female genital mutilation: the facts
Female Genital Mutilation (FGM) comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons.

FGM has been categorised into four types, ranging from a symbolic prick to the clitoris or prepuce, to the fairly extensive removal and narrowing of the vaginal opening. All these forms of FGM have been found in the UK.

FGM is sometimes known as ‘female genital cutting’ or female circumcision. Communities tend to use local names for referring to this practice, including ‘sunna’.

FGM is considered a grave violation of the rights of girls and women.

The World Health Organisation estimates that three million girls undergo some form of the procedure every year in Africa alone. It is practised in 28 countries in Africa and some in the Middle East and Asia. FGM is also found in the UK amongst members of migrant communities. It is estimated that over 20,000 girls under the age of 15 in the UK are at risk of FGM each year1

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

1 Dorkenoo et al, 2007. Available from FORWARD UK.
Under the Female Genital Mutilation Act 2003 it is an offence in England, Wales and Northern Ireland for anyone (regardless of their nationality and residence status) to:

- perform FGM in the UK;
- assist the carrying out of FGM in the UK;
- assist a girl to carry out FGM on herself in the UK; and
- assist from the UK a non-UK person to carry out FGM outside the UK on a UK national or permanent UK resident.

It is also an offence for UK nationals or permanent UK residents to:

- perform FGM on any person overseas;
- assist FGM carried out abroad by a UK national or permanent UK resident – this would cover taking a girl abroad to be subjected to FGM;
- assist a girl to perform FGM on herself outside the UK; and
- assist FGM carried out abroad by a non-UK person on a girl/woman who is a UK national or permanent UK resident – this would cover taking a girl abroad to be subjected to FGM;

even in countries where the practice is not a criminal offence.

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 or a fine or both.

2 In England, Wales and Northern Ireland the practice is illegal under the Female Genital Mutilation Act 2003. In Scotland it is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005.
Usually it is a girl’s parents or her extended family who are responsible for arranging FGM. Some of the reasons given for the continued practice of FGM include; protecting family honour, preserving tradition, ensuring a woman’s chastity, cleanliness and as a preparation for marriage.

Whilst FGM is often seen as an act of love, rather than cruelty, it causes significant harm and constitutes physical and emotional abuse. FGM is considered to be child abuse in the UK and is a violation of the child’s right to life, their bodily integrity as well as of their right to health.

FGM can have serious consequences for a woman’s health and in some instances can lead to death.

Infections, severe pain, bleeding and tetanus are just some of the short term consequences.

In the long term women can suffer pain and discomfort during sex, chronic pain, infection, cysts, abscesses, difficulties with periods and fertility problems. Women also often suffer severe psychological trauma, including flashbacks and depression.
Women who have had FGM are significantly more likely to experience difficulties during childbirth and their babies are more likely to die as a result of the practice. Serious complications during childbirth include the need to have a caesarean section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalisation following the birth.  

Female Genital Mutilation is not a religious requirement or obligation. FGM, including a symbolic prick to the clitoris, has no link with Islam and is neither a requirement nor a ‘Sunna’ in Islam. Globally most Muslims do not practise FGM.

FGM is not condoned by Christian or Jewish teachings, or the Bible or Torah.

Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing both that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school. The child may also talk about a special procedure/ceremony that is going to take place.

Indicators that FGM may already have occurred include prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems. Some teachers have described how children find it difficult to sit still and look uncomfortable, or may complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.
What do you do if you are concerned about someone who is at risk of FGM?

- Talk to them about your concerns, but use simple language and straightforward questions.
- Be sensitive and let them know that they can talk to you again.
- Consult a child protection advisor and make a referral to children’s social care and/or the police.
- Call the NSPCC FGM helpline on 0800 028 3550 for more information or email them at fgmhelp@nspcc.org.uk.

What to do if you have had FGM done?

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.

What to do if you are worried you may be at risk of FGM?

- Talk to someone you trust, maybe a teacher or a school nurse. They are here to help and protect you.
- Remember that no-one is allowed to hurt you physically or emotionally, and FGM is not allowed in this country.
- You can get help. Call the NSPCC FGM helpline on 0800 028 3550 for more information or email them at fgmhelp@nspcc.org.uk.

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Visit www.gov.uk and search for female genital mutilation.
When I was “circumcised” I was five or six. It started as a ceremony - I was bought clothes, gold earrings and bangles. I had henna put on my hands and feet, it was like a celebration and I was the centre of attention.

The equipment they use is handmade: a sharp curved knife which is not sterilised. And I was given no anaesthetic. They left a little hole for urination. There were no stitches but they treated the wound with herbs, salt and water. It bled a lot and I was in great pain. I was horribly frightened and crying.

I came to the UK to study and about the same time suffered a great deal of bleeding and pain, so I went to hospital. It turned out that when they carried out the procedure they left part of one of my labia inside me, so the UK doctors operated to get rid of it.

Many families in Britain take girls to their country of origin to have FGM carried out. It is a holiday, they see family and the countryside and are then “circumcised”. When they return, they tell the girl not to talk about it. They say the government will take her away from her family, and that she will lose all she has in the UK.

Many in my generation are fighting it. These days people are more aware, and I know many educated women who will not practice it. They say - “We have had enough!”

Bint al-Sultan - Manor Gardens Advocacy Project
FGM Helpline
0800 028 3550
fgmhelp@nspcc.org.uk

Home Office
FGMEnquiries@homeoffice.gsi.gov.uk

Metropolitan Police
Child Abuse Investigation
Command/Project Azure
020 7161 2888

Foundation for Women’s Health Research & Development (FORWARD)
www.forwarduk.org.uk
020 8960 4000

Childline
www.childline.org.uk
0800 1111 (24 hr free helpline for children)
visit www.gov.uk and search for female genital mutilation.