



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 – this list is not exhaustive.

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 for teachers (extract from KCSiE September 2019)

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon **teachers** along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should **not** be examining pupils or students, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#)

Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the school’s or college’s

designated safeguarding lead (or deputy) and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.

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. Although women and girls are the most common victims of HBV, it is important to understand that men and boys can also be victims. All forms of HBV are abuse and staff will trigger usual safeguarding procedures as outlined in the school's safeguarding policy.

Honour-based violence includes:

- physical abuse (kicking and beating);
- psychological pressure (strict monitoring, humiliation, threats);
- forced marriage;
- abandonment (leaving someone in their country of origin
- forced suicide;
- honour killing (murder)

Motives for honour-based violence

The most common reasons for committing honour-based violence are:

- conflicts of honour, for example concerning an inheritance;
- loss of virginity outside marriage;
- an extramarital affair;
- rebellion against traditional forms of behaviour, dress or occupation;
- insulting a family member;
- not agree with a forced marriage;
- homosexuality;
- refusing to take part in honour-based violence against another person.

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 18th 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

World Health Organisation

www.who.int

African Well Women's Clinic

Birmingham Heartlands Hospital

Telephone 0121 424 3909 or 07817 534274

The Dahlia Project

Telephone 0207 281 8970

Daughters of Eve

Telephone 07983 030488

www.dofeve.org

Childline

Telephone 0800 1111

www.childline.org.uk

NSPCC

Telephone 08000283550

fgmhelp@nspcc.org.uk

Birmingham Against FGM

Telephone 0121 303 8200

Birmingham and Solihull Women's Aid

Telephone 0121 685 8684 / 0808 800 0028

www.bswaid.org.uk

www.sexualhealthwarwickshire.nhs.uk

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

Forced Marriage Unit

fm@fco.gov.uk

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

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