



KNOWLEDGE OF EDUCATORS
IN IRELAND ON
**FEMALE
GENITAL
MUTILATION**

AKIDWA / NOVEMBER 2022

Knowledge of Educators in Ireland on Female Genital Mutilation

AkiDwa would like to thank:

All the Stakeholders who responded to the survey or who participated in an interview.

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Thank You

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Executive Summary

AkiDwA conducts extensive campaign and advocacy work to end Female Genital Mutilation (FGM), to support women and girls at risk of this harmful practice. This consultation was conducted by Mary Nicholson, Child Protection and Welfare Consultant, on behalf of AkiDwA, to hear the views of educators across the sector, to gauge their attitude and understanding of FGM and to use these findings to update the AkiDwA Information Guide for Education Professionals in Ireland. A total of 200 early years, primary, and post-primary educators and other related professionals across Ireland participated in the survey. In addition, views were sought from specific stakeholders from the wider education sector. The findings showed that while most educators know what FGM means (92.4%), the majority are not familiar with FGM, who is at risk, or the possible indicators that a girl is at risk/FGM may have already taken place. The results show that only 11.5% of educators surveyed stated that they were aware of any of the indicators that a girl was at risk of or had undergone FGM and none were aware of a girl who had undergone FGM.

The majority of respondents (79.5%) were aware that 2-15 is the most common age that FGM is carried out. However, over half of the respondents (55.5%) did not accurately identify the countries where FGM is practiced with 43.5% believing it to only occur in African countries. There was also a significant underestimation of the prevalence of FGM in Ireland with 157 respondents (78.5%) estimating 500-3000 girls/women had undergone FGM.

FGM is illegal in Ireland under the Criminal Justice (Female Genital Mutilation) Act 2012¹. It is also included as a form of Child Abuse in the Children First National Guidance for the Protection and Welfare of Children (2017)². However, just .5% of respondents had a comprehensive knowledge of the law concerning FGM in Ireland, 55.5% had no knowledge and 43% had a little knowledge. On a positive note, all the respondents were aware of their obligations in terms of child safeguarding and stated they would report concerns to a Designated Liaison Person, Gardai, or social worker.

It is clear from the survey answers that respondents lack awareness of the indicators of FGM, the prevalence of FGM around the world and underestimate the prevalence in Ireland and as such, would benefit from resources to their raise awareness of FGM. Educators play a key role in girls' lives and have regular and ongoing contact, so they play a pivotal role in combating FGM. The HSE Second National Intercultural Health Strategy 2018-2023³ highlights the importance of ensuring frontline workers are equipped with the skills and knowledge to identify and address FGM. As AkiDwA continues and grows its work on FGM, this survey shows there is clear evidence of the need among educators in Ireland to be more aware and better informed on FGM.

[1] Irish Statute Book, Criminal Justice Act (2012) Criminal Justice (Female Genital Mutilation) Act 2012 (irishstatutebook.ie), accessed 875

[2] Department Of Children And Youth Affairs 2017, Children First, National Guidance for the Protection and Welfare of Children

[3] Health Service Executive, Second National Intercultural Health Strategy 2018-2023 (2018) intercultural-health-strategy.pdf (hse.ie)

1. Overview of FGM

1.1 What is FGM?

Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or another injury to the female genital organs for non-medical reasons⁴.

There are four different types of FGM practiced⁵

- **Type 1:** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
- **Type 2:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
- **Type 3:** Narrowing of the vaginal orifice with the creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with/without excision of the clitoris (infibulation)
- **Type 4:** All the other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterisation. FGM is recognised internationally as a human rights violation and a form of child abuse

1.2 Where is it practiced?

FGM is known to be widely practiced in at least 28 African countries and has been reported in several countries in the Middle East, Central and South America and Asia. It is not isolated to these areas, and the practice is also present among migrant communities around the world.

1.3 Prevalence

The exact number of girls and women alive today who have undergone FGM is unknown, however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM⁶.

In Ireland, while it is difficult to give exact figures, in 2017 AkiDwA estimated that 5,790 women and girls living in Ireland had undergone FGM, based on 2016 data collected by the CSO⁷.

1.4 When is it practiced?

The age at which girls undergo FGM varies by community. The most common age at which FGM is performed is between 2 and 15 years, but it can be practiced from birth to adulthood.

[4] World Health Organisation, 2022 Female genital mutilation (who.int) (accessed August 28th, 2022)

[5] World Health Organisation, 2022 Female genital mutilation (who.int) (accessed August 28th, 2022)

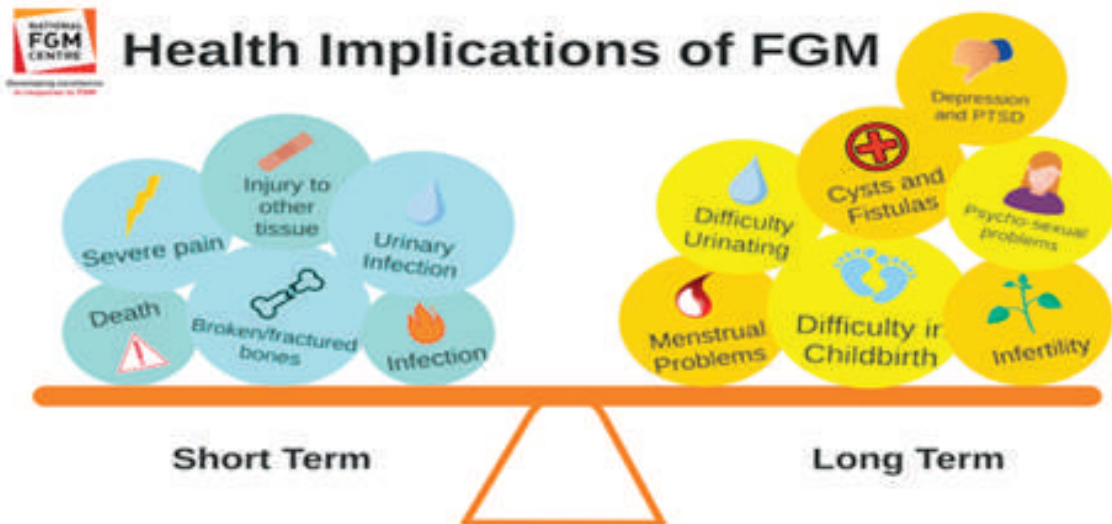
[6] UNICEF (2016) Female Genital Mutilation/ Cutting: a Global Concern: www.data.unicef.org/resources/female-genital-mutilation-cutting-a-global-concern.html

