

Safeguarding Update

Female Genital Mutilation

There are an estimated 137,000 women and

girls affected by FGM in England and Wales

How FGM happens

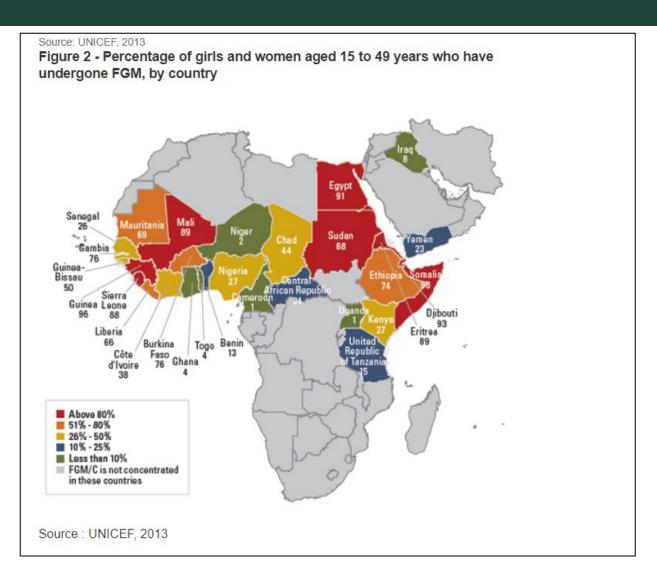
The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are 4 types - all are illegal and have serious health risks.

FGM ranges from pricking or cauterizing the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening.

Even partial removal or 'nipping' can risk serious health problems for girls and women. The cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade.

Labia elongation, also referred to as labia stretching or labia pulling, involves stretching the labia minora, sometimes using sticks, harnesses or weights. Currently under-researched in comparison to other types of FGM, a 2016 study by the charity Afruca focuses on labia elongation and makes recommendations for raising awareness amongst practitioners and communities (<u>AFRUCA, 2016</u>).

FGM is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained.



Signs

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may become aware of:

- o a long holiday abroad or going 'home' to visit family
- o relative or cutter visiting from abroad
- o 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.

Signs a teacher or school may notice

- A family arranging a long break abroad during the summer holidays.
- Unexpected, repeated or prolonged absence from school.
- Academic work suffering.

A child may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

Reporting requirements

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18s to the police (<u>Home Office, 2016</u>).

Indicators FGM may have taken place

A girl or woman who's had female genital mutilation (FGM) may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

The physical effects of FGM

FGM can be extremely painful and dangerous. It can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections that can cause death in some cases.

Long-term effects of FGM

Girls and women who have had FGM may have problems that continue through adulthood, including:

- 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.

What to do if you have a concern

There are two things that you must do if you receive a disclosure from, or you have a concern that, a pupil may have been subjected to FGM.

- 1. Report to a member of the safeguarding team in school. Please complete a safeguarding reporting form (available in the Safeguarding Folder in Common Documents on MIS).
- 2. The Law states where a member of staff thinks this has taken place **they** must report it to the Police.

A reminder of the safeguarding team:



Matthew Close (DSL)



Jon Owen (Deputy DSL) Clemmie Stewart



Sally Ralph





Garnette Watts Anne McCool

For further information click on the links below.







unicef () for every child