



Plus
CHANGE

Responding to Female Genital Mutilation

A guide for key professionals

This brochure is developed within the CHANGE project and updated within the follow-up project CHANGE Plus, which are both co-funded by the European Union and coordinated by TERRE DES FEMMES in Germany. The aim is to motivate FGM affected communities in the EU to work for its full abandonment.

Partners within the CHANGE project were FORWARD (UK), FSAN (Netherlands), Plan International (Germany), RISK (Sweden) and Euronet-FGM (EU-wide). Partners within CHANGE Plus are AIDOS (Italy), APF (Portugal), Coventry University (UK), Equipop (France), FSAN (Netherlands), Stiftung Hilfe mit Plan (Germany), End FGM (EU-wide), and Bangr Nooma (Burkina Faso) and Plan International (Mali) as associated partners.



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Basic Information about Female Genital Mutilation

FGM is internationally recognised as a human rights violation and a form of gender-based violence. Alongside 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 Feb. 2016)

The WHO identifies four Types of FGM:

- 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 cauterizing the genital area.

The age of girls at which FGM is performed has been decreasing over the past years and even infants and newborns can be affected. In most of the countries, the majority of girls were cut before the age of 5. (UNICEF, 2016, FGM/C: A Global Concern)

According to the European Parliament half a million girls and women are living with FGM in the European Union, with a further 180.000 girls and women at risk of FGM every year.

FGM is a violation of a woman's and a child's human rights and constitutes grievous bodily harm. FGM has many negative consequences. Some practising communities believe that marriage, parenthood and a socially respected life would be out of reach for an uncut woman who has not undergone FGM. These beliefs must be challenged in order to tackle the issue of FGM.

Please read on to find out how you, as a key professional, can protect girls from female genital mutilation.

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. In addition, it can affect mental health including producing anxiety, stress and mood swings.

Long-term complications:

In the longer term many women experience birth complications (for example obstetric fistula, C-sections, tearing), menstrual problems, painful sexual intercourse, Hepatitis B and C, HIV/AIDS, repeated FGM due to unsuccessful healing, keloid formation and infertility. Many women suffer severe psychological problems as a result of FGM, including producing posttraumatic stress disorder and depression. Frequently, affected women might not be aware that the health problems they experience throughout their life are related to FGM and therefore they go unreported. (Inter-African Committee on Traditional Practices (IAC), 2009)

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
Mauritania
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. Anecdotal evidence suggests other countries could also include communities affected by FGM – more data, gathered using a common methodology, is needed.

European Legislation

The European Union has done a lot in the last few years to put in place policy and legislation to end FGM.

Key Directives adopted by the EU

The Victims' Rights Directive adopted in October 2012 obliges provision of support services to victims of violence including those of FGM.

The Asylum Reception Conditions Directive, which was endorsed by the European Council in October 2012 specifically mentions victims of FGM amongst vulnerable persons who should receive appropriate healthcare during their asylum procedure.

The Asylum Qualification Directive in late 2011 included FGM as grounds to be taken into account for international protection.

The European Commission released its first-ever action plan 'Towards the Elimination of Female Genital Mutilation' on the International day of elimination of violence against women (25th November 2013). The current European Commission Gender Equality Strategy 2016–2019 also places combating gender-based violence and protecting and supporting victims as one of its key priorities and includes measures to end FGM.

The Council of Europe Convention on preventing and combating gender-based violence and domestic violence, otherwise known as the Istanbul Convention, is the first legally binding treaty to recognise that FGM exists in Europe and that it needs to be systematically addressed. It requires state parties to step up preventive measures by addressing affected communities as well as the general public and relevant professionals. The European Commission has proposed that the European Union should ratify the Council of Europe's Istanbul Convention, sending a strong signal that violence against women is a human rights violation.

