

Female genital mutilation – FGM

Female genital mutilation (FGM) 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*)

There are four types of female genital mutilation, they include;

- Type 1 (clitoridectomy) – removing part or all of the clitoris.
- Type 2 (excision) – removing part or all of the clitoris and cutting the inner and/or outer labia.
- Type 3 (infibulation) – narrowing the vaginal opening.
- Type 4 – other harmful procedures to the female genitals including pricking, piercing, cutting, scraping or burning

(*NHS Choices, 2016*)

Short term health implications of FGM includes:

- Severe pain and bleeding
- Injury to other tissue
- Infection including urinary infection
- Broken and fractured bones
- Shock
- Death

Long term health implications of FGM includes:

- Difficulty urinating
- Cysts and fistulas
- Menstrual problems
- Pain during intercourse
- Infertility
- Difficulties in childbirth
- Depression and post-traumatic stress disorder (PTSD)

Whilst FGM can happen anywhere in the world, it is more commonly practiced in countries such as Africa, Asia, the Middle East and South America.

The age when FGM is done can be when a female baby is born, during childhood or adolescence, just before marriage or during pregnancy.

FGM was made illegal in the UK under The Prohibition of Female Circumcision Act (1985). Further legislation under the Female Genital Mutilation Act (2003) made it illegal to undertake FGM abroad. Mandatory reporting duties were introduced for teachers through the introduction of the Serious Crime Act (2015)

The first conviction in the UK was in February 2019 when a 37, year old Ugandan woman and her partner were found guilty of performing FGM on their 3- year- old daughter.

The Early Years Foundation Stage (2017) states that staff training must enable staff to identify possible signs of abuse and neglect at the earliest opportunity and to respond in a timely and appropriate way. This includes....

'any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a girl may have been subjected to (or is at risk of) female genital mutilation'.

Things to look out for in early years settings that might indicate a girl is at risk of, or has undergone FGM.

- Knowledge of families, cultures and beliefs
- Children absent from the setting
- Observations of injury or infection
- Unusual behaviour from the child
- Being aware of conversations, a long holiday abroad or going 'home' to visit a family relative or cutter visiting from abroad, or where only female children are going on holiday
- A special occasion or ceremony to 'become a woman' or get ready for marriage
- A female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt

Concerns that a child is at risk of, or who has experienced FGM should be reported immediately to the Police.