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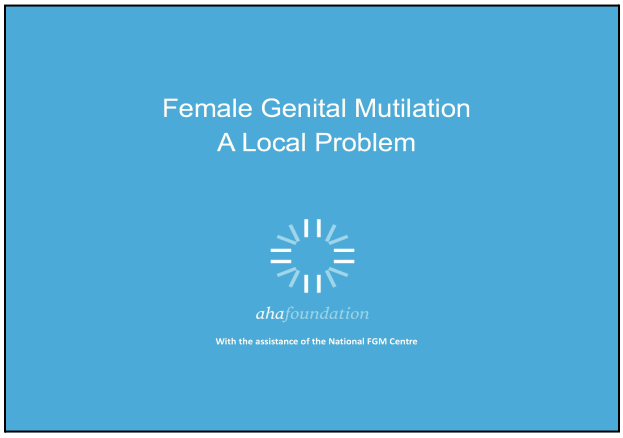
BREAKING THE SILENCE
PROTECTING LIBERTY
CELEBRATING DIGNITY

UNDERSTANDING FEMALE GENITAL MUTILATION/CUTTING

FORT HAYS STATE UNIVERSITY
JV CAPREZ SOCIAL WORK FIELD DAY
APRIL 2024

Presented by: AHA Foundation

MICHELE HANASH



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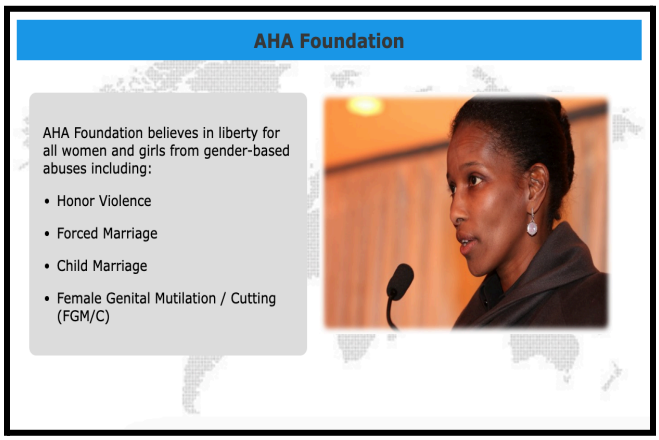

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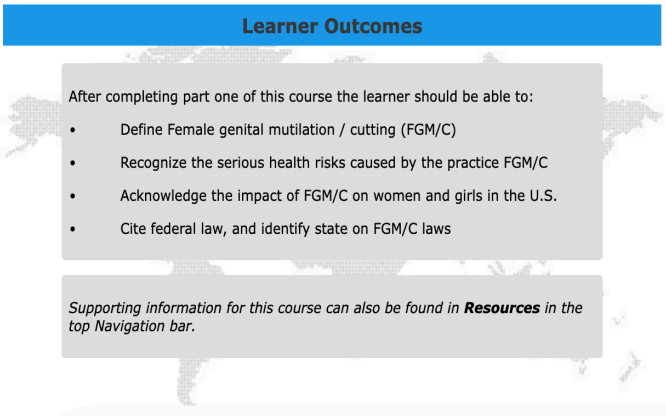

- The aim of FGM/C training is to instill a strong understanding of both the physical and emotional harm that can be caused by FGM/C.
- We trust you will gain a good understanding of best practices in working with women and girls impacted by FGM/C.

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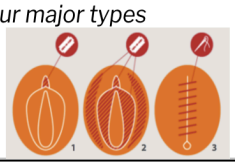
Overview

Female Genital Mutilation/Cutting (FGM/C)

- *The World Health Organization defines FGM/C as "all procedures that involve partial or total removal of external female genitalia, or other injury to female genital organs for non-medical reasons."*
- *WHO classifies FGM/C into four major types*



OPTIONAL NOTES:

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Overview Cont'd

Why is FGM/C Practiced?

- *Causes of FGM/C include a mix of cultural, social, and traditional factors within families and communities.*

FGM/C Has No Health Benefits

- *According to the WHO, FGM/C has "no health benefits for girls and women". The procedure* ***involves the removal and/or damage of normal and healthy female genital tissue****.*

5

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What is female genital mutilation?

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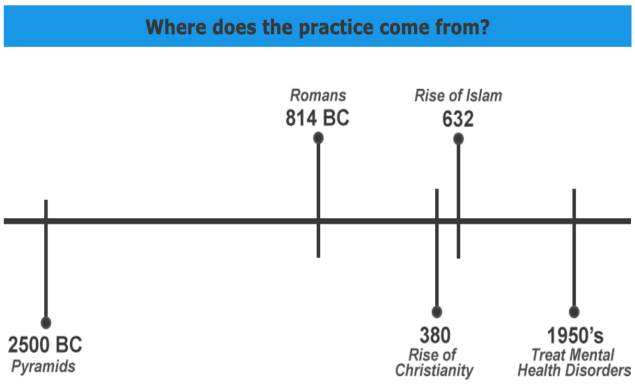
FGM/C has been officially recognized as a human rights violation by the United Nations since 1992.

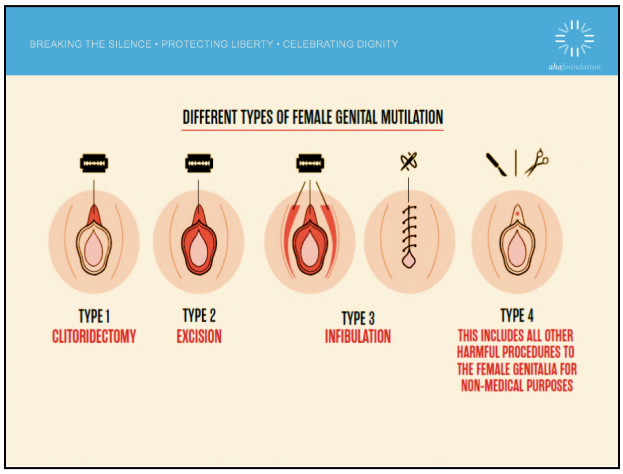
FGM/C refers to the partial or complete removal of the external female genitalia.

It is typically done between infancy and the age of 15.

FGM/C is often performed by traditional circumcisers or cutters who do not have any medical training



- The origins of the practice are unclear.
- It predates the rise of Christianity and Islam and is not required by any mainstream faith.
- As recent as the 1950s, clitoridectomies were practiced in Western Europe and the United States to treat perceived ailments including hysteria.



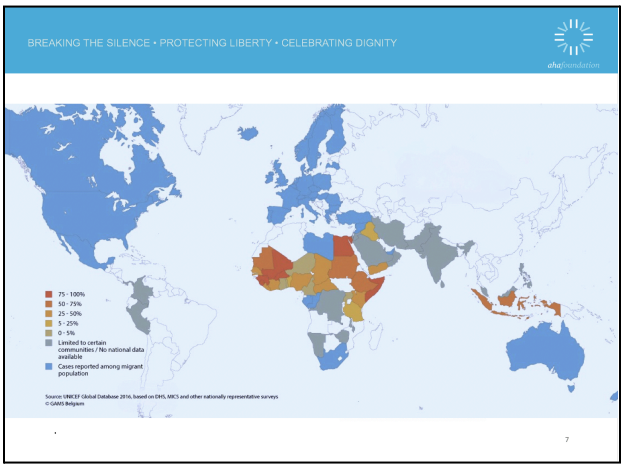
There are Four Main Types of FGM/C:

Type 1 (clitoridectomy): removing part or all of the clitoris

Type 2 (excision): removing part or all of the clitoris and the inner labia (the lips that surround the vagina), with or without removal of the labia majora (the larger outer lips)

Type 3 (infibulation): narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia

Type 4 other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area



This map demonstrates how widely FGM/C is practiced.

RED: 75% to 100% of women and girls are cut

DARK ORANGE: 50% to 75% of women and girls are cut

ORANGE:25% to 50% of women and girls are cut

LIGHT ORANGE: 5% to 25% of women and girls are cut

YELLOW: Less than 5% of women and girls are cut

GREY: Indicates that FGM/C happening only in specific local communities or no national data is available

BLUE: Cases reported among migrant population: this indicates that it's a practice that is happening in certain communities but is relatively rare as a percentage of the total population

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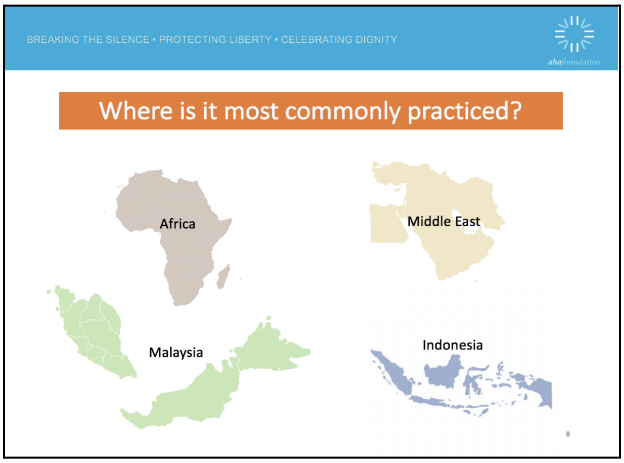

FGM/C is practiced in Africa, the Middle East, Indonesia, and Malaysia.

In your handout, you have a detailed list of countries and the prevalence rate in each country.

If you're working with someone from one of the countries listed then it's important to recognize this as a risk factor.

In some countries, FGM/C is only practiced by a small sub-group.

For example, only certain communities in India, Pakistan, and Sri Lanka practice FGM/C.

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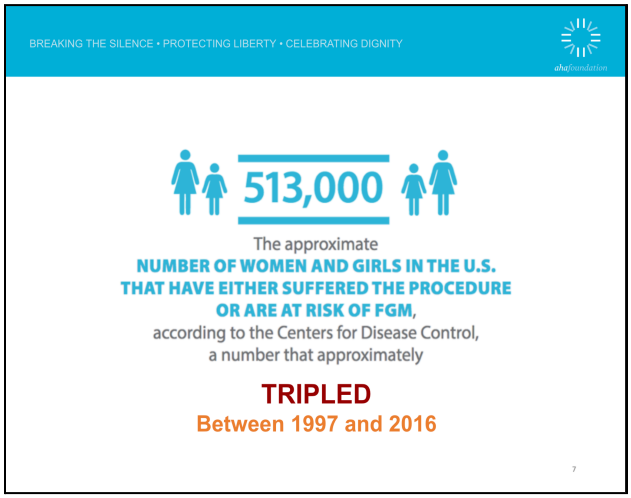

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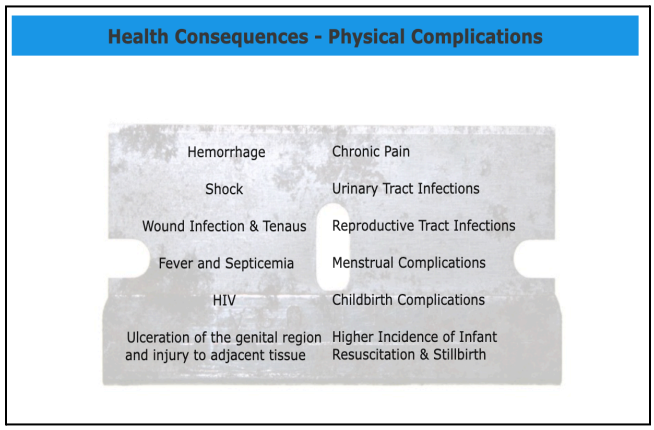


<u>Short-term health risks of FGM/C</u>

Hemorrhage and infection can be severe enough to cause death.

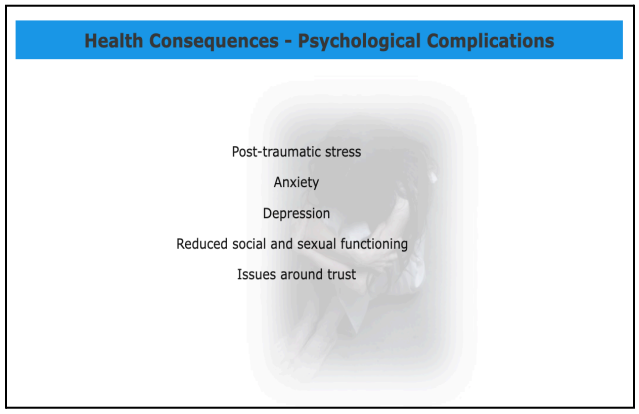
Type III FGM/C is a **more extensive procedure** of longer duration, hence the intensity and duration of pain may be more severe.

Shock can be caused by the pain, infection and/or hemorrhage.

Tetanus or infection may spread after the use of contaminated instruments and during the healing period.

Urination problems may include urinary retention and pain passing urine.

Impaired wound healing can also lead to pain, infections and abnormal scarring.



- For girls, genital mutilation is a major experience of fear, submission and suppression.
- FGM/C can result in a loss of confidence and trust in family and friends.
- FGM/C has implications on future intimate relationships between the adult and partner and the adult and their own children.
- Even the less invasive forms of FGM/C can cause lifelong harms/traumas.

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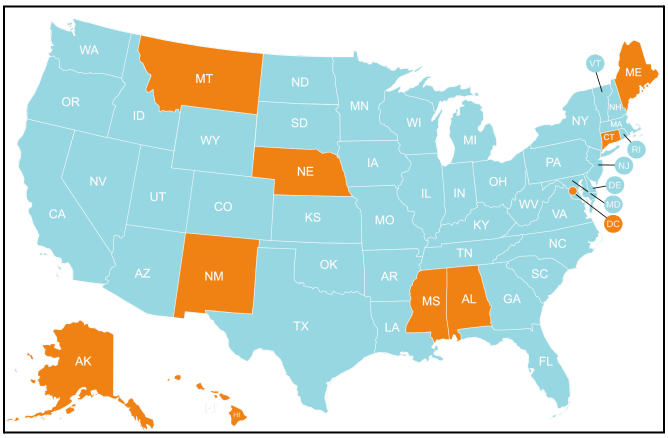
Female Genital Mutilation Act (18 U.S.C.S. § 116) as amended in 2013 and again in 2020 by the STOP FGM Act states

- It is a crime to knowingly perform female genital mutilation (FGM) on girls under 18 years of age, including consenting to FGM as a parent or guardian, when interstate commerce is used to facilitate it
- It is a crime to take a girl overseas for a FGM procedure
- Bars religion, custom, tradition, ritual, or standard practice as a defense to prosecution
- Calls on federal agencies to submit a report detailing the prevalence of FGM in the U.S., the protections and actions taken to protect women and girls, and the actions taken by federal agencies to educate important stakeholders about FGM
- The penalty is a maximum of 10 years imprisonment and/or a fine

OPTIONAL NOTES:

State Law - 41 States have outlawed FGM/C as of October 2023

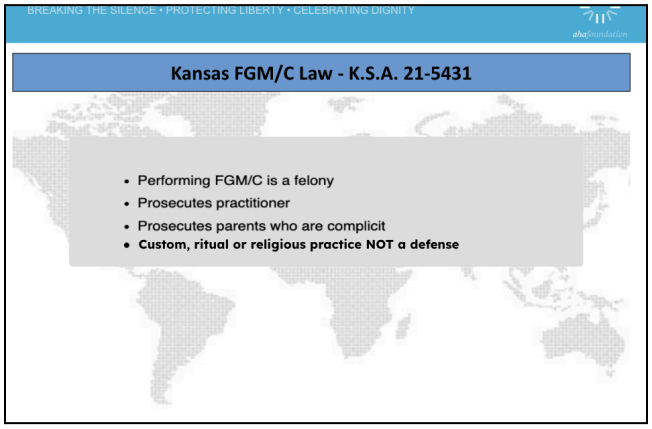


State legislation is required because it

- Sends a STRONG MESSAGE THAT FGM WILL NOT BE TOLERATED.
- It GIVES State PROSECUTORS THE TOOLS they need
- Helps fills the gaps left in the federal law banning FGM, such as with education and outreach

Rather than prosecution after the event, a cultural shift away from the practice is the desired outcome of all interventions.

OPTIONAL NOTES:



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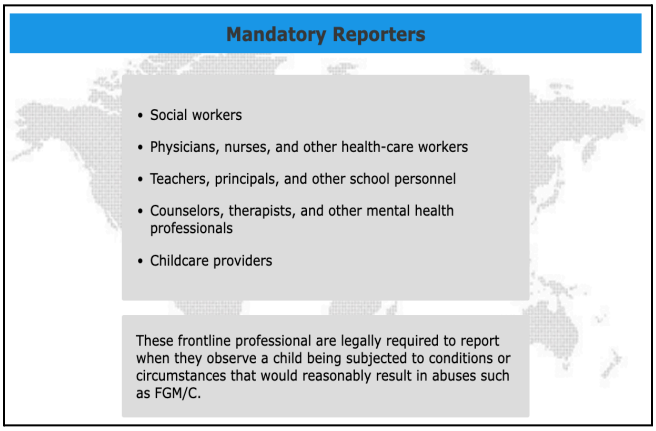

OPTIONAL NOTES:

Federal Programs to Combat FGM/C in 2023

1. **Homeland Security Investigations provides**
   * Public Education and Outreach
   * Operations and Enforcement
   * Victim Protection and Support
2. **Department of Justice, Office of Victims of Crime, has** previously introduced support projects to build or enhance community response to FGM over six years.

OPTIONAL NOTES:

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Overview of population potentially impacted by FGM/C in Kansas

- An estimated 2,245 women and girls are potentially impacted by FGM/C in Kansas
  - **250** girls at risk
  - **1,995** women and girls likely living with FGM
- **Most of those impacted by FGM/C in Kansas live in the greater Kansas City and Wichita metropolitan areas.**
- Clusters
  - The northeast cluster includes impacted individuals in Johnson & Wyandotte Counties
  - The Southcentral cluster includes impacted individuals in Sedgwick, & Butler Counties
  - The Southwest cluster is underrepresented

OPTIONAL NOTES:

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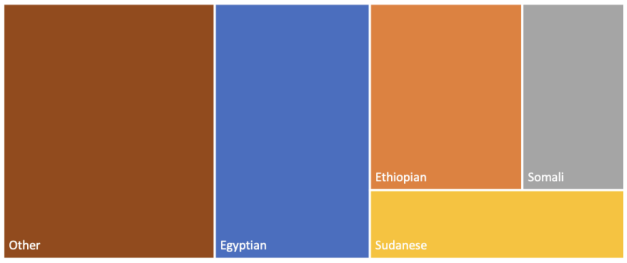
Ethnic origin of FGM/C impacted population in Kansas



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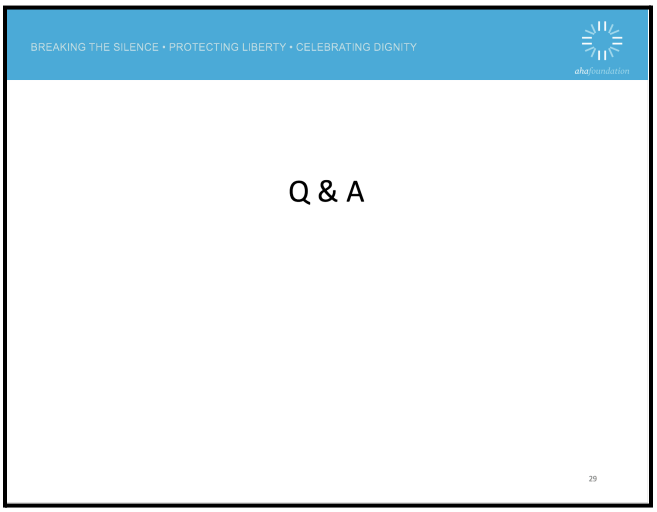

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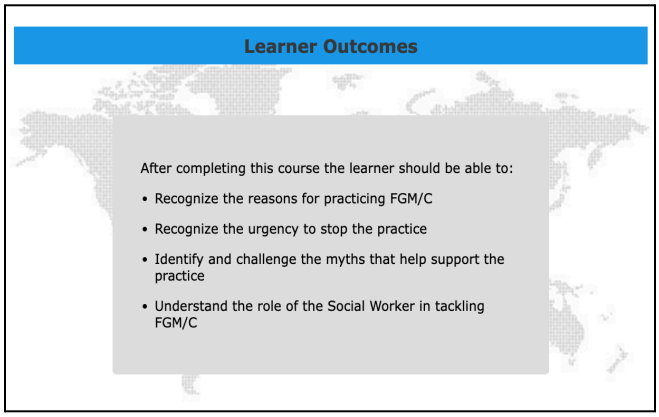


OPTIONAL NOTES:

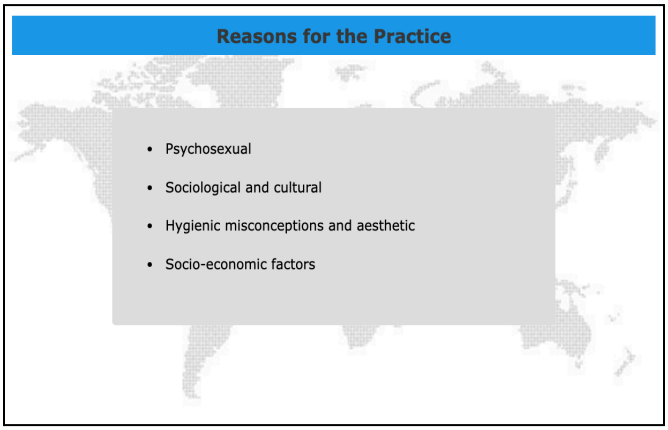
Short answer – Yes.

Cultural arguments cannot be used to condone violence against people, male or female.

Culture is not static, but constantly changing and adapting.

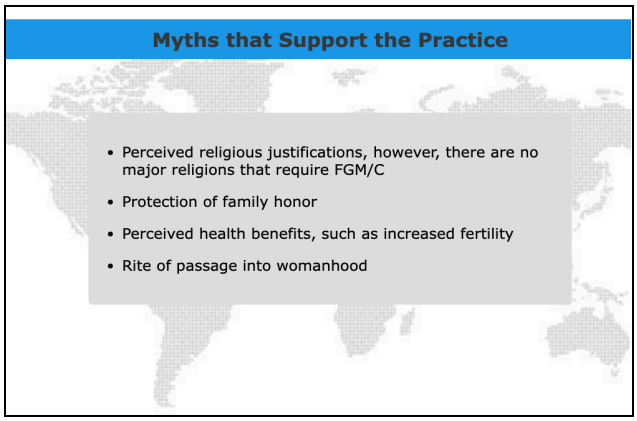
Behaviors change when people understand the hazards and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture.

In the U.S we believe every child has the right to be protected from harm, in all settings and at all times.



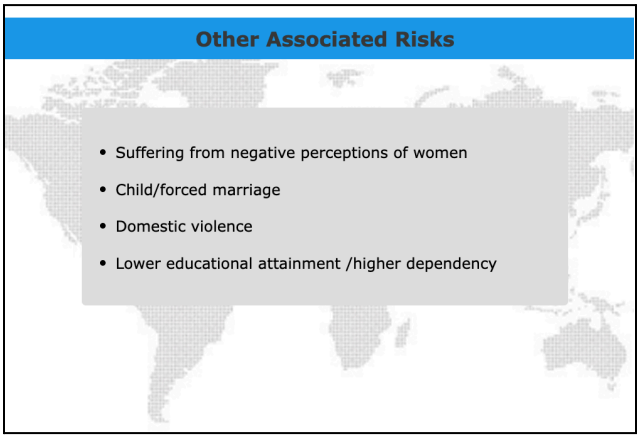
It can be difficult for families to abandon the practice without support. The reasons for practicing FGM/C fall generally into five categories:

Psychosexual reasons: FGM/C is carried out as a way to control women's sexuality.
Sociological and cultural reasons: FGM/C is seen as part of a girl's initiation into womanhood.
Hygiene and aesthetic reasons: In some communities, the external female genitalia are considered dirty and ugly.
Socio-economic factors: FGM/C sometimes is a prerequisite for the right to marry or inheritance.
Erronious Religious reasons: Although FGM/C is not endorsed by any mainstream religion, supposed religious doctrine is often used to justify the practice.

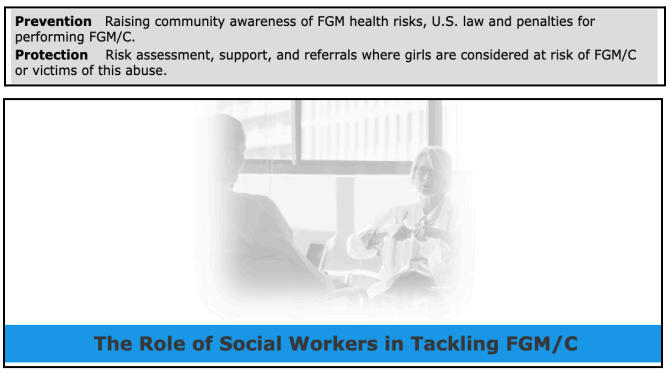


Why do women cut women?

- Women who cut girls are generally respected within their community, they will be influencers on ethical and moral issues when most women's voices don't get heard.
- There is also a small financial payment for performing FGM/C.
- Then there is the psychological issue of when the victim of abuse becomes the abuser.



- FGM/C is only practiced in patriarchal communities.
- In patriarchal communities girls lack voice and agency.
- Patriarchal structures frequently result in communities having an increased tolerance towards issues such as forced marriage and domestic violence perpetrated by men.
- This can result in producing disincentivized adults with childhood experiences of seeing their family members abuse their mother.



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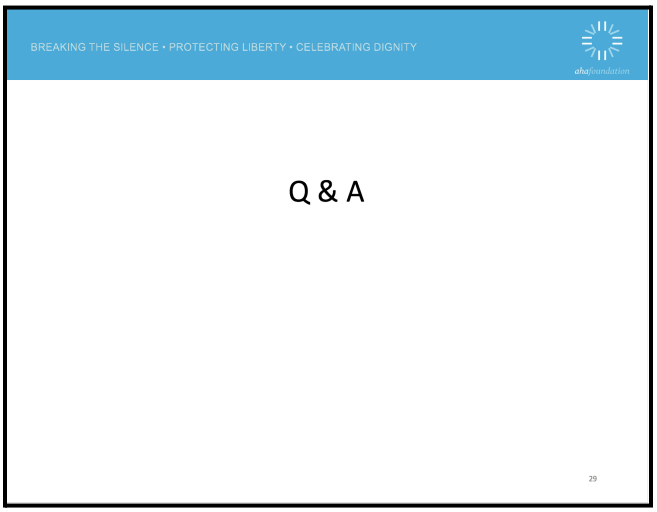
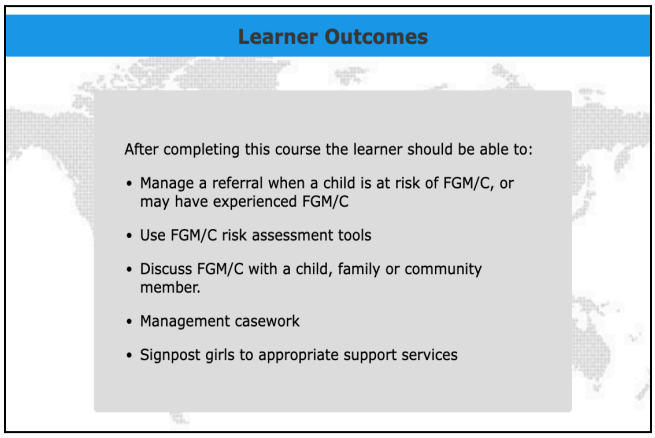


OPTIONAL NOTES:

Research -
•where the family originates from,
•the role of women and children in their culture,
•the prevalence of FGM/C and
•their framework for religious belief.
•age when a girl is at risk

•is the family already known to social services?
•what relevant agencies should be invited to discuss the referral?
•is it safe to meet in the family home?

Then **Contextualize,** cultural practices are rarely translated directly to a new environment.



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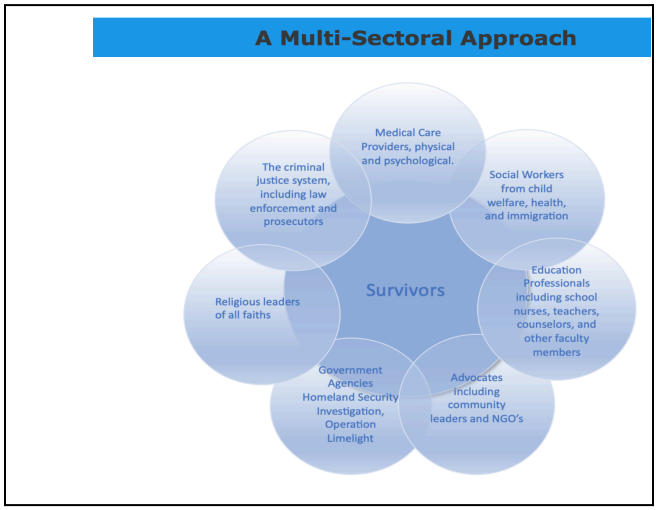
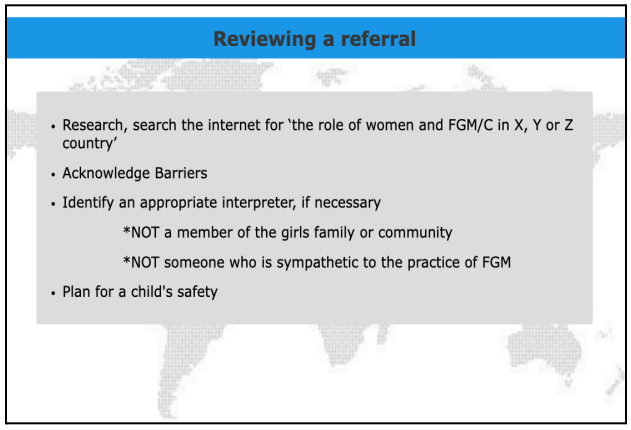


Ending FGM requires a multi-sectoral approach that brings together law enforcement, child protection, educators, medics, religious leaders, government, advocates, social services and survivors.



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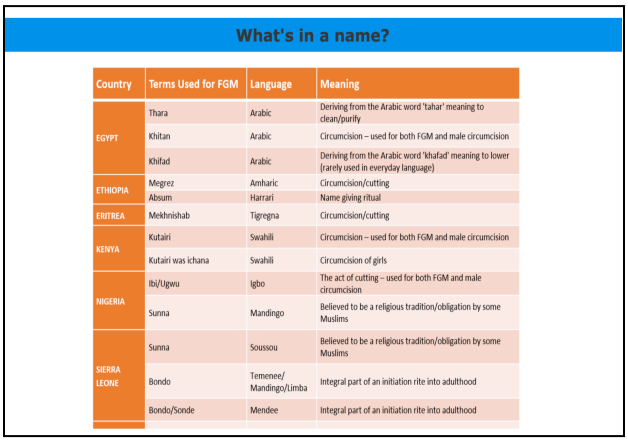


What's in a name?

Country	Terms 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	Believed to be a religious tradition/obligation by some Muslims
SIERRA LEONE	Sunna	Soussou	Believed to be a religious tradition/obligation by some Muslims
	Bondo	Temenee/ Mandingo/Limba	Integral part of an initiation rite into adulthood
	Bondo/Sonde	Mendee	Integral part of an initiation rite into adulthood

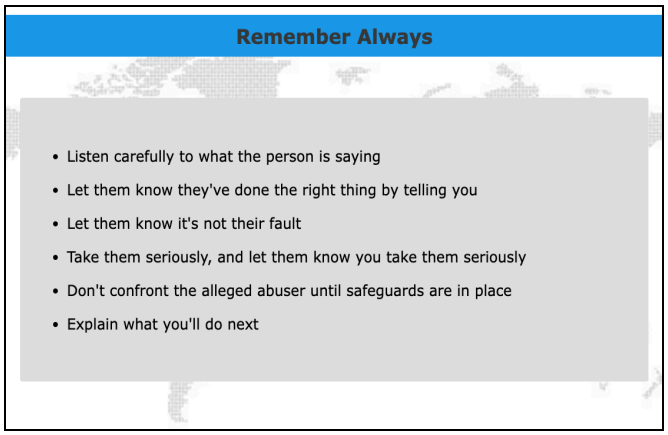
The term “female circumcision” has been widely criticized for drawing a parallel with male circumcision and creating confusion between the two distinct practices.

The U.N. uses the term “female genital mutilation.”

The use of the word “mutilation” emphasizes the gravity of the act.

Practicing countries have their own terms and language, and a list of these can be found in your handout.

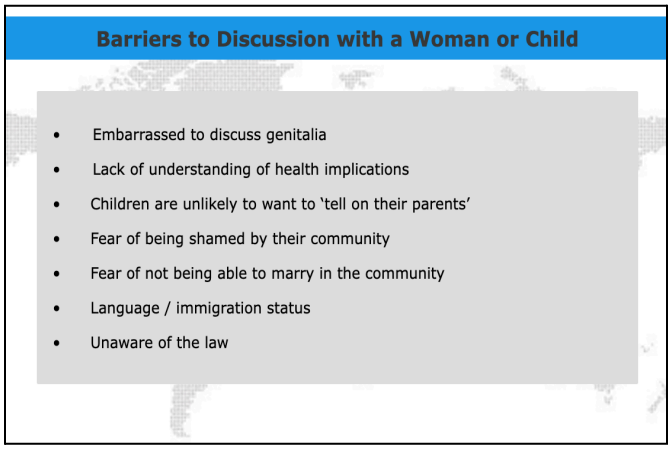
IMPORTANT to let the survivor use her own preferred term for describing the practice.



Remember Always

- Listen carefully to what the person is saying
- Let them know they've done the right thing by telling you
- Let them know it's not their fault
- Take them seriously, and let them know you take them seriously
- Don't confront the alleged abuser until safeguards are in place
- Explain what you'll do next

- Seeking support or addressing the impact of FGM/C on their life forces questions of a very intimate nature.
- While girls may have experienced negative consequences due to FGM/C, they may still find value in the practice and share the belief that the practice is good for them along with their families and community.
- For some, the realization that a cultural practice that she has undergone, or is at risk of going through, at the hands of her family and community is child abuse can lead to feelings of betrayal and isolation.
- She may experience anger at her family, community, and culture for subjecting her to FGM/C. You may also experience hostility towards you as a service provider.



