

DUNCLUG PRIMARY SCHOOL
FEMALE GENITAL MUTILATION POLICY
Implemented June 2017

Introduction:

Female Genital Mutilation (FGM) is a collective term for all procedures involving the partial or total removal of external female genitalia for cultural or other nontherapeutic reasons. In the UK, where it is considered to be child abuse, FGM is illegal. It is also illegal to take a child abroad for FGM purposes.

Dunclug Primary School takes responsibility for safeguarding and promoting the welfare of every child / young person within the school. This is to enable them to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

As a school we recognise that whilst there is no intent to harm a girl / young woman through FGM, the practice directly causes serious short and long term medical and psychological complications. Consequently, **it is a physically abusive act.**

It is our aim to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with community representatives and professional agencies.

The following principles should be followed to:

- The safety and welfare of the girl / young woman is paramount.

- All decisions or plans for the girl / young woman should be based on thorough assessments which are sensitive to the issues of age, race, culture, gender, religion. Stigmatisation of the girl / young woman or their specific community should be avoided.
- NI agencies should work in partnership with members of affected local communities, to develop support networks and education appropriate programmes.

FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community.
- Keeps her virginity / chastity.
- Is a rite of passage within the custom and tradition in their culture.
- Makes her socially acceptable to others, especially to men for the purposes of marriage.
- Ensures the family are seen as honourable.
- Helps girls and women to be clean and hygienic.

Four types of FGM:

- Clitoridectomy - partial or total removal of the clitoris.
- Excision - partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora.
- Infibulation - narrowing of the vaginal opening.
- All other harmful non-medical procedures to female genitalia.

The practice is normally carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8.

Countries where FGM is Practised:

FGM is practised in 28 African countries and in parts of the Middle East and the Far East. It continues to be practised in some communities in Western Europe.

Countries in which FGM is particularly common practice include:

- Burkina Faso
- Djibouti
- Egypt
- Eritrea
- Ethiopia
- The Gambia
- Guinea
- Liberia
- Mali
- Mauritania
- Sierra Leone
- Somalia
- Sudan

One of the difficulties is that FGM-Practising families may not see it as an act of abuse. It is accepted practice in some communities and this can make it very difficult for a girl or any other member of her family to come forward. Not having undergone FGM can be considered to make a girl unsuitable for marriage.

The impact on Girls:

The procedure has no health benefits and can cause:

- Severe bleeding
- Infection
- Problems urinating
- Potential childbirth complications leading to deaths of new-born babies.
- Death
- Infertility
- Cysts
- Sexual dysfunction
- Difficulties in menstruation
- Increased risk of HIV transmission

The impact of undergoing FGM is not only physical, the fact that the procedure has been inflicted on the girl by her family makes it particularly traumatic.

How to Identify FGM:

The time when FGM is most likely to take place is that at the start of the summer holidays, as there is then sufficient time for the girl to recover before returning to school.

Risk Factors:

The school will try to be alert for signs when a girl comes from a community where FGM is practised. Other risk factors include:

- Where the family is less integrated within UK society.
- Where the mother or other women in the extended family have also been subject to FGM.
- Where a girl has been withdrawn from sex education lessons and there is reluctance for her to be informed about her body and her rights.

Indicators that FGM is Imminent:

Indicators that it might be about to take place include:

- Being a girl between the ages of 5 to 8 within a community where FGM is practised.
- When a female family elder visits, particularly if she arrives from another country.
- A girl talking about a 'special procedure' or saying that she is attending a special ceremony to become a woman.
- A girl being taken out of the country for a prolonged period.

Indicators that it has taken place

Indications that FGM has already taken place include;

- A girl having difficulty walking, sitting or standing.
- She spends longer than normal going to the toilet.
- She spends long periods of time away from the classroom during the day because of bladder or menstrual problems
- Prolonged or repeated absences from school or college.

- Withdrawal or depression when a girl returns to school after a prolonged period of absence.
- Reluctance to undergo normal medical examinations.

What Should Schools do?

As FGM is a form of child abuse, it should be dealt with according to our existing Child Protection Policy. Please refer to our Child Protection Policy for the procedures.

Contact Social Care:

The Designated teacher, Mrs P Boyd, will share concerns with Social Services. The Social Workers may then approach the police for a joint investigation. Particular attention may be given to other family members who might also be at risk.

Support:

If a girl does make a disclosure, it is important to note that it must be reported to Social Care even if it is against the girl's wishes (See Child Protection Policy) as it is child abuse and is against the law. However, the reason for this should be explained to the girl. The school and Social Worker will seek for counselling and other forms of support.

Make a Referral:

If the school suspects that a pupil has been removed from the school as a result of FGM, the D.T will consult Social Care and the police. Once a referral has been made by a school, a strategy meeting will be arranged as soon as possible. It will include health providers with expertise in FGM.

Social Work providers are advised that they should first determine whether the parents or the girl are aware of the harmful aspects of FGM and the law in the UK. The main focus is to prevent the child from experiencing FGM, rather than the removal of the child from the family. However, if it is felt that there is immediate risk of FGM taking place then an Emergency Protection Order might be sought.

Encourage an Open School Environment:

Dunclug Primary will try to:

- Have an 'open environment' where students feel able to discuss issues that they may be facing.
- Ensure the Designated Teacher and Deputy D. Teacher are aware of the issues around FGM.
- Have materials to explain FGM to staff and students.
- Ensure advice and signposts are available for accessing additional help - for eg NSPCC's Helpline, Childline etc.
- Ensure girls have access to a private telephone, should they wish to use it.
- Have training about FGM in the school's Safeguarding Training.

Train Staff in FGM Issues

Staff will be made aware of the possibility of FGM occurring. Training will include:

- An overview of FGM.
- The socio-cultural context.
- Facts and figures.
- UK FGM and the Child Protection Law.
- FGM Complications.
- Policy Procedures.
- The roles of different professionals.