

Appendix 7

Female Genital Mutilation (FGM) – a form of Human Rights Abuse

What is FGM?

FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.

There are four known types of FGM, all of which have been found in the UK:

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.

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.

FGM is sometimes known as ‘female genital cutting’ or female circumcision. Communities tend to use local names for this practice, including ‘sunna’.

Why is FGM carried out?

It is believed that:

- It brings status and respect to the girl and that it gives a girl social acceptance, especially for marriage.
- It preserves a girl’s virginity/chastity.
- It is part of being a woman as a rite of passage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfills a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is cosmetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.

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) recommends 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.

Within which communities is FGM known to be practised?

According to the Home Office it is estimated that up to 24,000 girls under the age of 15 are at risk of FGM.

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leone, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

Obviously, this not to say that all families from the communities listed above practise FGM, and many parents will refuse to have their daughters subjected to this procedure. However, in some communities a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.

Is FGM harmful?

FGM is extremely harmful and is often described as brutal because of the way it is carried out, and its short and long term effects on physical and psychological health.

FGM is carried out on children between the ages of 0 and 15, depending on the community in which they live. It is often carried out without any form of sedation and without sterile conditions. The girl or young woman is held down while the procedure of cutting takes place and survivors describe extreme pain, fear and feelings of abandonment.

Where the vagina is cut and then sewn up, only a very small opening may be left. This is often seen as a way to ensure that when the girl enters marriage, she is a virgin. In some communities the mother of the future husband and the girl's own mother will take the girl to be cut open before the wedding night.

Repeat urinary tract infections are a common problem for women who have undergone FGM, and for some, infections come from menstruation being restricted. Many women have problems during pregnancy and childbirth. The removal of the clitoris denies women physical pleasure during sexual activity and some groups will practise complete removal to ensure chastity.

Is it illegal?

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries – including the UK. The Female Genital Mutilation Act 2003 came into force in 2004:

The act makes it illegal to:

- practise FGM in the UK
- take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country
- aid and abet, counsel or procure the carrying out of FGM abroad.

The offence carries a penalty of up to 14 years in prison, and/or a fine.

Signs, symptoms and indicators

The following list of possible signs and indicators are not diagnostic but are offered as a guide as to what kind of things should alert professionals to the possibility of FGM.

Things that may point to FGM happening:

- a child talking about getting ready for a special ceremony
- a family arranging a long break abroad
- a child's family being from one of the 'at-risk' communities for FGM (see above)
- knowledge that an older sibling has undergone FGM
- a young person talks of going abroad to be 'cut', or get ready for marriage.

Things that may indicate a child has undergone FGM:

- prolonged absence from school or other activities
- behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still, and looking uncomfortable
- complaining about pain between their legs
- mentioning something somebody did to them that they are not allowed to talk about
- secretive behaviour, including isolating themselves from the group
- reluctance to take part in physical activity
- repeated urinary tract infection
- disclosure.

Breast Ironing:

What is breast ironing?

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimates range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

Why does breast ironing happen?

The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping; consequently, breast ironing is more prevalent in cities. Cameroon has one of the highest rates of literacy in Africa and ensuring that girls remain in education is seen as an important outcome of breast ironing.

Breast ironing is physical abuse

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditional practices, it is not against the law.

Breast ironing does not stop the breasts from growing, but development can be slowed down. Damage caused by the 'ironing' can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses. In some cases, it may be related to the onset of breast cancer.

Breast Ironing in the UK

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as 1000 girls at risk. Keeping Children Safe in Education (2019) mentions breast ironing on page 83, as part of the section on so-called 'honour-based' violence. Staff worried about the risk of breast ironing in their school should speak to the Designated Safeguarding Lead as soon as possible. Schools need to know the risk level within their communities and tackle the risk as appropriate.

What should schools do?

Where schools have a concern about a child, they should contact Children's Social Care Services. If the concerns are based on more concrete indicators – i.e., the young person says this is going to happen to them, or disclosure that it has happened to them or to an older sister – schools should make a child protection referral and inform the Police as required by the mandatory reporting duty. Schools should not:

- contact the parents before seeking advice from children's social care;
- make any attempt to mediate between the child/young person and parents.

It is important to keep in mind that the parents may not see FGM or breast ironing as a form of abuse; however, they may be under a great deal of pressure from their community and or family to subject their daughters to it. Some parents from identified communities may seek advice and support as to how to resist and prevent FGM for their daughters, and education about the harmful effects of FGM or Breast Ironing may help to make parents feel stronger in resisting the pressure of others in the community. Remember that religious teaching does not support FGM or Breast Ironing.

The 'one chance' rule

In the same way that we talk about the 'one chance rule' in respect of young people coming forward with fears that they may be forced into marriage, young people disclosing fears that they are going to be sent abroad for FGM are taking the 'one chance', of seeking help.

It is essential that we take such concerns seriously and act without delay. Never underestimate the determination of parents who have decided that it is right for their daughter to undergo FGM. Attempts to mediate may place the child/young person at greater risk, and the family may feel so threatened at the news of their child's disclosure that they bring forward their plans or take action to silence her.

Mandatory Reporting Duty

Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers in England and Wales, to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Further information on when and how to make a report can be found in the following Home Office guidance: [Mandatory Reporting of FGM](#)

(October 2015).