FGM, Virginity Testing and Hymenoplasty

and PSHE Education

Professionals' Pack

2026

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Introduction

This pack is designed to support education providers in delivering high-quality PSHE education on this topic by identifying clear curriculum links within the PSHE Association's Spiral Curriculum and the Department for Education's 2025 RSHE statutory guidance.

It also aims to strengthen staff knowledge, confidence and competence so they can facilitate safe, accurate and age/stage-appropriate learning within their own setting.

The 2025 DfE RSHE statutory guidance emphasises that:

- Pupils should be supported to apply their knowledge in real-life contexts, developing the ability to make informed, safe and responsible decisions when navigating risks, challenges and complex situations.
- Schools must retain flexibility to respond to local needs, including public health priorities and community-specific issues, ensuring the curriculum remains relevant and responsive.
- Sensitive topics should be addressed with clarity, accuracy and care, ensuring pupils receive information that is factual, age-appropriate and grounded in safeguarding principles.
- Children and young people need explicit teaching on how to recognise, assess and manage risks, make safer choices, and identify when pressure from others may compromise their personal safety or wellbeing.

7 Guiding Principles

The 2025 Relationships Education, Relationship and Sex Education (RSE) and Health Education (RSHE) statutory guidance includes an overarching set of guiding principles that education settings are asked to keep in mind when developing their curriculum.

Engagement with Pupils

Pupils should help shape the RSHE curriculum so it feels relevant to their lives. Their input keeps lessons engaging, grounded and meaningful.

Engagement and transparency with parents

Parents and carers should know exactly what is being taught and have access to all RSHE materials. They must be clearly informed about sex-education content and their right to withdraw their child.

Positivity

Teaching should build positive attitudes, healthy norms and strong relationship skills. Avoid language that normalises harmful behaviour or reinforces damaging stereotypes.

Careful Sequencing

Content should be taught in a logical order that supports pupils before challenges arise. Early, well-timed learning helps prevent harm and builds confidence.

Relevant and Responsive

The curriculum must be age-appropriate, accessible and tailored to local needs. Schools should work with local partners to address specific issues in their community.

Skilled delivery of participative education

RSHE should be led by confident, knowledgeable staff or vetted external experts. Teaching must feel safe, interactive and supportive, with staff trained to handle disclosures.

Whole school approach

RSHE works best when it aligns with the school's wider culture and policies. A consistent approach across behaviour, safeguarding and wellbeing strengthens its impact.

For more information about Supporting the DfE's Guiding Principles for RSHE, you can access our Best Practice guidance here.

Local Quality Framework

We believe that for PSHE education to be effective it must:

- Be delivered in a safe learning environment based on the principles that prejudice, discrimination and bullying are harmful and unacceptable.
- Have clear learning objectives and outcomes and ensure sessions and programmes are well planned, resourced and appropriately underpinned by solid research and evidence.
- Be relevant, accurate and factual, including using the correct terminology.
- Be positively inclusive in terms of:
  - Age
  - Gender Reassignment
  - Race
  - Sex
  - Disability
  - Pregnancy and Maternity
  - Religion or Belief
  - Sexual Orientation
- Designed to include the development of knowledge, skills and values to support positive life choices.
- Use positive messaging that does not cause shame or victim-blaming.
- Challenge attitudes and values within society, such as perceived social norms and those portrayed in the media.
- Be reflective of the age and stage of the children and young people and tailored to the environment and group.
- Utilise active skill-based learning techniques to encourage active participation.
- Ensure that children and young people are aware of their rights, including their right to access confidential advice and support services within the boundaries of safeguarding.
- Be delivered by trained, confident and competent professionals.
- Empower and involve children and young people as participants, advocates and evaluators in the development of PSHE education.

For more information about Quality Assurance, you can access our Best Practice guidance here.

Safe Learning Environments

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.

1: Ground Rules

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

2: Collaborate with your DSL

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

3: Staff Confidence

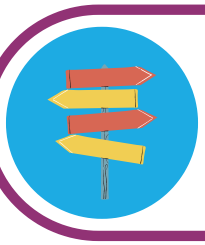
Check staff confidence before teaching. Use resources such as these packs to increase topic confidence and competence.

4: Learning Techniques

Utilise Interactive and participatory learning. Use distancing techniques such as scenarios and stories to help participants engage with the topic.

5: Difficult Questions

Acknowledge the question, then either take a moment to consider an appropriate response in line with your setting's policy.



6: Signposting

Include information about where to go (both within the setting and outside, local and national), for further information, help and support in every lesson.

For more information about Creating a Safe Learning Environment, you can access our Best Practice guidance here.

Best Practice Principles

Avoid using scare/fear or guilt tactics

It is a common misconception that shocking or scary images will stop young people from taking risks, but this isn't true. Although children and young people may say they prefer "hard-hitting" content, in a safe setting like a classroom these images can feel exciting - similar to watching a horror film - which actually blocks learning. For those with lived experience, such content can re-traumatise them or feel too close to home, causing them to shut down rather than engage.

Shocking scenarios can also make children and young people think "that would never happen to me," rather than helping them see how risks relate to their own lives.

Because the adolescent brain is still developing, young people often react "in the moment" and rely on emotion rather than logic. The part of the brain responsible for reasoning - the prefrontal cortex - develops last, which affects how they interpret messages and make decisions. This is why shock tactics are ineffective and potentially harmful.

You can find out more about the teenage brain here.

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

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing, or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate, not entertain. Just because young people might watch scary films in their own time does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies, and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Best Practice Principles

Knowledge, Skills and Values

PSHE education prepares children and young people for real-life "crunch moments" when they need to make quick, safe decisions - like resisting a risky dare or handling peer pressure. In these situations, children and young people need more than factual knowledge (such as what is legal or illegal). They also need the skills to negotiate with peers, manage pressure, walk away from unsafe situations, and seek help. Alongside this, they need the values and confidence to act on what they know is right.

Knowledge alone doesn't always prevent risky behaviour; many children and young people know something is wrong but still go along with it because they lack the skills or self-belief to respond safely. This is why PSHE lessons must balance knowledge, skills, and values, and be designed with a clear purpose that helps children and young people reflect and apply their learning in real situations.

These can be defined as:

Learning new information about a topic.

Developing the abilities needed to apply that learning.

Thinking about your own beliefs and attitudes, and how these might change in response to the topic.

Being Trauma-Informed

It's essential to recognise that educative interventions can carry risks if they aren't delivered with care. When PSHE lessons are used with children or young people who have direct experience of the issue being explored, the content can unintentionally re-traumatise them. It can also lead to vicarious trauma, where a child or young person experiences distress or trauma-like feelings after hearing about or engaging with someone else's harmful or traumatic experiences. This is why sensitive planning, safe delivery, and appropriate support structures are crucial when teaching safeguarding-related topics. (Eaton, 2017).

The National Youth Agency provides a free e-learning course to help professionals gain a greater understanding of trauma and how it affects mental and emotional wellbeing. The module provides tools and reflection space for professionals to enable them to better support young people in this area.

You can access the course here - you will need to create a Youth Work One account to be able to access the course.

- Avoid resources with graphic content, victim-blaming, or depictions of abuse.
- Avoid one-off sessions. Teach the topic within a planned, sequenced curriculum that builds safely on prior learning.
- Work with pastoral staff to identify children and young people who may be affected. Offer them the choice to opt out without explanation.
- Use materials only in class groups, not assemblies.
- Create a safe learning environment and give a clear trigger/content warning in advance.
- Allow time for discussion, debriefing, and signposting before moving on.
- Avoid questions that imply victims could have prevented abuse; this reinforces victim-blaming.
- Use distancing techniques - focus on characters or hypothetical peers rather than personal experiences of children and young people.
- Plan how children and young people can leave the room discreetly and explain this beforehand.
- Ensure parents/carers receive information about the scheme of work and access to the materials.
- End with a short, light-hearted "dissociation" activity to help children and young people emotionally step back from the topic.

