



FEMALE GENITAL MUTILATION POLICY

This Policy includes the EYFS, Junior School and Senior School

Links to other policies:

Safeguarding & Child Protection Policy

The World Health Organisation's definition of Female Genital Mutilation is

“All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non–medical reasons.”

School staff can play a key role in protecting girls from FGM. This policy should be read in conjunction with the School's Safeguarding & Child Protection Policy.

FGM is child abuse

FGM is recognized by the United Nations as a violation of the human rights of girls and women. It is nearly always carried out on minors (between infancy and age 15) and is a violation of the rights of children. It is illegal in the UK and it is child abuse.

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.

Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

FGM is classified into four major types:

1. **Clitoridectomy:** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals).
2. **Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. **Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. **Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Long term consequences can include:

- recurrent bladder and urinary tract infections;
- cysts;

- infertility;
- an increased risk of childbirth complications and newborn deaths;
- a need for further surgery.

Who is at risk of FGM ?

The communities in the UK that girls are most at risk of FGM include the Somali, Sudanese, Sierra Leone, Gambian, Liberian, Egyptian, Nigerian, Ethiopian and Eritrean communities. Non-African communities that practice FGM include Yemeni, Afghani, Kurdish, Indonesian, Malaysian and Pakistani Bohra Muslim communities.

FGM indicators

- The girl may confide that she is to have a “special procedure” which will make her a woman or talk of a ceremony taking place for her or other siblings. There may be talk of vaccinations or talk of absence from school. Girls are more at risk of FGM during school summer holidays
- A girl or her family may talk about a long holiday to her country of origin or to a country where the practice is prevalent. This alone is not an indicator, but may be significant when added to other concerns.
- A mother or an older sibling had already undergone FGM

Signs that FGM may have occurred

- Prolonged absence from school with a noticeable change in behaviour on return;
- Finding it difficult to sit still and appears to be experiencing discomfort or pain;
- Spending a long time away from class for toilet breaks;
- Asking to be excused from PE or swimming;
- A sudden change in dress.

Prevention & Reporting

School staff can play a key role in protecting girls from FGM.

Whilst all staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on teachers.¹² If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, **the teacher must report this to the police.**

FGM mandatory reporting duty for teachers

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils or students, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the school’s designated safeguarding lead (or deputy) and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. *Keeping Children Safe in Education, 2019.*

Further Information

Further information and guidance regarding FGM can be found by contacting:

NSPCC Female Genital Mutilation (FGM) helpline 0800 028 3550

Daughters of Eve website: www.dofeve.org/

Reviewed and updated by Deborah Frost, September 2020

Next Review Date: September 2021 or sooner should an incident arise