



Female Genital Mutilation

and PSHE Education

Professionals' Pack

2023

Ellie Chesterton & Natalie McGrath

Table of Contents

3	Introduction		
4	Safe Learning Environment	19	Prevalence
5	Best Practice Principles	21	Importance of language
7	Tips for Communication	22	Traditional & local terms
8	Links to PSHE Curriculum: Primary & SEND	24	FGM & Male circumcision
9	Links to PSHE Curriculum: Secondary & SEND	25	Harmful Practices
10	Links to Curriculum: NYA	26	Breast Flattening
11	Useful Resources	27	Answering Questions
12	Developing Subject Knowledge	28	Contextual Safeguarding
13	Definitions	29	Safeguarding & mandatory reporting
14	Types of FGM	30	Signposting & support
15	Effects of FGM	31	Training
16	Signs & Symptoms	32	Support Organisations
17	The Law	33	How to report
18	The Debate around FGM	34	Further reading

Introduction

This pack aims to support education providers to deliver quality PSHE education around female genital mutilation (FGM) through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Children and young people need to be taught to manage risks, make safer choices and recognise when pressure from others threatens their personal safety and wellbeing.



Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.



No. 01 – Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



No. 02 – Collaborate with DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



No. 03 – Staff Confidence

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



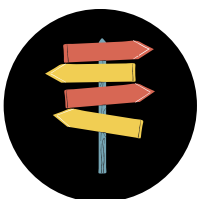
No. 04 Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



No. 05 – Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 – Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Best Practice Principles

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.

The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain [here](#).

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices."

What do young people not need to know about FGM?

- Graphic stories of being held down and cut.
- Graphic descriptions or accounts of the process and the aftermath.
- Graphic images of the 'tools' used to perform FGM.

These approaches scare and can traumatise children and can also re-traumatise those who have experienced FGM. They may also trigger denial that FGM happens or has happened. It is important that resources used in the classroom do not include any of the images or descriptions listed above.

Best Practice Principles

Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

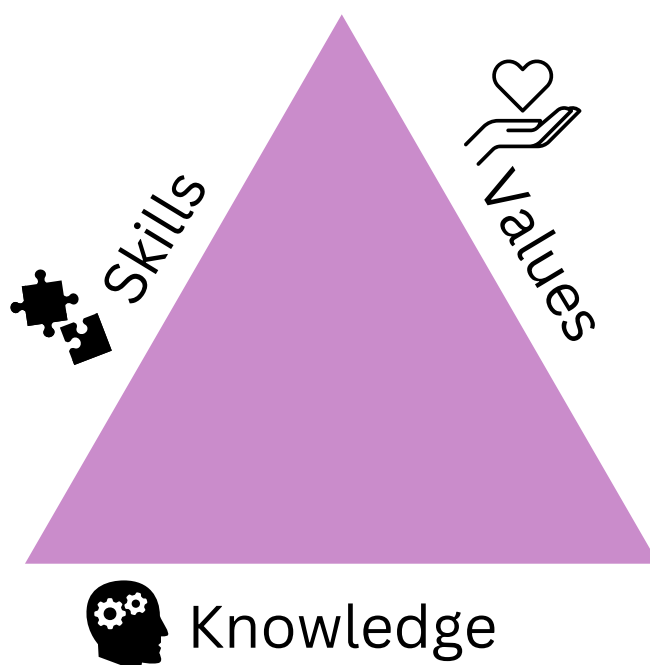
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic

Skills: gaining new skills on a topic

Values: reflecting on, and potentially altering, your own values in relation to a topic



Tips for Communication

Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on [communicating with people with learning difficulties](#).

The National Autistic Society has also published [tips to communicate more effectively with an autistic person](#).



The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to female genital mutilation (FGM).

Primary

PSHE Association

Key Stage 2

H45.	that female genital mutilation (FGM) is against British law, what to do and whom to tell if they think they or someone they know might be at risk
------	---

SEND

Key Stage 2

CG2	Encountering: Respond with curiosity to adult prompting of the names for body parts and changes of puberty.
CG2	Foundation: Recognise correct vocabulary for some of the main body parts, including genitalia.
CG3	Enhancement: Explain that our bodies should be looked after and that female genital mutilation (FGM) (removing or injuring female genitalia for nonmedical reasons) is wrong and illegal, even if some adults think it is necessary.

DfE Statutory Guidance:

By the end of Primary pupils will know:

BS3	that each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact
BS8	where to get advice e.g. family, school and/or other sources.

