

West Bridgford Infant School



Female Genital Mutilation (FGM) Policy

Developed by	Fiona Stevens (HT)
Date of Latest Review	12 th Oct 2022
Statutory	No but part of CP policy
LA Policy	No (LA Template Used)
On Website	No but part of CP policy
Governors Committee allocated to	Standards
Date Approved	Oct 2019
Application monitored by	Fiona Stevens (HT)
Next Review date	Oct 2023

This policy provides information to staff at WBIS about FGM and what action they should take to safeguard girls and young women who they believe may be at risk of being or have already been harmed. **All staff should be alert to the possibility of FGM.**

FGM is a form of child abuse and violence against women and girls, and is therefore part of child protection.

Professionals have a responsibility to ensure that families know that FGM is illegal, and should ensure that families know that the authorities are actively tackling the issue. This knowledge alone may deter families from having FGM performed on their children, and save girls and women from harm.

As a school we recognise that whilst there is no intent to harm a girl / young woman through FGM, the practice directly causes serious short and long term medical and psychological complications. Consequently **it is a physically abusive act.**

UK legislation - FGM is illegal in the UK.

In England the practice is illegal under the Female Genital Mutilation Act 2003.

It is also an offence to assist a girl or woman to mutilate her own genitalia.

It is an offence for anyone to perform FGM in the UK or to assist a girl to perform FGM on herself in the UK.

Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.

There are four types of FGM

1. Clitoridectomy – partial or total removal of the clitoris
2. Excision – partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora
3. Infibulation – narrowing of the vaginal opening
4. All other harmful non-medical procedures to female genitalia.

The practice is normally carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8.

There are 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 practise FGM

Professionals should also note that the girls and women 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.

There remains a duty for all professionals to act to safeguard girls at risk – with four key issues to consider:

1. An illegal act being performed on a female, regardless of age
2. The need to safeguard girls and young women at risk of FGM
3. The risk to girls and young women where a relative has undergone FGM
4. Situations where a girl may be removed from the country to undergo FGM

Indications that FGM may be about to take place soon

The age at which girls undergo FGM varies enormously according to the community.

The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.

However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

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 the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent

Indications that FGM may have already taken place

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary or menstrual problems.
- There may be prolonged or repeated absences from school.
- A prolonged absence from school with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

It is important that professionals look out for signs that FGM has already taken place so that:

- the girl affected can be offered help to deal with the consequences of FGM
- enquiries can be made about other female family members who may need to be safeguarded from harm;
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

Reasons given for practising FGM:

- It brings status and respect to the girl.
- It preserves a girl's virginity/chastity.
- It is a rite of passage.
- It gives a girl social acceptance, especially for marriage.
- It upholds the family honour.
- 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.

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.

Talking about FGM

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully.

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl would prefer this;
- make no assumptions;
- give the individual time to talk and be willing to listen;
- create an opportunity for the individual to disclose, seeing the individual on their own in private;
- be sensitive to the intimate nature of the subject;
- be sensitive to the fact that the individual may be loyal to their parents;
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl or woman);
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure;
- take detailed notes;
- use simple language and ask straightforward questions;

- use terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as ‘abusive’;
- avoid loaded or offensive terminology such as ‘mutilation’
- use value-neutral terms understandable to the woman, such as:

“Have you been closed?”

“Were you circumcised?”

“Have you been cut down there?”

- Be direct, as indirect questions can be confusing and may only serve to reveal any underlying embarrassment or discomfort that you or the patient may have. Give the message that the individual can come back to you if they wish;

Things to be aware of in dealing with cases of FGM

For many people, prosecuting their family is something they simply will not consider. If the girl is from overseas, fleeing potential FGM and applying to remain in the UK as a refugee is a complicated process and may require professional immigration advice (see www.ukba.homeoffice.gov.uk/asylum for more information about the asylum application process).

Professionals need to be extremely sensitive to these fears when dealing with a victim or potential victim from overseas, even if they have indefinite leave to remain (ILR) or a right of abode, as they may not be aware of their true immigration position. These circumstances make them particularly vulnerable.

Do not allow any investigation of their immigration status to impede police enquiries into an offence that may have been committed against the victim or their children. UK Border Agency officials and police officers may choose to establish an agreement or protocol about how any two simultaneous investigations may work.

Other risk factors include:

- where the family is less integrated within UK society
- where the mother or other women in the extended family have also been subject to FGM
- where a girl has been withdrawn from sex education lessons and there is a reluctance for her to be informed about her body and her rights.

Summary

- It is illegal in the UK to subject a girl or woman to FGM or to assist a non-UK person to carry out FGM overseas.
- For the purpose of the criminal law in England, Wales and Northern Ireland, FGM is mutilation of the labia majora, labia minora or clitoris.
- FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia.
- It has been estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK each year and that 66,000 women in the UK are living with the consequences, although its true extent is unknown due to the hidden nature of the crime.
- FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.
- FGM constitutes a form of child abuse and violence against women and girls, and has severe short-term and long-term physical and psychological consequences.
- As FGM is a form of child abuse, it should be dealt with according to our existing Child Protection Policy.

- Do not reveal that any enquiries might be related to FGM, as this could increase the risk to the girl.
- Do not engage at this stage with the pupil's family or others within the community.
- Your Designated Child Protection Person must share any concerns that the school has with Children's Social Care.
- Children's Social Care may approach the police for assistance and there might be a joint investigation.
- Particular attention may be given to other family members who might also be at risk.