



Female Genital Mutilation Conversation Toolkit for Caseworkers

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How to Use These Tools

These tools are designed to support caseworkers and social workers when discussing Female Genital Mutilation (FGM) with survivors, families, and community actors within the context of response, case management, and prevention.

They are not scripts to be followed word-for-word. Instead, they provide guidance and examples of safe and respectful ways to structure conversations in situations where time may be limited and risks may be present.

These tip sheets are intended to help caseworkers prepare for conversations. They are not meant to be used directly in front of survivors, families, or community members. Caseworkers should adapt the tools based on the context, the safety situation, and the needs of the survivor or family.

Caseworkers should also adapt the language and examples to the local culture, context, and language so that conversations remain natural, respectful, and appropriate to the community.

Use inclusive language and ensure that messages on protection and wellbeing include girls with disabilities.

These conversation tip sheets are part of a broader set of tools designed to support safe and ethical responses to FGM, including the FGM Safety Planning Tool.

Key Principles for Using the Tools

These principles apply to all tip sheets included in this toolkit.

1. Safety first

Discussions about FGM should only take place when privacy and safety can be ensured. If the conversation risks creating harm, pressure, or retaliation against a survivor or family member, pause and seek supervision.

2. Survivor-centered approach

Respect the dignity, autonomy, and pace of the survivor. Survivors should never be pressured to disclose information or take decisions before they feel ready.

3. Use psychosocial support principles

These tools integrate elements of psychological first aid and psychosocial support (PSS). Caseworkers should:

- > *Observe emotional distress before continuing sensitive discussions*
- > *Use active listening and a calm, respectful tone*
- > *Validate feelings without judgment*
- > *Adapt the pace of the conversation to the person's emotional state*

These principles apply not only when speaking with survivors, but also when engaging families, caregivers, and community leaders, who may also express fear, confusion, or strong emotions.

4. Adapt to the context

Every case is different. Caseworkers should use their professional judgement to decide which questions are relevant and how deeply to explore them.

5. Do no harm

Avoid language or approaches that may increase stigma, confrontation, or community tension. The goal is to support protection and informed decision-making, not to shame or blame.

Talking to FGM Survivors

Practical Tip Sheet for Case Managers

Objective

This tip sheet helps case managers have safe, survivor-centered conversations about the consequences of FGM, healing, and available options, without causing fear, pressure, or harm. It is designed for use in the context of GBV, child welfare and protection, health and social services.

Before you begin (context matters)

- Be mindful of the survivor's psychological and emotional well-being. Experiences with FGM can cause fear, shame, distress or confusion. Observe emotional reactions and adjust the pace of the discussion if necessary.
- Ensure confidentiality as well as physical and emotional safety.
- Explain confidentiality and its limitations (in simple terms).
- Ask for consent to talk about FGM, if they are an adult. If the survivor is a child, make sure you get her assent/consent, in addition to the consent of the parent or guardian.
- Respect the dignity of the survivor.
- Indicate your availability to listen to her.
- Go at the survivor's pace and use her words.
- Be aware of local laws, mandatory reporting rules, and referral options.
- Observe the survivor's emotional state before and during the discussion and adjust your posture if she shows signs of distress.
- Remind the survivor that she is free to control this conversation. If at any time she wants to pause, stop or not answer a question, it is quite possible.



Background Note: Laws and reporting duties vary depending on the context. If you are unsure what applies, pause and consult with your supervisor.



1. OPEN THE CONVERSATION (based on consent, respect for dignity)

Examples of soft openings:

- “Would it be possible to talk a little about what you shared earlier?”
- “How are you feeling today?” or “Is there anything that worries you about your health?”
- “You can choose what you want to share and what you prefer not to talk about today.”

2. EXPLORE & LISTEN (Let the survivor guide the conversation)

Explore only what you feel is safe and relevant:

- Safety risks (pressure, threats, movement)
- Physical concerns (only if the survivor wants it)
- Emotional well-being and other risks related to her situation
- What kind of support would you find useful now?
- Be alert to signs of emotional distress and adjust the pace of the conversation if necessary.

Possible questions:

- “What is on your mind most right now?”
- Emotional impact: “How have you been feeling since then?”/ “Is there anything that’s difficult for you emotionally?”
- Some girls may feel emotional distress even if the cut did not take place in the end (e.g. during preparations or medical examinations). Acknowledge these experiences and validate their feelings.
- “At home, do you feel threatened or unsafe? Would you like to talk about it?”
- “What would help you feel safer today?”

3. RESPOND SAFELY

✓ TO DO	✗ TO AVOID
Validate feelings	Threats or pressure
Rephrase what you hear	Judgment or reprimand
Offer options (not orders)	Over-medicalization
Go at the survivor’s pace	Promises you can’t keep

Practice phrases:

- “It looks like you’ve been carrying this alone for a long time.”
- “You are not alone in this ordeal.”
- “We can take it step by step”.