[7] Central Statistics Office. "Ireland's UN SDGs 2019 - Report on Indicators for Goal 5 Gender Equality. End discrimination and violence." <https://www.cso.ie/en/releasesandpublications/ep/p-sdg5/irelandsunsdgs2019>

1.5 Why is it practiced?

The origin of this practice is largely unknown, but the practice predates contemporary world religions. A mix of cultural, religious, and social factors within families and communities are the main reasons for its development and the continuation of the practice.

1.6 Health Implications of FGM⁸



- FGM has no health benefits and involves removing and/or damaging healthy and normal body tissue
- The psychological trauma arising from the procedure is more difficult to measure but FGM can result in serious psychological trauma for those involved, including post-traumatic stress disorder, depression, and anxiety
- Research suggests that those who have undergone it are at an increased risk of developing psychological and emotional health problems
- It can impact a girl's right to access education, and some may be forced into early marriage and drop out of school

1.7 The Law in Ireland in relation to FGM

FGM is illegal in Ireland under the Criminal Justice (Female Genital Mutilation) Act 2012⁹. Under the Act, it is a criminal offence for a person living in Ireland to perform FGM or to take a girl to another country to undergo FGM. The maximum penalty is a fine of up to €10,000 or imprisonment for up to 14 years or both. The first people to be convicted of FGM in Ireland were convicted in January 2020¹⁰.

[8] National FGM Centre <http://nationalfgmcentre.org.uk/fgm/fgm-direct-work-toolkit/>

[9] Irish Statute Book, Criminal Justice Act (2012) Criminal Justice (Female Genital Mutilation) Act 2012 (irishstatutebook.ie), accessed 25th August 2022

[10] Gaffney, Sharon. "Couple sentenced over female genital mutilation of baby daughter in 2016". RTE News. January 27, 2020

Human Rights & International Law

- The UN passed a resolution in 2012 calling for an end to FGM worldwide and recognised FGM as a human rights violation.
- In November 2015 Ireland signed the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, also known as the Istanbul Convention. FGM is outlined under Article 38¹¹.
- Many nations around the world have passed specific legislation against the practice of FGM, including 24 African countries.

Children's Rights

- The UN Convention on the Rights of the Child is a piece of international law that Ireland signed up to back in 1992¹².
- The practice of FGM breaches several articles of the Convention, including:
 - Protecting children from physical violence, injury, or abuse (Article 19.1)
 - Protecting children from torture or cruel, inhuman, or degrading treatment (Article 37.a)
- The State's duty to take steps towards ending harmful traditional practices to the health of the child (Article 24.3)
- FGM is included as a form of Child Abuse in the Children First National Guidance for the Protection and Welfare of Children (2017)¹³.

[11] Council of Europe, (2011) CETS 210 - Council of Europe Convention on preventing and combating violence against women and domestic violence (coe.int)

[12] UN Convention on the Rights of the Child

[13] Department Of Children And Youth Affairs 2017, Children First, National Guidance for the Protection and Welfare of Children

2. AkiDwa's work on FGM

Akina Dada wa Africa (AkiDwa), Swahili for sisterhood, is a national network of migrant women living in Ireland and was established in 2001 by a group of African women to address isolation, racism, and Gender Based Violence that they were experiencing at that time. The organisation has been working on the issue of FGM since 2001, by raising awareness, promoting migrant women's health, and campaigning for legislation to prohibit the practice.

Table 1 – A Summary of AkiDwa's work FGM

| | |
|-------------|--|
| 2001 | <ul style="list-style-type: none">• Commenced awareness raising on FGM, promoting migrant women's health, and campaigning for legislation to prohibit the practice |
| 2005 | <ul style="list-style-type: none">• Consultations with women from communities where FGM is practiced led to a partnership with the Irish Family Planning Association (IFPA) |
| 2008 | <ul style="list-style-type: none">• IFPA & AkiDwa agreed to develop a National Plan of Action to address FGM in Ireland. This was supported by a steering committee of diverse stakeholders including children's advocacy groups, and women and human rights organisations.• AkiDwa produced the first initial statistics on the prevalence of FGM in Ireland• AkiDwa and the Royal College of Surgeons published an information handbook – Female Genital Mutilation: Information for Healthcare Professionals Working in Ireland |
| 2009 | <ul style="list-style-type: none">• AkiDwa and the IFPA made representations to the Joint Oireachtas Committee on Health and Children on the need for legislation to prohibit FGM and for the promotion of health services related to FGM.• AkiDwa joined the European END FGM campaign led by Amnesty International |
| 2010 | <ul style="list-style-type: none">• An Bord Altranais Practice Standards for Midwives, which is sent to all registered midwives in Ireland, came into force in July 2010 and now includes a section on FGM.• AkiDwa established two community forums for dialogue on FGM in Cork and Galway. |

