



Flowery Field Primary School: Female Genital Mutilation (FGM) policy

Approved by governors: awaiting approval

Date to be reviewed: annually with CP policy

The statutory guidance 'Keeping Children Safe in Education' published in April 2014, asks schools to ensure that they raise awareness of Female Genital Mutilation (FGM). Designated C.P. Staff have had awareness training and ARE aware of FGM risk factors.

Any concerns should be shared with the C.P. lead who will refer in to Children's Social Care.

Background Information

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.

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.

Key Points:

- Not a religious practice
- Occurs mostly to girls aged from 5 – 8 years old; but up to around 15
- Criminal offence in UK since 1985
- Offence since 2003 to take girls abroad
- Criminal penalties include up to 14 years in prison

Reasons for this cultural practice include:

- Cultural identity – An initiation into womanhood
- Gender Identity – Moving from girl to woman – enhancing femininity
- Sexual control – reduce the woman's desire for sex
- Hygiene/cleanliness – un mutilated women are regarded as unclean

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- girls who are withdrawn from PSHE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'

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.

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.

Longer Term problems include:

- difficulties urinating or incontinence
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- kidney damage and possible failure
- cysts and abscesses

- pain when having sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems