



Safer Sandwell
Partnership
Local Police and Crime Board



Sandwell Stopping FGM

FGM Lesson Pack

Purpose of FGM Lesson Pack

Female Genital Mutilation (F.G.M) is an illegal practice in this country. It is surrounded by many cultural sensitivities which need to be discussed. It is important that young people have their awareness raised about this as a **human rights issue** and young people from practising communities are able to discuss this issue, know how to access support and learn how to keep themselves safe.

The lesson plan in this pack has been developed to raise awareness of the practice of Female Genital Mutilation to female and male pupils aged Key Stage 2 and Key Stage 3 within a primary or secondary school setting.

It is also important to help parents become aware of FGM, the worldwide FGM issue and to familiarise them with the FGM lesson for their child prior to the imminent lesson in the classroom. The pre-lesson parent session helps parents to understand the need for the lesson and provide an opportunity for them to discuss issues linked to FGM and support their child following the lesson.

The lesson plan uses four specific articles (written in pupil-friendly language) from the **United Nations Convention on the Rights of the Child** as the basis for safeguarding with both pupils and parents and helps create a culture around FGM of safeguarding, vigilance and relevance. These are:

- **Article 3** - All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.
- **Article 12** - You have the right to give your opinion, and for adults to listen and take it seriously.
- **Article 19** - You have the right to be protected from being hurt and mistreated, in body or mind.
- **Article 36** - You have the right to protection from any kind of exploitation (being taken advantage of).

Pre-lesson Parent FGM Session

Parents' sessions are an effective way to ensure parents informed about how FGM messages are delivered sensitively and factually to their children. It may be important to consider having a translator or professional from some of the affected communities. Sessions can be approached as general safeguarding to ensure parents feel safe and comfortable to attend. Like student sessions, these should not be targeted to specific families or communities. FGM is a human rights issue and therefore affect all parents.

Aim: This session has been designed to give parents an opportunity to become aware of FGM/circumcision and the worldwide issue. It will also help parents become familiar with the FGM lesson due to be delivered to their child.

Timings: 20 mins (Approx)

Objectives:

- Understand what FGM is.
- Discuss historical/cultural reasons for FGM, health dangers and illegalities.
- Understand there are 4 types of FGM.
- Understand why FGM is a child safeguarding concern.
- Understand how FGM affects a child's human rights.

Session outline:

NB: Assess the ethnicities, gender and age of your parent group – manage the situation effectively, with compassion and aim to be totally non-judgemental.

- General information re FGM
- Describe 4 types of FGM
- Use no diagrams/photos
- Discuss historical/cultural reasons for FGM, health dangers and illegalities

Why educate children in Key Stage 2/3 and why boys too?

- FGM is surrounded by myth and the historical context in which the practice is continued.

- It is important that all young people increase their awareness about this human rights issue.

Describe/demonstrate the lesson detailing:

- The resources available.
- That the word 'genitals' only will be used.
- That no link to sexual reproduction will be covered (except that it can cause problems with birthing).
- The Government's aim to end FGM within a generation.

Signposting

- Signpost parents to where they can get further information, help and support.

Summary

- Reassure parents.
- Gain their view of this approach to the eradication of FGM.
- Encourage parents to sign a **'Together we can end FGM'** book or a pledge poster for your school. This is a worldwide issue.
- Signposting for further information and support.

Pre-Reading:

'Do No Harm': The Girl Generation.



TOGETHER TO END FGM

The Girl Generation

Do No Harm Guidance Note

September 2014

1. Contents

- 1. Do No Harm in the Context of FGM 7
- 2. Do No Harm Approach 9
- 3. Some Examples to illustrate the 'Do No Harm' Strategy 9
- 4. Areas of Potential Harm and Guidance 11

The Context

This guidance note has been produced by The Girl Generation, a communications programme which aims to galvanise a global movement to end Female Genital Mutilation (FGM). The guidance covers The Girl Generation's own activities, and is shared freely with and promoted among its partners, who may find it useful or thought-provoking in the context of their own work.

For more information on The Girl Generation, see www.thegirlgeneration.org.

1. Do No Harm in the Context of FGM

“FGM is a sensitive, taboo and sometimes highly political and perceived religious issue that goes to the heart of gender identity and gender relations. Insensitive approaches and implementation could risk driving the practice underground, undermining existing efforts to end the practice, contributing to a backlash, adding to other political/conflict tensions, etc.”

'Do No Harm' (DNH) is an ethical principle underpinning much research and health and social programming. It means that those undertaking research and/or intervention should not, intentionally or otherwise, cause harm. There is a risk of social change interventions inadvertently creating societal divisions, particularly in contexts of conflict and fragility. Negative effects are often unforeseen and unintended.

