

# Female Genital Mutilation Policy for St Peter's Primary School



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## Vision Statement

'Faith, Family, Future'

Jesus built his church upon the strength of St Peter – who was his rock. At St Peter's, we provide a solid foundation on which our community thrives through our rich, aspirational curriculum. As a family, we nurture and unlock individual potential through mutual love and respect; enabling all to flourish now and in the future.

**'Each of you should use whatever gift you have received to serve others'**

**1 Peter 4 v10**

**Last Review date: September 2025**

**Next Review: September 2026**

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The Governing Body of St Peter's C of E Primary School have the following FGM Policy:

## 1. Introduction

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This protocol provides information about female genital mutilation ( FGM) and what action they should taken to safeguard girls and young women who they believe may be at risk of being, or have already been, harmed. FGM is extremely traumatic, can be fatal, and has significant short and long term medical and psychological implications. It is illegal in the United Kingdom, and therefore is a child protection issue.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. Further information about the Act can be found in **Home Office Circular 10/2004**.

## 2. Policy Context

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At St Peter's C of E Primary we believe every child should:

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

**Therefore professionals and volunteers have a statutory responsibility to safeguard girls / young women from being abused through FGM.**

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.

All staff should be alert to the possibility of FGM. The following principles should be adhered to:

- The safety and welfare of the girl / young woman is paramount;
- All agencies and staff, including volunteers, will act in the interest of the rights of the girl / young woman, as stated in the UN Convention on the Rights of the Child (1989);
- 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;

### **3. Female Genital Mutilation**

#### **Definition**

The World Health Organisation (WHO) states that female genital mutilation (FGM) 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (WHO, 2008).

#### **Legal Position**

FGM has been illegal in the UK since the Female Circumcision Prohibition Act 1985. This made it illegal for a person to excise, infibulate (sew together the labia majora) or otherwise mutilate the whole or any part of a girl / young woman's labia majora, labia minora or clitoris. It is also an offence for anyone to assist a girl / young woman to mutilate her own genitalia.

#### **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.

#### **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;

- A girl / young woman may spend time out of the classroom or from other activities, with bladder or menstrual problems;
- A long absence from school 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 (this may also be due to a forced marriage - (see **Safeguarding Children and Young People from Forced Marriage Procedure**);
- A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP;
- A girl / young woman may ask for help, either directly or indirectly;
- A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression;
- Midwives and obstetricians may become aware that FGM has taken place when treating a pregnant woman / young woman.

#### **4. Action to Take if Workers Believe a Child is at Risk of FGM**

**Any information or concern that a girl / young woman is at risk of, or has undergone FGM should result in an immediate referral to Kent Police and children's services.**

Workers should call 999 and report the concern. Workers are legally required to report FGM or suspected FGM.

Workers should contact the Central Duty Team, (03000 411111) if the concern relates to a family currently open to a worker within the Children's Social Care Service.

An urgent referral should be made to children's services once reported to the police.

FGM places a girl / young woman at risk of significant harm and will therefore be initially investigated under Section 47 of the Children Act 1989 by Children's Social Care and Kent Police.

If a girl / young woman is thought to be at risk of FGM, **workers should be aware of the need to act quickly** - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the procedure.

An interpreter must be used in all interviews with the family if their preferred language is not English. The interpreter must be female.

## **5. If a Girl / Young Woman Has Already Undergone FGM**

Where FGM has been practiced, a referral should be made to Children's Social Care Services. . A girl / young woman who has undergone FGM should be seen as a Child in Need and offered services as appropriate. See also the British Medical Association guidance: **FGM: Caring for Patients and Child Protection.**