



CHANGE

Responding to Female Genital Mutilation

A guide for key professionals

This brochure is prepared within the CHANGE project. CHANGE is co-funded by the European Union under the Daphne Programme and coordinated by TERRE DES FEMMES. It aims to motivate EU communities where the practice of FGM still continues to work for its full abandonment.

Partners within the CHANGE project are FORWARD (UK), FSAN (Netherlands), Plan International (Germany), RISK (Sweden), and EuroNet-FGM (EU-wide).



This project is co-funded
by the European Union
under the Daphne Programme

Basic Information about Female Genital Mutilation

FGM is internationally recognised as a violation of women's human rights and a form of child abuse. In common with other forms of gender-based violence, 'it constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity'. It also violates the rights of the child as defined in the United Nations Convention on the Rights of the Child. (European Commission, 25.11.2013)

The WHO defines FGM as follows:

"Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons" (WHO Female Genital Mutilation – Fact sheet N°241, updated February 2014)

- I: Clitoridectomy:** partial or total removal of the clitoris and, in very rare cases, only the prepuce.
- II: Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- III: Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- IV: Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

The age of girls at which FGM is performed has been decreasing over the past years and even infants and nurslings can be affected. (UNICEF, 2013, Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change)

According to the European Parliament 180.000 women and children are at risk of FGM in the European Union. Of these, 30.000 live in the UK. (European Parliament Resolution of 24 March 2009 on combating female genital mutilation; EIGE Report on FGM in the European Union and Croatia, 2013)

In the UK the Female Genital Mutilation ACT 2003, which applies to England and Wales makes it illegal to practice FGM. It is also illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country. It is also illegal to aid, abet counsel or procure the carrying out of FGM abroad. This law carries a penalty of 14 years in prison and or a fine.

FGM is a violation of human rights, constitutes severe bodily harm, and is a patriarchal, gender based practise. FGM has many negative consequences. Some affected communities announce that marriage, parenthood and a socially respected life would be out of reach for an uncut woman but these are cultural habits that will change automatically once the prevalence of FGM is reduced.

Please read on to find out how you can save girls from mutilation within your daily profession!

FGM is performed in

Benin
Burkina Faso
Cameroon
Central African Republic
Chad
Colombia
Cote d'Ivoire
Democratic Republic of Congo
Djibouti
Egypt
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guinea-Bissau
India
Indonesia
Iran
Iraq
Jordan
Kenya
Liberia
Malaysia
Mali
Mauretania
Niger
Nigeria
Oman
Pakistan
Saudi-Arabia
Senegal
Sierra Leone
Somalia
Sudan
Tanzania
Togo
Uganda
and due to migration:
worldwide

This list of countries corresponds to the UNICEF report 'Female Genital Mutilation – A statistical overview and exploration of the dynamics of Change' of 2013, discussed at the conference 'Second Middle East & Asia Conference on Female Genital Mutilation' in May 2014. Other unknown distribution areas cannot be precluded.

Feminine Pains

And if I may speak of my wedding night:
I had expected caresses, sweet kiss, hugging and love. No, never!
Awaiting me was pain, suffering and sadness.
I lay in my wedding bed, groaning like a wounded
Animal, a victim of feminine pain.
At dawn, ridicule awaited me.
My mother announced:
Yes she is a virgin.
When fear gets hold of me,
When anger seizes my body,
When hate becomes my companion,
Then I get feminine advice, because it is only feminine pain,
And I am told feminine pain perishes like all feminine things.
The journey continues, or the struggle continue,
As modern historians say.
As the good tie of marriage matures.
As I submit and sorrow subsides.
My belly becomes like a balloon
A glimpse of happiness shows,
A hope, a new baby, a new life!
But a new life endangers my life,
A baby's birth is death and destruction on me!
It is what my grandmother called the three feminine sorrows.
She said the day of circumcision, the wedding night and the
births of a baby are the triple feminine sorrows.
As the birth bursts, I cry for help, when the battered flesh tears.
No mercy, push! They say. It is only feminine pain!
And now I appeal:
I appeal for love lost, for dreams broken,
For the right to live as a whole human being.
I appeal to all peace loving people to protect, to support
And give a hand to innocent little girls, who do no harm,
Obedient to their parents and elders, all they know is only smiles.
Initiate them to the world of love,
Not to the world of feminine sorrow!

Dahabo Ali Muse

Health Effects of FGM

Short term complications:

Lack of hygiene may lead to severe infections and sepsis. The severe pain can cause shock. Other complications are tetanus, urine retention, ulceration of the genital region and injury to adjacent tissues. Furthermore, important blood loss can result in death.

