



Female Genital Mutilation

Aims to raise awareness about FGM and to increase confidence in responding

- Definitions
- Causes / motivations
- Communities at risk
- Health impact
- The law and child protection
- Resources and support

Ground rules:

Confidentiality

Respect differing beliefs

Respect differing opinions

It's OK to ask questions

Definitions

What is female genital mutilation?

Share information on what you know
about the different types of FGM

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.

Type 1 – Clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the ‘lips’ that surround the vagina).

Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. Sometimes referred to as **Pharaonic circumcision**.

Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

www.who.int/mediacentre/factsheets/fs241/en/

De-infibulation (sometimes known as or referred to as **deinfibulation** or **defibulation** or **FGM reversal**): The surgical procedure to open up the closed vagina of FGM type 3.

Re-infibulation (sometimes known as or referred to as **reinfibulation** or **re-suturing**): The re-stitching of FGM type 3 to re-close the vagina again after childbirth

Re-infibulation is illegal in the UK as it constitutes FGM.

www.who.int/mediacentre/factsheets/fs241/en/

Preferred terms:

The legislation refers to Female Genital Mutilation, and strategic and policy work should use this term.

FGM is also known as cutting, and sometimes referred to as female circumcision. These terms are likely to be more recognisable to women in communities and are often used whilst inquiring about this health issue.

Whenever possible information should be given about the term Female Genital Mutilation and about the law in Scotland which protects girls and women.

Why does FGM happen?

What are the different causes or justifications you have heard for FGM?

Justifications for FGM include:

- Preservation of virginity and chastity
- Religion, in the mistaken belief that it is a religious requirement
- Fear of social exclusion
- To ensure the girl is marriageable or to improve marriage prospect
- Hygiene and cleanliness
- Increasing sexual pleasure for the male
- Enhancing fertility
- Family honour
- Social acceptance

For more information go to

www.who.int/mediacentre/factsheets/fs241/en/

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

FGM predates both Christianity and Islam. Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.

www.who.int/mediacentre/factsheets/fs241/en/

FGM is mostly carried out on young girls sometime between birth and age 15, and occasionally on adult women.

The age at which FGM happens is different in different communities and areas, and is linked to the reasons for carrying it out.