Barriers to Discussion with a Woman or Child

- Embarrassed to discuss genitalia
- Lack of understanding of health implications
- Children are unlikely to want to ‘tell on their parents’
- Fear of being shamed by their community
- Fear of not being able to marry in the community
- Language / immigration status
- Unaware of the law

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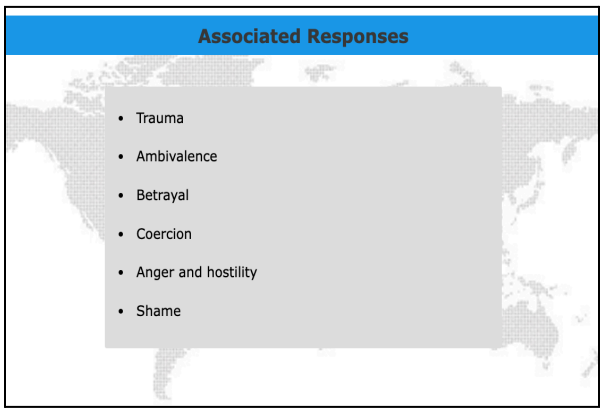
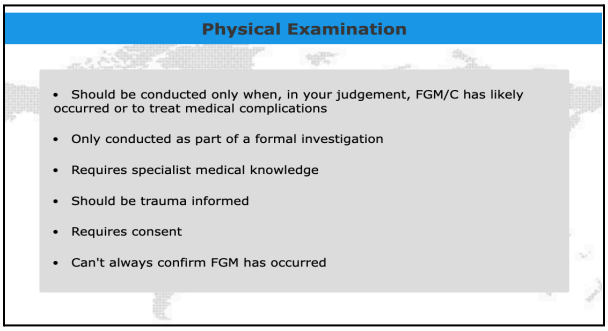


• FGM is not generally performed with intent to harm, but to ensure girls conform to cultural expectations.
•Do not make assumptions based on cultural/religious background. Do not treat all FGM/C cases the same, adapt your approach accordingly for each family.
•Ensure that you use a trained female interpreter, (preferably the same interpreter for every visit) who speaks the same language and **dialect** as the girl. Do not use other family or community members to interpret.
•Plan for the child's safety, this might mean regular follow-ups, or on some occasions this may mean removing the child and her siblings from the home, but this should only be undertaken if the situation is critical.
•The family should be given an opportunity to respond positively by informing them of the laws against FGM and the health risks for their daughter.



OPTIONAL NOTES:

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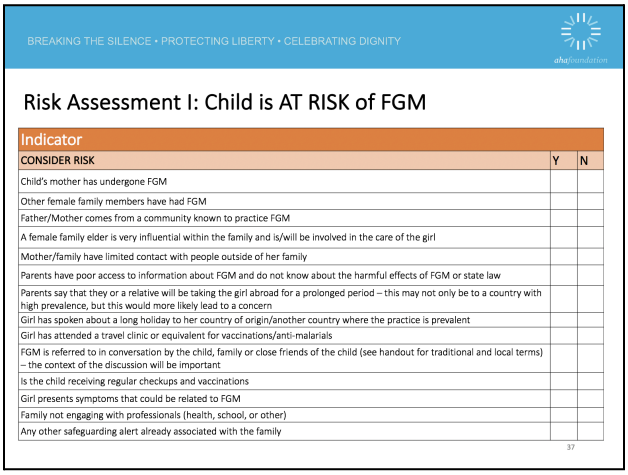
In the resources section of this manual are examples of questions you might like to consider for girls, bearing in mind their age and understanding.

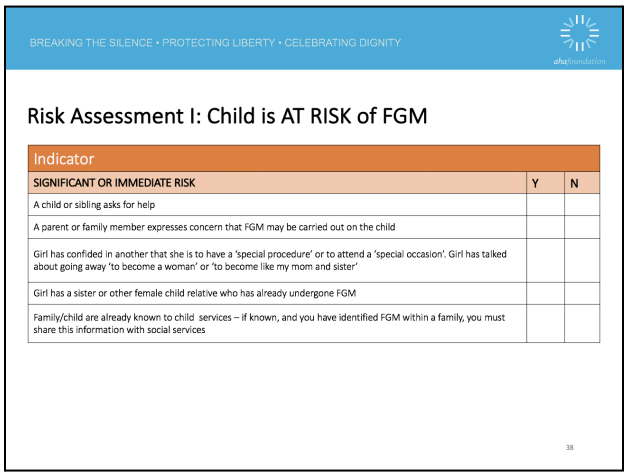
Always follow mandated reporter laws.



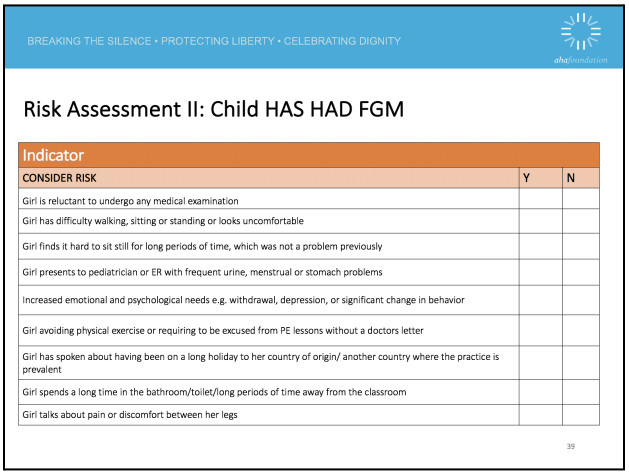
Consider risk – if one or more indicators are identified, you need to consider what action to take.

ALWAYS:

- Share information of any identified risk with the client's school, family practitioner, pediatrician as appropriate; include a copy of your risk assessment.
- Document in your notes.
- Discuss the health complications of FGM/C and the law in the state, with either the child or her family (as age appropriate).



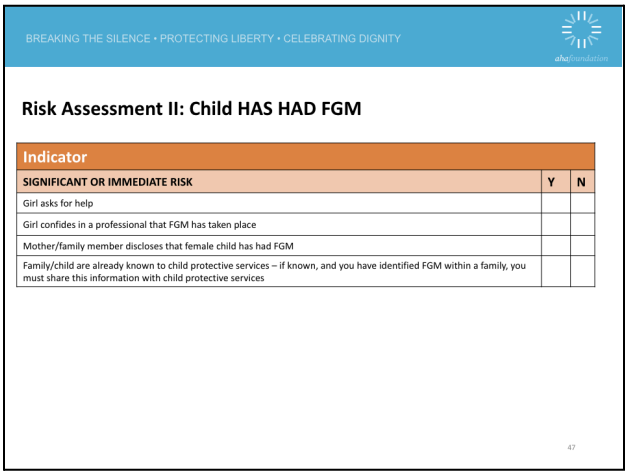
If risks are, by your judgment, sufficient to be considered serious, an emergency protective order may be required.



If you suspect a child has been subjected to FGM/C, ask the child questions. Please remember that any child under 18 who has been identified as having undergone FGM/C should be referred to the appropriate healthcare provider to ensure they get the care they need. You must also ensure the protection of younger sisters.

Never forget to:

1. Share information of any identified risk with the patient's school, family practitioner, and pediatrician
2. Document in notes.
3. Discuss the health complications of FGM/C and the law in the state, with either the child or her family (as age appropriate).



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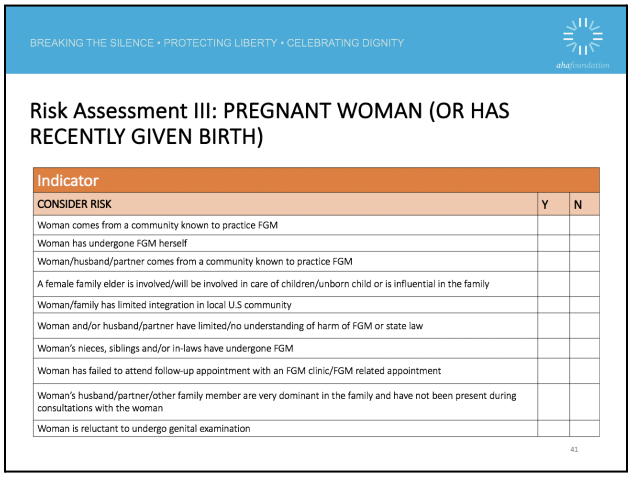
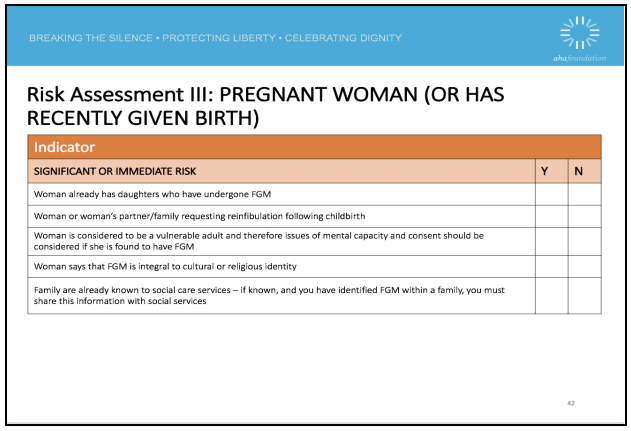
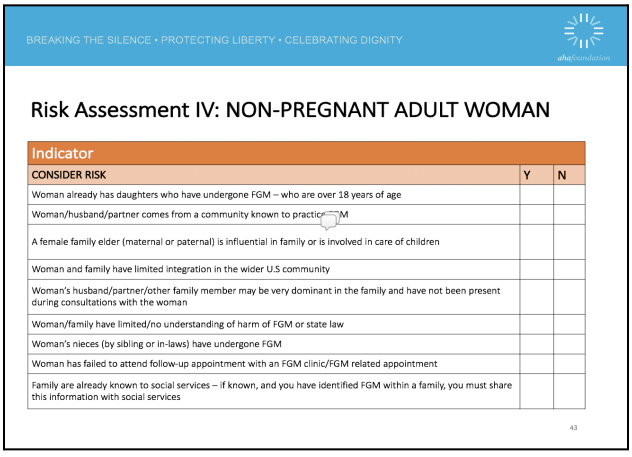


A mother having experienced FGM/C is a significant risk factor for any female children. This risk assessment is designed to help you decide whether there are children in the family for whom a separate risk assessment may be required, or whether the woman herself is at risk of further harm in relation to her FGM/C.

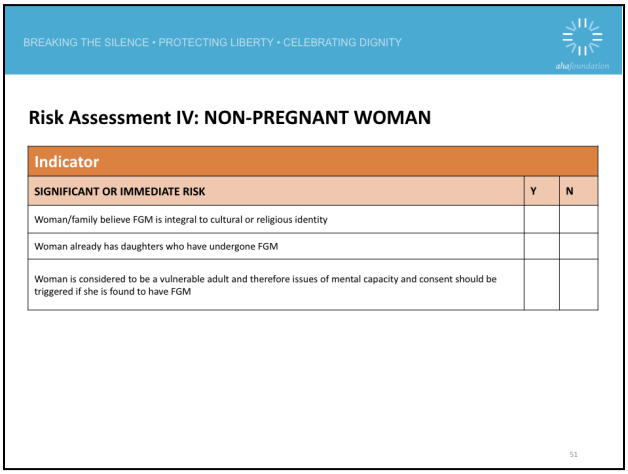


If the risk of harm is imminent, for example a daughter is due to be cut immediately after the mother gives birth, emergency measures may be required, and any action taken must reflect the required urgency.



This risk assessment is to help decide whether any female children living in a household are at risk of FGM/C, or whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM/C.

If one or more indicators are identified, you need to consider what action to take.



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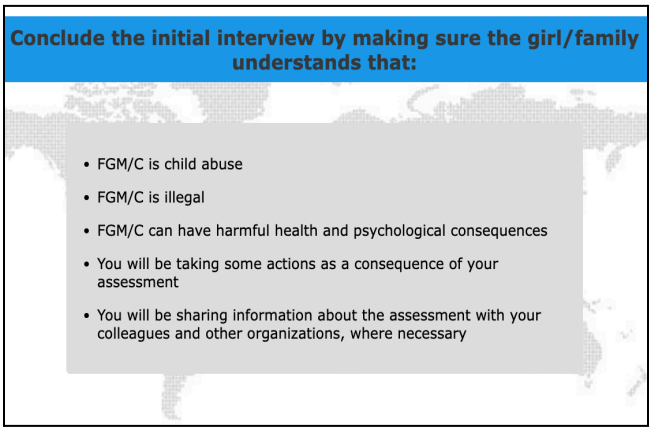

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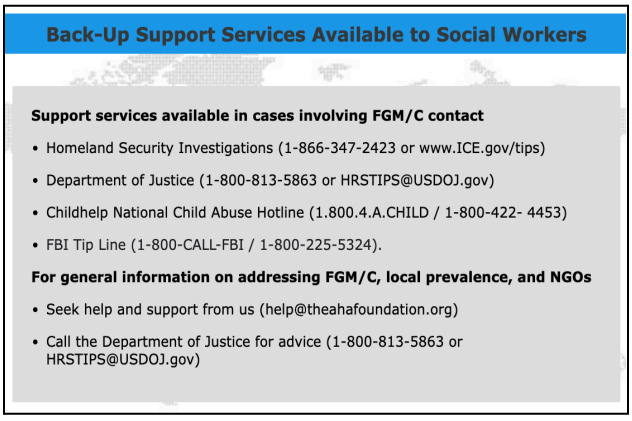

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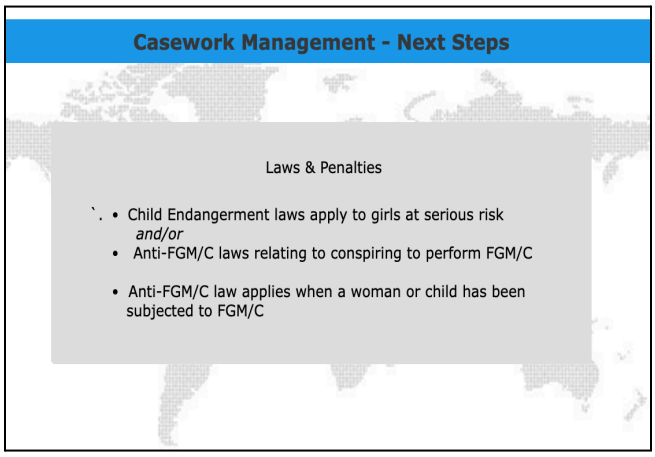

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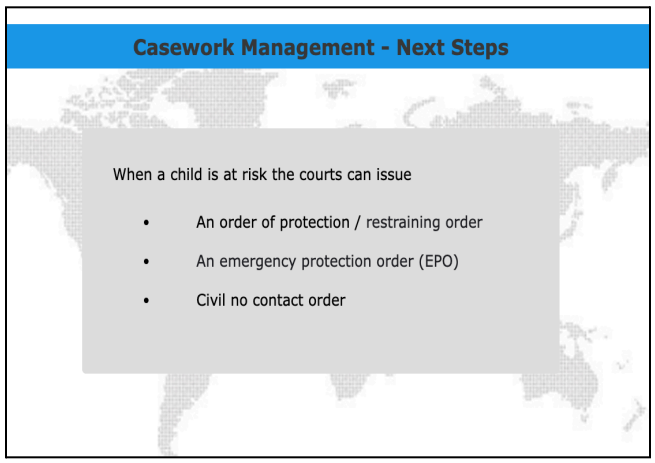

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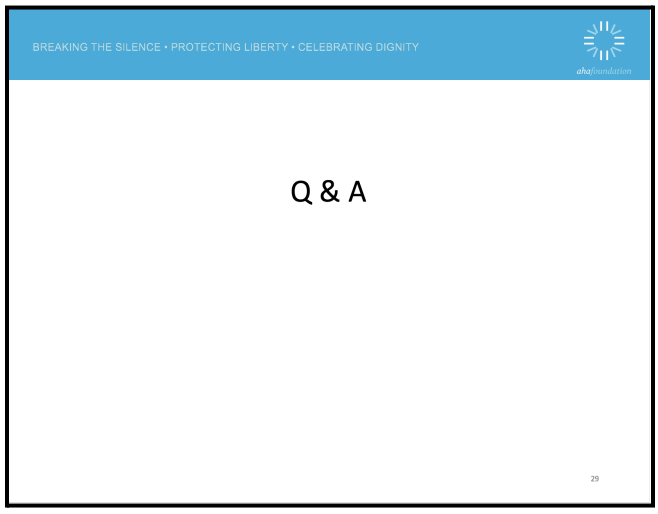


OPTIONAL NOTES:

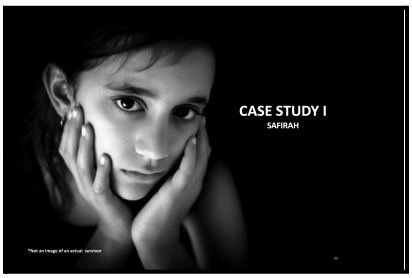
ahafoundation

Thank you for participating in the course.

- Visit **www.theahafoundation.org** for more information about us.
- Contact **help@theahafoundation.org** for support on advice in case management.
- For information on FGM training in-person contact: **info@theahafoundation.org**

ahafoundation

SECTION TWO: CASE STUDIES



OPTIONAL NOTES:

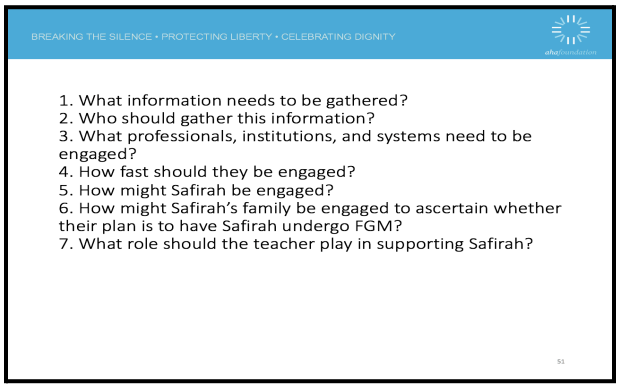
Safirah

The Case Study

Safirah is 13 years old, and the eldest daughter of a family from a high-prevalence FGM country. Every summer, Safirah, and her three siblings travel aboard to spend the summer with her family. Although Safirah, a U.S. citizen, is sometimes disappointed that she will miss summer at home, she enjoys the time with family and the space to play and hang out with her many cousins.

In previous years, Safirah and her siblings traveled not their parents but with an uncle who ensured they arrived safely. However, Safirah was excited to learn that her parents would travel with her this summer. Safirah also learned from her 15-year-old cousin that she would undergo the same ceremony that her cousin experienced the previous summer. Safirah's cousin does not give her many details, but the little information she provides is enough to scare Safirah and prompt her to share her concerns with a pediatrician, Dr. Maldonado. Dr. Maldonado wonders aloud if the practice that Safirah will undergo is female genital mutilation (FGM). Upon hearing this, Safirah conducts an internet search and is terrified to learn what may be awaiting her during summer vacation, which is only two months away. Safirah has retained your contact details from when you worked with the family as an immigration social worker and phones you now.

GOAL: To prevent Safirah from being taken to [country] to undergo FGM



OPTIONAL NOTES:

Resolution

1. Immediately start planning for Safirah's safety should she need to be removed from the home. (Hopefully, this will not be necessary, and the parents will respond positively to the intervention).

2. Apply for a child protection order that restricts Safirah's ability to travel.

3. Consider Safirah's sisters

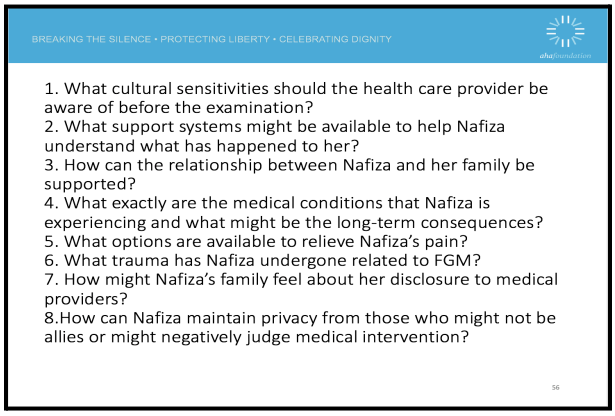
OPTIONAL NOTES:

Nafiza

The Case

Nafiza is 19 years old and underwent FGM in her birth country as a child. She came to the United States when she was 13 years old. For as long as Nafiza can remember, she has experienced blood and pain when she urinates. The pain and bleeding are often so bad that she cannot attend school. Before she traveled to the United States, her family paid for a "corrective" procedure at the hands of the same woman who conducted the initial FGM. The procedure did not help and, in fact, made the pain worse. She was afraid to tell her parents because they had spent so much money to correct what was done wrong the first time. She could not bear to see them sacrifice again simply because she was in pain. One day at school, the pain was so severe that she could not walk or stand up straight. She heard about a teen health clinic she could visit without her parents finding out. Nafiza went to the clinic for help and was referred to you as a healthcare social worker.

GOAL: To ensure the best medical care for Nafiza



OPTIONAL NOTES:

Resolution

1. Gather as much information as possible, and share it with other relevant healthcare providers.
2. Assure Nafiza that her family will not face legal consequences for their participation in HER FGM
3. Assess the possibility of talking with her parents
4. Meet any educational needs that Nafiza has about her reproductive system and the practice of FGM
5. Ensure that Nafiza has access to counseling and support services
6. Ensure that the health insurance company are in early and regular communication regarding any medical procedures that Nafiza needs to undergo

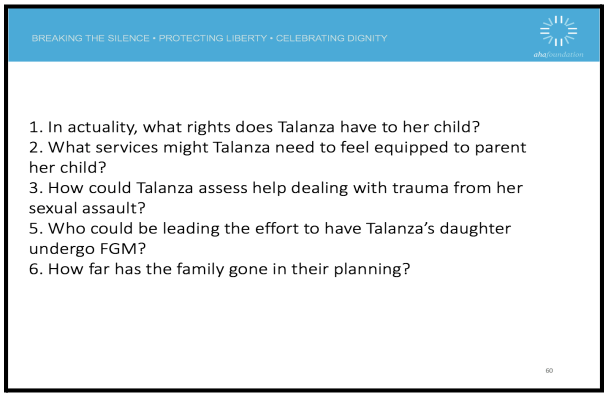
OPTIONAL NOTES:

Talanza

The Case

Talanza is a 23-year-old woman from a country that practices FGM. Talanza came to the U.S. with her parents and four siblings during the civil conflict in her country when she was 14. Her family are refugees. As her family fled their country, Talanza became pregnant due to rape in the refugee camp. To cover the shame of the rape, her parents have been raising her U.S. born daughter as their own. Talanza signed over parental rights to her parents and, for the intents and purposes of the community, her daughter is her sister. Talanza's parents plan to send the now 8-year-old child "home" with a family member, and Talanza is sure they intend to subject the girl to FGM. Talanza's family attributes her rape to the fact that she was not cut. Talanza has attempted to report her suspicions to the agency that resettled her family, although they no longer work with the family. This agency has referred the case to you as a child social worker.

