



FGM POLICY

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SAFEGUARDING STATEMENT

At Oxford International College we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by or invited to deliver services at the college. We recognize our responsibility and duty to safeguard all who access college and promote the welfare of all our students by protecting them from physical, sexual and emotional abuse, neglect and bullying.

STATEMENT OF PURPOSE

At Oxford International College, we are determined to ensure that all necessary steps are taken to protect children, young people and adults from harm. This includes safeguarding girls from Female Genital Mutilation (FGM). The college is aware of its duty following the new mandatory FGM reporting requirements for education, health and social care professionals, introduced from 31st October 2015. This policy which should be read in conjunction with school's Safeguarding and Child Protection policies.

IMPLEMENTING FGM DUTY

To implement FGM Duty Oxford International College will ensure all staff, tutors and the Senior Leadership Team have access to training to ensure all have an understanding to deal with the risks identified. This includes:

- An understanding of what FGM means.
- An understanding of FGM types, including short- and long-term health effects.
- An understanding of FGM risk factors.
- An understanding of FGM legislation.
- How to challenge FGM ideology.
- How to obtain support from the senior leadership team, the police, local authorities and multi-agency partnerships.
- How to share information to ensure a person at risk of FGM obtains appropriate support.
- How and when to make an FGM referral to the police.

WHAT IS FEMALE GENITAL MUTILATION (FGM)?

FGM is a form of child abuse that can lead to extreme and lifelong physical and psychological suffering to women and girls. The term FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. In general, girls undergo female genital cutting (FGC) around the age of three years old, though the age may vary depending on the type of ritual and customs of the local village or region.

The origins of FGM are unclear but there is historical evidence of the practice in ancient Egypt, Tsarist Russia and by pre-Islamic Arabs and African tribes. It is predominately practiced in the African continent, Yemen and Iraq however, following migration, is also practiced amongst immigrant communities in Europe, North & South America, Canada, Australia and New Zealand. FGM is not an Islamic practice. It is a cross-cultural and cross-religious ritual.

Communities supporting FGM justify the practice for a variety of reasons. These may be:

- Sexual control of men over women
- Preservation of virginity
- Custom and tradition
- Family honour
- Hygiene or cleanliness
- Mistaken belief that FGM is a religious requirement

METHODS OF FGM

There are four types of FGM categorized as:

Type I: Sunna Circumcision: removal of the prepuce with the excision of part or all of the clitoris. In this procedure the clitoris is pulled out and amputated. Bleeding is stopped by packing the wound or by stitching the clitoral artery.

Type II: Excision: a clitoridectomy which involves the partial or entire removal of the clitoris, as well as the scraping off of the labia majora and labia minora.

Types I and II are thought to generally account for 80-85% of all female genital mutilation.

Type III: Infibulation: also known as '*Pharaonic Circumcision*', this is the most extreme form of FGM which involves removal of the clitoris and the adjacent labia (majora and minora). The scraped sides of the vulva across the vagina are then secured with thorns or sewn. The girl's legs are then tied together

whilst fusion takes place, usually between 2- 6 weeks. The scar creates skin that covers the urethra and most of the vagina to act as a physical barrier to intercourse. (A small opening is kept to allow passage of urine and menstrual blood). An infibulated woman must be dilated (a process that may take months) or recut (defibulation) to allow intercourse. Defibulation is traditionally undertaken by the husband or a female relative using a knife or piece of glass. The incision may be closed again (re-infibulation) after intercourse to secure fidelity to the husband. During childbirth defibulation is repeated to prevent an obstructed labour or perineal tears. Traditionally, re-infibulation is performed after the woman gives birth.

Type IV: Use of Angurya and Gishiri cuts: The term "angurya cuts" describes the scraping of the tissue around the vaginal opening. "Gishiri cuts" are posterior (or backward) cuts from the vagina into the perineum. These procedures often result in vesicovaginal fistulae and damage to the anal sphincter.

