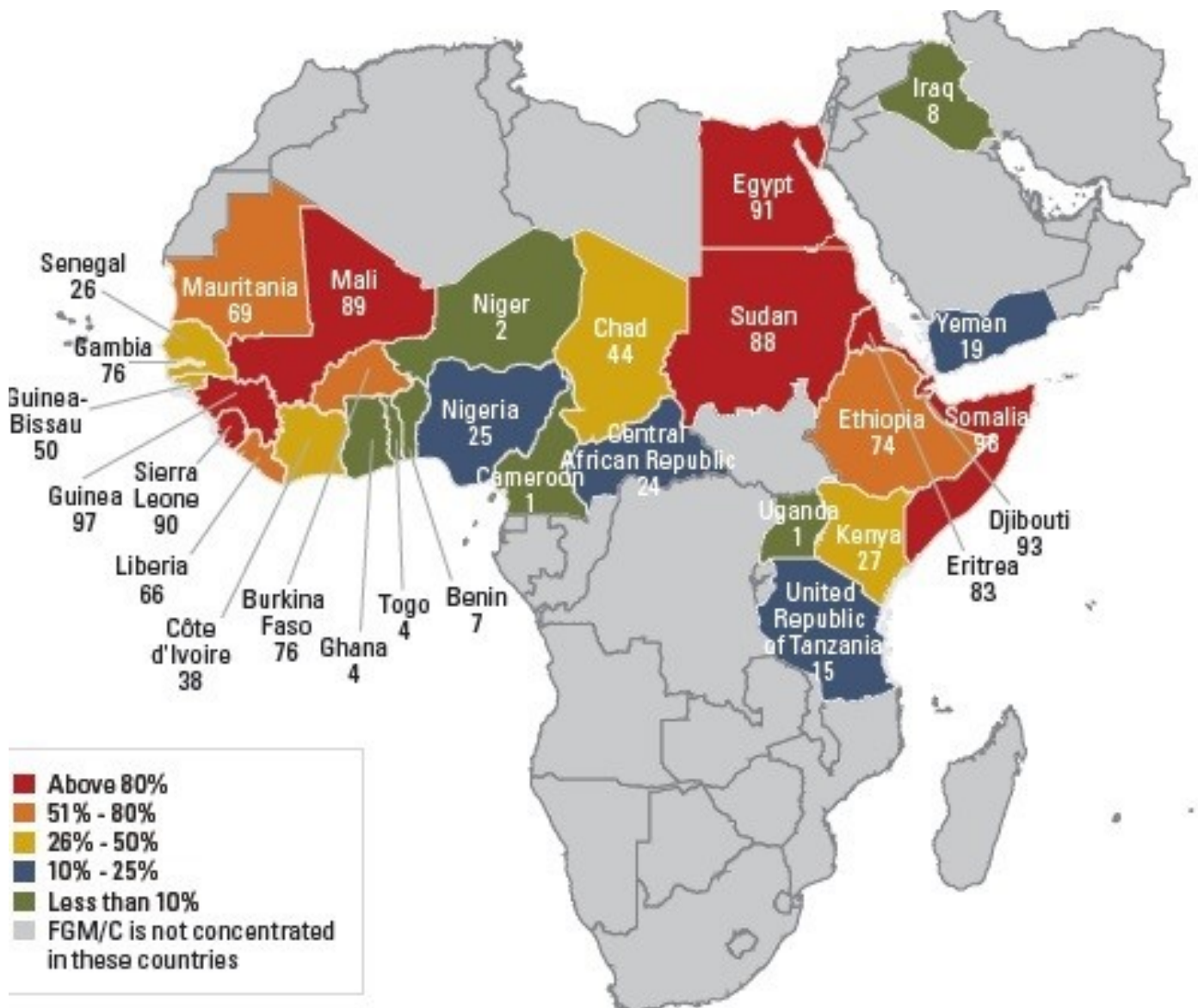
**If you are worried a child is at risk of or has had FGM, get in contact with North Lincolnshire Council, Single Point of Contact:**

- **01724 296500 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday)**
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# Where is Female Genital Mutilation practiced?

More than 200 million girls and women have been cut in Africa, the Middle East and Asia where FGM is concentrated. 44 million are below the age of 15. The practice is most common in Africa affecting 30 countries, as well as in some countries of the Middle East and Asia. Due to migration now amongst migrant communities from these areas in Europe, New Zealand, Australia, the US and Canada. FGM is therefore a global concern. In the UK it is estimated that 24,000 girls under the age of 15 are at high risk of FGM Type 3.