| | |
|-------------|---|
| 2012 | <ul style="list-style-type: none"> • After a decade of campaigning and lobbying by organisations like AkiDwa, Ireland's Criminal Justice (Female Genital Mutilation) Act 2012 was signed into law. One of the innovative aspects of this law is that it became a criminal offence to take children outside of the country to subject them to FGM. • AkiDwa lobbied to have Female Genital Mutilation (FGM) included as a Risk Factor in the new Irish national standardized maternity hospital chart. The new hospital charts are used for all women looking for maternity care. This marked the first time that FGM was officially highlighted at a national level as a risk factor in obstetric care. |
| 2013 | <ul style="list-style-type: none"> • AkiDwa collaborated with Ireland's Royal College of Surgeons (RCSI), Pobal and the HSE's Social Inclusion Unit to revise and update the 2nd Edition of the FGM handbook Information for Healthcare Professionals working in Ireland |
| 2014 | <ul style="list-style-type: none"> • AkiDwa became a founding member of the European End FGM Network. This involves 11 organisations from across Europe working together to advocate for European action on FGM. • AkiDwa produced an information guide for educators • AkiDwa collaborated with the IFPA and the HSE to plan the opening of the first specialised support service for FGM survivors |
| 2015 | <ul style="list-style-type: none"> • AkiDwa reconvened the National Steering Committee on FGM to make recommendations for the 2nd National Action Plan on FGM (2015-2020) |
| 2018 | <ul style="list-style-type: none"> • AkiDwa recruited 13 active Community Health Ambassadors across the country and provided them with training to raise awareness of the damaging effects of FGM |
| 2019 | <ul style="list-style-type: none"> • AkiDwa celebrated the second Zero Tolerance for FGM Day with Action Aid on February 6th at the Irish School of Ecumenics, Trinity College Dublin |
| 2020 | <ul style="list-style-type: none"> • Online Conference - Female Genital Mutilation in the Time of Covid-19 |
| 2022 | <ul style="list-style-type: none"> • Launch of the 3rd edition of the FGM Guide for Healthcare Professionals |

3. Objective of the Consultation

This consultation aims to hear the views of educators to gauge their attitude and understanding of FGM and to use these findings to update the AkiDwA Information Guide for Education Professionals in Ireland published in 2014.

The educators are from the following cohort

1. Early Childhood Educators
2. Primary School Teachers
3. Secondary School Teachers
4. Other stakeholders involved in education at a variety of levels (policy & curriculum development/principals etc)

In addition to the survey, consultation was also conducted with stakeholders in the wider education sector. The purpose of this contact was to identify if FGM was currently an area that was considered in teaching or policy, to identify key stakeholders and to ascertain how to highlight FGM during teacher training and ongoing professional development to support and progress AkiDwA's advocacy and campaigning work on FGM.

4. Methodology

4.1 Design

This is a narrative study that was conducted by collecting quantitative and qualitative data through a designed survey and individual correspondence.

4.2 Data Collection

Data were collected from late August to early November.

Educators were consulted via an online survey which was shared via:

- Social Media – Twitter (AkiDwA), Facebook (Barnardos early years group)
- Emailed to teacher organisations (INTO, TUI, ASTI, NAPD, IPPN)
- Emailed to Teacher Training colleges (DCU, Mary I, Hibernia, Froebel Maynooth)
- Direct email to all Primary and Secondary Schools
- Early years educators in several NGOs

Face-to-Face and telephone interviews and email correspondence were also conducted with stakeholders in the wider education sector to ascertain if the issue was addressed in training/policy and how it could be integrated. An email invite was sent to the following stakeholders

- Early Years NGOs
- National Child Safeguarding Programme, Early Learning and Care
- Teacher Training Colleges (via phone call and email correspondence)
- The Teaching Council
- Department of Education (various personnel)
- Professional Development Service for Teachers (PDST)
- DICE (Development and Intercultural Education)

The findings are based on the following:

- 200 Surveys
- 5 Interviews (face-to-face and telephone)
- Email Correspondence (5 stakeholders)

4.3 Structure of the Online Survey

The survey questionnaire was designed using Microsoft Forms and was comprised of fourteen questions in total. There were twelve closed questions and two open questions. Participants were emailed the survey or clicked on the link shared via social media. The survey was accessible via pc/laptop/mobile phone.

To allow educational stakeholders to respond freely, the questionnaire was anonymous and did not request that respondents identify their gender.

Structure of consultation for advocacy

Stakeholders were sent an email (see appendix 2), explaining the purpose of the consultation, and seeking additional information. Participants were invited to discuss via zoom/interview/telephone. Some chose to respond via email.

This resulted in five emails providing additional information, three interviews via phone and two face-to-face meetings.

A letter was also sent to the Minister for Education, informing of the consultation and the development of the education guide.

4.4 Data analysis

Data from the survey was summarised via Microsoft forms, using excel. Open questions were grouped by answer/theme.

Data from the individual interviews/correspondence was summarised via a narrative report.

5. Data findings of survey

There were 200 surveys completed in total and an analysis of the results is detailed below.

5.1 Respondents

Figure 1a: Role of Respondents

| Role | Number of respondents | % |
|------------------------|-----------------------|-------|
| Early Years Educator | 41 | 20.5% |
| Primary School Teacher | 76 | 38% |
| Secondary Teacher | 45 | 22.5% |
| Other (detailed below) | 38 | 19% |
| Total | 200 | 100% |

Figure 1b: Role of those who indicated "Other"

| Role | Number of respondents | % |
|-----------------------------|-----------------------|-------|
| Policy/Research (education) | 5 | 13.2% |
| Principal/Deputy Principal | 21 | 55.2% |
| Special Needs Assistant | 3 | 7.9% |
| Early Years Manager | 4 | 10.6% |
| 3rd level educator | 2 | 5.3% |

Figure 1a represents the role of those who responded to the survey. It indicates that most respondents were primary school teachers (38%), followed by secondary teachers (22.5%) and early years educators, (20.6%). The remainder (19%) selected 'other', and a breakdown of these roles is outlined in figure 2. Overall, there is a good distribution of respondents who completed the survey.

Figure 1b details the 38 respondents who indicated 'other' for their role. Most respondents (55%) who selected 'other' for their role were school principals/deputy school principals and this was followed by those who stated they were in education policy/research (13.2%).

The breadth of respondents from across the education sector indicates that many stakeholders could have an impact in addressing FGM if they have sufficient awareness and training. For FGM to be effectively tackled, a collaborative approach is essential, and educators are key to this given their regular and ongoing interaction with girls who may be at risk of FGM.