Secondary

PSHE Association

Key Stage 3

H22.	the risks and myths associated with female genital mutilation (FGM), its status as a criminal act and strategies to safely access support for themselves or others who may be at risk, or who have already been subject to FGM
------	--

SEND

Key Stage 3

SSS2	Enrichment: Explain that removing or injuring female genitalia for non-medical reasons (Female Genital Mutilation/FGM) is wrong and illegal, even if adults think it is necessary.
SSS2	Enhancement: Explain what we should say, do and whom to tell if we, or someone we know, fears that they will experience, or have already experienced FGM, and that it is never that person's fault.

DfE Statutory Guidance:

By the end of Secondary pupils will know:

II.	the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships
-----	--

NYA Youth Work Curriculum:

I6.	Creating safe spaces and groups where oppressive behaviours and views are challenged
HW5.	Providing appropriate, accurate information and guidance
GC3.	Exploring social justice and human rights and how they apply to all people

Please check all resources are suitable for your settings and children before use

Female Genital Mutilation (FGM)

Videos:

[#EndFGM | The Words Don't Come | Part 1 of 5](#)

[#EndFGM | Our Daughters | Part 2 of 5](#)

[#EndFGM | It's Our Time Now | Part 3 of 5](#)

Lesson Plans:

[PSHE Association - Keeping Safe: FGM \(KS2\)](#)

For members only

[PSHE Association - Keeping Safe: FGM \(KS3\)](#)

For members only

[Healthy Schools: KS3 FGM Lesson Plan](#)

Aims to raise awareness of the practice of FGM and to inform young people of the facts and issues, and how and where to get help if they need to.

[The National FGM Centre - Know Your Body \(KS1, 2 & 3\)](#)

The National FGM Centre, in partnership with the Eve Appeal have collaborated in co-designing lesson plans for introducing FGM to young people, in Key Stages 1, 2 and 3. Know Your Body was created to reach young people with the greatest barriers to healthcare access.

[ActionAid Female genital mutilation \(FGM\) teaching resources](#)

Created for Key Stage 3 and 4 citizenship and PSHE classes, these resources focus on dispelling myths around FGM. They also include the powerful stories of those who have been affected by FGM and those who are working to eradicate it.

[EC Publishing - Free FGM resources](#)

Including a PSHE lesson plan for KS2, and lesson plans on FGM & Breast Ironing and FGM and the law.

Guidance for Professionals:

[Gov.uk Female genital mutilation: resource pack](#)

Female genital mutilation (FGM) guidance, case studies and support materials for local authorities, professional services and specialist voluntary organisations.

DEVELOPING SUBJECT KNOWLEDGE



FEMALE GENITAL MUTILATION (FGM)

Definitions

Female genital mutilation (FGM) is a harmful practice which can seriously affect the physical and mental health of the person, it is a form of abuse and is illegal in the UK, as well as many other countries around the world.

Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organization as being:

“all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reason”.

Female genital mutilation is a cultural and sometimes personal issue for some children and young people in our communities.

Although it is illegal in the UK, it is still being practised on young girls, mainly by parents taking their daughters back to their country of origin for the procedure.

It is a criminal offence in this country to practise FGM or to take a UK citizen abroad for the purpose of FGM, whether or not it is lawful in the country the girl is taken to.

Types of FGM

The World Health Organisation has classified FGM into four different types:

Type I – Clitoridectomy

Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and/or the prepuce (the clitoral hood or fold of skin surrounding the clitoris).

Type II – Excision

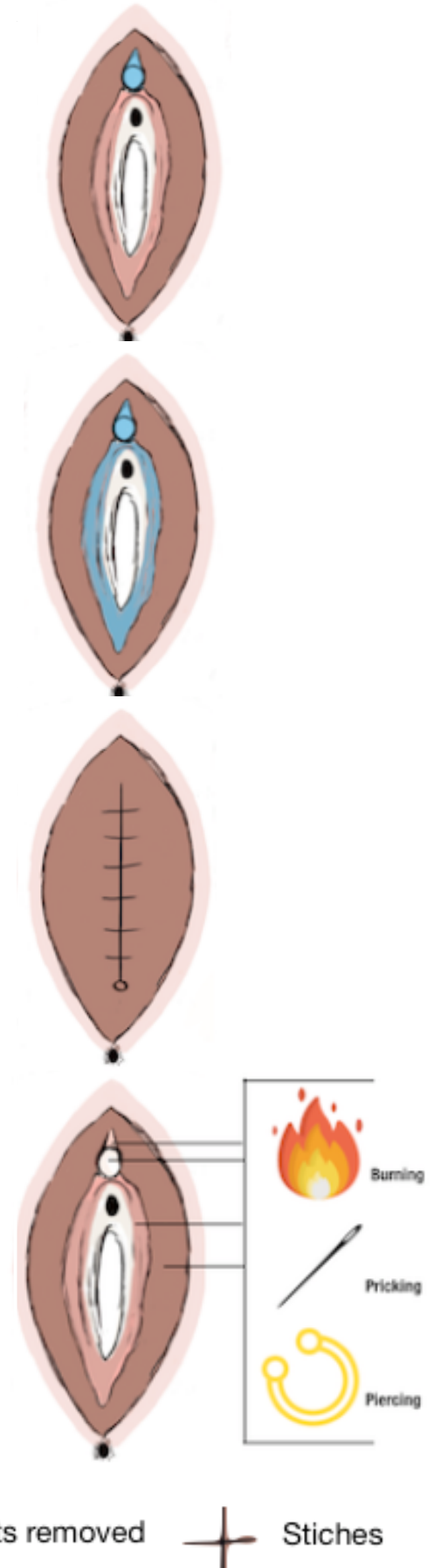
Partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia (the labia are the 'lips' that surround the vagina).

