FGM Policy

Aims

At Alamiyah, we have rigorous safeguarding procedures relating to FGM to protect all children in our care. All practitioners are required to undertake FGM training to understand how to safeguard any girl who could be at risk of FGM.

Introduction

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 as amended by sections 70-75 ("the 2003 Act") and Serious Crime Act 2015. It is child abuse and violence against women. It must never be ignored due to cultural sensitivities. Children's needs must take priority. All agencies involved act in the interest of the rights of the child as stated in the UN convention 1989 and the Children's act 1989.

This policy outlines the legal framework, key definitions, information and signs and symptoms that can help identify those girls who may be at risk of FGM.

Definition of FGM

'FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the genital organs for non-medical reasons' - World Health Organisation 2014. FGM can be referred to as Female Circumcision or Female Genital Cutting. It is known by different names in different languages. A list of these can be found at the end of the policy. It can be carried out on girls and women from birth up to the age of marriage and beyond.

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.

Deinfibulation 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.

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of the female body.

Cultural and Social factors for performing FGM

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.

FGM is associated with cultural ideals of femininity and modesty, which 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 support the practice, practitioners often believe the practice has religious support.

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.

Health Consequences of FGM

There are many potential and actual health consequences related to FGM. The World Health Organisation cautions individuals against this practice stating that:

'It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long term health consequences including difficulties in childbirth also causing dangers to the child.' World Health Organisation 2014

FGM has significant physical, emotional and psychological consequences and cannot be

excused, accepted or condoned. Some of those consequences are listed below:

Urinary and other infections, Blood loss, Hepatitis, Haemorrhaging, Difficulty with childbirth, Painful intercourse, Infection, HIV infection, Severe pain and shock, Post Traumatic Stress Disorder (PTSD), Infertility, Menstrual Obstruction, Death, Fracture or dislocation during constraint, Low self esteem, Depression

Possible Risk Indicators of FGM

1. Level of Integration of Family within UK society - families who are not so well integrated may not be aware that this practice is illegal or harmful

2. Familial History - If there is a family history of FGM having taken place

3. a female child is born to a woman who has undergone FGM;

4. a female child has an older sibling or cousin who has undergone FGM;

5. a female child's father comes from a community known to practise FGM;

6. the family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;

7. a woman/family believe FGM is integral to cultural or religious identity;

8. a girl/family has limited level of integration within UK community;

9. a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';

10. a girl talks about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.3 for the nationalities that traditionally practise FGM);

11. parents state that they or a relative will take the girl out of the country for a prolonged period;

12. a parent or family member expresses concern that FGM may be carried out on the girl;

13. a family is not engaging with professionals (health, education or other);

14. a family is already known to social care in relation to other safeguarding issues;

15. a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;

16. a girl talks about FGM in conversation, for example, a girl may tell other children about it (see Annex G for commonly used terms in different languages) – it is important to take into account the context of the discussion;

17. a girl from a practising community is withdrawn from PSHE or its equivalent;

18. a girl is unexpectedly absent from the setting;

19. sections are missing from a girl's Red book; and/or

20. a girl has attended a travel clinic or equivalent for vaccinations / anti-malarials.

Remember: this is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. For example, in certain communities FGM is closely associated to when a girl reaches a particular age. If any of these risk factors are identified professionals will need to consider what action to take. If unsure whether the level of risk requires referral at this point, professionals should discuss with their designated safeguarding lead. If the risk of harm is imminent, emergency measures may be required

Signs that FGM may have taken place

1. Any indication girl is unable to concentrate on her studies or is absent from the setting

2. Repeated urinary infections

3. Pain or discomfort in the genital region

Signals that FGM may be about to take place

FGM happens to girls in the UK and abroad often in the family's country of origin.

Young girls can be taken abroad at the start of the summer holidays to allow recovery time. So a long holiday abroad can be an indicator. Here are some possible indicators:

If an older visitor arrives at the family home they could have come to perform the procedure.

It is important to be vigilant and if any reference is made to FGM to another child or adult it could mean that they have been made aware of this before the procedure is being carried out.

Children can also refer to it in a way that marks it as a special occasion, an important event or a rite of passage as a girl.

FGM Act 2003

The 2003 act covers mutilation of the whole or any part of a girl's or woman's labia majora or minora or clitoris. It is an offence for any person regardless of their nationality or residence status to:

1. Perform FGM in England or Wales (section 1)
2. Assist a girl to carry out FGM on herself in England or Wales (section 2)
3. Assist (from England or Wales) a non UK person to carry out FGM outside the UK on a UK national or UK resident (section 3)

Further to this is important to know that:

- It is also an offence for any of the 3 actions above to be carried out abroad by a UK national or UK resident even if FGM is legal in the country where the procedure is carried out.
- Any person found guilty of an offence under sections 1,2 or 3 of the Act is liable to a maximum of 14 years imprisonment, a fine or both.
- It is also an offence to fail to protect a girl from the risk of FGM (section 3A)
- Any person found guilty of an offence under section 3A of the Act is liable to a maximum of seven years imprisonment, a fine or both.
- The Act ensures anonymity of the victims and a protection order for the child or individual involved.

FGM Mandatory Reporting Duty

A mandatory reporting duty (section 5B) requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18s to the police directly.

A duty to report to police is required when a member of staff:

- is informed by a girl under the age of 18 that FGM has been carried out on her.
- Observes physical signs that appear to show that an act of FGM has been carried out on a girl under the age of 18.

The relevant age is the age of the girl at the time of the disclosure or identification of FGM. The duty does not apply to cases of women over the age of 18.

A report must be made to the police in the area within which the child resides. It is recommended to call 101. The Police record the details and then initiate a multi agency response.

If a child is at risk or there is a suspected case of FGM then the duty does not apply. In this case it would be reported to the Designated Safeguarding Officer who would report it to their local MASH team according to Alamiyah Montessori's safeguarding procedures for cases of suspected abuse. Any concerns will be recorded on the setting's **Cause for Concern Form.**

If a Child is Suspected to be at Risk of FGM

If a member of staff believes that a child is at risk of FGM, they must report it to the Designated Safeguarding Officer in the setting who would then refer the case to the MASH team (multi agency safeguarding hub) 020 8708 3885.

A source of help is the FGM helpline on 0800 028 3550.

All incidents will be treated in the strictest confidence. Safeguarding the children in our care is a priority at all times and we will not tolerate any form of child abuse. Record any concerns on the setting's **Cause for Concern Form.**

Pupil Absence

If a teacher or any other member of staff suspects that a pupil has been removed from, or prevented from, attending education as a result of FGM, a referral should be made to the local authority children's or adult's social care and the police.

Staff Awareness and Training

At Alamiyah we ensure that all of our staff are aware of; the law, their responsibilities towards safeguarding children at risk of FGM, the risk factors of FGM and the signs that FGM may have taken place so that they are equipped to safeguard all the children in their care.

We therefore:

- provide certified online training to ALL staff
- regular in house training to ALL staff
- make publications about FGM available
- display relevant materials about FGM in staff areas
- regularly review policies and procedures relating to FGM in light of published government guidance

Review

This policy will be reviewed annually or sooner or if there is any change in statutory guidance or legislation. See 'Policy Review Schedule'.

Adopted in a meeting at Alamiyah Montessori on 08/09/2025

Last Reviewed: 28/08/2026

Signed by Nasim Bobat (Manager) and S Motara (Nominated Person)

on behalf of Alamiyah Montessori

Legal Framework

With reference to -
Multi-agency statutory guidance on female genital mutilation, April 2016