

STOP FGM.



No
kukeketna

No
Sunnah

No
kurdish
Sorni

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FEMALE GENITAL MUTILATION IS ILLEGAL.

LET'S PUT AN END TO IT.

What is FGM?

Involves partial or total removal or damage to the female genital organs for non-medical purposes.

Types of FGM

Type 1. partial or total removal of the clitoris and/or the clitoral hood.

Type 2. removal of the clitoris with some or all of the small labia (small vaginal lips)

Type 3. removal of some or all of the female genitalia and sewing the large labia (large lips) together, leaving a tiny hole. (Sometimes the large labia is sewn closed, but no flesh is removed underneath)

Type 4. any other harm to the female genitalia including pricking, piercing, nicking, burning, pulling, insertion of objects to widen the vaginal opening and incisions.

FGM practicing countries

1. Almost universal FGM, over 90% FGM
Type III

Sudan (north), Somalia, Eritrea, Djibouti

2. **High** prevalence of FGM – Type I and II
Egypt, Ethiopia, Mali, Burkina Faso, Gambia,
Guinea, Sierra Leone

3. **Moderate** prevalence of FGM – Type I
and II
Central African Republic, Chad, Cote
D'Ivoire, Guinea Bissau, Iraq (Kurdistan),
Kenya, Liberia, Mauritania, Nigeria, Senegal,
Togo

4. **Low** prevalence of FGM – Type I and II
Benin, Cameroon, Ghana, Niger, (Democratic
Republic of Congo), United Republic of
Tanzania, Togo, Uganda, Yemen

Short term health effects

- Immediate **shock**
- **Pain** – anaesthetic is not usually administered
- Excessive **bleeding**
- **Broken bones** and bruising from being restrained during the procedure
- **Death**

Long term health effects

- PTSD (Post-Traumatic Stress Disorder) and depression
- Urinary tract infections and other infections
- Transmission of HIV and Hepatitis B due to unsterile equipment being used
- Difficulty in child birth
- If type 3 – difficulties with menstruation
- No interest in sex/painful sexual intercourse
- A need for surgery in type 3 cases

Why does it happen?

FGM is not prescribed by any of the major religions but the practice is thought to have originated in pharoanic times before the advent of Islam and Christianity.

Some of the reasons FGM is carried out today are because it is believed to:

- make the girl "clean" and "beautiful"
- reduce a woman's libido and help her resist "illicit" sexual acts.
- increase marriageability
- get rid of ill fortune or evil spirits
- be a rite of passage
- help them conform within their community
- be a sign of status and respect for her and her family
- make childbirth safer for the baby

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Indicators that FGM may be about to take place

- Families from high-risk FGM practicing countries may wish to continue the practice – **communities less integrated in British society may be more likely to carry out FGM**
- Girls who say they are going on a **special holiday** over the summer
- Girls who say they are going to **become women** and have a **special ceremony** over the summer
- **Prolonged absences** from school, especially following school holiday, **not just summer holidays**
- An **older female relative** visiting the UK
- May be **withdrawn from PSHE**

Indicators that FGM may have already taken place

- Girls may have **difficulty walking, sitting or standing**
- Unusual or **unexplained absences** from school
- Spend **longer than normal in the toilet**
- Be **reluctant to undergo medical examinations**
- **Change in behaviour** – may be more subdued than previously
- **Depression or sadness**
- May be **withdrawn from physical education**/may not be able to participate fully

Infection Pricking Piercing Nicking
Shock Death Trauma Haemorrhage
HIV Abscesses Urinary Tract Infection
Khitan Megrez Mekhnis
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One chance rule

You only have one chance to speak to someone you may fear is at risk of FGM – **take the chance. FGM is illegal in the UK*. There are penalties of up to 14 years imprisonment if found to be guilty of an FGM offence.**

Everyone has the right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life under international and national laws. **You have a duty of care as a teacher to safeguard and uphold these rights for your pupils.**

*Under the FGM Act 2003



Female Genital Mutilation
Stitching
Tightening
Infection
Ulcers
Rite of Passage
Kutairi
Bondage
Niakha
Khat

Duty to report safeguarding concerns

Under section 47 of the Children Act, 2004 it is a legal requirement that you immediately inform your local safeguarding team if you think a child may be at risk. There is also a **mandatory** duty on teachers and health professionals, which has been enforced by the Serious Crime Act, 2015 to report cases of, and suspected cases of FGM to the police as soon as they are known.

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What to do if you fear a child may be at risk

- Talk to the girl sensitively, or choose an appropriate female staff member to talk to her.
 - Use age appropriate language.
 - Give the girl time to talk and be willing to listen to her.
 - Create an opportunity for the girl to disclose in a private space.
 - Be sensitive to the fact that she may be loyal to her parents, and may believe FGM is practiced out of love.
 - Take detailed notes – put the date and time on the notes.
 - Get accurate information about the urgency of the situation to best meet the girls needs.
 - If a child discloses she is to undergo FGM
- report to the police via 101**
- If you suspect a child is at risk of FGM report to **Customer First on 0808 800 4005**

What to do if you fear a child has undergone FGM

- Talk to the child and gather as much accurate information as possible, and then risk assess.
- Take notes during your conversation, or immediately afterwards if this is not appropriate.
- **Never promise that you will not tell anyone else.**
- Never ask leading questions.
- If you are not the trained child protection lead, explain to the girl that you will need to discuss the case with a more appropriate teacher, but you will continue to support her.
- **Never promise that everything will be OK** as you have no guarantee of this.
- If a child discloses she is to undergo FGM **report to the police via 101**
- If you suspect a child is at risk of FGM **report to Customer First on 0808 800 4005**

Teaching children about FGM

It is important for children and young people to be aware of FGM, and **it should be introduced in PSHE sessions.**

All teachers should be using the **Suffolk PSHE Framework Grid** to enable them to build content within **statutory requirements** outlined in the national curriculum.

Outside speakers can also be used and can enrich children's' learning but **only if they enhance the information** given about the topic.

Provide a specific contribution to the programme and **do not replace teacher-led sex & relationship education.**

Contact and Support

Customer First (Multi Agency Safeguarding Hub):

www.suffolk.gov.uk

customer.first@suffolk.gov.uk

0808 800 4005

Suffolk Police:

01473 613 500 or 101

NSPCC 24 hour FGM helpline:

www.nspcc.org.uk

fgmhelp@nspcc.org.uk

0800 028 3550

Forward:

www.forwarduk.org.uk

020 8960 4000

Childline:

www.childline.org.uk

0800 1111

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