

1.14.19 Female Genital Mutilation Awareness

Contents

1. World Health Organisation Definition
2. Types of FGM
3. FGM and the Law
4. FGM Indications
5. Effects of FGM
 - 5.1 Immediate Effects
 - 5.2 Long-Term Consequences
6. Psychological and Mental Health Problems
7. Risk Factors
8. Duty to Report FGM
9. Revision History

Regulation and Standards

England

- [Regulation 12: The protection of children standard](#)
- [Guide to the protection of children standard](#)

Wales

- [Regulation 27: Safeguarding policies and procedures](#)
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/27/made>

Guidance

- [Multi-agency statutory guidance on female genital mutilation](#)
- <https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack>

1. World Health Organisation Definition

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

The age range of those on whom the procedure is performed varies according to the community. FGM can be carried out on any girl right from birth to marriage and beyond.

2. Types of FGM

Female genital mutilation is classified into 4 major types.

Type 1: this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM).

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening of a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth. **3. FGM and the Law**

FGM is illegal in the UK. In England, Wales and Northern Ireland, civil and criminal legislation on FGM is contained in the Female Genital Mutilation Act 2003 ("the 2003 Act"). In Scotland, FGM legislation is contained in the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The Female Genital Mutilation Act 2003 was amended by sections 70-75 of the Serious Crime Act 2015.

Criminal law in England and Wales

Under section 1 of the 2003 Act, a person is guilty of an FGM offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris. To excise is to remove part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips). To infibulate is to narrow the vaginal opening by creating a seal, formed by cutting and repositioning the labia.

Offences of FGM

It is an offence for any person (regardless of their nationality or residence status) to:

- perform FGM in England and Wales (section 1 of the 2003 Act)
- assist a girl to carry out FGM on herself in England and Wales (section 2 of the 2003 Act)
- assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (section 3 of the 2003 Act)

If the mutilation takes place in England or Wales, the nationality or residence status of the victim is irrelevant.

Failing to protect a girl from risk of FGM

If an offence under sections 1, 2 or 3 of the 2003 Act is committed against a girl under the age of 16, each person who is responsible for the girl at the time the FGM occurred could be guilty of an offence under section 3A of the 2003 Act.

FGM taking place abroad

It is an offence for a UK national or UK resident (even in countries where FGM is not an offence) to:

- perform FGM abroad (sections 4 and 1 of the 2003 Act)
- assist a girl to carry out FGM on herself outside the UK (sections 4 and 2 of the 2003 Act)
- assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (sections 4 and 3 of the 2003 Act)

An offence of failing to protect a girl from the risk of FGM can be committed wholly or partly outside the UK by a person who is a UK national or a UK resident. The extra-territorial offences of FGM are intended to cover taking a girl abroad to be subjected to FGM.

Any person found guilty of an offence under sections 1, 2 or 3 of the 2003 Act faces up to 14 years' imprisonment, a fine or both. Any person found guilty of an offence under section 3A of the 2003 Act faces up to 7 years' imprisonment, a fine or both.

Under provisions of the law which apply generally to criminal offences, it is also an offence to:

- aid, abet, counsel or procure a person to commit an FGM offence
- encourage or assist a person to commit an FGM offence
- attempt to commit an FGM offence
- conspire to commit an FGM offence

Any person found guilty of such an offence faces the same maximum penalty for these offences under the 2003 Act.

Civil law in England and Wales

Under section 5A and schedule 2 of the 2003 Act, provision is made for FGM Protection Orders. An FGM Protection Order is a civil law measure which provides a means of protecting and safeguarding victims and potential victims of FGM. They contain conditions to protect a victim or potential victim. Those might, for example, involve surrendering a passport to prevent the person at risk from being taken abroad to undergo FGM, or a requirement that nobody arranges for FGM to be performed on the person being protected.

Those who may apply for an FGM Protection Order are:

- the person who has undergone or is at risk of FGM
- a local authority

- any other person (for example the police, a teacher, a charity or a family member), with the permission of the court

An application for an order may be made at a Family Court in England and Wales; there is no fee. A court can be asked to consider an application straightaway when necessary, and can make an FGM Protection Order without the respondent(s) being present. Civil legal aid is available to victims, potential victims and third parties who seek to make, vary or discharge an FGM Protection Order, subject to meeting the relevant means and merits criteria. If the conditions in the FGM Protection Order are not followed, this is called a breach. It can be dealt with either by the Family Court as a contempt of court, or as a criminal offence, with a maximum penalty of five years' imprisonment.

<https://www.gov.uk/female-genital-mutilation-protection-order> shows what you need to do to apply for a FGM Protection Order, including links to the application forms.

4. FGM Indications

Some of the possible indicators that FGM has taken place are:

- Difficulty in walking, sitting or standing.
- Spending longer than normal in the bathroom or toilet due to difficulties urinating. Frequent urinary or menstrual problems.
- Particularly reluctant to undergo normal medical examinations.
- Asking for help, but not explicit about the problem due to embarrassment or fear.

Some of the possible indicators that FGM is imminently about to happen are:

- The girl may confide that she is to have a 'special procedure' which will make her a woman or talk of a ceremony taking place for her or other siblings. There may be talk of vaccinations or talk of absence from school. Girls are more at risk of FGM during school summer holidays.
- A girl or her family may talk about a long holiday to her country of origin or to a country where the practice is prevalent. This is not sufficient in its own to determine FGM is about to occur but may be significant when added to other concerns.
- A mother or an older sibling has already undergone FGM.

5. Effects of FGM

There are no health benefits to FGM. Removing and damaging healthy and normal female genital tissue interferes with the natural functions of a female body.

5.1. Immediate Effects

- Severe pain
- Shock

- Bleeding
- Wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- Inability to urinate
- Injury to vulval tissues surrounding the entrance to the vagina
- Damage to other organs nearby, such as the urethra (where urine passes) and the bowel

FGM can sometimes cause death.

5.2. Long-Term Consequences

- Chronic vaginal and pelvic infections
- Abnormal periods
- Difficulty passing urine and persistent urine infections
- Kidney impairment and possible kidney failure
- Damage to the reproductive system, including infertility
- Cysts and the formation of scar tissue
- Complications in pregnancy and new-born deaths
- Pain during sex and lack of pleasurable sensation
- Psychological damage, including low libido, depression and anxiety
- Flashbacks during pregnancy and childbirth
- The need for later surgery to open the lower vagina for sexual intercourse and childbirth.

6. Psychological and Mental Health Problems

Case histories and personal accounts taken from women indicate that FGM is an extremely traumatic experience for girls and women, which stays with them for the rest of their lives. Young women receiving psychological counselling in the UK, report feelings of betrayal by parents, as well as regret and anger.

7. Risk Factors

- The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian, Malaysian and Pakistani communities.

- Certain factors, in addition to a girl's or woman's cultural background, could increase the risk that she will be subject to FGM.
- Any girl who comes from a family in which the woman has been subjected to FGM must be considered to be at risk, as must other female children in the extended family.
- Any girl who has a system who has already undergone FGM must be considered to be at risk, as most other female children in the extended family.

8. Duty to Report FGM

FGM is a one-off event of physical abuse and should never be ignored. Cultural sensitivities must not get in the way of tackling FGM. It is a legal obligation that child safeguarding concerns or suspicions must be reported. Any member of staff who has information that a child is potentially or actually at risk of FGM should pass information to the Designated Safeguarding Officer who will inform the local authority children's social care and the police.

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Revision History

Date last updated: May 2020

Date of next review: May 2021

Date of release: December 2018

End