

What is Female Genital Mutilation (FGM)?

Female Genital Mutilation (FGM) is any procedure which involves the partial or complete removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Some people believe that FGM is necessary to ensure acceptance by their community. However, this custom is against the law in the UK and many other countries.

Female Genital Mutilation and The Law

All types of FGM have been illegal in the UK since the 1985 Female Circumcision Prohibition Act. The Female Genital Mutilation (FGM) Act 2003 updates and extends the original act.

It is 'an offence to take UK nationals and habitual residents overseas for the purpose of circumcision, to aid and abet, counsel or procure the carrying out of Female Genital Mutilation (all types of circumcision). It is illegal for anyone to circumcise women or children for cultural or non-medical reason'. Re-infibulation is also illegal.

There is now anonymity for victims of FGM. FGM Protection Orders can be obtained.

A person convicted of an offence under the FGM Act 2003 is liable to imprisonment for up to 14 years. There is a duty for health professionals, teachers and social workers to notify the police of any known cases of FGM.

Types of FGM

There are many variations of FGM that broadly come under four types:

- Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- Type 2: Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora (excision).
- Type 3: Narrowing of the vaginal orifice with creation of a covering seal by cutting and bringing together (sewing) the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- Type 4: All other types of harmful traditional practices that mutilate the female genitalia, including pricking, cutting, piercing, incising, scraping and cauterisation.

Who is at risk of FGM?

FGM is mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. It can also be classed as Honour Based Violence.

Practising communities include (but are not exclusive to) Eritrean, Ethiopian, Indian, Sierra Leonean, Nigerian, Peruvian, Russian, Somalian and Sudanese.

These countries have populations that practise a variety of religions which are often used to justify the practice of FGM. This is a mistaken belief as FGM is a social practice, not a religious one.

Health Implications

Short term health implications include:

- severe pain and shock
- broken limbs (from being held down)
- infection
- increased risk of HIV and AIDS
- urine retention
- injury to adjacent tissues and immediate fatal haemorrhaging.
- Long term health implications include: uterus, vaginal and pelvic infections, cysts and neuromas, infertility
- increased risk of fistula, complications in pregnancy and child birth
- sexual dysfunction
- difficulties in menstruation
- considerable psycho-sexual, psychological and social consequences;
- trauma, flashbacks and depression.

An estimated 10% of victims die from short term effects and 25% from recurrent problems

Warning signs

When the school holidays approach, suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad or in the UK. If any agency or individual becomes aware of a child who may have been subjected to or is at risk of FGM, they must make a referral to Children's Social Care. All professionals need to consider whether any other indicators exist that FGM is being planned or has already taken place.

For example:

- Preparations are being made to take a holiday – arranging vaccinations or planning an absence from school

- The child has changed in behaviour after a prolonged absence from school
- The child has health problems, particularly bladder or menstrual problems
- You are aware of women in the family who have had the procedure and this may prompt concern as to the potential risk of harm to other female children.

FGM is referred to as cutting or being cut.

If you have any queries regarding the information contained in this leaflet, or require further clarification of any points, please do not hesitate to contact either the Headteacher Mr Oakes, Mrs Bristow, Deputy Head Teacher, Mrs Holt-Jackson, SENDCO or Mrs Diston, Early Help Co-ordinator.


**Our Nominated Safeguarding Governor is
Revd Jane Curtis.**

**The school has a Safeguarding and Child Protection Policy, supported by clear procedures. This is available in the entrance hall or on the school website at
www.st-bartholomews.dsat.org.uk**



Please note that photographs are not to be taken in school without prior permission, and posting to social media is not permitted.

St Bartholomew's Primary Academy
The Rosary
Royal Wootton Bassett
Swindon
Wiltshire
SN4 8AZ

 **01793 853288**

 **enquiries@st-bartholomews.dsat.org.uk**



**St Bartholomew's
Primary Academy**

**SAFEGUARDING CHILDREN
GUIDANCE**

Female Genital Mutilation

*An information leaflet for volunteers and
visitors to the school*

**Designated Safeguarding Lead:
Mr Dan Oakes, Headteacher**

**Deputy Designated Safeguarding Leads:
Mrs Rachel Bristow, Deputy Head Teacher,
Mrs Nadia Holt-Jackson, SENDCO &
Mrs Lorraine Diston, Early Help Co-ordinator**

**Nominated Safeguarding Governor:
Revd Jane Curtis**



'Hand in hand we learn, we grow, we soar'