“Honour-based’ violence (HBV) encompasses 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. All forms of so called HBV 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 HBV, or already having suffered HBV.”

“Honour based violence” should also be included in your school/setting/college’s safeguarding policy where the different types of abuse and neglect are set out.

**Female Genital Mutilation (FGM):**

**Summer is a High Risk Time!**
This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Educational settings should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from the school or college where the family request an ‘authorised absence’ for just before or just after the summer break.

**What is FGM?**
Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision, cutting or Sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse; it’s dangerous and it is a criminal offence.

Female genital mutilation (FGM) is illegal in the UK. It’s also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this.

**Where is FGM practiced?**
It is most commonly practiced in Africa; and also in parts of the Middle East and Asia.
Who is at risk?
In some areas, FGM is carried out during infancy – as early as a couple of days after birth. In others, it takes place during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. Recent reports suggest that the age has been dropping in some areas, with most FGM carried out on girls between the ages of 0 and 15 years.

The following factors may heighten a girl's risk of being affected by FGM:
- The family having a low level of integration within UK society
- A girl whose mother or sister has undergone FGM
- A girl who has a sister who has already undergone FGM

Indications that FGM may be about to take place:
- When a female family elder is around, particularly when she is visiting from a country of origin
- Reference to FGM in conversation e.g. a girl may tell other children about it
- A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk
- Parents state that they or a relative will take the child out of the country for a prolonged period
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent
- Parents seeking to withdraw their children from learning about FGM
- A girl being withdrawn from PSHE or from learning about FGM (parents may wish to keep her uninformed about her body and rights)

Indications that FGM has taken place:
- difficulty walking, sitting or standing
- spending longer than normal in the bathroom or toilet possibly with bladder or menstrual problems
- unusual/a noticeable change in behaviour after a lengthy absence
- reluctance to undergo normal medical examinations
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- Asking for help, but may not be explicit about the problem due to embarrassment or fear.
- Prolonged absences/persistent unexplained absence from school/college.
- Seek to be excused from physical exercise without the support of their GP.
- Child not allowed to attend extra-curricular activities.
- Close supervision of child by family/carers.

Prevalence in the UK:
- There were 1,236 new cases of female genital mutilation recorded in England between January and March 2017, according to figures published on Thursday (June 6) by NHS Digital.
- Of these, 84% happened before the girl had reached her 10th birthday and 17% took place before she had turned one.
- In all, there were 2,102 attendances where FGM was identified or a medical procedure for the practice was undertaken.

Breast ironing also known as “Breast Flattening”
This is a practice where girls as young as nine have their chests pounded by hot stones/implements to delay the start of puberty; the intention being to protect the child from rape and sexual harassment. Sometimes the child is forced to wear an elastic belt around the area to restrict growth. It is a practice in Cameroon, Nigeria and South Africa. The United Nations (UN) states that Breast Ironing affects 3.8 million women around the world. Schools are being asked to be alert to this with the children they teach.

Indicators
Breast ironing is a well-kept secret between the young girl and her mother. Often the father remains completely unaware. Some indicators that a girl has undergone breast ironing are as follows:
- Unusual behaviour after an absence from school or college including depression, anxiety, aggression, withdrawn etc.;
- Reluctance in undergoing normal medical examinations;
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear;
- Fear of changing for physical activities due to scars showing or bandages being visible.

Reporting Duty
Breast Ironing is a harmful cultural practice and is child abuse. Professionals working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing. Similarly to FGM, breast ironing is
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classified as physical abuse therefore professionals must follow their Local Safeguarding Children's Board Procedures.

**Forced Marriage:**
A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage.

Threats can be physical or emotional and psychological.

Young people, especially girls who are forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development.

**Indications that a Young Person is at risk of Forced Marriage:**
Staff should be aware of significant changes in the young person’s presentation emotional and physical, in dress and behaviour:

- appearing anxious, depressed and emotionally withdrawn with low self-esteem
- self-harming, self-cutting or anorexia
- criminal activity e.g. shoplifting or taking drugs or alcohol
- declining performance, aspirations or motivation
- not allowed to attend any extra-curricular or after school activities
- girls and young women may be accompanied to and from school/college
- attending school but absenting themselves from lessons
- stopping attendance at school/college
- a family history of older siblings leaving education early and marrying early

**Actions to take around Honour Based Violence:**

**Managing Requests for Holidays/Extended Absence**
When managing requests for absence, sometimes younger siblings tell staff information that has a bearing on older members of the family so it is important that settings and schools liaise with each other.

Where settings become aware that a family is planning extended leave of absence this can provide an opportunity to gather important information.

When parents/carers tell you about plans for extended holiday leave, consider whether the parents/carers are volunteering information on the following:

- The precise location of where the child/young person is going
- The purpose of the visit
- The child/children know and corroborate the purpose of the visit
- The return date and whether it is estimated or fixed

Parents/carers may not always be able to provide a definite return date due to return flights being booked as last minute availability occurs. The circumstances triggering a trip may also necessitate a flexible return date.
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What to do if you are concerned:
If staff have a concern regarding a child or young person that might be at risk of HBV they should activate local safeguarding procedures immediately. Extreme caution should be taken in sharing information with any family members or those with influence within the community as this may alert them to your concerns and may place the child/young person in danger.

If you have concerns that a child is at risk you should contact Cheshire East Consultation Service (ChECS) and/or Cheshire East Police without delay:

ChECS: 0300 123 5012  
Cheshire East Police: 101 or in urgent cases dial 999

The Serious Crime Act 2015 requires social care professionals and teachers to report known cases of FGM in under 18-year-olds to the police.

What should settings do to raise awareness of and prevent Honour Based Violence?
As well as following relevant statutory guidance, settings should:
- Circulate and display relevant materials including support e.g. Childline, NSPCC helpline
- Raise awareness of all aspects of HBV among staff through training and guidance.
- Encourage parents, children and young people to access appropriate advice, information and support
- Ensuring that there is a private telephone available should parents need to seek advice discreetly

Useful websites, resources and information:

Forced marriage - Detailed guidance - GOV.UK

KN Youth | Karma Nirvana: Karma Nirvana sessions are free for your school or college. They involve a 45 minute presentation that looks into the differences between Forced Marriage and Arranged Marriage, as well as highlighting HBA.

Forced marriage | Home and families | Explore | ChildLine

Home Office Self Registration on line training on FGM

Home Office FGM leaflet

Government KS3 FGM lesson plan The FGM game

Female Genital Mutilation support materials - GOV.UK

Female genital mutilation: resource pack - Publications - GOV.UK

Professionals can request copies of the government’s leaflets, posters and latest DVD about FGM from: FGMEnquiries@homeoffice.gsi.gov.uk

NSPCC: FGM helpline 0800 028 3550

Multi Agency Statutory Guidance on FGM