5.2 Knowledge of FGM

Figure 2a: Do you know what FGM means?

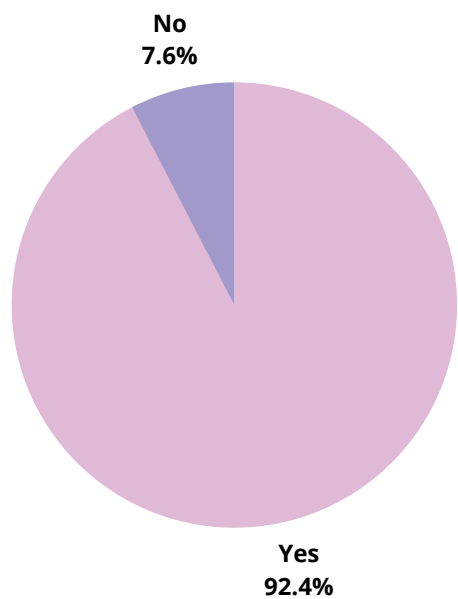


Figure 2b: Awareness of indicators that a girl has undergone or is at risk of FGM?

| Role | Awareness of Indicators | | Totals |
|----------------------|-------------------------|----------------|--------|
| | YES | NO | |
| Early Years Educator | 2 (5%) | 39 (95%) | 41 |
| Primary Teacher | 13 (17%) | 63 (83%) | 76 |
| Secondary Teacher | 6 (13%) | 39 (87%) | 45 |
| Other | 2 (5%) | 36 (95%) | 38 |
| Totals | 23 (11.5%) | 177 (88.5%) | 200 |

Figure 2a highlights that the majority (92.5%/185) of the 200 respondents know what FGM means with just 7.5% unaware of what it means. However, while a significant proportion recognise what it means, a much smaller percent can identify any of the indicators that a girl is at risk of or has undergone FGM as indicated in Figure 2b.

Figure 2b outlines respondents' awareness of indicators and the role they hold. Overall, only 11.5% of respondents stated that they were aware of any of the indicators that a girl was at risk of or had undergone FGM. Primary teachers and secondary teachers represented the most significant percentage of awareness of indicators (17% and 13% respectively) while early years educators and other roles represented the lowest levels of awareness of indicators (5% each).

Figure 3: Indicators suggested by respondents

| | |
|--------------------------------|--|
| Physical | <ul style="list-style-type: none"> • Pain when walking/sitting • Pain when toileting/going frequently • Abnormal scarring on genitalia, healing, or bleeding • The physical disfigurement, UTI, pain, itching bleeding in the vagina area |
| Emotional/Psychological | <ul style="list-style-type: none"> • Emotional/Psychological • Withdrawal • Mistrust of Adults • Change in behaviour • Change in Mood • Sadness • Worry • Isolation from peers |
| Other | <ul style="list-style-type: none"> • Goes away unexpectedly • Extended absence from school • Travel to the country of origin and indicators present on return • Talking about a special party for becoming a woman, talk of becoming a woman, • Extended absence from school, unwell and withdrawn on return and no reasons given |

Figure 3 highlights the responses given by respondents who said they were aware of indicators, categorised into physical indicators, emotional/psychological indicators, and other indicators. While the numbers who are aware of the indicators are low, the responses are in line with the World Health Organisation, which outlines that the symptoms range from physical complications to psychological/emotional ones¹⁴.

[14] Who Health Organisation (2008) Female Genital Mutilation Factsheet Female genital mutilation (who.int) (accessed September 12th, 2022).

Figure 4a: Are you aware of any girls in your class who have undergone FGM?

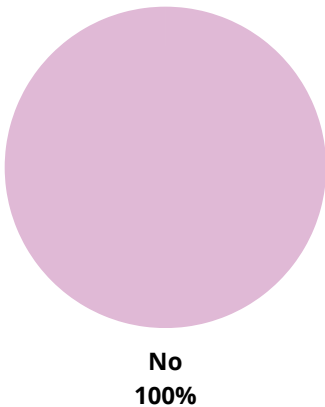


Figure 4b: Are you aware of the age FGM is most commonly carried out?

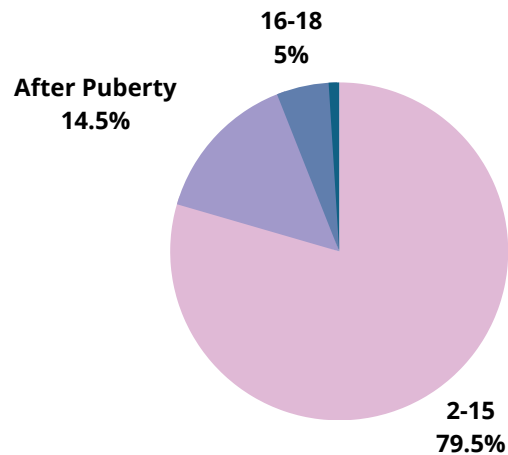


Figure 4 reflects that all 200 respondents did not know of any girl who had undergone FGM. Given the lack of awareness of the indicators as outlined in Figure 2a and the secretive nature of the practice, it is perhaps not surprising that no respondents were aware of any girls who were at risk of or who had undergone FGM.

It is evident from figure 4b that the majority of respondents (79.5%) identified 2-15 as the most common age that FGM was carried out. There was also a significant number (14.5%) who identified after puberty as the most common time.

While FGM can occur at any age and varies by community. The most common age at which FGM is performed is between 2 and 15 years¹⁵. During this stage, teachers play a key role in girls' lives and have regular and ongoing contact, so they play a pivotal role in combating FGM.

[15] World Health Organisation, Female genital mutilation | UNICEF (last updated January 2022), accessed September 12, 2022

Figure 5a: Countries where FGM is practiced

| Country | Number | % |
|----------------------|--------|-------|
| Africa only | 87 | 43.5% |
| Middle East only | 5 | 2.5% |
| Africa & Asia | 4 | 2% |
| Africa & Middle East | 13 | 6.5% |
| All Three | 91 | 45.5% |
| Total | 200 | 100% |

Figure 5a represents respondents' knowledge of where FGM is practiced. Under half of the respondents (45.5%) identified all three countries as areas where FGM is practiced and 43.5% believe it to only occur in African countries. FGM is practiced in all three areas, so more awareness is needed on where FGM is practiced.

