

KS3

FGM lesson



SRE Covered:

all you need to teach
about sex and relationships in
secondary schools

Contents

Introduction.	3
Preparation.	4
Lesson plan	5
Learning outcomes.	5
Lesson outline	5
Introduction	6
Main activities.	8
Alternative version of FGM main activity	11
Plenary.	12
Box: Talk about FGM	13
Box: Talk about male circumcision	15
Box: Talk about the shape of external body parts	15
Box: Talk about the importance of learning the correct terminology.	16
Resources	17
Resource A: Suggested letter to parents Version 1	17
Resource A: Suggested letter to parents Version 2	18
Resource B: Before and after questionnaire	19
Resource C: Female external sexual organs	22
Resource D: Female external sexual organs – labelled	23
Resource E: Internal female sexual organs	24
Resource F: Internal female sexual organs – labelled	25
Resource G: “Becoming a woman, part 1”	26
Resource H: Group tasks.	27
Resource I: Scenario snapshot	29
Resource J: Information sheet	30
Resource K: Help and support.	31
Resource L: “Becoming a woman, part 2”	32
Slideshow	33
Appendix	48
Street language for body parts and sexual activities	48
The Great Wall of Vagina	48
Lesson outline: two lesson version	49
Further help and support about FGM.	50



Introduction

This lesson has been written to raise awareness of the practice of Female Genital Mutilation (FGM) and to inform young people of the facts and issues, and how and where to get help if they need to. In order to inform and facilitate the exploration of attitudes around FGM, it is important for young men as well as young women to take part in these lessons. The lesson is part of a school's work to protect their young people from the risk of any form of abuse or exploitation and should be part of a comprehensive sex and relationship education (SRE) programme, within PSHE education.

Teachers may feel that this is a difficult subject to discuss because of the shocking nature of FGM. However, if this abuse is to be stopped, it is vital that awareness is raised to change attitudes and correct misinformation. We suggest it is taught in Year 7 because, although the procedure is performed at a variety of ages, it can be carried out on adolescent girls. For further background information, please see **Talk about FGM (female genital mutilation)** (pp 11, 12).

Anyone who is concerned that a child's welfare is at risk because of FGM can contact 0800 028 3550 anonymously (24 hours) or email fgmhelp@nspcc.org.uk for information, advice and support.

Teachers should be aware that some pupils may be directly or indirectly affected by the content of this lesson, including young women who may have undergone FGM. As with many other issues in sex and relationship education, the topic should be dealt with sensitively and no assumptions should be made. Teachers should prepare by reading the box **Talk about FGM (female genital mutilation)** and of course should follow the school's Child Protection procedures if a pupil discloses that they have undergone, or may be at risk of undergoing, FGM.

The lesson is taken from ***SRE Covered: all you need to teach about sex and relationships in secondary schools***, a new and comprehensive resource pack with a wealth of activities and resources to address the breadth of sex and relationship education topics. This has received the PSHE Association quality mark.

For further information, or to order a copy, please contact helen.cameron@islington.gov.uk
020 7527 5591

The lesson plan was written and developed by Janice Slough and Janine Killough.

Thanks to the following for their invaluable contributions to it:

FORWARD, a national charity which works to end the practice of FGM and support women affected by it
Heather Vacciana, HomeSafe Domestic Violence Prevention Officer, Islington
Highbury Fields School, Islington



Preparation

Schools should have a whole school approach to dealing with Female Genital Mutilation. This approach should include:

- ▶ a comprehensive SRE policy which includes FGM;
- ▶ training (as part of safeguarding or child protection) for staff to identify the warning signs of pupils who may be at risk – or may have experienced – FGM;
- ▶ teaching about FGM within the SRE programme, ideally in Year 7.

Before teaching the lesson, it is important to have the support of senior leaders in the school and to make other staff aware that the issue is being raised. This may include form tutors, heads of year and pastoral care staff as well as the school's designated Child Protection Officer. This will help ensure the school is in a good position to respond to any child protection concerns that may arise.

Before teaching the lesson, it is essential to establish or recap ground rules. A suggested list is included in the lesson plan. It is also essential for pupils to have a good knowledge of the female sex organs and their functions. Activity *Female external and internal sexual body parts* (p 6) is an ideal way to teach or check pupils' knowledge and understanding, and/or activity *Street language for body parts and sexual activities* (included in the Appendix, p 48) will ensure they feel comfortable to use the agreed language.

A suggested letter to send to parents is included *Resource A: FGM lesson - suggested letters to parents (Version 1 or Version 2)* (pp 17, 18). Giving out the letter in a previous lesson is an ideal opportunity to give pupils advance notice of the lesson. It is good to offer them the chance to talk to you, or another member of staff, if they have any concerns.

In addition, you may wish to use (or adapt) *Resource B: FGM lesson - before and after questionnaire* (pp 19-21) to assess in detail pupils' knowledge and their responses to the lesson, and give them an opportunity to reflect individually on the lesson. This could be useful for schools piloting the lessons to understand pupils' responses and particular issues for their school population.

A slideshow to accompany the lesson is included (pp 33-47) .

The timings suggested on page 5 are intended as a guide for teachers' planning. Lengths of activities may of course vary greatly depending on the pupils' prior knowledge and the questions and discussions that arise. The lesson can be delivered comfortably in a standard 50-60 minute lesson, especially if the pupils know and are comfortable using the names for sexual body parts.

To deliver the lesson over two sessions, see the suggested order in the Appendix (p 49).



Lesson outline

Learning outcomes:

- ▶ Pupils know the female parts of the body (genitals)
- ▶ Pupils understand what FGM is
- ▶ Pupils know that FGM is illegal in the UK (and that it is also a criminal offence to take a UK citizen abroad for the purpose of FGM, whether or not it is lawful in the other country)
- ▶ Pupils know where and how someone can get help and support about FGM

	Activities	Timing	Resources
1	Ground rules	5 mins	Slideshow
2	Label diagrams of female genitals	15 mins	Copies of diagrams – Resources C – F
3	Listen to excerpt from <i>Desert Flower</i> book	5 mins	Resource G
4	Description and explanation of FGM and discussion	10 mins	Slideshow
5	Watch <i>Think Again</i> film and discussion – pupils identify reasons that may be given for and against FGM from the film	15 mins	<i>Think Again</i> film – DVD or via YouTube Resource J
6	Follow-up group activity – advice for a girl in this situation	10 mins	Resources sheets H or I and J Resource K – give out to each pupil
7	Second excerpt from <i>Desert Flower</i>	5 mins	Resource L
8	Closing remarks; signposting to further help and support	2 mins	Resource K



Introduction

Tell the class that this lesson is about female genital mutilation, or FGM. Different people may know different names for FGM, such as female circumcision, cutting, or sunna. Say that anyone in the lesson might be affected by the lesson, either directly or indirectly: they might have personal experience of FGM, either themselves, or someone they know, or be worried about someone who could be at risk. If anyone is affected they can talk to a member of school staff; also everyone will receive an information sheet at the end with places to get further support.

Ground rules

Explain that, as with any sensitive or personal issue you would discuss in sex and relationship education, you will expect the class to observe some particular ground rules. Discuss and agree these, or recap them, with the class, making sure to include the following:

- ▶ Have respect for who people are and what they say.
- ▶ Listen when anyone is talking.
- ▶ Try to use the correct words for naming body parts and sexual activities.
- ▶ No personal questions.
- ▶ Don't name names: if you want to ask about or share a personal story or experience, you can speak in the third person about 'someone I know', 'a friend', 'a situation I've heard about/read about'.
- ▶ The 'right to pass', or not say anything if someone doesn't want to.
- ▶ Confidentiality: suggest that 'what is said in the room, stays in the room' and is not for discussion outside the lesson. Explain, however, that if someone discloses something about themselves which could be harmful to them or put them at risk, you would have to pass the information on in order to keep them safe.

Female external and internal sexual body parts

Since this issue affects the female genitals, it is important that everyone knows, and is comfortable using the correct language and names for them.

Using [Resource C: Female external sexual organs](#) and [Resource E: Internal sexual organs – female](#), label the female sex organs. Check answers with reference to [Resource D: Female external sexual organs – labelled](#) and [Resource F: Internal sexual organs – female, labelled](#) (pp 22-25).

Discuss and explain the functions of all parts.



Desert Flower book excerpt

Tell the class that you are going to read an extract from a true story about a young woman called Waris. The chapter is called '**Becoming a woman**'. (The extract is also included as [Resource G: FGM lesson – “Becoming a woman, part 1”](#) (p 26) if you would like to give copies to pupils.)

Waris Dirie grew up in the desert area of Somalia. You may want to omit this information so as to avoid creating or reinforcing stereotyped ideas about people from Somalia, or putting Somali pupils at risk of bullying.

The practice of FGM was and is common in a number of countries across the world, and in communities of a range of different faiths.

The time had come for my oldest sister Aman, to be circumcised. Like all younger siblings, I was envious, jealous that she was entering this grown-up world that was still closed to me. Aman was a teenager, much older than the normal age for circumcision, but so far, the timing had never been right. As my family travelled Africa in an endless cycle, we had somehow missed the gypsy woman who performed this ancient ritual. My father was growing concerned, because Aman was reaching marriageable age, but no marriage could take place unless she had been properly 'fixed'. The prevailing wisdom in my country is that there are bad things between a girl's legs, parts of our bodies that we are born with but yet are 'unclean'.

