



Female Genital Mutilation Factsheet

What is Female Genital Mutilation/FGM?

Female Genital Mutilation (FGM) is a procedure where the female genital organs are injured or changed, but there is no medical reason for performing this. It is frequently a very traumatic and violent act for the victims and causes both physical and emotional harm. It is a form of child abuse when performed on a girl under the age of 18 years. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy. It can be known as female circumcision, cutting or by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan among other names.

There are 4 types of FGM:

- Type 1 – removing some or all of the clitoris
- Type 2 – removing some or all of both the clitoris and the small labia (the “lips” that surround the vagina).
- Type 3 – removing some or all of the female genitalia, including the clitoris. Sewing the edges together to leave a small hole.
- Type 4 – all other types of harm, including cutting, burning, scraping, pricking and stretching the female genitals.

Why does FGM happen?

FGM is a deeply rooted practice, widely carried out mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. It may also be carried out by these ethnic groups who have migrated to the UK. It serves as a complex form of social control of women's sexual and reproductive rights. Reasons include: custom, religion, preserving tradition, preserving virginity, cleanliness and protecting family honour and social acceptance, especially in relation to marriage.

What does legislation say?

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003. It is an offence for any person (regardless of their nationality or residence status) to:

- Perform FGM in England or Wales (section 1 of the 2003 Act);
- Assist a girl to carry out FGM on herself in England or Wales (section 2 of the 2003 Act); and
- Assist (from England or Wales) a non-UK national or UK resident to carry out FGM outside the UK on a UK national or UK resident

Risk factors:

It is believed that FGM may happen to girls in the UK as well as overseas. Girls of school age who are subjected to FGM overseas are likely to be taken abroad (often to the family's country of origin) at the start of the school holidays, particularly in the summer, in order for there to be sufficient time for her to recover before returning to school. Other risk factors include:

- a female child is born to a woman who has undergone FGM
- a female child has an older sibling or cousin who has undergone FGM
- a female child's father comes from a community known to practise FGM
- a girl talks about a long holiday to her country of origin or another country where the practice is prevalent
- a family is already known to social care in relation to other safeguarding issues

What are the consequences of FGM?

- Girls and young women will experience blood loss and severe pain from the experience of FGM
- FGM harms the long-term health of girls and young women. It can harm the way that women's and girls' bodies work and cause urine infections, fistula, infertility, problems during childbirth, increased risk of HIV/AIDS infection and even death
- Increased risk of stillbirth and death of child during or just after birth
- FGM can leave the survivor feeling scared, embarrassed, distressed and depressed as well as at risk of long-term psychological and/or mental health issues.
- FGM can stop sexual enjoyment for young women

Indicators:

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman asks for help or confides in a professional that FGM has taken place
- A mother/family member discloses that female child has had FGM
- A family/child is already known to social services in relation to other safeguarding issues
- A girl or woman has difficulty walking, sitting or standing or looks uncomfortable
- A girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously
- A girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating.

Professionals – What do I need to know?

If a child is at immediate risk of harm the professional should dial 999 and ask for police assistance. If an under 18 is at risk of or suspected to have undergone FGM, then discuss with your safeguarding lead. As appropriate, please complete the FGM Risk Assessment tool and refer to the local Children's Social Care/Mul-Agency Safeguarding Hub without delay: mash@bracknell-forest.gov.uk

Mandatory reporting duty – Known cases of FGM in an under 18

Health, teaching and social care professionals have a duty to report known cases of FGM in under 18s, which they identify in the course of their professional work, to the police under Sec on 5B of the 2003 Act .

Other professionals should also follow this guidance if FGM has taken place.