Figure 5b reflects that 36 (18%) of respondents correctly identified the prevalence of FGM in Ireland. There was a significant underestimation of the prevalence of FGM with 157 respondents (78.5%) estimating 500-3000 and 7 respondents (3.5%) who did not respond. With record levels of migration in the last decade, it is known that migrants have also carried out FGM in other countries such as Australia, New Zealand, the United Kingdom, and Ireland¹⁶ so it is vital that people are more aware of the issue as migration continues in Ireland.

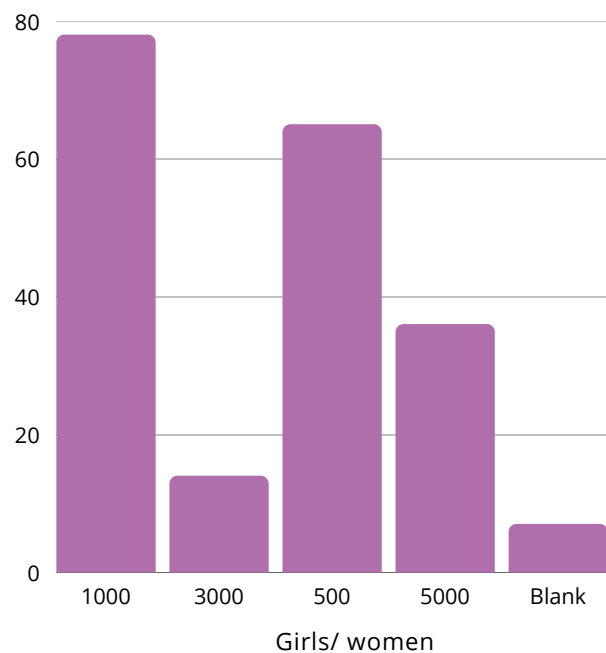
FGM is known to be widely practiced in at least 28 African countries and has been reported in several countries in the Middle East, Central and South America, and Asia. It is not isolated to these areas, and the practice is also present among migrant communities around the world¹⁷. While it is difficult to give exact figures, in 2017 AkiDWA estimated that a minimum of 5,790 women and girls living in Ireland had undergone FGM, based on 2016 data collected by the CSO¹⁸.

[16] World Vision, 6 facts about female genital mutilation (FGM) | World Vision

[17] Who Health Organisation (2008) Female Genital Mutilation Factsheet Female genital mutilation (who.int) (accessed September 12th, 2022).

[18] Central Statistics Office. "Ireland's UN SDGs 2019 - Report on Indicators for Goal 5 Gender Equality. End discrimination and violence." <https://www.cso.ie/en/releasesandpublications/ep/p-sdg5/irelandsunsdgs2019>

Figure 5b: Prevalence in Ireland



It is clear from the survey answers that respondents lack awareness of the prevalence of FGM around the world and underestimate the prevalence in Ireland and as such, would benefit from resources to raise awareness levels of FGM.

Figure 6a: Level of knowledge of the Irish law on FGM

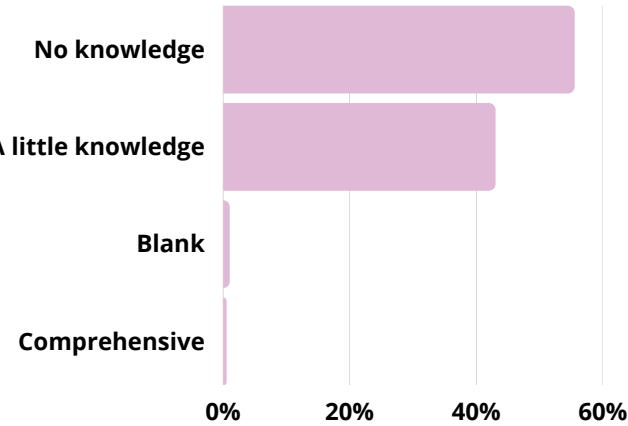


Figure 6b: Breakdown of respondents

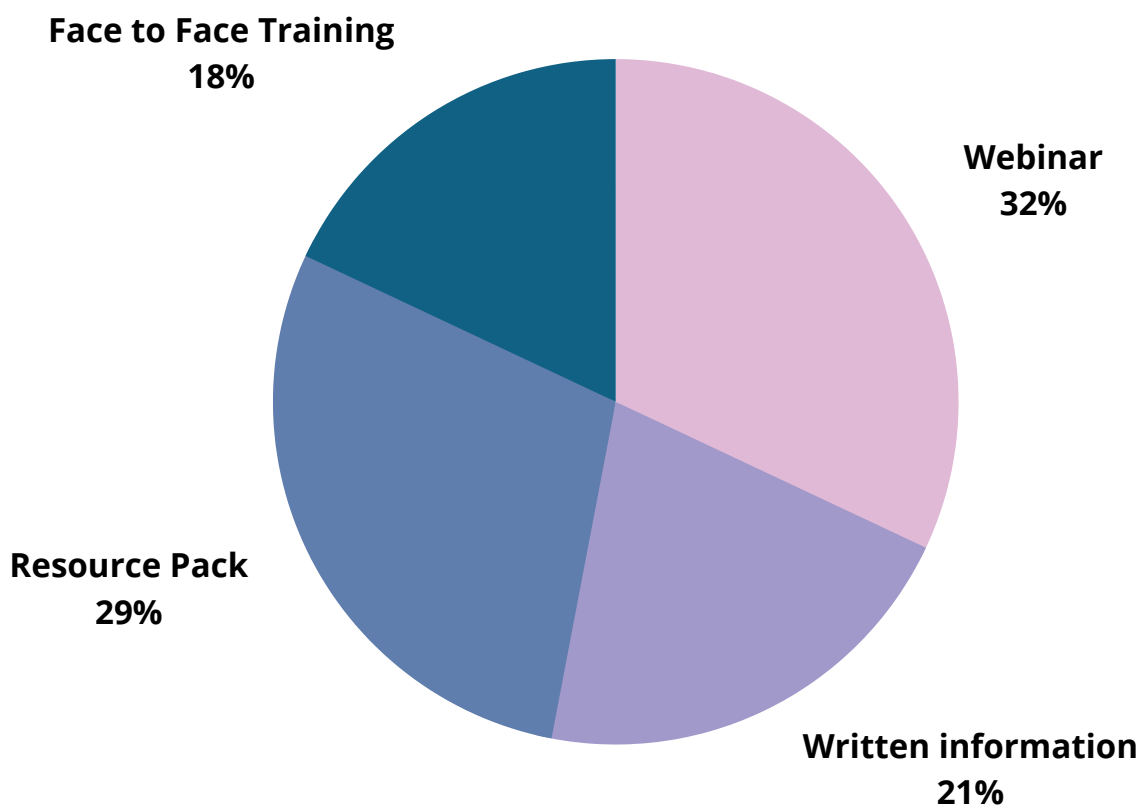
| Level of knowledge | | | | |
|--------------------|--------------|----------|---------------|-------|
| Role | No Knowledge | A little | Comprehensive | Blank |
| Early Years | 66% | 29% | 0 | 5% |
| Primary Teacher | 59% | 36% | 0 | 5% |
| Secondary Teacher | 55% | 36% | 2% | 7% |
| Other | 45% | 47% | 0 | 8% |