FGM is at the core of the control of girls' and women's sexuality in FGM-practising communities. In the case of FGM, harm can arise as a result the actions of well-meaning individuals and organisations, who want to do something to address FGM but have limited understanding of the complexity and the sensitivities around FGM. The types of harm that should be avoided include:

- Reinforcing support for the practice of FGM
- Cultural insensitivity evoking backlash and denial which could set back efforts to end FGM
- Undermining local efforts and leadership to end FGM by reinventing the wheel rather than building on existing work
- Fragmenting efforts or causing divisions among actors working to end FGM
- Rigid donor-led approaches which may be out of sync with local realities
- Putting activists, survivors, young people or other potentially vulnerable people at risk
- Stigmatising or causing emotional distress to those who have undergone FGM
- Replacing the most severe forms of FGM with so-called minor forms
- Increasing corruption

In the context of efforts to end FGM, and the nature of the global movement in particular, the realisation of the principle of Do No Harm is complex. We recognise that some form of backlash, particularly from social and religious conservatives, is unavoidable when social change results in shifting power dynamics. For any social change to happen, some people will lose out in terms of power, influence or economic resources. We see some forms of backlash as being a sign that positive change is occurring, and backlash

or protests against change can pose a positive opportunity to discuss the issue more openly, engage in dialogue, and move towards conflict resolution.

An example is a recent protest by Maasai women to have Kenya's anti-FGM laws repealed following an arrest of a local chief who had organised the cutting of a little girl. The backlash helped to bring various issues into the open and enabled them to be addressed to a certain degree. After dialogue and consultations, the women changed their position. They now agree that promoting education for girls is better than FGM.¹

In some situations, some types of harm will be unavoidable to some people (e.g. the abandonment of FGM will lead to loss of income and status for those who perform the practice or those who preside over FGM; some women who have undergone FGM and men from FGM practising communities may be angered by calls for change (particularly if they are perceived to be from external actors)). Putting this in a historical context of western colonisation of the south, the people affected may perceive any criticism of FGM as cultural imperialism. In rebutting such claims supporting FGM as culture, the issue of credibility of those responding is crucial.

It is important to avoid unnecessary (non-productive) backlash that actively sets the movement for change back, e.g. that which alienates or discourages those who would otherwise have supported an end to FGM (e.g. conservative parents, men), or that which politicises FGM even further. Examples of the types of intervention that can lead to non-productive backlash include:

- Simplistic media exposé of FGM, which is sensational and demeaning to girls and women who have undergone FGM (e.g. focus on graphic images on mutilation and screaming of girls)
- Criticism of the culture as a whole instead of the practice
- Use of terms like 'barbaric' and 'savage' in relation to the 'other' (those practicing FGM)
- Lack of authenticity of messengers becoming the public face of campaigns
- Poor messaging on health consequences of FGM whereby Type III FGM complications are assigned to Type I, Type II and some aspects of Type IV
- Inability to translate international human rights law on FGM into convincing local messages that make sense to the grassroots
- Blaming one religion or ethnic group for FGM
- Strident or aggressive messaging focusing on women's rights and sexual freedoms which may alienate some social conservatives who otherwise might support an end to FGM
- Blaming all men as responsible for FGM
- Inflexibility on the use of terminology of FGM
- Using FGM to attract political votes, drive organisational membership and funding for other issues not necessarily connected to FGM
- Lack of transparency and accountability in the use of FGM funds

It is important to note that the role of The Girl Generation is catalytic, and once the programme has been launched, it will be virtually impossible to control all of the activities that take place under its banner. We

¹ Sarro S, and Odhiambo F, 2014. School can make girls into women, not FGM., New Internationalist 1973-2014. Available at <http://newint.org/blog/2014/08/13/maasai-women-fgm>. Accessed on 15 September 2014

cannot control the communications approaches of all supporters, but programme platforms will promote responsible and ethical use of imagery and language.

2. Do No Harm Approach

Analysis, risk assessment (sensitive to political and cultural context), identification, monitoring and mitigation strategies will be applied at all stages of the programme cycle. We will draw up questions for work in focal countries. These include:

- *How might key actors potentially perceive x?*
- *Who might be harmed by x? (Including emotional harm)*
- *What political impact might x have? (Political economic analysis)*
- *Does x meet our key guiding principles?*

If any potential harm has been identified:

- *Do we need to revise the approach?*
- *What risk mitigation strategies do we need to put in place? What needs to be prepared in advance?*
- *Does the balance of benefits outweigh the risks? How/why?*

All brand and message development will be aligned to our Do No Harm approach. The approach will be incorporated into a quality assurance process for all programme outputs (e.g. field testing and peer review where appropriate, ensuring outputs are evidence-based, accurate, appropriate and sensitive).

We will operate a robust monitoring mechanism across focal countries and in relation to the programme activities, to rapidly identify and respond to negative unintended consequences, and revise our strategic approach where necessary. This will be supported by the Strategic Advisory Group.

Central to our Do No Harm strategy is reframing the discourse around FGM to maximise positive impact and minimise opposition (e.g. celebrating positive change, valuing and empowering women and girls, focusing on solution-based and practical action where everyone can play their part). This is in contrast to former approaches which focused narrowly on the negative health consequences of FGM or the suffering of the girl child.

This guidance has been developed to ensure that the principle of Do No Harm is systematically applied, in order to control and mitigate potential harm. It outlines guiding principles, recognising that in different situations, a degree of judgement will be required, and expert, local or external advice may need to be sought.

3. Some Examples to illustrate the ‘Do No Harm’ Strategy

- The politicisation of FGM has been reported by a number of stakeholders. Right-wing Islamic fundamentalist politicians, largely from the north of Sudan, are increasingly using FGM as a flagship issue for their movement. When the Muslim Brotherhood came to power in Egypt, one of the first things they did (unsuccessfully) was try to alter the legislation on FGM to make it legal to choose to have it done from the age of 10.

- Following Arabic Islamic scholars being invited to Mali to debate the issue of FGM on air, Malian religious leaders rallied to promote and protect FGM. Islamic Fundamentalist and conservative religious leaders in focal countries such as Mali, The Gambia, and Somalia (except for Puntland) may respond to FGM campaigns by advising or issuing a fatwa that followers carry out FGM, quoting hadiths to support this.
- There is a growing anti-western sentiment amongst some Africa intellectuals, e.g. Dr. Fuumbai Ahmadu, who sees western discourses round FGM as part of cultural imperialism and racism, comparing FGM to western cosmetic surgery, which the West is silent about.

4. Areas of Potential Harm and Guidance

The following guidelines have been developed to ensure that the principle of Do No Harm is systematically applied, in order to control and mitigate potential harm.

Area of Potential Harm	Do No Harm Guidance
<p>Reinforcing the practice: communications and messages designed by external actors, which communicate judgemental or inappropriately framed arguments, can result in a negative backlash that reinforces the practice of FGM as a symbol of cultural identity and resistance to outside forces of change. Although the lifelong health implications are very important, communications emphasising only the health consequences or ‘barbaric’ way in which it is carried out risk promoting medicalisation rather than abandonment.</p>	<ul style="list-style-type: none"> • Change must be led from within (Africa-led), and should be informed by knowledge. • Avoid approaches that could be interpreted as western imperialism, underhand tactics, scaremongering or insulting to local sensitivities. • On the other extreme, over-simplification of the issue and patronising approaches do not have impact but reinforce stereotypes and perceptions of Africans as children who are mutilating girls out of ignorance and can be cajoled out of it with superficial programmes. • Westerners involved in the campaign must adjust their profile according to the context (e.g. should not have a high profile at national events, or in local media, and should not be seen as fronting the campaign but working in partnership and supporting local action). • Careful selection of ambassadors/public figures to represent the programme. To understand the local political context and make sure that public figures used in the campaign are accepted by community members. • Careful explanation of why the British government is supporting this work (coming behind and supporting the Africa leadership).

