

## Female Genital Mutilation/Cutting

The problem of Female Genital Mutilation or Cutting has become an increasing concern in the UK, Europe and worldwide in recent years. In the past it was referred to as 'female circumcision' although in reality nothing could be further from a fair comparison. The practice is sometimes referred to as 'mutilation' though many organisations working in Africa prefer to use the word 'cutting' based on their experience of work with women in communities. Cutting is less judgmental and value laden and reflects the fact that, difficult as it may seem, the act of cutting is undertaken as an act of love rather than as an intentional act of barbarism. This is an important first point because it should influence the way we respond to the problem.

### What is FGC?

Female Genital Cutting is a harmful practice involving full or partial removal of a girl's external genitals. This can be part or all of her labia, part or all of her clitoris and part or all of her clitoral hood (the prepuce). In its most extreme form, all of her external genitals will be cut away. This often happens in very basic circumstances with rudimentary tools; it is unlikely that there is any anaesthetic or that conditions are sterile. In the harshest form of FGC, the wound that is left may be sewn closed with thorns or string. A small hole is left for menstrual blood and urine. The wound then heals over and the scar tissue "seals" her vagina. A girl will then have to be cut open, just enough for sexual intercourse. When she goes into labour, she is cut open even more. After this she may be re-sewn and cut open again every time she gives birth. Inevitably the practice has many harmful consequences to health and well-being. In the immediate aftermath of cutting, girls may die from infections while many more suffer long term genitourinary problems. Childbirth is more dangerous. At a psychological level girls suffer post traumatic stress as well as long term psycho-sexual difficulties.

### Where does it happen?

Each year, 3 million girls are at risk of being cut in 28 known African practising countries but the practice is also prevalent in parts of the Middle East and Asia and this figure under-estimates the real number of girls affected. UNICEF estimates that with present trends, as many as 30 million girls under the age of 15 may still be at risk. The UN estimates that worldwide between 100-140 million women are currently living with the consequences of FGC. International migration and refugee movement means that FGC is now a recognised problem in Europe, North America, Australia and New Zealand. In the UK some 20,000 girls are estimated to be at risk of FGC with the organisation Forward which specialises in health issues for African women and girls, suggesting that 6,500 girls a year experience FGC in the UK. Current UK data is based on the 2001 census and is likely to be and under-representation of both the prevalence of risk to girls and the numbers of affected women in the UK. Recent studies have however shown that in Camden and Newham, 5% of births are to affected mothers while in Southward the figure is 8.7%. More details are available at <http://www.guardian.co.uk/news/datablog/2013/jun/24/female-genital-mutilation-prevalence-uk?INTCMP=SRCH#data>

FGC is usually performed by women known to communities where cutting is the norm. In some countries these women are traditional birth attendants while in other countries, notably Egypt which has a very high prevalence of cutting, a number of trained midwives undertake the cutting. In the UK FGC usually takes place either when girls are taken away for a holiday to their country of origin, or when women who work as traditional cutters are brought from the country of origin to perform cutting in the UK. There may also be some cutters resident in the UK.

## Why does it happen?

The roots of FGM are complex and there remains uncertainty as to where the practice began. The practice is justified for a variety of reasons. Many of these reflect the cultural and historical traditions in the countries where it is practised. In general the justifications concern tradition, inequality of women and ensuring that they comply with their community requirements. Religion is often cited but there is no known religious requirement for FGC. It takes place in both Islamic and Christian communities. In reality the practice is maintained where communities believe that it is a requirement for a girl to be marriageable. FGC ensures that girls' chastity will be guaranteed at the point of marriage and some people consider that it increases hygiene and cleanliness as well as enhancing fertility. Girls are encouraged to consider the act as a rite of passage and in many villages a girl's cutting will be the cause of celebration and dancing. Female genital cutting is therefore a social norm, maintained by the entire community. One individual acting alone cannot shift a social norm – the entire community must work together collectively. Men and women often support FGC without question because it has existed in a community for generations. It is difficult for mothers to challenge the practices because of the community pressures: a girl who is not cut would usually be seen as unclean and sexually promiscuous. If a girl is cut, it is thought that not only will she be a virgin on marriage but she will provide additional sexual gratification to her husband. Even with the knowledge of the harms of cutting, the benefits are seen to be greater than the disadvantages.

