GRACE: Hi, everyone, I'm Grace. I am a registered staff nurse working in gynae services. I have a special interest in gender-based violence and addressing the gaps in healthcare provision in Northern Ireland for women and girls affected by these practices.
JAZZ: Hi, everyone. I'm Jazz. I'm a social worker with a background in child protection. And I currently work as a safeguarding and program manager at the National FGM Center at Barnardos. At the National FGM Center, we work with families and professionals across the UK to protect children and young people from harmful practices, including FGM and other harmful practices such as breast flattening and witchcraft, spirit possession, and ritualistic abuse. At the center, we want to ensure that all families feel supported and respected when working with us and other professionals.
GRACE: So today, Jazz and I are going to have a conversation about female genital mutilation. This is often referred to as FGM, and it's a really important topic. We will be discussing what FGM is, where it's practiced, why it's practiced, and the health implications and legislation around it.
JAZZ: Yeah. And there's lots to cover, but we hope you'll find it a really interesting conversation to listen to. We know that this is a tough subject, and some listeners might find the content distressing. If you are affected by what you hear today or if you need support, we've listed some helpful services and resources on the web page alongside this recording.
GRACE: Thanks, Jazz. So maybe we could start with an overview of what FGM is.
JAZZ: Sure. So as Grace has already mentioned, FGM stands for Female Genital Mutilation. And the World Health Organization defines FGM as any procedures which involve the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is widely recognized as a gross violation of human rights. It's a form of child abuse and a form of gender-based violence.
GRACE: So just to break that down, FGM is any procedure which removes parts of the female genitalia, like the labia or clitoris, or other injury to those organs, such as pricking or burning. And it is done without any medical reason.
JAZZ: Yeah, exactly. And when thinking about what FGM is, it's important to remember that it is a physically, psychologically, and emotionally harmful practice. And Grace, you're going to talk us through the potential harmful consequences for women and girls in a bit.
GRACE: Yeah. But before we get into the impact, let's just go over the four major types of FGM from the World Health Organization, as this helps to explain some of the different ways in which it's practiced. So type one is clitoridectomy. So this is partial or total removal of the clitoris and/or the prepuce. So the clitoris is a small sensitive and erectile part of the female genitals. And the prepuce is the clitoral hood or the fold of skin that would surround the clitoris.
Type two is excision. This is partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia. And the labia are the lips that surround the vagina. Type three is infibulation. This is narrowing of the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia with or without removal of the clitoris. And type four is others. So this is all other harmful procedures to the female genitalia for non-medical purposes. And this can be pricking, piercing, scraping, and burning of the genital area.
JAZZ: So Grace, from what you've said there, a small prick to the clitoris for non-medical reasons can be considered type for FGM according to the World Health Organization?
GRACE: Yeah. And it's really important for professionals, especially health professionals, to have an understanding of all the types of FGM because there can be health complications across all of them. So Jazz, in terms of where FGM is practiced, shall we talk a bit about what research tells us?
JAZZ: Yeah, let's have a look at prevalence. So data from UNICEF indicates that around 230 million women and girls worldwide have undergone FGM. An estimated 144 million women and girls who have undergone FGM live in Africa, 80 million in Asia, and six million in the Middle East. But these figures are deemed an underestimation.
In terms of the UK context, in 2015, some research carried out by Alison MacFarlane at City University London estimated that 137,000 women and girls with FGM born in countries where FGM is practiced were permanently resident in England and Wales in 2011. So FGM is a global issue. There is sometimes this misconception that FGM is only something that

happens in Africa, and it is just a Black and brown people issue. But that's simply not true. It affects multiple groups of people globally. And at the National FGM Center, we've worked alongside women and girls affected by FGM from all over the world, including in the UK. And interestingly, just to give a bit of history about the practice, FGM was actually carried out in England during the Victorian era by doctors on women to, quote, cure them, unquote, from what was perceived at the time to be hysteria and madness. And if we fast forward a bit in history, there is also some evidence that white women in America in the 50s were also being subjected to FGM to stop them from displaying sexuality. So FGM has been a long standing issue throughout history all over the world, affecting millions of women and girls.
GRACE: That's really interesting. It speaks to some of the deep rooted causes of FGM, especially the idea that women's bodies and sexualities need to be controlled in some way.
JAZZ: Exactly. And we'll go on to talk about why FGM continues to be practiced shortly.