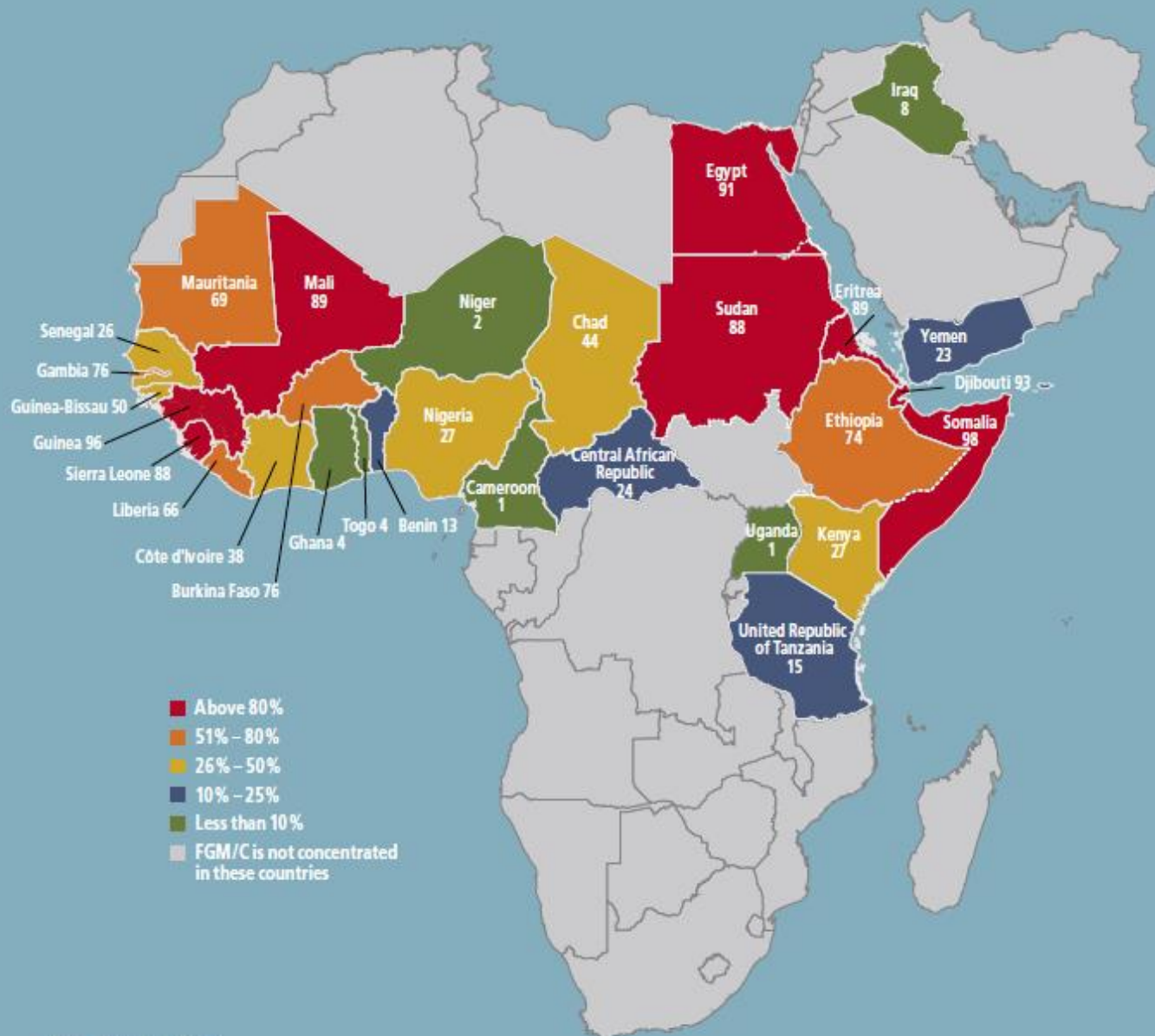
The most common age is between four and ten, although reports suggest that the average age is falling in some areas.

Where does FGM happen?

On the map, mark the African countries in which you think FGM is practiced.

In which other countries, out with Africa, does FGM happen?

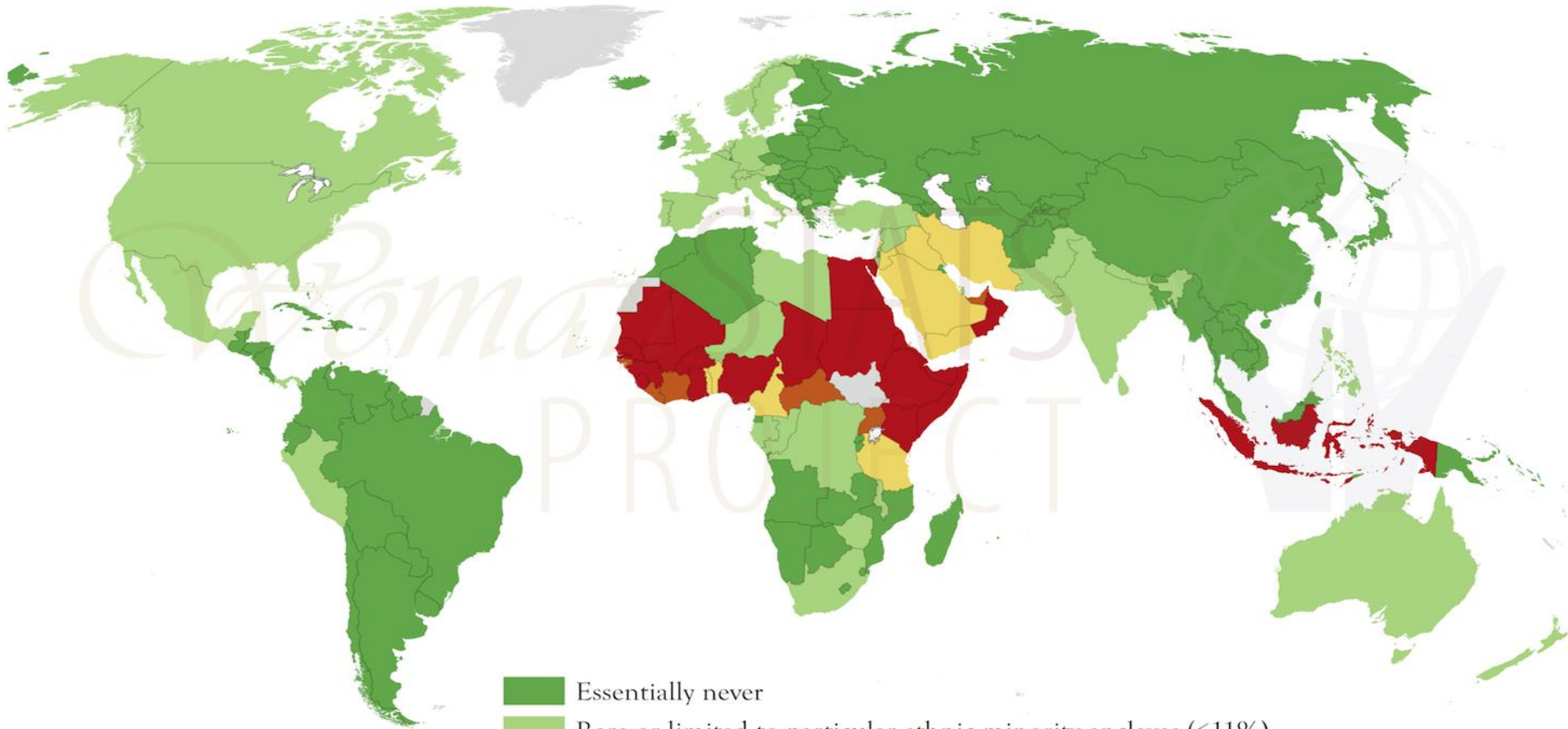
Prevalence of FGM in Africa and the Middle East