<p>Compromising the dignity of human subjects/human rights (visuals): However well intended, showing video-footage and photo-images of child abuse can be seen as a form of re-abusing that child. Children cannot consent to such footage being shown. This also isolates FGM from other forms of gender-based violence (which do not tend to use such tactics). Watching child abuse and torture can be shocking, disturbing and potentially traumatise audiences. Viewing torture is classified as a form of torture. It can create flashbacks for survivors and is ineffective for audience engagement (people turn away in horror or denial). When communities themselves see such footage, they feel their dignity is stripped as they feel implicated. Such footage gives only one view of how FGM is practiced - when in fact, it also takes place in clinical conditions with anaesthetic. For these reasons, The Girl Generation will avoid using such approaches.</p>	<ul style="list-style-type: none"> • We will not use imagery in the public domain which compromises the dignity or privacy of human subjects, e.g. graphic photos and videos of girls undergoing the procedure, or photos that directly suggest the procedure (pools of blood on the floor, bloodied razors). • Exceptions: closed spaces with no minors, e.g. for the purposes of training professionals or key decision and policy makers where the graphic nature/content is disclosed in advance, to allow people to leave if they do not wish to see the content.
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Area of Potential Harm	Do No Harm Guidance
<p>Compromising the dignity of human subjects/human rights: negative terms can reinforce racism and discrimination in the diaspora. People do not feel the terms apply to them if they are practicing a medicalised form of FGM.</p>	<ul style="list-style-type: none"> • We will not use language which compromises the dignity or privacy of human subjects and culture, e.g. barbaric, uncivilised. A language and messaging guide will be developed which will provide more details. • We will not use language or images that suggest that girls and women who have undergone FGM are 'spoiled' or otherwise stigmatised.
<p>Inaccurate or incomplete information and evidence: Factual errors or facts which cannot be backed up with evidence opens the campaign up to criticisms from opponents e.g. 'oh no, this does not happen in Nigeria, they are peddling lies about us'. In addition, it weakens the credibility of the campaign (lack of professionalism).</p>	<ul style="list-style-type: none"> • All materials for external publication will be checked and fully referenced by the MEL coordinator, against agreed data sources (e.g. UN publications, peer reviewed journals). • We cannot control all the factual outputs of members/partners, but will create country fact-sheets to encourage use of accurate evidence. • All communications approaches will be informed by the best available evidence about effectiveness (e.g. we will not promote alternative income generation for cutters, which has been shown to be ineffective and to potentially cause harm).

<p>Vulnerable people: Some of the particular risks and vulnerabilities relating to working with women and girls at risk of, or affected by FGM (including awareness raising communications):</p> <p>Women who have had FGM may:</p> <ul style="list-style-type: none"> • Not correctly understand the type of FGM that they have experienced, and be shocked and traumatised when they realise this (especially if they have more severe forms). • Not link or understand other symptoms that they are experiencing with FGM (e.g. recurrent urinary tract infections, or mental health issues). • Have very little access to services that may help them, or know what those may be (for example, clinical services (such as deinfibulation), or mental health support services). • Have few sources of social support where their experiences of FGM can be discussed in a safe way. • May be experiencing other forms of abuse (e.g. domestic violence). • May be coming under pressure to have FGM committed on their own child. 	<ul style="list-style-type: none"> • Where appropriate and possible, mobilising appropriate protection mechanisms. • Risk assessments included in all national and local strategizing (e.g. when developing the national campaign strategy), including locally appropriate child protection guidelines and referral links. • Outline child protection obligations of core team, consultants and consortium members in different contexts. • Guidance will be provided for staff working with survivors of FGM and other potentially vulnerable people, e.g. Individual minors or other vulnerable people will not be identifiable in mass media contexts, unless in exceptional circumstances where appropriate safeguarding and support mechanisms have been put in place. • Provide guidelines/due diligence for recruiting/working with survivors and other potentially vulnerable people, e.g. not putting vulnerable people, minors, people at immediate risk, etc. in the spotlight; developing different appropriate levels of engagement for survivors; developing a checklist of systems that need to be in place before launching a survivor-led campaign (e.g. group/counselling support, information sheet with link to support services, links to police). This will be context specific, as this may not be available in many contexts.
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Area of Potential Harm	Do No Harm Guidance
<ul style="list-style-type: none"> • May be in contact with girl children who are at risk of FGM (their own child, or others within their household). <p>Young women and Girls at risk of FGM may:</p> <ul style="list-style-type: none"> • Be forced to undergo FGM at marriage. • Be too young (e.g. when performed on babies or not fully aware of FGM/C, or be able to spot signs of risk). • Have few sources of social support where they can discuss FGM in a safe way. • Have low awareness of who they can approach if they feel that they are at risk. • Not be clear about how they can be protected from FGM, if this is a risk.² 	<ul style="list-style-type: none"> • Concrete ways of ensuring survivor empowerment as a key consideration at every stage of the process.