GOAL: To prevent Talanza's daughter from undergoing FGM



OPTIONAL NOTES:

Resolution

1. **Immediately** apply for a travel ban
2. Ascertain what Talanza wants
3. Plan for safe accommodation of Talanza and her child
4. Ensure Talanza's parents are not alerted until supports are in place
5. Consult with the an appropriate legal professional regarding parental rights

SECTION THREE : RESOURCE MATERIALS

World Health Organization definition: Types of female genital mutilation

Female genital mutilation (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 1997, WHO classified female genital mutilation into four different types. Since then, experience with using this classification revealed the need to subdivide these categories, to capture the varieties of FGM in more detail. Severity (which here corresponds to the amount of tissue damaged) and health risk are closely related to the type of FGM performed as well as the amount of tissue that is cut.

The four major types of FGM, and their subtypes, are:

Type I. Partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals, with the function of providing sexual pleasure to the woman), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans). When it is important to distinguish between the major variations of Type I FGM, the following subdivisions are used:

- Type Ia. Removal of the prepuce/clitoral hood only.
- Type Ib. Removal of the clitoral glans with the prepuce/clitoral hood.

Type II. Partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva). When it is important to distinguish between the major variations of Type II FGM, the following subdivisions are used:

- Type IIa. Removal of the labia minora only.
- Type IIb. Partial or total removal of the clitoral glans and the labia minora (prepuce/clitoral hood may be affected).
- Type IIc. Partial or total removal of the clitoral glans, the labia minora and the labia majora (prepuce/clitoral hood may be affected).

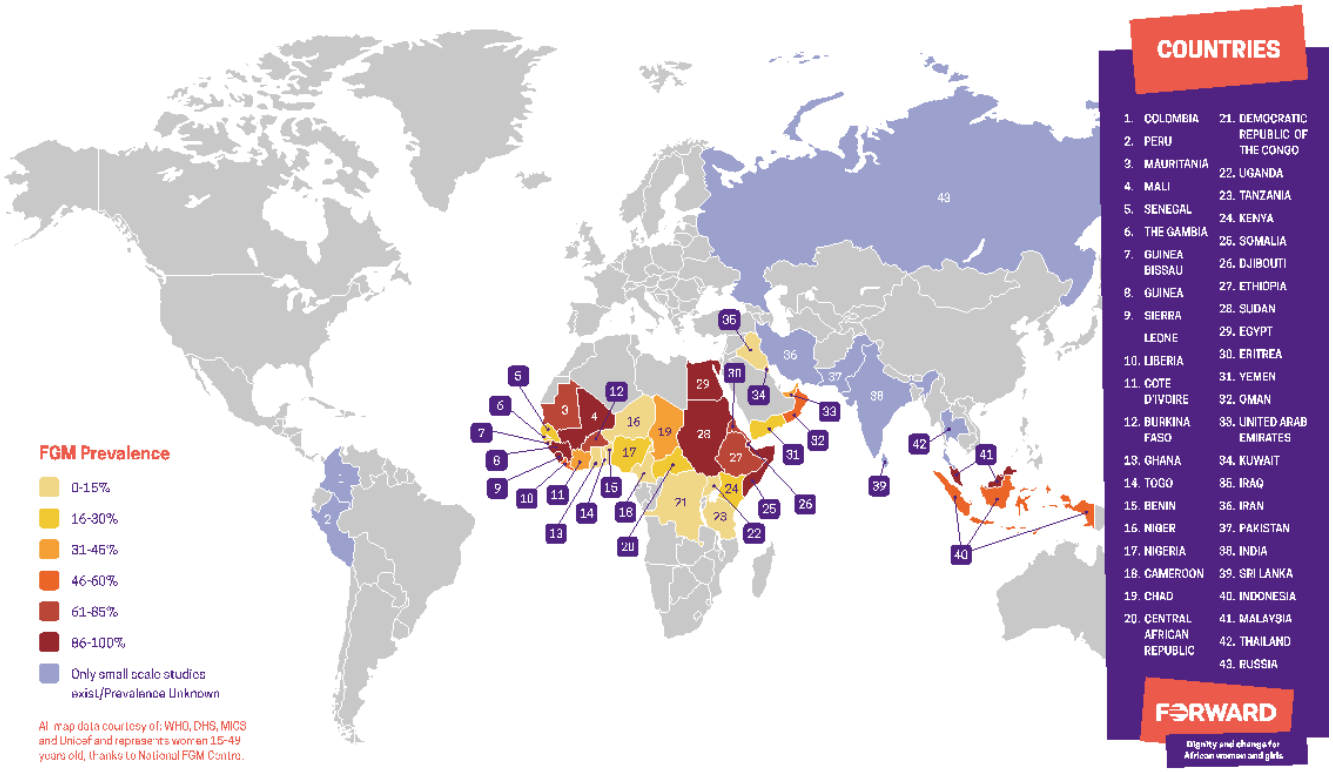
Type III. (Often referred to as infibulation). Narrowing of the vaginal opening with the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora. The covering of the vaginal opening is done with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM). When it is important to distinguish between variations of Type III FGM, the following subdivisions are used:

- Type IIIa. Removal and repositioning of the labia minora.
- Type IIIb. Removal and repositioning of the labia majora.

Type IV. All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening of a woman who has been infibulated (Type III). This is often done to allow sexual intercourse or to facilitate childbirth and is often necessary for improving the woman's health and well-being. Despite the health risks, some women undergo a narrowing of their vaginal opening again after being deinfibulated, at the time of childbirth – meaning that they may undergo a series of repeated infibulations and deinfibulations throughout the life-course.

GLOBAL FEMALE GENITAL MUTILATION (FGM) PREVALENCE MAP (TYPES 1-3)



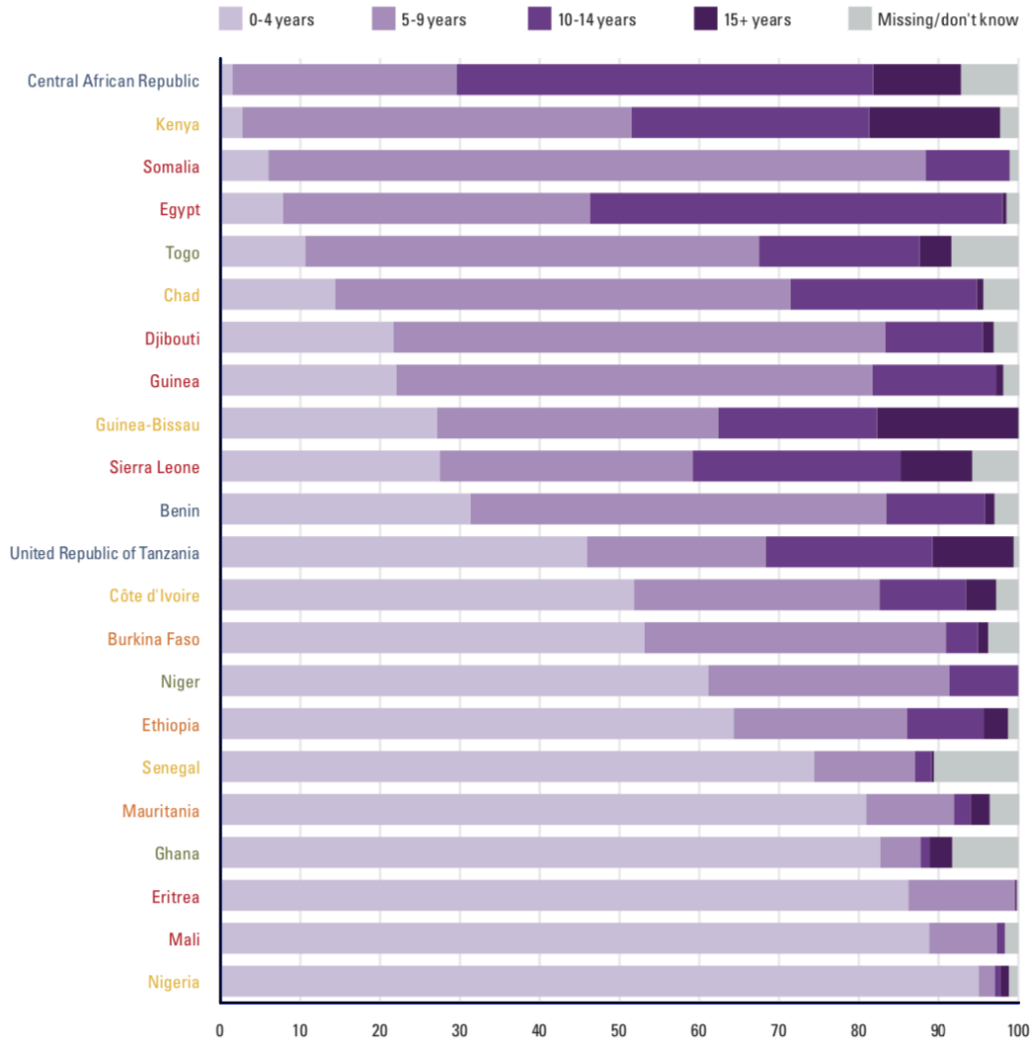
FGM – Age of cutting

- Most girls are cut between infancy and 15 years of age.
- In half the countries for which national figures were available in 2000–2010, most girls had been cut by age five.
- Over 80 percent (of those cut) are cut before the age of five in Nigeria, Mali, Eritrea, Ghana and Mauritania.
- In Somalia, Egypt, Chad and the Central African Republic 80 percent (of those cut) are cut between five and 14.
- In Yemen approximately 76 percent of girls who are cut are cut within two weeks of birth.

United Nations Children's Fund - Report July 2013
Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change

Figure 5.3 In half of the countries with available data, the majority of girls were cut before age 5

Percentage distribution of girls who have undergone FGM/C (as reported by their mothers), by age at which cutting occurred



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	Believed to be a religious tradition/obligation by some Muslims
SIERRA LEONE	Sunna	Soussou	Believed to be a religious tradition/obligation by some Muslims
	Bondo	Temenee/ Mandingo/Limba	Integral part of an initiation rite into adulthood
	Bondo/Sonde	Mendee	Integral part of an initiation rite into adulthood
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	Bagne		Used by the Sara Madjingaye
Sara subgroup	Gadja		Adapted from 'ganza' used in the Central African Republic
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu	'Circumcision of girls'
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'

National FGM Center (U.K)
Why do people practice FGM?

Many affected communities believe that FGM is a necessary custom to ensure that a girl is accepted within the community and eligible for marriage.

Families who practice FGM on girls usually see it as a way of safeguarding their future.
Other reasons include:

- Perceived health benefits
- Preservation of the girl's virginity
- Cleanliness
- Rite of passage into woman-hood
- Status in the community
- Protection of family honour (lower female sexual interest)
- Perceived religious justifications There are no religions that advocate for FGM.

World Health Organization:
Health risks of FGM

Short-term health risks of FGM

Severe pain. Cutting the nerve ends and sensitive genital tissue causes extreme pain. The healing period is also painful.

Excessive bleeding (haemorrhage). Can result if the clitoral artery or other blood vessel is cut.

Shock. Can be caused by pain, infection and/or haemorrhage.

Genital tissue swelling. Due to inflammatory response or local infection.

Infections. May spread after the use of contaminated instruments (e.g. use of same instruments in multiple genital mutilation operations), and during the healing period.