A significant project complimentary to CHANGE Plus is a web-based knowledge platform for key professionals, United to End FGM, www.uefgm.org, currently being developed and due to launch in 2017. The United to End FGM platform seeks to improve the public and professional knowledge on FGM to better prevent and address this specific form of violence against women and girls.

How to respond to Female Genital Mutilation

Be aware – be prepared – be helpful – show respect

Depending on your profession, the situation 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 (by ignorance, impoliteness, hesitation, simplification and other unintended reactions). Try to put yourself in her place and think about her specific situation in a potentially new society and what kind of support she might need.

What would you do?

- A girl is telling you in the kindergarten that she will spend the summer at her grandparents' home in Somalia. She talks about a big celebration that will take place.
- A young woman is consulting a gynaecologist for the first time. Throughout the medical examination, the gynaecologist realises that she has been mutilated. He asks her questions about the procedure and then realises that the woman did not know that she has been mutilated.
- An activist against FGM advocates for a ban of all surgery on the labia because she sees no difference between FGM and female genital cosmetic surgery.
- A pregnant woman wants to deliver naturally despite her infibulation. She is looking for a nurse who is experienced in this.
- An infibulated woman wants to undergo clitoral reconstruction following her FGM, but she is frightened 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 counselling centres or NGOs specialised in preventing and providing services on FGM!

Your profession – your responsibility

Police, youth welfare officers: follow up on every piece of evidence.

Social workers, teachers, kindergarten staff: call the youth welfare office if you are suspicious of a girl being at risk.

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.

Civil society: to promote and request severe bodily harm is illegal and if you know about a mutilation and don't report this you are liable yourself.

Recognising a girl at risk of FGM

Situation

You are working in an educational, pedagogic or paediatric environment and you would like to be able to protect the girls you meet there from severe harm and genital mutilation. You hesitate to infringe upon 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 uncomfortable feelings 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 is no clear proof for an imminent genital mutilation but there are indicators, which can possibly suggest that a girl is facing FGM:

- Has the family migrated from a country with high prevalence/acceptance of FGM?
- Does the family keep to themselves without interacting a lot with 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 and traditions generally?
- Does the family trivialize or justify FGM?
- Are there any cases of FGM known within the family?

Please keep in mind that these are only weak indicators, which do not serve as proof of an imminent genital mutilation. Each case should be considered individually.

Please note: FGM is not necessarily connected to other forms of child abuse or domestic violence. Parents often subject their daughters to FGM because they love them and want the best for them. Therefor a family being loving, trustful and intact is not an indicator for a safe home in this case!

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The End FGM European Network can guide you to local NGOs/Counselling services in each European country.

Preventing 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 a counselling centre or NGO specialised in FGM and explain your concerns. They know about the statistical risk of FGM in many societies, they will develop a strategy with you to disprove or confirm your suspicion and they are very well informed about helpful organisations.

Suspicious but reserved: Contact your local youth welfare office and tell them about your suspicion. They are obliged to take action as soon as they get to know about a child at risk. They will 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 youth welfare office. This could preclude the girl from travelling to her parents' home country.

Convinced and urgent: If you know a girl is in imminent danger of being subjected to FGM you have to act immediately. Call the police. 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 that a girl is going to be subjected to FGM you have a professional duty to inform the appropriate authorities to ensure the safety and well-being of this child and potentially of her siblings.

In any case: How you can contribute to abandoning FGM

Networking You are encouraged to pass this brochure on to colleagues and other interested people. Furthermore, we strongly urge you to discuss the issues raised in this brochure with other professionals who could have contact to girls at risk and women affected by FGM.

Public Attention The more people who know about FGM the more likely it can be stopped. If we work together, we can change traditions that support the continuation of FGM. Share your knowledge of FGM through social media and other sources.

Choice of Terminology Female genital mutilation/FGM is used throughout this brochure as the term "mutilation" reinforces the gravity of the harm of the practice and also reflects that it is a human rights violation. However, many FGM affected girls and women do not perceive themselves as mutilated. When dealing with affected girls and women it is important to be sensitive to the terminology they prefer to use, which might be female genital cutting, female circumcision, or a local word for the procedure.

