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Welsh Government

# Female Genital Mutilation Fact Sheet

## What is female genital mutilation (FGM)?

### The World Health Organisation defines FGM as:

“Any procedure which involves the partial or complete removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”.

FGM violates the rights and dignity of women and girls and is illegal regardless of the age of the female on which it is performed.

## At risk groups

FGM is usually practised on girls between infancy and 15 years old, but can also be performed on older girls.

More than 125 million girls and women alive today around the world have been cut; and in the UK it is estimated there are over 130,000 women living with FGM.

### UK communities most at risk of FGM include:

Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean.

### Non-African communities that practise FGM include:

Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

## FGM is illegal in the UK

In England and Wales and Northern Ireland, criminal and civil legislation on FGM is contained in the Female Genital Mutilation Act 2003 ([www.legislation.gov.uk](http://www.legislation.gov.uk))

FGM is child abuse and causes significant harm. It is also a human rights violation.

### The Female Genital Mutilation Act 2003 makes it illegal to:

- practice FGM;
- take girls who are British nationals or habitual residents of the UK abroad for FGM (irrespective of whether it is lawful in that country or not); and
- aid, abet, counsel or procure the carrying out of FGM abroad.

**THESE OFFENCES CAN RESULT IN PRISON SENTENCES OF UP TO  
14 YEARS**

## Types of FGM

### Type 1:

Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

### Type 2:

Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora (excision)

### Type 3:

Narrowing of the vaginal orifice with creation of a covering seal by cutting and bringing together (sewing) the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

### Type 4:

All other types of harmful traditional practices that mutilate the female genitalia, including pricking, cutting, piercing, incising, scraping and cauterisation.

### Health implications:

Short term health implications	Long term health implications
<ul style="list-style-type: none"><li>• death</li><li>• severe pain and shock</li><li>• broken limbs from being held down</li><li>• injury to adjacent tissues</li><li>• urine retention</li><li>• increased risk of HIV and AIDS</li></ul>	<ul style="list-style-type: none"><li>• uterus, vaginal and pelvic infections</li><li>• cysts and neuromas</li><li>• infertility</li><li>• increased risk of fistula</li><li>• complications in childbirth</li><li>• depression and post-natal depression</li><li>• psychosexual problems</li><li>• complications in pregnancy and child birth</li><li>• sexual dysfunction</li></ul>

## Signs to look out for if a young girl is at risk or has already experienced FGM

Usually it is a girl's parents or her extended family who are responsible for arranging FGM. Some of the reasons given for the continued practice of FGM include; protecting family honour, preserving tradition, ensuring a woman's chastity, cleanliness and as a preparation for marriage.

### Terminology for referring to FGM varies between communities, terms could include:

- Female circumcision
- Cutting
- Bondo
- Sunna
- Initiation.

## Signs a girl maybe at risk of FGM or immediate risk of FGM

- A girl comes from an ethnic community where FGM is practised and the family are making preparations for the child to take a holiday, arranging vaccinations or planning absence from school
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'
- References to FGM in conversation, e.g. between a girl and her friends
- A girl confides that she is scared that she will be subjected to FGM, or that her mother and/or older sister has undergone FGM
- Parents state that they or a relative will take the child out of the country for a prolonged period and/or the girl will be home schooled upon return
- Parent or family member raises concern that the fear the girl will be subjected to FGM by another family member else indicators do not necessarily mean that a girl is at risk
- If a female family elder is present, particularly when she is visiting from a country of origin, and taking a more active / influential role in the family
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk
- 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'.

## Signs a girl may have already experienced FGM

Indicators that FGM may already have occurred include prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems.

Some teachers have described how children find it difficult to sit still, look uncomfortable, may complain about pain between their legs, or mention something somebody did to them that they are not allowed to talk about.

Mandatory reporting to the police of 'known' cases\* of FGM in under 18s is required by regulated health and social care professionals and teachers in England and Wales.

## THE DUTY CAME INTO FORCE ON 31 OCTOBER 2015.

*\*'A known case' is a disclosure by the girl that she has been subjected to FGM, or observation of physical signs on a girl appearing to show that an act of FGM has been performed on her.*

## How to respond to safeguarding concerns about children at risk of FGM

FGM is child abuse; this is set out in an All Wales Practice Guide accompanying the Wales Safeguarding Procedures and in Keeping Learners Safe statutory guidance.

If you have any concerns a child is at risk of FGM, contact the school or setting's Designated Safeguarding Person (DSP).

The DSP will offer advice and make any referrals to children's services. Do this immediately as timeliness is critical to safeguard against FGM.

The Welsh Government has produced this non-statutory guide to remind practitioners working across agencies of their responsibilities to safeguard children and to support them in responding to concerns about children at risk.

This includes information on reporting concerns and handling disclosures by children and young people.

**<https://gov.wales/keeping-children-and-young-people-safe-non-statutory-guide-practitioners>**

**IF SOMEONE IS AT IMMINENT RISK OF FGM, YOU SHOULD CONTACT THE POLICE ON 999 IMMEDIATELY.**

**Ensure the child knows that she can talk to NSPCC Childline**

### **You can access help and support anonymously from:**

NSPCC FGM Helpline on: 0800 028 3550  
or email: [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

Live Fear Free Helpline on: 0808 80 10 800  
or email: [info@livefearfreehelpline.wales](mailto:info@livefearfreehelpline.wales)

BAWSO Helpline on: 0800 731 8147

For further information on Female Genital Mutilation go to:  
**[www.gov.uk/female-genital-mutilation-help-advice](http://www.gov.uk/female-genital-mutilation-help-advice)**