FGM - POSSIBLE INDICATORS OF RISK

There are factors that may indicate a child may be at risk of FGM. As with all other aspects of safeguarding they may form part of a collective picture of concern. For example if:

- the family originates from a community known to practice FGM and / or information is shared of intention to travel to their country of origin;
- a parent requests permission for a child to travel overseas for an extended period during the academic year;
- a parent seeks to withdraw their child from learning about FGM in school;
- a child expresses anxiety about a special ceremony or traditional custom;
- another family member is known to have previously undergone FGM.

FGM - IMMEDIATE HEALTH CONSEQUENCES

The immediate health consequences of FGM can include:

- fatality as a result of shock, hemorrhage or septicemia;
- infection due to unsanitary conditions;
- transmission of the HIV virus which can cause AIDS;
- extreme levels of pain, fear, anxiety and discomfort.

FGM - LONG TERM HEALTH CONSEQUENCES

FGM has many long-term physiological, sexual, and psychological effects some of which include:

- kidney and or recurrent urinary retention / infection;
- genital malformation, cysts, keyloid scar formation;
- delayed menarche (first menstrual cycle),
- chronic pelvic complications,
- sexual frigidity, pain during sex, lack of pleasurable sensation;
- obstetric complications
- mental health difficulties, Post-Traumatic Stress Disorder

Because of the nature and extent of both the initial and repeated cutting and suturing, the physical, sexual and psychological effects of Type III infibulation are greater and longer- lasting than for other types of female genital mutilation.

FGM - LEGISLATION

International legal frameworks such as the UN Convention on the Rights of the Child and UN Convention on the Elimination of all Forms of Discrimination contain general safeguarding measures, which may be applied to FGM.

The Prohibition of Female Circumcision Act (1985) made it a criminal offense in the UK to:

- incise, infibulate or mutilate of the whole or any part of the labia majora, labia minora or clitoris of a person

or

- to aid, abet, counsel or procure another person to carry out this procedure unless deemed a necessary surgical procedure carried out by a registered medical practitioner or midwife.

The 1985 Act was replaced by the Female Genital Mutilation Act 2003. Applying to England, Wales and Northern Ireland, the 2003 act extends offenses to also include:

- assisting a girl to carry out FGM on herself;
- extra-territorial offences to deter people from taking girls abroad for mutilation.

The Prohibition of Female Genital Mutilation (Scotland) Act 2005 replaced the 1985 Act in Scotland.

The Serious Crime Act 2015 amends the 2003 Act so that the extra-territorial jurisdiction extends to prohibited acts done outside the UK by a UK national or a person who is resident in the UK.

Consistent with that change, it also amends section 3 of the 2003 Act (the offence of assisting a non-UK person to mutilate overseas a girl's genitalia) so that it extends to acts of FGM done to a UK national or a person who is resident in the UK.

These changes mean that the 2003 Act can capture offences of FGM committed abroad by or against those who are at the time habitually resident in the UK irrespective of whether they are subject to immigration restrictions. The term 'habitually resident' covers a person's ordinary residence as opposed to a short, temporary stay in a country. The courts determine whether an involved person is habitually resident in the UK, and therefore covered by the 2003 Act.

The Serious Crime Act (2015) also makes equivalent amendments to the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The 2015 Act has also created a new offence- that of failing to protect a girl from FGM. This means that, if an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time of FGM occurred will be liable. The term 'responsible' refers to those with parental responsibility who have frequent contact with the girl or where a person aged 18 or over have assumed responsibility for caring for the girl "in the manner of a parent". The maximum penalty for the new offence is seven years' imprisonment or a fine or both.

FEMALE GENITAL MUTILATION PROTECTION ORDERS (FGMPO)

The 2015 Act also introduces the provision of FGM protection orders, a civil law measure to protect a girl against the commission of a genital mutilation offence or protect a girl against whom such an offence has been committed.

