Female Genital Mutilation (FGM)

What is FGM?

Female genital mutilation comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.[1] There are four types of FGM, ranging from a symbolic prick to the vagina to the fairly extensive removal and narrowing of the vagina opening. In the UK all forms of FGM are prevalent.

FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. However, circumcision is not an appropriate term. Communities tend to use local names for referring to this practice including "sunna".

FGM is considered child abuse in the UK and a **grave violation of the human rights of girls and women**. In all circumstances where FGM is practised on a child it is a **violation of the child's right** to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.

Who is affected?

FGM is practised mainly in 28 African countries and in a few countries in the Middle East, including Yemen and Northern Iraq, Asia and within certain ethnic groups in Central and South America. With increased immigration, the practice has spread to Europe, North America, and Australia.

- Between **100 and 140 million girls and women** worldwide are estimated to have undergone FGM.[2]
- **3 million girls** in Africa are estimated to be at risk of FGM each year.[3]
- It has been estimated that **up to 24,000 girls under the age of 15** are at risk of FGM in the UK[4].

Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.

UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

Those who are affected by FGM may be British citizens born to parents from FGM practising communities or women resident in the UK who were born in countries that practice FGM. These may include immigrants, refugees, asylum seekers, overseas students or the wives of overseas students.

Undergoing FGM

The age at which girls undergo FGM varies enormously according to the ethnic group. The procedure may be carried out when the girl is newborn, during childhood, adolescence, at marriage or during the first pregnancy.

While women and girls born in the UK continue to undergo FGM, it is unclear whether the practice takes place in the UK. Families often take their daughters abroad during school summer holidays to have the procedure done.

What are the signs that a girl may be at risk of FGM or has undergone FGM?

Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school. The child may also talk about a 'special procedure/ceremony' that is going to take place.

Indicators that FGM may already have occurred include prolonged absence from school, with noticeable behaviour change on return and long periods away from classes or other normal activities, possibly with bladder or menstrual problems. Some teachers have described how children find it difficult to sit still and look uncomfortable or may complain of pain between their legs or talk of something somebody did to them that they are not allowed to talk about.

What are the health risks of FGM?

There are many health risks associated with FGM. These are dependent on the type and severity of the procedure. The immediate health complications may include severe pain and shock, infection, excessive bleeding, urine retention, haemorrhaging, and even death. These short term effects may not manifest themselves when victims are in the UK if FGM has been performed abroad, which is the most common practice.

The long-term health complications include chronic pain, infection, cysts and abscesses, menstruation difficulties, damage to the reproductive system, infertility, complications in pregnancy and childbirth, sexual dysfunction, and psychological damage such as post-traumatic stress disorder. FGM also has detrimental effects on the newborn babies of mothers who have undergone FGM.

Why is FGM practised?

FGM is a cruel and harmful practice. It is always illegal to practice FGM in the UK and to in any way assist in its practice on UK nationals or permanent residents abroad. Communities who practice FGM may perceive this to be a normal practice and wrongly justify it under the guise of:

- Custom and tradition
- Preservation of virginity/chastity
- Religion
- Social acceptance, especially for marriage
- Hygiene and cleanliness
- Family honour
- Enhancing fertility
- Increasing sexual pleasure for the male
- Sense of belonging or fear of social exclusion.

Government Action

Guidance

Working Together to Safeguard Children' (HM Government, 2006) – sets out the core processes for safeguarding and promoting the welfare of children.

What to do if you're worried a child is being abused' (HM Government, 2006) – practice guidance to assist practitioners to work together to safeguard and promote children's welfare.

Legislation on Female Genital Mutilation

The law relating to female genital mutilation was amended by the introduction of the Female Genital Mutilation Act 2003, which came into effect in March 2004. This repealed and replaced the Prohibition of Female Circumcision Act 1985.

The 2003 Act:

- Makes it illegal to practice FGM in the UK;
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country;
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad;
- Has a penalty of up to 14 years in prison and/or a fine.

The UK Government's 'Every Child Matters: Change for Children Programme', which includes the Children's National Service Framework[5] and is supported by the Children Act 2004[6], requires all agencies to take responsibility for safeguarding and promoting the welfare of every child to enable them to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Additional initiatives include:

The Association of Chief Police Officers (ACPO) has revised its practice guidance on investigating domestic abuse to include FGM.

Where to Get Further Information and Services

Guidelines for professionals

A number of professional bodies have produced resources and guidelines to enable frontline staff to respond effectively to girls and women who have either undergone FGM or are at risk of undergoing FGM. These incude the London Safeguarding Children Board's child protection procedural document **"Safeguarding children at risk of abuse through female genital mutilation"**. Other professional resources on FGM are from the British Medical Association, the Royal College of Midwives, the Royal College of Obstetrics and Gynaecology and the London Metropolitan Police.

Department of Health

The 2007 "Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales" was funded by the Department of Health (DH). FORWARD, the London School of Hygiene and Tropical Medicine and City University Midwifery Department carried out the study in order to help authorities plan services for the communities affected by FGM. (http://www.forwarduk.org.uk/key-issues/fgm/research)

In 2007, the DH also produced a DVD for health professionals to enable them to provide effective and sensitive care for women who have undergone FGM. Developed in conjunction with the specialist voluntary sector and health professionals as a practical resource, it provides factual and clinical information.

Specialist African Well Women Clinics

There are 14 specialist clinics that provide tailored care for women affected by FGM across London and in some other major urban centers in the UK. For more information please visit http://www.forwarduk.org.uk/resources/support/well-woman-clinics

All the clinics have trained and culturally sensitive staff who offer a range of healthcare services for women and girls including reversal surgery. Services are confidential and in many instances, interpreters are available. The clinics are open to women to attend without referral from their own doctor.

Useful contacts

Metropolitan Police
Child Abuse Investigation Command/Project Azure
Telephone: 0207 161 2888

London Safeguarding Children Board
London Safeguarding Children Board,
59½ Southwark Street,
London SE1 0AL
http://www.londonscb.gov.uk/fgm_resources/

Birmingham Against FGM
Email: cypfcomms@birmingham.gov.uk
Birmingham City Council Health Education Service
Telephone: 0121 3038200

Bristol FGM Network
http://www.bristol.nhs.uk/Patients/BCH/default.asp

Child Protection Helpline:
0808 800 5000 (advice for adults worried about a child)

Council for Ethnic Minority Communities & FGM Northamptonshire
www.fgmnorthamptonshire.btik.com

Agency for Culture and Change Management UK (ACCM UK)
info@accmuk.com

Agency for Cultural Change and Management-Sheffield
www.accmsheffield.org

Foundation for Women's Health Research & Development (FORWARD)
Website: www.forwarduk.org.uk

London Black Women's Health and Family Support
www.bwhafs.com

National Society for the Prevention of Cruelty to Children (NSPCC)
www.nspcc.org.uk

Childline
www.childline.org.uk:
Tel: 0800 1111 (24 hr free helpline for children)

Teesside African Health Community
www.tahc.co.uk

References

1 Female Factual Overview: Classification. World Health Organisation (WHO), 2008.

2 FGM Factual Overview: Prevalence. WHO, 2008.

3 WHO, 2008.

4 Dorkenoo *et al*, 2007. Available from FORWARD UK.

5 National Service Framework for Children, Young People and Maternity Services: http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en

6 http://www.opsi.gov.uk/acts/acts2004/20040031.htm