Links to PSHE Curriculum

The tables below outline the learning opportunities linked to this topic from:

- The DfE Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance
- PSHE Association Programme of Study
- PSHE Association Planning Framework for SEND
- The NYA Youth Work Curriculum

Learning linked to body parts, body autonomy, consent, safe adults and help-seeking behaviours also helps to build the foundations to FGM teachings. The learning objectives identified are the “head-on” teaching relating to FGM.

PSHE Association

Key Stage 2

RS18.	That female genital mutilation (FGM) is against British law; what to do and who to tell if they think they or someone they know might be at risk

SEND - KS1-2

Changing and Growing	Encountering	• 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. • Identify someone we could safely go to for help if we are worried about FGM or unwanted touch, for ourselves or someone else.

Key Stage 3

HRB9	The facts, laws, risks and harms associated with female genital mutilation (FGM); strategies to safely access support for themselves or others who may be at risk, or who have already been subject to FGM

Key Stage 4

HRB17	The illegality, unacceptability and harms of so-called 'honour'-based abuse; the legal protections and reporting processes in place to support people at risk of forced marriage, FGM, virginity testing and hymenoplasty, and how to access help safely, report concerns, and protect themselves or others

Key Stage 5

HRB3	The illegality of forced marriage, and all forms of so-called 'honour' based violence; to get help (including from the police and specialist organisations) for themselves or others they believe to be at immediate or future risk
HRB4	How to access medical attention and emotional support for anyone previously affected by FGM, virginity testing or hymenoplasty

SEND - KS3-5

Personal Space and Unwanted Touch	Enrichment	• Explain that removing or injuring female genitalia (Female Genital Mutilation/ FGM) is wrong and illegal, even if adults
Personal Space and Unwanted Touch	Encountering	• Explain what we should say, do and who 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.

Statutory Guidance

BS13	The physical and emotional damage which can be caused by female genital mutilation (FGM), virginity testing and hymenoplasty, where to find support, and the law around these areas. This should include that it is a criminal offence for anyone to perform or assist in the performance of FGM, virginity testing or hymenoplasty, in the UK or abroad, or to fail to protect a person under 16 for whom they are responsible.

DEVELOPING SUBJECT KNOWLEDGE

FEMALE GENITAL MUTILATION, VIRGINITY TESTING AND HYMENOPLASTY

Key Messages: FGM

Female Genital Mutilation (FGM) refers to procedures that deliberately cut, remove, injure or alter female genital organs for non-medical reasons. It has no health benefits and can cause serious physical and psychological harm.

1: FGM is illegal in the UK

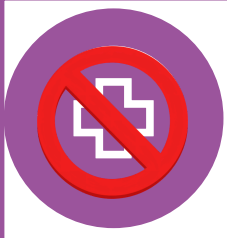
It is a criminal offence in the UK to perform FGM, arrange it, take a child abroad for FGM, or fail to protect a girl from risk of FGM

2: FGM is a form of child abuse and violence against women and girls

FGM is recognised as a safeguarding issue
Where a child is at risk, professionals must take action to protect her

3: FGM is usually carried out on children

It most commonly takes place between infancy and age 15, although it can occur at other stages of life



4: There are no medical benefits

FGM can cause severe pain, infection, bleeding, childbirth complications, long-term sexual health problems, and mental health difficulties

5: FGM is not required by any religion

FGM can cause severe pain, infection, bleeding, childbirth complications, long-term sexual health problems, and mental health difficulties

6: Recognising risk factors

- Family history of FGM
- Discussions about a special ceremony or trip abroad
- Girls from communities where FGM is practised
- Older female relatives who have undergone FGM

7: Safeguarding responsibilities

In England and Wales, regulated professionals, e.g. health professionals, teachers, and social workers, have a mandatory duty to report known cases of FGM in girls under 18 to the police Professionals must act on any concerns relating to FGM

8: Support is available

- Survivors can access NHS specialist FGM services and support clinics
- Concerns can be reported through safeguarding procedures, social care, police or the NSPCC FGM Helpline (0800 028 3550)

Key Messages: Virginity Testing and Hymenoplasty

Virginity testing and hymenoplasty are forms of abuse against women and girls. They are often linked to harmful beliefs about honour, purity, and control over female sexuality.

1: Both are illegal in the UK

The Health and Care Act 2022 made it illegal to carry out, offer, aid, or abet virginity testing or hymenoplasty anywhere in the UK. It is also illegal for UK Nationals and residents to arrange these practices abroad

2: Virginity cannot be medically proven

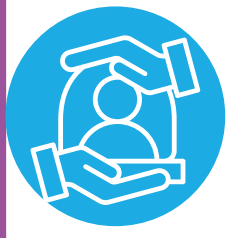
There is no scientific or medical test that can determine whether someone has had sexual intercourse

3: Hymenoplasty is a Procedure to reconstruct the hymen

It is often sought due to family, cultural, or societal pressures rather than a medical need

4: Can cause significant physical and emotional harms

Individuals may experience anxiety, shame, coercion, distress and trauma



5: May indicate wider safeguarding concerns

These can include honour-based abuse, coercive control, forced marriage, domestic abuse, and other forms of violence against women and girls

6: Forms of abuse against women and girls

They are associated with harmful beliefs about honour, purity, and control over female sexuality

7: Safeguarding responsibilities

Any concerns about virginity testing, hymenoplasty, or associated abuse should be addressed through appropriate safeguarding procedures

8: Support is available

Individuals at risk can seek help from healthcare professionals, safeguarding leads, support services, and the police.

PSHE & FGM, Virginity Testing and Hymenoplasty

PSHE helps prevent these practices by educating children and young people about their rights, healthy relationships, bodily autonomy, safeguarding and where to get help if they feel unsafe. These themes are often taught within topics such as Keeping Safe, Human Rights and Harmful Practices.

How PSHE Helps

1: Raises awareness of harmful practices

Children and young people learn what FGM, virginity testing and hymenoplasty are, why they are harmful, and that they are illegal in the UK

2: Promotes children's rights

PSHE teaches that everyone has the right to be safe, to make choices about their own body and should not be forced into procedures or examinations

3: Encourages help-seeking

Children and young people learn how to recognise risks, identify Safe Adults, and report concerns to teachers, youth workers, safeguarding leads, social workers or the police

4: Develops confidence and resilience

Children and young people are encouraged to speak up if they feel pressured, threatened, or worried about themselves or a friend

5: Supports safeguarding

PSHE helps children and young people recognise warning signs and reinforces messages about staying safe from abuse and exploitation. FGM, virginity testing and hymenoplasty are recognised as a form of child abuse and violence against women and girls

Sequenced Learning

The Department for Education's 7 Guiding Principles for effective RSHE remind us that "content should be taught in a logical order that supports pupils before challenges arise. Early, well-timed learning helps prevent harm and builds confidence."

The example spiral curriculum below shows how learning can build progressively from Key Stage 1(5-7 years) through to Key Stage 5 (16-18 years), with explicit teaching about FGM, virginity testing and hymenoplasty introduced only when age and stage appropriate, but sitting on key foundational learning.