Type III – Infibulation

Narrowing of the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.

Type IV – Other

All other harmful procedures to the female genitalia for non-medical purposes, eg, pricking, piercing, incising, scraping and cauterising (burning) the genital area.



Effects of FGM

FGM can cause both short term and long term complications. Some of these areas a result of the procedure being performed in unhygienic circumstances.

Short-term implications:

- Severe pain.
- Shock - both emotional and psychological as well as medical.
- Haemorrhage.
- Wound infection including tetanus and blood borne viruses such as HIV and hepatitis B and C.
- Damage to organs around the clitoris and labia.
- Urine retention.
- Fracture of bones or dislocation of joints as a result of restraint.
- Damage to other organs.

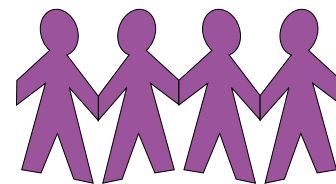
Long-term implications:

- Damage to the reproductive system including infertility.
- Chronic vaginal and pelvic infections.
- Cysts and abscesses.
- Complications in pregnancy and childbirth, including death.
- Psychological damage.
- Painful sexual intercourse.
- Sexual dysfunction.
- Difficulties in menstruation.
- Difficulties in passing urine and chronic urine infections.
- Renal impairment and possible renal failure.
- Increased risk of HIV and other sexually transmitted infections.
- Death.

There is increasing awareness of the severe psychological consequences of FGM which can be lifelong. There is evidence to suggest that people with vulvas, having undergone FGM suffer from post-traumatic stress disorder with flash backs and many suffer from anxiety and mood disorder. The feeling of betrayal, incompleteness, anger and regret are themes reported by young women undergoing counselling.

Signs & Symptoms

What are the signs that a girl could be at risk of FGM?



- A girl is born to a woman who has undergone FGM
- Mother has requested re-infibulation following childbirth
- A girl has an older sibling or cousin who has undergone FGM
- One or both parents or elder family members consider FGM integral to their cultural or religious identity
- The family indicate that there are strong levels of influence held by pro-FGM elders who are involved in bringing up female children
- A girl/family has limited level of integration within UK community
- A girl from a practising community is withdrawn from PSHE and/or Sex and Relationship Education or its equivalent may be at risk as a result of her parents wishing to keep her uninformed about her body, FGM and her rights
- If there are references to FGM in conversation, for example 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 and are evasive about why.
- A girl is taken abroad to a country with high prevalence of FGM, especially during the summer holidays which is known as the 'cutting season'

What are the signs that FGM has occurred?



- Prolonged absence from schools
- Frequent need to go to the toilet
- Long break to urinate
- Urinary tract infections
- Noticeable behaviour change
- Talk of something somebody did to them that they are not allowed to talk about
- Change of dress from tight to loose fitting clothing
- Menstrual problems
- Difficulty in sitting down comfortably
- Complain about pain between their legs



The Law

17

What is the Law in the UK around FGM?

FGM Act 2003

A person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris for non-medical reasons.

It is illegal to perform/arrange for FGM to be carried out on a girl in the UK or to take a girl abroad.

Serious Crime Act 2015

Section 70(1) of the Serious Crime Act 2015 ("the 2015 Act") amends section 4 of the FGM Act 2003

- To extend the extra-territorial powers of the law to further protect victims of FGM.
- It also introduces victim anonymity to victims of FGM
- The Serious Crime Act introduces civil measures to protect girls or women who have suffered or are believed to be at risk from FGM. [Click here](#) to find out more about Protection Orders.
- It also introduces a mandatory reporting duty to report known cases of FGM that applies to all regulated professionals.
- The law covers all habitual residence of the UK and British Citizens.
- Added a new offence of failing to protect a girl from FGM. This will mean 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 under this new offence. The maximum penalty for this offence is seven years' imprisonment or a fine or both.



The Debate around FGM¹⁸

It is important to state that **it is a criminal offence in the UK to practise FGM or to take a UK citizen abroad for the purpose of FGM**, whether or not it is lawful in the country the girl is taken to. However, when teaching this topic, in a safe space, we can explore the reasons that have been given for performing it.

