



## **Female Genital Mutilation/Honour Based Violence Policy**

This policy is part of a suite of documents which form the Safeguarding Policy.

In order to fully understand the issues relating to FGM and implement the policy accordingly, all staff are requested to undertake training within school.

### **Aims:**

This document aims to provide support and advice relating to FGM, and to safeguard children, young people and adults from abuse. It details actions to be taken, and areas of responsibility.

### **Principles:**

- The safety and welfare of the girl/young woman is paramount.
- FGM cannot be decided by personal preference. It is an extremely harmful practice. Staff should not let fears of being branded racist or discriminatory prevent action from being taken.
- It is recognised that some FGM practising families do not see it as an act of abuse. However, it has severe physical and mental health consequences both in the short and long term and must not be excused, accepted or condoned.
- All decisions and plans should be based on good quality assessments and be sensitive to the issues of race, culture, gender and religion. It should avoid stigmatising the young girl or woman affected.
- FGM is illegal in the United Kingdom.

### **Definition:**

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is medically unnecessary, extremely painful and has serious health consequences both at the time when the process is carried out and in later life.

FGM is a deeply rooted tradition widely practised among specific ethnic populations in Africa, parts of the Middle East, and Asia.

It is often seen as a natural and beneficial practice by a loving family who believe that it is in the girl's best interest. This often limits a girl's incentive to raise concerns

or talk openly about FGM; reinforcing the need for all professionals to be aware of the issues and risks.

### **Types of FGM:**

FGM has been classified into four groups by the World Health Organisation (WHO)

These are: Clitoridectomy, Excision, Infibulation, and Other - all other harmful procedures to the female genitalia for non-medical purposes.

### **Names for FGM:**

FGM is known by a number of names including female genital cutting, circumcision or initiation.

### **Identifying girls and women at risk:**

Everyone needs to be alert to the possibility of a girl or woman being at risk of FGM or already having undergone FGM. There is a range of potential indicators of risk.

- FGM is more likely in communities known to practise this procedure. Nationality or residence status is irrelevant.
- The position of the family and the level integration within UK society. Those less integrated are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM and other female children in the family.
- Any girl withdrawn from personal, social and health education may be at risk as a result of her parents wishing to keep her uninformed about her body or her rights.
- Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM or already having undergone FGM
- There are a range of potential indicators that a child or young person may be at risk of FGM which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.
- Victims of FGM are likely to come from a community that is known to practise FGM.
- Provided that the mutilation takes place in the UK the nationality or residence status of the victim is irrelevant.

- Professionals should also note that the girls and woman at risk of FGM may not yet be aware of the practice or that it may be conducted on them so sensitivity should always be shown when approaching the subject.

### **Indications that FGM may be about to take place:**

- Girls of school age are taken abroad at the start of the school holidays.
- A female family elder is around - particularly when visiting from a country of origin.
- A staff member may hear a reference to FGM in conversation amongst peers.
- A girl may confide that she is to have “a special procedure” or to attend a special ceremony to become a woman.
- 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
- A girl born to any 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 Physical Education and Personal, Social and Health Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.
- The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born 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 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 girl may request help from an adult if she is aware or suspects that she is at risk.
- Parents say 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 or origin or another country where the practice of prevalent.

### **Indications that FGM may have already taken place:**

- A girl or woman may have difficulty walking, sitting or standing.
- A girl or woman may spend longer than normal in the toilets due to difficulties urinating.
- A girl may spend long periods of time away from the classroom with bladder or menstrual problems.
- A girl or woman may have frequent urinary or menstrual problems.
- There may be prolonged or repeated absence from school.
- Noticeable behaviour changes, for example withdrawal or depression.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a member of staff.
- A girl or woman may ask for help but may not be explicit about the problem due to embarrassment or fear.

### **FGM mandatory reporting duty:**

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty on all teachers to personally report any instances of FGM carried out on a girl under the age of 18 to the Police; either through disclosure by the victim or visual evidence. It is rare for teachers to see visual evidence and they will **not** examine pupils. Unless there is very good reason not to, teachers will discuss any such case with the school's designated safeguarding lead and involve children's social care. Verbal disclosure occurs when a girl discloses to you that FGM has been carried out on her. The duty does not apply when another person – for example a parent, guardian or sibling – discloses that FGM has been carried out on a girl. However normal child protection procedures will still apply.

The victim must be aged under 18 at the time of the disclosure – there is no duty to report cases in which an adult reports that FGM was carried out on her while she

was still a child. However this may still be a crime that should be reported by dialling 101 as soon as possible and generally by the close of the following day.