² Guidelines for ethical standards on interviewing women affected by FGM/C, Options Consultancy Services/UK FGM Initiative

<p>Cultural imperialism: Anti-FGM initiatives seen as a threat to cultural traditions/sovereignty. Human rights approaches seen as neo-colonial. As a document from the UNFPA notes: “People with no education do not respond to the idea of human rights. They think it is a reflection of Western values, not African values.” Externally imposed messaging, priorities, or pace of change can set the campaign back.</p>	<ul style="list-style-type: none"> • Focus on strengthening the civil society foundation for the campaign – bringing together unified local voices. A broad-based civil society foundation will own and drive the national campaign, and will be able to respond to its critics. • Consultation, participation, and a bottom-up approach will guide our work at all levels. Participatory, broad-based development of national campaign strategies, such that the agenda is set by local priorities and according to local expertise. • Aligning all work with national plans and priorities, and working through national coordinating/stewardship structures (e.g. National Task Force, UNJP in country focal points) - we will work with countries, building on the work that has already been done, as opposed to telling countries what to do. • Recruit traditional or religious leaders as advocates: as in this example in Kenya by UNFPA.³ • African leadership for the Global Movement (Strategic Advisory Group, national stakeholders and campaign panels). • Diaspora contributions will support national and community efforts to end FGM, rather than enforcing ‘diaspora’ solutions or messages. • Promoting the importance of African/local leadership for social change among
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Area of Potential Harm	Do No Harm Guidance
	international partners.

³ <http://www.unfpa.org/public/news/pid/5410>

<p>Risks relating to team members' conduct and wellbeing</p>	<ul style="list-style-type: none"> • When working in focal countries, our team and anyone directly contracted to work for the campaign will: <ul style="list-style-type: none"> ○ Observe protocol and consider local sensitivities, including dressing appropriately ○ Avoid aligning with any one NGO or political party ○ Undertake media engagements/interviews only with prior agreement of the Programme Director and Strategic Communications Specialist ○ In any public communications, stick to agreed campaign messaging, as appropriate to country/target audience. • Staff and consultants working on the Programme undergo a sensitisation module to ensure full understanding of the issues of FGM. This will include sensitising people to the particular risks and vulnerabilities relating to working with women and girls at risk of or affected by FGM. • We will support members of the core team to deal with stress or uncomfortable feelings linked to their work, recognising the particular difficulties that may arise when working on issues involving violence and abuse, e.g. structured supervision, peer support, or more formal provision of counselling services
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<p>Negative backlash to the campaign: Backlash can result from cultural insensitivity, non-involvement of communities and governments etc in the design of targeted intervention</p>	<p>We will:</p> <ul style="list-style-type: none"> • Enable people to access materials and messages which arm them with well-constructed and locally meaningful arguments against FGM, which will be developed from a deep understanding of the issue in context, and which enable the issue to be discussed openly in public forums to raise public and community awareness. • Tailor all messages and materials to national and local context. There will be no ‘one size fits all’ approach to our work. • Respect culture, while protecting universal human rights and understanding culture as dynamic and mutable. Demonstrate that the momentum for change is from within communities themselves and from within the culture. • Engage a wide cross-sector of society as well as men in community discussions on people’s or human rights, not just women’s (language is important). Include both those who already hold power and those who have been traditionally marginalised.
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Area of Potential Harm	Do No Harm Guidance
	<ul style="list-style-type: none"> • Engage local traditional or religious leaders as advocates against FGM. • Frame implications of FGM in a way wider society will be receptive to: not just in women’s health and human rights terms – also economic, familial, sexual, etc.
<p>Further politicisation of FGM (by Islamists, other radical social campaigners, religious leaders etc.)</p>	<p>We will:</p> <ul style="list-style-type: none"> • Work with a broad variety of groups, and never concentrate on just one sector of society (e.g. religious leaders), so that we do not encourage any particular dominant voice to control the discourse and use FGM as a political tool. • Base all references to religion or ethnicity on facts and the evidence. We will diversify information in the media on ethnic groups practising FGM so that one ethnic group does not feel they are under attack

<p>Corruption, fragmentation or commercialisation of the sector: A flood of money and global attention could do harm to the very sector that we are looking to support.</p> <p>Throwing money at a problem without necessary measures put into place for accountability will lead to corruption, whether at government level or at civil society level. Without appropriate accountability, a number of FGM projects have ended up as individual family businesses. This has had the effect of discrediting the movement.</p> <p>The long-term future of the movement to end FGM will be central to all strategies (e.g. ending FGM in a generation prioritised over quick-wins and publicity which might harm the longer-term goal).</p>	<p>We will:</p> <ul style="list-style-type: none"> • Influence institutions and donors in the global north in terms of the way they allocate their resources and attention; identifying appropriate channels for resourcing which include a capacity building element particularly on M&E and transparent accounting. • Emphasise local leadership, and the importance of working through national plans and stewardship. • Design a global movement identity that is as inclusive and non-divisive as possible, bringing benefits to all parties who share the overall vision. • Coordinate between NGOs, government bodies and international funders. • Activities should be coordinated and resources shared freely. This is a key role for the campaign secretariat. • Provide Guidelines on Engagement (e.g. criterion for who we will and will not partner/engage with).
<p>Containing/managing the Global North: As interest in FGM grows in the global north, there is a risk that enthusiastic people and institutions will flood countries/diaspora communities with their efforts, which in the absence of indepth understanding, expertise and insight, may do considerable harm.</p>	<ul style="list-style-type: none"> • We will aim to influence and channel these energies so that they can bring something positive, and get behind the Africa-led movement.

