

FEMALE GENITAL MUTILATION (FGM)

Background: 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. It reflects deep-rooted inequality between sexes & constitutes an extreme form of discrimination against women. It is nearly always carried out on minors & is a violation of the rights of children as well as violating human rights to health, security & physical integrity, the right to be free from torture & cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. The UN estimates that 200 million women & girls have undergone FGM.

Immediate consequences include: severe pain, haemorrhage, swelling, fever, infections, urinary problems, wound healing problems, shock, death. **Longer term consequences** include: urinary problems (painful urination, urinary tract infections), vaginal problems (discharge, itching, infections), menstrual problems (pain, difficulty passing menstrual blood), scar tissue & keloid, sexual problems (pain, decreased satisfaction), ↑ risk of childbirth complication (difficult delivery, excessive bleeding, C-section, need to resuscitate baby), need for later surgeries (see below), psychological problems (depression, anxiety, PTSD, low self-esteem)

Questions to consider: FGM is illegal under the Sexual Offences (Jersey) Law 2018 (including carrying out, assisting or failing to protect a child from FGM). It is illegal for a girl or woman in Jersey to have FGM either in Jersey or abroad. Are you aware of any families from a practising community? Do you have information on FGM available in different languages? Do you know the signs and indicators of FGM? Are you a 'regulated professional' under Article 31 of the Sexual Offences (Jersey) Law? Do you know your duties under the law?



Types of FGM: **Type I** – partial/total removal of clitoral glans (external/visible part of clitoris) and/or prepuce/clitoral hood (fold of skin surrounding clitoral glans). **Type II** – partial/total removal of clitoral glans & labia minora (inner folds of vulva) with/without removal of labia majora (outer folds of skin of vulva). **Type III** (often referred to as infibulation): narrowing/ covering of vaginal opening by cutting & repositioning labia minora or labia majora. Covering of vaginal opening is done with or without removal of clitoral prepuce/hood.

What to do: If you suspect a girl/young person is in immediate danger, contact the police and follow your safeguarding procedures. You can apply for a Protection Order if you're a victim of FGM or you or someone you know is in danger of FGM. The SARC (Sexual Assault Referral Centre) offers therapeutic support for women and children who are victims of FGM. Genital confidence is promoted by SARC – letting women know that their genitals are OK. More information on FGM at www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

FGM is often performed by traditional cutters/circumcisers with no medical training. In some countries, it is done by a medical professional. Anaesthetics/antiseptics are not usually used. It is carried out for various cultural, religious & social reasons within families/communities in the mistaken belief that it benefits girls but FGM is a harmful practice that has no health benefits. It usually happens to girls whose mothers/ grandmothers or extended family have had FGM or if their father comes from a practising community.

Type III may lead to the practice of cutting open the sealed vagina later to allow for sexual intercourse & childbirth (deinfibulation). Genital tissue may be stitched several times, including after childbirth, further increasing immediate & long-term risks.

Type IV – all other harmful procedures to female genitalia for non-medical purposes, eg pricking, piercing, incising, scraping, cauterisation.

FGM often happens against a girl's will and girls may have to be forcibly restrained.