

Policy document for: **Female Genital Mutilation (FGM)**

Updated: Autumn 2025

This policy forms part of the Trust Safeguarding and Child Protection policy and gives specific school actions in relation to their context.

Linked guidance

- Keeping Children Safe in Education

Staff must remember contextual safeguarding

When considering safeguarding incident or behaviour concerns, all assessments must consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. This is an approach to understanding and responding to children's experiences of significant harm beyond their families. This includes online abuse.

Female Genital Mutilation (FGM) mandatory reporting duty

Whilst all staff will speak to the DSL with regard to any concerns about FGM, there is a specific legal duty on teachers.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers in England and Wales, to personally report to the police where they discover that FGM appears to have been carried out on a girl. **Staff are aware that family members must not be used as interpreters and that all familial links are identified (added Sept 24)**

It will be rare for teachers to see visual evidence, and they should not be examining pupils, however teachers who do not personally report such concerns may face disciplinary sanctions.

Further information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#) and [FGM Mandatory reporting Duty Fact Sheet](#). Reporting should be carried out by calling 101.

The DSL will complete the FGM e-Learning package (<https://www.fgmelearning.co.uk/>). The DSL will also ensure that information and training is made available as appropriate to all members of staff. This includes:

- "FGM The Facts":
www.gov.uk/government/uploads/system/uploads/attachment_data/file/482799/6_1587_HO_MT_Updates_to_the_FGM_The_Facts_WEB.pdf
- "FGM an Overview:" <http://www.local.gov.uk/sites/default/files/documents/what-fgm-2dd.pdf>

Links for further support:

- <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm/>
- <https://www.england.nhs.uk/wp-content/uploads/2016/12/fgm-pocket-guide-v5-final.pdf>
leaflet of information for staff giving signs to look for
- <https://www.childline.org.uk/info-advice/bullying-abuse-safety/abuse-safety/female-circumcision-fgm-cutting/> to support children

- <https://www.barnardos.org.uk/what-we-do/protecting-children/fgm>

Summary of the FGM mandatory reporting duty

Traditional and local terms for FGM

From the Home Office training, local terms for FGM are:

Traditional and local terms for FGM			
Country	Term used for FGM	Language	Meaning
EGYPT	Thara	Arabic	Deriving from the Arabic word 'tahar' meaning to clean/purify
	Khitan	Arabic	Circumcision - used for both FGM and male circumcision
	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
ETHIOPIA	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
ERITREA	Mekhnishab	Tigreña	Circumcision/cutting
KENYA	Kutairi	Swahili	Circumcision - used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
NIGERIA	Ibi / Ugwu	Igbo	The act of cutting - used for both FGM and male circumcision
	Sunna	Mandingo	Religious tradition/obligation - for Muslims
			Religious tradition/obligation - for Muslims
SIERRA LEONE	Sunna	Soussou	Religious tradition/obligation - for Muslims
	Bondo	Temenece	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo / Sonde	Mendece	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo	Mandingo	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo	Limba	Integral part of an initiation rite into adulthood - for non Muslims

SOMALIA	Gudimin	Somali	Circumcision used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word 'halal' ie. 'sanctioned' - implies purity. Used by Northern & Arabic speaking Somalis.
	Qodin	Somali	Stitching /tightening/sewing refers to infibulation
SUDAN	Khifad	Arabic	Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word 'tahar' meaning to purify
CHAD - the Ngama Sara subgroup	Bagne		Used by the Sara Madjingaye
	Gadja		adapted from 'ganza' used in the Central African Republic
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu	'Circumcision of girls'
	Fanadu di Omi	Kriolu	'Circumcision of boys'
GAMBIA	Niaka	Mandinka	Literally to 'cut/wood clean'
	Kuyango	Mandinka	Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning 'the women's side'/'that which concerns women'

Source: <http://www.forwarduk.org.uk/key-issues/fgm/definitions>

International prevalence

FEMALE GENITAL MUTILATION IN ASIA AND THE MIDDLE EAST

FGM is predominantly concentrated in a sweep of African countries, but there is growing evidence that the practice is more widespread than previously thought. However, there is little or no data on FGM in most Asian and Middle Eastern countries.

