



Female Genital Mutilation (FGM)

What is FGM?

'FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life' (Co-operating to Safeguard Children and Young People, March 2016).

FGM may also be referred to as 'cutting'. However, there are many terms used in communities where FGM is practised. These vary based on country and language, e.g. 'sunna'. There are four types of FGM which are carried out, usually by women; typically elder women in the community. This could include the child's aunt or grandmother; or sometimes there is a 'cutter' in the community.

Who does FGM affect?

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of five and eight. Girls living in communities that practice FGM are most at risk. FGM is practiced in countries across Africa, the Middle East and Asia and across the developed world, where immigration from practising communities has taken place.

Why is FGM carried out?

Custom and tradition is one of the biggest reasons FGM is carried out. It started hundreds of years ago and has become part of life in many countries. There are many reasons given to justify the practice but these are based on myth and misinformation. Some include:

- fulfils a perceived religious requirement;
- brings status and respect;
- upholds the family honour;
- preserves a girl's virginity/chastity;



- helps girls and women to be clean and hygienic;
- gives a girl social acceptance, especially for marriage; and
- enhanced fertility.

Identifying FGM

Possible signs that FGM is about to take place:

- a child may talk about going on a special holiday to a country where the procedure is prevalent (a prolonged period of time away, often at the start of the school holidays)
- a child may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'
- a female family elder visiting from country of origin.

Possible signs that FGM may have already taken place:

- difficulty walking, sitting or standing
- lengthy absence from school/activities during the day with bladder or menstrual problems
- prolonged or repeated absences from school/activities
- behavioural changes, e.g. withdrawal or depression
- seek to be excused from physical exercises.

Legal context

FGM is a criminal offence in Northern Ireland. The Serious Crime Act 2015 (Sections 72 and 73) has amended the Female Genital Mutilation Act 2003 to include the 'Offence of failing to protect a girl from risk of genital mutilation'; and has introduced FGM Protection Orders (FGMPO).

An FGMPO is a civil measure which can be applied for through a family court. It offers the means of protecting actual or potential victims from FGM under the civil law.

An application can be made by the person who is to be protected by the order, or a relevant third party (e.g. local authority) or any other person with the permission of the court (e.g. teachers, health care professionals, family member).



A FGMPPO may contain prohibitions, restrictions or requirements to protect the person at risk of FGM, e.g. confiscating passports or travel documents of the girl at risk and/or family members to prevent girls from being taken abroad.

Female Genital Mutilation Act 2003

The Female Genital Mutilation Act 2003 (which repealed, re-enacted and revised the provisions of the Prohibition of Female Circumcision Act 1985) sets the maximum penalty for FGM to 14 years imprisonment. The Act also makes it a criminal offence for UK nationals or permanent UK residents to:

- perform FGM overseas
- take a UK national or permanent UK resident overseas to have FGM.

Reporting

If a member of staff/volunteer has concerns that a child or young person they are working with may be at risk of or has undergone FGM they must follow their organisation's reporting procedures and contact their Designated Officer immediately. The Designated Officer must then make a referral to the relevant HSC Trust. If the child or young person is at **immediate** risk of FGM this must be reported to the PSNI without delay.

The above information has been compiled from the following sources:

Co-operating to Safeguard Children and Young People (DOH, 2016)

www.health-ni.gov.uk

Home Office Female Genital Mutilation: Resource Pack

www.gov.uk/government/publications/female-genital-mutilation-resource-pack

Home Office FGM E-learning

<https://www.fgmelearning.co.uk/>

Further information

NSPCC

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/>

World Health Organisation

<http://www.who.int/mediacentre/factsheets/fs241/en/>

FGM Helpline: 0800 028 3550