



## **The Queen's Church of England Primary School**

*Encouraging every child to reach their full potential, nurtured and supported in a Christian community which lives by the values of Love, Compassion and Respect.*

# **THE QUEEN'S SCHOOL Sex And Relationships Education Policy**

Agreed by: The Queen's School Governing Body

Date: Jan 2016

Review Cycle: 4 years

Next Review Date: Jan 2020

All the Queen's School policies should be read in conjunction with the Equality Policy.

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# The Queen's Church of England Primary School, Kew

## Policy for Sex and Relationships Education (SRE)

### 1. Overview of SRE policy

#### 1.1 School Background

The Queen's CE Primary School is a voluntary aided Church of England school for infant and junior children. It has been part of the Kew community for 200 years and has strong links with local churches particularly St Anne's, St Lukes and St Philip's, 'The Barn'. It has a Christian ethos but welcomes and includes children and families from all faiths.

#### 1.2 How the policy was developed

The policy was developed in response to feedback from pupils and staff that the materials and approach used for SRE were becoming outdated. It was led by Queen's Governors; the school's PSHCE co-ordinator; a consultative group of interested parents and expert support from Richmond Local Authority in addition to staff and pupil consultation and input.

#### 1.3 Aims and objectives of the SRE policy

This policy provides guidance and information on all aspects of SRE at Queen's school, for teaching and non-teaching staff, parents and governors. The policy is available on the school website and also in the file of all policies kept by the school office for reference on request. Specific curriculum topics for year groups are contained within the annual curriculum map (attached).

#### 1.4 Moral and values framework

The DfEE Guidance states that SRE should contribute to promoting the spiritual, moral and cultural, mental and physical development of students.

This is also emphasised by Southwark Diocese whose policy states:

*Effective sex and relationship education is essential if young people are to make responsible and well-informed decisions about their lives. It should not be delivered in isolation. It should be firmly rooted within the framework for Personal, Social and Health Education (PSHE) and the National Curriculum, and should be taught within a moral, family-oriented and Christian context.*<sup>1</sup>

As a Church of England school, the approach to SRE at Queen's will be within the context of family and Christian values.

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<sup>1</sup> Southwark Diocesan Board of Education Policy Statement: Sex and Relationship Education, Revised 2000.

## 1.5 A definition of SRE

According to the DfEE Sex and Relationship Education Guidance, SRE is:

*Lifelong learning about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality and sexual health.<sup>2</sup>*

## 1.6 Legal obligations

The 1993 Education Act states that primary schools can decide whether or not their school has a sex education programme, and that a written policy statement is made available to parents. The DfEE Sex and Relationship Guidance 2000, the National Curriculum PSHE and Citizenship Guidance and the National Healthy School Standard support this Act and recommend that an appropriate programme is offered.

At the Queen's School we believe that it is important for children to be introduced to the SRE topics while at school, as an integrated part of their learning about themselves and each other. We would like pupils to be informed of the SRE curriculum topics, which will help them to make informed choices. Within the context of family and Christian values and in a safe environment, children will be given information rather than picking it up in the playground or through media exposure. We also recognise that parents may intend to discuss many of these topics at home in their own way, so will aim to communicate with parents so that they know what is being taught when and can see the materials being used.

## 2. SRE teaching and learning

### 2.1. How SRE is provided and by whom

SRE is taught as part of the PSHCE curriculum at the Queen's School. Parents are informed of the subjects covered through the curriculum maps distributed at the beginning of the school year. Subjects may be taught or reinforced at other points, such as circle time for example if a class has been affected by a local or national incident. The class teacher is normally the person who delivers the SRE teaching. In some year groups, particularly years 5 and 6, there may be a different arrangement if boys and girls have different sessions, or to allow both a male and female staff member to be present for questions. External resources are sometimes used, including the school nurse and visiting speakers eg from Richmond Borough.

SRE as a subject is included in the PSHCE curriculum, with the subject lead for PSHCE being the main owner of this policy. Any general enquiries should be directed to the PSHCE lead through the school office. The current subject lead is Miss Demetriou and linked school Governor is Laura Coughtrie.

### 2.2 Content of SRE programme

The SRE programme broadly follows that recommended by a pan London schools initiative. There are some alterations to tune the subject to our school community; made through discussion between staff, parents and pupils.