Key Stage 1 (5-7 years)	Key Stage 2 (7-11 years)	Key Stage 3 (11-14 years)	Key Stage 4 (14-16 years)	Key Stage 5 (16-18 years)
• Body parts and correct terminology • Personal boundaries • Safe and unsafe touch • Feelings and emotions • Safe Adults and Getting Help • Rights and Respect	• Body ownership • Human rights • Consent • Respecting differences • Puberty • Safe Relationships • Safe Adults • Managing Pressure	• Bodily autonomy • Gender equality • Healthy and unhealthy relationships • Coercion and control • Human rights • Safeguarding • Respectful relationships	• Power and control • Coercive behaviours • Equality • Human rights • Sexual consent • Healthy relationships • Community influences • Media literacy	• Human rights • Equality and social justice • Consent and autonomy • Healthy intimate relationships • Cultural influences • Challenging harmful narratives • Advocacy and allyship
	• FGM is harmful • FGM is illegal in the UK • Children should tell a Safe Adult if they are worried about themselves or someone else	• FGM • Introduction to honour-based abuse • Hymenoplasty • Forced Marriage • Legal Protections available	• FGM as violence against women and girls (VAWG) • Virginity testing and hymenoplasty • Forced marriage • UK law and safeguarding protections	Deeper exploration of: • FGM • Virginity testing • Hymenoplasty • Honour-based abuse • Forced marriage • VAWG • Safeguarding and reporting pathways

Our website, www.pshestaffs.com, includes a free Resource Library that education providers can register to access. It contains quality-assured resources sourced from the public domain or created locally.

Pages linked to this topic include:
Primary
FGM, Virginity Testing and Hymenoplasty
Linked Topics
Abuse and Violence
Body Parts
Consent
Safe Adults and Getting Help
The Law

Definitions

FGM

Female Genital Mutilation (FGM) refers to any procedure that deliberately alters, injures or removes part of all of the external female genitalia for non-medical reasons.

FGM has no health benefits and can cause significant physical, emotional and psychological harm. It is recognised as a form of child abuse and violence against women and girls. FGM is illegal in the UK

VIRGINITY TESTING

Virginity testing is the practice of examining a person's genitalia, usually the hymen, in an attempt to determine whether they have had sexual intercourse.

There is no medical or scientific evidence for virginity testing. It is impossible to determine whether someone has had sexual intercourse through a physical examination.

Virginity testing is often linked to harmful beliefs about honour, purity, family reputation and control of girls' and women's bodies. It can cause significant emotional distress, shame, anxiety and trauma.

Virginity testing is illegal in the UK.

HYMENOPLASTY

Hymenoplasty (sometimes referred to as hymen repair or hymen reconstruction surgery) is a procedure intended to reconstruct or alter the hymen.

People may feel pressured to undergo hymenoplasty because of expectations relating to virginity, family honour, marriage, culture or community beliefs rather than any medical reason.

The procedure reinforces harmful myths about virginity and can be associated with coercion, pressure and abuse.

Hymenoplasty is illegal in the UK.

HONOUR-BASED ABUSE

Honour-based abuse refers to incidents or crimes committed to protect or defend the perceived honour or reputation of a family, community or individual.

It can affect children, young people and adults and may include:

- FGM
- Virginity testing
- Hymenoplasty
- Forced marriage
- Domestic abuse
- Emotional abuse
- Coercion and control
- Physical violence

The safety and wellbeing of the child or young people must always be the primary consideration. Concerns should be dealt with through safeguarding procedures, not as matters of culture, tradition or religion.

BODILY AUTONOMY

Bodily autonomy means having the right to make decisions about your own body without pressure, coercion or harm from others.

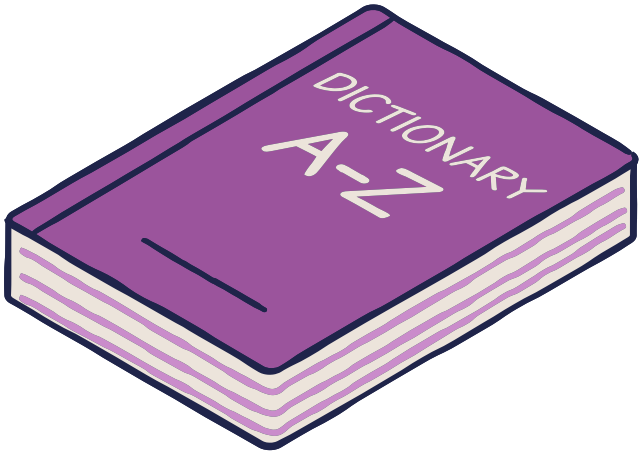
Teaching bodily autonomy through PSHE helps children and young people understand:

- Their body belongs to them
- They have a right to be safe
- They can say no to unwanted touch
- Harmful practices are never their fault
- They can seek help from Safe Adults

WHEN DISCUSSING FGM, VIRGINITY TESTING AND HYMENOPLASTY, STAFF SHOULD USE FACTUAL, ACCURATE AND NON-JUDGEMENTAL LANGUAGE. THE FOCUS SHOULD ALWAYS BE ON SAFEGUARDING, HUMAN RIGHTS, BODILY AUTONOMY, WELLBEING AND ACCESSING SUPPORT RATHER THAN ON CULTURAL STEREOTYPES OR ASSUMPTIONS.

Importance of Language

Terms to know and use
• **Vulva** • **Vagina** • **Clitoris** • **Labia** • **Hymen** • 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 of the female genitalia.

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

When talking about women's external genitals, 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 children and young people must know the anatomically correct names, particularly if they need to seek medical support later in life. This is now reinforced in the statutory RSHE Guidance by the DfE.

Other names for FGM

Some common names for FGM include:

- Female circumcision
- Cutting
- Sunna
- Gudniin
- Halalays
- Tahr
- Megrez
- Khitan

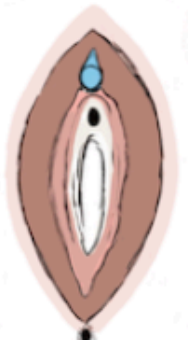
Top Tip

PRACTICE SAYING THE WORDS OF BODY PARTS IN FRONT OF A MIRROR UNTIL YOU FEEL CONFIDENT.

The National FGM Centre has a list of traditional terms that professionals may find helpful.

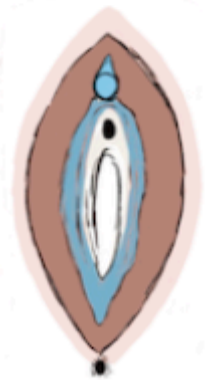
Types of FGM

Children and young people do not generally need to be taught the four medical classifications of FGM. The priority for children and young people is understanding that FGM is a harmful and illegal practice, recognising risk, knowing their rights, and knowing how to access support. The classification system is included here to support professional knowledge and safeguarding competence.



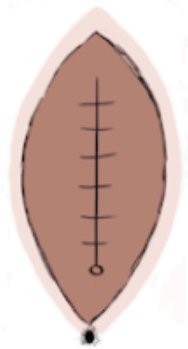
Type I – Clitoridectomy

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).



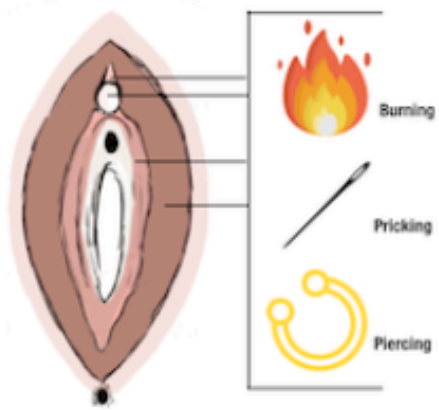
Type II – Excision

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).



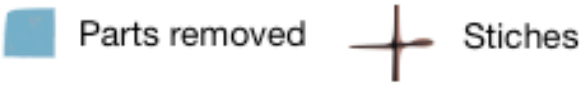
Type III – Infibulation

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.



