Royal College of Midwives

Postion Statement

female genital mutilation

The Royal College of Midwives position

Female Genital Mutilation (FGM) is a form of gender-based violence that is outlawed in many countries. FGM represents a violation of the human rights of the girls and women who are subjected to this practice, for which there are no medical benefits. FGM can have devastating and long term physical and psychological consequences for its victims.

Accordingly, the RCM opposes all forms of FGM and recommends that the intercollegiate recommendations for identifying, recording and reporting FGM are implemented in full. This includes the following recommendations, in particular:

- Maternity service providers should appoint a midwife with specialist expertise and responsibility for FGM care, who is able to liaise with local or regional specialist obstetricians, multi-agency safeguarding hubs (MASH) and other multi-disciplinary teams and also support other midwives in their organisation.
- Midwives should receive appropriate training and development so that they can ask questions about FGM with appropriate sensitivity as well as explaining the law on FGM to parents.
- A clear referral pathway is developed for women identified as having FGM, which includes access to psychological therapy and specialist FGM services. In order to ensure that there is a consistent approach and that child family members are risk assessed, this should be undertaken within the context of a multi-agency and multi-professional approach that includes midwives, safeguarding professionals, social workers and education staff.
- All women, irrespective of their country of origin, who present for antenatal booking should be asked if they have undergone FGM or any surgery to their genitalia.
- Where a mother with known FGM gives birth to a girl child, postnatal hand over and documentation is conducted in accordance with Department of Health risk assessment guidance (DH, 2015).
- The Home Office consult widely on the development of clear plans and guidance for mandatory reporting.

Background and context

The World Health Organisation (WHO) defines FGM as procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM is practised in 29 African countries, some Middle Eastern and Asian countries and several countries in South America.

Estimates suggest that up to 140 million girls and women have undergone FGM world-wide with a further three million undergoing FGM each year. Estimates on prevalence rates in countries where FGM is practised can be as high as 98%. Recent estimates in England and Wales suggest that 137,000 women and girls from FGM practising countries have undergone FGM, including 10,000 girls under the age of 15 years; a further 60,000 girls under 15 have been identified as being potentially at risk of FGM each year. The risk of girls born to women with FGM being taken out of the UK in order to be subjected to FGM is accentuated by the secrecy relating to FGM within FGM practising communities.

FGM is a cruel act that has no health benefits but causes severe short and long term damage to the physical and psychological health and the well-being of girls and women. FGM is justified on a mistaken belief that it will curb girls' sexual desires, preserve their cultural identity as well as being regarded as part of a religious obligation to protect the honour of girls. There is no basis for these explanations other than a desire to control women's sexuality. FGM exerts a toll on the physical and psychological health and well-being of the victims and these consequences cannot be underestimated as they are wide-ranging and long term in their effects. Girls have been known to die of shock and to haemorrhage in the immediate period after having FGM; they are also at high risk of contracting tetanus and septicaemia and other forms of infection. Psychological effects include anxiety, chronic irritability, depression and post traumatic stress disorder. Some girls continue to have flashbacks well into adulthood especially if they were kidnapped or subject to physical restraint for FGM.

The timing of FGM can vary, it can be carried out on girls between the ages of birth and 15 in some countries whilst in most countries where FGM is practised, it is predominantly carried out on girls under the age of 5. A woman who was not cut in childhood can commonly be subjected to FGM at the time of her marriage, her first pregnancy or shortly after giving birth. Some women may have an FGM resutured after childbirth, otherwise known as reinfibulation.

All four UK governments have implemented legislation and undertaken policy initiatives in order to end FGM within the UK as well as in the countries where FGM is practised. FGM has been outlawed in England and Wales, by the Female Genital Mutilation Act 2003 and in Scotland by the Prohibition of Female Genital Mutilation Act 2005. This legislation makes it a criminal offence to arrange, or assist in arranging for a UK national or UK resident to be taken overseas for the purpose of FGM.

The Serious Crime Act 2015 has strengthened existing legislation by providing for mandatory reporting by midwives and other professionals of confirmed cases of FGM in girls under18 years within one month. For the first time, parents are liable for FGM on a child whether the act was carried out in the UK or abroad.

The intercollegiate recommendations for identifying, recording and reporting FGM – to which the RCM is a signatory – have given renewed emphasis to tackling FGM and provided a framework within which health, social care, education and the police can work together to identify and protect girls at risk of FGM and refer women who need support and healthcare.

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Published: 2015

References

Behrendt A, Moritz S (2005) Posttraumatic stress disorder and memory problems after Female genital mutilation. *Am J Psychiatry* 162(5), pp.1000 E2.

BergR.C.,Odgaard-Jensen,J.,Fretheim,A.,Underland,V.&Vist,G.(2014) http://ow.ly/PWUkh

Department of Health. *Female Genital Mutilation Risk and Safeguarding. Guidance for professionals.* London: DH; 2015

FGM enhanced dataset http://www.hscic.gov.uk/fgm Accessed 2015 May18.

HM Government statement opposing FGM https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation Accessed 2015 May18.

HM Government. *Multi-Agency Practice Guidelines: Female Genital Mutilation.* [London]: HM Government; 2014

Jan Ilhan Kizilhan (2011) Impact of psychological disorders after female genital mutilation among Kurdish girls in Northern Iraq *Eur. J. Psychiat. Vol. 25, N°. 2, (92-100)*

Macfarlane A, Dorkenoo E. *Female Genital Mutilation in England and Wales. Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk. Interim report on provisional estimates.* London: City University London; 2014.

Royal College of Midwives, Royal College of Nursing, Royal College of Obstetricians and Gynaecologists, Equality Now, Unite. *Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting.* London: RCM; 2013.

United Nations Children's Fund. *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change.* New York: UNICEF; 2013.

World Health Organization. *Eliminating female genital mutilation: an interagency statement.* Geneva: World Health Organization; 2008.