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<sup>2</sup> DfEE Sex and Relationship Guidance page 5 [ref 0116/2000 July 2000]

All sex and relationships education will be delivered within the context of marriage and stable relationships. Pupils will learn that sexual relationships should wait until a person is physically and emotionally mature and within a committed relationship. Also that babies should be conceived only when the parents are ready and able to cope with the responsibility, and that it is best to raise children within a loving, secure and committed relationship.

As reflects our Church of England school status and Christian ethos, Bible stories will often be used to demonstrate themes e.g. the Good Samaritan when considering community; also themes of love, friendship and support. Account has been taken of the DfE Guidance about content.

There are also some common approaches to all SRE teaching to increase inclusivity, for example:

- That different types of families are used as examples, so that children do not feel excluded if their family does not have the 2 parent / 2 child format, or same ethnic origin for example.
- That language used in teaching is inclusive, for example so that same-gender parenting is not excluded although will not usually be highlighted; and that bodies are not always perfect.
- Gender stereotypes are proactively exposed.

The teaching is cumulative, building on the elements discussed in previous years and reinforcing them. The actual details are outlined in each year's curriculum map sent to that year's parents and published on the school website, [see Appendix 1 for the overall PSHCE and SRE curriculum map](#).

### 2.3 Teaching methodology

Methods used in the delivery of SRE include:

- establishing ground rules to create a safe environment
- distancing techniques to discuss sensitive issues such as videos, case-studies, role-plays and puppets
- interactive teaching and learning
- open questioning appealing to higher order thinking skills
- opportunities for creative exploration such as drawing, drama and poetry
- use of Bloom/Gardner's grid for ideas.

Different learning styles will be accommodated so that all children can equally access topics being discussed. A balance of visual, auditory and kinaesthetic approaches will be used.

Overall, SRE work will be integrated with other parts of the curriculum where appropriate and tied in with the SEAL framework.

## 3. Specific issues within SRE

### 3.1 Confidentiality

Usual staff and pupil confidentiality rules apply to SRE, and staff will reassure pupils that they are there to support and help them whilst encouraging them to talk to parents or carers. Staff cannot guarantee complete confidentiality due to safeguarding issues that may arise, but students will be told if confidentiality must be broken and where to find further / confidential advice. PSHCE should not include any activity or discussion where disclosure is encouraged or sought.

### 3.2 Child protection and safeguarding

SRE could bring about disclosures of child protection issues and staff will be aware of the procedures for reporting their concerns through the child protection / safeguarding policies. For this reason, SRE lessons should not be taught on a Friday as this leaves less time to deal with possible issues that may arise.

### 3.3 Dealing with questions

Clear parameters of what is appropriate and inappropriate should be established within the ground rules set at the beginning of each session. Personal questions should not be answered. If a teacher does not know the answer to a question, this should be acknowledged. If a question is too explicit, is age inappropriate for the pupil or the whole class or raises concerns about sexual abuse then it should be acknowledged with a promise to attend to it later on an individual basis (see below). If a question is raised that alerts a member of staff that a child is at risk of sexual abuse, school child protection procedures will be followed.

We have adopted the recommended 3 level response approach for Primary Schools, where the range of understanding may be considerable.

1. Level 1 is to answer in class for all pupils to hear if the question is directly relevant to the SRE curriculum taught in that year group.
2. Level 2 is to answer one to one away from other pupils if the question is taught within the SRE curriculum but is not covered that year. If it is a question concerning curriculum taught in later years then the answer should be broad rather than detailed, for example if asked 'where do babies come from', the answer could be: 'when a man and woman love each other very much a seed goes from the man to the woman and a baby begins to grow'.
3. Level 3 is for questions that are not covered by the school SRE curriculum, for example concerning sexual acts. In this circumstance, the child is asked individually whether they would like the teacher to talk to their parent or guardian to ask if they wish to explain it to them; whether the child wants to ask their parents directly; or if they now wish to leave the question. The choice is completely up to the child in this situation and should be respected.

### 3.4 Use of materials

Materials used in SRE have been chosen by staff and viewed by the parent consultation group. They are felt appropriate for the school and the mix of religious and cultural backgrounds in the school

community. Parents will be offered the opportunity to view Y5/6 materials before their children see them and to ask the teaching staff or school nurse any questions.

