



## **Female Genital Mutilation (FGM) Policy**

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## Contents

Female Genital Mutilation Guidance Statement Policy.....	1
1. Rationale.....	1
2. Definition of FGM.....	1
3. Female Genital Mutilation Policy Statement.....	2
Indications that FGM has taken place:.....	2
Indications that a child is at risk of FGM:.....	2
4. Mandatory Reporting Duty.....	3

# Female Genital Mutilation Guidance Statement Policy

This guidance should be read in conjunction with the school's safeguarding and child protection policies.

## 1. Rationale

The Diocese of Chichester Academy Trust (DCAT) has robust and rigorous safeguarding and child protection procedures and practices and takes its responsibilities seriously and in accordance with the legal frameworks. (Female Genital Mutilation Act 2003/Serious Crime Act 2015).

Female Genital Mutilation (FGM) is a form of child abuse and as such, is dealt with under the schools Child Protection/Safeguarding Policy. DCAT expect Safeguarding to be everybody's responsibility and expect all staff to adhere to and follow these policies.

## 2. Definition of FGM

"Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons (World Health Organisation 1997)."

The DCAT has taken information from several documents to write this guidance. These include Government regulations and guidelines, Derby Safeguarding Children

Board and NSPCC Guidance.

The UK Government has written advice and guidance on FGM that states:

- "FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."
- "Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM."
- "UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However, women from non-African communities who are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women."

From 31 October 2015 onwards, regulated health and social care professionals and teachers in England and Wales have a mandatory requirement to report visually confirmed or verbally disclosed cases of FGM in girls under 18 to the police.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/469448/FGM-Mandatory-Reportingprocedural-info-FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reportingprocedural-info-FINAL.pdf)

### **3. Female Genital Mutilation Policy Statement**

In light of this information DCAT has decided to take proactive action to protect and prevent our girls being forced to undertake FGM. The Trustees, Trust Executive Leadership Team, Headteachers, staff and Local Governing Boards do this in 4 ways:

- a) A robust Attendance Policy that does not authorise holidays, extended or otherwise.
- b) FGM training for Designated Safeguarding Leads and disseminated training for all staff at the front line dealing with the children (all our staff are Safeguard Trained)
- c) FGM discussions by Designated Safeguarding Leads with parents of children from practising communities who are considered at risk.
- d) Comprehensive PSHE and Relationship and Sex Education delivered to children

In order to protect our children, it is important that key information is known by all of the school community.

#### **Indications that FGM has taken place:**

- difficulty walking, sitting or standing;
- prolonged absences from school/college;
- spending long periods away from the classroom/office with urinary or menstrual problems;
- reluctant to undergo medical examinations;
- noticeable changes in behaviour – FGM can result in post-traumatic stress;
- soreness, infection or unusual presentation when a nappy is changed;
- asking for help but not being explicit about the problem due to embarrassment or fear.

#### **Indications that a child is at risk of FGM:**

- the family comes from a community known to practice FGM - especially if there are elderly women present.
- in conversation a child may talk about FGM.
- parents seeking to withdraw their children from learning about FGM.
- a child may express anxiety about a special ceremony.
- the child may talk or have anxieties about forthcoming holidays to their country of origin.
- parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.

If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police immediately.

#### **4. Mandatory Reporting Duty**

Teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate.

*(Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon teachers, along with social workers and healthcare professionals, 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, 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)*