



One minute guide

Female Genital Mutilation

No. 45, June 2014

What is Female Genital Mutilation?

Female Genital Mutilation (FGM) refers to procedures that intentionally alter, mutilate or cause injury to the female genital organs for non-medical reasons. FGM is medically unnecessary and can have serious health consequences, both at the time it is carried out and in later life.

FGM is prevalent in 28 African countries and areas of the Middle and Far East, but it is increasingly practiced in the U.K. in communities with larger populations of first-generation immigrants, refugees and asylum seekers. Due to the hidden nature of FGM, it is difficult to estimate how many girls and women it actually affects in the U.K and worldwide, but it is generally recognised to be more common than previously thought.

FGM is deeply embedded in some communities and is performed for cultural and social reasons. It is usually carried out on girls before they reach puberty, but in some cases it is performed on new-born infants or on women before marriage or pregnancy. It is often justified by the belief that it is beneficial for the girl or woman, but FGM is an extremely harmful practice which violates basic human rights.

What are the main types of female genital mutilation?

The World Health Organisation classifies FGM into four major types:

Type 1: Clitoridectomy: removing part or the entire clitoris.

Type 2: Excision: partial or entire removal of the clitoris and the inner labia with or without removal of the outer labia.

Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal, formed by cutting and reforming the labia with or without removal of the clitoris

Type 4: Other: harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and burning.

Short effects & and long term consequences of FGM

Short term effects include; severe pain, shock, bleeding, wound infections, inability to urinate, damage to other organs & possibly death.

Long-term consequences include: vaginal & pelvic infections; menstrual problems; difficulties passing urine & persistent urine infections; kidney damage & possible failure; cysts & abscesses; infertility, complications during pregnancy & childbirth; the need for later surgery.

Girls and women who have been subjected to FGM may also suffer psychological harm, including depression, anxiety, flashbacks, substance misuse and/or self-harm.

What does the law say about FGM?

FGM is illegal in the UK, it has been a criminal offence since 1985. The Female Genital Mutilation Act 2003 strengthened existing law to make it an offence to arrange for a child to be taken abroad for FGM, and for UK nationals or permanent UK residents to abet, counsel, procure or undertake FGM abroad, even in countries where the practice is legal.

What should practitioners do?

The most significant risk factor for girls and young women is coming from a community where FGM is known to be practised and/or where a mother, sister or other female family member has been subjected to FGM. Practitioners should be aware of this and provide families with advice and information which makes it clear that FGM is illegal.

Practitioners, particularly those working in schools and in health services should also be aware of and consider potential indicators that FGM may be taking place, or has already taken place, for example:

Preparations for the child to take a long holiday - arranging vaccinations or planning an absence from school;

A change in the child's behaviour after a prolonged absence from school, including; being withdrawn; crying or being away from class for long periods; and/ or

The child has bladder or menstrual problems, and/ or may have difficulty walking, sitting or standing.

Practitioners should also be aware that children who are at risk of serious harm through child sexual exploitation, trafficking, forced marriage, honour based violence and female genital mutilation are often 'hidden' and may be also missing from education, and /or care or home.

If a practitioner becomes aware of a FGM risk to a child they must make a referral to Children's Services Duty and Advice Team, who may, in partnership with the Police, undertake Section 47 (safeguarding) enquires, and liaise with health services regarding medical assessments.

Key contacts and more information

Duty and Advice Team tel: 0113 3760336 (out of hours tel: 0113 2409536)

[Forward UK](#) (Foundation for Women's Health, Research and Development)

[Female Genital Mutilation practice guidelines](#)

[A Statement Opposing Female Genital Mutilation](#) (this can be given to girls and women who may be at risk)

West Yorkshire Online Procedures—about [Female Genital Mutilation](#)