



Female Genital Mutilation Policy

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

At Kids Club Ely Ltd and St John's Preschool, we have a robust and rigorous safeguarding procedure and protecting children in our care is paramount. The safeguarding officer and all members of staff are responsible to adhere and follow these policies.

We endeavor to adhere to the following:

- The safety and welfare of the child is paramount.
- 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.
- All professionals are made aware of the possibility of a girl being at risk of FGM as a result of religious beliefs, nationality and other unusual events that could lead to FGM e.g. a child being taken out of the setting for six weeks or more by parents or relatives.

If a member of staff has concerns over a child, they should report it to the safeguarding officer in the setting who would then decide whether a referral was needed to the MASH team (multi agency safeguarding hub) - **03450451362**

FGM helpline - **0800 028 3550**

Types of FGM

Female genital mutilation is classified into 4 major types.

Type 1: Often referred to as clitoridectomy, this is 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). Clitoridectomy: 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).

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.

No health benefits, only harm

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 girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

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.
- 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, 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 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 practiced 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.

Any 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.