### 3.5 Sexual identity and sexual orientation

SRE should meet the needs of all students regardless of their developing sexuality and be able to deal honestly and sensitively with sexual orientation, answer appropriate questions (see 3.3 above) and offer support.

### 3.6 Involvement of outside agencies

The School Nurse, provided by Richmond & Hounslow PCT, may attend some sessions in years 5 and 6 to support the teaching and answer questions. This SRE policy and the school's child protection policy will be followed and also their own professional code of conduct. Privacy protection will be maintained and one to one advice or information if requested outside the teaching situation. Other visitors to the school whose work may overlap the SRE area will be made aware of this SRE policy.

### 3.7 Equal opportunities

SRE should help children respect themselves and others, and understand differences. The needs of all pupils are equally considered and teaching should be sensitive to cultural and other differences. Children with SEN and learning difficulties should be included in SRE to reduce the risk of exploitation and abuse, also learn what acceptable behaviour is.

### 3.8 Information on parent's rights to withdraw their children

Under the 1993 Education Act, parents have the right to withdraw their children from all or part of the school's SRE programme except that specified in the statutory National Curriculum. A letter to parents will be sent in advance of teaching concerning human reproduction outlining this right, and usually an opportunity to view material to be used will be offered in the same communication. Parents should write to the Headteacher if they wish to withdraw their child from all or part of the programme (including answering questions) and any pupil affected by this will be occupied elsewhere without stigma.

### 3.9 Female Genital Mutilation (FGM)

Professionals in all agencies, need to be alert to the possibility of a girl being at risk of FGM or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practice FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. **Warning signs that FGM may be about to take place, or may have already taken place, can be found in Appendix 2 at the end of this policy.** If any stage of FGM is suspected, then the school's usual safeguarding protocol should be followed, and concerns reported to the Child Protection officers in charge that day.

## 4. Policy administration

### 4.1 Resources for parents

Parents will be offered occasional talks on SRE subjects by visiting speakers and will be kept informed about materials used to teach SRE and invited to view them.

The following books have been suggested by Richmond as good sources of information:

- *Let's Talk About Where Babies Come From* published by Walker Books. <http://www.walker.co.uk/Let-s-Talk-About-Where-Babies-Come-From-9781844281732.aspx>
- *Let's Talk About Sex* published by Walker Books. <http://www.walker.co.uk/Let-s-Talk-About-Sex-9781406324204.aspx>

The following website has been suggested by Richmond for useful information:

Family Planning Association: <http://www.fpa.org.uk/helpandadvice/parentsandcarers>

### 4.2 Dissemination

This SRE policy will be given to teaching staff, who were also offered input into its design. Staff training will be ongoing and may be through INSET sessions or other training events. The policy will be added to the policies held at the school office and also be available on the school website.

### 4.3 Monitoring and evaluation

The SRE programme will be evaluated as part of PSHCE against the intended aims and learning outcomes by staff as a matter of ongoing monitoring procedure and within the annual School Development Plan. The SRE policy will be reviewed bi-annually by the Pastoral Committee and approval sought from the full Governing Body, or more frequently if new legislation or curriculum changes warrant a review.

### 4.4 Date and review date for policy

Policy reviewed; January 2016

Next review date: January 2018

## Appendix 1: PSHCE & SRE Curriculum Map

### PSHE, Citizenship, SRE, Drugs Education (including Volatile Substance Abuse) & SEAL Curriculum Map v3 (Anti-Bullying Week November)

