



Genital Mutilation UK

UK law on genital mutilation

[1] Female [Genital Mutilation Act 2003 Chapter 31](#) states: "...A person is guilty of an offence if he excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris..."

[2] "...A person is guilty of an offence if he aids, abets, counsels or procures a girl to excise, infibulate or otherwise mutilate the whole or any part of her own labia majora, labia minora or clitoris..."

[3] "...A person is guilty of an offence if he aids, abets, counsels or procures a person who is not a United Kingdom national or... United Kingdom resident to do a relevant act of female genital mutilation outside the United Kingdom..."

[4] "...A person who works in a regulated profession in England and Wales must make a notification under this section (an "FGM notification") if, in the course of his or her work in the profession, the person discovers that an act of female genital mutilation **appears** to have been carried out on a girl..." (emphasis added).

(Low-Ber and Creighton 2015)

[5] In *Female Genital Mutilation and its Management (Green-top Guideline No. 53)* paragraph 1 it states: "...FGM is illegal unless it is a surgical operation...". This report should end here, and the developers tried. Since the latter is unlikely, the former is pursued, in the knowledge that no quantity nor quality of insult may add to a single injury.

Creighton's confusion

[6] I could not find any information on Low-Ber.

[7] That Sarah M Creighton chose to confuse 'genital mutilation' with 'surgical operation' is evident throughout her career.

[8] In (Liao and Creighton 2019) she states: "... In many countries today, a diverse range of lawful procedures subsumed under 'female genital cosmetic surgery' (FGCS) overlap with a diverse range of unlawful procedures subsumed under 'female genital mutilation' (FGM)...The double standard is bewildering...". What is bewildering is that Creighton appears to be subsuming medicine under genital mutilation and capitalising on the double standard.

[9] In (Reisel and Creighton 2015) she states: "...FGM is a deeply rooted tradition practiced by specific ethnic groups in Africa, Asia and the Middle East. The World Health Organization (WHO) defines FGM as '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'...". In other words, Creighton appears to have been aware that genital mutilation is not a surgical operation nor medical procedure by definition.

[10] In (Reisel and Creighton 2015) she states: "... Although FGM is primarily performed in Africa, Asia and the Middle East, migration of FGM practising communities means that the health complications of FGM will have a global impact...". However, in (Liao and Creighton 2019), she states "...Socially motivated female genital cutting has a long history in Europe. According to

social historians, in ancient Rome, metal rings were passed through the labia minora...In medieval England, women in certain social strata were made to wear chastity belts to prevent them from engaging in...In Tsarist Russia and nineteenth-century England, France and the United States, clitoridectomy was performed to cure epilepsy, hysteria, insanity and masturbation...". It appears Creighton is also confused regarding the history of genital mutilation, as well as its so-called ethnicity, and in addition to its definition.

[11] In (Hodes et al. 2016) she states: "...Of the 47 girls referred, 27 (57%) had confirmed FGM...of which 12 (71%) were performed by a health professional or in a medical setting (medicalisation). Ten cases were potentially illegal, yet despite police involvement there have been no prosecutions...". Why did Creighton not report and prosecute the perpetrators and which include 'health professionals' under her authority?

[12] In (Creighton et al. 2016) she repeats: "...38 children were referred of whom 18 (47%) had confirmed FGM; most frequently type 4 (61%)... This is the first dedicated FGM service for children in the UK and similar clinics in high prevalence areas should be established...". What for?

[14] In (Ali et al. 2020) she states: "...Between September 2014 and January 2019, 148 children attended the clinic of whom 55 (37.2%) had confirmed FGM...It is important to consider FGM in looked-after children from practising communities...". Communities practising what, child mutilation? What is important to consider again?

[15] In (Hodes et al. 2016) she states: "...It is important to note that FGM was confirmed in a child from Malaysia, emphasising the importance of remembering that this practice is not confined to African countries. There are no national estimates of prevalence in Malaysia or other countries in Southeast Asia and the Middle East...and so a high index of suspicion will help ensure cases are not missed...". This confirms Creighton's confusion on so-called ethnicity of genital mutilation. It is important to note that Creighton appears concerned that genital mutilation cases are not missed in the UK so that nothing will happen. Indeed, "...The WHO issued a statement in 2010 condemning healthcare provider involvement in FGM9 and any suspicion of this occurring in the UK should be taken very seriously...".

[16] In (Creighton and Hodes 2016) under "...MEDICALISATION OF FGM..." she states "...It is never acceptable for doctors to offer or procure FGM and United Nations agencies have made this quite clear in two interagency statements...". Perhaps Creighton is suggesting that United Nations should prosecute 'medicalised' child mutilation in the UK?

[17] In (Elliott et al. 2016) she *dared* put genital mutilation **between quotation marks!**

[18] At this stage I became too upset to continue documenting what appears to be mutilating hubris by Creighton and others. Little or no medical knowledge is required to see through Creighton's confusion, see for yourself (Hodes and Creighton 2017; Creighton 2015; Abdulcadir et al. 2022; Learner and Creighton 2023; Simpson et al. 2012).

[19] And see (Creighton and Hall-Craggs 2012) for “...Correlation or confusion: The need for accurate terminology...” (*sic*).

[20] In (Larsson et al. 2018) she states: “...Health and social care professionals are placed in a unique position to work with community members to educate men and women to end FGM...”. What about Creighton, Police, Court, RCOG, and medical regulation bodies – have they no role in ending child mutilation in the UK?

[21] In (Creighton et al. 2019) it appears Creighton’s intentions to bloody the waters by obfuscating mutilation with surgery finally became visible. She reports a few “...Unsuccessful prosecutions...” based on hearsay. But she has on record confirmed child mutilation in the UK? It appears her role in protecting the perpetrators also became not open to discussion.

