



# Esh Winning Primary School Female Genital Mutilation (FGM) Policy

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## **1. Introduction**

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This protocol provides information to staff at Esh Winning Primary School about female genital mutilation (FGM) and what action should be 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 the Home Office publication “*Multi-agency statutory guidance on female genital mutilation*”.

## **2. Policy Statement**

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FGM is illegal. It is child abuse and a form of violence against women and girls and should therefore be treated as such. It should be addressed using existing structures, policies and procedures designed to safeguard children and vulnerable adults. **All staff at Esh Winning Primary School have a statutory responsibility to safeguard girls / young women from being abused through FGM.**

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 should be alert to the possibility of FGM, and the 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.

### **3. Female Genital Mutilation**

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#### **3.1 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 a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or 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.

#### **3.2 Legal Position**

FGM has been illegal in the UK since the Female Circumcision Prohibition Act 1985. This made it illegal for a person to excise, infibulate (sew together the labia majora) or otherwise mutilate the whole or any part of a girl / young woman's labia majora, labia minora or clitoris. It is also an offence for anyone to assist a girl / young woman to mutilate her own genitalia. The only exception is for operations for specific physical and mental health reasons, undertaken by registered medical or nursing practitioners.

The Female Genital Mutilation Act 2003 strengthened the 1985 Act, by making it an offence to take UK nationals and those with permanent UK residence, overseas for the purpose of circumcision, to aid and abet, counsel, or procure the carrying out of FGM. It also makes it illegal for anyone to circumcise girls or women for cultural or non-medical reasons. The 2003 Act increases the maximum penalty for committing or aiding the offence from 5 years to 14 years in prison.

Local authorities can apply to the courts for various orders, such as an Emergency Protection Order, under the Children Act 1989, to prevent a girl / young woman being taken abroad for the purposes of genital mutilation. In emergency situations consideration should also be given to the use of Police Protection. However, these expire after 72 hours, so further provisions would have to be considered after this.

#### **3.3 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.

### **3.4 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' (WHO FGM Fact Sheet, 2008).

### **3.5 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 unsterilised household knives, razor blades, broken glass and stones. The girl / young woman may undergo the procedure unexpectedly, or it may be planned in advance.

### **3.6 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.

### 3.7 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. The practice of FGM has been reported from all parts of the world, but it is most prevalent in 28 countries in Africa and some countries in Asia and the Middle East. As a result of international migration, the practice of FGM and its harmful consequences also concerns a growing number of women and girls in Europe, North America, Australia and New Zealand;
- 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.

Support for a girl or young woman who may have undergone FGM can be obtained from the **Agency for Culture and Change Management** (Tel: 0114 272 8780).

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.

Support for a girl or young woman who may be about to undergo FGM can be obtained from the **Agency for Culture and Change Management** (Tel: 0114 272 8780).

#### **4. Action to Take if Staff Believe a Child is at Risk of FGM**

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**Any information or concern that a girl / young woman is at risk of, or has undergone FGM should result in an immediate referral to either Durham Police or Durham's Safeguarding Team (First Contact 03000 267 979).**

In an emergency - do not delay - ring 999. FGM places a girl / young woman at risk of significant harm and if a girl / young woman is thought to be at risk of FGM, **staff should be aware of the need to act quickly** - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the procedure.

An interpreter must be used in all interviews with the family if their preferred language is not English. The interpreter must be female.

This policy was shared with teachers, teaching assistants, kitchen staff, caretaker and cleaning staff, administration staff, lunchtime staff and governors. This policy can also be accessed through the school's website.

The next review of this policy is in 3 years' time in 2022 with the full Governing Body.