Impacts of FGM

FGM can have serious and lifelong consequences for a person's physical, emotional and psychological wellbeing. The risks vary depending on the type of FGM performed, the age of the individual, the conditions in which it takes place, and whether complications occur during or after the procedure.

Possible Immediate Health Impacts:

In the short term, FGM can lead to severe physical and emotional trauma, including:

- Severe pain and distress
- Shock, including both physical and psychological shock
- Excessive bleeding (haemorrhage)
- Infection, including tetanus and blood-borne viruses
- Difficulties passing urine or urinary retention
- Injury to surrounding genital tissue and other organs
- Physical injuries resulting from restraint during the procedure, including fractures or joint injuries
- In some cases, death

Possible Long-Term Health Impacts:

FGM can result in significant ongoing health difficulties that may affect individuals throughout their lives, including:

- Chronic pain
- Recurrent urinary tract infections
- Ongoing vaginal and pelvic infections
- Menstrual difficulties
- Cysts, abscesses and scar tissue formation
- Sexual difficulties, including pain during sexual activity
- Reduced sexual functioning and enjoyment
- Fertility and reproductive health complications, including infertility
- Increased risks during pregnancy and childbirth for both mother and baby
- Kidney and urinary complications
- Increased vulnerability to some infections
- In severe cases, death resulting from complications

Psychological and Emotional Impact:

Alongside the physical consequences, FGM can have profound and lasting effects on mental health and emotional wellbeing. Some survivors report experiencing:

- Post-traumatic stress disorder (PTSD)
- Flashbacks and intrusive memories
- Anxiety and panic
- Depression and low mood
- Difficulties with trust and relationships
- Feelings of shame, anger, betrayal, grief or loss
- Reduced self-esteem and confidence

It is important to recognise that experiences vary. Some individuals may openly discuss the impact of FGM, while others may not disclose their experiences or may not initially associate ongoing physical or emotional difficulties with the procedure.

CHILDREN AND YOUNG PEOPLE DO NOT NEED DETAILED DESCRIPTIONS OF THE HEALTH CONSEQUENCES OF FGM. THE FOCUS OF PSHE EDUCATION SHOULD REMAIN ON SAFEGUARDING, BODILY AUTONOMY, RECOGNISING ABUSE, UNDERSTANDING THAT FGM IS HARMFUL AND ILLEGAL, AND KNOWING HOW TO ACCESS HELP AND SUPPORT. MORE DETAILED INFORMATION IS INCLUDED HERE TO SUPPORT PROFESSIONAL KNOWLEDGE, CONFIDENCE AND COMPETENCE.

Impacts of Virginity Testing and Hymenoplasty

Virginity testing and hymenoplasty are recognised as harmful practices and forms of violence against women and girls. While they do not typically result in the extensive physical injuries associated with FGM, both can have significant emotional, psychological and physical consequences

Psychological and Emotional Impact:
Individuals subjected to virginity testing or pressure to undergo hymenoplasty may experience:

- Anxiety and fear
- Shame and humiliation
- Emotional distress
- Low self-esteem
- Depression and low mood
- Feelings of coercion and loss of control
- Trauma and post-traumatic stress responses
- Fear of family or community repercussions
- Difficulties trusting others and forming healthy relationships

These impacts may be intensified where there are concerns relating to honour-based abuse. Forced marriage, family pressure or coercive control.

Physical Impact of Virginity Testing:
Virginity testing has no medical or scientific basis and does not provide any reliable evidence about a person's sexual history. The examination itself can be invasive, painful, degrading and distressing. It may cause:

- Physical discomfort or pain
- Re-traumatisation for individuals with previous experience of abuse
- Emotional and psychological harm
- Embarrassment and humiliation

Physical Impact of Hymenoplasty:
As a surgical procedure, hymenoplasty carries the same risks associated with surgery, including:

- Pain and discomfort
- Bleeding
- Infection
- Scarring
- Complications during recovery
- Emotional distress associated with pressure to undergo the procedure

In many cases, the greatest harm arises not from the procedure itself but from the coercion, social pressure and abuse that may have led to it being sought

UNLIKE FGM, VIRGINITY TESTING AND HYMENOPLASTY DO NOT TYPICALLY CAUSE EXTENSIVE REPRODUCTIVE DAMAGE, INFERTILITY, CHILDBIRTH COMPLICATIONS OR THE SEVERE LIFELONG PHYSICAL HEALTH CONSEQUENCES ASSOCIATED WITH FGM.
HOWEVER, ALL THREE PRACTICES ARE HARMFUL, ILLEGAL IN THE UK, LINKED TO WIDER SAFEGUARDING CONCERNS, AND CAN HAVE SIGNIFICANT AND LASTING PSYCHOLOGICAL IMPACTS ON THOSE AFFECTED.

Recognising Risks

It is important to remember that no single sign confirms that a child or young person is at risk. Professionals should consider the whole context and respond in line with their organisation's safeguarding procedures.

Signs a Child or Young Person May Be at Risk of FGM

Family and Community Indicators

- A mother, sister or other female relative has undergone FGM
- Family members believe FGM is an important cultural, social or religious practice
- Parents/Carers express support for FGM or minimise its harms
- Strong influence from older family or community members who support FGM
- The child or young person comes from a community where FGM is known to be practised

Behavioural Indicators

- The child talks about a special ceremony, celebration or becoming a woman
- The child mentions an upcoming trip abroad that they seem anxious or secretive about
- The child expresses fear about an upcoming family visit or holiday
- The child asks for help, advice or information about FGM
- The child talks to a friend or sibling who has experienced FGM

Travel Indicators

- A planned extended trip abroad, particularly during school holidays
- Family members being vague about travel plans
- Sudden overseas travel to countries where FGM is more prevalent
- A child missing education immediately before or after overseas travel

Signs a Child or Young Person May Be at Risk of Virginity Testing

Virginity testing is often linked to wider concerns around honour-based abuse, control, shame and family reputation.

Family and Relationship Indicators

- Family members place significant emphasis on virginity, purity or family honour
- The young person reports pressure to remain “pure” before marriage
- Concerns are raised about an arranged or forced marriage
- Family members closely monitor friendships, relationships or social activities
- The young person experiences significant restrictions compared to siblings, particularly male siblings

Behavioural Indicators

- The young person appears fearful of family reactions to friendships or relationships
- They disclose concerns about being "checked", examined or tested
- They report being threatened, shamed or pressured regarding their sexual behaviour
- Sudden anxiety linked to marriage discussions or family events
- They seek help regarding family pressure or honour-related expectations

Signs a Child or Young Person May Be at Risk of Hymenoplasty

Hymenoplasty often occurs because of coercion, family pressure or fears relating to marriage, honour or social expectations rather than medical need.

Family and Community Indicators

- Family members express concerns about preserving virginity before marriage
- Discussion of restoring family honour or avoiding shame
- Pressure to prove virginity before a marriage or engagement
- Concerns relating to forced marriage or honour-based abuse

Behavioural Indicators

- The young person expresses fear about marriage, engagement or family expectations
- They mention being encouraged or forced to have a medical procedure before marriage
- They disclose concerns about disappointing their family or community
- They seek advice about virginity, the hymen or procedures to "restore" virginity
- They appear anxious, withdrawn or distressed when discussing relationships or marriage

Shared Risk Factors Across All 3 Practices

The following may indicate risk of FGM, virginity testing, hymenoplasty or other forms of honour-based abuse:

- Family emphasis on honour, reputation or shame
- Controlling or coercive family relationships
- Threats linked to relationships, sexuality or marriage
- Forced marriage concerns
- Restrictions on social activities, friendships or education
- Fear of bringing shame on the family
- Pressure from extended family members or community networks
- Disclosures from siblings, friends or peers
- Previous safeguarding concerns relating to honour-based abuse

FGM, VIRGINITY TESTING AND HYMENOPLASTY SHOULD ALL BE VIEWED PRIMARILY AS SAFEGUARDING ISSUES.

