

Safeguarding FGM/C Awareness session

With Hoda M Ali
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Hoda Ali, Gender-Equality Activist, educator and Co-founder of The Vavengers Charity.

Hoda is an FGM/C Safeguarding Consultant and has been a well-known advocate and campaigner to end Female Genital Mutilation/Cutting (FGM/C) for many years.

Hoda is responsible for safeguarding and leading the different teams with her experience as a professional and survivor.

Hoda now works as an FGM Safeguarding Consultant, Educator and Facilitator for schools and the NHS.





War and FGM/C took my
childhood away, but I rebuilt MY
life in Europe and later in the UK.

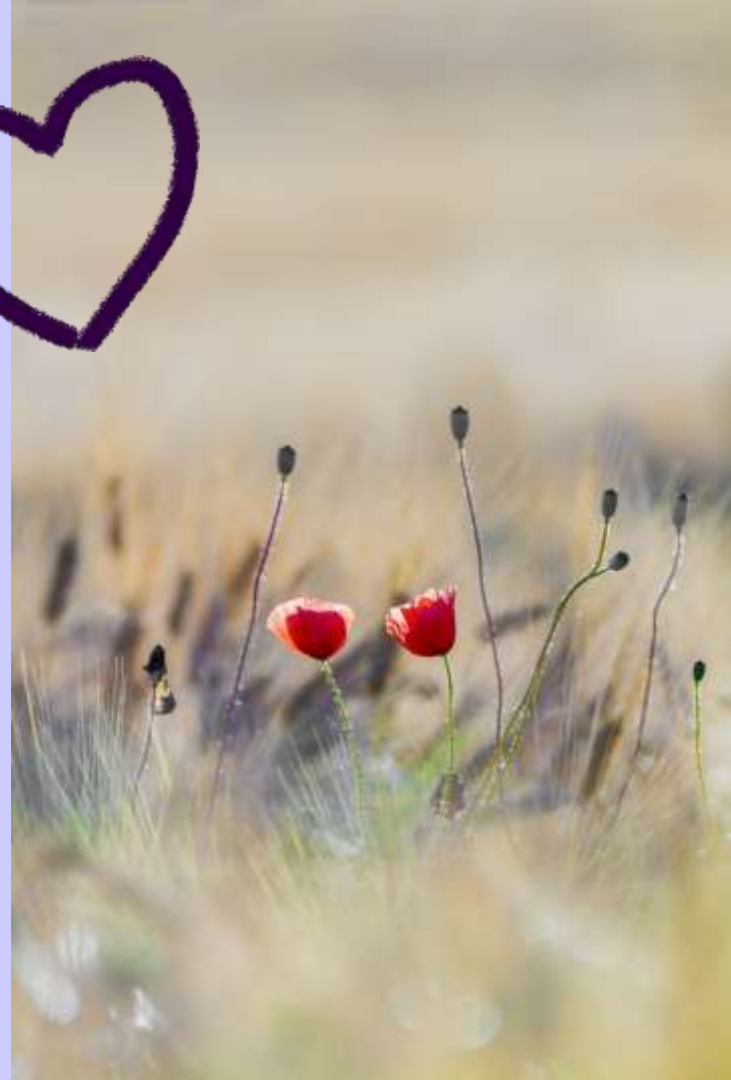
Still, I'm The Luckiest Girl Alive.

I was eight when the Somali war
broke out in Hargeisa. I had to
leave home as a child and never
returned since. I grew up in refugee
camps across Europe and later
moved to the UK when I was 20.

Self Care



- If this content is too much, please feel free to exit the training
- If you want to talk further, please do contact me
- Help and support is available



Origins and prevalence

- The history of FGM is not well known but the practice dated back at least **2000 years**.
- The first historical reference to FGM can be found in the writings of Herodotus, who reported its existence in ancient Egypt in **the 5th century B.C.**
- Some believe that female circumcision was rooted in the Pharaonic belief in the bisexuality of the gods.
- Reports from the 15th and 16th centuries suggest that **female slaves were sold at a higher price if they were "sewn up"** in a way that made them unable to give birth.
- While the exact number of girls and women worldwide who have undergone FGM remains unknown, **at least 200 million girls and women have been cut.**



FGM/C: What is it?





