

St Clare's PS Primary School



Female Genital Mutilation Policy



As a Rights Respecting School, our pathway to a successful future is grounded in the United Nations Convention on the Rights of the Child (UNCRC).

ARTICLE 34: Governments must protect children from sexual abuse and exploitation.

ARTICLE 36: Governments must protect children from all other forms of bad treatment.

INTRODUCTION

St Clare's Primary School Staff has a statutory duty to safeguard all of our children and promote their welfare. This includes being fully up-to-date on the practice of Female Genital Mutilation and its legal implication.

This Policy will be part of our full Child Protection / Safeguarding documentation.

DEFINITION:

Female Genital Mutilation (FMG) is a collective term for all procedures involving the partial or total removal of external female genitalia for cultural or other nontherapeutic reasons.

In the United Kingdom this is considered to be child abuse.

Female Genital Mutilation is illegal.

Taking a child abroad for the purposes of Female Genital Mutilation is illegal.

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. As the majority of the children in Nursery are 4 years of age Staff need to be fully aware of their roles and responsibilities.

Countries where FGM is practised:

FGM is practised in 28 African countries and in parts of the Middle East.

It continues to be practised in Western Europe.

Statistics show that up to 24,000 girls under the age of 15 might be at risk in the United Kingdom. Some 66,000 women in England and Wales are living with the consequences of FGM.

Countries in which FGM is particularly common include:

- Burkina Faso
- Djibouti
- Egypt
- Eritrea
- Ethiopia
- The Gambia
- Guinea
- Liberia
- Mali
- Mauritania
- Sierra Leone
- Somalia
- Sudan

On occasion we have had children from other cultures enrolled in our classes. For this reason, we need to be aware of differing cultural practices.

One of the difficulties is that FGM-practising families may not see it as an act of abuse. It is an accepted practice in some communities and this can make it very difficult for a girl or any other member of her family to come forward. Not having undergone FGM can be considered to make a girl unsuitable for marriage.

The impact on girls.

The procedure has no health benefits and can cause:

- Severe bleeding infection
- Problems urinating
- Potential childbirth complications leading to deaths of new-born babies.

The impact of undergoing FGM is not only physical; the fact that the procedure has been inflicted on the girl by her family makes it particularly traumatic.

How to identify FGM

The time when FGM is most likely to take place is at the start of the summer holidays as there is then sufficient time for the girl to recover before returning to school. While this may not impact on our children we need to be alert to the risk factors.

Risk Factors

Schools should be particularly alert for signs when a girl comes from a community where FGM is practised.

Other factors include:

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

Indicators that FGM is imminent

- Being a girl between the ages of 5 to 8 within a community where FGM is practised.
- When a female family elder visits, particularly if she arrives from another country.
- A girl talking about a “special procedure” or saying that she is attending a special ceremony to become a woman.
- A girl being taken out of the country for a prolonged period.

Indicators that it has taken place.

- A girl having difficulty walking, sitting or standing
- She spends longer than normal going to the toilet
- She spends long periods away from the classroom during the day because of bladder problems
- Withdrawal or depression when a girl returns to school after a prolonged period of absence.

What should schools do?

- As FGM is a form of child abuse, it should be dealt with according to the schools’ existing Child Protection Policy. In our case this is our **Child Protection and Safeguarding 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.

Contact Social Services or Education Authority

The designated teacher must share any concerns with Social Services or seek support from EA Child Protection Officer.

Social Services 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.

Support the pupil

If a girl makes a disclosure, it is important that it may be reported to Social Services even if it is against the girl’s wishes. The reasons for this should be explained to the girl.

Counselling and other forms of support that the school might have, should be made available.

Make a referral

If a member of staff suspects that a pupil has been removed from school as a result of FGM, the designated teacher (Mr Birt) should refer the concerns to Social Services and the Police.

Once a referral has been made by a school, a strategy meeting will be arranged as soon as possible. It will include health providers or voluntary organisations with specific expertise in FGM.

Social Service providers are advised that they should first determine whether the parents or the girl are aware of the harmful aspects of FGM and the UK law. The main focus is to prevent the child from experiencing FGM rather than the removal of the child from the family. However, if it is felt that there is immediate risk of FGM taking place, then an Emergency Protection Order might be sought.

Encourage an open environment in school.

Schools are requested to ensure that:

- They have an “open environment” where children feel able to discuss issues that they might be facing.
- The designated teacher is aware of the issues surrounding FGM.
- Materials explaining FGM are available for staff.
- Advice and signposts are available for accessing additional help, e.g., NSPCC’s FGM Helpline 0800 02835500.
- Training about FGM is incorporated in the school’s safeguarding training.

What ETI will look for:

- Designated staff are aware of the issues and have ensured that other staff are aware of the potential risks.
- Staff are aware of the possible signs that a child has been subject to FGM or is at risk
- There have been concerns raised about particular children and whether action has been taken as a result.