FEMALE GENITAL MUTILATION (FGM)

Female Genital Mutilation 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 (World Health Organisation). It is also sometimes referred to as female genital cutting or female circumcision. There are no health benefits to FGM and it is recognised internationally as a human rights violation.

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or

Key points

- **FGM is illegal in the UK.** For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris.
- FGM is an unacceptable practice for which there is no justification. **It is child abuse and a form of violence against women and girls.**
- FGM is **prevalent in 30 countries.** These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.
- It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
- **FGM is a deeply embedded social norm, practised by families for a variety of complex reasons.** It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

The Serious Crime Act 2015 strengthened further the legislation on FGM and now includes:

- the right to anonymity for victims
- the offence of failing to protect a girl aged under 16 from the risk of FGM
- the provision of Female Genital Mutilation Protection Orders (FGMPO); and
  the duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18.

For school staff this will occur from a disclosure and not a physical examination

If you suspect that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, what should you do?

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. (Under Section 5b of the FGM Act 2003, "teacher" means, in relation to England, a person engaged or employed to carry out teaching work at schools

and other institutions.) Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school or college's designated safeguarding lead and involve children's social care as appropriate.
The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.

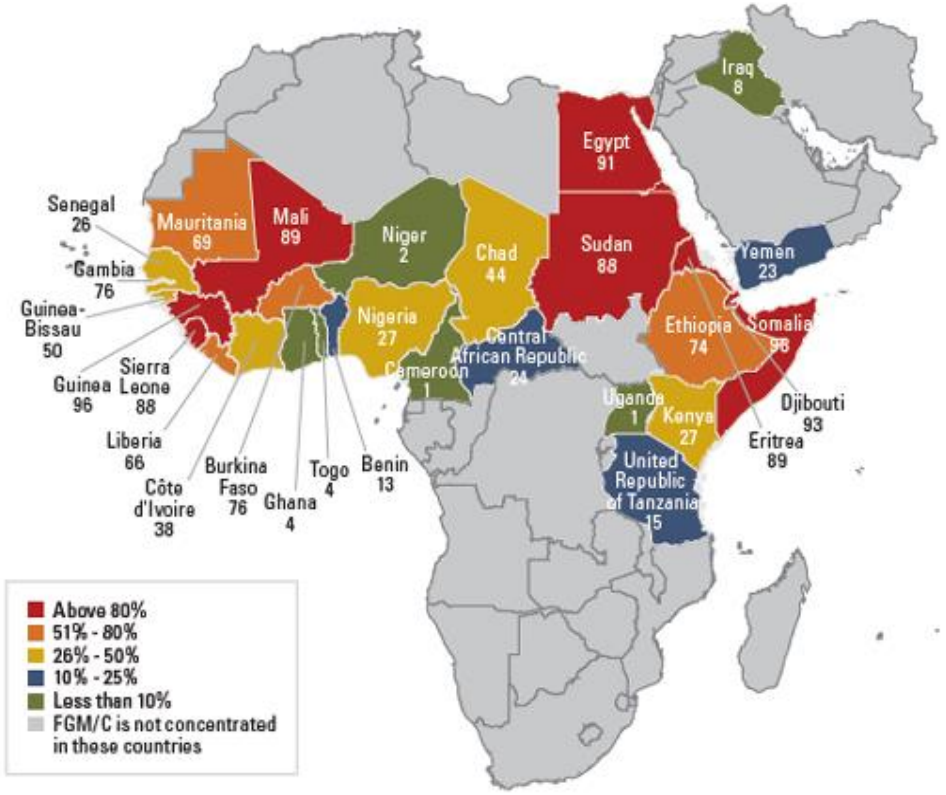
What should our school's safeguarding policy say about FGM?
The statutory guidance 'Keeping Children Safe in Education', asks schools to ensure that they raise awareness of Female Genital Mutilation (FGM). Staff should be aware of FGM and it should be included in your policy where the different types of abuse and neglect are set out. The statutory Relationships and Sex Education (RSE) curriculum, makes it compulsory for secondary schools to teach pupils about FGM and other harmful practices, including forced marriage and honour based abuse. Although the duty to teach about FGM is not mandatory for primary schools, it can optionally be applied. By the end of secondary school, pupils should know the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships.