- See more at: <http://orchidproject.org/category/about-fgc/why-fgc-happens/#why-does-fgc-happen>

Many women believe that FGM is necessary to ensure acceptance by their community; they are unaware that FGM is not practised in most of the world. As noted above, it is a practice that in many communities is seen as an act of love by mothers, but this has to be interpreted in the context of major inequalities in gender and power. Resistance to the practice by girls without the support of family and community may lead to force being used to ensure their compliance.

## What should be done?

In Africa there are now a number of programmes and approaches to ending FGC. The work of Tostan in Senegal, Gambia and other West African countries has highlighted the strengths of community empowerment-based campaigns, targeting girls, women and men in networks of villages and challenging FGC at a personal, cultural and structural level. The Senegalese singer Sister Fa, who has herself been cut, has supported campaigns throughout the country as well as in Europe. As the Orchid Project notes, once communities realise that FGC is harmful, is not linked to religion, and has health impacts, a collective decision to abandon is more likely. People are more willing to give up the practice when they realise that it is not a positive tradition, but an unnecessary, harmful one. In other words, an enabling environment needs to be established before full abandonment can take place. Tostan uses the practice of public declarations by communities of their abandonment of harmful traditional practices – including both FGC and child marriage (see <http://www.tostan.org/stories/path-public-declaration>). In Senegal over 400 communities have now publicly declared abandonment.

Against this picture UK efforts are a cause of concern. FGC was made illegal in 1985 and in March 2004, the new UK Female Genital Mutilation Act was introduced. FGC is therefore now prohibited by law in England, Scotland and Wales, whether it is committed against a United Kingdom national or permanent United Kingdom resident in the UK or abroad. It is an abuse of the human rights of girls and women and therefore a child protection issue. Given the knowledge of prevalence in the UK it is surprising to say the least that there have been no prosecutions. This makes an interesting comparison with France, where prosecutions under a similar law have been extensive. Recent statements by the metropolitan Police have suggested a change in UK practice, and a clear intention to identify and prosecute those who perform the cutting. Nonetheless it will be important to apply some of the methods used by Tostan to work to encourage change rather than punishing families who may already experience

discrimination. Remembering the point made earlier that FGC is often motivated by love, albeit misunderstood, it would be essential to ensure that families and communities can be empowered towards community abandonment to avoid the practice going underground.

### What can we do?

Key professionals and churches with populations of women from countries where the prevalence of FGC is high (particularly Kenya, Nigeria, Ghana and Uganda) need to be aware of the issues and of how they can support women and girls who may be affected. For health professionals, particularly midwives and health visitors, knowledge of the practice and of its physical and psychological impact will be important. Teachers too need awareness. In a recent study only 16% of teachers were aware the FGC is illegal. Social workers will be likely to have an awareness of the relevant child protection processes.

For all of us, however, we should be aware that the organisations noted below (not an exclusive list) are dependent on donations and need our help to support work both in the UK and in Africa.

### Further information and help

**Orchid Project:** a campaigning organization with a wide range of resources and links to work in Senegal and elsewhere. A very helpful interactive map and a regular blog and Facebook page  
[www.orchidproject.org](http://www.orchidproject.org)

**Forward:** an African Diaspora women led UK-registered campaign and support charity dedicated to advancing and safeguarding the sexual and reproductive health and rights of African girls and women.  
[www.forwarduk.org.uk](http://www.forwarduk.org.uk)

**Daughters of Eve** work to advance and protect the physical, mental, sexual and reproductive health rights of young people from female genital mutilation practicing communities.  
[www.dofeve.org](http://www.dofeve.org)

**Tostan** is an NGO partnering with communities to implement a Community Empowerment Program (CEP) in eight African countries – Djibouti, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia, and The Gambia. Central to Tostan's work has been their outstanding programmes of community empowerment that have led to the near abandonment of FGC in Senegal and to increasing progress in other countries.

[www.tostan.org](http://www.tostan.org)

See also <http://tostan.org/news/unicef-case-study-outlines-success-tostan-approach-accelerating-abandonment-female-genital>

The **NSPCC** has just launched a 24 hour helpline for anyone worried that a child may be at risk of FGM on 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

All local authority Local Safeguarding Children Boards will also have contact points and all have procedures to respond to concerns. This link takes you to the London child protection procedures [http://forward-usr-bucket.s3.amazonaws.com/downloads/London\\_Child\\_Protection\\_Procedure-FGM\\_FORWARD.pdf](http://forward-usr-bucket.s3.amazonaws.com/downloads/London_Child_Protection_Procedure-FGM_FORWARD.pdf)

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