# Signs and Symptoms—What to look out for

A girl or woman who has had FGM may:

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Display unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear

If you're worried that a child is being abused, watch out for any unusual behaviour. Some of the things you may notice might include:

- **Becomes withdrawn**
- **Suddenly behaves differently**
- **Problems sleeping**
- **Has thoughts about suicide**
- **Is aggressive**
- **Eating disorders**
- **Takes risks**
- **Starts using alcohol**
- **Has nightmares**
- **Appears anxious**
- **Appears depressed**
- **Self harm**
- **Becomes clingy**
- **Misses school**
- **Soils clothes**
- **Changes in eating habits**

# Signs and Symptoms—What to look out for

## Signs that a female could be at risk of FGM:

- One or both of a girl's parents come from a community affected by FGM
- A girl is born to a woman who has undergone FGM
- Mother has requested re-infibulation following childbirth
- A girl has an older sibling or cousin who has undergone FGM
- One or both parents or elder family members consider FGM integral to their cultural or religious identity
- The family indicate that there are strong levels of influence held by elders and/or elders who are involved in bringing up female children
- A girl/family has limited level of integration within UK community
- A girl from a practising community is withdrawn from PSHE and/or Sex and Relationship Education or its equivalent may be at risk as a result of her parents wishing to keep her uninformed about her body, FGM and her rights



# Signs and Symptoms—What to look out for

## Signs that a girl may be at immediate risk of FGM:

- If a female family elder is visiting the UK, particularly when she is visiting from a country of origin where FGM is practised and taking a more active/influential role in the family
- If there are references to FGM in conversation, for example, a girl may tell other children about it
- A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’. She might talk about being taken ‘home’ to visit family, a special occasion to ‘become a woman’
- Parents state that they or a relative will take the child out of the country for a prolonged period
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent
- A girl is taken abroad to a country with high prevalence of FGM, especially during the summer holidays which is known as the ‘cutting season’



# Case Study

## Case study: 1

My name is Badiyah.

It means desert but there aren't any deserts in my town. Everyone calls me Betty. I'm going to be eight in August.

Me, my mum and my little sister are going on a special holiday so my birthday party will be in Africa. That's where my mum comes from and we are going to stay with my other granny.

## My friend said...



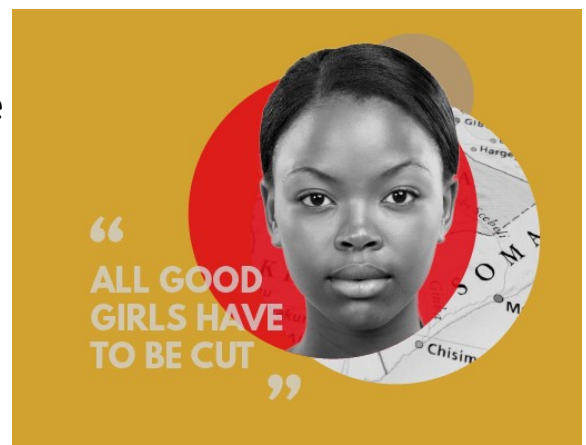
My friend Saira said that she went to Africa on holiday and that something bad happened to her.

She said that a lady cut her vagina and that it really hurt.

## I told my Mum

I told my Mum and she said all good girls have to be cut. It's because otherwise they will smell horrible and no one will want to marry them when they grow up.

She told me it is a special secret and that I mustn't tell anyone about it.



# Case Study

## I'm scared

I don't want my mum to be upset with me and I don't want to be called smelly.

But I am scared because I don't want someone to cut my vagina.



## Question

What action would you take to safeguarding Betty?



# Questions

<p><b>Please define what Female Genital Mutilation is:</b></p>	
<p><b>What signs might indicate that a girl is in danger of undergoing female genital mutilation?</b></p>	
<p><b>What signs might indicate that a girl has undergone female genital mutilation?</b></p>	
<p><b>Who would you report any concerns to?</b></p>	



North Lincolnshire

**CHILDREN'S  
MULTI-AGENCY  
RESILIENCE &  
SAFEGUARDING  
BOARD**

[www.northlinoscsmars.co.uk](http://www.northlinoscsmars.co.uk)

# Female Genital Mutilation Awareness

## E-Workbook Completion

Please email this e-workbook to your manager or safeguarding lead who will discuss completion of this training with you. Your manager or safeguarding lead will then confirm that you have completed this training and have sufficient understanding of the topic covered.

Your manager or safeguarding lead will confirm the completion of the e-workbook with the Children's MARS team by filling in the details below and emailing these details to [mars@northlincs.gov.uk](mailto:mars@northlincs.gov.uk)

A certificate of completion will be issued on behalf of the Children's MARS Board. Please retain the copy of your e-workbook for your training records.

Name of E-workbook completed	
Name and email	
Job Title	
Agency	
Date of Completion	

If you do not have access to a computer, you can print and complete this e-workbook and send it to your manager who will fill in the details above and post this page to:

Children's Multi Agency Resilience Safeguarding Board

Church Square House

30-40 High St

Scunthorpe

DN15 6NL

*If you do not have a manager or safeguarding lead, a peer or colleague can confirm completion of this e-workbook.*