

2-minute briefing

Female Genital Mutilation (FGM)

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with in line with safeguarding procedures.

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. The 4 procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

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 practice that mutilates the female genitalia, including pricking, cutting, piecing, incising, scraping and cauterisation

Indicators

The following are some signs that the child may be at risk of FGM:

- A female child is born to a woman who has undergone FGM or whose older sibling or cousin has undergone FGM;
- The family belongs to a community in which FGM is practised; or have limited level of integration within UK community;
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- If a female family elder is present, particularly when she is visiting from a country of origin, and taking a more active / influential role in the family;
- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
- The child talks about a 'special procedure/ceremony' that is going to take place;
- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family;
- Repeated failure to attend or engage with health and welfare services or the mother of a girl is very reluctant to undergo genital examination;
- Where a girl from a practising community is withdrawn from Sex and Relationship Education they may be at risk from their parents wishing to keep them uninformed about their body and rights

Responding to an incident

- Be vigilant to any signs listed above.
- If the girl discloses that FGM has been carried out, the Serious Crimes Act 2015 places a statutory duty upon teachers personally to report to the police.
- If you suspect or have cause for concern that a girl may be at risk of FGM, inform your Designated Safeguarding Lead, as soon as possible via the normal reporting and recording procedures, as per your Child Protection policy

Further information

[Policy and Procedure for identifying and responding to concerns about female genital mutilation \(northlincsmaars.co.uk\)](http://northlincsmaars.co.uk)

[Multi-agency statutory guidance on FGM 2016](#)

[FGM risk indication system](#)

[Children's MARS good practice use of interpreters](#)

[FGM resource pack](#)

Karen Hackett (School improvement officer - Safeguarding) January 2022