Area of Potential Harm	Do No Harm Guidance
<p>Working with the media: It is important to take into consideration how the Campaign will influence and inform others (including journalists) working towards an end to FGM such that they Do No Harm (e.g. communications guidelines).</p>	<p>We will:</p> <ul style="list-style-type: none"> • Provide guidance for our work with the media i.e., how can we minimise the harm that they do. • Provide positive, sensitive messaging, stories and imagery to influence and inform media reporting of the issue.

<p>Sending the practice underground: There is a risk that younger girls are being cut; anti-FGM law is hard to enforce/results in the practice going underground/becoming medicalised. The World Health Organisation (WHO) mentions the case of Egypt whereby anti-FGM law has not only failed to decrease significantly numbers of FGM cases, but has led to the medicalisation of the practice thereby providing false legitimacy to it. It is also very hard to implement and has not resulted in widespread behavioural change.</p>	<ul style="list-style-type: none"> • Mainstream anti-FGM initiatives. WHO cite success in Burkina Faso where antiFGM initiatives were mainstreamed into government ministerial departments of health and education. Promote a holistic response to ending FGM (prevention, protection, provision of services, partnerships, prosecution), including prosecution as a last resort/deterrent. • Community approaches and Behavioural Change Interventions are needed to complement the law.
<p>Medicalisation: Focusing narrowly on the health Implications of FGM may lead to medicalisation – as has happened in Indonesia and Egypt.</p>	<ul style="list-style-type: none"> • Use a human-rights approach • It is especially important to recruit doctors to support anti-FGM measures and not merely encourage the medicalisation process. In Egypt for example, an initiative of Doctors Against FGM has started to address the medical sanctioning of the practice in that country.⁴
<p>Ineffective communications: narrow ‘Information, Education and Communications’ Interventions (IEC) can result in desensitisation. The WHO cite the case of Ethiopia where posters of a girl and blood on a knife became such a common sight that no one paid any attention. Since IEC interventions do not target the root cause of FGM, they could indirectly contribute to its continuation by making community members less receptive to anti-FGM messages. Inappropriate messages of IEC interventions can increase support for FGM. The WHO also provide an example of a poster stating that FGM reduced female sexual enjoyment, which is precisely what supporters of the practice want.</p>	<ul style="list-style-type: none"> • Instead of focusing on IEC interventions, we should focus on Social and Behavioural Change Interventions which address multiple challenges at the same time. IEC interventions rarely yield successful results on their own. • Make abandonment initiatives relevant to the local population. Rely on local authorities, not international ones. Approach the issue through concepts already present in communities’ own daily languages and ordinary experiences, e.g. local folklore and other pieces of oral history that portray positive images of women and girls. • This is also important to make communities more likely to adopt anti-FGM messages. WHO state that often anti-FGM are unsuccessful because their messages are too broad, e.g. ‘FGM is violence against women’. Since FGM is deeply

<p>Area of Potential Harm</p>	<p>Do No Harm Guidance</p>
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⁴ <http://www.unfpa.org/public/home/news/pid/5566>

	<p>culturally-embedded, anti-FGM messages need to relate to the specific community so that they feel invested in the issue.</p> <ul style="list-style-type: none"> Principles for collecting information, feedback and conducting research with target audiences.
<p>Risks with engaging the diaspora: Although the Diaspora has a degree of political power and influence in their countries of origin, it is difficult to manage, difficult to predict, and could do harm. It is hard to identify and verify who those with power and influence are. Diaspora interventions can be seen locally as top-down and undermining of grass-root efforts as diaspora members are seen as competing with locals in a narrow job market. With distance and time, Diaspora members' links, networks and connections with their country of origin can become distended. Second or third generation Diaspora young people might never have visited their parents' country of origin, do not necessarily speak local languages or know local cultural codes. Through integration processes, long term immersion in the global North means that diaspora members have internalised some expectations and aspects of the European/American way of life that can cause tensions when visiting countries of origin.⁵</p>	<ul style="list-style-type: none"> We will balance the tension between wanting a focus on FGM, whilst recognising the holistic approach needed to end it. In practice, this will involve encouraging the integration of FGM into wider policy and programming on child welfare, health and development linking up with other girls' rights campaigns e.g. campaigns on child early forced marriages.