GRACE: And in terms of the age at which FGM is carried out, this can vary too. But typically, it happens between infancy and 15 years old.
JAZZ: Yeah, that's right, Grace. And the age type and reasons behind it all depends on the specific context. So even within the same country, there can be variations in prevalence depending on the region, the ethnic group, and even socioeconomic background or level of education.
GRACE: And if someone wanted to explore this in more detail, like where FGM is practiced and some of the nuance, is there any resources that you would recommend?
JAZZ: Definitely. The National FGM Center have an interactive world prevalence map on their website. That's a really brilliant resource because it shows for lots of different countries all over the world, the overall prevalence rates, but also some of this nuance, like the most common age groups, particular affected groups, regional differences. And it also indicates what the type of data source is and links to that data source as well. And the link to the FGM interactive map will be made available on the web page next to this recording.
GRACE: So Jazz, if FGM is harmful and illegal in many context, why is it being practiced? Can you tell us a bit more about that.
JAZZ: Good question. I think it's really important for health professionals and other frontline professionals as well who may come into contact with affected individuals or communities to understand why FGM continues to be practiced. This understanding can really help us to communicate more effectively and approach the issue in a culturally sensitive way. And there can be several complex factors involved, including deeply rooted social and cultural norms, misconceptions about religious requirements. And there can also be economic incentives too for the continuation of the practice.
GRACE: So it sounds like there is no single reason. It varies depending on the country and the regional context and the community and social norms that underpin it.
JAZZ: That's true. But if we zoom out, the main driving force behind FGM is patriarchy. Those male-dominated power structures, which of course, affect both men and boys and women and girls. But the practice is deeply rooted in gender inequality and is fundamentally about controlling the body's choices and futures of women and girls.
GRACE: And even though it's harmful and the social pressure to continue with the practice can be really strong and go unquestioned?
JAZZ: Absolutely. Because it's so deeply rooted in social norms, some parents may fear that their daughters will be ostracized from their community or be unable to marry and have limited future prospects if they do not undergo FGM. So even if the parents do not support the practice and they know it's harmful, the pressure to conform can still be really strong.
GRACE: And this also helps to explain why FGM is often carried out or arranged by victims and survivors of FGM, because it is mistakenly seen as a way to safeguard their girls futures and/or about continuing with what is seen to be done as the right thing or the done thing.
JAZZ: Yeah, that's a good way of understanding it. And as you mentioned, Grace, FGM is often carried out by females who the child knows and trusts. However, it's worth also mentioning that it can also be carried out by traditional cutters who may be paid for their services. And in some contexts as I mentioned, one of the drivers for the continuation of the practice is that it is a key source of income. So there can be economic incentives too for the continuation of the practice.
GRACE: I've heard also about the rise in medicalised FGM, where FGM is being carried out by medical professionals in medical settings such as hospitals and clinics using surgical tools and anesthetic.

JAZZ: Yeah. And that's really concerning, isn't it, the idea of health professionals being complicit in this form of abuse. In particular, there seems to be a rise in medicalised FGM across a number of countries, particularly Egypt, Nigeria, and Sudan. And some of the research suggests that there's a misunderstanding that the medicalization of it makes it safer.
GRACE: And Jazz, what about the role of religion? Can we talk a bit about that.
JAZZ: Yeah. So FGM is not a religious requirement. No major religion endorses this form of abuse. Although as we just mentioned, it is sometimes mistakenly believed to be a requirement. And sometimes religious doctrine is used to justify the practice incorrectly. In 2014, a number of religious leaders came together in the UK to sign a declaration condemning the practice.
GRACE: OK. So religion is simply not an excuse. FGM is a form of abuse, and it is against many human rights.
JAZZ: Exactly. On that note, Grace, from a nurse's perspective, can you tell us a bit about the ways in which women and girls are affected by FGM. What are some of the health complications that may be caused by FGM?
GRACE: Yeah. So there can be many immediate, as well as long-term health consequences, physically, psychologically, and emotionally. In the short term, there's infection, severe pain, excessive bleeding, urinary problems such as urinary retention, wound infections, and contracting bloodborne viruses. In the long term, there are repeated urine infections, vaginal infections, difficulties with menstruation, infertility, cysts, and fistulas, scar tissue, as well as serious or fatal complications during childbirth.