"All procedures which involve the partial or total removal of the external genitalia or injury to the female genital organs whether for cultural or any other non-therapeutic reasons"

The World Health Organisation



TRIGGER WARNING

The following post contains graphic images of FGM/C illustrations that may be disturbing to viewers.

Viewer discretion is advised.

Types of Female Genital Mutilation/Cutting



Type 1



Type 2



Type 3



Type 4

Read more on: www.thevavengers.co.uk/resources





What happens?

No sterile
equipment

Legs bound
for up to 2
weeks

No
anaesthetic

Non-Surgical
Environment



Terminology, does it matter?

- **Female Genital Mutilation (FGM)**- describes the gravity and harm of the act. It is an advocacy term, used in legal documents including laws but may be viewed as negative e.g. The UK has “The FGM Act 2003” (amended by ‘Serious Crime Act 2015’)
- **Female Circumcision** is an inappropriate term widely used by some communities
- **Female Genital Cutting (FGC)** viewed as a compromise option and non judgemental (used primarily by US agencies)
- **Sunna** increasingly used by communities as more acceptable form of FGM/C



Health risks caused by FGM/C

- constant pain
- pain and difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses
- problems peeing or holding pee in (incontinence)
- psychological damage
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life threatening for mother and baby

Some girls die from blood loss or infection as a direct result of cutting.

Source: Gov UK and NHS UK



FGM/C is hidden behind these excuses:

- “Purity, chastity, virginity” = more desirable for marriage
- “Cleanliness”
- “Beauty”
- Family, honour, culture & tradition
- To control a woman’s sexuality



What will we teach our children?

- ➔ Our children are aware and have an understanding of **My Body My Body My Rules** which underpins our Safeguarding curriculum.
- ➔ There are many myths given for FGM/C for example, it makes you “cleaner, healthier or a good person” but we know that none of these are true. It is simply an act of violence and it must end because all **children have the right to be protected from harm**.
- ➔ **FGM is happening in the UK too** and as we are the next generation, it is very important that we know the facts about what exactly it is, so that we can break the cycle.





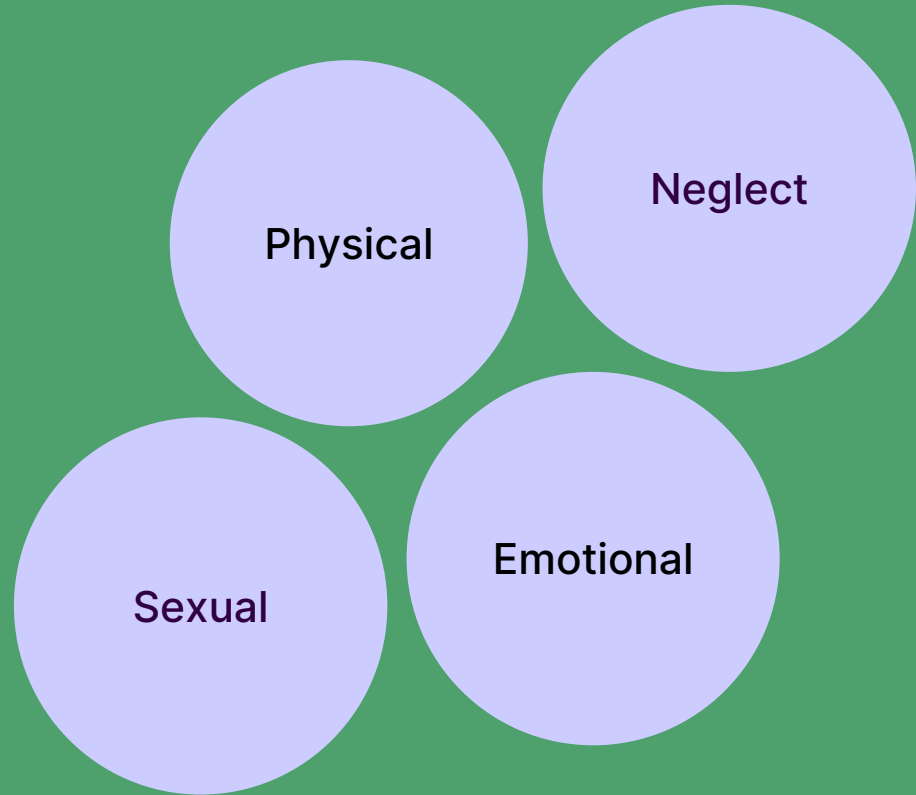
My body,
my rules

FGM/C is
child abuse.



FGM/C is child abuse

- The deliberate hurting of a child causing injuries such as bruises, broken bones, burns or cuts
- The emotional maltreatment or neglect of a child
- Forcing or persuading a child to take part in sexual activities
- The ongoing failure to meet a child's basic needs



Source: Healthy Schools, Ealing



FGM/C in the UK



- It is estimated that 65,000 girls aged 13 and under are at risk of FGM in the UK.
- UK communities most at risk include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Yemen, Afghanistan, Kurdistan, Indonesia, Malaysia, Turkey, Thailand (South) and Pakistani*.

* *This list is **not** exhaustive.*

Source: NHS England



FGM/C and the law

- FGM/C is against the law in the UK and has been a criminal offence since 1985
- It is illegal to help, support or arrange for FGM/C to be performed on a girl or woman
- It is also illegal to take a girl outside the UK to have FGM/C carried out
- It is a serious crime that carries a penalty of 14 years in prison

