



FACTSHEET

FEMALE GENITAL MUTILATION

What is Female Genital Mutilation?

Female Genital Mutilation (FGM), is sometimes referred to as '*female genital cutting*.' Some people also refer to FGM as '*female circumcision*' – however 'circumcision' is an inappropriate term as it implies that it is the equivalent to male circumcision and therefore implies that the consequences are far less severe than is the actual case. The names 'FGM' or 'cut' are increasingly used at the community level. However, these terms are not always understood, as they are English terms. Individuals in practicing communities are more likely to use the relevant terms in their own language - for example, the Somali term for FGM is '*gudnin*' and the Sudanese term is '*tahur*'.

FGM is defined by the World Health Organisation (WHO) as the range of procedures which involve "*the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason*". WHO has classified FGM into four types:

1. **Type 1 (Clitoridectomy):** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2. **Type 2 (Excision):** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. **Type 3 (Infibulation):** where the clitoris and labia minora are completely removed and the vaginal opening is stitched or narrowed leaving only a small opening (1 – 2 cm) for the passage of urine and menstrual blood.

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

What is the extent of the problem?

Prohibition of the practice has led to FGM going underground, thus people are performing the operation that have had no medical training, thus performing the cutting without aesthetic, sterilization, or the use of proper medical instruments. This practice can cause severe bleeding sometimes fatal, problems urinating and later, potential childbirth complications and newborn deaths.

The number of women suffering from FGM increasingly still attend and present themselves at FGM clinic's, hospital's and walk - in centres, in Britain - yet there have been no prosecutions under the law.

Some statistics below highlight the extent of the problem in the UK, Europe and worldwide:

- According to research by Forward, up to 24,000 girls under the age of 15 are at risk of FGM in the UK – with approximately three quarters at risk of Type 3 FGM and the rest at high risk of types 1 or 2.
- European Parliament estimates that 500,000 women and girls are living with FGM in Europe with another 180,000 at risk each year.
- Up to two million girls per year undergo some form of the procedure each year globally.
- Approximately 138 million women worldwide have undergone FGM worldwide, with up to 80% of these having undergone type 1 or type 2.
- In Africa an estimated 92 million girls from 10 years of age and above have undergone FGM.

Who is at risk of FGM?

FGM is typically performed on girls between the ages of 4 and 15 years. Girls and women in the UK who have undergone FGM may be British citizens born to parents from FGM practicing communities or they may be women living in Britain who are originally from those communities e.g. women who are refugees, asylum seekers, overseas students or the wives of overseas students.

FGM is practiced in more than 28 countries in Africa and in some countries in Asia and the Middle East, although the extent of the practice varies in each region and in each country there may be specific ethnic communities in which the incidence of FGM is high. African countries with the highest likelihood of FGM being practised are

Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Mali, Sierra Leone, Somalia and Sudan. It appears that the Democratic Republic of Congo (DRC), Ghana, Niger, Tanzania, Togo, Uganda, and Yemen have the lowest incidence of FGM. Therefore girls from these migrant communities will be at risk of FGM.

Girls maybe at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. Also many of the communities that practice FGM in the UK are Muslim and religion is often cited as a reason. However, the Qu'ran or any other holy text advocates for FGM. In fact, FGM is not a religious practice but a social practice. For example, in multi-faith countries, it is forced upon girls whose families follow Christianity, Islam and Animism religions. It is also practiced in countries where the predominant religion is Christianity.

How are victims affected by FGM?

FGM constitutes child abuse and causes physical and psychological harm that has a long-term impact. The procedure has no health benefits for girls and women – instead it has severe health implications that have a long term impact which include:

a) **Physical Problems** - severe bleeding and problems urinating, and later, potential childbirth complications and newborn deaths. The severity of the physical problem may vary depending on the type of FGM undergone. For example, according to WHO data, women who have undergone any type of FGM will show increased complications in childbirth compared with women who have not had FGM. However, the severity worsens with women who have Type 3 FGM, who require special care during pregnancy and childbirth, which require specialist knowledge and procedures.

The long-term health implications of FGM include:

- Severe pain
- Injury to adjacent tissues;
- Fracture or dislocation as a result of restraint
- Haemorrhage
- Urinary retention
- Pain during sex,
- Lack of pleasurable sensation,
- Incontinence
- Chronic vaginal and pelvic infections
- Difficulties with menstruation;

- Difficulties in passing urine and chronic urine infections
- Renal impairment and possible renal failure
- Damage to the reproductive system, including infertility
- Infibulation cysts, neuromas and keloid scar formation
- Complications in pregnancy and delay in the second stage of childbirth; potential childbirth complications and newborn deaths.
- Wound infections including Tetanus and blood borne viruses (including HIV and Hepatitis B and C)
- Increased risk of sexually transmitted infections.
- Death

b) **Mental health problems** – As the procedure is generally performed on pre-pubescent and adolescent girls, usually without anaesthetics and with instruments such as razor blades, the emotional and psychological shock is huge. Although in some countries, FGM is performed in clinics using anaesthetic, case histories and personal accounts from women note that FGM is extremely traumatic experience for girls and women that stay with them for the rest of their lives. The emotional and psychological shock is exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends. Young women receiving psychological counselling in the UK have reported feelings of betrayal by parents, incompleteness, regret and anger. Psychological damage can include a number of mental health and psychosexual problems including depression, anxiety, and sexual dysfunction etc.

