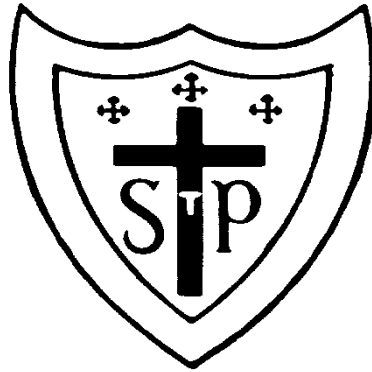


# St Patrick's Catholic Primary School, A Voluntary Academy



## FEMALE GENITAL MUTILATION POLICY

*Review date: November 2016*

*Next review: Autumn Term 2017*

Signed: \_\_\_\_\_  
(Chair of Governors)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Headteacher)

Date: \_\_\_\_\_

## **Our Mission Statement**

**To promote the overall growth of the child.**

To achieve this aim, we will

- provide a safe, secure and caring environment
- allow children to experience the feeling of success
- develop the confidence to face new challenges
- establish a sense of belonging
- foster social, spiritual, academic and moral development
- strive towards the highest standards of academic achievement
- create an environment which develops each individual to his/her full potential

# Female Genital Mutilation

## 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](#). This guidance is based on national non-statutory government guidance (2011) [Govt guidance FGM](#).

A new duty for Teachers to report 'known' cases of Female Genital Mutilation FGM was introduced on the 31st October 2015. If a teacher discovers that an act of FGM appears to have been carried out on a girl under the age of 18 the teacher must report this to the police.

FGM is a procedure that includes the partial or total removal of the external female genital organs for 'cultural' or other non-therapeutic reasons.

It is illegal in the UK to subject a child to female genital mutilation (FGM) or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003. Despite the harm it causes, FGM practising communities consider it normal to protect their cultural identity. It is estimated that 24,000 girls in the UK are at risk and 66,000 women living with the physical and psychological consequences; this is the scale of the problem. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. The majority of children have the procedure between the age of 5-8 years.

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 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 at risk, as must other female children in the extended family.
- A girl is withdrawn from PSHE/SRE.

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 you know or 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 EPO, prohibitive steps but not necessarily the removal of the child.

Government Equalities Office: Fact sheet [Equalities Office Fact Sheet](#)

**November 2016**