

- noticeable behaviour change
- change of dress from tight to loose fitting clothing
- menstrual problems
- difficulty in sitting down comfortably
- complain about pain between their legs
- talk of something somebody did to them that they are not allowed to talk about

FGM and the law

All types of FGM have been illegal in England, Wales and Northern Ireland since the 1985 Female Circumcision Prohibition Act.

The **Female Genital Mutilation Act 2003** updated the original Act and it is an offence to:

- Perform FGM in the UK or abroad
- Assist the carrying out of FGM in the UK or abroad
- Assist a girl to carry out FGM on herself in the UK or abroad

Any person found guilty of an offence under the Female Genital Mutilation Act 2003 will be liable to a maximum penalty of 14 years' imprisonment and/or a fine.

The **Serious Crime Act 2015** extended the reach of the previous Acts and also made it an offence:

- For any person with parental or caring responsibility for a girl to fail to protect her from FGM
- To publish any information that would likely lead to the identification of a person against whom an FGM offence is alleged to have been committed on

The 2015 Act also introduced FGM protection orders which can be issued by courts to protect a girl a) at risk of FGM or b) who has undergone FGM.

Note – In Scotland, FGM is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

What to do if a girl has undergone FGM

The Serious Crime Act 2015 requires regulated professionals such as teachers, health professionals and social workers to report all known cases of FGM for under 18s (i.e. when a disclosure has been made and/or medical examination has confirmed that FGM has taken place) to the police.

All professionals are required under the Children Acts 1989 and 2004 to safeguard children and young people. While the duty to report to the police is limited to the specified professionals described above, non-regulated practitioners still have a general responsibility to report cases of FGM (whether these are disclosed or visually identified, or suspected or at risk) in line with wider safeguarding frameworks.

It is recommended that the girl be signposted to support services.

What to do if you suspect a girl is at risk of FGM

If you are concerned that a girl is at risk of FGM, a referral must be made to the local children's services team.

If you are concerned that the girl is in immediate danger of FGM, contact the police by calling 999.

You should also contact the Foreign and Commonwealth Office if the girl has already been taken abroad:

- telephone: 020 7008 1500
- from overseas: +44 (0)20 7008 1500

The NSPCC also provides further information and advice on FGM. You can email them at fgmhelp@nspcc.org.uk or call their helpline on 0800 028 3550.



**Developing excellence
in response to FGM and
other harmful practices**

For more information about any aspect of the Centre's work, please contact the National FGM Centre:

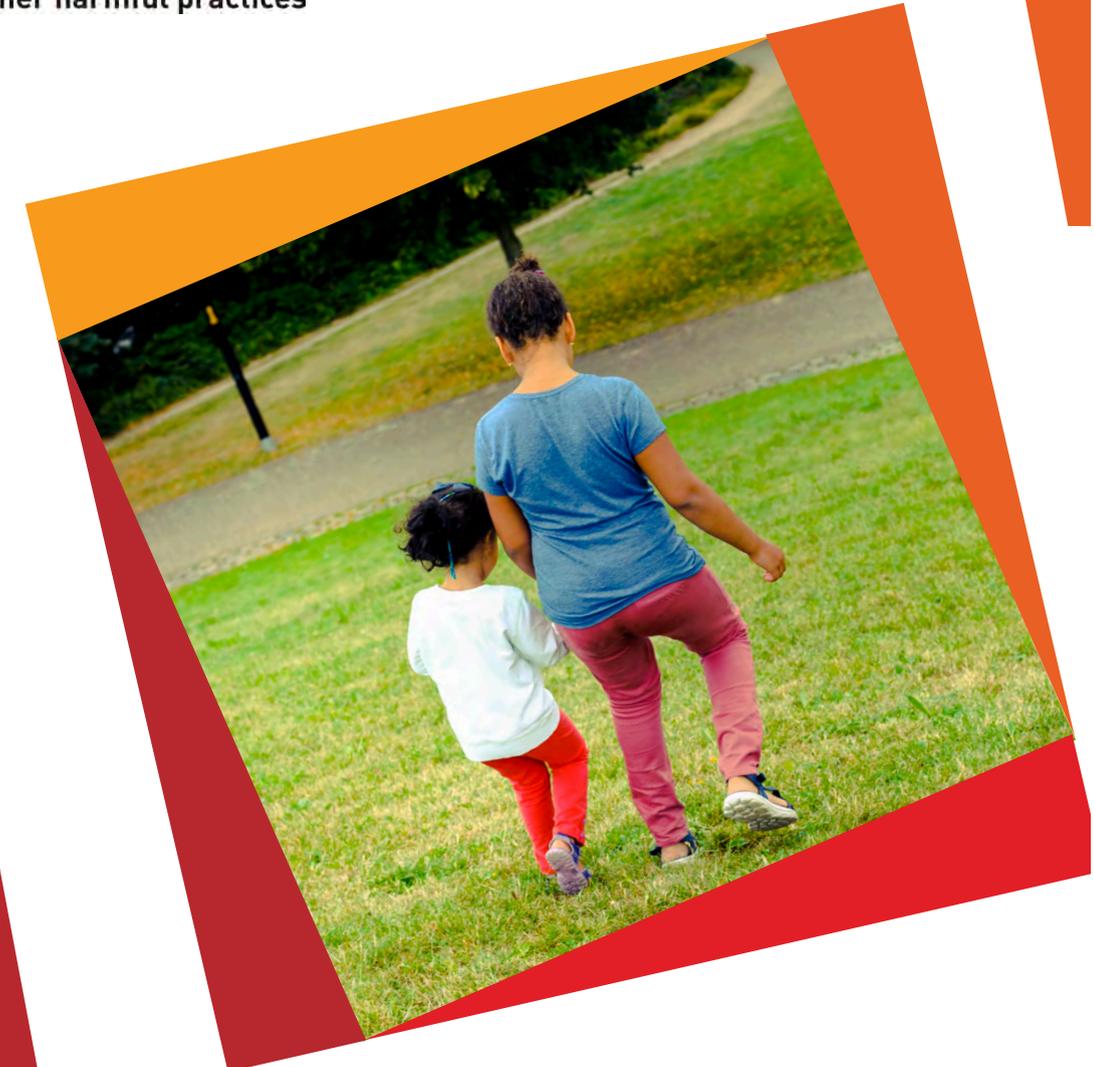
✉ info@nationalfgmcentre.org.uk

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Female Genital Mutilation (FGM) An overview



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Female genital mutilation

The World Health Organisation defines female genital mutilation (FGM) as:

“Any procedure which involves the partial or complete removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”.

Some communities refer to FGM as ‘circumcision’, ‘cutting’ or ‘sunnah’, rather than ‘FGM’.

FGM violates the rights and dignity of women and girls and is illegal regardless of the age of the female on which it is performed.

At risk groups

FGM is usually practised on girls between infancy and 15 years old, but can also be performed on older girls and women.

More than 200 million girls and women alive today have been cut globally and in the UK, it is estimated that there are over 130,000 women living with FGM.

Justifications for FGM

Many affected communities believe that FGM is a necessary custom to ensure that a girl is accepted within the community and eligible for marriage.

Families who practice FGM on girls usually see it as a way of safeguarding their future.

Other reasons include:

- perceived health benefits
- preservation of the girl’s virginity
- cleanliness
- rite of passage into womanhood
- status in the community
- protection of family honour
- perceived religious justifications

There are no religions that advocate for FGM.

Prevalence

Traditionally, it is carried out in 29 countries in Africa and parts of Asia, Latin America and the Middle East.

Due to migration, FGM is a now practised globally.

Types of FGM

There are many variations of FGM that broadly come under four types:

Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type 2: Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora (excision)

Type 3: Narrowing of the vaginal orifice with creation of a covering seal by cutting and bringing together (sewing) the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

Type 4: All other types of harmful traditional practices that mutilate the female genitalia, including pricking, cutting, piercing, incising, scraping and cauterisation

Health implications

Short term health implications include

- death
- severe pain and shock
- broken limbs from being held down
- injury to adjacent tissues
- urine retention
- increased risk of HIV and AIDS

Long term health implications include:

- uterine, vaginal and pelvic infections
- cysts and neuromas
- infertility
- increased risk of fistula
- complications in childbirth
- depression and post-natal depression
- psychosexual problems
- pregnancy and child birth
- sexual dysfunction



- difficulties in menstruation
- trauma and flashbacks

Signs that a girl could be at risk of FGM

- One or both of a girl’s parents come from a community affected by FGM
- A girl is born to a woman who has undergone FGM
- Mother has requested re-infibulation following childbirth
- A girl has an older sibling or cousin who has undergone FGM
- One or both parents or elder family members consider FGM integral to their cultural or religious identity
- The family indicate that there are strong levels of influence held by elders and/or elders who are involved in bringing up female children
- A girl/family has limited level of integration within UK community
- A girl from a practising community is withdrawn from PSHE and/or Relationship & Sex Education or its equivalent may be at risk as a result of her parents wishing to keep her uninformed about her body, FGM and her rights
- 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
- If there are references to FGM in conversation, for example a girl may tell other children about it
- A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk
- Parents state that they or a relative will take the child out of the country for a prolonged period
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent
- A girl is taken abroad to a country with high prevalence of FGM, especially during the summer holidays which is known as the ‘cutting season’

Signs that FGM has occurred

- prolonged absence from school
- frequent need to go to the toilet
- long break to urinate
- urinary tract infections
- visual identification
- verbal disclosure