

The Hollies Smallholding – Hollies Common - Gnosall. Staffordshire ST20 0JD Graham Coffey – 07966436671 <u>bespoke.te@gmail.com</u>

FGM Policy & Procedures: Review: September 25

<u>Mandatory reporting of female genital mutilation: procedural information (accessible version) - GOV.UK (www.gov.uk)</u>

FGM is a collective term for all procedures involving partial or total removal of external female genitalia for cultural or other non-therapeutic reasons. Typically, it is performed on girls aged between 4-15 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. It is considered to be child abuse as it causes physical, psychological and sexual harm.

Aim:

- That all staff talk about FGM in a professional and sensitive manner
- That all staff are aware of the indicators that FGM may be about to take place or have taken place
- That all staff are aware and follow the Safeguarding procedures
- That all staff have contextual knowledge of FGM -have received training
- That all staff are aware of how best to support children and families
- To create an 'open environment' where children feel comfortable and safe to discuss the problems they are facing and know that they will be listened to and their concerns taken seriously

Guidelines:

The following national guidelines should also be read when working with this policy

 HM Government – FGM Multi-Agency Practice Guidelines Nov14 FGM Leaflet – Female Genital Mutilation 'The facts' – Gov.uk

Signs and Indicators:

Some indications that FGM may have taken place include:

 The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family



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- A girl / young woman may spend time out of the setting or from other activities with bladder or menstrual problems
- A long absence from the setting or in the school holidays could be an indication that a girl / young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return
- A girl requiring to be excused from physical exercise without the support of her GP
- A girl may ask for help, either directly or indirectly
- A girl who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression

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

- A conversation with a girl where they may refer to FGM, either in relation to themselves or another female family member or friend
- A girl requesting help to prevent it happening.
- A girl expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin
- A boy may also indicate some concern about his sister or other female relative.

Cultural context:

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity. 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.



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Consequences of FGM

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term implications:	Long term implications:
Severe pain and shock	Excessive damage to the reproductive system
Infections	Uterus, vaginal and pelvic infections
Urine retention	infertility
Injury to adjacent tissues	Cysts
Fracture or dislocation as a result of restraint	Complications in pregnancy and childbirth
Damage to other organs	Psychological damage
Death	Sexual dysfunction
Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl /young woman through loss of blood	Difficulties in menstruation



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ACTIONS:

All staff should:

- Talk about FGM in a professional and sensitive manner
- recognise and respect the child's wishes where possible, but child welfare must be paramount.
- FGM is child abuse and against the law. If a member of staff believes that the girl is at risk
 of FGM, or has already undergone FGM, the correct safeguarding procedures should be
 followed.

Staff should not:

- treat such allegations merely as a domestic issue
- ignore what the child has told them or dismiss out of hand the need for immediate protection
- decide that it is not their responsibility to follow up the allegation
- approach the young person's family or those with influence within the community, in advance of any enquiries by the police, adult or children's social care, either by telephone or letter.

Action to take if staff believes a child is at risk of FGM:

- Report any concerns immediately to Designated Safeguarding officer Graham Coffey The Designated Safeguarding Officer will:
 - Follow procedures in line with the Safeguarding Policies
 - If a member of staff suspects that a student has been removed from, or prevented from, attending education as a result of FGM, the local authority will be notified along with social care and the police.