Long term complications:

In the longer term many women experience menstrual problems, painful sexual intercourse, birth complications (for example obstetric fistula, C-sections, tearing), HIV/AIDS, repeated FGM due to unsuccessful healing, keloid formation, psychological trauma and infertility. Many women might not be aware that the health problems they experience later in life are related to FGM and therefore they go unreported. (Inter-African Committee on Traditional Practices (IAC), 2009)

How to respond to Female Genital Mutilation

Be aware – be prepared – be helpful

Depending on your profession, the situations in which you will come into contact with women and girls affected by FGM will differ. In any case, you do not want to offend her (by ignorance, by impoliteness, by hesitations, by simplification and other surely unintended reactions). Try to put yourself in her place and think about her specific situation in our society and what kind of support she might need.

What would you do?

- A student fell in love with another woman. At their first intercourse they realised that the student had undergone FGM. She couldn't remember it - which frightened and hurt her even more.
- An activist against FGM advocates for a ban of all surgeries on the labia because she sees no difference between FGM and "western" plastic surgery.
- A pregnant woman wants to deliver naturally despite her excision. She is looking for a nurse who is experienced in this.
- An infibulated woman wants to undergo clitoral reconstruction but she fears that her family will interpret this as renunciation from tradition.

All of these and many more situations can occur in your professional life. If you are unsure how to react you can always seek help at FORWARD for sign posting.

Your profession – your responsibility

Police, youth welfare office: follow every evidence.

Teacher, kindergarten staff: call the youth welfare office if you are suspicious.

Doctors, medical staff: you may inform the police or youth welfare office anonymously if you fear for the physical integrity of your patient, her daughter or her sister.

Advocates of FGM: to promote and request a heavy bodily harm is illegal and if you know about a mutilation and don't tell you are accusable yourself.

In the UK The Multi-Agency Guidelines detail the responsibilities of the different categories of professions and frontline staff.

Recognise a girl at risk

Situation

You are working in an educational, pedagogic or paediatric environment and you'd like to be able to protect the girls you meet there from severe harm and genital cutting. You hesitate to interrupt the privacy of a family and you know that it can be disturbing for children to find their parents accused.

Remember what caused your suspicion. Consider carefully if your own malaise should influence you more than your concerns for the girl's health. Question yourself if you would mind someone interfering if she was your daughter.

Identification

There are no clear proofs for an imminent genital mutilation but indicators which can possibly hint at if a girl is facing FGM:

- Has the family migrated from a country with high acceptance of FGM?
- Is the family rather uninvolved in the majority of the society?
- Has the family planned a trip to one of the parents' or grandparents' home countries? Do they talk about festivities or ceremonies?
- Do the parents and/or the girl believe in traditional and complementary gender roles and do they value their ancestors customs generally?
- Does the family trivialise or justify FGM?
- Are there any cases of FGM known within the family?

These indicators do not serve as proof of an imminent genital mutilation, but they are more than enough reason to act.

Please note: FGM usually isn't connected to other forms of child abuse and domestic violence. A family being lovely, trustful and intact is not an indicator for a safe home in this case!

Contact addresses and authorities

FORWARD

Suite 2.1 Chandelier

8 Scrubs Lane

London NW10 6RB

Email: forward@forwarduk.org.uk

Web address: www.forwarduk.org.uk

Crime stoppers-TEL: 0800555111

NSPCC FGM line-TEL: 0800 028 3550

The Police-TEL: 999



Prevent Female Genital Mutilation

Situation

You are aware that a girl you know might be at risk of FGM.

To intervene is always a challenge. Ask a trusted person to support and accompany you. You might need reassurance at some point. Remember: Your suspicion is real and the girl might suffer from severe consequences if you don't speak up for her!

Concerned but doubtful: Contact an organisation like FORWARD and explain your concerns. They know about the statistical risk of FGM in many societies, they will develop a strategy with you to falsify or verify your suspicion and they are very well informed about helpful institutions.

Suspicious but reserved: Contact your local Social Welfare Office according to the Multi-Agency Guideline. They are obligated to take action as soon as they get to know about a child at risk. They will have a talk to the family. If there is probable cause, the parents usually agree to precautions like letting a doctor confirm the girl's physical integrity at intervals to the Youth Welfare Office. In extreme cases the right to determine the place of residency is handed to the Welfare Office. This could preclude the girl from travelling to her parents' home country.

Convinced and urgent: Call the police on 999. If you know of a planned FGM you have to stop it and you are obliged to protect the girl and to name the perpetrator. Cutting off parts of a girl's genitalia is a severe crime and the people offering that service know it. Make sure the police take you seriously and act immediately.

If you know about FGM in advance and keep quiet you can be prosecuted as accessory!