Source: UNICEF (2013)

Prevalence of Female Genital Cutting

Scaled 2011



- Essentially never
- Rare or limited to particular ethnic minority enclaves ($\leq 11\%$)
- 11-25% of women have had their genitals cut
- 26-50% of women have had their genitals cut
- More than half of women have had their genitals cut
- No Data

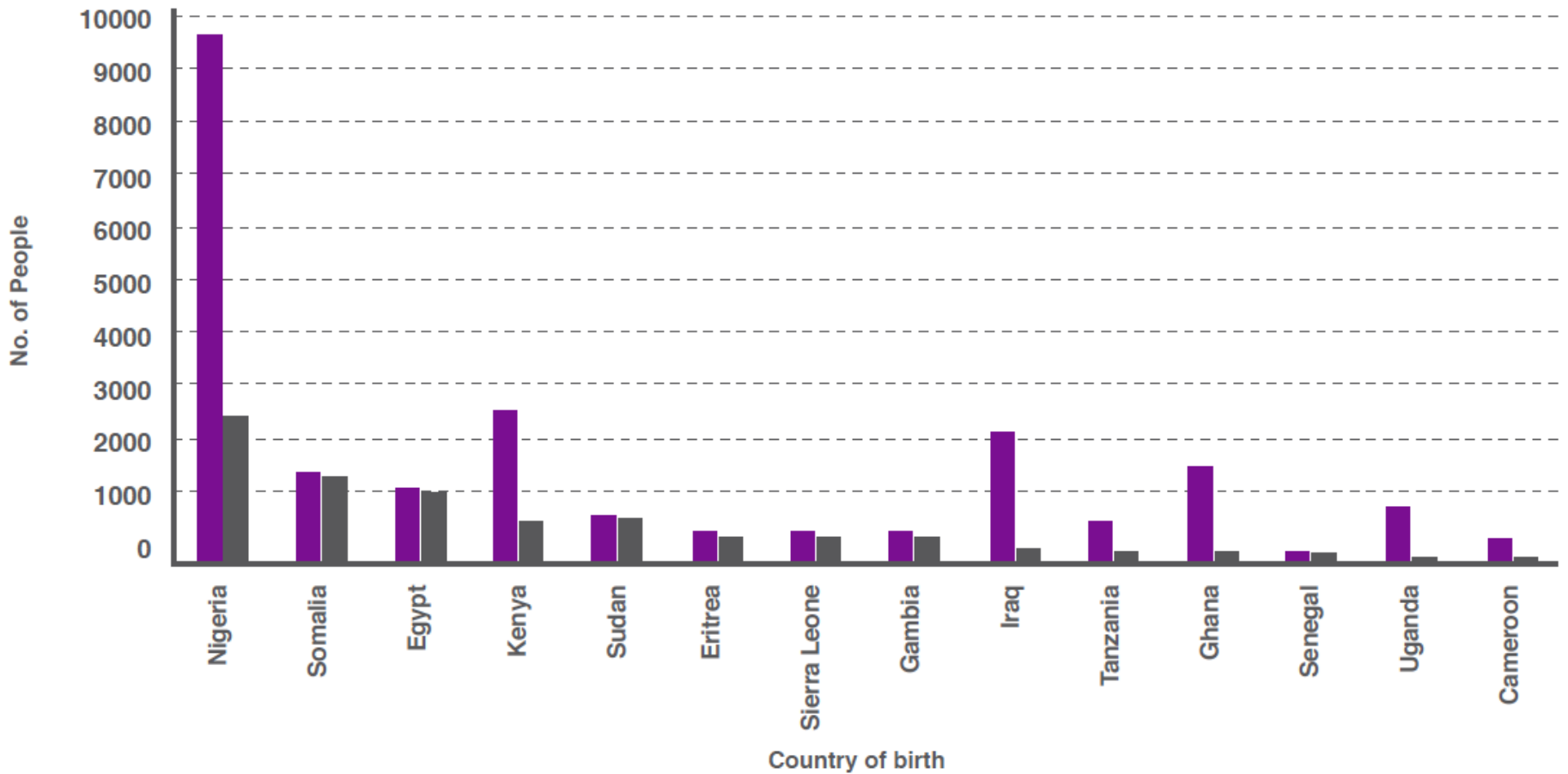
(This scale includes both mild and severe forms of cutting.)