Reasons against FGM

- Illegal in the UK (and many countries)
- A human violation and loss of human rights for a young person
- Death - people can die from this procedure
- Severe loss of blood/severe pain and shock/infections/gangrene etc
- Complications when giving birth
- Very painful whilst being done, afterwards and in the future
- Increased risk of HIV
- Problems during sex
- Painful to urinate
- Difficulties passing urine
- Difficulties with periods
- Trauma
- Removes natural body parts
- The woman cannot experience sexual pleasure
- FGM could cause infertility
- Not linked to religious faith, for example, not mentioned in the Quran or Bible
- Mutilation of the body.

Reasons given by people for performing FGM

- To maintain cultural identity.
- Religion - in the mistaken belief that it is a religious requirement
- Social acceptance especially for marriage.
- Preservation of virginity/chastity.
- Increasing sexual pleasure for the male.
- Men's control of female reproductive functions.
- Hygiene and cleanliness. ☒ Family honour.
- Fear of social exclusion.

Many women believe that FGM is necessary to ensure acceptance in their community. They are often unaware that it is not practised in most of the world. FGM serves as a complex form of social control of women's sexual and reproductive rights.

Prevalence



International

FGM is deeply rooted in tradition widely practiced among specific ethnic populations in Africa and parts of the Middle East and Asia. Data from Somalia, Guinea, Djibouti, Sierra Leone, Egypt, Sudan, Eritrea and Mali show a prevalence of over 80% but it is also widely practiced in other African countries. However, FGM has been found in communities in Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan. The World Health Organisation 2014 estimates that between 100 and 140 million girls and women have been subjected to FGM and that around 3 million girls undergo some form of the procedure each year in Africa alone.



National

The prevalence of FGM in the UK is difficult to estimate due to its hidden nature but it is estimated that over 20,000 girls under the age of 15 years could be at risk in England and Wales. In addition, it is estimated that there are in excess of 125,000 females aged 15 years and over, currently residing in England and Wales, who are living with the consequences of FGM (HM Government, MultiAgency Practice Guidelines: Female Genital Mutilation; 2014.) The distribution of cases is likely to be uneven and will mirror the distribution of particular practicing communities.