FGM is illegal in Ireland under the Criminal Justice (Female Genital Mutilation Act) 2012¹⁹. It is also included as a form of Child Abuse in the Children First National Guidance for the Protection and Welfare of Children (2017)²⁰. The first people to be convicted of FGM in Ireland were convicted in January 2020²¹. However, Figure 6a illustrates that just .5% of respondents reported having a comprehensive knowledge of the law concerning FGM in Ireland, 55.5% had no knowledge and 43% had a little knowledge. When this was further broken down by role, 66% of early years educators, 59% of primary teachers, 55% of secondary teachers and 45% of other stakeholders had no knowledge of the law in Ireland.

All the respondents stated they would report concerns to a Designated Liaison Person, Gardai or social worker.

[19] Irish Statute Book, Criminal Justice Act (2012) Criminal Justice (Female Genital Mutilation) Act 2012 (irishstatutebook.ie), accessed 875
[20] Department Of Children And Youth Affairs 2017, Children First, National Guidance for the Protection and Welfare of Children
[21] Gaffney, Sharon. "Couple sentenced over female genital mutilation of baby daughter in 2016". RTE News. January 27, 2020

Figure 7: Interested in receiving additional information



It is evident from figure 7 that all respondents would be interested in receiving additional information with the majority preferring a webinar (32%) or a resource pack (29%).

Quality feedback

The overall feedback in this section related to a lack of awareness on the issue and to the fact that it is an issue they had never even thought of in the context of the girls in their care. They felt more awareness and training for educators was important. Outlined below is a selection of the responses:

Early Years Educators

Our service caters for a number of families from Africa, Asia, and the Middle East, so this training would be of great benefit to all staff in the centre.

This is something I've never really considered in my capacity as early years educator. I would be very interested in learning more about this.

It's a subject I never even thought about. I think this training should be included in Early Childhood Education courses.

Primary & Secondary Teachers

I have no knowledge of a child in my current school setting but I have experience of it in London through social services and school setting.

It's never been raised as an issue for the women and girls of our school community. I am so pleased to know there is an organisation there should our girls and women need to reach out. I can't imagine they would be comfortable discussing it

While teaching in the UK, we had to indicate if any girl in the 4th, 5th or 6th equivalent class was heading to any of the countries where she might be at risk of FGM and the Head Teacher had to discuss the law in relation to FGM with the parents.

Third Level

We did have lectures on this issue in the past but they were occasional rather than embedded in programmes. We are looking into it again now that it has been brought to our attention again

We have held events on FGM to raise awareness with trainee teachers

Something that I believe we need to be aware of and are not so would love more training and information on it

6. Findings from consultation with wider stakeholders

Case Study (from an interview with an Early Years Manager)

A three-year-old girl was attending a community early childhood care and education setting within the organisation that was interviewed. The little girl was from an area in Africa. Staff became concerned that the child was at risk of FGM when numerous reports were made to staff from the parents of other children who said that they had heard the little girl was going to be brought to the North of Ireland or the UK to undergo FGM. The staff approached the parents and talked through their concerns in relation to child protection and welfare and explained that it was against the law in Ireland and the potential consequences if FGM went ahead. The parents explained that they were unaware of this, and they assured staff that they would not bring the child out of the jurisdiction to undergo FGM. Whilst to the best of the staff's knowledge, FGM did not take place, they also acknowledged that they could not be 100% sure.

1. Early Years Feedback

During a face-to-face interview with stakeholders from an organisation operating early years centres, it was reported that on a few occasions, parents broached concerns about the fact that there were reports (from other parents) that they were going to bring their child out of the jurisdiction, for FGM. They reported that when it was explored with the parent, the parent was not always aware it was against the law and that when they were informed of this, they stated that they would not go ahead with the practice. It was also reported that on occasion, the child subsequently stopped attending the early years setting.

Overall, it was reported that it was not something that was on the staff's radar and that they were unsure what to look out for, although some centres had reported concerns in the past, following concerns that were reported to them. One stakeholder stated:

"It is not something we think of routinely, but I feel it would be beneficial for the issue to be flagged with staff and to provide guidance on how to recognise and deal with it"

This aligns with the survey findings and reiterates the need for educators to be more aware of the FGM.

2.Department of Education

Correspondence with various stakeholders in the Department of Education highlighted other bodies as being more suitable to raise awareness on the issue of FGM. These include the Professional Development Service for Teachers and the National Child Safeguarding Programme, Early Learning and Care which were contacted and are detailed below.