Reasons used by perpetrators to justify FGM

FGM is a deeply rooted tradition that serves as a complex form of social control of women's sexual and reproductive rights. Sometimes there is a perception that normal female genitalia are both unattractive and unhygienic. In some cultures it is believed that a girl who has not undergone FGM is unclean and not able to handle food or drink. Infibulation is strongly linked to virginity and chastity. It is used to safeguard girls from sex outside marriage and from having sexual feelings. In more traditional cultures it is considered necessary at marriage for the husband and his family to see her closed. In some instances both mothers will take the girl to be cut open enough to be able to have sex. Some women also have to be cut open to give birth.

Although secular communities practice FGM, it is also often claimed to be carried out in accordance with religious beliefs. However, neither the Bible nor the Quran or any other religious text justifies FGM. As some Muslim countries practice FGM, in 2006, top Muslim clerics at an international conference on FGM in Egypt pronounced that FGM is not Islamic.

Parents who support the practice of FGM use a range of reasons to try and justify it, which can vary with culture. Some reasons include they are acting in the child's best interests because it:

- Brings status and respect to the girl
- Preserves a girl's virginity / chastity
- Is part of being a woman
- Is a rite of passage
- Gives a girl social acceptance, e.g. 'uncut' girls considered unmarriageable
- Upholds the family honour
- Cleanses and purifies the girl
- Fulfils a religious requirement mistakenly believed to exist
- Perpetuates a custom / tradition
- Helps girls and women to be clean and hygienic
- Is cosmetically desirable; and
- Is mistakenly believed to make childbirth safer for the infant.

What is the legal position on FGM in the UK?

FGM is internationally recognized as a violation of the human rights of girls and women and it is illegal to practice FGM in the UK. Female Genital Mutualisation is a fundamental infringement of basic human rights and contravenes the UN Convention 'Rights of Child'.

FGM is prohibited by law in the UK and was made illegal by the Female Circumcision Act in 1985. It has also been unlawful in Scotland since 1985 by virtue of the Prohibition of Female Circumcision Act 1985. It is therefore a criminal offence for FGM to be performed by anyone, whether a medical professional or not. However families were bypassing the law by taking girls abroad to have the procedure. The Female Circumcision Act 1985 was therefore replaced by the Female Mutualisation Act 2003, which now protects girls and women who are taken over seas for the purpose of FGM. The new Act also amplified the maximum penalty on conviction and indictment for FGM from 5 years imprisonment to that of 14 years. Therefore any non UK national or permanent UK resident involved in arranging or carrying out FGM could be prosecuted under this legislation. In Scotland, the 2005 Act also extended protection by giving those offences extra-territorial effect in order to protect those being sent abroad to have FGM carried out. It also increased the penalty on conviction from indictment to 5-14 years imprisonment.

Despite the legislation to protect women and girls from FGM, there have been no prosecutions in the UK. There are difficulties in bringing any prosecution for FGM, due to the pressure faced by victims in both having to stand up to the family

members who subjected them to FGM, and act their cultures which permit the practice.

What is the Islamic position on FGM?

FGM is not an Islamic obligation - the majority of Muslim scholars condemn it. In some communities, the term used for FGM is 'sunnah' (or recommended), which is a word referring to a practice following the traditions of Prophet Mohammed (pbuh). However, the hadiths (narrations) this has been based on have been shown to be inauthentic – in fact this stance contradicts strong principles in Islam that forbids mutilating the body. FGM is a practice which predates Islam and is practiced by communities of various faiths and no faith. However, Muslims who practice FGM try and wrongly rationalise it as an Islamic religious practice even though it predates Islam and is not practiced by the majority of Muslims globally. Words such as sunna and tahir are used to describe FGM to try and make links with Islam.

What are the signs that a girl may be at risk of FGM or has undergone FGM?

Suspicious may arise in a number of ways that a child is being prepared for FGM to take place in the UK (covertly) or be taken abroad or has just undergone FGM. Some indicators are listed below and this should not be seen as exhaustive and whilst the factors detailed below may be an indication that a child is facing FGM, it should not be assumed that is the case simply on the basis of someone presenting with one or more of these warning signs. These warning signs may indicate other types of abuse such as forced marriage or sexual abuse that will also require a multi-agency response.

- The family belongs to a community in which FGM is practiced.
- The family makes preparations for the child to take a holiday, e.g., arranging vaccinations, planning an absence from school. Girls are at particular risk of FGM during school summer holidays. Many girls may not be aware that they may be at risk of undergoing FGM.
- The child talks about a 'special procedure/ceremony' that is going to take place.
- Prolonged absence from school and noticeable behaviour change on return to school.
- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family.
- Avoidance of specific classes or activities such as PE or sports, giving reasons of bladder, menstrual or abdominal problems.
- Girls finding it difficult to sit still in class or looking uncomfortable when sitting.
- Girls complaining of pain between their legs, or talking about something someone did that they are not allowed to talk about.