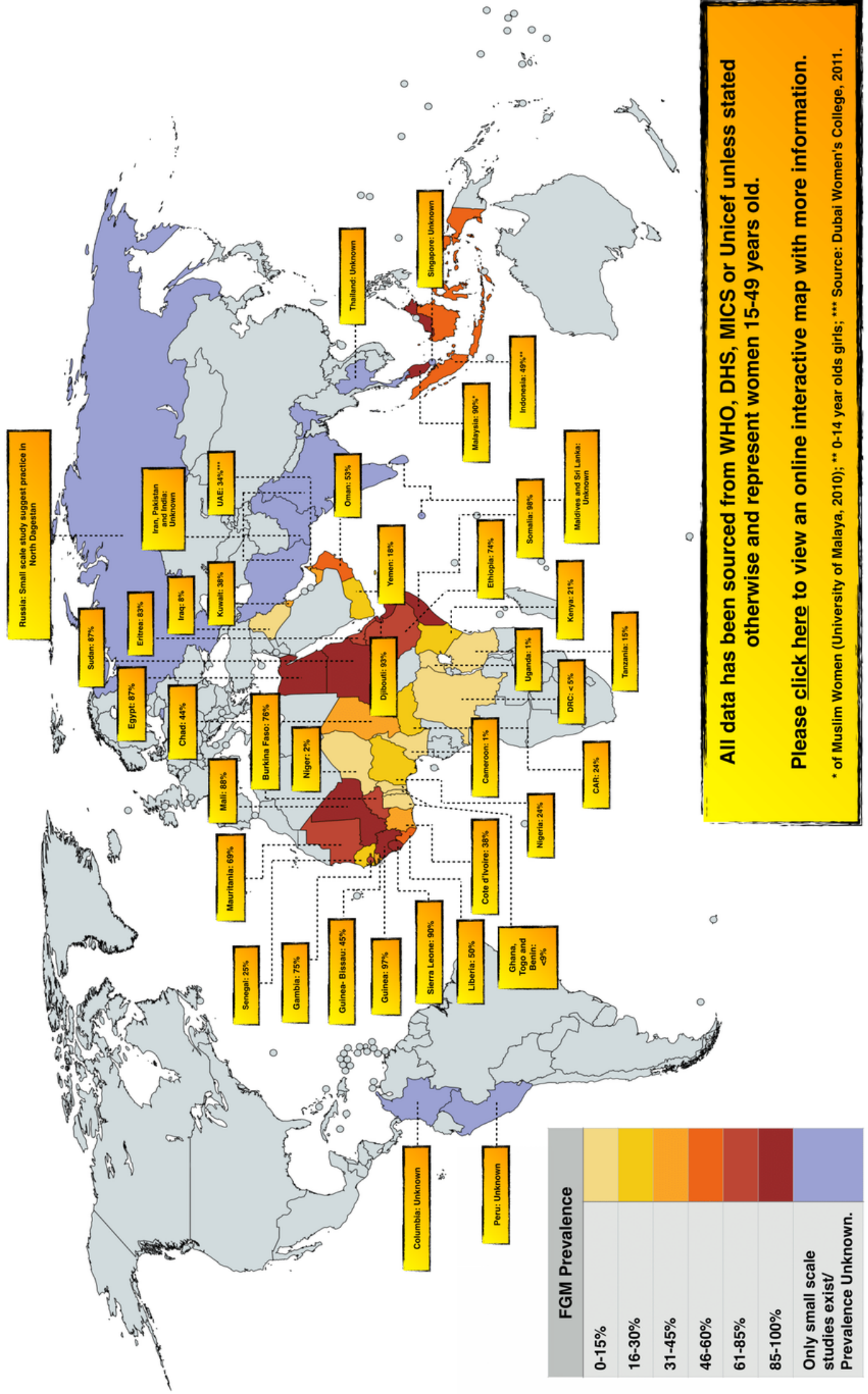


Local

Occurrences where the FGM qualifier is tagged are very low in Staffordshire over the past 5 years. It should be noted that this is extremely unlikely to show the full picture of this issue as it only takes into account occurrences that have resulted in a criminal offence being investigated and recorded on Niche.

In 2021 and 2022 no offences of FGM were recorded. 2 occurrences did have the Niche qualifier of FGM ticked, however in both cases they were reports of concern whereby no offences were identified. One of the cases involved a report from a school regarding concern about 6 children being taken out the country and a court order in the matter of the Female Genital Mutilation Act 2033 was obtained.

FGM Global Prevalence Map (%)



Importance of language

Terms to know and use

- **Vulva**
- **Vagina**
- **Clitoris**
- **Labia**
- Be aware that young people may not recognise the term **FGM** but may understand **female circumcision** or **sunna**



See our [Puberty & PSHE pack](#) for more detailed information including diagrams

It is essential that professionals talking about FGM are confident to use the correct terminology.

When talking about women's external sexual parts, use the term 'natural' rather than 'normal', to avoid implying that women (or possibly girls in your class) who may have had FGM performed on them are 'abnormal'.

By not using the correct words we are reinforcing the idea that certain parts of the body are shameful or embarrassing, rather than them simply being parts of the body like fingers and toes.

Within the home and peer groups, familial or slang terms might be used, but it is important that children and young people know the anatomically correct names, particularly if they need to seek medical support later in life.



Top tip

Practice saying the words in front of a mirror until you feel confident.

Traditional & local terms for FGM

Country	Term for FGM	Language	Meaning
Egypt	Thara	Arabic	Deriving from the Arabic word 'tahar' meaning to clean/purify
	Khitan		Circumcision - used for both FGM and male circumcision
	Khifad		Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
Chad	Bagne		Used by the Sara Madjingaye
	Gadja		Adapted from 'ganza' used in the Central African Republic
Ethiopia	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
Kenya	Kutairi	Swahili	Circumcision - used for both FGM and male circumcision
	Kutairi was ichana		Circumcision of girls
Nigeria	Ibi / Ugwu	Igbo	The act of cutting - used for both FGM and male circumcision
	Sunna	Mandingo	Religious tradition/obligation - for Muslims

Sierra Leone	Sunna	Soussou	Religious tradition/obligation - for Muslims
	Bondo	Temenee/ Mandingo/ Limba	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo / Sonde	Mendee	Integral part of an initiation rite into adulthood - for non Muslims
Somalia	Gudiniin	Somali	Circumcision used for both FGM and male circumcision
	Halalays		Deriving from the Arabic word 'halal' ie. 'sanctioned' - implies purity. Used by Northern & Arabic speaking Somalis.
	Qodiin		Stitching /tightening/sewing refers to infibulation
Sudan	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
	Tahoor		Deriving from the Arabic word 'tahar' meaning to purify
Guinea-Bissau	Fanadu di Mindjer	Kriolu	'Circumcision of girls'
	Fanadu di Omi		'Circumcision of boys'
Gambia	Niaka	Mandinka	Literally to 'cut/weed clean'
	Kuyango		Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karoola		Meaning 'the women's side'/'that which

FGM and male circumcision²⁴

During any input about FGM, you may receive questions about male circumcision. A distinction should be made between this and FGM.

In some religions, or for medical reasons, boys may be circumcised.