The Department of Education indicated that schools should be contacted directly with any resources as it is a policy decision of the department not to endorse specific materials of external organisations. The department provided a current email contact list of all schools which will be used to disseminate materials directly upon completion.

3.National Child Safeguarding Programme, Early Learning and Care

A telephone interview was conducted with the Safeguarding Coordinator of the National Child Safeguarding Programme for Early Learning and Care which falls under the remit of the Department of Children, Equality, Disability, Integration and Youth.

The coordinator indicated that FGM was not specifically covered in training but recognised that there was a need to highlight the issue so that educators are aware of FGM, how to recognise it and what to do if they have a concern as an early year's educator/manager. The National Child Safeguarding Programme provides a very clear pathway to reach all early year's settings to raise awareness of FGM and to disseminate relevant materials work on this will begin in early 2023 in collaboration with AkiDWA. They are happy to come on board and have forty-five trainers nationwide. These trainers then train/provide what they call an 'information blast' to all DLP's/Deputy DLPs in all early year's settings, who in turn share with staff. They cover all early year's settings nationwide, so the reach is comprehensive.

4.The Teaching Council

The issue was discussed within the teaching council, and it recommended that FGM would be more appropriately addressed via a support service in the Department of Education. It suggested the Professional Development Service for Teachers (PDST) as it already provides supports related to child protection.

5. Professional Development Service for Teachers (PDST)

The PDST noted that content related to FGM would connect most with Social, Personal and Health Education (SPHE) as a curricular area. SPHE in post-primary is based on a human rights-based ethos and in supporting this area of the curriculum, teachers would often draw on case studies and exemplars as stimuli to deepen understanding and challenge thinking within the SPHE classroom. PDST supports a classroom approach to SPHE that promotes dialogue and discussion as the most effective means of engaging with the content of the SPHE curriculum. Support is provided on the curriculum and the priorities, identified by the Department of Education, the recommendations of the NCCA and other stakeholders.

The PDST is happy to share the materials with stakeholders when they are launched.

6. Teacher Training Colleges (via phone call and email correspondence)

Five teacher training colleges were emailed (Appendix 2), one was consulted via a phone call and three responded via email. One email correspondent directed me to a colleague in the DICE network and this correspondence is detailed below. The second indicated that FGM had been covered in previous years and the third noted that events had been held to raise awareness about FGM amongst trainee teachers.

Maynooth University (Froebel) reported that they deliver a lecture to the final year students, introducing them to the specifics of the issue, dispelling some of the myths, talking about the Irish legislative context and then contextualizing the issue within a child protection framework.

Accessing student teachers at the training level would be a positive step to raise awareness of FGM at an early stage in their careers and all those who responded were open to progressing this and will be meeting with AkiDwA to explore further.

7. DICE (Development and Intercultural Education)

The DICE Project is a national strategic educational initiative since 2003, implemented by four providers of initial teacher education at primary level, namely: Dublin City University Institute of Education; Marino Institute of Education; Mary Immaculate College and the Froebel Department at Maynooth University. The DICE project aims to develop and extend staff capacity and expertise in the four partner institutions and embed the development education and intercultural education as essential elements of initial teacher education at primary level in Ireland²².

The DICE project noted that it will link in with the four providers to discuss where they are at in terms of covering the issue through their training and will share the materials once they are available. They will also host the materials on their website.

[22] About DICE – DICE (thediceproject.ie)

7. Conclusion & Recommendations

Conclusions

Ireland has become an increasingly diverse multicultural society. This is reflected in the 2016 Census which revealed that 11.6% of the population is comprised of other nationalities and 1.2 % have dual nationality. This is compared to the 2002 Census which reflected that just 1.5% identified as other nationalities. To respond to the challenges faced by stakeholders seeking to support and provide services in a multicultural society, the HSE launched its Second National Intercultural Health Strategy 2018-2023²³. This strategy provides a comprehensive and integrated approach to addressing the many unique, health and support needs experienced by the increasing numbers of HSE service users from diverse ethnic and cultural backgrounds who live in Ireland. In this strategy, FGM was identified as a key theme (under Gender Based Violence) in the consultation submissions that informed the development of the strategy²⁴.

The strategy recommended the ongoing development and implementation of education and public awareness campaigns among communities affected by female genital mutilation (FGM) and the provision of training to increase the knowledge and competence of frontline professionals about care and protection for FGM. Given the key role that educators play in a girl's life and the regular and ongoing contact they have, training and awareness is essential for this stakeholder group. The strategy also outlined the need to raise awareness that it is a criminal offence under the Criminal Justice (Female Genital Mutilation) Act (2012) to perform FGM or to remove a girl from the State for FGM. This need is further underpinned by the findings in this consultation which found that 55.5% of respondents had no knowledge and 43% had a little knowledge of the law in relation to FGM.

After leading a campaign to protect migrant women and children from FGM, and to support victims, AkiDWA identified educators as key players in combatting FGM. In this consultation, educators were questioned on their knowledge of FGM, the indicators, where it is practiced, its prevalence in Ireland, the effects it has, and legislative and safeguarding procedures. Overall, most educators who participated in the survey are not aware of where FGM is practiced, the scale of FGM in Ireland, and the indicators that a girl has undergone or is at risk of FGM. This makes it difficult to combat FGM as all stakeholders need to work collaboratively to address it. However, respondents were all keen to up-skill in this area through the provision of additional information and/or training. The key to this will be identify the correct stakeholder to drive this forward within the education sector.

[23] Health Service Executive, Second National Intercultural Health Strategy 2018-2023(2018) [intercultural-health-strategy.pdf \(hse.ie\)](#)

[24] Health Service Executive, Second National Intercultural Health Strategy 2018-2023 (2018) [intercultural-health-strategy.pdf \(hse.ie\)](#) (p39)

The individual consultation with stakeholders reflected two things, the need to raise awareness with educators as the issue is not currently on the radar in most settings; a need to identify where the awareness raising, and training should take place for the educators: at teacher training level or through ongoing professional development or other channels.