These things must be removed – the clitoris, labia minora, and most of the labia majora are cut off, then the wound stitched shut, leaving only a scar where the genitals had been. But the actual details of the ritual cutting are left a mystery – it's never explained to the girls. You just know that something special is going to happen to you when your time comes.

As a result, all young girls in my country anxiously await the ceremony that will make their transformation from being a little girl to becoming a woman. Originally the process occurred when the girls reach puberty, and the ritual had some meaning, as the girl became fertile and capable of bearing her own children. But through time, female circumcision has been performed on younger and younger girls, partially due to the pressure from the girls themselves, since they eagerly await their 'special time' as a child in the West might await her birthday party.

When I heard that the old gypsy was coming to circumcise Aman, I wanted to be circumcised too. The day before the event, I begged my mother, tugging at her arm, 'Mama, do us both together. Come on Mama, do both of us tomorrow.'

From *Desert Flower* by Waris Dirie



Main activities

Explanation of FGM and discussion

Ask the class:

- ▶ What was Waris going to have done?
- ▶ What is female circumcision?
- ▶ Why do you think Waris was so keen to be circumcised?

Using the slideshow, show one or more of the slides '**What is female genital mutilation?**' (pp 38, 39) and talk through the issues it raises.

Explain that female circumcision is often called Female Genital Mutilation (or FGM) because there are no medical reasons why this takes place and it is very harmful to girls and women who have it done to them. There may also be other names or colloquial terms that are used by community members to refer to the practice.

Female genital mutilation comprises all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways.

Statement from the World Health Organization, 2011

Referring back to the diagram and the purpose of the female sex organs, ask pupils:

- ▶ What effects / problems do you think FGM might cause?

Use the slide '**What are the health risks of FGM?**' (p 39) Explain that it may take a long time for a woman who has been sewn up to urinate, and her periods can last longer as the blood backs up in the vagina, unable to flow freely. This in turn can cause infections. It is important to emphasise that not all girls or women who have undergone FGM experience health problems, in particular women who have had one of the less severe types of FGM. Others may not be aware of these problems, or may not perceive them to be unusual or related to FGM, especially if they occur several years after the procedure.

Add that FGM is illegal in this country but in other countries it is performed legally, or people turn a blind eye to what is going on. The procedures can be unhygienic and dangerous, as for Aman in the desert, who was circumcised by an old woman with a rusty razor blade. Girls with more affluent families can be circumcised in a more hygienic medical setting, which reduces the risk of infection but still creates problems with the normal functioning of urination, having periods and having a baby. It is performed in 28 African countries and in parts of the Middle East and Asia. Every year about three million girls are at risk of FGM in Africa alone. It can take place when the girl is a baby, during childhood, at puberty or at the time of a girl's marriage.

*You may wish to show and talk through the next three slides '**What is the origin of FGM?**', '**What's religion got to do with it?**' and '**Some religious views on FGM**' (p 40, 41). Say that Islamic scholars and clerics have stressed that Islam forbids people from inflicting harm on yourself or others and that those putting their daughters through FGM are going against the teachings of Islam. You could also mention that Muslims believe that God has created humans perfectly and that believers should not change or alter their bodies.*



Think Again film

Say that you are going to show them a film about a young girl in this country who knows that her family want to take her back to their country of origin to be circumcised.



From YouTube show **Think Again: The film** (6.45 mins) www.youtube.com/watch?v=kzBNTtR7toE or search for **Think Again FGM**. The film can also be viewed through FORWARD's website www.forwarduk.org.uk. DVDs of the film can be ordered from the Youth Team at FORWARD – email youth@forwarduk.org.uk.

Ask the class to jot down on a piece of paper any arguments they pick up for or against FGM as they watch the film.

Divide into groups and give each group a large sheet of paper which they should divide in half and head one column, **Reasons given by people for performing FGM** and the other column, **Reasons against FGM**.

Reasons given by people for performing FGM

Tradition; removing something 'dirty'; stop women 'sleeping around'; becoming a woman; bringing shame on the family if they don't have it done; no one would want to marry you; won't go to heaven; preservation of virginity; family honour; sense of belonging to a community; increased sexual pleasure for men; enhanced fertility; the clitoris will harm the husband during intercourse; a woman will become infertile without circumcision; her genitals will smell; the clitoris will continue to grow if not cut off.

Reasons against FGM

Illegal in the UK (and many countries); a human violation and loss of human rights for a young person; people can die from this procedure – severe loss of blood/severe pain and shock/infections/gangrene etc; complications when giving birth; very painful whilst being done, afterwards and in the future; increased risk of HIV; problems during sex; painful to urinate; difficulties passing urine; difficulties with periods; infections; trauma; removes natural body parts; the woman cannot experience sexual pleasure; FGM could cause infertility; not linked to religious faith, for example, not mentioned in the Koran or Bible; mutilation of the body.

Come back to whole group, share work and discuss the myths about FGM, referring to the slide '**Myths and facts about FGM**' (p 42). Show '**The law and FGM**' (p 43) and talk through what it says.



Advice for a girl in this situation

Divide the class into groups again and name each group A or B.

Using *Resource H: FGM lesson – group tasks* (pp 27, 28), give the groups the following tasks.

Group A task:

In the film, the young woman said that she was “scared” and that she “*didn’t have a choice*”.

If your friend came to you and said this:

What would you say?

reassure her - she's not alone, there are people who can help, advise and protect her; listen to her; tell her that FGM is illegal and so there is protection against it happening; tell her you will need to tell an adult who can help.

What could you do?

tell an adult you trust - preferably someone at school, who will be able to help make sure she is protected; contact FORWARD for more information or to find out about people who can help; phone the police if she's in immediate danger.

Group B task:

At the end of the film, the young woman was seen going back home and shutting the front door.

What do you think she might say to her family?

explain that FGM is illegal and that the family could get into trouble; say that she doesn't want to have it because of the health risks; say that it's an old custom that she disagrees with and that is not important any more; say that she doesn't want to have it done for now while she's in school; say that she's learned about the pain and serious health risks and that they shouldn't put her through it;

Make a list of what her options are and what the consequences might be

she could do nothing: her family might forget or change their mind or decide against it; she might be taken to her home country to have FGM - she might go through the pain and have any of the possible health consequences; she could talk to her family and tell her the reasons why she doesn't want to go through it: they might discuss it and decide not to do it; they might try to persuade her to have it done; they might be angry but decide; they might ignore what she says and/or try to force her to have it done; she could tell someone at school: they would find out about the situation and might intervene to protect her if she's at risk; she could report it to the police: they would intervene to protect her if she's at immediate risk; she could talk to someone at FORWARD who could listen and advise her on the best way to deal with the situation.

Come back into the whole group and ask each group to report back on their discussions.



Alternative version of FGM main activity (if you don't have access to view the film):

Give pupils the cartoon drawing [Resource I: FGM lesson – scenario snapshot](#) (p 29). Ask them to explain what is happening.

▶ What might Zainab's friends feel when she says this?
Upset, shocked, worried, angry

▶ What might they say?

Give pupils [Resource J: FGM lesson – information sheet](#) (p 30).

They should use this to think of three things that Zainab's friends could say in this situation. Try to give:

- ▶ One piece of factual information
- ▶ One opinion about FGM
- ▶ One thing to make her feel better, or to show that you support her.

This situation happens in the film *Think Again*. In it the girls have a range of responses, which you could use to prompt pupils if helpful:

- ▶ Oh no, FGM, female genital mutilation.
- ▶ You do have a choice! Say you don't want to go or something – make up an excuse!
- ▶ It's not a good thing to go through.
- ▶ It's illegal in the UK – your mum could get into a lot of trouble – even just by taking you back home.
- ▶ What if you get caught?
- ▶ We can't let you go through this.
- ▶ It's dangerous – so many people die from it, so many complications when giving birth – it's so not worth it!
- ▶ All of it is tradition, for so many years, so many generations, our women have had to go through this – it has to stop.
- ▶ I've heard FGM's so painful, it stays with you forever. We don't want to see you hurt or in pain.
- ▶ We'll talk about this later – we'll get through this somehow.

To feed back, pupils could read out their responses, or role-play the situation.

Ask: what could Zainab do next? What might she say to her family?

From the slideshow show '**What can you do if you are worried that someone is at risk of FGM?**' (p 44).

You may also wish to show '**What will happen when you report FGM to professionals?**' (p 44).

Distribute [Resource K: FGM – help and support](#) (p 31), which lists contacts that offer help to anyone who is concerned about FGM. Highlight in particular the 24 hour helpline for anyone worried about FGM: 0800 028 3550 or fgmhelp@nspcc.org.uk.



Plenary

Second *Desert Flower* book excerpt

Say that you are going to end the lesson by reading the end of the story that you started with: Waris had FGM carried out at the age of five, by the removal of her clitoris and vulva, and then having the outer lips sewn together, leaving a small hole for urine and menstrual flow. She was then left alone to recover with her legs bound. She suffered horrific pain and infection and eventually ran away from home when her father wanted to marry her off to an old man. She finally arrived in England and became a successful model. She was able to have an operation to undo the stitches and she talked about how wonderful it was to be able to urinate and not have trouble with her periods. However, she can never experience the sexual pleasure of a clitoris. She is now a UN special ambassador for women's rights and has started her own foundation to raise awareness against female genital mutilation.

Show images of Waris (google **Waris Dirie**) whilst reading the following from her book (also included as [Resource L: FGM lesson – “Becoming a woman, part 2”](#) (p 32)):

In spite of my anger over what has been done to me, I don't blame my parents. I love my mother and father. My mother had no say-so in my circumcision, because as a woman she is powerless to make decisions. She was simply doing to me what had been done to her, and what had been done to her mother and her mother's mother. And my father was completely ignorant of the suffering he was inflicting on me. He knew that in our society, if he wanted his daughter to marry, she must be circumcised or no man would have her. My parents were both victims of their upbringing and cultural practices that have continued unchanged for thousands of years. But just as we know today that we can avoid disease and death by vaccinations, we know that women are not animals in heat, and their loyalty has to be earned with trust and affection rather than barbaric rituals. The time has come to leave the old ways and suffering behind.

I feel that God made my body perfect the way I was born. Then man robbed me, took away my power and left me a cripple. My womanhood was stolen. If God had wanted those body parts missing, why did he create them?

I just pray that one day no woman will have to experience this pain. It will become a thing of the past and the world will be safe for all women. What a happy day that will be, and that's what I'm working towards. God-willing, it will happen.

From [Desert Flower: The Extraordinary Life of a Desert Nomad](#) by Waris Dirie

Closing remarks and signposting

Finish by reminding pupils that if they have been affected by anything in the lesson, they can talk to you, or another member of staff, or FORWARD, or other local support services (show the final PowerPoint slide) and if you haven't done so already, give out [Resource K: FGM - help and support](#). To assess pupils' learning and allow them to reflect on the lesson, they could complete the 'after' questionnaire in [Resource B: FGM lesson – before and after questionnaire](#) (pp 19-21). To finish the lesson on a lighter note, you may wish to do activity [The Great Wall of Vagina](#) (p 48).





Talk about FGM (female genital mutilation)

Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organization as being “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reason”.

Female genital mutilation is a cultural and sometimes personal issue for some pupils in our schools. Although it is illegal in this country, it is still being practised on young girls, mainly by parents taking their daughters back to their country of origin for the procedure. **It is a criminal offence in this country to practise FGM or to take a UK citizen abroad for the purpose of FGM, whether or not it is lawful in the country the girl is taken to.**

Anyone can anonymously call the NSPCC 24 hour helpline on 0800 028 3550 or email fgmhelp@nspcc.org.uk for advice, information and support about FGM, or to report a concern about a child's welfare.

Teachers are encouraged to use the lesson plan [PU17 FGM lesson](#) in this pack.

Be aware that young people may not recognise the term **FGM** but may understand **female circumcision, cutting** or **sunnah (type 1)**, or other local terminology and languages. Explain that it is called FGM, internationally especially, by those who campaign against it or believe that it is harmful.

FGM has **no medical benefits** but does carry medical risks.

There are various customs, including:

- ▶ removal of the tip of the clitoris and/or clitoral hood (type 1, sometimes referred to as 'sunnah')
- ▶ removal of the clitoris and the surrounding labia
- ▶ total removal of the clitoris and labia, and sewing up of the vaginal opening, leaving only a small opening for urine and menstrual blood (type 3, sometimes referred to 'pharonic circumcision')
- ▶ pricking or piercing the external sexual organs, pulling or scraping the lips.

The procedure is performed at a variety of ages, but it can be carried out during infancy, on girls under 10 or on adolescent girls.

FGM can lead to medical problems such as pain, shock, bleeding and infection, and long-term problems such as bladder and urinary infections, cysts, infertility, and increased risk of childbirth complications and newborn deaths. Surgery may be needed to allow intercourse and childbirth. The opening up and closing of the vagina may be repeated many times, which increases the likelihood of infections and multiple problems. A girl or woman who has had FGM can get help from her GP or health clinic.

Teachers should be aware of the possibility of FGM being planned for one of their pupils if a family which belongs to a community in which FGM is practised plan to take their daughter abroad for a holiday. Girls are particularly at risk of FGM during school summer holidays, when families may take their children abroad for the procedure.

continued overleaf



Talk about FGM (continued)

Many girls may not be aware that they are at risk of undergoing FGM. This is because FGM is a taboo subject that is not openly discussed in many FGM affected communities.

The family may begin to organise vaccinations, talk of absence from school and the child may talk of a special ceremony to take place. If you think this is a possibility, it should be reported like any other case of suspected child abuse.

To help them identify girls at risk, it is useful for staff to be aware of countries and communities where FGM is most commonly practised. The Foreign and Commonwealth Office states that 'UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. Non African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.'

www.gov.uk/government/publications/female-genital-mutilation-leaflet. This should not be emphasised in lessons to avoid reinforcing negative stereotypes of particular groups; teachers should emphasise that FGM was and is common in a number of countries across the world, and in communities of a range of different faiths.

If a girl may be at risk on a visit to a country where FGM is practised, she can take a 'health passport' from the Home Office to show her family. This small leaflet, available in many languages, states the UK law against FGM, and the potential criminal penalties (including for a girl's parents). The school, or the girl herself, can order a 'health passport' by emailing sexualviolence@homeoffice.gsi.gov.uk or from the NSPCC helpline 0800 028 3550 or fgmhelp@nspcc.org.uk.

Indicators that FGM may have occurred include prolonged absence from school, a noticeable change of behaviour on return from abroad, girls finding it difficult to sit still, looking uncomfortable or complaining of pain between the legs, taking a long time in the bathroom, asking to be excused from PE or swimming and saying that they are not allowed to talk about it.

Discussion of FGM may encourage pupils to disclose their own experience or fears of going through the procedure, or indeed, that a girl has already undergone it. If this is the case, it is almost certainly a child protection issue and the school **must** follow the child protection procedures in dealing with it.

"If you are worried about someone who is at risk of FGM or has had FGM, you must share this information with social care or the police. It is their responsibility to investigate and safeguard and protect any girls or women involved. Other professionals should not attempt to investigate cases themselves" – UK Multi-Agency Practice Guidelines (2011)

These websites also give information about FGM: www.rainbo.org and www.bwhafs.com. Anyone who is concerned that a child's welfare is at risk because of FGM can contact 0800 028 3550 (24 hours) or email fgmhelp@nspcc.org.uk for information, advice and support. Though callers' details can remain anonymous, any information that could protect a child from abuse will be passed to the police or social services. Help can also be obtained from FORWARD, Foundation for Women's Health Research and Development, www.forwarduk.org.uk or phone 020 8960 4000 (Monday to Friday 9.30am - 6pm).

 **Talk about male circumcision**

Male circumcision is the surgical removal of some or all of the foreskin which covers the end of the penis. It may be done for medical reasons or for religious and cultural reasons, particularly in boys of the Jewish and Muslim faiths. It may be performed shortly after birth, during childhood, or around puberty as a rite of passage. World Health Organization data suggests that about 30% of males worldwide are circumcised. Circumcision makes no difference to a man's ability to urinate, ejaculate or enjoy sex.

 **Talk about the shape of external body parts**

It is important to explain and emphasise that sexual body parts are as varied and unique as other body parts – such as noses. The media, and in particular sexualised media including pornography, can create and reinforce distorted or exaggerated body images. Some natural and normal variations you might want to emphasise are:

- ▶ Vaginas and penises come in different shapes and sizes.
- ▶ A penis should hang slightly to one side.
- ▶ One testicle is usually higher than the other.
- ▶ One breast is often bigger than the other.

In addition, when talking about external sexual parts, do not use the term 'normal' but 'natural', to avoid implying that someone who may have had an operation to alter them is 'abnormal'. (This could include circumcision, FGM, or breast enhancement or reduction.)

 **Talk about the importance of learning the correct terminology**

There are many reasons why it is important that pupils learn and practise using the 'correct', commonly understood language for genitals. It ensures that they will be able to understand later learning in SRE, including changes at puberty, menstruation, conception, contraception and STIs, and that they can discuss these without causing offence. It also builds their confidence to be able to talk to a professional about medical issues concerning their genitals. Furthermore, from a child protection point of view, knowledge of the 'right words' can be very important in clarifying situations in cases of suspected abuse.

You could say:

"It is important to use words that are understood by everyone and that won't offend people. Some people may still use pet or slang terms at times but knowing the right terminology and feeling comfortable about using it makes it easier to talk to a doctor or nurse about a medical issue involving sexual body parts. Imagine how embarrassing it would be to have to say you had a rash on your X or a sore Y! [using slang words pupils have suggested]. Using the right language makes it easier for you and for the person you are talking to".

Dear parent,

As part of their personal, social, health and economic (PSHE) education lessons, Year 7 take part in a series of sex and relationship education (SRE) lessons. These focus mainly on explaining and preparing pupils for the physical and emotional changes associated with puberty. They also consider the changing nature of a range of relationships, including friendship, family relationships and intimate relationships.