ANY CONCERNS THAT A CHILD OR YOUNG PERSON MAY BE AT RISK SHOULD BE DISCUSSED IMMEDIATELY WITH THE DESIGNATED SAFEGUARDING LEAD (DSL) AND MANAGED IN ACCORDANCE WITH LOCAL SAFEGUARDING PROCEDURES.

FOR KNOWN CASES OF FGM IN GIRLS UNDER 18, REGULATED PROFESSIONALS IN ENGLAND AND WALES HAVE A MANDATORY DUTY TO REPORT TO THE POLICE.

Signs of Abuse

It is important to remember that these signs do not prove that a child or young person has experienced FGM, virginity testing or hymenoplasty. However, they may indicate a need for further safeguarding consideration and should be explored in line with organisational safeguarding procedures.

Signs FGM May Have Occurred

Physical Signs

- Difficulty walking, sitting or standing comfortably
- Frequent or prolonged visits to the toilet
- Difficulties passing urine or recurrent urinary tract infections (UTIs)
- Complaints of pain in the genital areas
- Ongoing abdominal, pelvic or menstrual pain
- Recurrent infections or unexplained health problems

Behavioural Signs

- A prolonged or unexplained absence from education, youth provision or activities, particularly following a trip abroad
- Sudden change in behaviour, confidence or engagement
- Becoming withdrawn, anxious or distressed
- Reluctance to take part in physical activities, PE or sports
- Comments such as “something happened to me”, “I had a ceremony”, or references to being “cut”

Emotional Wellbeing Indicators

- Anxiety
- Depression or low mood
- Trauma responses
- Flashbacks
- Difficulty trusting others
- Fear of discussing family-related issues

Signs Someone May Have Been Subjected to Virginity Testing

Physical Signs

Virginity testing does not usually leave obvious physical signs, but a young person may report:

- Experiencing an intimate examination against their wishes
- Pain, discomfort or distress following an examination
- Fear of future examinations

Behavioural Signs

- Disclosure of being examined to “check” whether they are a virgin
- Anxiety about marriage, engagement, or family expectations
- Increased secrecy, withdrawal or emotional distress
- Fear of family members discovering information about friendships or relationships

- Shame or humiliation
- Low self-esteem
- Anxiety or panic
- Depression
- Trauma responses
- Fear of disappointing family members or bringing shame on the family

Signs Someone May Have Been Undergone Hymenoplasty

Physical Signs

As hymenoplasty is a surgical procedure, a young person may experience:

- Pain or discomfort after a medical procedure
- Difficulties sitting comfortably
- Bleeding or signs of recovery following surgery
- Reluctance to discuss a recent medical appointment or procedure

Behavioural Signs

- Disclosure that they have had surgery to “restore” their virginity
- Anxiety linked to marriage or engagement
- Expressions of fear regarding family expectations
- References to pressure from family, community or prospective partners

Emotional Wellbeing Indicators

- Distress about honour, shame or reputation
- Feelings of coercion or lack of choice
- Anxiety and depression
- Low confidence and self-worth
- Trauma arising from family or community pressure

Shared Signs Across All 3 Practices

A child or young person who has experienced FGM, virginity testing or hymenoplasty may:

- Become withdrawn, anxious or unusually quiet
- Show a sudden change in behaviour or emotional wellbeing
- Express fear about family reactions or expectations
- Disclose concerns about honour, shame or reputation
- Demonstrate signs of trauma
- Avoid discussions about relationships, puberty, bodies or family
- Seek support from a Safe Adult regarding issues at home

MANY CHILDREN AND YOUNG PEOPLE WHO HAVE EXPERIENCED FGM, VIRGINITY TESTING OR HYMENOPLASTY MAY SHOW NO OBVIOUS SIGNS.

A DIRECT DISCLOSURE, INFORMATION FROM A PEER, CHANGES IN BEHAVIOUR, OR CONCERNS ARISING FROM WIDER HONOUR-BASED ABUSE INDICATORS MAY BE THE FIRST INDICATION THAT SUPPORT OR SAFEGUARDING INTERVENTION IS NEEDED. ANY CONCERN SHOULD BE SHARED PROMPTLY WITH THE DSL AND MANAGED IN ACCORDANCE WITH LOCAL SAFEGUARDING PROCEDURES

The Law

Female Genital Mutilation (FGM), virginity testing and hymenoplasty are all illegal in the UK.

They are recognised as harmful practices and can be associated with abuse, coercion, control and wider safeguarding concerns. Education staff and youth workers are not expected to be legal experts, but they should have a basic understanding of the law and know how to respond to concerns appropriately

FGM

The **Female Genital Mutilation Act 2003**, strengthened by the **Serious Crime Act 2015**, makes it illegal to:

- Perform FGM in the UK
- Assist or arrange for FGM to take place
- Take a child abroad for the purpose of FGM
- Help someone carry out FGM outside the UK on a UK national or resident
- Fail to protect a girl under 16 from the risk of FGM where responsibility for that child exists

Mandatory Reporting Duty

Teachers, regulated healthcare professionals and social care professionals in England and Wales have a legal duty to report known cases of FGM in girls under 18 directly to the police.

This duty applies when a professional:

- Is told by a girl under 18 that FGM has happened to her

or

- Observes physical signs indicating that FGM has been carried out

Where professionals have concerns or suspicions, but do not have a known case, they should follow their organisation's safeguarding procedures and inform their DSL.

Virginity Testing

Virginity testing has no scientific or medical basis and is recognised as a harmful practice and a form of violence against women and girls. **The Health and Care Act 2022** made it a criminal offence to:

- Carry out a virginity test.
- Offer or arrange a virginity test.
- Aid, encourage or facilitate a virginity test.
- Take someone abroad for the purpose of virginity testing.

Professionals should recognise that concerns about virginity testing may indicate wider safeguarding issues, including honour-based abuse, coercive control, forced marriage or domestic abuse.

Hymenoplasty

The Health and Care Act 2022 also made hymenoplasty illegal throughout the UK.

It is a criminal offence to:

- Carry out hymenoplasty
- Offer or advertise hymenoplasty services
- Assist, encourage or arrange hymenoplasty
- Facilitate access to hymenoplasty services in the UK or abroad in circumstances covered by the legislation

The legislation reflects the fact that hymenoplasty is often associated with harmful myths about virginity and may occur because of pressure from families, communities or prospective partners rather than genuine choice.

Honour-Based Abuse

FGM, virginity testing and hymenoplasty may all occur within a wider context of so-called honour-based abuse.

Honour-based abuse is a form of abuse committed to protect or defend the perceived honour, reputation or standing of a family, community or individual. It may also involve:

- Forced marriage.
- Emotional abuse.
- Physical abuse.
- Coercive control.
- Restrictions on a child's freedom, relationships or education

Penalties under UK Law

FGM

Under **the Female Genital Mutilation Act 2003**, as amended by **the Serious Crime Act 2015**, the maximum penalty for carrying out, aiding, abetting, counselling or procuring FGM is **up to 14 years' imprisonment, a fine, or both.**

The offence of failing to protect a girl under 16 from the risk of FGM carries a **maximum penalty of 7 years' imprisonment, a fine, or both**.

Courts can also issue **Female Genital Mutilation Protection Orders (FGMPOs)** to protect individuals at risk. Breaching an FGM Protection Order is a criminal offence and can result in **up to 5 years' imprisonment**.

Virginity Testing

The Health and Care Act 2022 made virginity testing illegal throughout the UK. It is an offence to carry out, offer, aid, abet or arrange a virginity test. Those convicted can face **up to 5 years' imprisonment, a fine, or both**.

