

Twyford Playgroup – EY484175

Female Genital Mutilation Policy

Date Reviewed: September 2026

Manager Signature: Rachel Knott

Chair of Committee Signature: Pamela Lawrence

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Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. FGM is child abuse. It is also referred to as 'female cutting' or 'female circumcision' and is defined by the World Health Organisation as any procedure involving the partial or total removal of external female genitalia, or other injury to the female genital organs for non-medical reasons. There are no health benefits to FGM, only harm. It is mostly carried out on girls between infancy and 15.

Aim

At Twyford Playgroup, the safety of our children is paramount. The lead safeguarding practitioner, Claire Wing, along with all other staff are responsible for following these policies should the need arise.

Types of FGM

There are four different types:

- Often referred to as clitoridectomy. This is the partial or total removal of the clitoris or clitoral hood.
- Often referred to as excision. This is the partial or total removal of the clitoris and the labia minora.
- 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.
- This includes all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping, stretching or cauterising the area.

Cultural and Social factors for performing FGM

The reasons can vary from one region to another. The most commonly cited reasons are:

1. Where FGM is the 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.

2. FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
3. FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity. And marital fidelity.
4. Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
5. 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.
6. Some religious leaders promote it.
7. In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.

Warning signs

There are a number of signs that a girl could have been subjected to FGM including:

8. Significant changes in behaviour
9. Absenteeism from school, particularly after a trip to an FGM practising country (30 countries in Africa, the Middle East and Asia).
10. Spending long periods of time out of the classroom
11. Spending longer than usual going to the toilet
12. Discomfort when sitting down
13. Avoiding physical exercise and PE lessons
14. Frequent menstrual or urinary infections

Consequences

Some consequences of FGM may include:

1. Urinary problems

2. Menstrual problems
3. Psychological problems
4. Wound healing problems
5. Excessive bleeding
6. Need for later surgeries

Appropriate professional responses to FGM

For a child suspected of having undergone FGM, these could include:

7. Creating an opportunity for the child to disclose
8. Using simple language and asking straightforward questions
9. Remember, the child is unlikely to view the procedure as abusive
10. Understand that the child may be loyal to her parents
11. Give the message that the child can come back and talk to you
12. Be non-judgemental

For a child suspected of being subjected to the procedure:

13. Getting accurate information about the urgency of the situation

How to report it

If a child in your care has symptoms or signs of FGM, or if you have good reason to suspect they are at risk they must be referred using standard existing safeguarding procedures.

14. Children's Services: 0300 555 1384 Monday to Friday 8.30 to 5.00
15. Out of hours: 0300 555 1373
16. Multi-Agency Safeguarding Hub: 01329 225379
17. MASH email: csprofessional@hants.gov.uk
18. Police: 101
19. FGM Helpline: 0800 028 3550

Legal Framework and Guides:

20. Tackling Female Genital Mutilation in Hampshire: A Partnership Approach 2016-2019

21. Children's Act 1989

22. Female Genital Mutilation Act 2003