St John's Church of England School

'I can do everything through Christ, who gives me strength'
Philippians 4:13

Female Genital Mutilation Policy
Safeguarding Policy

Reviewed: March 2017

Core Values

Faith is our belief, love and trust in Christ. Through our faith we show, *Compassion* and *Respect*.
In our learning we *Persevere* and *Aspire* to be the best that we can.

Compassion – We are fair, we care and show understanding towards others.

Respect – Thinking and acting in a positive way about ourselves and others.

Perseverance – We look 'I can't' in the eye and say 'I can!'

Aspiration – Be determined to achieve and excel in all we do.

1. Introduction

This policy provides information about female genital mutilation (FGM) and what action they should taken to safeguard girls and young women who they believe may be at risk of being, or have already been, harmed. FGM is extremely traumatic, can be fatal, and has significant short and long term medical and psychological implications. It is illegal in the United Kingdom, and therefore is a child protection issue.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. Further information about the Act can be found in Home Office Circular 10/2004.

2. Policy Context

The Every Child Matters Agenda requires all agencies to take responsibility for safeguarding and promoting the welfare of every child / young person. This is to enable them to:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution;
- Achieve economic well-being.

3. Policy Statement

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**.

It is our aim to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with community representatives and professional agencies.

All staff and certain agencies should be alert to the possibility of FGM, and their policy should include a preventative strategy that focuses upon education, as well as the protection of girls / young women at risk of significant harm. The following principles should be adhered to:

- The safety and welfare of the girl / young woman is paramount;

- All agencies and staff, including volunteers, will act in the interest of the rights of the girl / young woman, as stated in the UN Convention on the Rights of the Child (1989);
- All decisions or plans for the girl / young woman should be based on thorough assessments which are sensitive to the issues of age, race, culture, gender, religion. Stigmatisation of the girl / young woman or their specific community should be avoided;
- Agencies should work in partnership with members of affected local communities, to develop support networks and education appropriate programmes.

4. Female Genital Mutilation

4.1 Definition

The World Health Organisation (WHO) states that female genital mutilation (FGM) 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (WHO, 2008). FGM is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. The Somali term is 'Gudnin' and in Sudanese it is 'Tahur'. FGM is not like male circumcision. It is very harmful and can cause long-term mental and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old. However it can vary from soon after birth, up until adulthood. Please see Appendix 1 for additional information.

4.2 Prevalence

FGM is traditionally practised in sub-Saharan Africa, but also in Asia or the Middle East. Those African countries where it is most likely to be practised include Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Mali, Sierra Leone, Somalia and Sudan. This does not mean that it is legal in these countries. There are a range of responses by individual nations: from still being legal, to being illegal but not upheld, to outright bans that are adhered to.

Girls and women from the Democratic Republic of Congo, Ghana, Niger, Tanzania, Togo, Uganda and Yemen are less likely to undergo FGM. But within these countries there are particular ethnic communities were prevalence is higher. It should also be remembered that girls and young women who are British citizens but whose parents were born in countries that practiced FGM, may also be at risk.

4.3 Cultural context

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity.

FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community;
- Keeps her virginity / chastity;
- Is a rite of passage within the custom and tradition in their culture;
- Makes her socially acceptable to others, especially to men for the purposes of marriage;
- Ensures the family are seen as honourable;
- Helps girls and women to be clean and hygienic.

4.4 Main Forms of FGM

The World Health Organisation has classified four main types of FGM:

1. 'Clitoridectomy which is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well;
2. Excision which is the 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 which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris;
4. Other types which are all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area'

4.5 The FGM procedure

The procedure is usually carried out by an older woman in the community, who may see conducting FGM as a prestigious act as well as a source of income.

The procedure usually involves the girl / young woman being held down on the floor by several women. It is carried out without medical expertise, attention to hygiene or an anaesthetic. Instruments used include un-sterilised household knives, razor blades, broken glass and stones. The girl / young woman may undergo the procedure unexpectedly, or it may be planned in advance.

4.6 Consequences of FGM

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

a. Severe pain and shock;

b. Infections;

c. Urine retention;

d. Injury to adjacent tissues;

e. Fracture or dislocation as a result of restraint;

f. Damage to other organs;

g. Death.

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl / young woman through loss of blood.

Long term health implications include:

a. Excessive damage to the reproductive system;

b. Uterus, vaginal and pelvic infections;

c. Infertility;

d. Cysts;

e. Complications in pregnancy and childbirth;

f. Psychological damage;

g. Sexual dysfunction;

h. Difficulties in menstruation;

i. Difficulties in passing urine;

j. Increased risk of HIV transmission.

4.7 Signs and Indicators

Some indications that **FGM may have taken place** include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family;
- A girl / young woman may spend time out of the classroom or from other activities, with bladder or menstrual problems;
- A long absence from school or in the school holidays could be an indication that a girl / young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return;
- A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP;
- A girl / young woman may ask for help, either directly or indirectly;
- A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression;
- Midwives and obstetricians may become aware that FGM has taken place when treating a pregnant woman / young woman.

Some indications that **FGM may be about to take place** include:

- A conversation with a girl / young woman where they may refer to FGM, either in relation to themselves or another female family member or friend;
- A girl / young woman requesting help to prevent it happening;
- A girl / young woman expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin;
- A boy may also indicate some concern about his sister or other female relative.

5. Action to Take if Workers Believe a Child is at Risk of FGM (Prevention and Reporting) and also if you think FGM has taken place.

Prevention & Reporting: School staff can play a key role in protecting girls from FGM. If you think a girl is at risk of FOM or that FGM may have taken place you must report it immediately as you would any other form of Child Abuse.

1. You must inform your Child Protection Advisor

2. A referral must be completed to children's social care

3. In urgent cases, contact children's social care or police direct.

4. It is essential that the young person's parents are **not spoken to before** a referral is sent to children's social care.

5. A full risk assessment will be conducted and any decision to contact the young person's parents will be made jointly by children's social care and police.

FGM Helpline Email: fgmhelp@nspcc.org.uk
Telephone: 0800 028 3550

The lead professionals for Harrow (health based)are:
Grace Nartey
gracenartey@nhs.net
(+44 (0) 20 8869 5046
Tel 07825606008

Florence Acquah
florence.acquah@nhs.net
Mobile: 07879444682
Tel: 0208 869 3692/3695

For additional support see contact details below:

Project Azure, Metropolitan Police
Tel 020 71612668

NSPCC Female Genital Mutilation
(FGM) helpline
0800 028 3550

Dr Comfort Momoh (MBE) FGM
SpecialistvPhone: 020 7188 6872
Mobile: 07956 542 576
E-mail: comfortmomoh@astt.nhs.uk

FORWARD
Phone: 020 89604000
E-mail: naanafowarduk.orpuk

Daughters of Eve
Mobile: 07983 030 488
07961797173 E-mail (via website): www.dofeve.ora/

IKWRO
Phone: 0207 920 6460 E-mail: www.ikwro.org.uk/

It is essential that all professionals within education are aware of this heinous crime and follow the above safeguarding procedures.

In an emergency - do not delay - ring 999.

See also the British Medical Association guidance: FGM: Caring for Patients and Child Protection.