The purpose of SRE at [name of school] is: to prepare pupils for the physical and emotional changes of growing up; to give them the knowledge and skills to make informed and healthy choices; to build their confidence and skills to deal with situations they may encounter; to help them to stay safe and know where and how to ask for help if needed. At times, carefully chosen external visitors and speakers may contribute to the programme. In these cases, lesson content will be agreed in advance and visitors will always be supervised by a member of school staff.

As part of this year's SRE, pupils will have a lesson which teaches about female genital mutilation (FGM). They will be taught that FGM, also known as female circumcision, cutting or sunna, is illegal in the UK and that it is also a criminal offence to take a UK citizen abroad for the purpose of FGM (whether or not it is lawful in the country the girl is taken to). This will be taught in an age-appropriate way in the context of knowing about bodily changes during puberty, being able to use the correct language, keeping safe and feeling confident to ask questions and discuss in a mature and appropriate way.

We believe that this will be an important addition to the Year 7 SRE programme. If you have concerns or would like to discuss the matter further, please make an appointment to meet with the Head [or other appropriate senior member of staff]

A FGM lesson – Suggested letter to parents (Version 2)

2

Dear parent,

As part of their personal, social, health and economic (PSHE) education lessons, Year 7 take part in a series of sex and relationship education (SRE) lessons. These focus mainly on explaining and preparing pupils for the physical and emotional changes associated with puberty.

Topics which will be covered include: the changing nature of friendship throughout puberty; relationships with parents and other adults and how the emotional changes during puberty may impact on these; the physical changes during puberty; as a background to this, the natural appearance of, and the appropriate terminology for the sexual parts of the body (including teaching about female genital mutilation (FGM), also known as female circumcision, cutting or sunna); ... [insert whatever else you teach in Y7 SRE here]

The purpose of SRE at [name of school] is: to prepare pupils for the physical and emotional changes of growing up; to give them the knowledge and skills to make informed and healthy choices; to build their confidence and skills to deal with situations they may encounter; to help them to stay safe and know where and how to ask for help if needed. At times, carefully chosen external visitors and speakers may contribute to the programme. In these cases, lesson content will be agreed in advance and visitors will always be supervised by a member of school staff.

We believe that the Year 7 SRE programme helps us to achieve these aims. If you have concerns or would like to discuss the matter further, please make an appointment to meet with the Head [or other appropriate senior member of staff]



B FGM lesson – before and after questionnaire

1

Name:**Class:****BEFORE**

Some of the words for sexual body parts I know are:

Do all women's sex organs look alike?

Have you heard of Female Genital Mutilation (FGM)?

Yes No

If so, what is FGM?

Other terms are sometimes used for FGM, for example, female circumcision or female genital cutting, or sunna... Have you heard of any of these?

Do you think it is important for young people to learn about it?

Why do you think it is important for young people to learn about sex and relationships?



B FGM lesson – before and after questionnaire

2

Name:**Class:****AFTER**

Some of the words for sexual body parts I know are:

Do all women's sex organs look alike?

What is FGM?

Do you think it is important for young people to learn about it?

How did the lesson make you feel?

What are the most important things you know about FGM?



B FGM lesson – before and after questionnaire

3

Why do you think it is important for young people to learn about sex and relationships?

I would like to learn more about.....

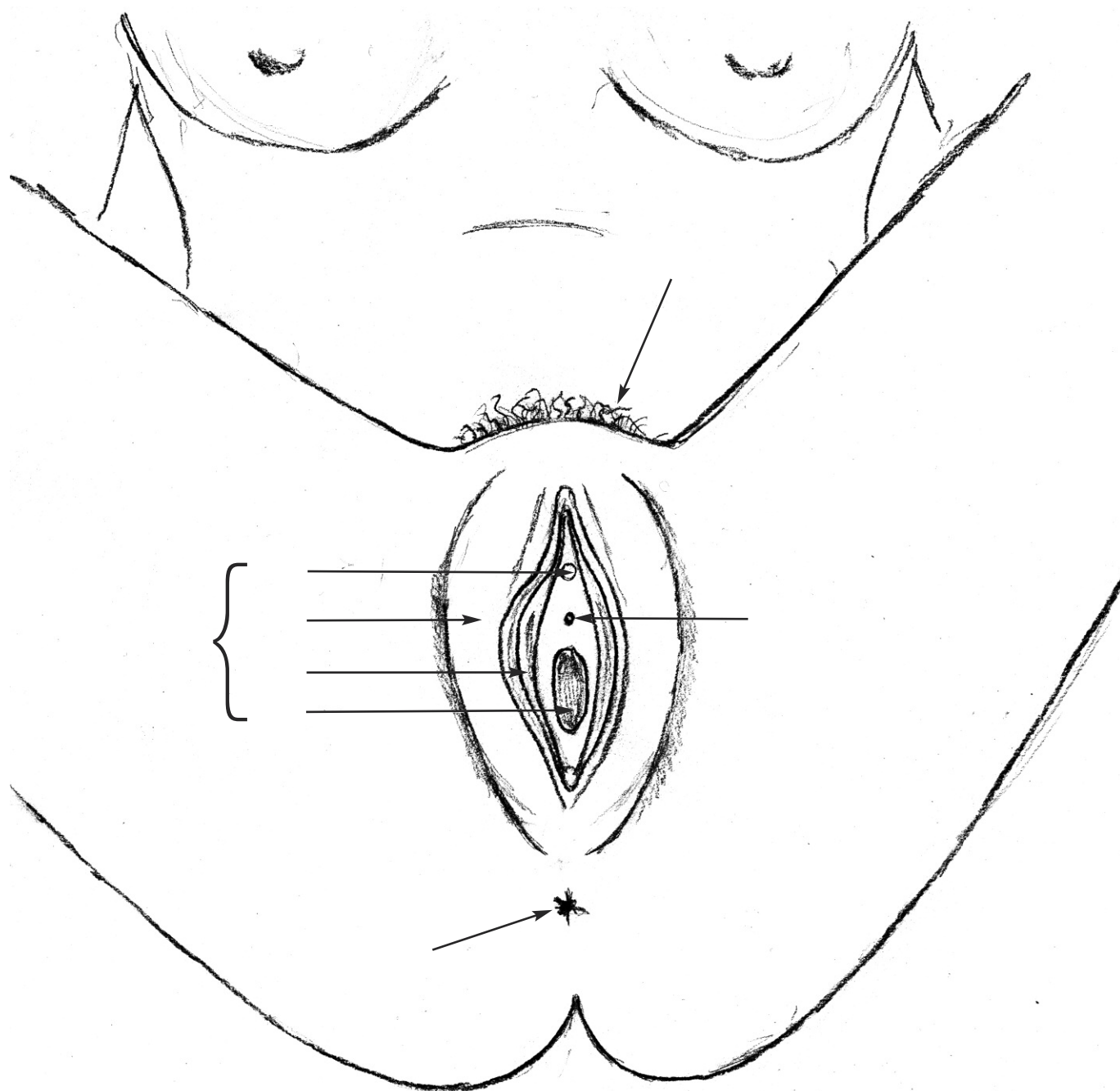
Is there any help or support you would like following today's lesson?

Any further comments?