Year Group	Autumn 1	Autumn 2	Spring Term 1	Spring Term 2	Summer Term 1	Summer Term 2
EYFS/R	<p><b>New Beginnings &amp; Say No to Bullying (Anti-bullying week)</b></p> <p>Creating Class Charter of Rules for each pupil in class to sign and be put up on display within the class.</p>	<p><b>Getting On and Falling Out</b></p>	<p><b>Going for Goals</b></p>	<p><b>Good to Be Me</b></p>	<p><b>Changes</b></p>	<p><b>Relationships</b></p>
1	<p><b>New Beginnings &amp; Say No to Bullying (Anti-bullying week)</b></p> <p>Creating Class Charter of Rules for each pupil in class to sign and be put up on display within the class.</p>	<p><b>Getting On and Falling Out</b></p> <p><i>How to play, Co-operating and Sharing,</i> KS1 LCP file resources</p>	<p><b>Going for Goals</b></p>	<p><b>Good to Be Me</b></p> <p><i>Healthy Eating,</i>  <i>Cleanliness and personal hygiene,</i>  KS1 LCP file resources</p>	<p><b>Changes</b></p>	<p><b>Relationships</b></p> <p><i>Human Body, understanding the Human Body, (SRE)</i> KS1 LCP File resources &amp; Tacade file  <i>Understanding Sickness and Diseases</i></p>
2	<p><b>New Beginnings &amp; Say No to Bullying (Anti-bullying week)</b></p> <p><i>Communities, Caring for the environment,</i>  KS1 LCP file resources</p> <p>Creating Class Charter of Rules for each pupil in class to sign and be put up on display within the class.</p>	<p><b>Getting On and Falling Out</b></p>	<p><b>Going for Goals</b></p> <p><i>Managing Money, Money and Talents,</i> KS1 LCP File resources</p>	<p><b>Good to Be Me</b></p> <p><i>Dangerous Household Goods, Safety in the Home, (Drugs &amp; VSA)</i> KS1 LCP File resources</p>	<p><b>Changes</b></p> <p><i>Environmental Problems, Then and now,</i>  KS1 LCP File resources</p>	<p><b>Relationships</b></p> <p><i>My Body</i> <i>Naming body parts</i> <i>NSPCC PANTS lesson.</i> <i>Pre-teaching communication to parents</i></p>

<p><b>3</b></p> <p>Electing School Council Members Each Term</p>	<p><b>New Beginnings &amp; Say No to Bullying (Anti-bullying week)</b></p> <p><i>Youth Groups, Communities,</i> KS2 LCP File resources</p> <p>Creating Class Charter of Rules for each pupil in class to sign and be put up on display within the class.</p>	<p><b>Getting On and Falling Out</b></p> <p><i>Health and Safety in School,</i> KS2 LCP File resources</p>	<p><b>Going for Goals</b></p> <p><i>Using money Wisely,</i> KS2 LCP File resources</p>	<p><b>Good to Be Me</b></p> <p><i>Choosing a hobby or sport,</i> KS2 LCP File resources</p> <p><i>What's a drug?, Lesson 47, Tacade, Activity 1 and 2</i></p>	<p><b>Changes</b></p> <p><i>Democracy and Dictatorship,</i> KS2 LCP File resources</p> <p><i>Elections and Voting,</i> KS2 LCP File resources</p>	<p><b>Relationships</b></p> <p><i>Still Changing, Lesson 46, Tacade, Activity 2 and 3</i></p>
<p><b>4</b></p> <p>Electing School Council Members Each Term</p>	<p><b>New Beginnings &amp; Say No to Bullying (Anti-bullying week)</b></p> <p><i>Role Models, Communities ,</i> KS2 LCP File resources</p> <p>Creating Class Charter of Rules for each pupil in class to sign and be put up on display within the class.</p>	<p><b>Getting On and Falling Out</b></p> <p><i>Road Safety,</i> KS2 LCP File resources</p>	<p><b>Going for Goals</b></p> <p><i>Save Your Money or Spend,</i> Lesson 32 Tacade, Activity 1 and 2.</p>	<p><b>Good to Be Me</b></p> <p><i>Choosing vegetarianism,</i> KS2 LCP File resources</p> <p><i>What's a drug?, Lesson 47, Tacade, Activity 3 and 4</i></p>	<p><b>Changes</b></p> <p><i>Environmental Issues, Communities,</i> KS2 LCP File resources</p> <p><i>Government and Parliament,</i> KS2 LCP File resources</p>	<p><b>Relationships</b></p> <p><i>Still Changing, Lesson 46, Tacade, Activity 1</i></p>
<p><b>5</b></p> <p>Electing School Council Members Each Term</p>	<p><b>New Beginnings &amp; Say No to Bullying (Anti-bullying week)</b></p> <p><i>Helpful Groups in Society, Communities,</i> KS2 LCP File resources</p> <p>Creating Class Charter of Rules for each pupil in class to sign and be put up on display within the class.</p>	<p><b>Getting On and Falling Out</b></p> <p><i>Rules Are Us,</i> Lesson 50, Tacade, Activity 4 and 5</p>	<p><b>Going for Goals</b></p> <p><i>Save Your Money or Spend,</i> Lesson 32, Tacade, Activity 3</p>	<p><b>Good to Be Me</b></p> <p><i>What's a drug?, Lesson 47, Tacade, Activity 5</i></p>	<p><b>Changes</b></p> <p><i>Men and Women – Changing Roles,</i> Communities, KS2 LCP File resources</p> <p><i>Pressure Groups,</i> KS2 LCP File resources</p> <p><i>Visit from FORWARD to teach about Body Awareness and Safety (linked to FGM: 'Keeping Children Safe' – government doc 2015)</i></p>	<p><b>Relationships</b></p> <p><i>Still Changing, Lesson 46, Tacade, Activity 4,</i></p> <p>SRE BBC DVD Puberty</p> <p><i>Pre-teaching communication to parents</i></p>