The total number of people (men, women and children) born in one of the 29 FGM practicing countries identified by UNICEF and living in Scotland in 2011 was 23,979.

.....the data available to us was not broken down by age or gender, and is based on self-reported country of birth. This figure therefore does not include the children born in Scotland of parents born in an FGM-practicing country.

Tackling Female Genital Mutilation in Scotland. A Scottish model of intervention. 2014. Page 11

Figure 4 – Size of communities in Scotland un-weighted (Purple) and weighted (Grey) by national FGM prevalence



‘Tackling Female Genital Mutilation in Scotland.
A Scottish model of intervention’. 2014. Page 13

“.....in 2012, 733 children were born in Scotland to mothers from an FGM-practicing country, of which, 363 were girls. we can approximate a minimum additional **700 children per year** born into communities living in Scotland potentially affected by FGM.”

Tackling FGM in Scotland. A Scottish model of intervention. 2014. Page 14

Health impact

What are the potential immediate
and long term
Health consequences of FGM?

The short-term health impacts of FGM will vary depending on the type and the conditions in which it is carried out, but may include:

- severe pain and shock
- infection
- injury to adjacent tissues
- sprains, dislocations, broken bones or internal injuries from being restrained
- immediate fatal haemorrhaging
- Infection by blood borne virus

Long-term health impacts differ depending on type, but can include:

- urine retention and difficulties in menstruation
- uterus, vaginal and pelvic infections
- cysts and neuromas
- complications in pregnancy and childbirth
- increased risk of fistula
- on-going impact of trauma / PTSD
- sexual dysfunction

Negative impacts *can* include additional psycho-sexual and psychological issues and also social consequences such as estrangement from parents / family, and relationship or marriage breakdown.

FGM has been an offence in the UK since 1985 and the law was strengthened in 2005

Prohibition of Female Genital Mutilation (Scotland) Act 2005

Offence of female genital mutilation

(1) A person who performs an action mentioned in subsection (2) in relation to the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina of another person is guilty of an offence.

(2) Those actions are—

- excising it;
- infibulating it; or
- otherwise mutilating it.

