



LADYBIRDS
NURSERY

Female Genital Mutilation

2021/2022

Safeguarding

What is FGM

Female Genital Mutilation comprises of 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.

It is the collective term used for different degrees of mutilation of the female genitalia. It is commonly referred to as 'female circumcision'

The Prohibition of Female Genital Mutilation Act 2003 makes female genital mutilation an offence, except on specific physical and mental health grounds.

F.G.M. is an act of extreme violence against women and children. It can be performed from birth onwards. It presents a risk of physical and psychological harm that can last a lifetime, in the most extreme cases it can cause death.

There are several local terms for this procedure, staff need to be aware of hearing any of these terms:

Egypt - Thara - Khitan - Khifad (Arabic Language)

Ethiopia - Megrez (Amharic Language)

- Abusm (Harrari Language)

Eritrea - Mekhnishab (Tigre Language)

Kenya - Kutairi (Swahili Language)

Nigeria - Ibi/Ugwu (Igbo Language)

Sierra Leone - Sunna (Soussou Language)

- Bondo (Temene Language)
- Sonde (Mandingo Language)

Somalia - Gudinlin, Halalays, Qodiin (Somali Language)

Sudan - Khafad, Tahoor - (Arabic Language)

Gambia - Niaka, Kuyango (Mandinka Language)


India/Pakistan - Khatana (Gujarati Language)

Iran/Turkey - Khatana (Kurdish Language)


Who Practises it


FGM is practised around the world in various forms across all the faiths. It should be noted that FGM is not just purely an African issue, although there is greater prevalence there.


Immediate Physical Problem of FGM


 Intense pain and/or haemorrhage that can lead to shock during and after the procedure

 Occasionally death

 Haemorrhage that can lead to amnesia

 Wound infection, including gangrene and tetanus. Tetanus is fatal in 50 to 60 percent of cases.


 Urological complications including urine retention from swelling and/or blockages of the urethra


 Injury to adjacent tissue

 Fracture or dislocation as a result of restraint


 Damage to other organs

Long Term Health Implications

 Excessive damage to the reproductive system

 Recurrent urinary, uterine, vaginal and pelvic infections

 Keloid scarring


 Vaginal obstruction

 Infertility

 Cysts

 Psychology damage


 Sexual dysfunction


 Difficulty in passing urine

 Increased risk of maternal and child mortality due to obstructed labour

Common Justification for FGM

 Maintain the family honour and a girl's virginity


 Improve a girls marriage prospects


 Protecting perceived cultural and religious beliefs and traditions


Risk factors that Heighten the Girls Risk of Being Subject to FGM

Indicators that a young child is at risk of FGM

 The family comes from a community that is known to FGM


 Any female child born to a woman that has been subjected to FGM must be considered to be at risk


 Parents have poor access to information about FGM and do not know the harmful impact


 Parents state that a relative will take the child out of the country for a prolonged period of time

 Girl has attended travel clinic for vaccinations

 Family not engaging with professionals


 A child may talk about a long holiday to her country of origin


 A child may confide they are to have a special procedure or to attend a special occasion


 Staff may hear of any reference to FGM as parents are talking to each other


Significant and Immediate Risk Factors


If a young child under the age of 18 identifies one or more serious or immediate risks from the list below, or any other risks in our professional judgement that appear to be serious, then we will follow our referral procedures, and refer to Children's Social care.


 A child or sibling that asks for help

 A parent or family member expresses concern that FGM may be carried out on the child


 A child has confided that she is to have a special procedure or to attend a special occasion, or the child has talked about going away to become a woman or to be like her mum or sister


 The child has a sister or other female child relative who has already undergone FGM


 The family and child is already known to social services - through the process of family members having FGM

 Prolonged absence from school or nursery with noticeable behaviour changes upon return

 Longer more frequent visits to the toilet particularly after a holiday

 Finding it hard to sit still and appear uncomfortable and complain of pain between the legs

 Children talking about somebody doing something to them they are not allowed to talk about

 Overhearing a conversation about a special procedure that took place when on holiday

 Recurrent Urinary Tract Infections

Actions to be Taken

Although we have no experience (to date) of dealing with female genital mutilation, we remain vigilant to our children, and their families, and should we suspect anything, then referral to social care via our Safeguarding procedure will be followed immediately.

Policy Issued April 2019

Date to be Reviewed April 2020

Date Reviewed June 2020

Date to be Reviewed June 2021

Date Reviewed September 2021

Date to be Reviewed September 2022

Date Reviewed December 2021

Date to be Reviewed December 2022

Date Reviewed

This policy will be reviewed sooner than the review date should any new information become available