The mental health can also be immediate and long-term consequence of FGM. Psychological trauma can stem not only from the initial pain and shock, but from the use of physical restraint and force used by those performing FGM. In the long term, women can suffer with post-traumatic stress disorder, flashbacks, psychosexual disorders, anxiety, and depression. And as mentioned earlier, it is so important as healthcare professionals that we are aware of the medicalization of FGM. This could lead to the fear and distrust of healthcare staff and create a barrier when they're attending with other health concerns.
JAZZ: Thanks, Grace. And can these health implications impact a girl or woman across the whole lifespan?
GRACE: Yeah, yeah, absolutely they can. And it's important to note that the health needs of the victims and survivors of FGM need to be considered holistically, because FGM doesn't occur in isolation from other harmful practices. And victims, survivors have a difficult health journey that includes a number of factors and needs. Also, sometimes victims and survivors may need support from health professionals to draw the connection between their health issues and their FGM. For example, that the pain in their abdomen is linked to their FGM.
JAZZ: Yeah, that's really important. And I just wanted to point out that on the National FGM Center knowledge hub on the website, there is a health infographic which details the different types of FGM that Grace told us about and the potential health complications caused by each type. This is really helpful for anyone wanting to learn more. And there is a link to this resource next to this recording. So Grace, having talked about the impact on women and girls, can you also talk a bit about the support services available for victims and survivors of FGM in Northern Ireland.
GRACE: Yes. So there are some services in place for pregnant women within maternity care. But at the moment, there are no structured service provisions in place for non-pregnant women living with FGM in Northern Ireland. Referrals would be made via the GP and/or to the local gynae services. And the urgency of the referral would be based on the clinical need. So Jazz, let's talk about legislation. Can you tell us a bit about the laws around FGM and how they apply in Northern Ireland.
JAZZ: Absolutely. So the key pieces of legislation are the Female Genital Mutilation Act 2003 and the Serious Crime Act 2015. These pieces of legislation apply in Northern Ireland, as well as in England and Wales,. Under the FGM Act 2003, it's illegal to perform FGM, to assist or arrange FGM, or even to support someone to carry FGM out on themselves via manipulation or coercion, either here in Northern Ireland or abroad.
GRACE: So just to make it really clear, it's illegal to carry out, assist, or arrange FGM here in Northern Ireland or overseas?
JAZZ: Exactly. So if it happens overseas, it is as if it's happened here in Northern Ireland. And these laws protect anyone who is permanently resident in Northern Ireland, but also anyone who is habitually resident here as well. For example, those who are on student visas, visiting, or seeking asylum, for example. The law still protects those groups of people as well.

GRACE: OK And what kind of penalties are we talking about for those kind of offenses?
JAZZ: The maximum sentence for carrying out FGM or helping it to take place is 14 years in prison.
GRACE: OK And there are also FGM protection orders, aren't there? Can you explain a bit more about those.
JAZZ: Yeah. So FGM protection orders were introduced under the Serious Crime Act. And FGM protection order is a civil order that can be applied for at the high court or county court to protect someone who is either at risk of or who has already been subjected to FGM. The application form is available online on the gov.uk website.
And it can be completed and submitted by pretty much anyone. This includes health professionals or anyone who is at risk of or has been subjected to FGM. Each order is tailored to the individual case, but can include anything that is needed to protect that individual, such as removing a passport, restricting movement, restricting contact, and also mandating a pediatric examination.
GRACE: And if a health professional is concerned that someone is in immediate danger of FGM, what should they do?
JAZZ: They should report it straight away to the police on 999.
GRACE: So let's talk about the impact of FGM-specific healthcare services compared to general healthcare services. This is something that I personally am really passionate about. There was a really important report that was released by NHS England, the economic analysis of the FGM support clinics. This report highlighted just how vital these services are not only to women's health, but also from a wider system perspective.
JAZZ: Yeah, I remember that report. Some of the figures were quite striking, weren't they, Grace?
GRACE: Yeah. The report showed that the estimated annual cost of FGM to the NHS is around 100 million, mainly due to the psychological and the long-term complications. What's interesting is that 90% of the clinic attendees were women aged between 20 and 49. And most of them had had either type two or type three FGM.
JAZZ: Interesting. And was there a main reason women were accessing the clinics?
GRACE: Yeah. The most common reason was to access the deinfibulation procedure. And beyond that, symptoms such as pain with intercourse, painful periods accounted for 48% of the women. And 20% mentioned psychological symptoms, things like trauma, anxiety, depression, and low mood.