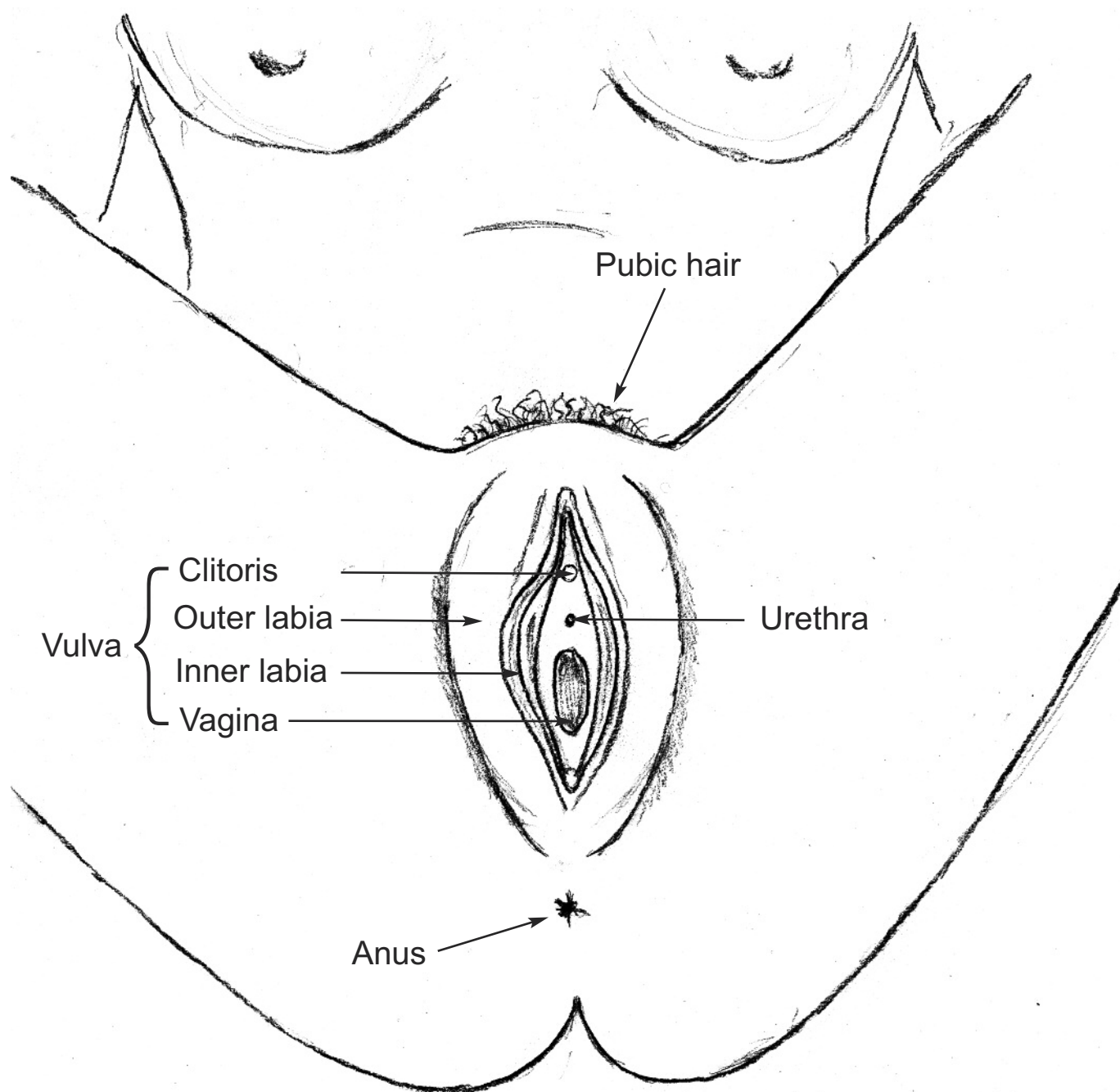


C Female external sexual organs

Please label the following drawing

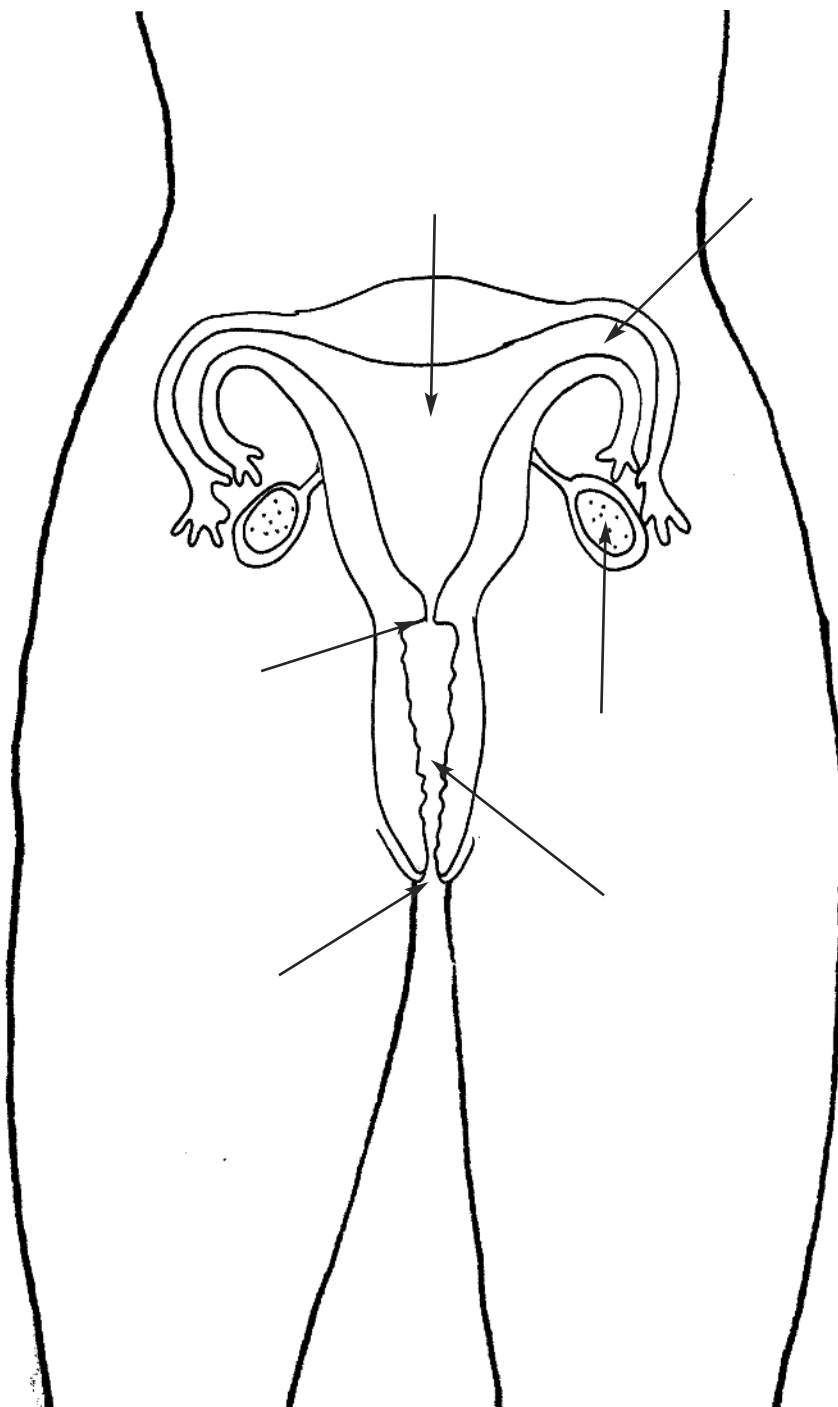


D Female external sexual organs – labelled

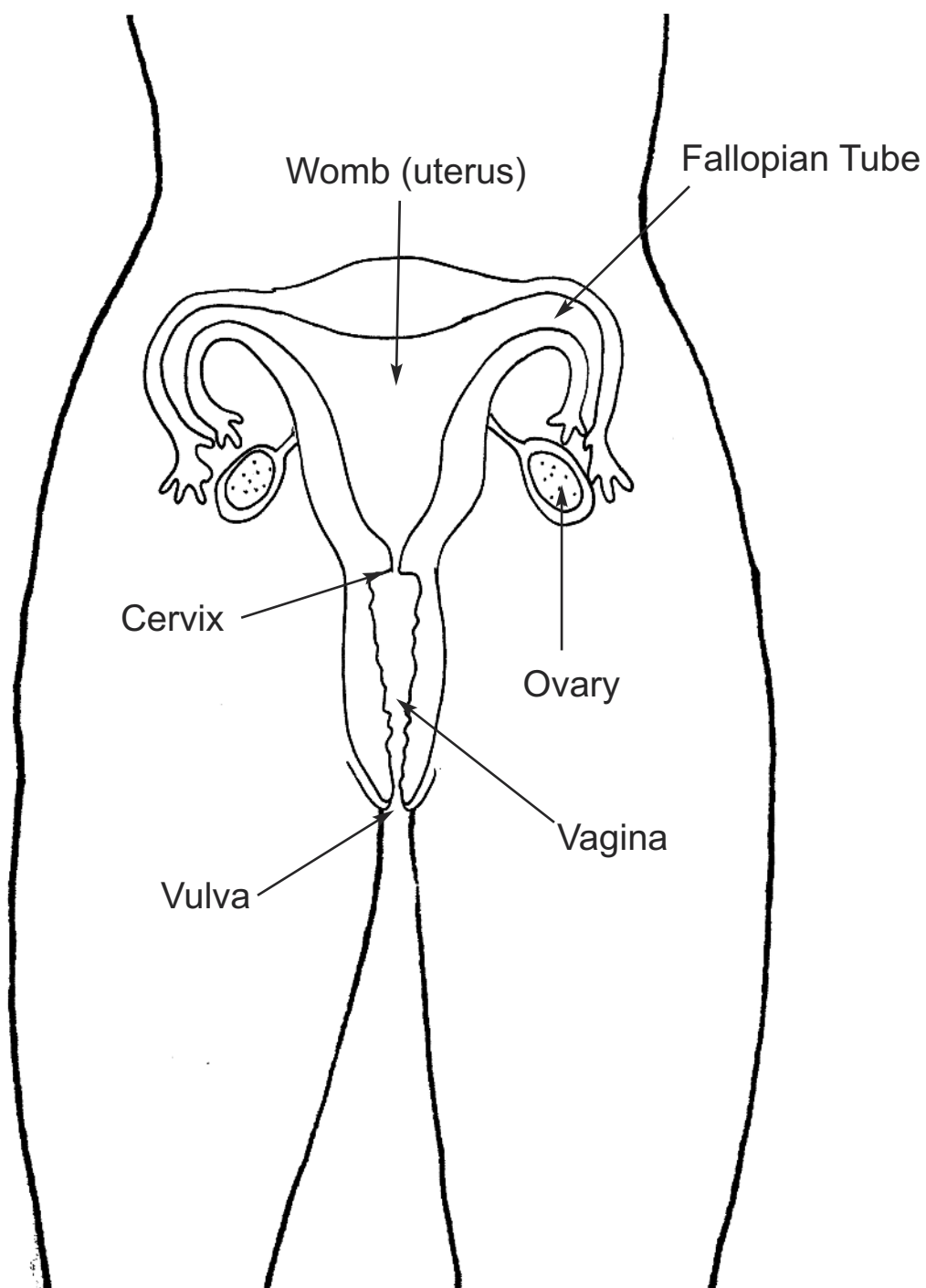


E Internal female sexual organs

Please label the following drawing



F Internal female sexual organs – labelled



G FGM lesson – “Becoming a woman, part 1”

The time had come for my oldest sister Aman, to be circumcised. Like all younger siblings, I was envious, jealous that she was entering this grown-up world that was still closed to me. Aman was a teenager, much older than the normal age for circumcision, but so far, the timing had never been right. As my family travelled Africa in an endless cycle, we had somehow missed the gypsy woman who performed this ancient ritual. My father was growing concerned, because Aman was reaching marriageable age, but no marriage could take place unless she had been properly ‘fixed’. The prevailing wisdom in my country is that there are bad things between a girl’s legs, parts of our bodies that we are born with but yet are ‘unclean’.