⁵ Discussion, Somaliland Journey and Development, event held March 2014, FORWARD FGD Cardiff and London, April 2014

FGM Lesson Plan

(A lesson about body awareness and safety)

Year and ability group: Key Stage 2 and 3	Date: As appropriate	Lesson No/Unit: 1 hour approx
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Context of Lesson/Key Ideas:

Raising awareness of Female Genital Mutilation (FGM), Circumcision or 'cutting'.

NB: Attendance at a pre-lesson training session is essential before this lesson is delivered to pupils.

Aims and objectives

Aim: To inform and educate Key stage 2 and 3 female and male pupils about FGM.

Objectives: Key Stage 2/3 Female and Male pupils :-

- I know what the term FGM/circumcision or 'cutting' means
- I know that FGM is illegal in the UK,
- I know that I am in charge of my body
- I know that it is illegal for someone other than a doctor or medical person to make changes to my body
- I know how to keep myself safe
- I know who to go to if I am worried about not being safe

Resources (including TA support)

NSPCC Pants rule

My Body – My Rules, Needlecraft by Forward

Do No Harm Guidance

PETALS App by Coventry University

Teaching Strategies

Child Session

- 1) Establish class rules of respect and listening to others effectively.
- 2) Explain lesson is about body awareness and safety
- 3) Focus on:
Article 19 – You have the right to be protected from being hurt and mistreated in body and mind.
Article 3 – All adults should do what is best for you.
- 4) Underwear rule NSPCC – PANTS
- 5) Also – you should not let anyone change the area between your legs, for girls this is a world issue - FGM
Discussion covering the following points: illegality of FGM, health, dangers, historical background of FGM

- 6) FORWARD film – My Body, My Rules.
- 7) Support available – NSPCC/ChildLine/PETALS app
- 8) Who to contact if worried or concerned in school – details to pupils
- 9) Question box available for 2 days after the lesson. Why will this be placed?

Risk Assessment:

- 1) Staff MUST be trained to deliver this lesson and all staff involved must be aware of FGM
- 2) A parent session prior to the lesson on FGM needs to be delivered
- 3) Make sure all pupils (Y5/6) are aware of who to talk to in school/ChildLine etc if they have any concerns
- 4) Stereotyping and discrimination around ethnicities is mitigated through prior reading of 'Do No Harm'

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

Before teaching about FGM, it is essential that other staff; particularly form tutors, heads of year, pastoral care staff, education welfare officer, school counsellor, school nurse are aware that FGM will be discussed with pupils. It is also important to have support from senior staff. This will help to ensure that the school is prepared to respond to any concerns that arise, including child protection concerns.

Teachers should be aware that some of the pupils may be directly or indirectly affected by the content of the FGM lesson. 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 and no assumptions should be made. It is also essential that signposting for support services is included in all FGM lessons and discussions.

When teaching sensitive topics best practice guidelines are recommended:

1. **Distancing**

Using methods (e.g. DVDs, characters, scenarios) to illustrate the issues being explored, without expecting young people to talk about their personal issues.

2. **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 lessons.

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 FGM is 'wrong' instead of 'harmful' or illegal'.

6. **Images**

Use images that challenge stereotypes by ensuring 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 body integrity.

7. **Answering questions**

Make a note of any questions that arise spontaneously in the sessions which would not be appropriate to answer in a 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 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 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, which could potentially 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. Always make sure that staff have read the Do No Harm guidance.

WHAT TO DO IN THE EVENT OF A DISCLOSURE

If you have concerns that a girl is at risk of FGM, or has made a disclosure concerning herself, a family member or a friend, you must report this. Failure to report any concerns may result in a girl being harmed. FGM is also a criminal offence. Refer to Sandwell Multi Agency Safeguarding Hub (MASH) on **0121 569 3100** using the Multi Agency referral form (MARF). **In an emergency call 999.**

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.

Consult the Sandwell Policy and Procedures to address FGM available at:

http://www.sandwell.gov.uk/downloads/file/24516/sandwell_policy_and_procedures_to_address_female_genital_mutilation for further information.

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 circumcisions 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 Complications 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
- Improve 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 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.

Mandatory Reporting

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

- Are informed by a girl under 18 that an act of FGM has been carried out on her;

Or

- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girls physical or mental health or for purposes connected with labour or birth.