JAZZ: So it's not just about addressing the physical impact, it's the mental and emotional impact too?
GRACE: Yeah, absolutely. These clinics provide a safe, culturally sensitive space for women to talk about issues that they may not feel comfortable raising in a general health setting. So without these specific services, a lot of women might go without help altogether. These clinics also address so much more. The prevention of breakdown in relationships. They look at safeguarding and education, subsequently reducing and preventing FGM in the future. The clinics address health inequalities by facilitating services for these sensitive health issues. It's really important for nurses and other frontline professionals to understand what the signs might be. Not just that FGM already has happened, but also when someone might be at risk.
JAZZ: Absolutely. And it can help to break these potential risk indicators down into two areas. One, potential signs that a girl or woman may be at risk of FGM, and two, potential signs that FGM may have already taken place. So for health professionals, risk indicators are sometimes categorized based on whether it's a pregnant woman, non-pregnant woman, or a child. In cases involving children, it can also be helpful to think about risk along the lines of their developmental needs, parenting capacity, and family and environmental factors.
GRACE: So what are some of the potential indicators that a girl could be at risk of FGM that nurses or other health professionals should be alert to?
JAZZ: So context really matters. It's rarely one single thing on its own, but a combination of potential risk indicators that raise concerns. So some of the key risk indicators are if a woman or girl comes from a community known to practice FGM, if someone indicates that FGM is integral to their cultural or religious identity, and also if a girl is born to a mother who has had FGM herself.
GRACE: And it's similar if a girl or a woman has a sister, nieces, or in-laws who have been subjected to FGM. Is that also a risk indicator?
JAZZ: Yeah, especially if there is a sibling or other family member like you've mentioned who's of a similar age who has undergone FGM. And for children specifically, there could be

a disclosure about going to have a special procedure, or a ceremony, or celebration to become a woman, particularly if it involves travel to a country where FGM is prevalent. The concerns might also increase if the child is being quite vague about where or why they are going there or the reasons for the timing of the trip, for example. In this case, you'd want to further explore this.
GRACE: And what about community or family attitudes to FGM?
JAZZ: Yeah. If one or both parents or even extended family members believe that FGM is necessary or support the practice, that increases risk. It's also a concern if pro-FGM elders or community leaders have a lot of influence over the family and the girl's upbringing.
GRACE: And if a mother was to request reinfibulation after giving birth, can that also be a risk indicator?
JAZZ: Yeah, it can. The requests to be infibulated could indicate support for the practice. And whilst we're thinking about this, there are also some broader factors to consider too. Like if the family seems isolated from the wider community or if there are conversations at school or in peer groups where a girl has referred to FGM as if it is expected or supported within her family or community. But again, you would want to be looking at these factors in the wider context of what else is going on.
GRACE: So it's really about staying alert to these potential risk indicators and being prepared to ask the right questions sensitively but clearly.
JAZZ: Exactly. And Grace, what about some of the potential signs that FGM has already occurred?
GRACE: Yeah. Again, there are a number of potential signs. So some of them include frequent need to go to the toilet and menstruation problems, urinary tract infections, difficulty sitting down comfortably, and complaints about pain between their legs. Jazz, can you tell us a bit about what services are available outside of Northern Ireland. And then I will talk to the context of in Northern Ireland.
JAZZ: Sure. So in England, there are services available, and I will talk about these. But the picture across the country is quite inconsistent. It's a bit of a postcode lottery in terms of the support that is available to women and girls. So there are areas of England, such as London in particular, where there is more specialist support provision. But this also depends on the borough within London as well. And within England, victims and survivors of FGM would be treated primarily through specialist clinics or through women's hubs.
So there are 28 FGM support clinics across the UK. Most of these are in England and London specifically. And there is also one in Wales and one in Scotland. And these FGM support clinics are typically community-based clinics that offer a holistic range of support services such as a physical assessment and treatment, counseling, and other emotional support, as well as referrals onto other specialist support services.
But the support available at each of these clinics also varies. So some are available to only pregnant women, which leaves a gap for women who are not pregnant. And not all of them offer the same treatments or therapeutic support. For children, there is just one specialist pediatric FGM service at University College London Hospitals. And just to add that you don't need a GP referral to access these FGM clinics. Victims and survivors can self-refer or be referred by another professional, such as a nurse, a midwife, or a social worker. And there are full details about these clinics on the NHS website.
GRACE: That's so important for accessibility, especially when people may face obstacles bringing it up at a GP appointment.
