

# One minute guide

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## Female Genital Mutilation

### What is Female Genital Mutilation?

Female Genital Mutilation (FGM) refers to procedures that intentionally alter, mutilate or cause injury to the female genital organs for non-medical reasons. FGM is medically unnecessary and can have serious health consequences, both at the time it is carried out and in later life.

FGM is prevalent in 28 African countries and areas of the Middle and Far East, but it is increasingly practiced in the U.K. in communities with larger populations of first-generation immigrants, refugees and asylum seekers. Due to the hidden nature of FGM, it is difficult to estimate how many girls and women it actually affects in the U.K and worldwide, but it is generally recognised to be more common than previously thought.

FGM is deeply embedded in some communities and is performed for cultural and social reasons. It is usually carried out on girls before they reach puberty, but in some cases it is performed on new-born infants or on women before marriage or pregnancy. It is often justified by the belief that it is beneficial for the girl or woman, but FGM is an extremely harmful practice which violates basic human rights.

The most significant risk factor for girls and young women is coming from a community where FGM is known to be practised and/or where a mother, sister or other female family member has been subjected to FGM. Practitioners should be aware of this and provide families with advice and information which makes it clear that FGM is illegal

### What are the main types of female genital mutilation?

The World Health Organisation classifies FGM into four major types:

Type 1: **Clitoridectomy**: removing part or the entire clitoris.

Type 2: **Excision**: partial or entire removal of the clitoris and the inner labia with or without removal of the outer labia.

Type 3: **Infibulation**: narrowing of the vaginal opening through the creation of a covering seal, formed by cutting and reforming the labia with or without removal of the clitoris

Type 4: **Other:** harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and burning.

## Short effects & and long term consequences of FGM

Short term effects include; severe pain, shock, bleeding, wound infections, inability to urinate, damage to other organs & possibly death.

Long-term consequences include: vaginal & pelvic infections; menstrual problems; difficulties passing urine & persistent urine infections; kidney damage & possible failure; cysts & abscesses; infertility, complications during pregnancy & childbirth; the need for later surgery.

Girls and women who have been subjected to FGM may also suffer psychological harm, including depression, anxiety, flashbacks, substance misuse and/or self-harm.

## What does the law say about FGM and what should practitioners do?

FGM is illegal in the UK and has been a criminal offence since 1985. The Female Genital Mutilation Act 2003 strengthened existing law to make it an offence to arrange for a child to be taken abroad for FGM, and for UK nationals or permanent UK residents to abet, counsel, procure or undertake FGM abroad, even in countries where the practice is legal. The Serious Crime Act 2015 extends this protection to girls under the age of 18 who are 'habitually resident' (or on short temporary stays) such as students and refugees.

The Serious Crime Act also creates a new offence of failing to protect a girl from FGM. If an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time the FGM occurred will be liable under this new offence where the maximum penalty is seven years imprisonment, a fine, or both. A 'responsible' person will have parental responsibility with the girl and frequent contact. The 2015 Act also enables the high court or family courts to make a FGM Protection Order for individuals who are victims or at risk of FGM (similar to forced marriage protection orders. Victims or those at risk, or relevant third parties (including local authorities) can apply for the orders which set restrictions to protect an individual.

In addition, under the new Act, practitioners in regulated professions (health, teaching, social work) now have a mandatory duty to notify the police when they identify that an act of FGM appears to have been carried out on a girl under the age of 18. The duty applies when the practitioner is either informed by the girl or where the practitioner has observed physical signs. Failing to comply with the duty will be dealt with through existing disciplinary measures which may include referral to the relevant professional regulator.

Practitioners, particularly those working in schools and in health services should be aware of and consider potential indicators that FGM may be, or has already taken place, e.g.

Preparations for the child to take a long holiday - arranging vaccinations or planning an absence from school;

A change in the child's behaviour after a prolonged absence from school, including; being withdrawn; crying or being away from class for long periods; and/ or

The child has bladder or menstrual problems, and/ or may have difficulty walking, sitting or standing.

If a practitioner becomes aware of a FGM risk to a child they must contact Children's Services Multi Agency Safeguarding Hub.

Practitioners should also be aware that children who are at risk of serious harm through child sexual exploitation, trafficking, forced marriage, honour based violence and female genital mutilation are often 'hidden' and may be also missing from view.

## Key contacts and more information

Multi Agency Safeguarding Hub tel: 01582 537653

Emergency Duty Team tel: 0300 300 8123

**Forward UK** (Foundation for Women's Health, Research and Development)

You can look at **Petals**—an app to help protect young girls and women from FGM

Female Genital Mutilation practice guidelines

You can read factsheets on the **Serious Crime Act 2015** and **Female Genital Mutilation**

With thanks to Leeds Social Care

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