

DISCUSSING female genital mutilation (FGM) WITH PUPILS IN PRIMARY SCHOOLS

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Introduction

There are 66 000 girls under the age of 15 in England who are at risk of some form of Female Genital Mutilation (FGM). This is a serious safeguarding issue that can drastically affect a girl's health and wellbeing for the rest of her life. FGM is illegal in any form and is classified as child abuse. The following commitments were announced by David Cameron, UK Prime Minister, at the Girl Summit held in London on July 22nd 2014:

- a £1.4 million FGM Prevention Programme, launched in partnership with NHS England to help care for survivors and safeguard those at risk
- new police guidance from the College of Policing and an inspection programme by Her Majesty's Inspectorate of Constabulary (HMIC) that will look at how the police handle cases of FGM
- a consultation on proposals to introduce new civil orders designed to protect girls identified as being at risk of FGM
- new legislation that will mean parents can be prosecuted if they fail to prevent their daughter being cut
- new legislation to grant victims of FGM lifelong anonymity from the time an allegation is made
- a new specialist FGM service which will include social services, to proactively identify and respond to FGM; this will be supported by an ongoing package of work led by the Chief Social Worker Isabelle Trowler
- new programmes to prevent child and forced marriage in 12 developing countries
- an international charter calling for the eradication of these practices within a generation

It is essential that girls and young women are protected from this practice and are supported if they have undergone FGM. Schools play a vital role in this. Schools and educational professionals are ideally suited to not only raise awareness of the practice but also to safeguard and support girls and young women.

FGM is surrounded by myth and the historical context in which the practice is continued. This makes the issue cultural sensitive (especially for adults) so it is essential that the taboo is broken and that spaces are created for safe and open discussions. It is important that all young people increase their awareness about this human rights issue. Additionally it is essential that girls and young people (particularly from those communities where FGM occurs) are able to discuss the issue, know how to access support and learn how to keep themselves and their peers safe.

'Educational establishments should aim to create an 'open environment' where pupils feel comfortable to discuss the problems that they are facing – an environment where FGM can be discussed openly and support and counselling are provided routinely. Pupils need to know that they will be listened to and their concerns are taken seriously'.

Multi-agency guidelines on Female Genital Mutilation. Working together to Safeguard Children 2013

Resources and guidance for schools to use with secondary pupils have become available over the last few years. The issue of how to approach the topic of FGM with a younger

age group in primary schools was one we were determined to address, particularly as they are more vulnerable. The majority of cases of FGM are thought to take place between the ages of 5 and 8, therefore girls within that age bracket are at a higher risk.

This pack contains age appropriate sessions that can be delivered in primary schools.

FGM Awareness Training

It is important that every school understands safeguarding practice around the issue of FGM. Safeguarding is a statutory duty of all schools.

Governing bodies have a statutory duty to have a named governor responsible for Safeguarding. This person needs to be kept informed of work around FGM safeguarding and education in the school; they should ensure that the full governing body is aware of how the school is working to address the issue of FGM.

Governing bodies should ensure that the school designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post. The designated safeguarding lead should receive appropriate training carried out every two years.

*We strongly recommend that **all front line staff** receive FGM awareness and safeguarding training as part of their Child Protection training.*

Any teacher leading a session with young people should have received training prior to the session being delivered.

Contact your Local Children's Safeguarding Board (LCSB) to investigate where such training can be accessed in your area.

School Policies

CHILD PROTECTION POLICY

Every school has a statutory duty to have in place a Child Protection policy to safeguard all children and young people in their care.

It is recommended that the school Child Protection policy makes specific reference to FGM.

ATTENDANCE POLICY

It is recommended that the school attendance policy makes specific reference to FGM

An example of how relevant school policies and documentation can be adapted with reference to FGM is detailed below:

Policies and procedures

Have a robust and rigorous attendance policy:

- All absences from school need to be requested in writing to the headteacher and Governing Body.
- All families wishing to travel abroad and request leave from school will need to meet the headteacher.
- During this interview the headteacher will explain the legal responsibility for parents to ensure all children over 5 are in school. She will then explain that her priority is for the safeguarding of the child in question and that this will obviously also be of concern to them as parents. If the pupil is female and from a practising community then the headteacher will use direct questioning to ascertain whether “cutting” of the girl will be undertaken during this holiday. The headteacher will then take the information from this meeting and make a decision on whether to refer to local CYPS or Police.

Ensure that FGM is included as an appendix to the school safeguarding policy:

- FGM is a child protection issue and as such there should be an FGM appendix to the school safeguarding policy.

Training:

- CP leads to be trained on FGM awareness.
- CP leads to ensure frontline staff in schools receive this information through in-school awareness raising /staff meetings.

