

## **Female Genital Mutilation**

### **What is Female Genital Mutilation?**

Female Genital Mutilation (FGM), sometimes mistakenly referred to as Female Circumcision, is defined by the World Health Organisation (WHO) as the range of procedures which involve “the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason”.

FGM is classified into four types. Types 1 and 2 involve excision of the clitoris and labia minora and are the most common forms of FGM. Type 3 involves infibulation where the clitoris and labia minora are completely removed and the vaginal opening is stitched or narrowed leaving only a small opening (1 – 2 cm) for the passage of urine and menstrual blood. Type 4 includes all other procedures including pricking or piercing the clitoris, cauterisation by burning the clitoris and surrounding tissues or the introduction of corrosive substances into the vagina.

There are severe consequences, both psychological and emotional and the medical consequences include extreme pain, shock, infection, haemorrhage, infertility, incontinence, HIV and death.

It is estimated that approximately 138 million African women have undergone FGM worldwide, with up to 80% of these having undergone type 1 or type 2.

The procedure is, in most cases carried out by an older woman with no medical training. Anaesthetics are rarely used, and the practice is carried out using basic tools such as knives, scissors, pieces of glass and razor blades. Often iodine or a mixture of herbs is placed on the wound to tighten the vagina and stop the bleeding.

FGM is typically performed on girls between 4 and 15, although in some cases it is performed on new babies to young women prior to marriage

### **Where does FGM take place?**

The majority of cases of FGM are carried out, or originate, in communities from 28 African countries. In some countries such as Egypt, Ethiopia, Somalia and Sudan, prevalence rates are alleged to be as high as 98% and in other countries such as

Nigeria, Kenya, Togo and Senegal, the prevalence rates vary between 20-50%. FGM also takes place in parts of the Arabian Peninsula such as Yemen and Oman and by Ethiopian Jewish Falashas, some of whom have recently settled in Israel. It is also reported that FGM is practised among Muslim populations in parts of Malaysia, Pakistan, Indonesia and the Philippines.

As a result of immigration and refugee movements, FGM is now being practised by ethnic minority populations in other parts of the world, such as USA, Canada, Europe, Australia and New Zealand.

**It is estimated that as many as 6,000 girls are at risk of FGM within the UK every year.**

### **Why is FGM practised?**

FGM is not an act of hate. It is carried out because their parents believe it is in the best interest of their daughters. In certain patriarchal communities where FGM takes place, marriage, is seen as necessary for a woman's honour and survival. A woman who has not undergone FGM will stand little chance of marriage and will not be accepted by her community. The practice is often carried out in the belief that it is a means of purification and ensuring a woman is clean.

Many of the communities that practice FGM are Muslim and religion is often cited as a reason, despite the fact that neither the Qu'ran or any other holy text advocates for FGM. Also, FGM is also practiced by Christians of the Coptic Church in countries such as Egypt.

### **The law in the UK**

Any FGM procedure on a woman or girl is unlawful under the Female Genital Mutilation Act 2003. It is also an offence under the Act for UK nationals or permanent residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

### **What to do if you suspect a girl to at risk of FGM?**

FGM is usually practised in the country of origin. 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 are making preparations for the child to take a holiday, arranging vaccinations or planning absence from school, and the child may talk about a "special procedure" taking place.

Indicators that FGM may have already occurred include:  
Prolonged absence from school with noticeable behaviour change on return or long periods away from classes or other normal activities, possibly with bladder or menstrual problems.

***If you suspect that any girl is at risk of being subjected to any form of FGM, take action to report it immediately!! Time counts so please act as soon as you suspect that a girl may be at risk of FGM, the instructions below tell you what to do.***

To protect a girl from FGM take the following actions:

- You must inform your designated child protection Advisor
- They must make a referral to the Local Authority Children's Social Care
- In urgent cases contact Children's Social Care, or local Police direct

If it comes to your attention or you suspect that a girl has already undergone FGM, do not think there is nothing you can do. She will be in need of specialist care and support and if she has sisters they will be in need of protection.

***Do not let labels of 'tradition' 'culture' 'religion' or a fear of being called a 'racist' stop you from taking action to protect girls at risk of FGM, it is a violation of human rights and is child abuse.***