These things must be removed – the clitoris, labia minora, and most of the labia majora are cut off, then the wound stitched shut, leaving only a scar where the genitals had been. But the actual details of the ritual cutting are left a mystery – it’s never explained to the girls. You just know that something special is going to happen to you when your time comes.

As a result, all young girls in my country anxiously await the ceremony that will make their transformation from being a little girl to becoming a woman. Originally the process occurred when the girls reach puberty, and the ritual had some meaning, as the girl became fertile and capable of bearing her own children. But through time, female circumcision has been performed on younger and younger girls, partially due to the pressure from the girls themselves, since they eagerly await their ‘special time’ as a child in the West might await her birthday party.

When I heard that the old gypsy was coming to circumcise Aman, I wanted to be circumcised too. The day before the event, I begged my mother, tugging at her arm, ‘Mama, do us both together. Come on Mama, do both of us tomorrow.’

From *Desert Flower* by Waris Dirie



H FGM lesson – group tasks

1

Group A task:

In the film, Think Again, the young woman said that she was “scared”, and that she “didn’t have a choice”.

Discuss:

If your friend came to you and said this:

► **What would you say?**

► **What could you do?**



H FGM lesson – group tasks

2

Group B task:

At the end of the film, Think Again, the young woman was seen going back home and shutting the front door.

Discuss:

► **What do you think she might say to her family?**

► **Make a list of what her options are and what the consequences might be.**



I FGM lesson – scenario snapshot

What might Zainab's friends say? Use the information sheet to help you. Try to include:

- ▶ One piece of factual information
- ▶ One opinion about FGM
- ▶ One thing to make her feel better, or to show that you support her.



J FGM lesson – information sheet

What is Female Genital Mutilation?

Female genital mutilation 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. It has no health benefits and harms girls and women in many ways.

Statement from the World Health Organization, 2011

What are the health effects of FGM?

- ▶ loss of blood
- ▶ pain or shock
- ▶ difficulties in passing urine
- ▶ difficulties during menstruation
- ▶ infections
- ▶ increased risk of HIV infection
- ▶ complications in pregnancy and childbirth
- ▶ problems during sex
- ▶ psychological difficulties/problems

What's religion got to do with it?

- ▶ Nothing!
- ▶ Although FGM is practised by some Muslims and Christians in some parts of the world, it is not required by Islam, Christianity or Judaism and is not in the Bible or Koran.
- ▶ Although Judaism considers circumcision essential to males, it does not require it for females.

Myths and facts about FGM

MYTHS

- ▶ If not cut, the clitoris will continue to grow.
- ▶ Without FGM the woman will be infertile.
- ▶ Without FGM, the woman will smell.
- ▶ The clitoris will harm the baby during delivery.
- ▶ The clitoris will harm her husband during intercourse.

FACTS

- ▶ The clitoris stops growing after puberty. Even after the clitoris is fully grown it is not very large.
- ▶ FGM can cause infertility.
- ▶ FGM will not make the vagina more hygienic, in fact it can make it less hygienic.
- ▶ FGM may cause serious complications at childbirth.
- ▶ The clitoris gives the woman pleasure and does not harm her partner or the baby/fetus.

The law and FGM

- ▶ Practising FGM is a criminal act in the UK.
- ▶ It is illegal to help, support or arrange for FGM to be performed on a girl in this country. It is also illegal to take a girl outside the UK to have FGM carried out.
- ▶ The offence can result in 14 years in prison or a fine – or both.



K FGM - help and support

FGM (female genital mutilation, also known as female circumcision, cutting or sunnah) is illegal in the UK. It is a criminal offence to take a UK citizen abroad for the purpose of FGM (even if it is not illegal in the other country).

If you think **YOU** or **SOMEONE YOU KNOW** might be at risk of FGM

You can:

- **Tell someone** – preferably an adult you trust who can help – a member of staff at school, or a GP. These people have a duty to protect children and can help keep you safe.
- **Call the NSPCC FGM helpline on 0800 028 3550** - You can contact this 24 hour helpline anonymously or email fgmhelp@nspcc.org.uk for information and support about FGM, to report your concerns, or to get the official *A Statement Opposing FGM* - a small leaflet that a girl can carry with her that states the law against FGM and the possible criminal penalties.

If **YOU** have experienced FGM

You can:

- **Talk to FORWARD** www.forwarduk.org.uk 020 8960 4000 (Mon-Fri, 9.30-6) or the NSPCC helpline 0800 028 3550. They understand all about FGM and can listen and give you advice as well as linking you up with specialist services if you need them.
- **Get medical treatment** to reduce the health risks. You can talk to your GP, or go to a specialist health clinic. FORWARD or the NSPCC can help you find the nearest one to you.
- **Tell someone** – preferably an adult you trust who can help – a member of staff at school, or a GP. These people have a duty to protect children and can help keep you - and other girls in your family - safe.



L FGM lesson – ‘Becoming a woman, part 2’

In spite of my anger over what has been done to me, I don't blame my parents. I love my mother and father. My mother had no say-so in my circumcision, because as a woman she is powerless to make decisions. She was simply doing to me what had been done to her, and what had been done to her mother and her mother's mother. And my father was completely ignorant of the suffering he was inflicting on me. He knew that in our society, if he wanted his daughter to marry, she must be circumcised or no man would have her. My parents were both victims of their upbringing and cultural practices that have continued unchanged for thousands of years. But just as we know today that we can avoid disease and death by vaccinations, we know that women are not animals in heat, and their loyalty has to be earned with trust and affection rather than barbaric rituals. The time has come to leave the old ways and suffering behind.

I feel that God made my body perfect the way I was born. Then man robbed me, took away my power and left me a cripple. My womanhood was stolen. If God had wanted those body parts missing, why did he create them?

I just pray that one day no woman will have to experience this pain. It will become a thing of the past and the world will be safe for all women. What a happy day that will be, and that's what I'm working towards. God-willing, it will happen.

From *Desert Flower: The Extraordinary Life of a Desert Nomad* by Waris Dirie



KS3 FGM lesson



SRE Covered:

all you need to teach about sex and relationships
in secondary schools

Female genital mutilation

Learning outcomes:

- ▶ To know the female parts of the body (genitals)
- ▶ To understand what female genital mutilation (FGM) is
- ▶ To know that FGM is illegal in the UK (and that it is also a criminal offence to take a UK citizen abroad for the purpose of FGM, whether or not it is lawful in the other country)
- ▶ To know where and how someone can get help and support about FGM



KS3 Puberty



Female genital mutilation

Ground rules:

- ▶ Respect people for who they are and what they say
- ▶ Listen when anyone is talking
- ▶ Try to use the correct words for naming body parts and sexual activities
- ▶ No personal questions
- ▶ Don't name names: if you want to ask about or share a personal story or experience, you can speak in the third person about 'someone I know', 'a friend', 'a situation I've heard about/read about'
- ▶ Everyone has the 'right to pass', or not say anything if they don't want to
- ▶ Confidentiality: 'what is said in the room, stays in the room' except if anyone mentions something which could be harmful or put them at risk – then will have to pass the information on to help keep them safe



KS3 Puberty



Female genital mutilation

Terms to know and use:

Girls

- ▶ ovaries
- ▶ fallopian tubes
- ▶ uterus (womb)
- ▶ cervix
- ▶ vulva
- ▶ vagina
- ▶ clitoris
- ▶ labia

Boys

- ▶ testicles
- ▶ epididymis (or sperm store)
- ▶ vas deferens (or sperm duct)
- ▶ penis
- ▶ foreskin



KS3 Puberty



Female genital mutilation

Label the internal and external organs:

External

- ▶ Vagina
- ▶ Clitoris
- ▶ Urethra
- ▶ Labia (inner and outer)
- ▶ Vulva
- ▶ Anus
- ▶ Pubic hair

