female genital mutilation (fgm)

the facts
Female Genital Mutilation (FGM) comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons.

FGM has been categorised into four types, ranging from a symbolic prick to the clitoris or prepuce, to the fairly extensive removal and narrowing of the vaginal opening. All these forms of FGM have been found in the UK.

FGM is sometimes known as ‘female genital cutting’ or female circumcision. Communities tend to use local names for referring to this practice, including ‘sunna’.

FGM is considered a grave violation of the rights of girls and women.
The World Health Organisation estimates that three million girls undergo some form of the procedure every year in Africa alone. It is practised in 28 countries in Africa and some in the Middle East and Asia. FGM is also found in the UK amongst members of migrant communities. It is estimated that approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM\(^1\).

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

\(^1\) Macfarlane A, Dorkenoo E. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. London: City University London and Equality Now, 2015
In England and Wales (and Northern Ireland), criminal and civil legislation on FGM is contained in the Female Genital Mutilation Act 2003 (the Act²). In Scotland, FGM legislation is contained in the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

**Criminal law in England and Wales**

The Act covers mutilation of the whole or any part of a girl’s or woman’s labia majora, labia minora or clitoris. It is an offence for any person (regardless of their nationality or residence status) to:

- perform FGM in England and Wales;
- assist a girl to carry out FGM on herself in England and Wales; and
- assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a UK national or UK resident.

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

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² The Female Genital Mutilation Act 2003 was amended by sections 70-75, Serious Crime Act 2015
If FGM 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 the offence of failing to protect her from the risk of FGM.

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

- perform FGM abroad;
- assist a girl to perform FGM on herself outside the UK; and
- assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or UK resident.

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

Anyone who commits FGM faces up to 14 years in prison, a fine, or both. Anyone found guilty of failing to protect a girl from risk of FGM faces up to 7 years in prison, a fine, or both.
Under general provisions of the law which apply to all 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; and
- conspire to commit an FGM offence.

Any person found guilty of such an offence faces the same maximum penalty for these offences under the Act.
- provides lifelong anonymity for victims of FGM. This means that no information may be published that could identify you as a victim of FGM, even if there is no eventual court case.

- introduces FGM Protection Orders which are new civil orders to protect victims or potential victims of FGM. An order could include, for example, a requirement for a passport to be surrendered to prevent a girl being taken abroad for FGM.

- provides for a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s to the police. The duty came into force on 31 October 2015.

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3  The Female Genital Mutilation Act 2003 was amended by sections 70-75, Serious Crime Act 2015
FGM is child abuse

Usually it is a girl’s parents or her extended family who are responsible for arranging FGM. Some of the reasons given for the continued practice of FGM include; protecting family honour, preserving tradition, ensuring a woman’s chastity, cleanliness and as a preparation for marriage.

Whilst FGM is often seen as an act of love, rather then cruelty, it causes significant harm and constitutes physical and emotional abuse. FGM is considered to be child abuse in the UK and is a violation of the child’s right to life, their bodily integrity as well as of their right to health.
FGM can have serious consequences for a woman’s health and in some instances can lead to death.

Infections, severe pain, bleeding and tetanus are just some of the short term consequences.

In the long term women can suffer pain and discomfort during sex, chronic pain, infection, cysts, abscesses, difficulties with periods and fertility problems. Women also often suffer severe psychological trauma, including flashbacks and depression.
Female Genital Mutilation is not a religious requirement or obligation. FGM, including a symbolic prick to the clitoris, has no link with Islam and is neither a requirement nor a ‘Sunna’ in Islam. Globally most Muslims do not practise FGM.

FGM is not condoned by Christian or Jewish teachings, or the Bible or Torah.
Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing both that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school. The child may also talk about a special procedure/ceremony that is going to take place.

Indicators that FGM may already have occurred include prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems. Some teachers have described how children find it difficult to sit still and look uncomfortable, or may complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.
Talk to them about your concerns, but use simple language and straightforward questions;

Be sensitive and let them know that they can talk to you again;

Consult a child protection advisor and make a referral to children’s social care and/or the police;

You can access help and support anonymously from the NSPCC FGM Helpline on 0800 028 3550 or email: fgmhelp@nspcc.org.uk

If you are abroad and require help or advice you call the Foreign and Commonwealth Office on +44 (0) 20 7008 1500;

If someone is at imminent risk of FGM, you should contact the police immediately.
You can seek medical advice and help from specialist health services. There are specialist clinics around the UK and in some of these you can have a reversal procedure.

Call the NSPCC FGM helpline on 0800 028 3550 for more information or email them at fgmhelp@nspcc.org.uk

Visit www.gov.uk and search for female genital mutilation.
When I was “circumcised” I was five or six. It started as a ceremony - I was bought clothes, gold earrings and bangles. I had henna put on my hands and feet, it was like a celebration and I was the centre of attention.

The equipment they use is handmade: a sharp curved knife which is not sterilised. And I was given no anaesthetic. They left a little hole for urination. There were no stitches but they treated the wound with herbs, salt and water. It bled a lot and I was in great pain. I was horribly frightened and crying.

I came to the UK to study and about the same time suffered a great deal of bleeding and pain, so I went to hospital. It turned out that when they carried out the procedure they left part of one of my labia inside me, so the UK doctors operated to get rid of it.
Many families in Britain take girls to their country of origin to have FGM carried out. It is a holiday, they see family and the countryside and are then “circumcised”. When they return, they tell the girl not to talk about it. They say the Government will take her away from her family, and that she will lose all she has in the UK.

Many in my generation are fighting it. These days people are more aware, and I know many educated women who will not practice it. They say – “We have had enough!”

Bint al-Sultan - Manor Gardens
Advocacy Project
What to do if you are worried you may be at risk of FGM?

★ Talk to someone you trust, maybe a teacher or a school nurse. They are here to help and protect you.

★ Remember that no-one is allowed to hurt you physically or emotionally, and FGM is not allowed in this country.

★ You can get help. Call the NSPCC FGM helpline on 0800 028 3550 for more information or email them at fgmhelp@nspcc.org.uk
FGM Helpline
0800 028 3550
fgmhelp@nspcc.org.uk

Home Office FGM Unit
FGMEnquiries@homeoffice.gsi.gov.uk

Metropolitan Police
Child Abuse Investigation Command/Project Azure
020 7161 2888
Foundation for Women’s Health Research & Development (FORWARD)
www.forwarduk.org.uk
020 8960 4000

Childline
www.childline.org.uk
0800 1111 (24 hr free helpline for children)

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