



One minute guide

Female Genital Mutilation

No. 45, January 2025

What is Female Genital Mutilation?

Female Genital Mutilation (FGM) refers to procedures that intentionally alter, mutilate or cause injury to the female genital organs for non-medical reasons. FGM is medically unnecessary and can have serious health consequences, both at the time it is carried out and in later life.

FGM is prevalent in 28 African countries and areas of the Middle and Far East, but it is increasingly practiced in the U.K. in communities with larger populations of first generation immigrants, refugees and asylum seekers. Due to the hidden nature of FGM, it is difficult to estimate how many girls and women it actually affects in the U.K and worldwide, but it is generally recognised to be more common than previously thought.

FGM is deeply embedded in some communities and is performed for cultural, traditional and social reasons. It is usually carried out on girls before they reach puberty, but in some cases it is performed on new-born infants or on women before marriage or pregnancy. It is often justified by the belief that it is beneficial for the girl or woman, but FGM is an extremely harmful practice which violates basic human rights and is also a form of sexual abuse.

The most significant risk factor for girls and young women is coming from a community where FGM is known to be practised and/or where a mother, sister or other female family member has been subjected to FGM. Practitioners should be aware of this and provide families with advice and information which makes it clear that FGM is illegal in the UK.

What are the main types of female genital mutilation?

The World Health Organisation classifies FGM into four major types:

Type 1: Clitoridectomy: removing part of or the entire clitoris and prepuce.

Type 2: Excision: partial or entire removal of the clitoris and the inner labia with or without removal of the outer labia.

Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal, formed by cutting and reforming the labia with or without removal of the clitoris.

Type 4: Other: harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and burning.

Short effects and long term consequences of FGM

Short term effects include; severe pain, shock, bleeding, wound infections, inability to urinate, damage to other organs and possibly death.

Long-term consequences include: vaginal & pelvic infections; menstrual problems; difficulties passing urine and persistent urine infections; contracting blood-borne viruses such as HIV or hepatitis from the use of unsanitary implements (practitioners should screen for blood-borne viruses); kidney damage and possible failure; cysts and abscesses; infertility; and the need for later surgery. Women can also experience complications during pregnancy and childbirth; for this reason, women identified to have undergone FGM during their contact with maternity services have a through risk assessment, with appropriate further referrals if required.

Girls and women who have been subjected to FGM may also suffer psychological harm, including depression, anxiety, flashbacks, substance misuse and/or self-harm.

What does the law say about FGM and what should practitioners do?

FGM is illegal in the UK and has been a criminal offence since 1985. The Female Genital Mutilation Act 2003 strengthened existing law to make it an offence to arrange for a child to be taken abroad for FGM, and for UK nationals or permanent UK residents to abet, counsel, procure or undertake FGM abroad, even in countries where the practice is legal. The Serious Crime Act 2015 extends this protection to girls under the age of 18 who are 'habitually resident' (or on short temporary stays) such as students and refugees.

The Serious Crime Act created an offence of failing to protect a girl from FGM. If an offence of FGM is committed against a girl under the age of 16, each person who is responsible for her at the time the FGM occurred will be liable under this offence, with a maximum penalty of seven years imprisonment, a fine, or both. A 'responsible' person has [parental responsibility](#) and frequent contact. The 2015 Act enables the high court or family courts to apply for an [FGM Protection Order](#) for individuals who are victims or at risk of FGM (similar to forced marriage protection orders). Victims, those at risk, or relevant third parties (including local authorities) can apply for the orders which set restrictions to protect an individual.

Under the Act, practitioners in regulated professions (health, teaching, social work) now have a **mandatory duty** to notify the police if they identify that an act of FGM appears to have been carried out on a girl under the age of 18. The duty applies when the practitioner is either informed by the girl or where the practitioner has observed physical signs. Failing to comply with the duty may result in referral to the relevant professional regulator. **In Leeds, regulated profession practitioners** should complete the West Yorkshire Police FGM Reporting Form—via a link on the [West Yorkshire Consortium Inter Agency Safeguarding + Child Protection Procedures page on FGM](#) and email to cib@westyorkshire.pnn.police.uk or call 101.

Practitioners, particularly those working in schools and in health services, should be aware of and consider potential indicators that FGM may be, or has already taken place:

- Preparations for the child to take a long holiday - arranging vaccinations or planning an absence from school;
- A change in the child's behaviour after a prolonged absence from school, including; being withdrawn; crying or being away from class for long periods; and/ or
- Bladder or menstrual problems, and/ or difficulty walking, sitting or standing.

If a practitioner becomes aware of an FGM risk to a child they must contact the [Duty and Advice Team](#), who may, in partnership with the Police, undertake Section 47 (safeguarding) enquires, and liaise with health services regarding medical assessments. Practitioners should be aware that children who are at risk of serious harm through child sexual exploitation trafficking, forced marriage, honour based violence and female genital mutilation are often 'hidden' and may be missing from view.

Key contacts and more information

The [Blossom Clinic](#) in Leeds offers holistic support to adult survivors of FGM, and women over the age of 18 can self-refer.

[Duty and Advice](#) Team tel: 0113 3760336 (out of hours tel: 0113 5350600)

[Forward UK](#) (Foundation for Women's Health, Research and Development)

[Petals](#) is an app to help protect young girls and women from FGM

[Female Genital Mutilation practice guidelines](#)

[A statement opposing FGM](#), in a number of different languages, can be given to people at risk.

West Yorkshire Online Procedures— [Female Genital Mutilation](#)

You can read factsheets on the [Serious Crime Act 2015](#) and [Female Genital Mutilation](#)

Schools should read '[Keeping Children Safe in Education](#)'. The Health and Wellbeing Service can support with lesson plans and teaching resources for KS2 and KS3 pupils in school. For more information, please email schoolwellbeing@leeds.gov.uk.

And here is the link to the [Leeds Referral Pathway- FGM](#) on the LSCP website.