

# Parent Workshop

## Female Genital Mutilation

To know the background to FGM

To know which girls are most at risk

To recognise signs of FGM

To know school procedures if FGM is suspected

# What is FGM?

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child.

# Who is most at risk?

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy.

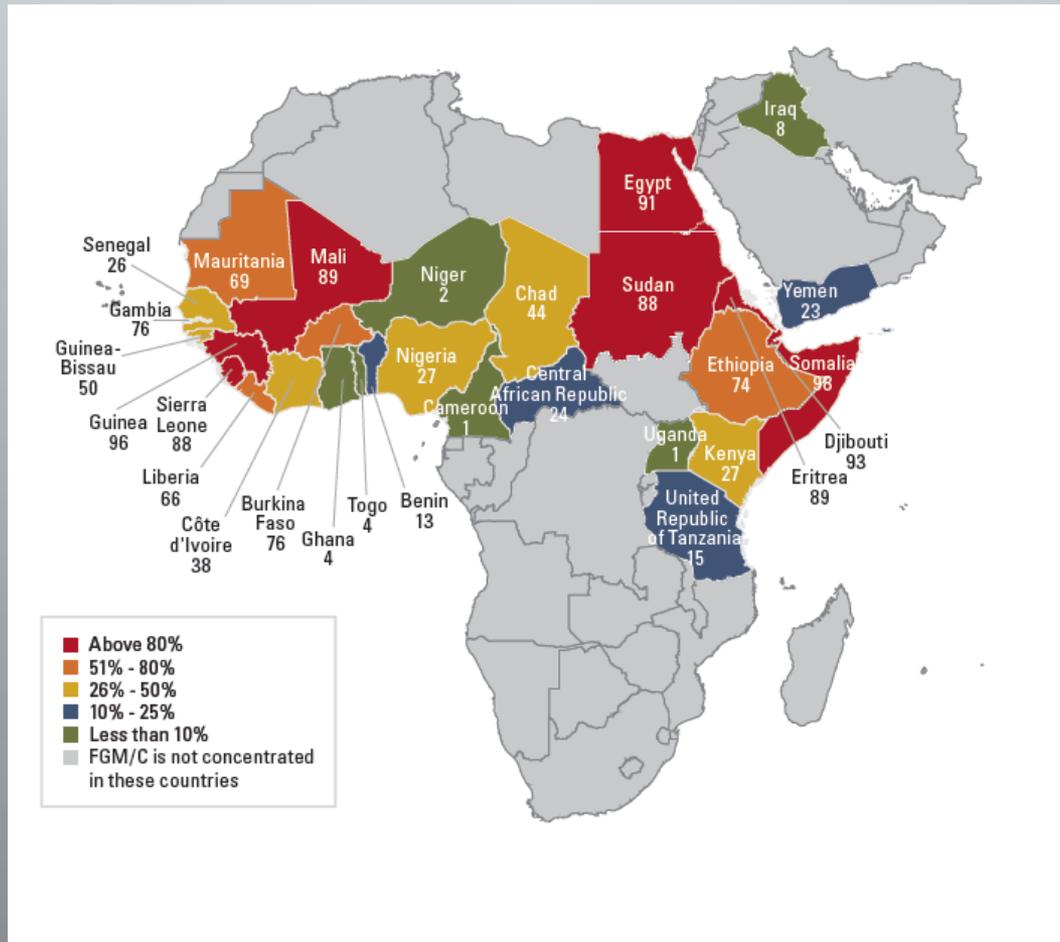
Girls aged between 4 and 14 are most at risk but older or younger girls could also be at risk.

However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

# Countries where practised

It has been documented mainly in Africa (in 28 countries), and in a few countries in the Middle East (e.g. Yemen, Iraq, Kurdish communities, Saudi Arabia), Asia and among certain ethnic groups in Central and South America. Anecdotal evidence and case studies show that FGM is now being encountered in various European countries as well.

# PREVALENCE OF FGM AMONG WOMEN AGED 15-49 IN AFRICA AND THE MIDDLE EAST



# FGM and religion

- Although FGM is practised by secular communities, it is most often claimed to be carried out in accordance with religious beliefs. However, FGM predates Christianity, Islam and Judaism, and the Bible, Koran, Torah and other religious texts do not advocate or justify FGM.
- Despite this, religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommend that women undergo FGM, and some women have been told that having FGM will make them 'a better Muslim'. However, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.

# Why does FGM occur?

- Religious, social or cultural reasons are sometimes given for FGM.
- It is used to control female sexuality
- FGM is often seen as a natural and beneficial practice carried out by a loving family who believe that it is in the girl's or woman's best interests.

# What happens

FGM is usually carried out by an older women in a practising community, for whom it is a way of gaining prestige and can be a lucrative source of income. The arrangements for the procedure usually include the child being held down on the floor by several women with the procedure carried out without medical expertise, attention to hygiene or anaesthesia. The instruments used include unsterilised household knives, razor blades, broken glass and stones. The girl may often not be expecting the procedure, exacerbating the shock and trauma that is experienced. However, there is an increasing trend of medical staff carrying out the procedures in hospitals.

# SHORT-TERM IMPLICATIONS FOR A GIRL'S HEALTH AND WELFARE

The short-term consequences following a girl undergoing FGM can include:

- severe pain.
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends).
- haemorrhage.
- wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C);
- urinary retention.
- injury to adjacent tissues.
- fracture or dislocation as a result of restraint
- damage to other organs
- death

# The long-term health implications of FGM can include:

- 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.
- obstetric fistula.
- complications in pregnancy and delay in the second stage of childbirth.
- pain during sex and lack of pleasurable sensation.
- psychological damage, including a number of mental health and psychosexual problems such as low libido, depression, anxiety and sexual dysfunction; flashbacks during pregnancy and childbirth; substance misuse and/or self-harm.
- increased risk of HIV and other sexually transmitted infections.
- death of mother and child during childbirth

# **SPECIFIC FACTORS THAT MAY HEIGHTEN A GIRL'S OR WOMAN'S RISK OF BEING AFFECTED BY FGM**

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights

# INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that **FGM happens to British girls in the UK as well as overseas** (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

# DUTY TO SAFEGUARD CHILDREN

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child and adult safeguarding/protection structures, policies and procedures.

Safeguarding girls at risk of harm of FGM poses specific challenges because the families involved may give no other cause for concern, for example with regard to their parenting responsibilities or relationships with their children. However, there still remains a **duty for all professionals to act to safeguard girls at risk.**

# Staff should:

- talk about FGM in a professional and sensitive manner.
- explain that FGM is illegal in the UK and that they will be protected by the law.
- recognise and respect their wishes where possible, but child welfare must be paramount. FGM is child abuse and against the law. If a member of staff believes that the girl is at risk of FGM, or has already undergone FGM, the police and social services must be informed even if this is against the girl's wishes. If you do take action against the student's wishes, you must inform them of the reasons why.
- activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with the police and children's or adults' social care.
- ensure that the girl is informed of the long-term health consequences of FGM to encourage her to seek and accept medical assistance

# FGM is illegal in the UK

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. This act:

- makes it illegal to practice FGM in the UK
- makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country
- makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad
- includes a penalty of up to 14 years in prison and/or a fine

# FGM must be challenged

FGM is not a matter that can be left to be decided by personal preference – it is an extremely harmful practice. Professionals should not let fears of being branded ‘racist’ or ‘discriminatory’ weaken the protection and support required by vulnerable girls and women.