Hymenoplasty

The Health and Care Act 2022 also made hymenoplasty illegal. It is an offence to carry out, offer, advertise, aid, abet or arrange hymenoplasty services. Conviction can result in **up to 5 years' imprisonment, a fine, or both.**

WHILE IT IS HELPFUL FOR PROFESSIONALS TO UNDERSTAND THE LEGAL CONSEQUENCES, PSHE EDUCATION SHOULD NOT FOCUS PRIMARILY ON PUNISHMENT.

THE EMPHASIS SHOULD REMAIN ON SAFEGUARDING, BODILY AUTONOMY, CHILDREN`S RIGHTS, RECOGNISING ABUSE, SEEKING HELP, AND UNDERSTANDING THAT THESE HARMFUL PRACTICES ARE ILLEGAL BECAUSE THEY CAN CAUSE SIGNIFICANT HARM.

Understanding Why Harmful Practices Persist

It can be difficult to understand why practices such as FGM, virginity testing and hymenoplasty continue despite the significant harm they can cause and the fact that they are illegal in the UK. For professionals, understanding the factors that may contribute to these practices can support sensitive, effective safeguarding conversations while maintaining a clear message that these practices are harmful and unacceptable.

Common Reasons Given for Harmful Practices

Some individuals, families or communities may view these practices as:

- An important cultural or family tradition
- A way of maintaining family honour or reputation
- A means of increasing social acceptance within a community
- A way of preparing a girl for marriage or improving marriage prospects
- A method of preserving perceived virginity, chastity or purity
- Something that is expected by family or community members
- A practice that has been carried over from previous generations
- A requirement of religion, even though no major religion requires FGM, virginity testing or hymenoplasty

The Role of Community and Family Pressures

In many cases, harmful practices are not driven by cruelty or malicious intent. Families may genuinely believe they are acting in a child's best interests because of strong cultural, social or community pressures. Some individuals may fear:

- Social exclusion or isolation
- Bringing shame on the family
- Criticism from extended family members
- Reduced marriage opportunities
- Losing their connection with their community or cultural identity

This can create significant pressure on both adults and young people, making it difficult for individuals to challenge harmful expectations.

Challenging Harmful Narratives

Harmful practices are often sustained by myths and misinformation, including beliefs that they:

- Protect girls and young women
- Promote cleanliness or purity
- Preserve family honour
- Improve marriage prospects
- Are medically beneficial
- Are required by faith or religion

These beliefs are not supported by medical evidence and do not override a child's right to safety, wellbeing and protection from harm

A Safeguarding Perspective

When discussing FGM, virginity testing or hymenoplasty, professionals should avoid making assumptions about families, cultures, faith groups or communities. Most people from communities where these practices have occurred do not support them, and many individuals and organisations work actively to prevent them.

The goal is not to judge cultures or communities, but to safeguard children and young people, challenge harmful narratives, and uphold human rights. Every child and young person has the right to bodily autonomy, safety and protection from abuse.

UNDERSTANDING WHY HARMFUL PRACTICES PERSIST CAN HELP PROFESSIONALS RESPOND WITH EMPATHY AND CULTURAL SENSITIVITY.

HOWEVER, UNDERSTANDING THE CONTEXT SHOULD NEVER LEAD TO MINIMISING THE RISK. FGM, VIRGINITY TESTING AND HYMENOPLASTY ARE HARMFUL PRACTICES, SAFEGUARDING CONCERNS AND CRIMINAL OFFENCES IN THE UK. ANY CONCERNS SHOULD BE ADDRESSED IN LINE WITH SAFEGUARDING PROCEDURES.

CHILDREN AND YOUNG PEOPLE IN STAFFORDSHIRE AND STOKE-ON-TRENT COULD BE AT RISK OF FGM, VIRGINITY TESTING AND HYMENOPLASTY

Prevalence and Local Context

Why is it Important to Teach About FGM, Virginity Testing and Hymenoplasty in PSHE?

Some professionals may assume that FGM, virginity testing and hymenoplasty are rare issues that are unlikely to affect children and young people in Staffordshire and Stoke-on-Trent. However, safeguarding is not based solely on the number of known cases. These harmful practices can be hidden, underreported and difficult to identify, meaning education plays an important role in prevention, awareness and help-seeking.

National Picture

FGM remains a significant global safeguarding and human rights issue.

- The World Health Organisation estimates that more than 230 million girls and women worldwide have undergone FGM
- NHS England recorded 6,980 women and girls who attended NHS services in England during 2024-25 where FGM was identified, accounting for 16,300 healthcare attendances
- Since national NHS data collection began in 2015, more than 41,000 women and girls have been identified through NHS services in England as having experienced FGM.
- FGM is recognised as a form of child abuse and violence against women and girls and remains a safeguarding priority nationally.

Reliable prevalence data for virginity testing and hymenoplasty in the UK is not available. These practices are often hidden and may only become known when individuals seek support, disclose abuse or come to the attention of safeguarding services. The introduction of specific legislation in 2022 reflects concerns that both practices continue to occur and can cause significant harm.

Local Context

Data suggests that known cases of FGM locally are relatively low. However, professionals should be cautious when interpreting these figures.

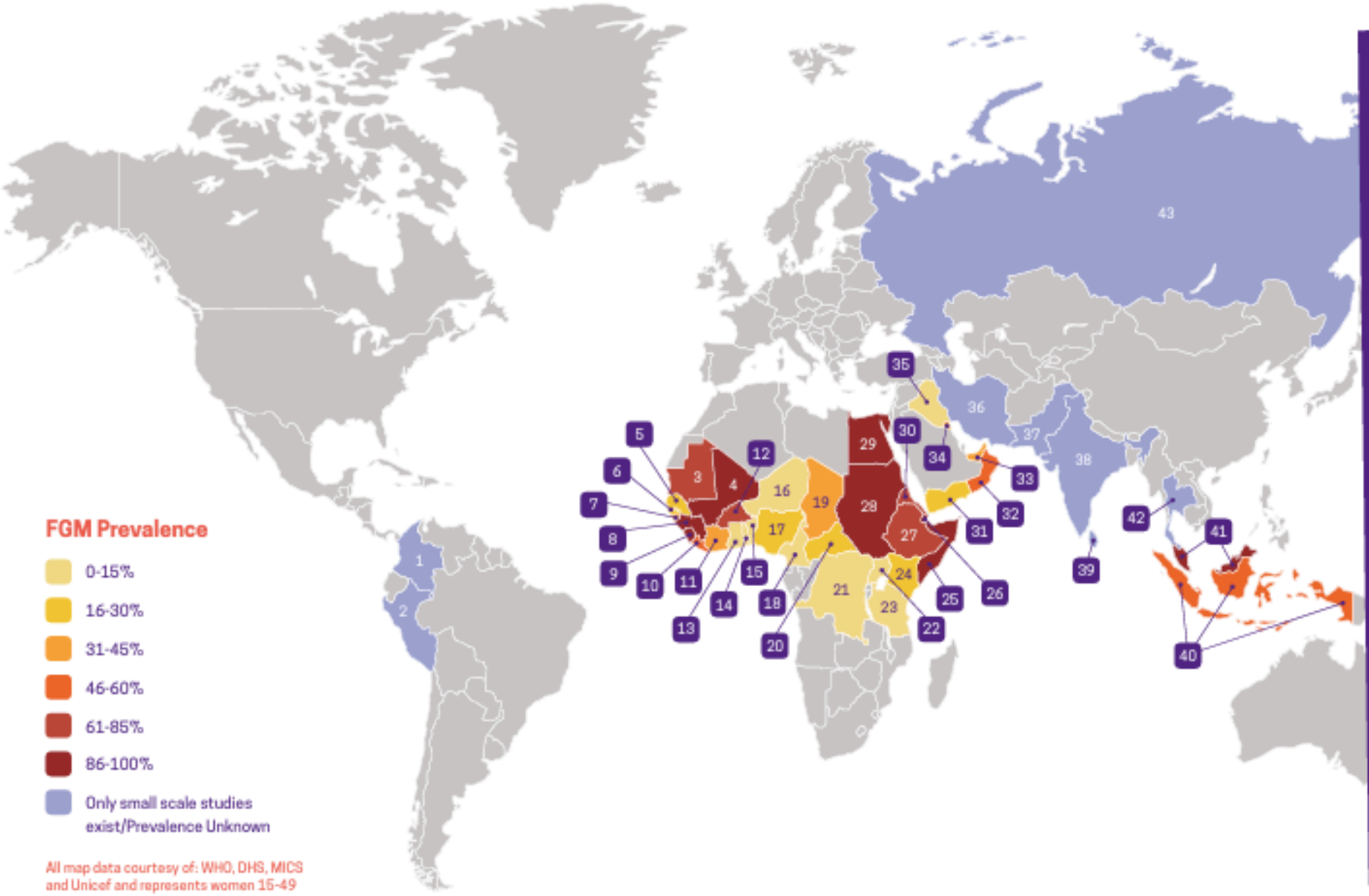
Previous local safeguarding reports found that in some years no criminal offences relating to FGM were formally recorded in Staffordshire or Stoke-on-Trent, although concerns continued to be raised and safeguarding interventions remained necessary. One recorded concern involved children believed to be at risk of being taken abroad for FGM, resulting in legal protective action being taken.

