

Female Genital Mutilation

Definition

Female genital mutilation (FGM) is a collective term for “*procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons*” (World Health Organisation, 2013).

The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for the first time for UK national’s permanent or habitual UK 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.

The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the Elimination of all Forms of Discrimination Against women, the Convention on the Rights of the Child, the African Charter on Human and Peoples’ Rights and Protocol to the African Charter on Human and Peoples’ Rights on the rights of women in Africa. All these documents highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

Indicators

These indicators are not exhaustive and whilst the factors detailed below may be an indication that a cadet might be facing/at risk of FGM, it should not be assumed that is the case simply on the basis of someone presenting with one or more of these warning signs. These warning signs may indicate other types of abuse such as forced marriage or sexual abuse that will also require a multi-agency response.

The following are some signs that the cadet may be at risk of FGM:

- The family belongs to a community in which FGM is practised; or have limited level of integration within UK community;
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- If a female family elder is present, particularly when she is visiting from a country of origin, and taking a more active / influential role in the family;
- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
- The cadet talks about a ‘special procedure/ceremony’ that is going to take place;

- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family;
- Repeated failure to attend or engage with health and welfare services or the mother of a girl is very reluctant to undergo genital examination;
- Where a girl from a practising community is withdrawn from Sex and Relationship Education they may be at risk from their parents wishing to keep them uninformed about their body and rights.

Consider whether any other indicators exist that FGM may have or has already taken place, for example:

1. The cadet has changed in behaviour after a prolonged absence from school or cadets; or
2. The cadet has health problems, particularly bladder or menstrual problems;
3. The cadet has difficulty walking, sitting or standing and may appear to be uncomfortable.

It should be remembered that this will have lifelong consequences, and can be highly dangerous at the time of the procedure and directly afterwards.

If you are worried about a girl under 18 who is either at risk of FGM or who you suspect may have had FGM, you should discuss this with your force or unit leader responsible for safeguarding and make a referral following the Force and National Safeguarding Policy and Process.

As with any form of abuse it should be remembered that alerting the girl's or woman's family to the fact that she is disclosing information about FGM may place her at increased risk of harm and agencies should work together and take sufficient steps to minimise this risk.

It should not be assumed that families from practising communities will want their girls and women to undergo FGM.

Issues

Where is FGM Practised?

As a result of immigration and refugee movements, FGM is now being practiced by ethnic minority populations in other parts of the world, such as USA, Canada, Europe, Australia and New Zealand. FORWARD estimates that as many as 6,500 girls are at risk of FGM within the UK every year.

There is no Biblical or [Koranic](#) justification for FGM and religious leaders from all faiths have spoken out against the practice.

Consequences of FGM

Depending on the degree of mutilation, FGM can have a number of short-term health implications:

1. Severe pain and shock;
2. Infection;
3. Urine retention;
4. Injury to adjacent tissues;
5. Immediate fatal haemorrhaging.

Long-term implications can entail:

1. Extensive damage of the external reproductive system;
2. Uterus, vaginal and pelvic infections;
3. Complications in pregnancy and childbirth;
4. Psychological damage;
5. Sexual dysfunction;
6. Difficulties in menstruation.

In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM.

Justifications of FGM

The justifications given for the practise are multiple and reflect the ideological and historical situation of the societies in which it has developed. Reasons include:

1. Custom and tradition;
2. Religion, in the mistaken belief that it is a religious requirement;
3. Preservation of virginity/chastity;
4. Social acceptance, especially for marriage;
5. Hygiene and cleanliness;
6. Increasing sexual pleasure for the male;
7. Family honour;
8. A sense of belonging to the group and conversely the fear of social exclusion;
9. Enhancing fertility.

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. Good communication is essential when talking to individuals who have had FGM, may be at risk of FGM, or are affected by the practice. How the conversation is opened and the language used will vary according to the setting and who the conversation is with. More information can be found in the [Multi-agency statutory guidance on female genital mutilation \(April 2016\)](#)

Further Information

[Multi-agency statutory guidance on female genital mutilation \(April 2016\)](#)

[Female Genital Mutilation – Home Office](#)