Governor support:

- The Governing Body needs to fully support the implementation of both the Attendance policy and Safeguarding policy.
- The Governing Body needs to support the school by backing the Headteacher in giving this subject a high profile in the school.

Provide information through posters, leaflets, talking to parents, coffee mornings.

PSHE lessons

A comprehensive PSHE programme:

- A whole school approach to PSHE and taught and caught lessons around VAWG agenda.
- A thorough SRE programme in place that is bespoke for their community.

FGM discussion:

During PSHE lessons in year 6, children who have permission to participate have a discussion about child protection and safeguarding during which FGM is mentioned. These lessons are for girls and are about conversations that are designed to empower young girls to understand their right to be safe and be in control of their bodies. The lessons are to emphasise what our bodies should look like and that it is not okay or legal for someone to cut or change them. Reference is made to the posters around the school and how to get help if they are worried about this happening to them or anyone they know.

Preparation:

- Letters are sent home or parents are spoken to by head and/or learning mentor.

The FGM discussion session:

- This session is for Year 6 girls of all ethnicities and happens in the summer term.

The session covers:

- Keeping safe into secondary school
- Being confident to say no
- Body changes in puberty
- Violence against girls
- Being confident to have ownership of their bodies, this includes a discussion about FGM.

Language used includes:

- “Sometimes there is a medical need for an operation, if anyone talks to you about going away for a celebration then know that you can ask for help”
- “Your body will have some changes during puberty (explain) but otherwise it needs to stay the same as when you were born, no one else can change it for you.”

Preparatory work with Parents:

- It is important to approach this work with the support of the community. The school should identify pupils in the school that are from communities that practice FGM and are potentially at risk.
- Parents can be contacted and invited to come into school to talk about FGM and the Law in the UK. They should be encouraged and motivated to discuss FGM openly.
- The Headteacher can show them the FGM document for the passport and encourage them to have a copy with them if they travel abroad. The school can also provide a letter stating that they have attended a meeting and discussed the UK law. In some cases, parents have wanted to sign a document saying that they understood that this was illegal and would not have their daughters cut. They

wanted to be able to show evidence to immigration when they arrived back in the UK that they did not support this practice.

- The Learning mentor and Headteacher can also discuss the role of parents to educate their children in relationship education and puberty or allow the school to do this for them in PSHE lessons.
- Another useful discussion is about what the families could do if they were pressured or knew someone in the community who was discussing having this performed.

Important Risk Factors

There are a range of potential indicators that a child or young person may be at risk of FGM which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Specific factors that may heighten a girl's or woman's risk of being affected by FGM:

There are a number of factors in addition to a girl's or woman's community that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be a risk, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Economic Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

Indications that FGM may be about to take place soon:

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during the first pregnancy.

It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.

- A professional may hear reference 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.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

Indications that FGM may have already taken place

It is important that professionals look out for signs that FGM has already taken place so that:

- The girl or women affected can be offered help to deal with the consequences of FGM
- Enquires can be made about other female family members who may need to be safeguarded from harm.
- Criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary or menstrual problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

**Taken from H M Government Multi-Agency Practice Guidelines
for Female Genital Mutilation**

FGM Information for Teachers

What is Female Genital Mutilation (FGM)?

- FGM is a practice that involves partial or total removal or injury of the girl or a woman's external genitals
- FGM is sometimes called Female Genital Cutting (FGC) or female circumcision or excision. However many communities also use local terms to refer to the practice e.g. 'Tahoor' 'Sunna' 'Gudiniin' 'Halalays' 'Bondo'
- There are different types of FGM, based on the extent of the cut made. This includes Type 1, Type 2, Type 3 or Type 4. The type practiced differs from community to community and can depend on a community's tradition and reason for the practice.

Health Complication of FGM

- Possible health complications of FGM include:
 - Loss of Blood
 - Pain or shock
 - Difficulties in passing urine
 - Difficulties with menstruation
 - increased risk of recurrent urinary tract infections
 - complications in pregnancy or childbirth
 - psychological difficulties
- It is important to note that not all girls who have undergone FGM experience health problems and some may not be aware of these problems or may not relate them to FGM.

Who is at risk?

- FGM can take place when a girl is still a baby, during childhood, adolescence or at the time of marriage.
- FGM is practiced in at least 28 countries in Africa, parts of the Middle East and South East Asia.
- It is estimated that 24,000 girls in the UK are at risk of the most severe form of FGM.

Why is FGM practiced?

- Many reasons have been given for the practice of FGM, including:
 - Protecting tradition and religion
 - Improving hygiene and cleanliness
 - Improving a girls' marriage prospects
 - Promoting cultural identity
 - Increasing fertility
 - Rite of Passage into womanhood
- There is often more than one reason given by communities for FGM. The majority of these reasons are based on myths and misinformation.