<p><b>6</b></p> <p>Electing School Council Members Each Term</p>	<p><b>New Beginnings &amp; Say No to Bullying (Anti-bullying week)</b></p> <p><i>Charities, Communities, KS2 LCP File resources</i></p> <p>Creating Class Charter of Rules for each pupil in class to sign and be put up on display within the class.</p>	<p><b>Getting On and Falling Out</b></p> <p>Rules Are Us, Lesson 50 Activity 5 recap and Activity 6</p>	<p><b>Going for Goals</b></p> <p><i>Save Your Money or Spend, Lesson 32 Tacade, Activity 4</i></p>	<p><b>Good to Be Me</b></p> <p><i>What's a drug?, Lesson 47, Tacade, Core Activity and Activity 6</i></p>	<p><b>Changes</b></p> <p><i>Local government, KS2 LCP File resources</i></p> <p><i>Visit from FORWARD to teach about Body Awareness and Safety (linked to 'Keeping Children Safe' – government doc 2015)</i></p>	<p><b>Relationships</b></p> <p><i>SRE BBC DVD Reproduction</i></p> <p><i>Pre-teaching communication to parents</i></p>
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**Other items:**

NSPCC Assembly to raise awareness of support systems available to pupils. (Preferably Autumn Term)

NSPCC PANTS teaching – safeguarding and adding in FGM element of ‘What’s in my pants is mine and should not be changed unless it’s for medical reasons’ (this has been added in consultation with the school nurse).

## 2.6 PREVALENCE OF FGM IN THE UK

FGM's prevalence in the UK is difficult to estimate because of the hidden nature of the crime. However, a recent study<sup>2</sup> estimated that: approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM. Approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

It is possible that, due to population growth and immigration from practising countries since 2001, FGM is significantly more prevalent than these figures suggest.

There is likely to be an uneven distribution of cases of FGM around the country, with more occurring in those areas of the UK with larger communities from the practising countries (listed in Section 2.5) – found by the same study to be London, Cardiff, Manchester, Sheffield,

Northampton, Birmingham, Oxford, Crawley,

Reading, Slough and Milton Keynes.

However, all areas, local authorities and professionals must be aware of and actively prevent and tackle FGM.

## 2.7 NAMES FOR FGM

FGM is known by a number of names, including 'female genital cutting', 'circumcision' or 'initiation'. The term 'female circumcision' is unfortunate because it is anatomically incorrect and gives a misleading analogy to male circumcision. The names 'FGM' or 'cut' are increasingly used at the community level, although they are still not always understood by individuals in practising communities, largely because they are English terms.

See Appendix B for terms used for FGM in different languages. (Please refer to original government document.)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf)

## 2.8 CULTURAL UNDERPINNINGS AND MOTIVES OF FGM

FGM is a complex issue, with a variety of explanations and motives given by individuals and families who support the practice.

### Reasons given for practising FGM:

- It brings status and respect to the girl.

- It preserves a girl's virginity/chastity.
- It is part of being a woman.
- It is a rite of passage.
- It gives a girl social acceptance, especially for marriage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is aesthetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.
- It rids the family of bad luck or evil spirits.

FGM is often seen as a natural and beneficial practice carried out by a loving family who believe that it is in the girl's or woman's best interests. This also limits a girl's incentive to come forward to raise concerns or talk openly about FGM – reinforcing the need for all professionals to be aware of the issues and risks of FGM.

It is because of these beliefs that girls and women who have not undergone FGM can be considered by practising communities to be unsuitable for marriage.