Why PSHE Matters

FGM, virginity testing and hymenoplasty may not be everyday safeguarding concerns in most settings, but they remain serious forms of abuse.

The role of PSHE is not to assume risk, but to ensure that every child and young person understands their rights, can recognise harmful practices, and knows how to access help if they ever need it. Early, preventative education is one of the most effective safeguarding tools available to schools, colleges and youth organisations.

GLOBAL FEMALE GENITAL MUTILATION (FGM) PREVALENCE MAP (TYPES 1-3)



FGM Prevalence

- 0-15%
- 16-30%
- 31-45%
- 46-60%
- 61-85%
- 86-100%
- Only small scale studies exist/Prevalence Unknown

All map data courtesy of: WHO, DHS, MICS and Unicef and represents women 15-49 years old, thanks to National FGM Centre.

COUNTRIES

1. COLOMBIA
2. PERU
3. MAURITANIA
4. MALI
5. SENEGAL
6. THE GAMBIA
7. GUINEA BISSAU
8. GUINEA
9. SIERRA LEONE
10. LIBERIA
11. COTE D'IVOIRE
12. BURKINA FASO
13. GHANA
14. TOGO
15. BENIN
16. NIGER
17. NIGERIA
18. CAMEROON
19. CHAD
20. CENTRAL AFRICAN REPUBLIC
21. DEMOCRATIC REPUBLIC OF THE CONGO
22. UGANDA
23. TANZANIA
24. KENYA
25. SOMALIA
26. DJIBOUTI
27. ETHIOPIA
28. SUDAN
29. EGYPT
30. ERITREA
31. YEMEN
32. OMAN
33. UNITED ARAB EMIRATES
34. KUWAIT
35. IRAQ
36. IRAN
37. PAKISTAN
38. INDIA
39. SRI LANKA
40. INDONESIA
41. MALAYSIA
42. THAILAND
43. RUSSIA

FORWARD

Dignity and change for African women and girls

Frequently Asked Questions

This section is designed to support professionals to respond to questions that may arise when delivering PSHE education on these topics.

WHY DO WE TEACH ABOUT FGM, VIRGINITY TESTING AND HYMENOPLASTY IN PSHE?

These topics are included because they are safeguarding issues, forms of abuse, and forms of violence against women and girls. PSHE education can help children and young people understand their rights, recognise harmful practices, seek support and know where to get help should concerns arise. They are also referenced within the PSHE Association Programme of Study and DfE RSHE statutory guidance.

ISN'T THIS TOPIC ONLY RELEVANT TO CERTAIN CULTURES OF COMMUNITIES?

No. While some harmful practices may be more prevalent in particular communities, safeguarding education should be available to all children and young people. Teaching about harmful practices helps develop understanding of rights, bodily autonomy, healthy relationships and access to support. Professionals should avoid making assumptions about individuals, families or communities.

IS FGM A RELIGIOUS PRACTICE?

No major religion requires or endorses FGM, virginity testing or hymenoplasty. Although some people may believe it is linked to their faith, FGM is a cultural practice rather than a religious requirement. It is illegal in this country for anyone to arrange or perform FGM, virginity testing or hymenoplasty; these laws are there to help protect people from these types of abuse.

WHAT SHOULD CHILDREN AND YOUNG PEOPLE KNOW ABOUT FGM?

Children and young people do not need detailed medical information. The key messages are that:

- FGM is harmful
- FGM is illegal in the UK
- FGM is a form of abuse
- Their body belongs to them
- Help is available if they are worried about themselves or someone else

DO I NEED TO TEACH THE 4 TYPES OF FGM?

Not usually. The 4 classifications are useful professional knowledge but are not essential for most PSHE lessons. The focus should be on safeguarding, rights, bodily autonomy and help-seeking. Detailed medical descriptions are unlikely to support the intended learning outcomes and are unlikely to be appropriate for many groups.

CAN VIRGINITY BE MEDICALLY TESTED?

No. There is no medical or scientific test that can determine whether a person has had sexual intercourse. Virginity testing has no scientific basis and is illegal in the UK.

WHAT IS THE HYMEN?

The hymen is a thin piece of tissue found at the entrance to the vagina. Hymens naturally vary in shape, size and appearance from person to person. Activities such as sport, tampon use, physical activity or natural development can affect the hymen, meaning it cannot be used as evidence of sexual activity.

WHY WOULD SOMEONE UNDERGO HYMENOPLASTY?

People may seek hymenoplasty because of pressure relating to family honour, community expectations, marriage, cultural beliefs or misconceptions about virginity. In many cases, wider safeguarding concerns such as coercion, control or honour-based abuse may be present.

WHY WOULD SOMEONE UNDERGO HYMENOPLASTY?

It is important to respond respectfully and without judgement. Acknowledge that people can have different beliefs and traditions while maintaining a clear safeguarding message:

"Some people may believe these practices are important, but in the UK they are recognised as harmful and illegal. Everyone has the right to be safe and protected from harm."

Avoid criticising cultures, religions or communities and focus on rights, wellbeing and safeguarding.

ARE BOYS AFFECTED BY HARMFUL PRACTICES TOO?

Yes. While FGM specifically affects girls and women, boys and young men can also experience harmful practices, coercion, forced marriage, honour-based abuse and other forms of safeguarding risk. PSHE should promote safety, rights and wellbeing for all children and young people.

WHAT IF A CHILD TELLS ME THEY ARE WORRIED ABOUT A FRIEND?

Take the concern seriously.

- Listen calmly
- Reassure them that they have done the right thing by speaking up
- Do not investigate yourself
- Follow your safeguarding procedures
- Inform the DSL as soon as possible.

WHAT IF A CHILD DISCLOSES THAT FGM HAS HAPPENED TO THEM?

- Stay calm.
- Listen carefully.
- Do not promise confidentiality.
- Record the information accurately.
- Inform the DSL immediately.
- Follow local safeguarding procedures.

Teachers and certain regulated professionals also have a mandatory duty to report known cases of FGM in girls under 18 directly to the police.

