Holte School

FGM Policy

Lead member of staff:	A.Oliver – Deputy Headteacher (Inclusion)
Legislation Status: (Statutory/Non-Statutory)	Statutory
Local Authority Model Policy or School Written Policy:	School Written Policy
Required on school website:	Yes
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Signed By Chair Of Governors: **Ms C Hardy**	C Hardy

At Holte School we are committed to creating a safe and inspiring place for all children to learn and develop, where children's rights are respected, their talents are nurtured and they are able to thrive as individuals and as a community. The UN Convention on the Rights of the Child (CRC) is at the heart of our ethos and our curriculum.

The four guiding principles of the UN Convention on the Rights of the child state that:

- All children are entitled to the same rights without discrimination of any kind.
- All actions concerning children will take into account the best interests of the individual child or group of children as the primary consideration.
- All children have the right to survival and development.
- Children have the right to express their views in all matters affecting them.

Holte School is committed to the guiding principles of the Convention and is actively committed to promoting all articles of the convention in all areas of the school and its work. The following articles are protected and promoted through this policy – articles 3,4, 19 and 34.

Introduction

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice may be performed without anaesthetic, with non-sterile equipment and has no medical benefit whatsoever. It is, often extremely painful and can have serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure can be performed on girls aged between 4 and 13 in some communities, but is very individual as other communities may perform it ion new-born infants or on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and makes it an offence for the first time 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.

1. **Cultural Context**

FGM occurs mainly in Africa and, to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There is no biblical or

Koranic justification for FGM and religious leaders from all faiths have spoken out against the practice.

Communities particularly affected by FGM in the UK include girls from Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Yemen, Indonesia and Afghanistan.

In the UK, FGM tends to occur in areas with larger populations of communities who practise FGM, such as first-generation immigrants, refugees and asylum seekers. Birmingham is such an area.

It is thought that in England and Wales thousands of girls under 15 could be at risk of FGM.

The justifications given for the practise are multiple and reflect the ideological and historical situation of the societies in which it has developed. Reasons include:

1. Deeply rooted custom and tradition;
2. Religion, in the mistaken belief that it is a religious requirement;
3. Preservation of virginity/chastity;
4. Social acceptance, especially for marriage;
5. Hygiene and cleanliness;
6. Increasing sexual pleasure for the male;
7. Family honour;
8. A sense of belonging to the group and conversely the fear of social exclusion;
9. Enhancing fertility;
10. Strong beliefs in witchcraft and black magic.

2. Signs and indicators to be aware of

These indicators are not exhaustive and whilst the factors detailed below may be an indication that a child is facing FGM, it should not be assumed that is the case simply on the basis of someone presenting with one or more of these warning signs. These warning signs may indicate other types of abuse such as forced marriage or sexual abuse that will also

require a multi-agency response. FGM itself is regarded as a form of physical, rather than sexual, abuse.

The following are some signs that the child may be at risk of FGM:

- The girl asks an adult for help;
- The family belongs to a community in which FGM is practised; however this in itself is not the sole reason for a referral to children's social care;
- The family makes preparations for the child to take a holiday to their country of origin or another country where the practice is prevalent, e.g. arranging vaccinations, planning an absence from school. Again this does not necessarily mean FGM will take place - more information needs to be gained;
- The child talks about a 'special procedure/ceremony' that is going to take place;
- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, or on other women or older girls in the family prompting concern for any daughters, girls or young women in the family. Again work with family is needed to gain more information.

Consider whether any other indicators exist that FGM may have or has already taken place, for example:

1. The child has changed in behaviour after a prolonged absence from school; or
2. The child has health problems, particularly bladder or menstrual problems.
3. A girl suffers emotional/psychological effects of undergoing FGM, for example withdrawal or depression.

   Other risk factors include –

   Low level of integration into UK society

   Mother or sister has undergone FGM

   Girls who are withdrawn from PSHE

   A visiting female elder from the country of origin

   This procedure often takes place in the Summer, as the recovery period after FGM can be 6 to 9 weeks. Holte School will be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school or where a family request 'authorised absence' for just before or just after the summer holidays.

3. Action to take if concerns arise that a child is at risk from, or has already undergone, FGM

Where concerns about the welfare and safety of a child or young person have come to light in relation to FGM a referral to Birmingham CASS should be made in accordance with the standard referrals procedure.

Help and support in addressing issues related to FGM are available from:
Alison Byrne, FGM Specialist Midwife at HEFT
0781 753 4274/0121 424 3909
alison.byrne@heartofengland.nhs.uk

Every attempt should be made to work with parents on a voluntary basis to prevent the abuse, including the involvement of community organisations and/or community leaders. However, if no agreement can be reached, the first priority is protection of the child.

Where a child has been identified as having suffered, or being likely to suffer, significant harm, it may not always be appropriate to remove the child from an otherwise loving family environment. Parents and carers may genuinely believe that it is in the girl's best interest to conform to their prevailing custom. Professionals should work in a sensitive manner with families to explain the legal position around FGM in the UK. The families will need to understand that FGM and re-infibulation (the process of resealing the vagina after childbirth) is illegal in the UK and that if they are insistent upon carrying out the practice, the health visitor and children's social care must be informed that a female child may be at risk of significant harm.

Interpretation services should be used if English is not spoken or well understood and the interpreter should not be an individual who is known to the family. Caution is needed in selecting an interpreter: she may have difficulty in discussing the subject, and if she is from an affected community she may support the practice and view it as valuable.

4. Consequences of FGM

Depending on the degree of mutilation, FGM can have a number of short-term health implications:

1. Immediate fatal haemorrhaging;
2. Severe pain and shock;

3. Infection;
4. Urine retention;
5. Injury to adjacent tissues;
6. Failure to heal.

Long-term implications can entail:

1. Extensive damage of the external reproductive system;
2. Uterus, vaginal and pelvic infections;
3. Cysts, abscesses and neuromas;
4. Increased risk of Vesico Vaginal Fistula;
5. Complications in pregnancy and child birth;
6. Psychological damage;
7. Sexual dysfunction;
8. Difficulties in menstruation;
9. Long Term Urinary Complications.

In addition to these health consequences there may be considerable psycho-sexual, psychological and social consequences of FGM.

5. Mandatory Reporting Duty

Holte School recognises its mandatory duty to report all suspected cases of FGM to the Police in addition to reporting the details to Birmingham CASS as laid out in this policy. The School will ensure it does all it can to protect our students from FGM by ensuring our pupils are informed about it and that they know what to do if they are concerned about themselves or someone else in this regard.