



Female Genital Mutilation (FGM)

General Statement of Intent

FGM is a criminal offence- it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases should be dealt with as part of Rye Academy Trust safeguarding policies and procedures.

Rye Academy Trust aims to ensure that all students who may be at risk of FGM, are identified and protected. This policy has been developed in line with the Female Genital Mutilation Act 2003 “Multi-agency statutory guidance on female genital mutilation”. Under the Serious Crime Act 2015, there is a **mandatory duty** to report **known** cases of FGM in under 18’s to the police and there is an offence of **failing to protect a girl** from the risk of FGM. Failure to comply with this duty will result in a procedure under the Trust’s disciplinary policy and referral to the National College of Teaching and Leadership (NCTL). “**Known**” cases are those where either a girl informs the person that an act of FGM has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out.

The 2003 Female Genital Mutilation Act also states that there is a **mandatory reporting duty** for health and social care professionals and **teachers** to report *known* cases of FGM in under 18’s which they identify in the course of their professional work. The mandatory reporting duty is also highlighted in “Keeping Children Safe in Education” September 2016.

What is FGM (female genital mutilation)?

FGM is a collective term for all procedures involving partial or total removal of external female genitalia for cultural or other non-therapeutic reasons. It can be known by a variety of names, including ‘female genital cutting’, ‘circumcision’ or ‘initiation’.

The age at which FGM is carried out varies according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy. Typically it is performed on girls aged between 4 – 15 years of age or on older girls before marriage or pregnancy.

It is illegal in the UK and it is also illegal to take a child abroad to undergo FGM. There is a maximum prison sentence of 14 years for anyone found to have aided this procedure in any way. It is considered to be child abuse as it causes physical, psychological and sexual harm.

FGM is more common than many people realise, it is practiced in 28 African countries and in parts of the Middle and Far East and increasingly in developed countries amongst the immigrant and refugee communities. It is a deeply embedded social norm, practiced by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

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. The practice can cause severe pain and there may be immediate and/or long term health consequences, including mental health problems, difficulties in childbirth and/or death.

Types of Female Genital Mutilation

Type 1: Also known as clitoridectomy, involves the excision of the prepuce with or without excision of part of or the entire clitoris.

Type 2: Also known as excision, involves excision of the prepuce and clitoris together with partial or total excision of the labia minora.

Type 3: Also known as infibulation or pharaonic type, involves excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening, also known as infibulation. This is the most extreme form and constitutes 15 per cent of all cases. It involves the use of thorns, silk or catgut to stitch the two sides of the vulva. A bridge of scar tissue then forms over the vagina, which leaves only a small opening (from the size of a matchstick head) for the passage of urine and menstrual blood.

Type 4: This type consists of all other procedures to the genitalia of women for non-medical purposes, includes pricking, piercing or incision of the clitoris and/or the labia; stretching of the clitoris and or the labia; cauterisation or burning of the clitoris and surrounding tissues, scraping of the vaginal orifice or cutting of the vagina and introduction of corrosive substances or herbs into the vagina.

FGM Risk Identification

Some indications that FGM may have taken place include:

- The family comes from a community that is known to practice FGM and there is a prolonged absence from school without a medical indication and on return to school:
 - Has difficulty in walking, sitting or standing
 - Has noticeable behaviour changes
 - Requests to be excused from Physical Education lessons
- **Confiding that FGM has taken place***
- **Requesting help, either directly or indirectly, to manage any of the complications associated with the practice***
- Spending longer than normal in the toilet due to difficulties urinating or menstrual problems
- Frequent urinary tract infections or menstrual problems
- Recent onset of signs of emotional and psychological trauma (*e.g. withdrawal, depression and/or anger*)
- Being excused from Physical Education lessons without the support of her GP

Some indications that FGM may be about to take place include:

- From “high risk” background (see high risk counties below) and:
 - Aged 0-15 years old
 - Withdrawn from Personal, Social, Health and Economic Education (PSHE) lessons by parents
 - Parent or female child states the girl will be taken out of the country for an extended holiday
- **Mother had FGM***
- **Confiding in a professional about an impending ‘Special procedure’ or Special holiday or ceremony***
- **Requesting help from a teacher or another professional or adult to avoid FGM***
- **Older sister had FGM***
- Talks about a long holiday to country of origin or another country where the practice is prevalent
- Overheard reference to FGM e.g. a conversation with reference to FGM, either in relation to themselves or another female family member or friend
- Request for help to prevent it happening
- Anxiety about a ‘Special procedure’ or a ‘Special occasion’ which may include discussion of a holiday to their country of origin
- A male student may also indicate some concern about his sister or other female relative

* **Note:** Occurrence of any one of these factors should prompt **immediate** action

What do I do?

If a girl under 18 tells you she has had FGM and/or has signs which appear to show she has had FGM:

- **IMMEDIATELY** – Speak to the Designated Safeguarding Lead who will help you to contact the police on the non-emergency crime number 101; the professional who identifies FGM or receives the disclosure must be the one who report it.
- In instances where the risk of harm to a child is judged to be high i.e. is it likely that FGM will happen in the near future or has happened and a child is suffering harm, contact SPOA and the police 999.

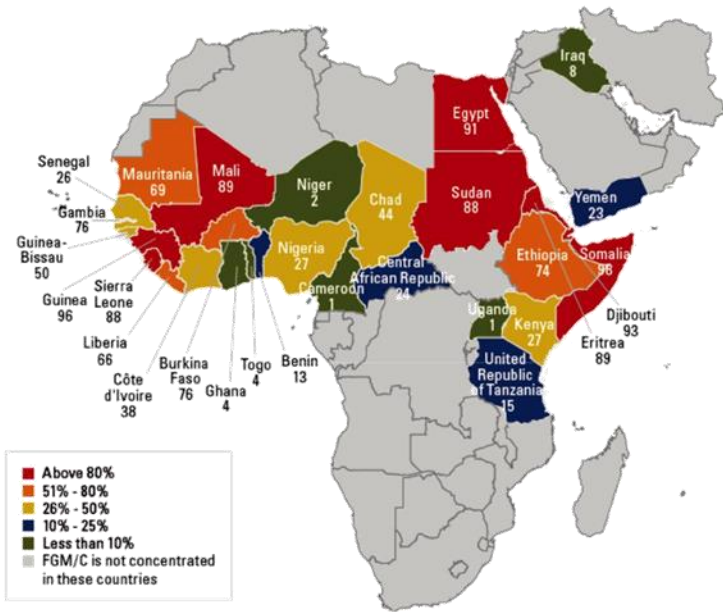
REMEMBER: If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

USEFUL NUMBERS

- Single Point Of Advice (SPOA):
 - Tel: 01323 464222
 - Email: 0-19.SPOA@eastsussex.gov.uk or 0-19.SPOA@eastsussex.gcsx.gov.uk
- Foundation for Women's Health, Research and Development, (**FORWARD**) Tel: 020 8960 4000;
- The African Well Woman Clinic at [Central Middlesex Hospital](#), Acton Lane, Park Royal, NW10 7NS.

Approved 08 02 18

High Risk Countries



Somalia	98%
Guinea	96%
Djibouti	93%
Egypt	91%
Eritrea	89%
Mali	89%
Sierra Leone	88%
Sudan	88%
Burkina Faso	76%
Gambia	76%
Ethiopia	74%
Mauritania	69%
Liberia	66%
Guinea Bissau	50%
Chad	44%
Cote d'Ivoire	36%
Nigeria/Kenya	27%
Senegal	26%
Central AR	24%
Yemen	23%
Tanzania	15%
Benin	13%
Iraq	8%
Ghana/Togo	4%