



Langley Hall Primary Academy  
Ad Vitam Paramus

## Langley Hall Primary Academy Female Genital Mutilation (FGM) Policy

Since March 2015, under government plans to protect girls from female genital mutilation (FGM), teachers and healthcare workers will have a duty to report cases of FGM in girls under 18.

### Definition

The World Health Organisation (WHO) states that female genital mutilation (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' (WHO, 2008). FGM is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. The Somali term is 'Gudnin' and in Sudanese it is 'Tahur'. FGM is not like male circumcision. It is very harmful and can cause long-term mental and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old. However it can vary from soon after birth, up until adulthood.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

## Introduction

FGM is extremely traumatic, can be fatal, and has significant short and long term medical and psychological implications. It is illegal in the United Kingdom, and therefore is a child protection issue. FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal

The Every Child Matters Agenda requires all agencies to take responsibility for safeguarding and promoting the welfare of every child / young person. This is to enable them to:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution;
- Achieve economic well-being.

Therefore professionals and volunteers at LHPA have a statutory responsibility to safeguard girls / young women from being abused through FGM.

As a school we recognise that whilst there is no intent to harm a girl / young woman through FGM, the practice directly causes serious short and long term medical and psychological complications. Consequently **it is a physically abusive act.**

All staff and certain agencies should be alert to the possibility of FGM

. The following principles should be adhered to:

- The safety and welfare of the girl / young woman is paramount;
- All agencies and staff, including volunteers, will act in the interest of the rights of the girl / young woman, as stated in the UN Convention on the Rights of the Child (1989);

- All decisions or plans for the girl / young woman should be based on thorough assessments which are sensitive to the issues of age, race, culture, gender, religion. Stigmatisation of the girl / young woman or their specific community should be avoided;

FGM is traditionally practised in sub-Saharan Africa, but also in Asia or the Middle East. Those African countries where it is most likely to be practised include Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Mali, Sierra Leone, Somalia and Sudan. This does not mean that it is legal in these countries. There are a range of responses by individual nations: from still being legal, to being illegal but not upheld, to outright bans that are adhered to.

Girls and women from the Democratic Republic of Congo, Ghana, Niger, Tanzania, Togo, Uganda and Yemen are less likely to undergo FGM. But within these countries there are particular ethnic communities where prevalence is higher. It should also be remembered that girls and young women who are British citizens but whose parents were born in countries that practiced FGM, may also be at risk.

FGM has been illegal in the UK since the Female Circumcision Prohibition Act 1985. This made it illegal for a person to excise, infibulate (sew together the labia majora) or otherwise mutilate the whole or any part of a girl / young woman's labia majora, labia minora or clitoris. It is also an offence for anyone to assist a girl / young woman to mutilate her own genitalia. The only exception is for operations for specific physical and mental health reasons, undertaken by registered medical or nursing practitioners.

The Female Genital Mutilation Act 2003 strengthened the 1985 Act, by making it an offence to take UK nationals and those with permanent UK residence, overseas for the purpose of circumcision, to aid and abet, counsel, or procure the carrying out of FGM. It also makes it illegal for anyone to circumcise girls or women for cultural or non-medical reasons. The 2003 Act increases the maximum penalty for committing or aiding the offence from 5 years to 14 years in prison.

## **Cultural context**

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity.

FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community;
- Keeps her virginity / chastity;
- Is a rite of passage within the custom and tradition in their culture;
- Makes her socially acceptable to others, especially to men for the purposes of marriage;
- Ensures the family are seen as honourable;
- Helps girls and women to be clean and hygienic.

## **Main Forms of FGM**

The World Health Organisation has classified four main types of FGM:

1. 'Clitoridectomy which is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well;
2. Excision which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina);
3. Infibulation which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris;

4. Other types which are all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area' (WHO FGM Fact Sheet, 2008).

## **The FGM procedure**

The procedure is usually carried out by an older woman in the community, who may see conducting FGM as a prestigious act as well as a source of income.

The procedure usually involves the girl / young woman being held down on the floor by several women. It is carried out without medical expertise, attention to hygiene or an anaesthetic. Instruments used include un-sterilised household knives, razor blades, broken glass and stones. The girl / young woman may undergo the procedure unexpectedly, or it may be planned in advance.

## **Consequences of FGM**

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

- a. Severe pain and shock;
- b. Infections;
- c. Urine retention;
- d. Injury to adjacent tissues;
- e. Fracture or dislocation as a result of restraint;
- f. Damage to other organs;

- g. Death.

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl / young woman through loss of blood.

Long term health implications include:

- a. Excessive damage to the reproductive system;
- b. Uterus, vaginal and pelvic infections;
- c. Infertility;
- d. Cysts;
- e. Complications in pregnancy and childbirth;
- f. Psychological damage;
- g. Sexual dysfunction;
- h. Difficulties in menstruation;
- i. Difficulties in passing urine;
- j. Increased risk of HIV transmission.

## **Signs and Indicators**

Some indications that **FGM may have taken place** include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family;
- A girl / young woman may spend time out of the classroom or from other activities, with bladder or menstrual problems;
- A long absence from school or in the school holidays **could** be an indication that a girl / young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return.

- A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP;
- A girl / young woman may ask for help, either directly or indirectly;
- A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression;
- Midwives and obstetricians may become aware that FGM has taken place when treating a pregnant woman / young woman.

Some indications that **FGM may be about to take place** include:

- A conversation with a girl / young woman where they may refer to FGM, either in relation to themselves or another female family member or friend;
- A girl / young woman requesting help to prevent it happening;
- A girl / young woman expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin;
- A boy may also indicate some concern about his sister or other female relative.

## **What to do if you think a girl may have undergone or about to undergo FGM**

Any information or concern that a girl / young woman is at risk of, or has undergone FGM should result in an immediate referral to the Designated Safeguarding Lead

The DSL would then follow LHPA Safeguarding Policy and Procedures.

In an emergency - do not delay - ring 999.

FGM places a girl / young woman at risk of significant harm and will therefore be initially investigated under Section 47 of the Children Act 1989 by Children's Social Care and the Police.

If a girl / young woman is thought to be at risk of FGM, **staff should be aware of the need to act quickly** - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the procedure.

### **If a Girl / Young Woman Has Already Undergone FGM**

Where FGM has been practiced, staff should report it to the Designated Safeguarding Lead, LHPA Safeguarding Procedures will be followed and a referral made to Children's Social Care Services or the Police

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