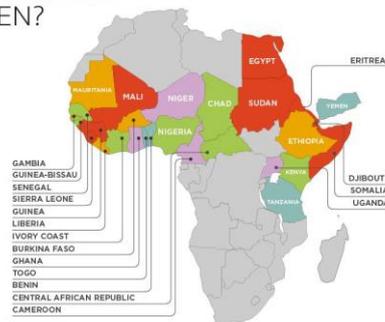


FEMALE GENITAL MUTILATION WHERE DOES IT HAPPEN?

FGM is practised across a swathe of Africa and parts of the Middle East and Asia. It is also found among immigrant communities worldwide.

An estimated 200 million girls and women have been subjected to FGM.

FGM PREVALENCE IN AFRICA (WOMEN AGED 15-49)



How we tackle FGM in our schools

Although FGM takes place between birth and around 15 years old; it is believed that the majority of cases happen between the ages of 5 and 8. Since FGM can be carried out at any age, from new-born onwards, it is vital to be alert for any sign of potential FGM risk factors or signs. The age that this can happen varies depending on the ritual/customs of the village, region or belief system.

Risk factors include

- Level of integration into UK society
- Parents originate from a community known to practice FGM and/or information is shared of their intention to visit their country of origin
- Familial history – especially sister
- Girls withdrawn from RSE may be at risk

Warning signs for FGM about to take place

- Parents seek to withdraw their child from learning about FGM in the school
- Older visitor from country of origin
- Girls of school age taken abroad at the start of the summer holidays – be alert to talk about a long holiday abroad – or parents tell you they are removing their children from the country for a prolonged period
- Girl discloses she is to have a ‘special procedure’ or ‘attend special occasion to become a woman’

Process undertaken

- If there is any concern that FGM may be going to take place, a DSL will speak to a family member about any leave of absence request which is to a country where FGM is practised. There will be a consultation with Kent Education Safeguarding too, and this is part of our Statutory Duty in safeguarding.
- The Consultation and the conversation with parent will then be recorded on CPOMS.
- Staff are aware that family members should not be used as interpreters and that familial links are identified.

Asking difficult questions

When talking about FGM, professionals should:

- Ensure that a female professional is available to speak to, if the girl or woman would prefer this;
- Make no assumptions;
- Give the individual time to talk and be willing to listen;
- Create an opportunity for the individual to disclose, seeing the individual on their own in private;
- Be sensitive to the intimate nature of the subject;
- Be sensitive to the fact that the individual may be loyal to their parents;
- Be non-judgemental (point out the illegality and health risks, but not blaming the girl or woman);
- Get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure;
- Take detailed notes;
- Use simple language and ask straightforward questions;
- Use terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as ‘abusive’;
- Avoid loaded or offensive terminology such as ‘barbaric’;
- Use value-neutral terms understandable to the woman, such as: “Have you been closed?”, “Were you circumcised?”, “Have you been cut down there?”;
- Be direct; indirect questions can confuse and may only cause embarrassment or discomfort to you or the patient;
- If confusion remains, ask leading questions such as: “Do you experience any pains or difficulties during intercourse?”, “Do you have any problems passing urine?”, “How long does it take to pass urine?”, “Do you have any pelvic pain or menstrual difficulties?”, “Have you had any difficulties in childbirth?”;
- Give the message that the individual can come back to you if they wish; and
- Give a clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters.

Call the FGM Helpline 0800 028 3550 to discuss any concerns.

Promoting pupil awareness

The curriculum is used to promote body safety for all children and FGM is taught as part of our RSE curriculum.

Indications that FGM has taken place

- Difficulty walking, sitting or standing
 - Spending longer in the toilet
 - Lengthy absence from class with bladder or menstrual problems
 - Frequent urinary or menstrual problems
 - Prolonged or repeated absence from school
 - Noticeable behaviour changes
 - Particular reluctant to undergo medical examinations
 - Asking for help but vague about the problem (embarrassment or fear)
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- If you discover that a pupil has undergone has undergone FGM then you **MUST** refer the case directly to the Police. This is not transferable to a DSL – the DSL will support you through direct reporting processes
 - Speak immediately to a DSL who will consult with Kent Education Safeguarding.
 - Everything must be recorded on CPOMS