For more information:

- FGM Fact-sheet: found at the end of lesson plan; this is a useful way to share information with other staff at your school.
- Home Office Mandatory Reporting of FGM – procedural information included in the rear of this pack
- Useful Resources Section: details where you can find more specific information.

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 the full governing body is aware of how the school is working to address the issue of FGM.

Governing bodies should ensure 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 every two years.

*We recommend **all 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.

Free FGM Training is available at: sandwell.gov.uk/domesticabuse

UN Convention: Rights of the Child

KNOW OUR RIGHTS AND ... RESPECT OUR RIGHTS

The United Nations Convention on the Rights of the Child (UNCRC) wrote this entitlement: a list of rights for all children around the World.



ARTICLE 1 + 22:

Every child and young person under 18 has these rights. Refugee children have the same rights as any other child.

ME:

Article 2:

I have these rights regardless of my faith, my gender, my race, my age, my ability or my background.

Article 3:

My best interests must be a top priority in all things that affect me.

Article 6:

I have the right to life and to succeed to the best of my ability.

Article 9:

I have the right to be with carers or parents if this is what's best for me.

Article 24:

I have the right to nutritious food, clean water, a clean environment and to see a doctor if I am ill.

Article 28 + 29:

I have the right to learn and go to school and be educated - with no cost. Education must develop me as a person together with my ability - so I become the best that I can be.

Article 12:

I have the right to voice my opinion and be listened to.

Article 13:

I have the right to ask questions and to be given information.

Article 7 + 30:

I have the right to a name, a nationality, to know who my parents are and to be cared for. I have the right to learn and use my own language.

Article 15 + 31:

I have the right to meet with friends and join groups and clubs.

I have the right to relax, play and take part in a range of activities.

Article 20+ 16:

I have the right to be looked after properly and respected, whoever I live with. I have the right to privacy.

Article 17:

I have the right to be given safe and honest information that I can understand, from newspapers, television and the radio.

Article 23:

I have the right to special care and support if am disabled, enabling me to play an active part in my community.

Article 14:

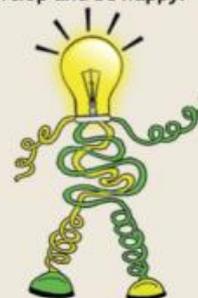
I have the right to follow my own religion.

Article 25 + 10:

If I am not living with my family I should be checked on regularly to make sure I am well and happy and flourishing. I have the right to see my family if they live in another country.

Article 21:

If I am adopted, I have the right to live in the best place for me to be safe, grow and develop and be happy.



ADULTS WHO LOOK AFTER ME:

Article 18:

I have the right that my Carers share responsibility for bringing me up and they should always think about what is best for me.

Article 27:

I have the right to a good standard of living so that my physical, social and mental needs are met.

Article 36+ 19:

I have the right to be protected from all forms of abuse or bad treatment of any kind. I have the right to be protected from all forms of violence and be kept safe.

Article 39:

I have the right to get special help if I have been mistreated.

Article 33:

I have the right to be protected from the use of illegal drugs.

Article 37 + 40 + 32:

I have the right to be treated fairly if I break rules or laws. I have the right to legal help if I have been accused of breaking the law. I have the right to be protected from work that is dangerous.

GOVERNMENTS:

Article 38:

I have the right to be protected during a war and not allowed to fight or become involved.

Article 42 + 4:

Governments must let all children and adults know about these rights and make sure that all these rights are available to me.

Article 8 + 34 + 35 + 11:

Governments must respect my right to a name, nationality and family; should protect me from sexual abuse and exploitation and must ensure I am not abducted or sold - or taken out of the country illegally.

Article 5:

Governments must respect the decisions made by carers if that is what's best for me.

Article 26:

I have the right to extra money from my government if my family hasn't enough to live on.

Article 41:

Governments must use the laws of my country and all these rights to best protect me.



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NSPCC Pants Rule



Petals App

The UK's first Female Genital Mutilation (FGM) webapp* aimed at young people in the UK



More details about the Petals app can be found at:

<http://petals.coventry.ac.uk>

Resources

Videos:

Think Again

<https://youtu.be/kzBNTtR7toE>

My Body My Rules

<https://www.youtube.com/watch?v=W2IStB6Z3Vw>

Needlecraft Film

https://youtu.be/bgbvZzCZU_4

References

Sandwell Stopping FGM www.sandwell.gov.uk/domesticabuse

Birmingham Against FGM www.BAFGM.org

Forward, Bristol www.forwarduk.org

Integrate, Bristol www.integratebristol.org.uk

NSPCC www.nspcc.org.uk

Home Office www.gov.uk/government/collections/female-genital-mutilation