JAZZ: Absolutely. It's really important for women and girls to have that option. I should also mention that outside of health services, there are also a number of third sector and specialist grassroots organizations who provide specialist support services. For example, there is the NSPCC FGM helpline, offering advice and support for anyone worried about a child or needing guidance. And this is a UK-wide service.
Many of the grassroots organizations are survivor-led and working directly alongside affected communities, providing tailored, culturally sensitive awareness raising support and advocacy. However, unfortunately, these organizations are not widespread and funding can be a real issue for the continuation of these really important organizations.
GRACE: Thanks, Jazz. And turning to the Northern Ireland context, the picture is really quite different here. At the moment, we do not have any dedicated FGM support clinics like those in England. There are no specialist services that focus solely on the needs of women and girls affected by FGM. That being said, support can still be accessed. But it is usually through the general health services, such as the GP, the sexual and reproductive health clinics, maternity

services, or through mental health teams if there is psychological impact. The challenge is that not all professionals are confident or equipped to recognize and respond to FGM, especially if they haven't had specific training.
JAZZ: And I think that challenge is quite common. We see that everywhere, and that can really make it harder for victims and survivors to come forward.
GRACE: Yeah, exactly. There is some safeguarding guidance for professionals in Northern Ireland. And cases can be escalated to social services or to the police, where there is risk. But again, it's not always clear where to refer people for ongoing support. So there is a definite gap.
JAZZ: Yeah. And it's worth mentioning here that the National FGM Center can provide one off case consultations to professionals who want advice and guidance on FGM-related cases. This is a UK-wide service. And if anyone wants the contact details for this, you can find them on the National FGM Center website.
GRACE: So Jazz, from a social work perspective, what do health professionals really need to know when it comes to FGM? Could you just point out two key tips.
JAZZ: That's a really good question. And there are a few things I'd like to highlight. Firstly, cultural competency is essential. Talking about FGM is an incredibly sensitive conversation. Even in communities that are affected by FGM, it can be a real taboo subject. So we need to approach conversations about FGM without judgment and understanding of the issue and its nuances.
This means having an understanding of the terminology to use, the questions to ask, and also being trauma informed when working alongside victims and survivors. But at the same time, and I think this is crucial, it's really important that we don't shy away from having these conversations and asking those necessary questions. Healthcare professionals such as nurses are uniquely placed to identify potential cases of FGM, to provide immediate support, to signpost on to specialist services when required, and identify risk of FGM. So it's really important to have those conversations in the right way.
GRACE: Yeah. And that can be really hard to do if you're worried about saying the wrong thing or you don't even know what questions to ask.
JAZZ: Exactly. But there is guidance out there and also training available for healthcare professionals to help with that. For example, at the National FGM Center, we provide CPD accredited training on FGM for multi-agency professionals, including nurses. There is guidance from the Department of Health and Safeguarding Board in Northern Ireland. Plus on the National FGM Center Knowledge Hub, there's a number of tools that can support you with this, such as a question guide and also a terminology guide as well.
Also the other key thing I would say is that FGM is not just a health issue. It's a child protection issue. FGM is child abuse. It should be treated in the same way that you treat concerns about other forms of child abuse. This means following your safeguarding procedures, escalating concerns when needed through your usual safeguarding channels to social services via the gateway team or to the police. If there is an immediate risk, and making sure that information is appropriately shared with those who need to know.
When thinking about making referrals, it's also important to highlight that a girl at risk of FGM may come from a family that gives no other cause for concern. So FGM might be the only concern, and it still must be taken seriously. And another thing to know is that the safeguarding concerns can apply even before a child is born. So for example, if a woman has undergone FGM herself and there is a concern that she may be under pressure to have her baby daughter subjected to FGM, professionals must also consider the risk to the unborn child.
GRACE: So it's not about doing everything yourself, but knowing when to act and who to involve?
JAZZ: Yeah, exactly. No one service is expected to manage this alone. It's about multi agencies working together, health professionals, social workers, police, education, community workers to safeguard and protect women and girls from FGM.
GRACE: Thank you for joining us here today as we tackle the difficult but crucial topic of female genital mutilation. FGM is child abuse, a human rights violation, and violence against women and girls. It affects millions of women and girls all over the world, including Northern Ireland. If any of these episodes have brought up difficult emotions for you, we encourage you to seek support and have added some context to the web page next to this recording.