In any case: Easy ways to help abandon FGM

Networking You are welcome to pass this brochure on to colleagues and interested people. Furthermore, we strongly encourage you to discuss it with other professionals who could have contact to girls at risk and women concerned.

Public attention The more people know about FGM the more likely it can be stopped. If we work together, we can change traditions. Please share our facebook-posts and tweets and visit our homepage regularly!
www.forwarduk.org.uk/

Choice of words "Genital mutilation" does justice to the extent of its consequences but it doesn't describe how women concerned usually want to be perceived. We use "circumcision" when we want to show our respect, nevertheless we know about the severe consequences and risks.

Inform yourself The information in this brochure has the purpose of providing you some basic knowledge and to support your professional challenges. We have supplied more material on our web-pages www.change-agents.eu and www.forwarduk.org.uk

Let's talk about it – a guidance for communication with cut girls and women

FGM is a strong taboo in many societies and a painful memory to most girls and women concerned. It takes courage and self-esteem to talk about it. Ask her, if she is comfortable to talk about her genitalia. You might want to use phrases like "I've read a lot about FGM, but those books don't answer all questions." Respect it, if she doesn't invite you to ask more than necessary for your professional relation.

If a woman or a girl trusts you enough to discuss her experience of FGM with you, you should keep these simple rules in mind:

1) Provide enough time, possibly another appointment.

Make sure you can provide the quiet, relaxed and trustful atmosphere this intimate topic needs. Let her determine the speed, atmosphere and the path of your talk. Express your gratitude and why you'd like to know more. If there is a language barrier, bring a female interpreter. Mirror her language and use "mutilation", "cutting", "circumcision" or "the thing done" just like she does.

2) Be prepared and open minded

You know a lot about FGM according to our cultural perception of it. But when talking to a woman or a girl concerned, forget about that. She has her individual story and that probably won't be a one-dimensional presentation of a human rights violation. Show her that you put some efforts in the preparation of this talk and that you understand her situation.

3) Be professional and non-judgemental

If you feel terrified, full of rage, helpless, pitiful or shocked admire her strength, ask her for a break, apologise for getting emotional but don't make her comfort you. This is about her life and her body – not about you hearing a story. Don't judge what happened to her even if she does. You would be judging her mother, her ancestors, her tradition, which is considered offensive for good reason.

4) Ask about her perception of FGM and question it, if necessary

If the woman marginalises other cut women's experiences, if she feels like girls have to go through this experience, if she puts traditional habits before law or if she condemns uncut women you may and you must tell her what you know about FGM. Give her information material (available at FORWARD) about the risks and the legal situation.

If she has a daughter or another girl entrusted in her care, follow the instructions on page 6!

The Foundation for Women's Health, Research and Development – FORWARD

FORWARD is a leading African Diaspora women's campaign and support charity dedicated to advancing and safeguarding the sexual and reproductive health and rights central to the wellbeing of African women and girls. We work with individuals, communities and organisations in the UK, Europe and Africa to transform harmful practices and improve the quality of life of vulnerable girls and women.

FORWARD was established in 1983 in the UK, in response to the emerging problems caused by female genital mutilation being seen by health professionals. Since this time FORWARD has been working to eliminate the practice and provide support to women affected by FGM. www.forwarduk.org.uk

CHANGE

The CHANGE project contributes to the prevention of violence against children and women linked to harmful practices in Germany, Sweden, the Netherlands and United Kingdom. The project's objective is to develop, implement and disseminate a highly innovative behaviour change approach to stop FGM. It especially aims at:

- Enabling communities across the EU to advocate for the abandonment of FGM where the practice still continues.
- Reversing the social pressure from continuation to abandonment of FGM.
- Promoting behaviour change in communities where the practice of FGM still continues.
- Reversing the stigmatisation of uncircumcised girls.

For further information on the project, please visit: www.change-agent.eu

Partners within the CHANGE project are TERRE DES FEMMES (Germany), FORWARD (UK), Plan International (Germany), FSNAN (Netherlands), RISK (Sweden), and EuroNet-FGM (EU-wide).



FORWARD
Safeguarding rights & dignity



Imprint

Author: Katharina Kunze – TERRE DES FEMMES, www.womensrights.de

Design: styleabyte.de – tina dähn

Contact: CHANGE Project: change@womensrights.de · FORWARD: forward@forwarduk.org.uk



TERRE DES FEMMES –
Menschenrechte für die Frau e.V.
Brunnenstr. 128, 13355 Berlin, Germany
www.womensrights.de
info@frauenrechte.de
Tel. +49 30/40 50 46 99-0

FORWARD
Safeguarding rights & dignity

FORWARD
Suite 2.1 Chandelier, 8 Scrubs Lane
London NW10 6RB
www.forwarduk.org.uk
forward@forwarduk.org.uk