- As FGM is a social norm and communities believe there are perceived benefits, there is a lot of pressure on individuals to continue the practice of FGM.

FGM and the Law

- FGM is illegal in the UK and is considered a form of child abuse.
- It is illegal to help, support or arrange for FGM to be performed on a girl in the UK.
- It is also illegal to take a girl outside of the UK to have FGM carried out.

Preparation for teaching sessions

FGM is a sensitive and emotive subject. It is essential that a safe learning environment is created for the session to take place.

Before teaching about FGM it is essential that other staff are aware that FGM will be discussed with pupils. This will help to ensure the school is prepared to respond to any concerns that arise, in particular child protection concerns.

Teachers should be aware that some pupils may be directly or indirectly affected by the content of the sessions. Teachers should always be mindful that there may be girls and young women who have undergone FGM in their class; as such the topic should be dealt with sensitively.

When teaching sensitive topics best practice guidelines recommend:

1. Use distancing techniques.

Using DVDs, stories, characters or scenarios to illustrate the issues being explored without expecting the pupils to talk about personal issues.

2. Use ground rules.

Create a group agreement to control a respectful discussion and keep individual personal circumstances private.

3. Confidentiality

Ensure all pupils understand that education professionals have a duty to report any safeguarding concerns. Explain this before the lesson begins.

4. Language

Agree the language you will use to describe issues as they come up in lessons. Model the language in the lesson.

5. Challenge prejudice and discrimination

Be prepared to challenge any comments made that show prejudice or discrimination. As FGM is a sensitive subject avoid words that indicate judgement e.g. 'normal' when referring to genitalia instead use 'natural' or stating that FGM is 'wrong' instead of 'harmful' or 'illegal'

6. Images

Use images that challenge stereotypes by ensuring that images used reflect the diversity of the UK and avoid reinforcing stereotypes. It is beneficial to frame FGM as a human rights violation, a form of violence against women and girls and a violation of bodily integrity.

7. Answering questions

Make a note of any questions that arise spontaneously in the sessions and would not be appropriate to answer in a whole class/group environment, return to these when more time can be made available to explore the issue appropriately. At times it may be most appropriate to answer some questions on a one-to-one basis

8. Question Box

Offer the pupils a way to be able to ask questions anonymously

9. Signposting

Signpost young people to where they can get help and support in the school, in the

community and in the wider area.

To preserve the confidentiality of the session, signpost to yourself when you would be available for a 1-2-1 session. This clearly supports the pupils who need to discuss a personal issue when raising it in a classroom situation may be unsafe for the pupil.

10. Teaching and Learning Activities

Use active teaching and learning activities to enable discussion to take place in a structured way.

IN THE EVENT OF A DISCLOSURE

If you have concerns that a girl is at risk of FGM (either in UK or abroad) or if a girl has made a disclosure concerning herself, a family member or a friend you must report this immediately. We recommend that you report to Social Services AND the police.

FGM is against the law, is harmful to girls and is a form of child abuse and must be dealt with like any other form of child abuse.

Integrate Bristol

Established as a charity in 2009, Integrate Bristol works with young people largely in the inner-city part of Bristol, using creative projects to empower and teach new skills. FGM became a large focus of the charity's work as they realised current British approaches did not recognise the unique position of young people from practicing and non-practicing communities to join together and raise awareness of this issue within the context of violence against women and girls and human rights.

'Hannah' is a result of many years of research and learning by our young people and follows on from other successful multi-media projects including their award winning documentary Silent Scream and the more current campaign supported by The Guardian and Change.org. The young people's aim is to use their experience, learning and understanding of practicing communities to empower professionals whose role includes safeguarding children to feel confident to discuss and learn about this aspect of VAWG.

Also, the young people want professionals and parents of school age children to be able to view FGM as part of the routine child protection systems and be confident to recognise those at risk or in need of support and refer concerns through the established processes.

Our young people recognised that FGM has been siloed for decades within a cultural cul-de-sac surrounded by other complicating factors such as culture, faith and a misunderstanding of religious teachings. They wish to bring this practice out of the shadows and widen the discourse that surrounds it by producing resources suitable for a modern British educational environment.

Integrate Bristol provides a platform whereby the voice of the next generation can be heard and expressed. We hope these voices will inspire confidence in professionals, enabling them to address one of the most harmful forms of VAWG that exist in our world.

'Hannah' was first piloted at the June 2014 Integrate Bristol summer campaign launch at City Hall in Bristol. Over 200 people, professionals, other adults and young people joined the trial session. Some of the feedback comments are listed below:

'I hope this session is used by schools to enable children to discuss forms of abuse or bullying'

'I wish Hannah could trust enough to speak to someone about what she is going through'

'This resource is a good video to use to discuss bullying and the transition from primary to secondary school'

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