Statistics

- 60,000 girls under 15 are at risk of FGM in the UK
- 137,000 girls and women are living with the consequences of FGM in the UK
- Over 130 million girls and women worldwide have undergone FGM
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.
- Treatment of health complications of FGM in 27 high prevalence countries costs 1.4 billion USD per year.

Female Genital Mutilation occurs mainly in Africa and to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There are no health benefits. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan.
A **world prevalence map** is available at
http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/

In the UK, FGM tends to occur in areas with larger populations of communities who practise FGM, such as first-generation immigrants, refugees and asylum seekers. These areas include: London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes. In England and Wales, 23,000 girls under 15 could be at risk of FGM.



Why is FGM performed?

In every society in which it is practiced, female genital mutilation is a manifestation of deeply entrenched gender inequality. Where it is widely practiced, FGM is supported by both men and women, usually without question, and anyone that does not follow the norm may face condemnation, harassment and ostracism. It may be difficult for families to abandon the practice without support from the wider community. In fact, it is often practiced even when it is known to inflict harm upon girls because the perceived social benefits of the practice are deemed higher than its disadvantages.

The reasons given for practicing FGM fall generally into five categories:

Psychosexual reasons: FGM is carried out as a way to control women's sexuality, which is sometimes said to be insatiable if parts of the genitalia, especially the clitoris, are not removed. It is thought to ensure virginity before marriage and fidelity afterward, and to increase male sexual pleasure.

Sociological and cultural reasons: FGM is seen as part of a girl's initiation into womanhood and as an intrinsic part of a community's cultural heritage. Sometimes myths about female genitalia (e.g., that an uncut clitoris will grow to the size of a penis, or that FGM will enhance fertility or promote child survival) perpetuate the practice.

Hygiene and aesthetic reasons: In some communities, the external female genitalia are considered dirty and ugly and are removed, ostensibly to promote hygiene and aesthetic appeal.

Religious reasons: Although FGM is not endorsed by either Islam or by Christianity, supposed religious doctrine is often used to justify the practice.

Socio-economic factors: In many communities, FGM is a prerequisite for marriage. Where women are largely dependent on men, economic necessity can be a major driver of the procedure. FGM sometimes is a prerequisite for the right to inherit. It may also be a major income source for practitioners.

High Risk Time

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school or where the family request an 'authorised absence' for just before or just after the summer school holidays.

Although, it is difficult to identify girls before FGM takes place, where girls from these high risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.

Risk Factors include:

- low level of integration into UK society
- mother or sister who has undergone FGM
- girls who are withdrawn from PSHE
- a visiting female elder from the country of origin
- being taken on a long holiday to the family's country of origin
- talk about a 'special' event or procedure to 'become a woman'

Post-FGM Symptoms include:

- difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- unusual behaviour after a lengthy absence
- reluctance to undergo normal medical examinations
- asking for help, but may not be explicit about the problem due to embarrassment or fear.

Additional guidance and further reading

- Keeping Children Safe in Education September 2021
- Multi-agency statutory guidance on female genital mutilation
- Guidance for schools Safeguarding children from sexual violence, child sexual exploitation and harmful practices http://nationalfgmcentre.org.uk/harmful-practices/mps-guidance-for-schools-and-colleges/
- World prevalence map http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/
- WHO factsheet https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation
- **Online training** is provided by the Home Office https://www.fgmelearning.co.uk/
- **Helpline:** NSPCC FGM Helpline 0800 028 3550 or email fgmhelp@nspcc.org.uk
- **UNICEF:** http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/