“People know of it as a tradition. They take it for granted as an operation that must be done to all girls.<sup>3</sup>”

Despite the harm it causes, many women from FGM practising communities consider FGM normal to protect their ‘cultural identity’. As a result of the belief systems of the cultural groups who practise FGM, many women who have undergone FGM believe they appear more attractive than women who have not undergone FGM. Women who have attempted to resist exposing their daughters to FGM report that they and their families were ostracised by their community and told that nobody would want to marry their daughters. In some cases where women are deemed to have shamed the family honour, they have been subjected to ‘honour’ based abuse.

“In our community the mother usually tells you that you have to protect yourself and your honour and not to bring the family shame.<sup>4</sup>”

Infibulation (Type 3) is strongly linked to virginity and chastity, and used to safeguard girls from sex outside marriage and from having sexual feelings. In some cultures, it is considered necessary at marriage for the husband and his family to see her ‘closed’ and, in some instances, both mothers will take the girl to be cut open enough to be able to have sex.

Although FGM is practised by secular communities, it is most often claimed to be carried out in accordance with religious beliefs. However, FGM predates Christianity, Islam and Judaism, and the Bible, Koran, Torah and other religious texts do not advocate or justify FGM.

Despite this, religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommend that women undergo FGM, and some women have been told that having FGM will make them ‘a

better Muslim'. However, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.

### **Some views of people from FGM practising communities:**

"I cannot trust her if she is not circumcised"

"Female circumcision in our country has many beneficial aims like to keep the honour of the girl. But generally circumcision is not good because there is a difference between circumcised women and uncircumcised women"

"Yes I am happy to marry an uncircumcised woman"

"The right time to open my circumcision is at night-time of marriage"

## **2.9 FGM PROCEDURE**

It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in summer, in order for there to be sufficient time for her to recover before returning to her studies.

"Usually it is a gruesome ordeal with a lot of crying from the girl, and even with the child's screams no one does anything about it and her screams are ignored.<sup>6</sup>"

FGM is usually carried out by an older women in a practising community, for whom it is a way of gaining prestige and can be a lucrative source of income. The arrangements for the procedure usually include the child being held down on the floor by several women with the procedure carried out without medical expertise, attention to hygiene or anaesthesia. The instruments used include unsterilised household knives, razor blades, broken glass and stones. The girl may often not be expecting the procedure, exacerbating the shock and trauma that is experienced. However, there is an increasing trend of medical staff carrying out the procedures in hospitals. Those who support the practice have sought to eliminate risks of infection in order to legitimise FGM. While infection and health risks immediately after the procedure are a real consideration, the longer term psychological and physical effects will persist regardless of how the procedure was done. FGM is a harmful practice regardless of who does it or where it is done.

## **2.10 CONSEQUENCES OF FGM**

Many men and women in practising communities can be unaware of the relationship between FGM and its harmful health and welfare consequences as set out below, in particular the longer-term complications affecting sexual intercourse and childbirth.

### **2.10.1 SHORT-TERM IMPLICATIONS FOR A GIRL'S HEALTH AND WELFARE**

The short-term consequences following a girl undergoing FGM can include:

- severe pain
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends)
- haemorrhage
- wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C);

- urinary retention
- injury to adjacent tissues
- fracture or dislocation as a result of restraint
- damage to other organs
- death

### **2.10.2 LONG-TERM IMPLICATIONS FOR A GIRL'S OR WOMAN'S HEALTH AND WELFARE**

The longer-term implications for women who have had FGM Types 1 and 2 are likely to be related to the trauma of the actual procedure, while health problems caused by FGM Type 3 are more severe and long-lasting. However, all types of FGM are extremely harmful and cause severe damage to health and wellbeing. World Health Organization research has shown that women who have undergone FGM of all types, but particularly Type 3, are more likely to have complications during childbirth.

The long-term health implications of FGM can include:

- chronic vaginal and pelvic infections
- difficulties with menstruation
- difficulties in passing urine and chronic urine infections
- renal impairment and possible renal failure
- damage to the reproductive system, including infertility
- infibulation cysts, neuromas and keloid scar formation
- obstetric fistula
- complications in pregnancy and delay in the second stage of childbirth
- pain during sex and lack of pleasurable sensation
- psychological damage, including a number of mental health and psychosexual problems such as low libido, depression, anxiety and sexual dysfunction; flashbacks during pregnancy and childbirth; substance misuse and/or self-harm
- increased risk of HIV and other sexually transmitted infections
- death of mother and child during childbirth