

A criminal act

What is female genital mutilation and how can those who care for young children take action if they suspect it of happening? **Caroline Vollans** reports

Female genital mutilation (FGM) – the ritual cutting of a girl's genitalia – has been illegal in the UK since 1985. This does not mean that the practice has stopped. In February this year, a Ugandan mother was the first person to be convicted of this crime at the Central Criminal Court of England and Wales. She has been jailed for 11 years for the cutting of her three-year-old daughter.

During the procedure the child bled profusely, and the emergency services had to be called. The hospital alerted police authorities when they did not believe the mother's story that the child's injuries had occurred when she had climbed up to a cupboard for a biscuit and fell.

Inspector Allen Davis, the Metropolitan Police's lead on FGM, says, 'FGM is still happening across London and the UK, behind a cloak of secrecy.' He highlights the complexity of this problem due to the fact that very young victims often have no way of describing what has gone on. Older girls can also face ostracisation if they speak up and are often reluctant to report their mothers or loved ones.

FACTS AND FIGURES

FGM, also referred to as female cutting or female circumcision, is also known by Arabic terms such as *Tahor* and *Sunna*. The United Nations estimates some 200 million girls and women alive today have undergone some form of FGM.

While the majority live in Africa and the Middle East, FGM is also practised in some countries in Asia and Latin America and among immigrant communities in Western Europe, North America, Australia and New Zealand.

Procedure

FGM is generally carried out on girls between infancy and 15 years



of age, usually prior to the onset of puberty. The procedure is often performed by traditional circumcisers or cutters who are not medically trained. In some countries, it may be done by a medical professional.

Girls, unaware that it is going to happen, are sometimes taken abroad for FGM. They are at more risk during the summer holidays, as this allows more time to 'heal' before they return to school.

Types

Clitoridectomy – the removal of part of the clitoris.

Excision – the removal of part or all of the clitoris and the labia minora (inner lips that surround the vagina), sometimes including the removal of the labia majora (larger outer lips).

Infibulation – the narrowing of the vaginal opening by creating a seal. The seal is created from cutting and repositioning the inner or outer labia.

Other damaging procedures to the female genitalia for non-medical reasons constitute FGM, including pricking, piercing,

cutting, scraping or cauterising the genital area.

Reasons

FGM is carried out for various cultural, social and economic reasons. Some communities see FGM as an integral aspect of their culture and, as such, important to their identity. They might think erasing the practice would compromise their culture too much.

FGM usually happens to girls whose mothers, grandmothers and extended family members have had FGM themselves, or if their father comes from a community where it is a practice.

It is, however, a ritualised practice that is not required by any religion and does not appear in any religious texts – it has no religious standing at all.

FGM is seen as a benefit to the girl in that it will preserve her virginity in preparation for marriage. It is not only believed that it will increase her beauty but will also provide increased sexual pleasure for her husband.

It can have economic benefits, as men are likely to pay more for a girl

who has undergone FGM. There are further economic gains for those involved – the circumcisers get paid for each cutting procedure and FGM celebrations provide the girl's family with gifts and money.

In fact, there is never any medical reason or justification for female genital mutilation – it is entirely a damaging process with no gains, with the genitalia left permanently injured and damaged.

Consequences

FGM can have physical and mental effects on the girl, often lasting for the rest of her life. These include:

- severe pain during and after the actual procedure – the acute pain may cause the girl to go into immediate shock. In the longer term, they can experience constant pain
- risk of infection – FGM is often carried out in a non-sterile environment using unclean knives, scissors, scalpels, pieces of glass or razor blades, and without the use of anaesthetics or antiseptics. Consequently, very serious infections can set in, sometimes life-threatening
- repeated infections that may lead to infertility
- bleeding, cysts, abscesses
- fears of, or pain and problems having sex
- difficulty in passing urine (or incontinence) and menstruating because of damage incurred to the bladder and/or reproductive organs
- post-traumatic stress disorder: symptoms including flashbacks, nightmares, self-harm, depression and anxiety
- emotional distress and feelings of helplessness and powerlessness.

THE LAW AND FGM IN THE UK

FGM is a form of child abuse and recognised as a human rights violation by the UN – it can never be justified medically or otherwise. Under UK law, it is illegal to:

- perform FGM
- take a child outside of the UK for FGM
- help a girl perform FGM on herself in or outside the UK
- help anyone perform or get access to FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident.

If you have parental responsibility for a girl, you must protect her from FGM. Anyone who performs FGM can face up to 14 years in prison and anyone found guilty of failing to protect a girl from FGM can face several years in prison.

ERADICATING FGM

Educate2Eradicate is an organisation that provides safeguarding training for professionals such as school staff, police officers, doctors, midwives and social workers on the issues of forced marriage, female genital mutilation and honour abuse.

The organisation also provides awareness-raising workshops for students and young people on these issues – this is based on the premise that the best form of protection is prevention through education.

Founder and executive director, Arifa Nasim, says, 'FGM is a form of child abuse. Professionals and all those who work with or come into contact with young people must be trained in how to spot the signs of this abuse.'

'It is a safeguarding issue, not a cultural or religious tradition. A one-hour safeguarding training session could provide the knowledge to break the cycle of abuse in a family and prevent future generations from ever knowing the horrors of FGM.'

A little girl sits with her mother during a session on FGM in Minia, Egypt



Signs

A child who has undergone FGM may:

- have difficulty walking
- look uncomfortable when sitting down
- take a longer time than expected when going to the toilet
- have sudden and significant changes in behaviour, such as becoming withdrawn.

Acting on concerns

Ms Nasim makes it clear, 'If you suspect a child you work with may be at risk of FGM, there is always something you can do. However, unlike most concerns we have about young children, it is of critical importance that these particular concerns are not shared with the child's parents or carers as this may escalate the process and further endanger the girl.'

'If you think that a child may be at risk of FGM or if you suspect that FGM has already occurred, you must seek help and advice – even if the FGM didn't happen recently. You should follow your organisation's child protection procedures. Teachers and regulated health and social care professionals must report "known" cases of FGM in those under age 18 directly to the police.'

'If you think a child is in immediate danger, and you're concerned that your safeguarding lead is not taking sufficient action, contact your local child protection services yourself. In an emergency you should phone the police on 999.'

In all, we need a multi-agency approach towards gender-based violence – this will include health, police authorities, schools and social services. All professionals are required to act on any suspected or reported case of FGM.

CONCLUSION

Many years ago, FGM was not taken seriously as a human rights violation and form of child sexual abuse in the UK. Local authorities were afraid of disrespecting immigrant cultures and facing accusations of intolerance and racism. This has changed – the law is clear.

Practitioners have to be extra vigilant, have appropriate training and remain alert and watchful. As in any case of safeguarding and duty of care, we are there to advocate for and protect every child in our care as much as we possibly can. ■