Circumcision is the surgical removal of some or all of the foreskin which covers the end of the penis. It may be done for medical reasons or for religious and cultural reasons, particularly in boys of the Jewish and Muslim faiths. It may be performed shortly after birth, during childhood, or around puberty as a rite of passage.

World Health Organization data suggests that about 30% of males worldwide are circumcised. Circumcision makes no difference to a man's ability to urinate, ejaculate or enjoy sex.

FGM is not a religious requirement of any religion. FGM carries a significantly higher risk of harm and causes lasting damage to a girl's body. It can leave girls and women with serious psychological and physical health consequences.

Another important distinction is that FGM is illegal.

Talk about the shape of external body parts

It is important to explain and emphasise that sexual body parts are as varied and unique as other body parts – such as noses. The media, and in particular sexualised media including pornography, can create and reinforce distorted or exaggerated body images. Some natural and normal variations you might want to emphasise are:

- Vulvas and penises come in different shapes and sizes.
- A penis should hang slightly to one side.
- One testicle is usually higher than the other.
- One breast is often bigger than the other.

Harmful Practices

Harmful practices are that which;

**Deny children
their dignity
and/or integrity
and violate their
human rights**

**Are grounded in
discrimination on
the basis of sex,
gender, age and
other factors**

**Can be
traditional,
re-emerging or
emerging
practices**

**Can cause emotional
or physical harm,
impairing the
recognition,
enjoyment and
exercise of human
rights**

Child marriage and female genital mutilation are internationally recognised human rights violations.

UNICEF report that *"some 640 million girls and women living today were married as children, and at least 200 million girls and women have been subjected to FGM."*

Breast Flattening

Breast flattening/ironing is another example of harmful practice and is described as;

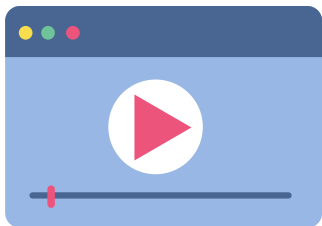
“the process during which young pubescent girls’ breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely.”

Due to the type of instruments that may be used, the type of force and the lack of aftercare, significant health and developmental issue may occur, such as:

- Abscesses
- Cysts
- Itching
- Tissue damage
- Infection
- Discharge of milk
- Dissymmetry of the breasts
- Severe fever
- Even the complete disappearance of one or both breasts.

There may also be an impact on the child’s social and psychological well-being.

Although there is no specific law within the UK around breast flattening or breast ironing, it is a form of physical abuse and if professionals are concerned a child may be at risk of, or suffering significant harm, they must refer to their local safeguarding procedures.



[Click here](#) to watch a Channel 4 News video highlighting the practice of Breast Ironing in the UK.

[Click here](#) for more information about Breast Flattening from the National FGM Centre.



Answering Questions

The PSHE Association provides suggested responses to FAQs about FGM.

Why does FGM happen?

Many reasons can be given for the practice of FGM and many of these are based on myths that surround it. For example, some people believe that it makes a girl or woman clean or pure; that it will protect them; help them to grow up, get married or have a baby, or they say that it is tradition, for cultural or religious reasons. People can feel pressure to allow FGM to happen.

Why does FGM only happen to females?

In some cultures, people believe or believed in the past, that FGM benefitted women. Now we know it can cause serious health issues for girls and women so should not be carried out.

Why can't someone just stop FGM from happening in the world?

In some places in the world, FGM has been seen as tradition for a long time and some people still believe that it needs to be done, even though we now know all the danger and harm it can cause. Governments all around the world have made the practice of FGM illegal and many charities campaign against it. As people learn more about it and how to report it, the hope is FGM will stop happening in the future.

What will happen if someone tells the police they think they are at risk of FGM?

The police will take it seriously. A police officer or social worker will talk to the person and find out more about their concerns. It is important that they protect the child or young person from harm and make sure they stay safe. The police may talk to the child's parents to make sure it does not happen. The courts can put in place an FGMPO (FGM protection order). This means that the police may prevent family members from travelling abroad if they think there is an imminent risk of a girl undergoing FGM. They will work with the adults involved to make sure that the FGM does not go ahead.

What will happen if someone reports to their teacher that FGM happened to them?

