

Two Page Guide

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 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 (next page)

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?

FGM is an offence which extends to acts performed inside AND outside of the UK. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 will be liable to a fine or imprisonment up to 14 years, or both.

The Serious Crime Act 2015 ([guide No.2](#)) amends the FGM Act 2003 to create a new offence of failing to protect a girl from FGM. This will mean that 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 FGM occurred will be liable under this new offence.

To be 'responsible' for a girl, the person will either have [parental responsibility](#) for the girl and have frequent contact with her, or where the person is aged 18 or over they will have assumed responsibility for caring for the girl 'in the manner of a parent', for example family members to whom parents might send their child during the summer holidays.

The Act has also extended the extra-territorial reach of FGM offences to include 'habitual residents' of the UK (or on short temporary stays) such as students and refugees.

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 guide No. 3](#) 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.

What should practitioners do?

Under the new Act, practitioners in regulated professions (health, teaching, social work) now have a mandatory duty to notify the police (via their non-emergency number 101) 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.

- 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 an FGM risk to a child they must contact the MASH consultation service who may, in partnership with the Police, undertake Section 47 (safeguarding) enquires, and liaise with health services regarding medical assessments.

Key contacts and more information

Multi-agency safeguarding hub 01926 414144 (out of hours tel: 01926 886 922)

[Forward UK](#) (Foundation for Women's Health, Research and Development)

[Petals](#)—an app to help protect young girls and women from FGM

[Female Genital Mutilation Regional Safeguarding Guidance](#)

[A Statement Opposing Female Genital Mutilation](#) for girls/women who may be at risk

Factsheets: [Serious Crime Act 2015](#) and [Female Genital Mutilation](#) and for schools: '[Keeping Children Safe in Education](#)'