When contacting the Police:

- State clearly that you are making a report under the FGM mandatory reporting duty.
- Give the girl's details (name, age/date of birth and address).
- Give your name and professional contact details (work address, telephone number and email address), and the contact details for your organisation's designated safeguarding lead.
- State what safeguarding actions you, and your organisation have taken or intend to take.

The police call handler will give you a call reference number. Write down this number and keep it.

In all cases, record your actions in accordance with the main safeguarding policy procedures.

### **Good practice to follow in all cases:**

Girls or women at risk of harm through FGM pose specific challenges because the families involved may give no other cause for concern. However, it is important to remember that FGM is an illegal act and is regarded as a form of abuse. If there are concerns that the girl/young woman is a risk then normal safeguarding procedures must be followed. These are detailed in the school's safeguarding policy. The Designated Lead has a responsibility to report this to the appropriate agencies.

### **Talking about FGM:**

FGM is a complex and sensitive issue that requires a careful approach to the subject. When talking about FGM it is important that staff:

- Make no assumptions.
- Ensure a female is available if the girl would prefer this.
- Give the individual time to talk.
- Be sensitive to the intimate nature of the subject.
- Be sensitive to the fact that the girl may be loyal to their parents.
- Be non-judgemental.
- Have accurate information about the urgency of the situation.

Staff should not treat allegations merely as a domestic issue or ignore what the student has told them in the belief that it is not their responsibility. They will not approach the family of the student in advance of any other agency.

### **Creating an open and supportive environment.**

Values Academy will create an environment where students feel comfortable and safe to discuss the problems they are facing. This will be done by:

- Circulating and displaying materials about FGM.
- Displaying relevant information such as Helplines (see Appendix B).
- Staff will be trained in awareness of FGM.
- The Designated Lead understands issues around FGM.
- Appropriate books and material are available.
- PSHE, and Values sessions will reflect the issue of FGM.

### **Honour Based Violence - HBV**

Honour based violence involves crimes which have been committed to defend the honour of the family and/or community, including FGM, forced marriage and practices such as breast ironing. All forms of HBV are abuse and staff will trigger usual safeguarding procedures as outlined in the school's safeguarding policy.

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## **APPENDIX A**

### **GLOSSARY OF TERMS**

#### **Child/Children and Young People.**

As defined in the Children's Act, child means a person who has not reached their 18<sup>th</sup> birthday. This includes young people aged 16 and 17 who are living independently. Their status and entitlement to services and protection are not altered by this fact.

#### **Child abuse and neglect.**

The recognised categories are:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Neglect.

#### **Domestic violence (DV)**

Any incident of threatening behaviour, violence or abuse between adults who are or have been family members regardless of gender or sexuality. This includes concerns such as honour based violence, FGM and forced marriage.

#### **Infibulation**

Type 3 FGM. The narrowing of the vaginal opening through the creation of a seal formed by cutting and repositioning of the labia

#### **Clitoridectomy**

Partial or total removal of the clitoris and/or the prepuce

#### **Excision**

Partial or total removal of the clitoris and the labia minora

#### **Forced Marriage**

When someone (male or female) faces physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure, for example – making someone feel they have brought shame on their family

**APPENDIX B**  
**SUPPORT AGENCIES AND HELPLINES**

**African Well Women's Clinic**

Birmingham Heartlands Hospital

Telephone 0121 424 3909 or 07817 534274

**Black Association of Women Step Out (BAWSO)**

Telephone 02920 644633 or 0800 7318147

[www.bawso.org.uk](http://www.bawso.org.uk)

**Childline**

Telephone 0800 1111

[www.childline.org.uk](http://www.childline.org.uk)

**NSPCC**

Telephone 08000283550

[fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

**Birmingham Against FGM**

Telephone 0121 303 8200

**Birmingham and Solihull Women's Aid**

[www.bswaid.org.uk](http://www.bswaid.org.uk)

[www.sexualhealthwarwickshire.nhs.uk](http://www.sexualhealthwarwickshire.nhs.uk)

<https://www.coventryhaven.co.uk>

Forced Marriage Unit

[fm@fco.gov.uk](mailto:fm@fco.gov.uk)

<https://www.gov.uk/stop-forced-marriage>

**APPENDIX C**  
**MATERIALS RELATING TO FGM**

British Medical Association (2006) Female Genital Mutilation.

HM Government (2010) Call to End Violence Against Women and Girls.

A Department of Health DVD about FGM can be ordered by e-mailing [violence@dh.gsi.gov.uk](mailto:violence@dh.gsi.gov.uk)

Leaflets and posters can be downloaded from [www.fco.gov.uk](http://www.fco.gov.uk)

More information and guidance is available at <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

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