[22] In (Creighton et al. 2019) she ends with “...Cautious optimism...”. I would say there is none while she is in charge, but it is not worthy of the pronoun.

References

- Abdulcadir, Jasmine, Noémie Sachs Guedj, Michal Yaron, Omar Abdulcadir, Juliet Albert, Martin Caillet, Lucrezia Catania, et al. 2022. "Assessing the Infant/Child/Young Person with Suspected FGM/C." In *Female Genital Mutilation/Cutting in Children and Adolescents: Illustrated Guide to Diagnose, Assess, Inform and Report*, edited by Jasmine Abdulcadir, Noémie Sachs Guedj, and Michal Yaron, 3–14. Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-81736-7_1.
- Ali, Sakaria, Roshnee Patel, Alice Jane Armitage, Hazel Isabella Learner, Sarah M Creighton, and Deborah Hodes. 2020. "Female Genital Mutilation (FGM) in UK Children: A Review of a Dedicated Paediatric Service for FGM." *Archives of Disease in Childhood* 105 (11): 1075–78. <https://doi.org/10.1136/archdischild-2019-318336>.
- Creighton, Sarah M. 2015. "Female Genital Mutilation (FGM) and the Lower Urinary Tract." *International Journal of Urological Nursing* 9 (2): 69–73. <https://doi.org/10.1111/ijun.12075>.
- Creighton, Sarah M, Joanna Dear, Claudia De Campos, Louise Williams, and Deborah Hodes. 2016. "Multidisciplinary Approach to the Management of Children with Female Genital Mutilation (FGM) or Suspected FGM: Service Description and Case Series." *BMJ Open* 6 (2): e010311. <https://doi.org/10.1136/bmjopen-2015-010311>.
- Creighton, Sarah M., and Margaret A. Hall-Craggs. 2012. "Correlation or Confusion: The Need for Accurate Terminology When Comparing Magnetic Resonance Imaging and Clinical Assessment of Congenital Vaginal Anomalies." *Journal of Pediatric Urology* 8 (2): 177–80. <https://doi.org/10.1016/j.jpuro.2011.02.005>.
- Creighton, Sarah M, and Deborah Hodes. 2016. "Female Genital Mutilation: What Every Paediatrician Should Know." *Archives of Disease in Childhood* 101 (3): 267–71. <https://doi.org/10.1136/archdischild-2014-307234>.
- Creighton, Sarah M, Zimran Samuel, Naana Otoo-Oyortey, and Deborah Hodes. 2019. "Tackling Female Genital Mutilation in the UK." *BMJ*, January, 115. <https://doi.org/10.1136/bmj.115>.
- Elliott, Charmaine, Sarah M. Creighton, Meg-John Barker, and Lih-Mei Liao. 2016. "A Brief Interactive Training for Health Care Professionals Working with People Affected by 'Female Genital Mutilation': Initial Pilot Evaluation with Psychosexual Therapists." *Sexual and Relationship Therapy* 31 (1): 70–82. <https://doi.org/10.1080/14681994.2015.1093614>.
- Hodes, Deborah, Alice Armitage, Kerry Robinson, and Sarah M Creighton. 2016. "Female Genital Mutilation in Children Presenting to a London Safeguarding Clinic: A Case Series." *Archives of Disease in Childhood* 101 (3): 212–16. <https://doi.org/10.1136/archdischild-2015-308243>.

- Hodes, Deborah, and Sarah M Creighton. 2017. "Setting up a Clinic to Assess Children and Young People for Female Genital Mutilation." *Archives of Disease in Childhood - Education & Practice Edition* 102 (1): 14–18. <https://doi.org/10.1136/archdischild-2016-311296>.
- Larsson, Martina, Pollyanna Cohen, Gayle Hann, Sarah M. Creighton, and Deborah Hodes. 2018. "An Exploration of Attitudes towards Female Genital Mutilation (FGM) in Men and Women Accessing FGM Clinical Services in London: A Pilot Study." *Journal of Obstetrics and Gynaecology* 38 (7): 1005–9. <https://doi.org/10.1080/01443615.2018.1437718>.
- Learner, Hazel Isabella, and Sarah M. Creighton. 2023. "Gynaecologic Conditions of Childhood." In *Pediatric Surgery: Diagnosis and Management*, edited by Prem Puri and Michael E. Höllwarth, 1479–88. Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-81488-5_106.
- Liao, Lih-Mei, and Sarah M Creighton. 2019. "Female Genital Cosmetic Surgery: Solution in Pursuit of a Problem." *Female Genital Cosmetic Surgery: Solution to What Problem*, 1–10.
- Low-Ber, NM, and Sarah M Creighton. 2015. "Female Genital Mutilation and Its Management (Green-Top Guideline No. 53) 2nd Edition, Royal College of Obstetricians & Gynecologists, NICE Accredited." <https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/female-genital-mutilation-and-its-management-green-top-guideline-no-53/> <https://www.rcog.org.uk/media/au0jn5of/gtg-53-fgm.pdf>.
- Reisel, Dan, and Sarah. M. Creighton. 2015. "Long Term Health Consequences of Female Genital Mutilation (FGM)." *Maturitas* 80 (1): 48–51. <https://doi.org/10.1016/j.maturitas.2014.10.009>.
- Simpson, J., K. Robinson, S. M. Creighton, and D. Hodes. 2012. "Female Genital Mutilation: The Role of Health Professionals in Prevention, Assessment, and Management." *BMJ* 344 (mar14 1): e1361–e1361. <https://doi.org/10.1136/bmj.e1361>.