

Services For Education

SAFEGUARDING SUBSCRIPTION RESOURCES

TYPE IV FGM LABIA ELONGATION

JO PERRIN

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What is Type IV FGM Labia Elongation?

It is also known as labia stretching or labia pulling and it is when the labia minora (the inner lips of the female genitals) are stretched and lengthened through physical pulling or via the use of equipment such as weights and sticks. It is usually carried out when girls are around six, for several years up to the age of puberty, though adults can perform it out on themselves too. Usually, the girl would be encouraged and instructed by an aunt or other female relative, or sometimes by peers, to conduct this upon herself. This means that legally it is harder to prove accountability by an adult, but it is unlikely parents are unaware this is happening. The age and exact practice vary from community to community.

There are less serious or life-threatening long-term health risks than with other forms of FGM, but that does not mean it is not serious. It can cause pain and wounds from the use of harnesses, sticks and weights and there can be cuts, irritation and swelling. Sometimes herbs are used which can lead to infection. There can also be psychological risks – as sometimes if a girl does not practice this she may be stigmatised or shamed in the community.

What is the Law Around it?

The World Health Organisation defines Female Genital Mutilation (FGM) as “all procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2008)”, specifically it would be classed as Type IV FGM.

As the more commonly discussed types of FGM involve cutting the genitals in some way, this practice has been less discussed in safeguarding settings and there is less research than for the other three defined types of FGM. FGM of any type carried out upon children is child abuse and illegal – it is physical, sexual and emotional abuse and neglectful of the child’s wellbeing.

How Common is it?

It is a common cultural practice in certain African countries, including Uganda, DRC, Rwanda, Zimbabwe, Malawi, South Africa, Lesotho, Zambia, Burundi, Botswana and Mozambique. It is practiced in countries of origin and may be practiced in this country or girls may be sent to the countries of origin for the practice. There is limited data available on prevalence, as it is one subtype of Type IV FGM.

Why do People do This?

It is a cultural practice in parts of Eastern and Southern Africa and therefore may be practiced in communities in England who come from this heritage. People from communities who practice this often do not see this as Female Genital Mutilation, which they associate with the cutting of genitalia. Therefore, some people argue it is modification not mutilation.

The reasons given for the practice are that it can enhance sexual pleasure for both partners and sometimes it is said that it aids delivery during childbirth. There is belief in the practice linked to sexuality and tradition, including to be ready for marriage, but also social pressure.

How Can We Empower and Support Young People?

1. Start talking about boundaries and consent from a young age – use the “spiral curriculum” notion in PSHE pedagogy, where we might not use defined terms at a young age, but we start to teach concepts which we come back to and develop at an older age with more specific terminology and content. Empower children to speak out to a trusted adult where there is behaviour involving their bodies that they do not consent to or choose for themselves. Use the PANTS resource (NSPCC), or similar, with younger children.
2. Publicise to staff and students that this type of action will be taken seriously – that anyone involved in physically, sexually or emotionally harming a child for any perceived reason has no justification for these actions. Train your staff well on the breadth of what constitutes FGM so they can pass on concerns if they hear something of note.
3. Equip your staff with the skills of culturally competent practice – understanding cultural beliefs and being respectful of difference but prioritising the legal right of a child not to be significantly harmed. What is wrong for Child A is wrong for Child B, no matter the cultural environment. Train staff particularly on the breadth of FGM acts.
4. Check your safeguarding policy – are you specific about any physical and emotional harm being a cause for concern? Do you explain why all types of FGM are a safeguarding concern, even acts short of cutting?
5. Ensure that any barriers to communication with families are reduced – for example if language might be a barrier, make sure you can have independent translation services, if you have contacts with local religious and community leaders, they may be a support as practices in countries of origin can and do change and the law in the UK is clear.

If you need extra support on this topic, please contact us at safeguarding@servicesforeducation.co.uk



Services For Education

Unit 3 Holt Court, Holt Street
Birmingham B7 4AX

T: +44 (0121) 366 9950

E: safeguarding@servicesforeducation.co.uk

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