Internal

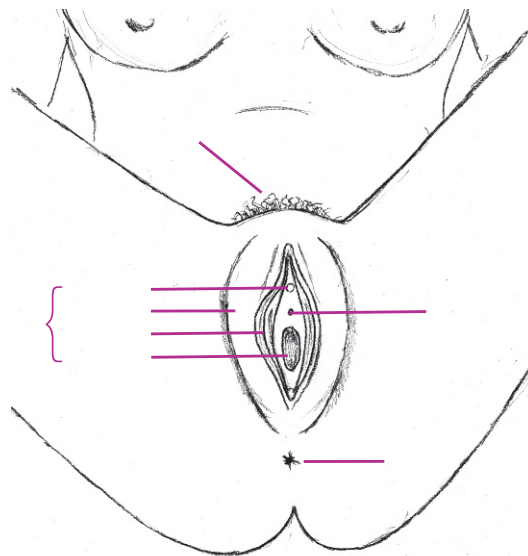
- ▶ Uterus (womb)
- ▶ Ovary
- ▶ Vagina
- ▶ Fallopian tube
- ▶ Cervix
- ▶ Vulva



KS3 Puberty



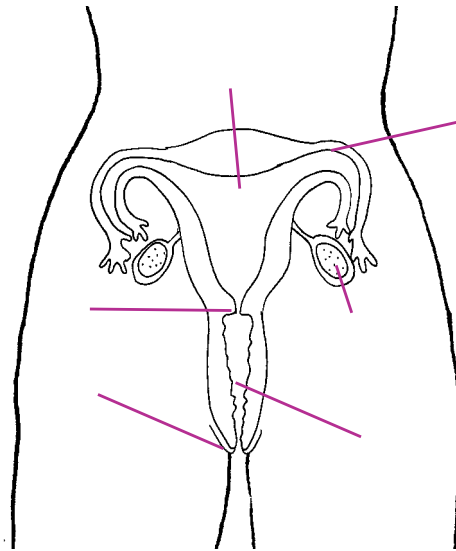
Female external organs



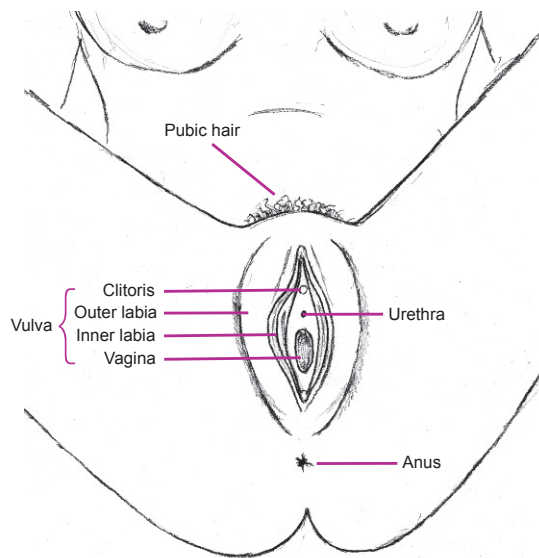
KS3 Puberty



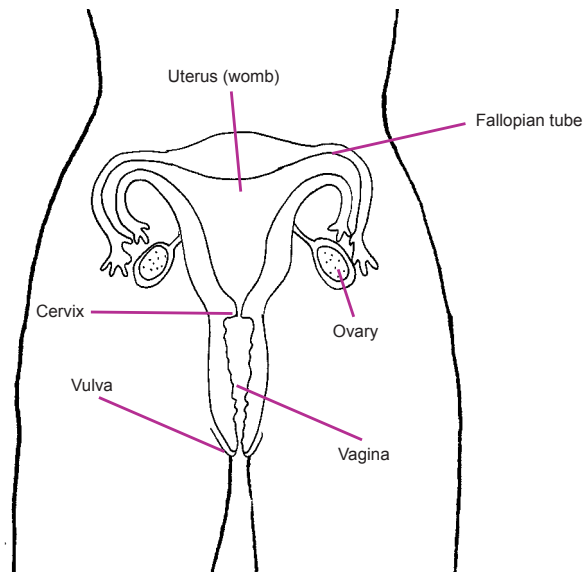
Female internal organs



Female external organs - labelled



Female internal organs - labelled



Female genital mutilation



Listen to, or read,
the extract from
Desert Flower
by Waris Dirie

Female genital mutilation

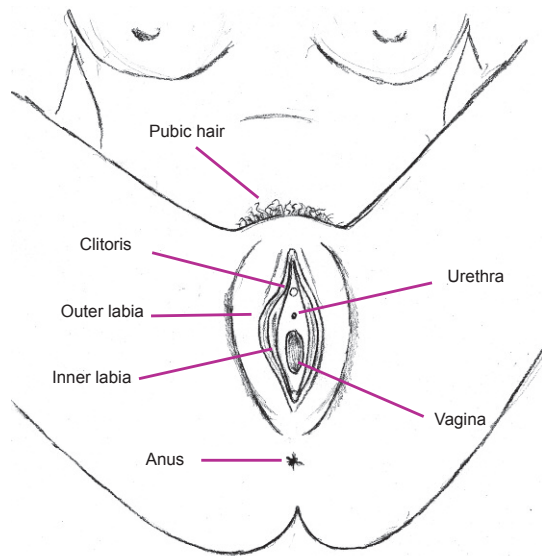


Diagram showing what is natural between a girl or woman's legs.

In FGM, the clitoris may be removed including the 'hood' - the fold of skin over it.

Part of the vulva may also be removed and the most severe kind of FGM includes the closing up of part of the urethra and the vaginal opening.



KS3 Puberty



Female genital mutilation

What is female genital mutilation?

Female genital mutilation 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.

It has no health benefits and harms girls and women in many ways.

Statement from the World Health Organization, 2011



KS3 Puberty



Female genital mutilation

What is female genital mutilation?

There are four different types depending on the community's traditions:

- ▶ Type 1 – the cutting or removal of the clitoris and/or the clitoral hood. This is sometimes referred to as 'sunnah'
- ▶ Cutting or removal of the clitoris and the inner lips
- ▶ Cutting or removal of the clitoris, inner lips and/or outer lips with the remaining parts sewn together leaving a small hole for urine and menstrual flow
- ▶ All other harmful procedures such as pricking, piercing, scraping and burning



KS3 Puberty



Female genital mutilation

What are the health risks of FGM?

- ▶ loss of blood
- ▶ pain or shock
- ▶ difficulties in passing urine
- ▶ difficulties during menstruation
- ▶ infections
- ▶ increased risk of HIV infection
- ▶ complications in pregnancy and childbirth
- ▶ problems during sex
- ▶ psychological difficulties/problems



KS3 Puberty



Female genital mutilation

What is the origin of FGM?

- ▶ Nobody knows the real origin of FGM.
- ▶ It pre-dates Christianity and Islam. It may have begun in the time of the Pharaohs in Egypt and it was performed on some women in England before the 19th century as a way of stopping them having sex outside marriage.
- ▶ It can be done to prevent women from being unfaithful and/or enjoying sex.



KS3 Puberty



What's religion got to do with it?

- ▶ Nothing!
- ▶ Although FGM is practised by some Muslims and Christians in some parts of the world and many people believe it has a religious basis it is not required by Islam, Christianity or Judaism and is not in the Bible or Koran.
- ▶ Although Judaism considers circumcision essential to males, it does not require it for females.



KS3 Puberty



Female genital mutilation

Some religious views about female genital mutilation

“FGM is a harmful practice and a clear case of child abuse. It is a form of reverse racism not to protect these girls from barbaric practices that take from them for a lifetime their God-given right to an intact natural body.”

Dr Yunes Teinaz, the Islamic Cultural Centre

“Throughout the whole bible you will never find an example of female genital mutilation... [it] has neither biblical nor scientific proof of acceptance, rather it has harmful consequences... it is a non biblical ritual to practise FGM... I am beseeching the whole world to outlaw this practice once and for all.”

Pastor O Kifle, Eritrean Bethel Church UK



KS3 Puberty



Female genital mutilation

Think again!

Watch the **film** and then complete

Reasons given by people for performing FGM:

Reasons against FGM:

YouTube www.youtube.com/watch?v=kzBNTr7toE



KS3 Puberty



Female genital mutilation



What might Zainab's friends say?



KS3 Puberty



Female genital mutilation

Myths and facts about FGM

- ▶ If not cut, the clitoris will continue to grow. **Myth**
- ▶ The clitoris stops growing after puberty. **Fact**
- ▶ The clitoris will harm the baby during delivery. **Myth**
- ▶ FGM may cause serious complications at childbirth. **Fact**
- ▶ Without FGM the woman will be infertile. **Myth**
- ▶ FGM can cause infertility. **Fact**
- ▶ Without FGM, the woman will smell. **Myth**
- ▶ FGM will not make the vagina more hygienic, in fact it can make it less hygienic. **Fact**
- ▶ The clitoris will harm her husband during intercourse. **Myth**
- ▶ The clitoris gives the woman pleasure and does not harm her partner. **Fact**



KS3 Puberty



Female genital mutilation

The law and FGM

- ▶ Practising FGM is a criminal act in the UK.
- ▶ It is illegal to help, support or arrange for FGM to be performed on a girl in this country. It is also illegal to take a girl outside the UK to have FGM carried out.
- ▶ The offence can result in 14 years in prison or a fine – or both.



KS3 Puberty



Female genital mutilation

Group tasks

Group A

In the film, the girl said that she was 'scared', and that she 'didn't have a choice'.