Human immunodeficiency virus (HIV). The direct association between FGM and HIV remains unconfirmed, although the cutting of genital tissues with the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together.

Urination problems. These may include urinary retention and pain passing urine. This may be due to tissue swelling, pain or injury to the urethra.

Impaired wound healing. Can lead to pain, infections and abnormal scarring.
Death. Death can result from infections, including tetanus, as well as haemorrhage that can lead to shock.

Mental health problems. The pain, shock and the use of physical force during the event, as well as a sense of betrayal when family members condone and/or organize the practice, are reasons why many women describe FGM as a traumatic event.

Long-term health risks of FGM (occurring at any time during life)

Pain. Due to tissue damage and scarring that may result in trapped or unprotected nerve endings.

Infections:

- Chronic genital infections. With consequent chronic pain, and vaginal discharge and itching. Cysts, abscesses and genital ulcers may also appear.
- Chronic reproductive tract infections. May cause chronic back and pelvic pain.
- Urinary tract infections. If not treated, such infections can ascend to the kidneys, potentially resulting in renal failure, septicaemia and death. An increased risk of repeated urinary tract infections is well documented in both girls and adult women who have undergone FGM.
- Painful urination. Due to obstruction of the urethra and recurrent urinary tract infections.

Vaginal problems. Discharge, itching, bacterial vaginosis and other infections.

Menstrual problems. Obstruction of the vaginal opening may lead to painful menstruation (dysmenorrhea), irregular menses and difficulty in passing menstrual blood, particularly among women with Type III FGM.

Excessive scar tissue (keloids). Excessive scar tissue can form at the site of the cutting.

HIV (Human immunodeficiency virus). Given that the transmission of HIV is facilitated through trauma of the vaginal epithelium which allows the direct introduction of the virus, it is reasonable to presume that the risk of HIV transmission may be increased due to increased risk of bleeding during intercourse, as a result of FGM.

Sexual health problems. FGM damages anatomic structures that are directly involved in female sexual function, and can therefore also have an effect on women's sexual health and well-being. Removal of, or damage to, highly sensitive genital tissue, especially the clitoris, may affect sexual sensitivity and lead to sexual problems, such as decreased sexual desire and pleasure, pain during sex, difficulty during penetration, decreased lubrication during intercourse, and reduced frequency or absence of orgasm (anorgasmia). Scar formation, pain and traumatic memories associated with the procedure can also lead to such problems.

Childbirth complications (obstetric complications). FGM is associated with an increased risk of caesarean section, postpartum haemorrhage, recourse to episiotomy, difficult labour, obstetric tears/lacerations, instrumental delivery, prolonged labour, and extended maternal hospital stay. The risks increase with the severity of FGM.

Obstetric fistula. A direct association between FGM and obstetric fistula has not been established. However, given the causal relationship between prolonged and obstructed labour and fistula, and the fact that FGM is also associated with prolonged and obstructed labour, it is reasonable to presume that both conditions could be linked in women living with FGM.

Perinatal risks. Obstetric complications can result in a higher incidence of infant resuscitation at delivery and intrapartum stillbirth and neonatal death.

Mental health problems. Studies have shown that girls and women who have undergone FGM are more likely to experience post-traumatic stress disorder (PTSD), anxiety disorders, depression and somatic (physical) complaints (e.g. aches and pains) with no organic cause.

Link to medical examination guidance

http://nationalfgmcentre.org.uk/fgm/fgm-medical-examination/

National FGM Center (U.K.)

What are the signs that a girl could be at risk of FGM?

- A girl is born to a woman who has undergone FGM
- Mother has requested re-infibulation following childbirth
- A girl has an older sibling or cousin who has undergone FGM
- One or both parents or elder family members consider FGM integral to their cultural or religious identity
- The family indicate that there are strong levels of influence held by pro-FGM elders who are involved in bringing up female children
- A girl/family has limited level of integration within UK community
- A girl from a practicing community is withdrawn from PSHE and/or Sex and Relationship Education or its equivalent may be at risk as a result of her parents wishing to keep her uninformed about her body, FGM and her rights
- If there are references 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 and are evasive about why.
- A girl is taken abroad to a country with high prevalence of FGM, especially during the summer holidays which is known as the 'cutting season'

What are the signs that FGM has occurred?

- Prolonged absence from schools
- Frequent need to go to the toilet
- Long break to urinate
- Urinary tract infections
- Noticeable behaviour change
- Talk of something somebody did to them that they are not allowed to talk about
- Change of dress from tight to loose fitting clothing
- Menstrual problems
- Difficulty in sitting down comfortably
- Complain about pain between their legs

National FGM Centre - Questions to assist FGM Assessment

Note: where the term FGM is used in the following questions, please replace with the term the family are familiar with

Questions for parents - General questions

"Do you understand my role and the reason for my visit?"*

"Do you have any questions or concerns about my role?"

"Do you understand what FGM means? What is the term used for cutting/FGM in your community?"

Questions for parents - FGM and the Family

"I know that some girls and women in your country have been cut. What do you think about this?"*

"Can you please tell me if FGM has affected you or your family?"* - If yes, "do you remember how old you were?"

"Have you had any complications or problems because of it"? "Are you aware of health services that can support you?" (Give details)

If yes or no, "Are you aware of the health problems that girls and women can have?"

**Explain the short term and long term health and psychological problems*

"Do you feel that cutting is part of your culture or required by religion? If yes:*

"Tell me about this?" Highlight FGM is not required by any religion.

"Do you think FGM is connected to witchcraft and/or marriageability?" If yes, why?

"What are your family's views on FGM?"*

** Explore location and frequency of contact with extended family members.*

Questions for parents - FGM and the Community

"What are the views of your community in the UK on cutting?"* - "In your community/country why is cutting practiced?"

"Who usually carries out the cutting in your community"

"At what age are girls usually cut in your country of origin/in your community?"

**In certain communities, FGM is closely related to particular milestones a girl reaches, e.g. puberty. Obtaining this information could potentially tell you when a girl at risk might be cut.*

"If a girl is not cut, what could the consequences be?*

"Would there be pressure from your family or the community to have your daughter(s) cut?*

Questions for Parents - Around daughter's/s' safety*

"If left in the care of a grandmother, aunt, or other extended family members, would there be a risk to your daughter(s) of FGM?"

"Do you feel anyone in the community could pressurize you to have your daughter(s) cut?"

"How do you think you can protect your daughter from being cut?

"If you felt pressured by your family or community to have your daughter(s) cut, who would you go to for support?"

"On a scale of 0 to 10, with 0 being you are not confident that you would be able to seek support at all or 10 being you are extremely confident that you could seek support if you felt pressured to have your daughter cut, where would you place yourself?

"Are you aware of the Laws on FGM?"

"Are you aware that it is illegal to take someone out of the country to be cut or to bring someone into the UK to carry out cutting?"

**Explain the law around FGM and the consequences of breaking the law and that FGM is considered child abuse in the UK.*

"Who do you feel that you would speak to if you were worried about your daughter's safety?"

Questions for Parents - Daughter's/s' Knowledge

"What does your daughter(s) know about FGM?"

- "Is this something you want us to explore with them?" (You can explain what activities this may include if the parents are anxious.)
- "What would your daughter say she is most worried about? Why?"
- "Has your daughter got any friends, siblings or cousins who have been cut?"

**If yes, this will give you information on close community/family member's views on cutting and potential risks to other girl(s).*

Closing Questions

"Do you have any questions about what we have discussed today?"*

"What are you worried about as a result of today's discussion? Why?

"How can I help you with any of your worries?"

"Is there anything that you do not understand that you would like me to talk about or explain again?"

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National FGM Centre - Questions to assist FGM Assessment

Questions for Girl(s)

We advise you to use an activity to gather information from a girl(s) or young person on the first visit or engage in a general conversation about likes, dislikes, family life, school or hobbies etc. This type of intervention will put the girl(s) at ease and assist in establishing and building a rapport.

If the girl(s) replies no or is unsure to any of the following questions please visit http://nationalfgmcentre.org.uk/knowledge-hub-resources for activities to help introduce and explore FGM with children and young people.

Below are examples of questions you might like to consider for girls, bearing in mind their age and understanding.

"What have your parents said to you as to why I am here?"

"What did they tell you?"

If the child is unsure, explain your role.

"Has anyone ever spoken to you about FGM before? If so, who, and what did they say?"

"Have you ever spoken to anyone else about it?"

"Have you learnt anything in school about the body and your body rights?"

Explain that a child can say no to something which makes them uncomfortable or sad and ask "If you are ever worried about something, who would you speak to?"

"Are there any questions you would like to ask me?"

Date: _____ Completed by: _____ Assessment: Initial/On-going

Part 1 (a) PREGNANT WOMEN (OR HAS RECENTLY GIVEN BIRTH)

This is to help you make a decision as to whether the unborn child (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM.

Indicator	Yes	No	Details
CONSIDER RISK			
Woman comes from a community known to practice FGM			
Woman has undergone FGM herself			
Husband/partner comes from a community known to practice FGM			
A female family elder is involved/will be involved in care of children/unborn child or is influential in the family			
Woman/family has limited integration in the U.S. community			
Woman and/or husband/partner have limited/no understanding of harm of FGM or U.S. law			
Woman's nieces, siblings and/or in-laws have undergone FGM			
Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment			
Woman's husband/partner/other family member are very dominant in the family and have not been present during consultations with the woman			
Woman is reluctant to undergo genital examination			
SIGNIFICANT OR IMMEDIATE RISK			
Woman already has daughters who have undergone FGM			
Woman or woman's partner/family requesting reinfibulation following childbirth			
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be considered if she is found to have FGM			
Woman says that FGM is integral to cultural or religious identity			
Family are already known to social care services – if known, and you have identified FGM within a family, you must share this information with social services			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with the AHA Foundation info@theahafoundation.org and with your designated safeguarding lead

Significant or Immediate risk – if you identify one or more serious or immediate risks, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to your Social Services Child Protection Team, in accordance with your local safeguarding procedures. You can also talk to the AHA Foundation info@theahafoundation.org. If the risk of harm is imminent, emergency measures may be required, and any action taken must reflect the required urgency.

- Share information of any identified risk with the patient's general practitioner and/or OB/GYN.
- Document in notes
- Discuss the health complications of FGM and the law in the U.S.

Date: _____ Completed by: _____ Assessment: Initial/On-going

Part 1 (a) PREGNANT WOMEN (OR HAS RECENTLY GIVEN BIRTH)

This is to help decide whether any female children are at risk of FGM, whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM.

Indicator	Yes	No	Details
CONSIDER RISK			
Woman already has daughters who have undergone FGM – who are over 18 years of age			
Husband/partner comes from a community known to practice FGM			
A female family elder (maternal or paternal) is influential in family or is involved in care of children			
Woman and family have limited integration in U.S. community			
Woman's husband/partner/other family member may be very dominant in the family and have not been present during consultations with the woman			
Woman/family have limited/no understanding of harm of FGM or U.S. law			
Woman's nieces (by sibling or in-laws) have undergone FGM			
Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment			
Family are already known to social services – if known, and you have identified FGM within a family, you must share this information with social services			

SIGNIFICANT OR IMMEDIATE RISK			
Woman/family believe FGM is integral to cultural or religious identity			
Woman already has daughters who have undergone FGM			
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be triggered if she is found to have FGM			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with the AHA Foundation info@theahafoundation.org and with your named/ designated safeguarding lead.

Significant or Immediate risk – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services Child Protection Team, in accordance with your local safeguarding procedures. You can also talk to the AHA Foundation info@theahafoundation.org

If the risk of harm is imminent, emergency measures may be required, and any action taken must reflect the required urgency.

