

WHAT IS FEMALE GENITAL MUTILATION?

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.

The practice is mostly carried out by traditional circumcisers or 'cutters' who often play other central roles in communities, such as attending childbirths. However, it can also be carried out by health and/or other professionals who believe in or support the practice.

FGM is recognised internationally as a violation of the human rights. It reflects deep-rooted gender inequality, and constitutes an extreme form of gender discrimination. 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, cruelty, inhumane or degrading treatment, and the right to life when the procedure results in death.

Key Facts

- Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons
- The procedure has no health benefits
- Procedures can initially cause severe bleeding and problems urinating
- Later it can cause cysts, infections, as well as complications in childbirth and increased risk of newborn deaths
- FGM is mostly carried out on children between infancy and age 15, but adults may still undergo FGM
- FGM is a violation of human rights
- FGM is not a religious practice

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Examples of Terms used for FGM

Term Used	Language	Country
Thara/Khitan	Arabic	Egypt
Mekhnishab	Tigreana	Eritrea
Niaka/KuyangoMusolula Karoola	Mandinka	Gambia
Xatna	Farsi	Iran
Kutairi/Kutairi was ichana	Swahili	Kenya
Gudiniin/Halalays/Qodiin	Somali	Somalia
Khifad/Tahoor	Arabic	Sudan
Kadin Sunneti	Turkish	Turkey
Ibi/Ugwu	Igbo	Nigeria

Multi-agency statutory guidance on female genital mutilation will provide you with further information, visit:

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Female genital mutilation is classified into four main types

Type 1

Often referred to as clitoridectomy, this is the partial or total removal of the clitoris, and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2

Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

Type 3

Often referred to 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 a clitoridectomy.

Type 4

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

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Consequences of FGM

Some men and women within the practising communities may not be aware of the potential harm and health impact of FGM. These can include short and long consequences:

Immediate Complications

Where a child or young person discloses fear of FGM, professionals in all agencies should be aware of any immediate complications:

- Severe pain
- Excessive bleeding (haemorrhage)
- Genital tissue swelling
- Fever
- Infections (e.g. tetanus)
- Urinary problems
- Wound healing problems
- Injury to surrounding genital tissue
- Shock
- Death

Long-term Consequences

Where a child or young person discloses fear of FGM, professionals in all agencies should be aware of any immediate complications:

- Urinary problems
- Vaginal problems
- Menstrual problems
- Scar tissue and keloids
- Sexual problems
- Increased risk of childbirth complications and newborn deaths
- Need for later surgeries
- Psychological problems

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Risk Factors

- The family has a history of practicing FGM
- The family come from a community known to practicing FGM
- The female is within the 'at risk' age group e.g. (0-15)years old
- Family believe FGM is intergral to their culture or relegious identity.
- The female confined to a professional that she is to have a special or to attend a special occasion to becoming a woman and for marriage
- Family have limited access to information about FGM and do not know about the harmful effect of FGM or UK law
- Taking a long holiday abroad where FGM is prevalent

Note: this is not an exclusive list of risk factors. There may be other risks specific to particular communities.

Indicators FGM May Have Taken Place

Someone who has had female genital mutilation (FGM) may:

- Have difficulty walking, standing or sitting
- Spend longer in the bathroom or toilet
- Appear withdrawn, anxious or depressed
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear

FGM and The Law

FGM is a crime in the UK and anyone who office, assisting or failing to protect the female from FGM can face a with a penalty of 14 years imprisonment. FGM also has its own FGM protection to help protect and prevent FGM from taking place.

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Responding to FGM

- If a disclosure is made by the victim and/or known an FGM has taken place, with a child under the age of 18 years old then immediately, you must report to the police
- Refer to the children/adult social care
- Follow your organisation as well as your local and national policies and procedures for FGM for best practice
- Follow the ONE CHANCE RULE at all times. We believe that there might be only once chance to stop FGM from happening and save a child life from a life-time of health impact
- Hold an emergency strategy/professional meeting with relevant agencies, (this should be immediately or within no less than 24 hours)

**For help and support
please contact:**

0800 107 0726
www.saverauk.co.uk
info@saverauk.co.uk

In an emergency,
please call 999