If your friend came to you and said this:

- ▶ What would you say?
- ▶ What could you do?

Group B

At the end of the film, the girl was seen going back home and shutting the front door.

- ▶ What do you think she might say to her family?
- ▶ Make a list of what her options are and what the consequences might be.



KS3 Puberty



Female genital mutilation

What can you do if you are worried that someone is at risk?

If you are worried, it is very important that you do something to stop FGM from taking place. Do not stay silent.

- ▶ Talk to a trusted adult about the situation – a teacher or school nurse or close relative who you know can intervene.
- ▶ The teacher who is taking this lesson has a list of organisations that can help.
- ▶ If the girl is at immediate risk, call the police on 999.
- ▶ If you are abroad you can still contact the nearest British Consulate, Embassy or High Commission for help.



KS3 Puberty



Female genital mutilation

What will happen when you report FGM to professionals?

- ▶ If you tell a member of school staff that someone is at risk from FGM then this will be treated confidentially and will be seen as a child protection issue.
- ▶ The Children's Service will treat this as a serious concern and parents will be part of the meeting to discuss this concern.
- ▶ The girl will not automatically be taken away from home. This would happen in rare cases if the parents won't guarantee that they will not have their daughter cut.

Information taken from *FORWARD, Foundation for Women's Health Research and Development*



KS3 Puberty



Female genital mutilation



Listen to, or read, the second extract from *Desert Flower* by Waris Dirie



KS3 Puberty



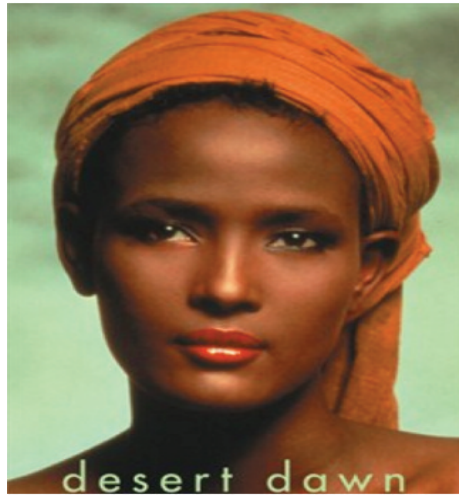
Female genital mutilation



KS3 Puberty



Female genital mutilation



KS3 Puberty



Female genital mutilation



KS3 Puberty



Female genital mutilation

To sum up:

- ▶ What do you know now?
- ▶ How do you feel?



KS3 Puberty



Female genital mutilation

For help about any of the issues in today's lesson, talk to:

- ▶ A teacher, or member of school staff
- ▶ The FGM anonymous helpline 0800 028 3550 (24 hour)
- ▶ The police (call 999 if someone is in immediate danger)
- ▶ FORWARD, www.forwarduk.org.uk 020 8960 4000 (Mon - Fri, 9.30 - 6.00)



KS3 Puberty



Appendix

Street language for body parts and sexual activities

20 mins

Explain that the class is going to explore the language that people use when talking about body parts and sexual activities. It is important that the pupils feel confident when talking about sex and relationships in class, and understand that the exercise is designed to reduce any embarrassment and awkwardness they feel. Say that you hope it will be interesting and fun to think about both the words themselves and the reasons why they are used.

Either divide the class into three groups or stay in one large group and brainstorm:

- ▶ names that are used for male parts of the body
- ▶ names that are used for female parts of the body
- ▶ names for sexual activities.

When they have done that, look at the results of their brainstorming and discuss:

- ▶ Are some of the names more positive or negative than others? Which ones are they?
- ▶ Are there any words that you don't like or which make you upset or angry? Why?
- ▶ Why do you think parents often use 'family' names for their children's sexual parts?
- ▶ Why do people often not use the correct terms when they are talking amongst themselves?
- ▶ Why is it important to know the correct terminology?

Check that pupils know the meaning of words such as '*masturbation*' and '*intercourse*', and the meaning of the slang names. Explain that, for medical purposes, it is important to use the correct words. Say that, in class, they will also be using the correct words so that they become confident about using them, will be understood by everyone and will not offend anyone.

The Great Wall of Vagina

5 mins

Although we seldom look at them, vulvas and labia are as different as faces. Go to www.greatwallofvagina.co.uk/home to look at an exhibition of plaster casts of 400 vulvas. The artist says that "*For many women their genital appearance is a source of anxiety*", and he hopes this sculpture will help to combat the rise, in recent years, of cosmetic labial surgery.

Discuss with the class whether they are surprised by the variety of shapes.

- ▶ Why might it help women to know that such a range exists?



Lesson outline: two lesson version

LESSON ONE

	Activities	Timing	Resources
1	Ground rules	5 mins	Slideshow
2	Street language for body parts and sexual activities	20 mins	
3	Label diagrams of female genitals	15 mins	Copies of diagrams Resources C – F
4	Listen to excerpt from <i>Desert Flower</i> book	5 mins	Resource G
5	Description and explanation of FGM and discussion	10 mins	Slideshow
6	Second excerpt from <i>Desert Flower</i>	5 mins	Resource L
7	Closing remarks; signposting to further help and support	2 mins	Resource K

It is important in this lesson to get across the key message that FGM is illegal and to ensure that pupils are signposted to further information and support.

LESSON TWO *

	Activities	Timing	Resources
1	Recap understanding of FGM	5 mins	Slideshow
2	Watch <i>Think Again</i> film and discussion – pupils identify reasons that may be given for and against FGM from the film	15 mins	<i>Think Again</i> film – DVD or via YouTube Resource J
3	Follow-up group activity – advice for a girl in this situation – this task can be extended from the group discussion to give a fuller written answer, or done as a role-play	30 mins	Resources sheets H or I and J Resource K
4	Closing remarks; signposting to further help and support	2 mins	Resource K

* This would be an ideal opportunity to invite an expert speaker to talk to the class, facilitate discussion or answer questions.



Further help and support about FGM

Some of the services listed are specific to Islington (where this lesson was developed and trialled)

Police

If you think that the situation involves immediate risk, then call the police on 999.

Project Azure

Project Azure is the Police Child Abuse Investigation Command's response to FGM. They can be contacted on: 020 7161 2888

FORWARD

Provides support, counselling and a safe space for girls and women to talk about their experiences. It can provide access and support for girls and women needing specialist health services who are affected by FGM.

Open Monday to Friday from 9.30am to 6pm

www.forward.org.uk 0208 960 4000

Solace Women's Aid (SWA)

SWA provides Community Support Services, which include a specialist service to Turkish and Somali speaking women.

The helpline number is 0808 802 5565.

advocacy@solacewomensaid.org

Iranian Kurdish Women's Rights Organisation

IKWRO are a national organisation providing advice and casework support to women from BME communities experiencing domestic violence with a specialism in forced marriage, honour based violence and FGM. IKWRO are based in Islington.

020 7920 6460/ 07862 733 511 (24 hr)

IMECE Women's Centre

IMECE provide a range of services for the Turkish community but also provide support for women affected by domestic and/or sexual violence from the BAMER communities which includes advice and support. IMECE have particular expertise in supporting women who are victims of forced marriage or 'honour' based violence.

020 7354 1359

Kurdish Middle Eastern Women's Organisation

KMEWO provide advice and casework across all the violence against women crime types, and specialise in supporting women who have experience forced marriage, 'honour' based violence or Female Genital Mutilation.

020 7263 1027 / 07748 851 125

info@kmewo.org

Latin American Women's Aid

LAWA provide services for women from the Latin American community. LAWA provide advocacy, outreach and refuge accommodation.

0207 275 0321

advice@lawadv.org.uk

P.T.O



Further help and support about FGM (continued)

Some of the services listed are specific to Islington (where this lesson was developed and trialled)

Manor Gardens Health Advocacy Project

This project has an FGM Initiative with Community Project Workers who speak Sorani, Arabic, Somali, Amharic, Tigrigna, Wolof and Mandinka. Workers facilitate training and education, give community members an understanding of UK legislation, provide information about available support networks and health services, and offer one-to-one advocacy to women who have experienced FGM.

Ros Colman Jerram,
FGM Project Manager
020 7281 9478
ros@manorgardenscentre.org

Victim Support Islington

Victim Support will work with men or women who are currently experiencing or have experienced any crime, including harmful practices. They will support all clients whether or not they have reported to the police.

020 7700 6014
vs.islington@vslondon.org

African Well Women Clinic

Whittington Hospital
Level 5, Highgate Hill
London N19 5NF
020 7288 3482 ext. 5954
07956 257 992
Contact: Joy Clarke
joy.clarke@whittington.nhs.uk

Home Safe Project

The Home Safe Project works with schools and community groups across Islington to raise awareness about and reduce incidence of domestic violence.

Heather Vacciana
Anti-Bullying Coordinator & Home Safe
Domestic Violence Prevention Officer
020 7527 7793 / 07584 370797
heather.vacciana@islington.gov.uk



The lesson is taken from ***SRE Covered: all you need to teach about sex and relationships in secondary schools***, a new and comprehensive resource pack with a wealth of activities and resources to address the breadth of sex and relationship education topics.

For further information, or to order a copy, please contact
helen.cameron@islington.gov.uk
020 7527 5591

