



BENSHAM MANOR *School*

Female Genital Mutilation (FGM) Policy

Last reviewed: September 2026



1. Rationale

Bensham Manor School has robust and rigorous safeguarding procedures and takes its responsibilities of child protection seriously.

Female Genital Mutilation is a form of child abuse and as such is dealt with under the schools Child Protection and Safeguarding policy. At Bensham Manor, the Designated Safeguarding Lead, (DSL), Headteacher and Governors expect Safeguarding to be everybody's responsibility and expect all staff to adhere to and follow these policies. The school uses the World Health Organisation definition as written below.

2. Definition of FGM

"Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons."

(World Health Organisation-1997)

3. Government Documents

The school has taken information from several documents to write this appendix including Government Home Office guidelines and KCSIE 2026.

KCSIE 2026:

Honour or faith-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.

Abuse committed in the context of preserving honour often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

The UK Government has written advice and guidance on FGM that states;

"FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."

"Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM."

It is estimated that 3 million girls are subjected to FGM every year. In the UK, official NHS data for England reports 6,980 individual women and girls were identified with FGM attendances, with a further 16,300 total attendances at NHS trusts and GP practises between April 2024 and March 2025. It is estimated that 65,000 girls aged 13 and under are at risk of FGM in the UK. In the last year, 109 FGM-related cases were investigated by the police.

"FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities."

KCSIE 2026 states that:

Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon teachers, along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

Those failing to report such cases may face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils or students, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the school or college’s designated safeguarding lead (or a deputy) and involve local authority children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e.

where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over.

In these cases, teachers should follow local safeguarding procedures.

Designated senior staff for child protection in schools should be aware of the guidance that is available in respect of FGM, and should be vigilant to the risk of it being practised. Inspectors should be also alert to this when considering a school’s safeguarding arrangements, and where appropriate ask questions of designated staff.

Key questions could include:

- Are designated senior staff for child protection aware of the issue and have ensured that staff in the school are aware of the potential risks?
- How alert are staff to the possible signs that a child has been subject to female genital mutilation or is at risk of being abused through it?
- Has the school taken timely and appropriate action in respect of concerns about particular children?

In order to protect our children it is important that key information is known by all of the school community.

4. Indications that FGM has taken place

- Prolonged absence from school with noticeable behaviour change – especially after a return from holiday.
- Difficulty sitting still
- Saying they are sore or complaining about pain between their legs
- Avoiding PE and other sporting activities
- Regular trips to the toilet
- Quiet and withdrawn
- Bladder and menstrual problems
- Talk of someone doing something to them that they are not allowed to talk about

5. Indications that a child is at risk of FGM

- The family comes from a community that is known to practice FGM - especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony.

- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent / Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.

If anyone has concerns that children in our school community are at risk of Female Genital Mutilation then they must immediately inform the DSL. If you believe that a child may have been a victim of FGM, then under the mandatory reporting law you MUST report it immediately.

6. What you can do

Ask children to tell you about their holiday. Sensitive and informally ask the family about their planned extended holiday ask questions like;

- Who is going on the holiday with the child?
- How long do they plan to go for and is there a special celebration planned?
- Where are they going?
- Have they got any particular plans for the holiday?

7. Record

All interventions should be accurately recorded in My Concern

8. Documentation

Useful documents include:

- Multi-Agency Practice Guidelines: Female Genital Mutilation (HM Government, 2016, last updated 30 July 2020)
- Croydon Child Protection Procedure Guidelines
- Working together to safeguard children, HM Government (2023)
- Keeping Children Safe in Education (2026)