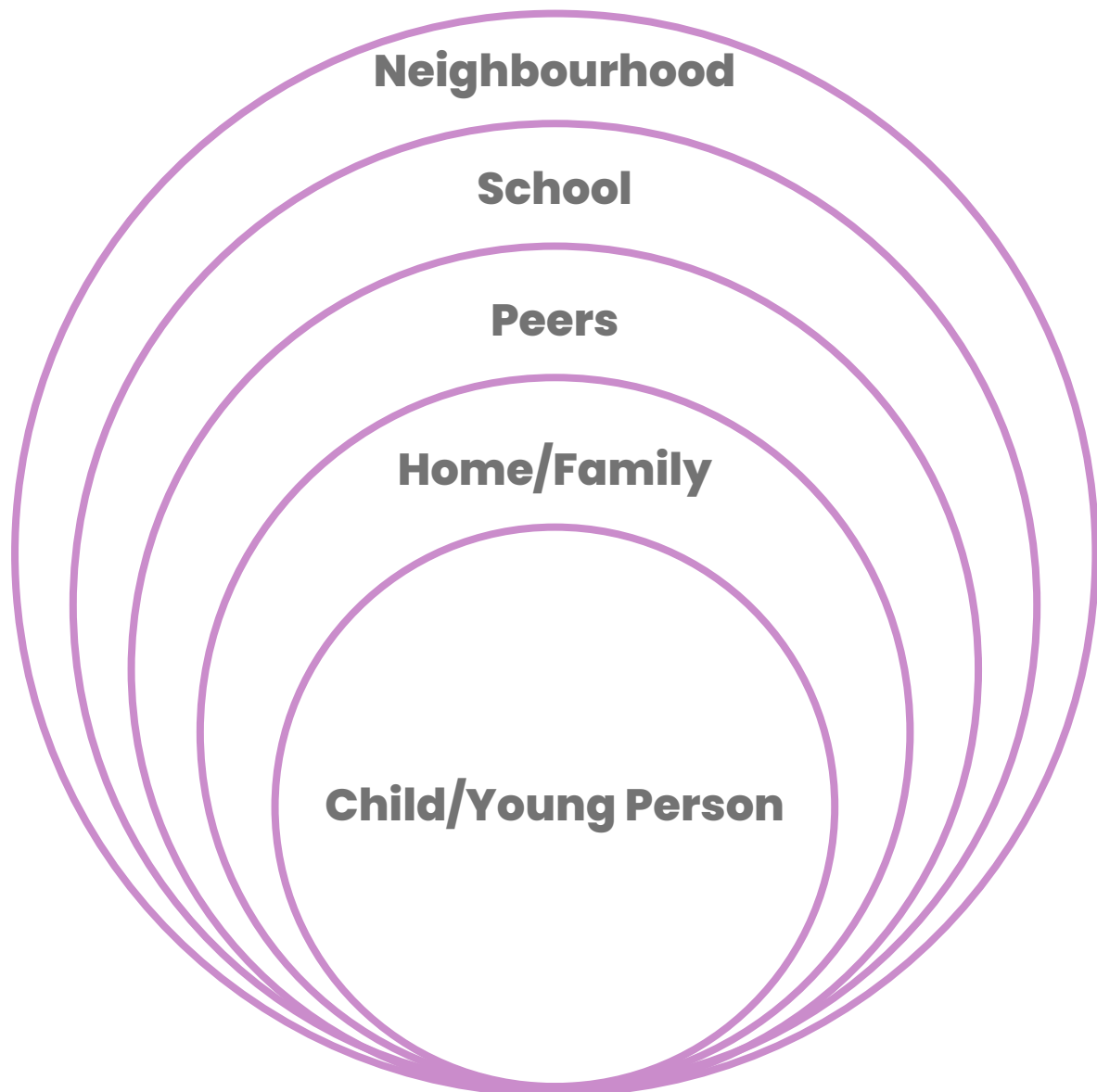
The teacher will believe them and take the necessary steps to ensure they are kept safe. If someone says FGM has happened to them, the teacher must report this to the police. For any other concerns about FGM, it is important that the teacher tells the headteacher or the person in school who deals with these concerns. A social worker or the police may need to speak to the child and they will probably speak to their parents. It is likely the child will need to see a doctor.

Contextual Safeguarding

Contextual safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people.

Using Contextual safeguarding can enable professionals to build a holistic picture of the child or young person's individual factors and also identify where and by whom interventions can occur

More information on contextual safeguarding can be found [here](#)



Safeguarding and mandatory reporting

Senior leaders in your setting may wish to include a statement on the school's approach to teaching about FGM in their organisation's safeguarding and child protection policy.

By law, regulated health and social care workers and teachers have a duty to report instances of or the risk of FGM. These professionals must report any disclosures immediately to the police.

The Home Office's Mandatory Reporting of Female Genital Mutilation – procedural information states that:

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or*
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth*

The duty does not apply in relation to suspected cases – it is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim). In these cases, you should follow local safeguarding procedures.

If you are concerned that there is an immediate threat you should take immediate action in line with local safeguarding procedures.

If you are a relevant professional and a girl discloses to you that she has had FGM (whether she uses the term 'female genital mutilation' or any other term or description, e.g. 'cut') then the duty applies...The duty applies to cases directly disclosed by the victim; if a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police is not mandatory. Any such disclosure should, however, be handled in line with wider safeguarding responsibilities. The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred.

