

Female Genital Mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision, cutting or Sunna. It is a traditional practice often carried out for a mix of cultural, religious and social factors by a family who believe it is beneficial and is in a girl or woman's best interests. It is a complex issue, and individuals and families who support it give a variety of justifications and motivations for it.

FGM is an extremely harmful practice and a form of child abuse and violence against women and girls. The immediate and short-term consequences include a range of medical issues and it can even cause death. There is also the potential for long-term physical and mental health consequences.

### Why is it important?

FGM is a global issue, with victims numbering in the millions every year. Most affected live in 28 African countries, as well as parts of the Middle East and Asia. National FGM prevalence rates in the African region and Yemen vary from as low as 1% to 90% or more. FGM is usually performed on pre-pubertal girls but even infants and adult women have been targeted.

An estimated 60,000 girls are at risk of FGM in England and Wales (Equality Now 2015), with 137,000 girls and women living with the consequences. FGM refers to all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons. There are four different types of FGM:

Type 1: Prepuce removal only or partial or total removal of the clitoris (clitoridectomy)

Type 2: Removal of the clitoris plus part or all of the labia minora (excision)

Type 3: Removal of part or all of the labia minora with the labia majora either being sewn together covering the urethra and vagina leaving only a small opening for urine and menstrual fluid (infibulation)

Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area

The NSPCC (2019) included Labia elongation (also referred to as labia stretching or labia pulling) involves stretching the labia minora, sometimes using sticks, harnesses or weights, within its definition of FGM and Child Abuse.

Practicing FGM in the UK has been a criminal offence since 1985. The Female Genital Mutilation Act 2003 made it a criminal offence for UK nationals or permanent UK residents to:

- perform FGM overseas
- take a UK national or permanent UK resident overseas to have FGM
- arrange for someone to come from overseas to the UK to perform FGM

In Portsmouth, professionals work with communities and other stakeholders to raise awareness about FGM and end the practice.

### How do we do it?

Work on preventing FGM is coordinated through the Portsmouth FGM Operational Group, a mix of representatives from statutory agencies, local charities and community groups. To achieve the ultimate goal of stopping FGM, the Operational Group aims to: safeguard those vulnerable to FGM by removing, minimising or controlling risks and preventing crime; bring more offenders to justice

through prosecutions and safeguard victims with FGM protection orders; and collaborate and work within an effective coalition of partners to deliver a bespoke response to tackle FGM.

The law changed in October 2015, making it mandatory to report directly to the Police, and Children Social Care if

- They are informed by a girl under the age of 18 that she has undergone an act of FGM/ or
- They observe physical signs that an act of FGM may have been carried out on a girl under the age of 18.

However we still have a safeguarding duty to share with children's social care if we have information that indicates there is a strong possibility this is going to be performed on a child or young person. Best practice in this situation is not to discuss concerns with the family but seek advice from your safeguarding team or social care (depending on the urgency).

Health practitioners, especially those working with women have a duty to discuss the legal and health implication to any person who has been or may be affected by FGM. Health implications can be significant and it is imperative that women are able to access the right medical and psychological support.

### Signs and indicators that a child has been cut or is at risk of being cut

It can sometimes be difficult to see the signs, as the care of the girl is usually appropriate in all other areas. A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may notice or become aware of:

- a long holiday abroad or going 'home' to visit family
- unexpected, repeated or prolonged absence from school
- 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.

A girl or woman who has had FGM may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- struggle with academic work
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

### For more information:

Visit the [UK Government FGM page](#)

The [National FGM Centre website](#)

Visit the [NSPCC Information Page](#)

Visit the [Portsmouth Safeguarding Children Partnership website](#)