



Name:	Date written:
Female Genital Mutilation Policy	2021
Written by:	Date of Review:
Emma Holmes/ Louise Lloyd-Evans	14/9/23
Policy Statement	
This policy is in place to ensure that children in our care at Young Friends Kindergarten remain safe from harm, in particular female genital mutilation.	
Aims and Purpose	
At Young Friends Kindergarten, we have robust and rigorous safeguarding procedures and protecting children in our care is paramount. The safeguarding lead and all members of staff are responsible to adhere and follow these policies. We endeavour to ensure that the safety and welfare of the child is paramount. Staff must follow these procedures to enable them to spot early concerns within family dynamics and actual physical warning signs.	
Applicability	
Children Staff Families	
Definition of Terms	
FGM: Female Genital Mutilation	
Overview	
Legislation Types of FGM Cultural and Social Factors The Reporting Process	
Procedures	
Legislation Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reason. The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. The Act: <ul style="list-style-type: none"> • Makes it illegal to practice FGM in the UK; 	

- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country;
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad;
- Has a penalty of up to 14 years in prison and/or a fine.

FGM is a type of harmful practice. These are forms of violence and abuse which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice.

Types of FGM

Types of FGM...Female genital mutilation is classified into 4 major types:

- **Type 1:** Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
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- **Type 2:** Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

De-infibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

Cultural and Social Factors

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice.

In some communities, FGM is almost universally performed and unquestioned.

FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to

further discourage extramarital sexual intercourse among women with this type of FGM.

In contexts where women are financially dependent on their husbands, marriageability is a strong motivating factor in carrying out FGM.

FGM is associated with cultural ideals of femininity and modesty,

- These include the notion that girls are clean and beautiful after removal of body parts that are considered unclean or unfeminine or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.

The Reporting Process

The FGM mandatory reporting duty is a legal duty provided for in the [FGM Act 2003 as amended by the Serious Crime Act 2015 under section 5B](#).

The legislation requires regulated Health and Social Care Professionals and Teachers in England and Wales to make a report to the Police on the single non-emergency number 101 when in the course of their duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Best practice is to submit a report as soon as possible after a case is discovered and for reports to be made no later than **by the close of the next working day**. Legislation states that a report **MUST** be made before the end of one month. This provision was made in order to allow for **exceptional** cases, from when the discovery is made to submitting a report. However, the expectation is that reports will be made much sooner than this.

External Links and Organisations

Pan Sussex Child Protection and Safeguarding Procedures:

[8.25 Female Genital Mutilation | Sussex Child Protection and Safeguarding Procedures Manual](#)

Brighton and Hove Safeguarding Children Partnership: [Female Genital Mutilation \(FGM\) - BHSCP](#)

Relevant Policies and Documents

Prevent Duty
Equalities and Diversity Policy
Safeguarding Children Policy
Key Person Policy
Parent Carer Code of Conduct
Intimate Care Policy

Authorisation

Signature:

A handwritten signature in black ink, appearing to read 'Louise Lloyd-Evans', written in a cursive style.

Louise Lloyd-Evans
Owner and Director

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