SHOULD I INFORM PARENTS/CARERS IF A CONCERN IS RAISED?

Not necessarily. Decisions about parental involvement should be made through safeguarding procedures and in consultation with the DSL. In some situations, informing family members could increase risk to the child or young person.

WHAT IF I DON'T KNOW THE ANSWER TO A QUESTION?

It is perfectly acceptable to say:

"That's an important question. I want to make sure I give you accurate information, so I will check and come back to you"

Providing accurate information is more important than responding immediate. Your local PSHE Coordinator can help with the answer. Contact details are on the back page.

COULD TEACHING ABOUT THESE TOPICS UPSET CHILDREN AND YOUNG PEOPLE?

Sensitive safeguarding topics have the potential to affect children and young people differently. This is why this topic should be delivered within a lesson and not an assembly. Lessons should be delivered within a safe learning environment using trauma-informed approaches, clear ground rules, appropriate signposting and support from safeguarding staff where required.

WHAT SHOULD I DO IF I THINK SOMEONE IS AT RISK FROM THESE PRACTICES?

If you are worried about yourself or someone else, you should speak to a Safe Adult such as a teacher, youth worker, parent, carer, school nurse or safeguarding lead. You can also contact Childline (0800 1111) or the NSPCC FGM Helpline (0800 028 3550) for support. If someone is in immediate danger, you should call 999

WHAT HAPPENS IF I TELL A TEACHER?

Teachers take safeguarding concerns seriously. They will listen to you, help keep you safe and share the information with the appropriate safeguarding staff if necessary. They cannot promise to keep concerns about someone's safety secret.

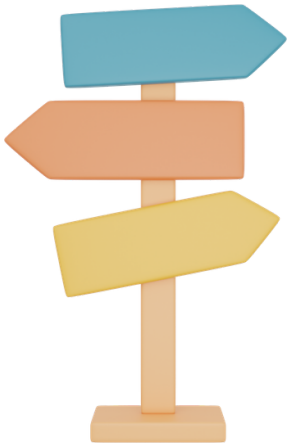
WHAT IF MY FAMILY EXPECTS ME TO DO SOMETHING I DON`T WANT TO DO?

Everyone has the right to be safe and make decisions about their own body. If you feel pressured, worried or unsafe, speak to a Safe Adult who can help you.

WHY DO THESE PRACTICES HAPPEN?

People may give different reasons for these practices, including tradition, community expectations, beliefs about growing up, marriage or family honour. However, they are all harmful, have no medical benefit, and are illegal in the UK. They are recognised as a form of abuse

Signposting



Signposting matters in PSHE because it ensures children and young people know where to get safe, appropriate help, reinforces safeguarding boundaries, and empowers young people to seek support confidently.

It normalises help-seeking, reduces stigma around sensitive issues, and strengthens the impact of lessons by linking learning to real sources of support.

As a service, we signpost children and young people to recognised national organisations and locally commissioned support services. It is essential that you are confident in the quality, safeguarding standards and governance of any organisation you direct children and young people towards, ensuring they receive safe, appropriate and reliable support. Our website also provides dedicated signposting pages for young people and for parents and carers, offering accessible information on where to seek help beyond the classroom.

For Children and Young People

Organisation	How to access:	What they offer:
School Nursing Service (Staffordshire)	Drop-in Clinics in Secondary Schools Text - 07520 615 721 Virtual Drop-In Sessions - Thursday 3.30-4.30pm	Provides advice and support for school-aged children
School Nursing Service (Stoke-on-Trent)	Drop-in Clinics in Secondary Schools Text - 07520 615 723	Provides advice and support for school-aged children
Childline	0800 11 11 www.childline.org.uk www.childline.org.uk (under 12s)	Free , confidential advice for children and young people
NSPCC FGM Helpline	0800 028 3550 (Mon-Fri 8am-8pm, Weekends 9am-6pm) fgm.help@NSPCC.org.uk	Provides free, confidential support to help keep children and young people safe from FGM

For Staff

Organisation	How to access:	What they offer:
National FGM Centre	www.nationalfgmcentre.org.uk	Hosted by Barnardos to achieve system change in provision of services for those affected by FGM. Provides research, resources and training.
NHS	www.nhs.uk/conditions/female-genital-mutilation-fgm/	Provides information from the NHS including local FGM Support Clinics
Home Office	www.gov.uk/government/publications/female-genital-mutilitation-resource-pack	A resource pack that provides guidance, case studies and support materials
Stoke-on-Trent Safeguarding Children Partnership	www.safeguardingchildren.stoke.gov.uk	Resources, advice and guidelines to support you to safeguard and promote the welfare of children in Stoke-on-Trent
Staffordshire Education Safeguarding	www.staffordshire.gov.uk/staffordshire-learning-net	Login required - please see headteacher for your settings password. 7 minute briefing on FGM
Virtual College	www.virtual-college.co.uk/free-course/recognising-and-preventing-fgm	Provides an introduction to FGM and the action professionals must take to protect girls who may be at risk.

Social Care

Contacts

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

Stoke-on-Trent

Integrated Front Door (CHAD): 01782 235100
(Monday–Thursday: 8:30am-5:00pm; Friday: 8:30am-4:30pm)

Emergency Duty Team (Out of Hours): 01782 234234
(Operates outside regular office hours, at weekends, and on bank holidays)

Email: chad.referrals@stoke.gov.uk

Staffordshire

Phone: 0300 111 8033
(Monday–Thursday: 8:30am-5:00pm; Friday: 8:30am-4:30pm)

Emergency Duty Team (Out of Hours): 0345 604 2886
(Available overnight, weekends, and Bank Holidays)

Before contacting the Integrated Front Door, professionals must consider Staffordshire's Right Help, Right Time resources.

Further Reading:

- Home Office: FGM - the facts leaflet
- National FGM Centre
- NHS Digital Female Genital Mutilation (FGM) Enhanced Dataset
- Gov.uk Female genital mutilation (FGM): migrant health guide
- 'Forward UK
- NHS Safeguarding

Training

- Virtual College

Professional Confidence Reflection Tool

Before delivering sessions on this topic, rate yourself 1 (not confident) to 5 (very confident). You can share these reflections with your PSHE Lead.

Staff Member: **Setting:**

Subject Knowledge

Statement	Rating
I can explain what Female Genital Mutilation (FGM)	
I can describe the physical and emotional harms associated with FGM	
I can explain what virginity testing is and why it is harmful	
I can describe what hymenoplasty is and why it is considered a safeguarding concern	
I can recognise the links between these practices and honour-based abuse	
I can explain the legal position regarding FGM, virginity testing and hymenoplasty	

Safeguarding Knowledge

Statement	Rating
I can identify potential indicators that a child may be at risk of FGM	
I can identify potential indicators of honour-based abuse	
I can explain my safeguarding responsibilities regarding these issues	
I know what to do if a child makes a disclosure	
I can describe the mandatory reporting duty relating to FGM	
I know when and how to involve the DSL	

PSHE Practice

Statement	Rating
I can explain why PSHE is important in preventing harmful practices	
I can confidently teach about body parts, body autonomy and personal safety	
I can facilitate discussions on sensitive topics safely	
I can use age/stage-appropriate language when teaching this topic	
I can respond appropriately to difficult or challenging questions	
I can create a safe learning environment for these lessons	

Signposting and Support

Statement	Rating
I know where children and young people can access support around this topic	
I know local safeguarding referral routes in Staffordshire and/or Stoke-on-Trent	
I know relevant national support organisations	
I feel confident signposting children and young people to appropriate services	

What aspects of this topic do I feel most confident teaching?

What areas do I still need to develop?

PSHE Education
STOKE-ON-TRENT
STAFFORDSHIRE

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