OVERALL, THE FINDINGS OF THIS SURVEY HIGHLIGHT THE NEED TO RAISE AWARENESS AMONG EDUCATORS IN EARLY YEARS, PRIMARY AND SECONDARY EDUCATION, AND A DESIRE FROM EDUCATORS TO ENGAGE WITH THIS. THIS WOULD ENHANCE EDUCATORS' AWARENESS AND KNOWLEDGE OF FGM WHICH WOULD IMPROVE THE SAFEGUARDING OF GIRLS AT RISK AND ENABLE A COLLABORATIVE APPROACH TO COMBATTING THE DANGEROUS PRACTICE OF FGM.

Recommendations

Based on findings through this survey and the additional consultation:

- A coordinated approach is needed in addressing FGM to ensure that awareness-raising programmes on the issue reach as wide an audience as possible. This includes collaborative work with stakeholders in the wider education sector.
- Specific guidance should be provided to schools and early years settings. Consideration should be given to the delivery method of any awareness raising given the broad range of topics educators cover through training and ongoing professional development. It would be beneficial to have a brief overview to raise awareness on recognising the issue, coupled with a more extensive guide if teachers need more information. A 30-minute webinar/video would also be beneficial.
- FGM should be on the teacher training curriculum at all levels (early years, primary and post-primary). AkiDwA should link with relevant stakeholders identified through this consultation to progress this.
- FGM should also be covered in ongoing professional development to target those who are currently teaching. This will start with the early years sector as outlined in this report.
- Ongoing advocacy work is needed with key government departments in relation to raising awareness of FGM.
- As FGM is clearly a child protection issue, links should be made with Children First Trainers to explore how the issue could be incorporated not training where appropriate.

8. Appendices

Appendix 1: Survey

Knowledge and Attitudes of Educators in Ireland on FGM

AkiDwA is a national network of migrant women living in Ireland. AkiDwA's vision is a just society where there is equal opportunity and equal access to resources in all aspects of society – social, cultural, economic, civic, and political. Our Mission is to promote equality and justice for all migrant women living in Ireland.

Over two decades, AkiDwA has gained recognition as a leading NGO for highlighting the issues faced by migrant women in Ireland, including FGM.

This survey aims to hear the views of educators to gauge their attitude and understanding of FGM and to utilise these findings to update the AkiDwA Information Guide for Education Professionals in Ireland published in 2014.

Survey findings are anonymous but if you would like any additional information, please leave your email address in the comment box in question 14.

Thank You,

*Mary Nicholson - Child Protection & Welfare Consultant
(On behalf of AkiDwA)*

1. Please indicate in what capacity you are responding to this survey

- ☐ Early Years Educator
- ☒ Primary School Teacher
- ☐ Secondary School Teacher
- ☐ Other

2. If other, can you please state your role?

3. Do you know what FGM means?

- ☐ Yes
- ☐ No

4. Are you aware of any girls in your class who have undergone FGM?

- ☐ Yes
- ☐ No

5. If yes, how many?

6. At what age is FGM most commonly carried out on girls?

- ☐ After Puberty
- ☐ 2- 15
- ☐ 16-18

7. Are you aware of possible indicators that a girl has undergone or is at risk of FGM?

- ☐ Yes
- ☐ No

8. If yes, what are the indicators?

9. What do you think the prevalence of FGM is here in Ireland?

- ☐ 500 girls/women
- ☐ 1000 girls/women
- ☐ 3000 girls/women
- ☐ 5000 girls/women

10. In which of the following countries/areas is FGM practiced?

- ☐ Africa
- ☐ Asia
- ☐ Middle East
- ☐ All of the above

11. What is your level of knowledge of the Irish law on FGM?

- ☐ No Knowledge
- ☐ A little knowledge
- ☐ Comprehensive

12. Safeguarding procedures – who would you contact if you suspect that a girl may be at risk of or has undergone FGM?

- ☐ Gardai
- ☐ Social Worker
- ☐ Designated Liaison Person

13. Would you be interested in receiving any of the following on FGM as an individual or for your staff?

- ☐ Face-to-Face Training
- ☐ Webinar/E learning
- ☐ Resource Pack
- ☐ Written Information

14. Please use the space below if you have any further comment

Appendix 2: Email to stakeholders

Dear

I am an independent child protection and welfare consultant, and I am carrying out some work for AkiDwA, a national network of migrant women living in Ireland. The organisation's work mainly focuses on gender-based violence and gender discrimination. One of the key issues we are trying to address via awareness raising and education is Female Genital Mutilation (FGM).

FGM is a serious child protection and children's rights issue and has serious psychological and health consequences for girls. While the exact figures are unknown, at least 200 million women and girls in 30 countries have been subjected to the practice. In Ireland, it is estimated that 5,277 women and girls (primarily between the ages of 2 and 15) have experienced FGM.

In the last decade, the organisation has raised awareness and delivered training on FGM at a community level and to health care professionals. We are seeking to further develop this work to reach teachers across the education sector. The overall aim of this is to conduct mapping and consultation with education professionals and institutes to gauge their attitude and understanding of FGM and to update the AkiDwA Information Guide for Education Professionals in Ireland which was first published in 2014.

This will be done via a short online survey and meetings/focus groups with key stakeholders from across the education sector. This will be followed by a report on the findings of the consultation and the production of an updated education guide for educators, both of which will be launched in late November/early December.

It would be great if I could discuss this with you further to get your views and to see how we could raise awareness to support teachers in recognising and dealing with this serious issue (e.g. how to include at teacher training stage/ongoing professional development etc as to the best of my knowledge, it is not something that is currently covered).

If you could let me know if this is something that you have the time to discuss, I can contact you whenever suits you or if you could link me with someone else who might be able to help, it would be much appreciated.

If you need any additional information, please do not hesitate to contact me.

Kind Regards

Mary

Mary Nicholson

Child Protection and Welfare Consultant





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