Inform yourself This brochure provides you with some basic information to support you in the challenges associated with dealing with FGM issues in your professional life. We have more information and resource material on our website www.change-agent.eu.

Let's talk about it – a guidance for communicating with girls and women affected by FGM

FGM is a strong social norm in many societies and a painful memory to most girls and women who have been subjected to it. However, talking about FGM is a taboo in most practising communities. It therefore takes courage for those girls and women affected by FGM to talk about it. When initiating a conversation with a girl or a woman concerning FGM, ask her if she is comfortable talking about her genitalia and what terminology she wants to use for the procedure of FGM. You might want to use phrases like "I've read a lot about FGM, but those books don't answer all questions so I would like to learn more from you." 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 adhere to these simple guidelines:

1) Provide enough time, possibly offer another appointment if time is constrained

Make sure you can provide the quiet, relaxed and trustful atmosphere this intimate topic needs. Let her determine the speed, atmosphere and direction of the conversation. Express your gratitude and why you would like to know more. If there is a language barrier, bring a female interpreter, but ensure the interpreter is not from the same community. Mirror her language and use "mutilation", "cutting", "circumcision" or "the thing done" just like she does.

2) Be prepared and open minded

You as a professional may know a lot about FGM, but when talking to a girl or woman affected by FGM allow her to tell you about FGM from her and her community's perspective. Let her tell her narrative concerning FGM in her own way and try not to interrupt. Listen and ask pertinent questions. Show her that you appreciate her opening up to you and that the conversation has added to your knowledge and understanding of FGM.

3) Be professional and non-judgemental

If you feel terrified, full of rage, helpless, pitiful or shocked by what you hear, remember how difficult it is for a concerned girl or woman to speak about FGM. This conversation is about her life and her body – not about you hearing a story. Do not judge what happened to her even if she does. You would be judging her mother, her ancestors, her tradition, which is considered offensive and could upset her. Try not to get emotional even if she does. If you or the girl or woman feels uncomfortable at any point in the conversation, take a break.

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

If the girl or woman considers FGM is a necessary part of her culture or religion and she believes that other women and girls from her community should undergo FGM, including her own female relatives, then you must challenge this. You must inform her that FGM is illegal in the EU, and that it is also illegal to send a girl outside the EU to undergo FGM. Also discuss with her the harmful health consequences of FGM. Give her details on where to go to get information, help and advice concerning FGM, including the legal situation and health risks.

If the girl or woman has undergone FGM and has a sister or daughter, you must follow the instructions on page 6.

End FGM European Network

The End FGM European Network, an umbrella organisation of 15 national NGOs, advocates for a **holistic and human rights-based** approach to ending FGM and other forms of gender-based violence at European level.

The network offers a space to women and girls affected by FGM to engage directly with European decision makers. Their experiences and the expertise of member organisations define and guide the network's calls for European political action to end FGM.

FGM is a human rights violation. States have an obligation to comply with EU and international standards and protect the women and girls affected. There are still many challenges in Europe that need to be addressed in order to develop adequate national and European policies on FGM. We believe in the importance of prevention and empowerment, strong protection mechanisms and adequate provision of comprehensive services.

For more information please visit: www.endfgm.eu.

CHANGE and CHANGE Plus

The projects CHANGE and CHANGE Plus contribute to the prevention of violence against children and women linked to harmful practices across European countries. They aim at:

- Raising awareness
- Changing attitudes
- Promoting behaviour change

on Female Genital Mutilation in practising African communities in the EU.

What we do:

- Empowerment of community members to advocate for behaviour change at both community and political level
- Community assessment
- Capacity development/Mutual learning
- Exchange of good practices

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



End FGM
EUROPEAN NETWORK



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