Signposting & Support

It is important to understand that a young person may feel under pressure to keep FGM a secret.

Someone under threat of FGM might be told they are going on a special holiday but not to tell anyone, or that they are going to have a special secret ceremony to do with growing up or becoming a woman. However, secrets that make someone worried or uncomfortable should always be shared with an adult they trust.

Ask young people to suggest who someone could ask or where they could go for help either for themselves or for someone else they are worried about.

Explain that a young person concerned about FGM, whether it has already happened to them or someone they know, or it might happen in the future, can:

- Talk to a teacher or adult they trust at school or youth organisation
- Talk to an adult they trust at home (or outside the family)
- Talk to their GP
- Call ChildLine 0800 1111 or visit www.childline.org.uk
- The NSPCC also have an FGM helpline, call free on 0800 028 3550 or email fgmhelp@nspcc.org.uk
- Police: non-urgent calls call 101 or if in immediate danger, call 999

Airport staff are likely to have received training on warning signs of girls at risk of FGM and will have safeguarding procedures in place.

If a young person thinks they are being taken abroad for FGM they should alert a member of staff, or call the police.

When talking about FGM, it is good practice for professionals to:

- Ensure a female professional is available if the girl prefers.
- Make no assumptions.
- Be sensitive to the fact that the girl may still be loyal to her family.
- Be non-judgemental and stick to facts (e.g. the legal position & health implications).
- Gain accurate information and keep accurate records.
- Use simple, non-loaded and value neutral terminology.
- Ask direct questions to avoid confusion.

If an interpreter is required, it would be preferable they have received training in relation to FGM, they must not be a family member or have any influence in the girl's community.

NFGMC Training Booklet

The training offer from the National FGM Centre aims to enhance the understanding and skills of all professionals to act appropriately and confidently to protect and support girls who are at risk or have been subjected to FGM, Breast Flattening (Ironing) and Child Abuse Linked to Faith or Belief (CALFB).

Virtual College - Female Genital Mutilation: Recognising and Preventing FGM

A free online safeguarding training course developed for the Home Office by Virtual College.



Support Organisations



The National FGM Centre

A partnership between Barnardo's and the Local Government Association (LGA) to improve FGM services.



NHS Choices

Free information on why and where FGM is carried out and the health risks involved.

NSPCC

NSPCC FGM Helpline

A national charity offering advice and free telephone support for children and adults with questions about FGM.



28 Too Many

An international charity working to end FGM through research and local initiatives.



Foundation for Women's Health Research and Development (FORWARD)

A leading African diaspora women's campaign and support organisation tackling discriminatory practices against girls and women.

How to report

If you suspect a person of carrying out FGM, or think someone you know has been a victim, or may be soon, there are various ways you can report it to Staffordshire Police.

999 alert

Is someone in immediate danger? Is a crime taking place or has one just happened? If so, call 999 now and ask for the police.

Report online

If you'd like to report online, you can use the [online crime reporting service](#) which is secure and confidential.

Call 101

If you'd like to talk to someone, the national non-emergency telephone number is staffed 24/7. Call 101 and report what happened or just get some advice.

Visit a police station

If you'd like to speak to someone in person, Staffordshire Police can provide a safe and comfortable environment at any of our police stations.

If a referral to Children's Social Care is required, please contact:

Staffordshire:

Staffordshire Children's Advice Service - 0300 111 8007

Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm

Out of Hours - 0345 604 2886 / 07815 492613

Stoke:

CHAD - 01782 235 100

Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm

Out of Hours - 01782 234 234

Further Reading:



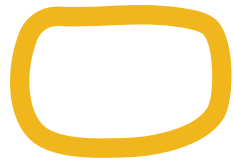
[Home Office: FGM - the facts leaflet](#)



[NFGMC Question guide for professionals](#)
[Exploring culture, faith and belief within an assessment](#)



[NHS Digital Female Genital Mutilation \(FGM\).
Enhanced Dataset - 2021 Q4 - Report](#)



[Gov.uk Female genital mutilation \(FGM\):
migrant health guide](#)



['Do No Harm': Experiences and Impacts of FGM
Safeguarding, Bristol Study](#)



[The FGM Sister Study](#)



PSHE
Education
STOKE-ON-TRENT
STAFFORDSHIRE

SASCAL
STRONGER TOGETHER

Ellie Chesterton
PSHE Coordinator
Stoke on Trent
echesterton@horizonoat.co.uk

SCVYS
STAFFORDSHIRE COUNCIL OF VOLUNTARY YOUTH SERVICES

Natalie McGrath
PSHE Coordinator
Staffordshire
natalie@staffscvys.org.uk

www.pshestaffs.com