FGM (KCSIE 2026)

What FGM Is

FGM is **child abuse**, **sexual violence**, **gender-based violence**, and a **criminal offence**. It involves the partial or total removal of external female genitalia or injury for non-medical reasons. It is illegal to:

- perform FGM
- assist a girl to perform FGM
- take a girl abroad for FGM
- allow FGM to happen
- fail to protect a girl from FGM

FGM can be carried out at **any age**, including infancy.

Why FGM Happens

Communities may justify FGM through:

- sexual control
- preservation of virginity
- custom or tradition
- family honour
- mistaken religious beliefs
- preparation for marriage

These reasons are **never acceptable**.

FGM may be linked to:

- forced marriage
- breast ironing
- honour-based abuse
- coercive control
- trafficking
- gender-based violence

Online Risks (KCSIE 2026)

FGM can be facilitated or encouraged online through:

- digital coercion by extended family
- online promotion of FGM
- pressure via social media
- AI-generated threats or manipulation
- location tracking or monitoring of devices

Staff must be alert to disclosures involving online pressure.

Risk Factors

Girls may be at increased risk if:

- parents originate from a practising community
- there is a family history of FGM
- extended family arrive from abroad
- girls are withdrawn from RSE
- parents discuss long holidays to high-risk countries
- girls talk about “special procedures” or “becoming a woman”
- parents request prolonged leave during summer holidays

FGM may be disguised as “health treatments” or “cosmetic procedures”.

Indicators FGM Has Taken Place

Staff should be alert to:

- difficulty walking, sitting or standing
- spending long periods in the toilet

- bladder or menstrual problems
- prolonged absence from school
- behaviour changes
- reluctance to undergo medical examination
- vague disclosures due to fear or shame

Infants/toddlers may show distress when toileting or unexplained discomfort.

Mandatory Reporting Duty (Teachers Only)

Teachers must **personally** report to the Police (via 101) if they discover that FGM **appears to have been carried out** on a girl under 18. This duty:

- **cannot** be transferred to a DSL
- applies even without a disclosure
- does **not** apply to sibling disclosures
- requires staff **not** to use family members as interpreters

The DSL will support staff through the reporting process.

Staff Actions — If FGM Is Suspected or Disclosed

1. **Speak to a DSL immediately** (in person wherever possible).
2. **Do not investigate** or ask leading questions.
3. **Do not speak to parents**.
4. **Record concerns on CPOMS**, using the child's exact words.
5. **Maintain confidentiality** — share only with DSL/deputy.
6. Teachers: **call 101** if FGM appears to have been carried out.
7. DSL will consult with the **Front Door** and Kent Education Safeguarding.

If a sibling discloses:

- mandatory reporting does **not** apply
- staff must still speak to a DSL immediately
- record the child's exact words on CPOMS

DSL Responsibilities

DSLs will:

- complete an immediate risk assessment
- consider siblings and extended family involvement
- assess contextual safeguarding factors
- liaise with Police, health, Family Help and other agencies
- consult Kent Education Safeguarding
- ensure safe information sharing
- monitor patterns through caseload reviews
- ensure risk information transfers when a child moves school
- ensure staff complete FGM training

Curriculum

FGM is taught within RSE/PSHE as part of body safety education, focusing on:

- consent
- bodily autonomy
- safe relationships
- recognising harmful cultural practices
- seeking help

Bourne Alliance
Multi Academy Trust

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

Updated: Summer 2026

This policy forms part of the Trust Safeguarding and Child Protection policy and reflects the latest KCSIE guidance. Keeping children safe in education 2026 (comes into force from 1 September 2026) See page 170- for full details. ***All staff must read KCSIE Part 1 as a minimum.***

What is FGM?

FGM is a form of child abuse that can lead to extreme and lifelong physical and psychological suffering to women and girls. The term FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. In general, girls undergo female genital cutting (FGC) around the age of three years old, though the age may vary depending on the type of ritual and customs of the local village or region.

It is illegal for a parent to allow their daughter to become a victim of FGM . It is also illegal to take a girl who is a British National or UK resident abroad for FGM.

FGM is **child abuse**, **sexual violence**, **gender-based violence**, **honour based abuse, harmful cultural practice** and a **criminal offence**. It causes lifelong physical, emotional and psychological harm. It is never acceptable and must always be treated as an immediate safeguarding concern

Female Genital Mutilation (FGM) involves the partial or total removal of external female genitalia or injury to female genital organs for non-medical reasons. It is illegal in the UK. It can be carried out at any age, including infancy.

It is a crime to:

- perform FGM
- assist a girl to perform FGM on herself
- take a girl abroad for FGM
- allow FGM to happen
- fail to protect a girl from FGM

Traditional and local terms for FGM

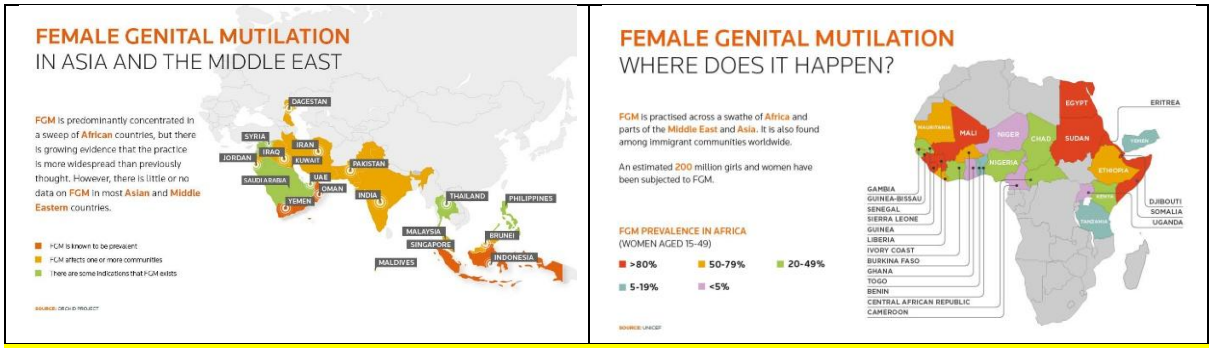
From the Home Office training, local terms for FGM are:

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	Tigregna	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
SIERRA LEONE	Sunna	Soussou	Religious tradition/obligation - for Muslims
	Bondo	Temenee	Integral part of an initiation rite into adulthood - for non Muslims
	Bondo / Sonde	Mendee	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	Gudiniin	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.
	Qodiin	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		dapted 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/weed 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



It is known to take place in 28 countries of Africa and in parts of Asia and the Middle East. It also found in the UK in members of migrant communities.

UK communities most at risk include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM also include Yemeni, Afghani, Kurdish, Indonesian and Pakistani

FGM may be linked to:

- forced marriage
- breast ironing
- honour-based abuse
- coercive control
- gender-based violence
- trafficking

Why does FGM take place?

FGM is a cross cultural and cross religious ritual. Communities justify the practice for a variety of reasons:

- Sexual control by men over women
- Preservation of virginity
- Custom and tradition
- Family honour

- Hygiene or cleanliness
- Mistaken belief that FGM is a religious requirement
- Preparation for marriage

These reasons are never acceptable.

Immediate & long term health consequences of FGM

The immediate health consequences of FGM can include:

- Fatality as a result of shock, haemorrhage or septicaemia;
- Infection due to insanitary conditions;
- Transmission of the HIV virus which can cause AIDS;
- Extreme levels of pain, fear, anxiety and discomfort.

FGM has many long-term physiological, sexual, and psychological effects some of which include:

- Kidney and or recurrent urinary retention / infection;
- Genital malformation, cysts, keloid scar formation;
- Delayed menarche (first menstrual cycle);
- Chronic pelvic complications;
- Sexual frigidity, pain during sex, lack of pleasurable sensation;
- Obstetric complications;
- Mental health difficulties, PTSD.

Online-Facilitated FGM Risk (KCSIE 2026)

KCSIE 2026 highlights new online risks, including:

- digital coercion by extended family
- online promotion of FGM
- pressure via social media
- AI-generated threats or manipulation
- online communities encouraging FGM
- location tracking to monitor girls' movements

Staff must be alert to disclosures involving online pressure.

Risk Factors

Girls may be at increased risk if:

- parents originate from a practising community
- family members talk about travel to a high-risk country
- there is a family history of FGM
- girls are withdrawn from RSE lessons
- extended family members arrive from abroad
- parents discuss "special occasions" or "becoming a woman"

- girls express anxiety about ceremonies or travel
- parents request prolonged leave during summer holidays

FGM may be disguised as:

- "health treatments"
- "cosmetic procedures"
- "traditional practices"

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/FGC (Female Genital Cutting) risk factors or signs. The age that this can happen varies depending on the ritual/customs of the village, region or belief system.

Promoting pupil awareness

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

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 education staff to report their concern directly to agencies**. The duty cannot be transferred to a DSL.

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

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'
- Girl discloses she is anxious about a special ceremony or traditional custom

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
- Particularly reluctant to undergo medical examinations
- Asking for help but vague about the problem (embarrassment or fear)
- Vague disclosures due to fear or shame

Infants and toddlers may show:

- distress when toileting
- unexplained crying
- discomfort when sitting
- infection or bleeding

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.

Staff Actions — If FGM Is Suspected or Disclosed

If a child discloses or staff suspect FGM:

1. **Speak to a DSL immediately** (in person wherever possible).
2. **Do not investigate** or ask leading questions.
3. **Do not speak to parents**.
4. **Record concerns on CPOMS**, using the child's exact words.
5. **Maintain confidentiality** — share only with DSL/deputy.
6. **Call 101** if you are a teacher and FGM appears to have been carried out.
7. DSL will consult with the **Front Door** and Kent Education Safeguarding.
8. DSL will consider siblings and contextual safeguarding factors.

If a sibling discloses:

- mandatory reporting does **not** apply
- staff must still speak to a DSL immediately
- record the child's exact words on CPOMS

Asking difficult questions

Staff must:

- use clear, non-judgemental language
- avoid euphemisms
- avoid family interpreters
- ensure the child feels safe and heard

- 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.

DSL actions

DSLs will:

- complete an immediate risk assessment
- consider siblings and extended family involvement
- assess contextual safeguarding factors
- liaise with Police, health, Family Help and other agencies
- consult Kent Education Safeguarding
- ensure safe information sharing
- monitor patterns through caseload reviews
- ensure risk information transfers when a child moves school
- ensure staff complete FGM training
- complete the FGM e-learning package

Curriculum and Pupil Awareness

FGM is taught within RSE and PSHE as part of body safety education. Teaching is age-appropriate and focuses on:

- consent
- bodily autonomy

- safe relationships
- recognising harmful cultural practices
- seeking help

Staff and Community Context

Staff must be aware of:

- school context for migrant families
- extended family involvement
- community pressure
- post-separation escalation
- risk during travel abroad

FGM may also affect staff or volunteers.

- Under 18: child safeguarding procedures apply.
- Over 18: adult safeguarding procedures apply.

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