- Share information of any identified risk with the patient's general practitioner and/or OB/GYN.
- Document in notes
- Discuss the health complications of FGM and the law in the U.S.

Date: _____ Completed by: _____ Assessment: Initial/On-going

Part 2: CHILD/YOUNG ADULT (under 18 years old)

This is to help when considering whether a child is AT RISK of FGM, or whether there are other children in the family for whom a risk assessment may be required

Indicator	Yes	No	Details
CONSIDER RISK			
Child's mother has undergone FGM			
Other female family members have had FGM			
Father comes from a community known to practice FGM			
A female family elder is very influential within the family and is/will be involved in the care of the girl			
Mother/family have limited contact with people outside of her family			
Parents have poor access to information about FGM and do not know about the harmful effects of FGM or U.S. law			
Parents say that they or a relative will be taking the girl abroad for a prolonged period – this may not only be to a country with high prevalence, but this would more likely lead to a concern			
Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent			
Girl has attended a travel clinic or equivalent for vaccinations/anti-malarials			
FGM is referred to in conversation by the child, family or close friends of the child (see Appendix Three for traditional and local terms) – the context of the discussion will be important			
Sections missing from the Red book. Consider if the child has received immunizations, do they attend clinics etc.			
Girl withdrawn from PHSE lessons or from learning about FGM – School Nurse should have conversation with child			
Girls presents symptoms that could be related to FGM – continue with questions in part 3			
Family not engaging with professionals (health, school, or other)			
Any other safeguarding alert already associated with the family			
SIGNIFICANT OR IMMEDIATE RISK			
A child or sibling asks for help			
A parent or family member expresses concern that FGM may be carried out on the child			
Girl has confided in another that she is to have a 'special procedure' or to attend a 'special occasion'. Girl has talked about going away 'to become a woman' or 'to become like my mum and sister'			
Girl has a sister or other female child relative who has already undergone FGM			
Family/child are already known to social services – if known, and you have identified FGM within a family, you must share this information with social services			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with the AHA Foundation info@theahafoundation.org and with your named/ designated safeguarding lead.

Significant or Immediate risk – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services Child Protection Services, in accordance with your local safeguarding procedures. You can also talk to the AHA Foundation info@theahafoundation.org

If the risk of harm is imminent, emergency measures may be required, and any action taken must reflect the required urgency.

In all cases:–

- Share information of any identified risk with the patient's pediatrician and/or school safeguarding lead.
- Document in notes
- Discuss the health complications of FGM and the law in the U.S.

Date: _____ Completed by: _____ Assessment: Initial/On-going

Part 3: CHILD/YOUNG ADULT (under 18 years old)

This is to help when considering whether a child HAS HAD FGM.

Indicator	Yes	No	Details
CONSIDER RISK			
Girl is reluctant to undergo any medical examination			
Girl has difficulty walking, sitting or standing or looks uncomfortable			
Girl finds it hard to sit still for long periods of time, which was not a problem previously			
Girl presents to PEDIATRICIAN or A&E with frequent urine, menstrual or stomach problems			
Increased emotional and psychological needs e.g. withdrawal, depression, or significant change in behaviour			
Girl avoiding physical exercise or requiring to be excused from PE lessons without a PEDIATRICIAN's letter			
Girl has spoken about having been on a long holiday to her country of origin/ another country where the practice is prevalent			
Girl spends a long time in the bathroom/toilet/long periods of time away from the classroom			
Girl talks about pain or discomfort between her legs			
SIGNIFICANT OR IMMEDIATE RISK			
Girl asks for help			
Girl confides in a professional that FGM has taken place			
Mother/family member discloses that female child has had FGM			
Family/child are already known to social services – if known, and you have identified FGM within a family, you must share this information with social services			

ACTION

Ask more questions – if one indicator leads to a potential area of concern, continue the discussion in this area.

Please remember: any child under 18 who has undergone FGM should be referred to the police. If unsure whether the level of risk requires referral at this point, discuss with the AHA Foundation info@theahafoundation.org and with your named/ designated safeguarding lead.

In all cases:–

- Share information of any identified risk with the patient's pediatrician and/or schools safeguarding lead
- Document in notes
- Discuss the health complications of FGM and the law in the U.S.

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A brief guide to Female Genital Mutilation for Child Protective Service staff

1. What does FGM entail?

The practice of Female Genital Mutilation (FGM) requires young girls to be pinned down, their legs forcibly parted and their genital organs cut. Often the girl's clitoris will be removed, and the outer flesh sewn together to form a seal. It is an internationally recognized form of child abuse.

In the U.S. the number of women and girls at risk of FGM more than doubled from 2000 to 2013. While some of these girls were born in countries with high prevalence rates, the majority are U.S. born children of parents from high-prevalence countries.

For a girl, FGM is a major experience of fear, submission and suppression. The experience becomes a vivid landmark in their mental development, the memory of which persists throughout life. Just as with other forms of childhood sexual abuse and sexual torture, FGM is known to cause PTSD. However, unlike many other forms of child sexual abuse, genital mutilation is a one-off event. FGM is not generally performed with intent to harm, but to ensure girls conform to specific cultural expectations

The physical consequences of FGM can include; severe bleeding and problems urinating, cysts, infections and chronic pain syndrome, as well as complications in childbirth and increased risk of newborn deaths. Girls who have undergone FGM also frequently suffer anxiety, depression, and reduced social functioning.

FGM is generally performed on girls between infancy and age 15 and has no health benefits

2. Are there different types of FGM?

There are 4 main types of FGM:

type 1 (clitoridectomy) – removing part or all of the clitoris
type 2 (excision) – removing part or all of the clitoris and the inner labia (the lips that surround the vagina), with or without removal of the labia majora (the larger outer lips)
type 3 (infibulation) – narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia
Type 4 other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area

FGM is often performed by traditional circumcisers or cutters who do not have any medical training

3. The role of CPS and the law

Female genital mutilation is illegal in Utah and is covered under the state FGM Law §18-1506. If a report is made regarding FGM, then child protection is required to investigate. If the child is assessed as having suffered FGM or as being at risk of harm, then CPS must seek a court order to protect the child. A report should also be made to Utah Police for criminal investigation.

4. Why do people practice FGM?

In every society in which it is practiced, female genital mutilation is a manifestation of deeply entrenched gender inequality. It can be difficult for families to abandon the practice without support. The reasons for practicing FGM fall generally into five categories:

- **Psychosexual reasons:** FGM is carried out as a way to control women's sexuality
- **Sociological and cultural reasons:** FGM is seen as part of a girl's initiation into womanhood
- **Hygiene and aesthetic reasons:** In some communities, the external female genitalia are considered dirty and ugly
- **Religious reasons:** FGM predates the rise of Christianity and Islam and is not is not endorsed by any mainstream religion. However, some Islamic, Christian, and Jewish communities still regard FGM as a religious requirement and supposed religious doctrine is often used to justify the practice.
- **Socio-economic factors:** FGM sometimes is a prerequisite for the right to marry or inherit.

5. Do we have a right to interfere with cultural practices?

Yes. Culture and tradition provide a framework for human well-being, and cultural arguments cannot be used to condone violence against people, male or female. Moreover, culture is not static, but constantly changing and adapting.

Nevertheless, tackling the practice of FGM should be implemented in a way that is sensitive to the cultural and social background of the communities that practice it. Behavior can change when people understand the hazards of certain practices and when they realize that it is illegal. It is important practicing communities are reassured that it is possible to give up harmful practices without giving up meaningful aspects of their culture.

6. How do I engage?

Prior to connecting with the family of a child at risk of FGM or a survivor, learn about where they are from, the role of women and children in their culture, the prevalence of FGM, religious frameworks to inform your approach.

Contextualize the situation, cultural practices are rarely translated directly to a new environment. Factors such as the size of the community, a mother's educational level, the degree to which westernization has been adopted by a family, can impact how cultural practices like FGM are translated or continued.

It's important to be aware that while you see a girl's physical safety as your priority, the girl herself will have a strong desire not to upset her family, get her parents in trouble, or to face alienation from her community.

In some cases, it might be necessary to identify interpreters. It is vital to identify translators and interpreters who are allies. Make sure to ask them what they believe about FGM prior to their arrival at your office and consider having translators sign confidentiality agreements. DO NOT USE A FAMILY MEMBER OR A MEMBER OF THE IMMEDIATE COMMUNITY

Questions for parents - General questions

"Do you understand my role and the reason for my visit?"*

"Do you have any questions or concerns about my role?"

"Do you understand what FGM means? What is the term used for cutting/FGM in your community?"

Questions for parents - FGM and the Family

"I know that some girls and women in your country have been cut. What do you think about this?"*

"Can you please tell me if FGM has affected you or your family?"* - If yes, "do you remember how old you were?"

"Have you had any complications or problems because of it"? "Are you aware of health services that can support you?" (Give details)

If yes or no, "Are you aware of the health problems that girls and women can have?"

**Explain the short term and long-term health and psychological problems*

"Do you feel that cutting is part of your culture or required by religion? If yes:*

"Tell me about this?" Highlight FGM is not required by any religion.

"Do you think FGM is connected to witchcraft and/or marriageability?" If yes, why?

"What are your family's views on FGM?"*

** Explore location and frequency of contact with extended family members.*

Questions for parents - FGM and the Community

"What are the views of your community in the UK on cutting?"* - "In your community/country why is cutting practiced?"

"Who usually carries out the cutting in your community"

"At what age are girls usually cut in your country of origin/in your community?"

**In certain communities, FGM is closely related to particular milestones a girl reaches, e.g. puberty. Obtaining this information could potentially tell you when a girl at risk might be cut.*

"If a girl is not cut, what could the consequences be?*

"Would there be pressure from your family or the community to have your daughter(s) cut?*

Questions for Parents - Around daughter's/s' safety*

"If left in the care of a grandmother, aunt, or other extended family members, would there be a risk to your daughter(s) of FGM?"

"Do you feel anyone in the community could pressurize you to have your daughter(s) cut?"

"How do you think you can protect your daughter from being cut?

"If you felt pressured by your family or community to have your daughter(s) cut, who would you go to for support?"

"On a scale of 0 to 10, with 0 being you are not confident that you would be able to seek support at all or 10 being you are extremely confident that you could seek support if you felt pressured to have your daughter cut, where would you place yourself?

"Are you aware of the Laws on FGM?"

"Are you aware that it is illegal to take someone out of the country to be cut or to bring someone into the UK to carry out cutting?"

**Explain the law around FGM and the consequences of breaking the law and that FGM is considered child abuse in the UK.*

"Who do you feel that you would speak to if you were worried about your daughter's safety?"

Questions for Parents - Daughter's/s' Knowledge

"What does your daughter(s) know about FGM?"

- "Is this something you want us to explore with them?" (You can explain what activities this may include if the parents are anxious.)
- "What would your daughter say she is most worried about? Why?"
- "Has your daughter got any friends, siblings or cousins who have been cut?"

**If yes, this will give you information on close community/family member's views on cutting and potential risks to other girl(s).*

Closing Questions

"Do you have any questions about what we have discussed today?"*

"What are you worried about as a result of today's discussion? Why?

"How can I help you with any of your worries?"

"Is there anything that you do not understand that you would like me to talk about or explain again?"

Closing statements

- Explain that any identified risk will be shared with the child's school, family practitioner and pediatrician, including a copy of your risk assessment.
- Re-enforce the health complications of FGM and the state law, to the child and/or her family (as age appropriate).
- Provide links to religious material needed to debunk any myths.