- Girls talk about something that someone did to them that they are not allowed to talk about.

Steps to take if you or someone you know is at risk of FGM

If you are at risk talk to someone you trust, maybe a teacher or a school nurse. You could also contact the police. They will all be able to help protect you.

If you are concerned that a citizen in Britain may be taken overseas for the purpose of FGM please call the Foreign and Commonwealth Office on 0207 008 1500 or email fgm@fco.gov.uk

Steps to take if you have had FGM

You can seek medical advice and help from specialist health services. There are 15 specialist clinics around the UK and in some of these you can have a reversal procedure. Contact details of hospitals and clinics in the UK offering Specialist FGM (Female Genital Mutilation) health services can be found at:

<http://www.forwarduk.org.uk/resources/support/well-woman-clinics>

Sources used for fact sheet

The sources used to create this factsheet include: Forward (www.forwarduk.org.uk); Multi-agency guidelines on FGM (www.fco.gov.uk); World Health Organisation; Rosa Foundation; Female Genital Mutilation: Treating the Tears (2004), Haseena Lockhat.

Further information

Below is a list of useful resources for additional information on FGM:

1. **The Women's Health and Cultural Organizations** – Based in Middlesbrough and working to improve the health and well-being of Black and Minority Ethnic women, in the North East of England. They offer free and confidential support and advice to women who are at risk of, or who have been affected by Female Genital Mutilation.

Website: www.whco.org.uk

Telephone: 01642 217422

2. **Sudan Women's Association** - Based in Camden and working to reduce the isolation of local Sudanese women, increasing health awareness and signposting.

Website: www.sudanwomen.org.uk

Telephone: 020 7372 0944

3. **Southall Community Alliance** - Umbrella organisation in London Borough of Ealing, with over 120 affiliated groups including. Work with Indian, Somali, Iranian, Afghan and Russian communities. They work to meet local needs which includes tackling FGM

Website: www.southallcommunityalliance.com

Telephone: 020 8574 8855

4. **Somali Development Services** - A community organization based in Leicester providing services to a range of minority communities work through existing family support services to reduce the risk to girls and young women of being victims of FGM

Website: www.sds-ltd.org

5. **Ocean Somali Community Association** – A voluntary organisation based in Tower Hamlets supporting Somali and other BME groups. They have specialist programmes which includes providing advice on FGM.

Website: www.oceansomali.org.uk

Telephone: 020 7987 5833

6. **Granby Somali Women's Group** – Based in Liverpool, provide services for BME groups in Princes Park Ward and are working on challenging FGM.

Telephone: 0151 7271008

7. **FORWARD (London)** London based organization that works with individuals, communities and organisations to transform harmful practices and improve the quality of life of vulnerable girls and women.

Website: www.forwarduk.org.uk

Telephone: 020 8960 4000

8. **British Somali Community (BSC)** – Camden based voluntary women-led Somali organisation, seeking to make a significant improvement in lives of Somali children.

Website: www.britishsomali.org

Telephone: 0207 4852963

9. **Bolton Solidarity Community Association** – Working with Sudanese, Somali, Oromo and Eritrean communities (amongst others) and with new and emerging communities in Bolton.

Telephone: 01204 399239

10. **Birmingham & Solihull Women's Aid (BSWA)** - Charity providing services for women affected by domestic abuse, including refuges and outreach work which includes FGM.

Website: www.bswaid.org

Telephone: 0121 685 8687

11. **Black Women's Health & Family Support – Tower hamlets** Charity based in Tower Hamlets working with Somali and other African women on a range of issues including FGM.

Website: www.bwhafs.com

Telephone: 0208 980 3503

12. **Black Association of Women Step Out (BAWSO)** – Supporting women and children throughout Wales and have project tackling FGM.

Telephone: 02920 644633 (Cardiff)
01633 213213 (Newport)
01792 642008 (Swansea)
01978 355818 (Wrexham)

13. **ACCM** - Charity based in Bedford and set up in response to concerns and problems faced by women and girls of African, Asian and Middle East origin living in the UK. Particular areas of concern are FGM, forced marriage, and honour based violence.

Website: www.accmuk.com

Telephone: (0) 77 1248 2568 / (0) 1234 356 910

14. **Africa Advocacy Foundation** – Reach out to young African women within Lambeth, Southwark and Lewisham.

Website: www.a-af.org

Telephone: (0) 207 738 7238

15. Metropolitan Police (Child Abuse Investigation Command/Project Azure)

Telephone: 0207 161 2888

16. Foreign and Commonwealth Office

www.fco.gov.uk

Telephone: 0207 008 1500

E mail: fgm@fco.gov.uk

17. NSPCC

Telephone: 0808 800 5000

18. FGM National Clinic Group - dedicated to working with women who have been affected by FGM and other related difficulties.

Website: www.fgmnationalgroup.org