	Oldfield Park Junior School		
	Female Genital Mutilation Policy		
	Date	Author	Notes
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Committee: SGB			Governor: Katie Payne

Definition

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long- term health consequences, including difficulties in childbirth also causing dangers to the child.

FGM has been classified by the World Health Organisation into four types:

- **Type 1 – Clitoridectom**y: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Type 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).
- **Type 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.
- **Type 4 – Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Prevalence

FGM is practiced around the world in various forms across all major faiths. Today it has been estimated that currently about three million girls, most of them under the age of 15 years of age, undergo the procedure every year. The majority of FGM takes place in 29 African and Middle Eastern countries. It also occurs in other parts of the world through migration including the Middle East, Asia, Europe, North America, Australia and New Zealand.

Globally, the WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of female genital mutilation.

It is estimated that there are around 74,000 women in the UK who have undergone the procedure, and about 24,000 girls under 16 who are at risk of Type III procedure and a further 9,000 girls at risk of Type I and II.

It is important to note that whilst not many cases come to light locally, FGM is an issue for some girls and women living in B&NES

Law
FGM constitutes a form of child abuse and violence against women and girls.
FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. (Female Genital Mutilation Act 2003).

It is an offence to:

- Undertake the operation (except on specific physical or mental health grounds).
- Assist a girl to mutilate her own genitalia.
- Assist a non-UK person to undertake FGM of a UK national outside the UK (except on specific physical or mental health grounds).
- Assist a UK national or permanent UK resident to undertake FGM of a UK national outside the UK (except on specific physical or mental health grounds).

The penalty for FGM is up to 14 years imprisonment.

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.

Specific factors that may heighten a girl's risk of being affected by FGM
There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

Recognition - Indications that FGM may be about to happen
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.
- Parents seeking to withdraw their children from learning about FGM.

Indications that FGM may have already taken place
It is important that staff look out for signs that FGM has already taken place so that:

- the girl or woman affected can be supported 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.

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

- a girl may have difficulty walking, sitting or standing and may even look uncomfortable.
- a girl 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 may have frequent urinary, menstrual or stomach problems.
- there may be prolonged or repeated absences from school or college.
- a prolonged absence from school or college 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 may be particularly reluctant to undergo normal medical examinations.
- a girl may confide in a professional.
- a girl may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- a girl may talk about pain or discomfort between her legs.

Implications of a girl's health and welfare
There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

The consequences following a girl undergoing FGM can include:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations

- ask for help, but may not be explicit about the problem due to embarrassment or fear.
- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections that can cause death in some cases.
- difficulties urinating or incontinence
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- kidney damage and possible failure
- cysts and abscesses
- emotional and mental health problems.

Safeguarding Response
Any suspicion of intended or actual FGM must be referred to Children's Social Care. Health professionals in GP surgeries, sexual health clinics or maternity services are the most likely to encounter a girl or woman who has been subjected to FGM.

- From April 2014, it has been a mandatory requirement for NHS hospitals to record FGM.

- From September 2014 all acute hospitals have been required to report this data to the Department of Health.

- From 31st October 2015 it will become mandatory for all regulated health and social care professionals and teachers in England and Wales that become aware of FGM either through visual identification or verbal disclosure to report FGM in girls under 18 to the Police and to Children's Social Care. While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks.

https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Midwives should talk about FGM at initial booking to all women who come from countries that practice FGM or if they are married or have a partner who comes from practising communities. If a woman has FGM a plan should be made for birth that takes account of this. It should be documented if the woman has had FGM and a referral made to Children's Social Care.

After childbirth a woman who has been de-infibulated may request re-infibulation. This is illegal and should be treated as a safeguarding concern. This is because whilst the request for re-infibulation is not itself a child protection issue, the fact that the girl or woman is

apparently not wanting to comply with UK law and/or consider that the process is harmful raises concerns in relation to daughters she may already have or may have in the future.

School Nurses are in a good position to reinforce information about health consequences and the law relating to FGM, working closely with schools and supporting them in any concerns. They should be vigilant to any health issues which may indicate that FGM has occurred. Any concerns about a parent's attitude to FGM should be taken seriously and appropriate referrals made.

Emergency Departments and Walk-in Centres need to be aware of the risks associated with FGM if girls/women from FGM practising countries attend, particularly with urinary tract infections (UTIs), menstrual pain, abdominal pain, or altered gait for example. They should assess the risks associated with FGM and make a referral to Social Care if concerned.

Teachers, other school staff, volunteers and members of community groups may become aware that a female is at risk of FGM, e.g. they may be aware that a child is going abroad on a long holiday for a "special party". If there are concerns about them a referral must be made to the DSL and Children's Social Care.

<u>On receipt of referral</u>
When Social Care receives a referral with regard to FGM a strategy meeting should subsequently be convened if:

- There is suspicion that a girl or young women under 18 years is at risk of FGM.
- It is believed that a child/young person is going to be sent abroad for that purpose.
- There are suggestions/indications that a girl/young woman has already undergone FGM.
- Where a prospective mother has undergone FGM.

A girl believed to be in danger of FGM may be made the subject of a protection plan, under the category of risk of physical abuse, if the criteria are met.

The main emphasis of work in cases of actual or threatened FGM should be through education and persuasion, and this should be reflected in the child protection plan.

Prevention
Agencies should work together to promote better understanding of the damaging consequences to physical and psychological health of FGM.

The aim should be to work in partnership with parents / families to raise their awareness of the harm caused the child and prevent FGM.

FGM helpline
0800 028 3550
fgmhelp@nspcc.org.uk