Application for the court to make a FGMPO can be made:

- by the girl who is to be protected;
- by a Relevant Third Party (RTP) appointed by the Lord Chancellor- currently only Local Authorities are classified as RTPs;
- any other person with the permission of the court e.g. the police, a voluntary sector support service, a healthcare professional, a teacher, a friend or family member.

The court will consider all the circumstances including the need to secure, the health, safety, and well-being of the girl.

The FGMPO contains prohibitions, restrictions or other requirements to protect a victim or potential victim of FGM. This could include be an order to:

- surrender a person's passport or any other travel document;
- protect a victim or potential victim from FGM from being taken abroad;
- not enter into any arrangements, in the UK or abroad, for FGM to be performed on the person to be protected.

Breach of an FGMPO is a criminal offence with a maximum penalty of five years' imprisonment, or as a civil breach punishable by up to two years' imprisonment.

FGM - PUBLIC PROTECTION ORDERS

There are other public protection orders that may also be used to protect girls under 18yrs deemed at risk:

Police Protection Order: this gives the Police power to remove a girl thought to be at risk of significant harm and place her under 'police protection' for up to 72 hours.

Emergency Protection Order: after 72 hours the Police or Social Care Services can apply for this further protection if a girl is still thought to be at risk.

Inherent Jurisdiction: inherent jurisdiction of the court can be requested by Social Care Services where a care order is not deemed appropriate and issues concerning a girl cannot be resolved under the Children Act. Applications can also be made by any interested party to make a girl a ward of court.

FGM - MANDATORY REPORTING DUTY

From October 2015 education, social care and health professionals in England and Wales have a **mandatory** duty to report to the **police** if they know a girl aged under 18 years of age has undergone FGM. The duty requires the individual professional who becomes aware of the case to make a report. Unlike other safeguarding or child welfare concerns the reporting responsibility cannot be transferred e.g. to a designated named person for safeguarding.

FGM - MAKING A REPORT TO THE POLICE

Reports under the mandatory duty will be made as soon as possible after a case is discovered, best practice being by the close of the next working day. The legislation requires the professional to report to the police force area within which the girl resides. Reports will usually be made orally by calling the single non-emergency number 101, although written reports are also permitted. The professional will be required to share the following information:

- An explanation of why they are making a report under FGM duty;
- Their details - name, place of work, role, contact details and availability;
- The girl's details - name, age, date of birth and address

The Police will issue a reference number which will be recorded in our safeguarding record. The record will include details of the discussion and any decisions made.

FGM - ACTION FOLLOWING A REPORT TO THE POLICE

In line with safeguarding best practice the girl's parents or guardians will be informed that a report has been made to the Police **unless this action is deemed to put the girl or anyone else at risk**. This will be discussed with school's safeguarding lead. All further action taken will be in line with our general safeguarding responsibilities, which may involve participating in a multi-agency response.

FGM - FAILURE TO COMPLY WITH THE DUTY

Failure to comply with mandatory FGM reporting to the Police is dealt through staff disciplinary procedures.

TRAINING

- All staff will attend annual safeguarding and FGM training which will include guidance on implementing FGM reporting duties;
- All staff will strive to safeguard pupils in all aspects of the FGM agenda;
- As with all aspects of safeguarding, teachers will support teaching assistants, support staff and volunteers working in their classrooms or on educational visits;
- All staff have a responsibility to monitor and, where necessary, guide the practice of volunteers, visitors or contractors working in school. Any concerns will be reported to the Head Teacher or Deputy Head Teacher.

CURRICULUM DELIVERY

A wide range of safeguarding topics is delivered through school's core and enhanced curriculum. This includes Personal Social Health Education and pastoral support/intervention in line with the requirements of the revised Ofsted Common Inspection Framework.

FURTHER INFORMATION

For further information about the FGM policy at OIC please speak with Kim Terrar.

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