4. WHEN TO TAKE A BREAK AND NEXT STEPS

⚠ TAKE A BREAK AND ASK FOR SUPPORT IF	✔ ACTION
The survivor is in distress	Consult with the supervisor/PI or legal focal point
A security risk appears	Follow referral pathways
A reporting obligation may apply	Do not act alone
You don't know what to do	

AFTER THE CONVERSATION

Small concrete steps:

- Agree to a small next step, if appropriate.
- Provide ongoing support
- Document in a neutral and secure way
- Remind them of your availability to continue to support the survivor
- Return to the subject only if the survivor feels ready
- If necessary, agree on a security code (simple word or phrase) so that the so that the survivor can discreetly signal if she needs help or support
- Remind the survivor that when she feels ready, her experience can also help protect other girls.

 **Reminder:** Discussions about FGM are not one-off discussions. Return to the topic only when the survivor feels safe and ready.



Involving Families and Caregivers

Practical Tip Sheet for Case Managers

Objective

This tip sheet helps social workers have respectful and practical conversations with families and caregivers to reduce the risk of FGM and strengthen protective choices for girls, without blame or pressure.

Before you begin (context is important)

- Before addressing the issue of FGM, take the time to build trust and understand the family's general concerns about their child's well-being.
- Before you start the discussion, check to see if the person prefers to talk in private, especially if other family members are present.
- Make sure that confidentiality as well as physical and emotional safety are guaranteed.
- Explain privacy and its limitations (in simple terms).
- Know the local laws, available services, and referral routes.
- Be mindful of family dynamics and power relations.

1. OPEN THE CONVERSATION (with permission)

Examples of soft introductions

- *"I would like to talk about how families keep girls safe. Is that okay with you?"*
- *"What worries you most about your daughter's future?"*
- *"What support would help you protect her more easily?"*



2. EXPLORE AND LISTEN (let the family do their talking)

Explore only what feels safe and relevant to you:

- **Beliefs and pressures** (family, community, travel):
 - > “Many families are pressured by loved ones or communities. Is anyone currently putting you under pressure?”
 - > “Are there any upcoming visits, school holidays or trips that worry you?”
 - > “Have other girls in the family ever undergone FGM?”
- **Protective factors already in place:**
 - > “What do you already have in place to protect your child?”
 - > “Who helps you protect your daughter?”
- **Practical constraints** (finances, access to services):
 - > “What prevents you from doing what you think is right?”
 - > “What kind of support would help you the most right now?”
- **Who in the family influences decisions:**
 - > “Who generally has the most influence in decisions about your child?”
 - > “Is there someone whose support would make your job easier?”
 - > “Who in the extended family or community has the most influence on decisions about your daughter (e.g., grandmother, aunt, uncle, respected elder)?”
 - > “Do the daughters in your family have the opportunity to give their opinion on decisions that affect them?”
 - > “Are there other family members who have a strong opinion about FGM (e.g. grandparents or other elders)?”

3. RESPOND SAFELY

✓ TO DO	✗ TO AVOID
Recognize their concern for protecting their child: • “I see that you care deeply about your child’s future.” • “You’re trying to do what you think is best for your family.”	Humiliation or blame: ✗ “You are putting your child in danger.” ✓ Instead, try, “I understand this is a difficult situation for you.”
Offer options (not ultimatums): • “Some families use a trusted senior or health-care provider — would that help?” • “We can look at a few options together and see what seems possible.”	Threats or legal language as a first approach: ✗ “It’s illegal and you could get in trouble.” ✓ Instead, try, “My role is to help you find safe ways to protect your child.”
Suggest modest and realistic measures: • “Would it be possible to start with a small measure for the next visit or holiday?” • “What small action could help strengthen protection this week?”	Making assumptions: ✗ “Your/our culture/religion requires it.” ✓ Instead, try, “What do you think?”
Connect them with services and allies: • “There is a local service that helps families in these situations. Would you like me to tell you about it?” • “Is there someone you trust who could help you?”	Confrontation in front of others: ✗ “Questioning the caregivers in public or in groups” ✓ Instead, try: “Could we discuss in private what support could help your family?”
If the family wishes, propose a discussion with a health worker who can explain the impact of FGM on girls’ health.	

4. When Families Are Not Ready or Willing to Engage

When a family member driving resistance:

- Identify who is resisting and why. Fear of community judgment, tradition, or family pressure is often behind it, not indifference to the child
- If possible, engage the family member that resists directly rather than working around them. They are more likely to shift when respected and heard than when excluded
- Enter through shared values: her role as a protector, the girl's health, the family's future. Not through confrontation or legal framing
- If the parent is willing but constrained: acknowledge this privately and work with them to identify a safe way to bring the grandmother or elder into the conversation
- Ask: *"Is there someone this person listens to? A health worker, a religious figure, a respected peer, who could support this conversation?"*
- Do not push for a decision in one session. With resistant elders, the goal of first contact is trust, not agreement

5. WHEN TO TAKE A BREAK AND NEXT STEPS

TAKE A BREAK AND ASK FOR HELP IF

The conversation becomes heated or dangerous

There is an imminent risk of FGM or planned trip to do it

There are threats or pressures within the family

A reporting obligation may apply in your context

You don't know how to proceed

If the person seems uncomfortable or does not want to continue, it is best to suspend the discussion, strengthen the relationship of trust and come back to it later.

AFTER THE CONVERSATION

Small, practical preventive measures:

- Identify a trusted ally in the family or community
- Agree on a travel/tour safety plan
- Share contact information for local help desks or helplines
- Document neutrally and schedule follow-up
- Before completing the exchange, agree with the family on next steps or possible follow-up.

Engaging Religious and Community Leaders

Practical Tip Sheet for Case Managers

Objective

This fact sheet helps case managers engage in respectful and safe conversations with religious and community leaders to reduce the risk of FGM and strengthen standards of protection for girls.

These exchanges aim to support the protection of girls in concrete situations, rather than being used to organize general awareness-raising activities.

Before you begin (context matters)

- Identify influential people in the community (formal and informal leaders, men, women and youth).
- Consider other influential actors such as members of the diaspora, opinion leaders, or other respected individuals.
- Understand local dynamics, sensitivities and existing tensions.
- Be clear about your role and mandate (support and accompaniment, not control or sanction).
- Know the referencing mechanisms and protection protocols.
- Never mention specific families or share identifying information.

1. OPEN THE CONVERSATION (based on consent, respect, and dignity)

Start by recognizing the role of the leader in protecting families and the well-being of the community.

Examples of openings:

- *"We are talking to community leaders about how families can protect girls. Would you be willing to discuss it for a few minutes?"*
- *"I would like to talk to you about how families can protect girls in the community."*
- *"What challenges do you see families face when it comes to protecting girls?"*
- *"What kind of support would families need when they feel pressure related to traditions?"*

Tone to adopt: curious, respectful and not accusatory.

2. EXPLORE & LISTEN (What matters to them)

Explore only what you think is safe and relevant:

- **Beliefs and interpretations (religious or cultural)**
 - > “How is FGM understood in the community?”
 - > “What is your own perception of this practice?”
- **Community Pressures and Standards**
 - > “In what situations do families feel the most pressure to perform FGM on their daughters?”
 - > “Do these pressures appear at certain particular times (visits, ceremonies, travels)?”
- **Protective voices in the community**
 - > “Who supports families who choose not to practice FGM?”
 - > “Are there any leaders or elders talking about protecting girls’ health?”
- **Influential people**
 - > “When families have doubts, who do they turn to for advice?”

3. RESPOND SAFELY (Value and offer options)

✓ TO DO	✗ TO AVOID
Recognize the leader’s commitment to the well-being of the community. • “I see how much you care about the well-being of girls and families.”	Public confrontation or impeachment
Link the protection of girls to shared values (health, dignity, well-being). • “Protecting girls’ health is a shared responsibility in many communities.”	Theological debates aimed at “winning” a discussion
Propose options, without imposing. • “Some leaders choose to share messages about girls’ health and protection at community meetings. Is this something you would consider?”	Legal threats as a first approach
Encourage small, realistic actions. • “A first step could be to remind people at a meeting that families deserve support when they are under pressure.”	Asking leaders to identify specific families
Connect with resources or allies. • “If you wish, I can put you in touch with health professionals or other leaders who are working on this issue.”	Assuming beliefs ✗ “Your religion or culture supports that.” ✓ “How is this practice understood in your community?”

4. WHEN TO TAKE A BREAK AND NEXT STEPS

⚠ TAKE A BREAK AND SEEK ADVICE IF

- The conversation becomes tense or risky
- Leader asks to identify or confront families
- There is a risk of backlash against girls or their families
- Mandatory reporting may apply
- There are signs of impending FGM or displacement to perform it
- You don't know how to continue the discussion safely

AFTER THE CONVERSATION

Simple prevention actions :

- Identify a reliable ally among the leaders
- Agree on a general message that can be shared publicly (e.g., child welfare, health, protection)
- Connecting to health or child protection resources
- Document the discussion in a neutral way (no name)
- Provide discreet follow-up if necessary



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