

# OPERATION LIMELIGHT

A multi-agency safeguarding operation at the UK  
border responding to Female Genital Mutilation (FGM)

In Partnership with



**METROPOLITAN  
POLICE**



## Introductions:

- Introduce yourself and provide reassurance that those spoken to are not in any trouble and we will not take up too much of your time
- Explain we are here today working with a number of agencies conducting a safeguarding operation that seeks to raise awareness of harmful practices such as FGM and forced marriage
- Highlight that our aim is to identify those at risk and to help prevent these practices happening

## Style of approach:

- Be sensitive to the intimate nature of the subject but reinforce the relevance of the discussion
- Observe whether they are engaging freely or seem afraid and/or anxious
- Listen to their response and point of view but be prepared to challenge unacceptable comments such as, 'it's our culture'
- Tactfully create distance to enable the person to engage, separating individuals when appropriate
- Remember to be child friendly e.g. crouch down to child's level, and use appropriate language
- Identify any language barriers and seek assistance from colleagues
- Consider the different skills, powers and experiences within your team to maximise the effectiveness of the intervention
- Consider using acronym TED PIE – Tell me, Explain, Describe, Precisely, In detail, Exactly...
- Ask simple open questions (who, what, where, when, which, why)
- Observe – Do carers object to you speaking to their child? Consider a name check on the family. Consider the need for a baggage search
- Whenever possible use the term 'travel', 'trip' or 'journey' rather than holiday. Passengers might realistically be returning from a trip overseas to see a sick relative or attend a funeral, so the use of holiday might be inappropriate
- When speaking to members of FGM practising communities it is advisable to use the terms 'circumcision' or 'cutting'. This is more likely to elicit a positive response than using the terms 'Mutilation' or 'FGM', which are terms that many practising communities may not identify with or understand. Local terms for FGM specific to different countries are found at [nationalfgmcentre.org.uk/wp-content/uploads/2018/02/FGM-Terminology-for-Website.pdf](https://nationalfgmcentre.org.uk/wp-content/uploads/2018/02/FGM-Terminology-for-Website.pdf)
- Remember that harmful practices do not necessarily happen in isolation.
- **FGM is a complex form of social control of women's sexual and reproductive rights.**
- **FGM can be a precursor to forced marriage.**
- **Beliefs in witchcraft are used to explain away misfortune that occurs because of FGM.**
- **The relationships between the harmful practices are complex, so keep an open mind as to what you may be dealing with.**

## Engage passengers in conversation:

- State that we are raising awareness regarding a number of harmful practices such as FGM, breast ironing, spirit possession, witchcraft and forced marriage in order to safeguard children and preventing violence against women and girls
- Find out passengers travel information, specifically: the location their recent travel started from, what their final destination will be, what was the purpose of travel, how long they stayed and their nationality (consider dual-nationality)
- Check their understanding of harmful practices, being specific to whatever applies i.e. FGM and/or forced marriage
- Do members of your community practice female circumcision/cutting?
- What are the community views about female circumcision?
- How are supporters of FGM adapting to the increased spotlight on the practise?
- Do you know how FGM is arranged and conducted (where, when, by whom, what are the travel routes?)
- What items are used in these practices?
- Is it legal or illegal in country of origin? If it is illegal, is the law enforced?
- What areas / regions / tribe are practicing?
- What is the role of men in FGM?
- Is FGM being medicalised in the UK, if so where and by whom?

