

Female Genital Mutilation (FGM)

Safeguarding against Female Genital Mutilation

Female genital mutilation (FGM) is a surprisingly common form of abuse in the UK. Ofsted inspectors now expect Heads and designated staff to be aware of FGM and to take appropriate action.

Female genital mutilation (FGM) is 'a collective term for all procedures involving the partial or total removal of external female genitalia for cultural or other nontherapeutic reasons'.

In the UK, where it is considered to be child abuse, FGM is illegal. It is also illegal to take a child abroad for FGM purposes.

Four types of FGM

There are four types of FGM:

1. **Clitoridectomy** – partial or total removal of the clitoris
2. **Excision** – partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora
3. **Infibulation** – narrowing of the vaginal opening
4. **All other harmful non-medical procedures** to female genitalia.

The practice is normally carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8.

Countries where FGM is practiced

FGM is practiced in 28 African countries and in parts of the Middle East and the Far East. It continues to be practiced in some communities in Western Europe.

The Ofsted briefing quotes that up to 24,000 girls under the age of 15 might be at risk in the UK. Some 66,000 women in England and Wales are living with the consequences of FGM.

Countries in which FGM is particularly common practice include:

- Burkina Faso
- Djibouti
- Egypt
- Eritrea
- Ethiopia
- The Gambia
- Guinea
- Liberia
- Mali
- Mauritania
- Sierra Leone
- Somalia
- Sudan

One of the difficulties is that FGM-practicing families may not see it as an act of abuse. It is accepted practice in some communities, and this can make it very difficult for a girl or any other member of her family to come forward. Not having undergone FGM can be considered to make a girl unsuitable for marriage.

The impact on girls

The procedure has no health benefits and can cause:

- Severe bleeding
- Infection
- Problems urinating
- Potential childbirth complications leading to deaths of newborn babies

The impact of undergoing FGM is not only physical; the fact that the procedure has been inflicted on the girl by her family makes it particularly traumatic.

How to identify FGM

The time when FGM is most likely to take place is at the start of the summer holidays, as there is then sufficient time for the girl to recover before returning to school.

Risk factors

Schools should be particularly alert for signs when a girl comes from a community where FGM is practiced. Other risk factors include:

- Where the family is less integrated within UK society
- Where the mother/other women in the extended family have also been subject to FGM
- Where a girl has been withdrawn from sex education lessons and there is a reluctance for her to be informed about her body and her rights

Indicators that FGM is imminent

Indicators that it might be about to take place include:

- Being a girl between the ages of 5 to 8 within a community where FGM is practiced
- When a female family elder visits, particularly if she arrives from another country
- A girl talking about a 'special procedure' or saying that she is attending a special ceremony to become a woman
- A girl being taken out of the country for a prolonged period.

Indicators that it has taken place

Indications that FGM has already taken place include:

- A girl having difficulty walking, sitting or standing
- She spends longer than normal going to the toilet
- She spends long periods of time away from the classroom during the day because of bladder or menstrual problems
- Prolonged or repeated absences from school or college
- Withdrawal or depression when a girl returns to school after a prolonged period of absence
- Reluctance to undergo normal medical examinations

What schools should do

- As FGM is a form of child abuse, it should be dealt with according to your existing child protection policy.
- Do not reveal that any enquiries might be related to FGM, as this could increase the risk to the girl.
- Do not engage at this stage with the pupil's family or others within the community.
- **Contact social care.** Your SDO must share any concerns that the school has with social care.
- Children's social care may approach the police for assistance and there might be a joint investigation. Particular attention may be given to other family members who might also be at risk

Make a referral

If you suspect that a pupil has been removed from school as a result of FGM, you should refer your concerns to MASH.

Once a referral has been made by a school, a strategy meeting will be arranged as soon as possible. It will include health providers or voluntary organisations with specific expertise in FGM.

Social care providers are advised that they should first determine whether the parents or the girl are aware of the harmful aspects of FGM and the law in the UK. The main focus is to prevent the child from experiencing FGM, rather than the removal of the child from the family. However, if it is felt that there is immediate risk of FGM taking place, then an Emergency Protection Order might be sought.

Encourage an open environment in school

Schools are requested to ensure that:

- **They have an 'open environment', where students feel able to discuss issues that they may be facing**
- **The designated senior person is aware of the issues surrounding FGM**
- **Materials explaining FGM are available for staff and students**
- **Advice and signposts are available for accessing additional help, e.g. the NSPCC's Helpline, ChildLine services and appropriate black and minority ethnic women's groups**
- **Girls have access to a private telephone, should they wish to use it**
- **Training about FGM is incorporated in the school's safeguarding training**

Train staff in FGM issues

It is important that staff are made aware of the possibility of FGM occurring. Training should include:

- An overview of FGM
- The socio-cultural context
- Facts and figures
- UK FGM and child protection law
- FGM complications
- Policy – and what staff should do if they suspect FGM
- The roles of different professionals

What Ofsted will be looking for:

- Designated staff are aware of the issue and have ensured that staff in the school are aware of the potential risks.
- **Staff are aware of the possible signs that a child has been subject to FGM or is at risk.**
- There have been concerns raised about particular children, and whether action has been taken as a result.