(3) Aiding and abetting female genital mutilation

A person who aids, abets, counsels, procures or incites—

- a person to commit an offence under section 1;
- another person to perform an action mentioned in section 1(2) in relation to the whole or any part of that other person's own labia majora, labia minora, prepuce of the clitoris, clitoris or vagina; or
- a person who is not a United Kingdom national or permanent United Kingdom resident to do a relevant act of genital mutilation outside the United Kingdom, commits an offence.

Concerns about a child at risk

If you are concerned about a child at risk you should follow child protection procedures. Ensure that appropriate authorities are contacted.

In an emergency, dial 999 and ask for the Police.

In non-emergency situations, call 101, the national non-emergency police number, and ask to be put through to the Family Protection Unit for your area.

NSPCC has a 24-hour helpline for anyone concerned about girls or women at risk of FGM. **0800 028 3550** or fgmhelp@nspcc.org.uk

Protecting girls

What are the indicators that a girl might be at risk of FGM?

The key indicators that a girl or young woman is potentially at risk of FGM are:

- **One or both parents come from an ethnic group that traditionally practices FGM**
- **Her mother has had FGM**

The girl should be viewed as at increased risk if:

- an older sister has had FGM
- cousins of similar age have undergone FGM
- the mother (and / or father) has requested re-infibulation following delivery
- the parents express views which show that they value the practice

Key documents

These reports are available at www.fgmaware.org

- **Tackling Female Genital Mutilation in Scotland. A Scottish model of intervention.** Scottish Refugee Council and London School of Hygiene and Tropical Medicine, 2014
- **National FGM Action Plan,** Scottish Government 2016
- **FGM Multi-Agency Handbook,** FCO, HM Government, 2014
- **Tackling FGM in the UK (Intercollegiate report)**
The Royal College of Midwives, 2013

A free online eLearning module on FGM,
developed by the Home Office in conjunction
with Virtual College

N.B. Information on legislation and child
protection applies to England and Wales

www.fgmelearning.co.uk

The FGM National Clinical Group

www.fgmnationalgroup.org/contact_us.htm

Includes a useful 16 minute film on FGM for non-health professionals (NB contains graphic images)

www.vimeo.com/15703287#at=0

Accessing support from Health Services

Health services can provide support and treatment.

Women can access the help they need by speaking to their doctor, health visitor or midwife or can attend a sexual health clinic.

Support should be offered in relation to trauma / emotional impact, as well as in relation to any physical treatment.

Rape Crisis Glasgow, Ruby Project

Support for BME women and girls aged 13 and over.

Helpline 08088 00 00 14

Email info@rubyproject.co.uk

Saheliya

Specialist mental health services, well-being support and advocacy for BME women and girls (12+)

0131 556 9302 / 0141 552 6540 www.saheliya.co.uk

Amina: Muslim Women Resource Centre

Services, campaigning and confidential free helpline

Tel: 0808 801 0301 www.mwrc.org.uk

Dignity Alert Research Foundation (DARF)

Training, research and work with communities in Scotland affected by FGM.

dignityalert@hotmail.co.uk

www.darf.org.uk/

Shakti Women's Aid

Support, information, training and public education, with the main focus being domestic abuse

0131 475 2399

info@shaktiedinburgh.co.uk

www.shaktiedinburgh.co.uk

Women's Support Project

Resources to support training and public education on FGM.

Supports the FGM Aware Network and maintains the FGM Aware website.

0141 418 0748

Enquiries@womenssupportproject.org.uk

or can email via www.fgmaware.org

FGM

aware

CHALLENGING FEMALE
GENITAL MUTILATION

[FGM & HEALTH](#)[CHILD PROTECTION](#)[FGM & THE LAW](#)[RESOURCES](#)[ESSENTIAL READING](#)[LINKS](#)[DOWNLOADS](#)

RESOURCES AND INFORMATION TO HELP TACKLE FGM IN SCOTLAND

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. FGM is classified into **four major types**. ([World Health Organisation factsheet](#))

Female Genital Mutilation is known by different names including 'cutting', 'female circumcision', and 'initiation'. It is also sometimes referred to as 'sunna', although FGM predates Christianity and Islam and is not approved by any religion.

FEATURE: SARA'S STORY, a short animated film which has been developed in consultation with women survivors of FGM, and experienced practitioners.



www.fgmaware.org