## Background Information on FGM:

- 'FGM comprises all procedures that involve partial or total removal of female genitalia, or other injury to the female genital organs for non-medical reasons' – World Health Organisation

- FGM Act 2003 – commit, assist or arrange commission in the UK/outside the UK. Penalty of up to 14 years in prison
- Specific offence since 1985 'Prohibition of Female Circumcision Act', replaced by 2003 'Female Genital Mutilation Act' and amended by 2015 'Serious Crime Act'
- Key points are that it applies those who are 'habitually resident' in the UK (a much broader definition than that of 'UK resident'.) Offences apply to all women, as there is no age limit. Offences also have extra-territoriality, so offences still take place if done outside of the UK, by a UK national or UK resident. There is no defence in law that FGM can take place as it is a cultural practice or ritual
- Mandatory reporting – all regulated professionals (health and social care professionals, teachers) are required to report known cases of FGM in girls under '18' which they identify or have had disclosed to them, in the course of their professional work, direct to Police via 101 number
- In 2015, Female Genital Mutilation Prevention Orders (FGMPO's) were introduced. These are civil orders issued by the Family Court that have conditions bespoke to the needs of the person they seek to protect. Conditions can include preventing foreign travel or seizure of travel documentation. Anyone can apply (with leave of the Court) to apply for an FGMPO. Breach of an FGMPO – penalty of up to 5 years in prison
- Health implications – can be fatal, infections, PTSD, urinary/menstrual obstruction, childbirth complications, emotional and psychological harm
- Prevalence – 29 countries across Africa plus Malaysia, Indonesia, India, Pakistan, Iran, Iraq, Israel, Jordan, Oman, UAE and Yemen and others. 200 million women and girls across the world are victims of FGM

## Commonly used terms for FGM

According to the 28 Too Many report 'FGM and Social Norms - June 2019' debates continue internationally about the most appropriate terminology to use to refer to procedures for altering the external female genitalia for non-medical reasons.

Essentially, FGM is known by different names in different communities. The terms used can also point towards the communicator's attitude towards the practice.

Terms most commonly used internationally include:

**Female circumcision** – by drawing a parallel with male circumcision, this term creates confusion between two very distinct practices. It has been criticised for de-emphasising the severity of the procedure performed on female genitalia.

**Female genital mutilation (FGM)** – the most widespread term in international use as adopted by UN agencies in 2008: 'The term is non-judgmental as it is a medical term describing what is done to female genitalia. Mutilation is the removal of healthy tissue.' 'FGM' has a negative connotation and emphasises the gravity of the harm caused by the practice.

**Female genital cutting (FGC)** – a more value-neutral term that is often used alone or alongside 'female genital mutilation' with the acronym

**FGM/C.** FGC is used by some medical professionals and international organisations to avoid the stigmatisation of practising communities. Its use, however, seems to vary considerably between different practising communities and is seen by some local activists to not accurately reflect the gravity of the harm caused by the practice.

**Excision** – the connotation can be positive or negative according to the speaker. In some practising communities, 'non-excised' girls are the ones who are socially mistreated.

There are numerous other national and local terms (and associated definitions) for the practice across Africa and beyond, including the word *sunna* (referring to all types except infibulation) in countries such as Somalia and Sudan and local variations such as *angurya* (the scraping of tissue surrounding the opening of the vagina) and *gishiri* (cutting of the vagina) in Nigeria.

Sensitivity to language is an essential element of building trust with people in order to understand their perspectives and initiate change. When speaking to affected communities best practice in relation to terminology appears to be the more *neutral, the better*.

For locally specific terminology please visit: [nationalfgmcentre.org.uk/wp-content/uploads/2018/02/FGM-Terminology-for-Website.pdf](http://nationalfgmcentre.org.uk/wp-content/uploads/2018/02/FGM-Terminology-for-Website.pdf)

## Resources / Signposting:

**Barnardos National FGM Centre:**  
[www.nationalfgmcentre.org.uk/](http://www.nationalfgmcentre.org.uk/)

**28 Too Many:**  
[www.28toomany.org/](http://www.28toomany.org/)

**Home Office E-Learning Package:**  
[www.fgmelearning.co.uk/](http://www.fgmelearning.co.uk/)

**NHS:**  
[www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx)

## NSPCC FGM Helpline:

[www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/](http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/)

## Feedback

We welcome feedback. Share your research and experiences with Project Azure, Metropolitan Police Service: CPIC-. [projectazure@met.police.uk](mailto:projectazure@met.police.uk)