What is female genital mutilation (FGM)?

Female genital mutilation (FGM) is a form of child abuse which has devastating physical and psychological consequences for girls and women. The World Health Organization describes it as: "procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons" (WHO, 2013).

Since 1985 it has been a serious criminal offence under the Prohibition of Female Circumcision Act to perform FGM or to assist a girl to perform FGM on herself. The Female Genital Mutilation Act 2003 tightened this law to criminalise FGM being carried out on UK citizens overseas. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

How prevalent is FGM?

FGM is usually carried out on girls between infancy and age 15, with the majority of cases occurring between the ages of 5 and 8 years (HM Government, 2011). Because of the hidden nature of the crime, it is difficult to estimate FGM's prevalence, but a study based on 2001 census data in England and Wales estimated that 23,000 girls under the age of 15 could be at risk of FGM each year; and nearly 66,000 women are living with its consequences (Dorkenoo et al, 2007). FGM could be even more prevalent than these figures suggest due to population growth and immigration from practising countries since 2001 (HM Government, 2011).

Who practises FGM?

FGM is practised in up to 42 African countries, and also in parts of the Middle East and Asia (House of Commons International Development Committee, 2013). In the UK, FGM tends to occur in areas with large populations of FGM practising communities. These areas include London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes. However, FGM can happen anywhere in the UK (NHS Choices, 2013).

Why do communities practise FGM?

There are a number of cultural, religious and social reasons why FGM is practised within communities. These include: social acceptance; family honour; ensuring a girl is marriageable; preservation of a girl's virginity or chastity; custom and tradition; hygiene and cleanliness; and the mistaken belief it enhances fertility and makes childbirth safer for the infant (FORWARD, 2013, HM Government, 2011).

What does FGM involve?

FGM is usually carried out on girls between infancy and age 15, with the majority of cases occurring between the ages of 5 and 8 (HM Government, 2011). The procedure is traditionally carried out by a female with no medical training, without anaesthetics or antiseptic treatments, using knives, scissors, scalpels, pieces of glass or razor blades. The girl is sometimes forcibly restrained (NHS Choices, 2013).

What are the short and long-term effects of FGM?

The immediate effects of FGM include: severe pain; shock; bleeding; infections including tetanus, HIV and hepatitis B and C; inability to urinate; and damage to nearby organs including the bowel. FGM can sometimes cause death (NHS Choices, 2013).

Long-term consequences include: chronic vaginal and pelvic infections; menstrual problems; persistent urine infections; kidney damage and possible failure; cysts and abscesses; pain during sex; infertility; and complications during pregnancy and childbirth (HM Government, 2011).

Girls and women who have been subjected to FGM also suffer serious psychological damage. Research carried out in practising African communities found that women who had undergone FGM suffered the same levels of post-traumatic stress disorder (PTSD) as adults who had experienced early childhood abuse. 80% of the women in the study suffered from mood and / or anxiety disorders (Behrendt et al, 2005; HM Government, 2011).

Which factors put a child at risk of FGM?

The most significant risk factor for FGM is coming from a community that is known to practise it. Girls are also at risk if they have a mother, sister or member of the extended family who has been subjected to FGM (HM Government, 2011).

A girl who is at imminent risk of being subjected to FGM may be taken back to her family's country of origin at the beginning of the long summer holiday. This allows time for her to heal from the procedure before returning to the UK. Teachers should be alert to a girl talking about a planned visit to her family's country of origin, especially if she mentions a special occasion when she will 'become a woman'. She may be heard talking about FGM to other children, or she may ask a teacher or other adult for help if she suspects she is at immediate risk. Another warning sign could be the arrival in the UK of an older female relative visiting from the country of origin who may perform FGM on children in the family (HM Government, 2011).

What can we do to prevent FGM and help those affected by it?

If you are worried that a child may be at risk of FGM you can make an anonymous call to the free 24-hour FGM helpline on **0800 028 3550** at **fgmhelp@nspcc.org.uk**. We can give advice, information and support for anyone concerned that a child's welfare is at risk as well as make a referral on your behalf to the relevant statutory body, where appropriate. Though callers' details can remain anonymous, any information that could protect a child from abuse will be passed to the police or social services.

FGM can happen within families who do not see it as abuse. However, FGM is a criminal act which causes severe physical and mental harm to victims both in the short and long term and for this reason it cannot be condoned or excused. The safety and welfare of the child at risk is paramount and professionals should not be deterred from protecting vulnerable girls by fears of being branded 'racist' or 'discriminatory' (HM Government, 2011).

Professionals need to provide families with culturally competent advice and information on FGM which makes it clear that the practice is illegal. Community and faith leaders can be helpful in facilitating this work with families. This may be enough to stop families practising FGM and protect girls from harm (HM Government, 2011).

If a local authority has reason to believe a child is likely to suffer or has suffered FGM it can exercise its powers to apply to the courts for orders to prevent the child being taken abroad for mutilation. The primary objective of any intervention is to prevent the child from undergoing FGM rather than removing her from her family. If a child has already undergone FGM she should be offered medical help and counselling, and action should be taken to protect any female siblings at risk (London Safeguarding Children Board, 2009).

The FGM policy and campaign context

In 2011, the UK Government launched a Call to action and Action Plan on Violence against Women and Girls (updated in 2013) which included actions to tackle FGM. To date, a short film about FGM has been posted on the NHS Choice's website which is aimed at families and girls from FGM practising communities and the professionals who work with them; Ministers have signed a declaration against FGM for girls and women who are at risk when travelling abroad (HM Government, 2012); and additional funding of £50,000 has been given to frontline agencies tackling FGM (HM Government, 2013). Multi-agency guidelines for dealing with FGM were also published in 2011 (HM Government, 2011). In March 2013, the Department for International Development announced funding of £35 million for a worldwide campaign to 'end FGM in one generation' (20 years). This includes funding in the UK for a 'social change' communications campaign and more FGM research (House of Commons International Development Committee, 2013).

However, there is still a great deal to do to combat the issue in the UK. A recent International Development Committee report on Violence against Women and Girls expressed concern that despite the fact that over 20,000 girls are at risk of FGM in the UK and legislation exists to protect them and punish perpetrators, there has not been a single prosecution since 1985. The report supports recommendations that the UK 'puts aside political correctness' to adopt a more robust cross-agency approach with police proactively tracking at-risk girls, and intervening in time to prevent them suffering harm. The report also recommends an up-to-date binding document which sets out the responsibilities of all relevant Government Departments and statutory organisations including the Metropolitan Police and the Crown Prosecution Service (House of Commons International Development Committee, 2013).

Leading organisations campaigning to eradicate FGM, including Equality Now and the Foundation for Women's Health, Research and Development (FORWARD), have also questioned the effectiveness of strategies to tackle the issue, particularly multi-agency co-operation. In November 2011, in written evidence to the House of Commons Education Committee Inquiry in to the Child Protection System in England, FORWARD made recommendations for action which include: training to increase organisations' awareness and understanding of the multi-agency guidelines; revision of the Common Assessment Framework so that it enables professionals to better identify FGM prevention cases; and standardised data collection and an effective monitoring and evaluation method to analyse FGM data (House of Commons Education Committee, 2011).