

Female genital mutilation

Source: NSPCC

What is female genital mutilation?

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offences faces a maximum penalty of 14 years in prison.

Mandatory reporting of FGM*

The mandatory reporting duty applies to regulated health and social care professionals and teachers in England and Wales. This means that these professionals must make a direct report to the police if, in the course of their professional duties, they:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
 - Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.
- Organisation safeguarding procedures should be followed simultaneously.

*introduced in Section 5B of the FGM Act 2003, as inserted by section 74 of the Serious Crime Act 2015

How FGM happens

The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are four types - all are illegal and have serious health risks.

FGM ranges from pricking or cauterizing the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening.

How common is FGM?

FGM is a hidden crime, so we don't know exactly how common it is. Even partial removal or 'nipping' can risk serious health problems for girls and women.

FGM is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained. The cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade.

Statistics

- 23,000 girls under 15 could be at risk of FGM in England and Wales
- Nearly 60,000 women could be living with the consequences of FGM
- Between 100 and 140 million girls and women worldwide are estimated to have undergone female genital mutilation.

Who is affected by FGM?

Most girls are aged 5 to 8, but FGM can happen at any age before getting married or having a baby. Some girls are babies when FGM is carried out.

Girls living in communities that practise FGM are most at risk. Data on FGM is only collected in 27 countries in Africa and also in Yemen (WHO, 2012), but we know FGM is also practiced in other countries in the Middle East and in Asia (House of Commons International Development Committee, 2013).

In the UK, the Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (2014).

FGM can happen anywhere in the UK. However there are large populations of practising communities in London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes (NHS Choices, 2014).

Girls are more at risk if FGM has been carried out on their mother, sister or a member of their extended family (HM Government, 2011).

Signs, symptoms and effects

A girl or woman who's had FGM may:

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear.

If you're worried that a child is being abused, watch out for any unusual behaviour
Things you may notice include:

A child may appear withdrawn, suddenly behaves differently, anxious, clingy, depressed, aggressive, problems sleeping, eating disorders, wets the bed, soils clothes, takes risks, misses school, changes in eating habits, obsessive behaviour, nightmares, drugs, alcohol, self-harm, thoughts about suicide.

What to look out for before it happens:

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- Being taken 'home' to visit family
- A special occasion to 'become a woman'
- An older female relative visiting the UK.

She may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

The effects of FGM

FGM can be extremely painful and dangerous. It can cause:

- Severe pain
- Shock
- Bleeding
- Infection such as tetanus, HIV and hepatitis B and C
- Organ damage
- Blood loss and infections that can cause death in some cases.

Long-term effects

Girls and women who have had FGM may have problems that continue through adulthood, including:

- Difficulties urinating or incontinence
- Frequent or chronic vaginal, pelvic or urinary infections
- Menstrual problems
- Kidney damage and possible failure
- Cysts and abscesses
- Pain when having sex
- Infertility
- Complications during pregnancy and childbirth
- Emotional and mental health problems.

What professionals can do about FGM

FGM is child abuse and against the law. It causes serious physical and emotional harm. Professionals who are worried a child is at risk can call the FGM helpline on **0800 028 3550**.

Families who practice FGM don't think of it as abuse. Education is key to prevention. Professionals need to give families advice and information that is sensitive to their culture and beliefs, but they need to make clear that FGM is illegal.

If a local authority has reason to believe a child is likely to suffer FGM it can apply for a court order to prevent the child being taken abroad for mutilation. This should be to prevent the child from undergoing FGM rather than removing her from her family.

If a child has already undergone FGM she should be offered medical help and counselling. Professionals should also take action to protect any other children in the family and to investigate possible risk to others in the community (London Safeguarding Children Board, 2009).