

Appendix 20

Female Genital Mutilation

This Appendix will be updated and replaced by guidance which will be available on the schools portal for September 2016. It will also include information for other Honour Based Violence and Forced Marriage.

Guidance Notes for Staff/Governors

Female Genital Mutilation is a safeguarding issue; it is child abuse and a form of violence against girls. Local guidance for schools is contained within Guidelines for all agencies including schools within the Nottinghamshire Safeguarding Children Board procedures [NSCB Procedures FGM](#) which has been informed by the government Multi-Agency Statutory Guidance 2016.

FGM is a procedure that includes the partial or total removal of the external female genital organs for non-medical reasons. It is illegal in the UK to subject a child to female genital mutilation (FGM); to assist or facilitate the practice; or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. The majority of girls have the procedure between the ages of 5-8 years. It is estimated that 24,000 girls in the UK are at risk and 66,000 women living with the physical and psychological consequences.

Although prevalence of FGM within Nottinghamshire is not likely to be high, no local authority area is likely to be free from FGM entirely. Staff and governors therefore need to have an awareness of the signs that a girl may have undergone FGM or be at risk of the practice. The Female Genital Mutilation Act 2003 was amended by the Serious Crime Act 2015 which strengthened protection to women and girls through the introduction of FGM Protection Orders and placed new mandatory duties on professionals to report known cases of FGM on girls under the age of 18 to the police. The duty only applies in cases where the victim discloses. If someone else, such as a parent or guardian, discloses that a girl under 18 has had FGM, a report to the police is not mandatory. However, in these circumstances disclosures should still be handled in line with wider safeguarding responsibilities. In all cases where schools suspect a girl to be at risk they must follow normal safeguarding procedures. Certain times of year present a greater risk to girls from practicing communities. The 'cutting season' during the summer months is often the riskiest time for girls as the healing time required following the procedure, often necessitates it being carried out during the long summer holiday. The main indicators and risk factors are highlighted below but all staff and the nominated governor for safeguarding will need to have undergone at least basic awareness raising training to ensure they can identify when a girl may be at risk.

School staff should be alert to the following indicators:

- The family comes from a community that is known to practise FGM or is less integrated within the community.

- A child may talk about a long holiday to a country where the practice is prevalent.
- A child may talk about 'special female visitors' who are staying with the family, especially during the 'cutting season'.
- A child may confide that she is to have a 'special procedure' or to attend a special occasion.
- A child may request help, directly or indirectly, from a teacher or another adult.
- Any female child born to a woman or has a sister who has been subjected to FGM must be considered to be potentially at risk, as must other female children in the extended family.
- A girl is withdrawn from PSHE/SRE without any specific reason being given.

In brief the signs that FGM may have occurred are:

- Difficulty walking, sitting or standing.
- Spending longer in the bathroom.
- Urinary or menstrual problems.
- Prolonged absence and then noticeable behaviour changes.
- Reluctance to undergo normal medical examinations.
- May confide in a professional but may not be explicit or may be embarrassed.

Where it is suspected that a girl may have undergone or is likely to undergo FGM staff must share concerns with the DSL who in turn should consult the MASH.

Where you suspect that FGM has occurred:

- Be sensitive to the child, and family, be gender sensitive, make no assumptions, be non-judgemental, use simple language, record clearly.
- You have a duty to protect, safeguard and share information.
- Refer to Children's Social Care for coordination of careful assessment (not necessarily with consent).
- There will be potential enquiries under Section 47.
- Potential police enquiries.
- Possible use of police protection or legal orders such as FGM PO, prohibitive steps but not necessarily the removal of the child.

Where you know that FGM has taken place:

You must report this direct to the police in accordance with the mandatory duty.