

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. However, it can also be carried out on women, particularly in preparation for marriage or after giving birth. 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

What is female genital mutilation?

Examples of Terms Used for FGM

Thara/Khitan

Mekhnishab

Niaka/KuyangoMusolula Karoola

Xatna

Kutairi/Kutairi was ichana

Gudiniin/Halalays/Qodiin

Khifad/Tahoor

Kadin Sunneti

Ibi/Ugwu

Language

Arabic

Tigregna

Mandinka

Farsi

Swahili

Somali

Arabic

Turkish

Igbo

Country

Egypt

Eritrea

Gambia

Iran

Kenya

Somalia

Sudan

Turkey

Nigeria

While Savera UK uses the term 'FGM' in its external communications, when working privately with survivors, it takes care to use the language and terminology preferred by the individual. When reporting on FGM is important to understand other terms, such as FGM/C, FGC, 'genital mutilation/GM' and, 'circumcision' and 'cutting'. You should ask the client you are working with what term they would like to use and respect that decision.

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

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.

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

Risk Factors

- The family has a history of practising FGM
- The family come from a community known to practising FGM
- The female is within the 'at risk' age group e.g. (0-15) years old
- Family believe FGM is integral to their culture or religious beliefs
- The female confided 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 fear

FACT SHEET

FGM and the Law

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

Responding to FGM

- If a disclosure is made by the person at risk and/or if you know that FGM has taken place, to a child under the age of 18, you must report it immediately to the police
- Refer to children's or adult social care
- Follow your organisational and your local and national best practice policies and procedures for responding to FGM
- 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 life, as well to protect them from a lifetime of health issues
- Hold an emergency strategy/professional meeting with relevant agencies, (this should be immediately or within 24 hours)

UNDER NO CIRCUMSTANCES

- Let the family, community or social network know about the disclosure
- Speak to the person at risk in front of family members or within the family home
- Approach the family or community leaders or attempt mediation
- Use members of the community to interpret
- Accidentally give out information which might jeopardise the person's safety

Caution is required about how information is shared, recorded, and safeguarded within the organisation. Information should only be shared on a need-to-know basis.

We will end 'honour'-based abuse and harmful practices

Helpline: **0800 107 0726**

10am - 4pm, Monday to Friday



To make a professional referral to Savera UK, complete our online form:
saverauk.co.uk/get-help/referrals-for-professionals/

If you are an individual who needs help or advice, complete this form:
saverauk.co.uk/savera-uk-individual-referral-form/

In an emergency, please call 999.