Source: Gov UK | learn more at thevavengers.co.uk/knowyourrights



<230 million

worldwide survivors living with FGM/C

4.3 million girls

are at risk of FGM/C every year

Pandemic of violence

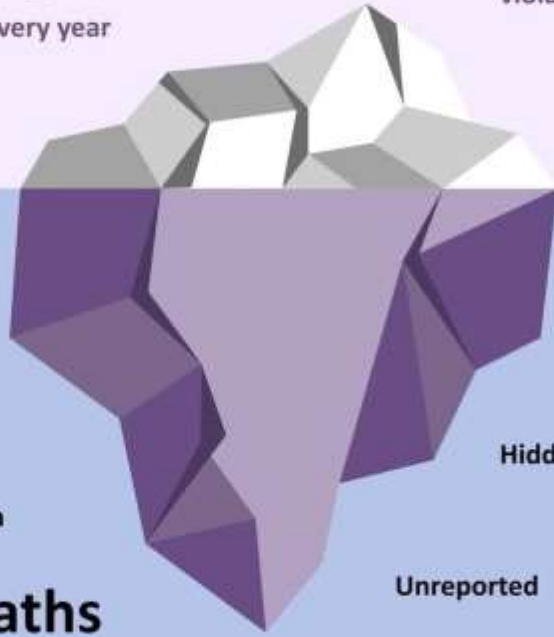
Human rights
violation

4th

leading cause of death

44,320 deaths

as a result of FGM/C

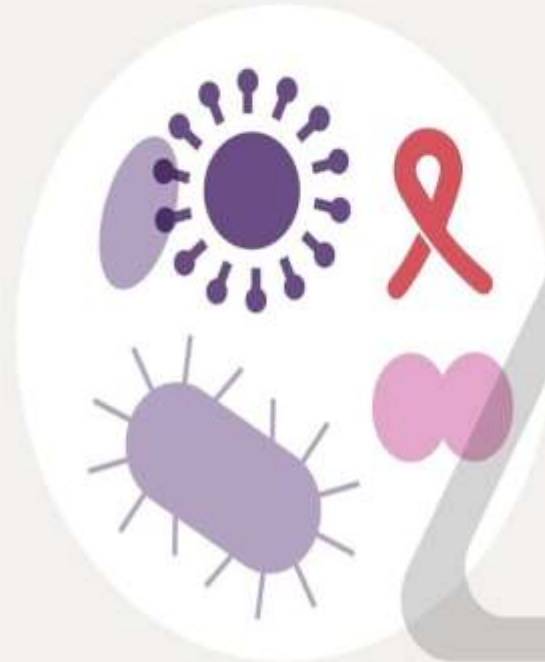


Hidden

Unreported

The FGM/C mortality
rate surpasses deaths from

**HIV/AIDs, Measles
and Meningitis**



\$2.75 billion

The amount the FGM/C sector requires to end the practice in 31 high-prevalence countries by 2030⁴.

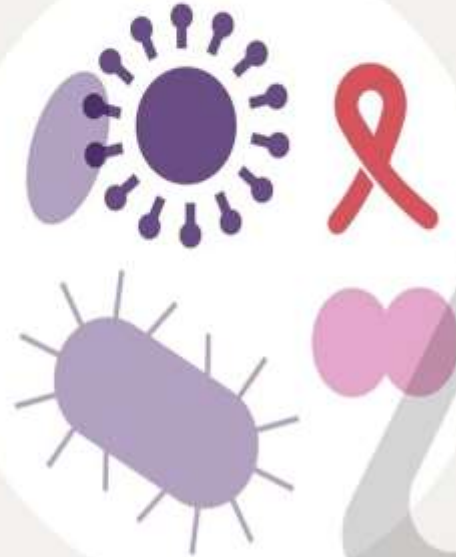
while only about

\$300 million

in development assistance is available between 2020-2030⁵.

The FGM/C mortality rate surpasses deaths from

HIV/AIDs, Measles and Meningitis





FGM/C: spotting the signs



Spotting the signs preventative

Suspensions may arise in a number of ways that a child may be at risk of FGM/C. These include:

- Knowing that a mother or older sibling has undergone FGM
- A girl talks about plans to have a 'special procedure' or to attend a special occasion / celebration to 'become a woman'.
- A girl's parents state that they or a relative will take the child out of the country for a prolonged period, or school holidays or when attending for travel vaccinations.
- A girl may talk about a long holiday to her country of origin or another country where the practice is present.
- The girl is a member of the community that is less integrated into UK society and whose country of origin practices FGM.



Spotting the signs afterwards

- Difficulty walking, sitting or standing
- Spending longer than normal in the bathroom or toilet
- Soreness, infection or unusual presentation noticed by practitioner when changing a nappy or helping with toileting
- Spending long periods of time away from the classroom during the day with bladder or menstrual problems
- Frequent unusual menstrual problems
- Prolonged or repeated absence from school or college
- A prolonged absence from school or college with personal or behaviour changes e.g. withdrawn, depressed
- Being particularly reluctant to undergo normal medical examinations
- Asking for help or advice but not being explicit about the procedure due to embarrassment or fear



Action you can take

- Speak with Safeguarding Officers
- Mandatory reporting duty
- Implement a Protection Order
- Call 101
- Write down the police reference number
- Follow up with [ECRIS](#) for further support and advice
- Signpost to charities
- Share the knowledge with friends, family and colleagues
- Teacher training: it is now **your** responsibility as a school, to continue educating staff and parents. You have all the tools and training you need - this needs to be a collective school & community project



REMINDER:

It's your responsibility as a Professional to sustain what you have learned and have a nominated safeguarding lead to take this forward.

You have all the tools you need. Speak to Hoda about any support you need for training the trainer, one-to-one, whole staff, or refresher training. In any setting and organisation.



We must always provide
sensitive, non-judgemental,
appropriate care.

Thank you.







Questions



We'd love to hear from
you.

Hoda M Ali
Keep in touch
Thank you
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