

End FGM European Network
POSITION PAPER

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How to talk about FGM



End FGM
EUROPEAN NETWORK



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List of abbreviations

CSO	Civil Society Organisation
FGC	Female genital cutting
FGM	Female genital mutilation
FGM/C	Female genital mutilation/cutting
NGO	Non-governmental Organisation
UNFPA	The United Nations Population Fund
UNICEF	The United Nations Children’s Fund
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organisation

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Introduction

Female genital mutilation (FGM) is internationally recognised as a gross violation of human rights, a form of violence against women and girls and a manifestation of unequal gender relations. It notably violates a person's right to physical and mental integrity, freedom from violence, right to the highest attainable standard of health, freedom from discrimination on the basis of sex, freedom from torture and, when FGM causes death, right to life. It also amounts to torture or ill treatment¹ and is a form of persecution.

However, the subject of FGM arouses debates, controversy, emotions and reactions. Because it encompasses a variety of areas, from human rights, women's rights, body and gender-based violence to health, tradition and culture, it is a particularly sensitive matter to tackle, especially for people and organisations involved in ending the practice, such as FGM survivors, anti-FGM campaigners, non-governmental organisations (NGOs), national authorities and international bodies.

Language is an essential and powerful tool in ending this harmful practice. Vocabulary may seem symbolic in the context of a human rights violation yet terminology, narratives and discourse are crucial tools to convey messages that contribute to raising awareness, to women's, girls' and communities' empowerment and to their ability to speak out against the harmful practice of FGM, all elements essential towards the elimination of the practice. Words and their connotations are powerful and have an impact on how a subject is perceived and tackled. An inaccurate or demeaning use of vocabulary, instead of an empowering and careful use of terminology, can cause misunderstandings and misconceptions, and might even be detrimental both to the global movement against FGM and for women and girls in need of protection and care.

Through this position paper, the End FGM European Network sets out its approach to language in the global movement to End FGM. It is intended for any person seeking information on FGM and the vocabulary used in the field, and is of particular interest to the media and other professionals reporting on the subject or in contact with FGM survivors and FGM-affected communities. To ensure an accurate understanding of the practice, the paper first presents the official definition of female genital mutilation and its related denominations in different contexts. We then present narratives and discourse surrounding the practice and provide recommendations to avoid stigmatisation and promote empowerment.

¹ [Report of the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, 2008](#) (Consulted 11 October 2016)

I. Understanding the terminology around FGM

I.1 Definition and typology

According to the World Health Organisation (WHO) definition, 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.**² In 1995, the WHO also established a

typology of FGM³, which was updated in 2007. The aim of this typology is to facilitate an anatomical understanding of the practice. However, most women may not be aware of which type of FGM they have been subjected to, especially after types 1, 2 or 4.

FEMALE GENITAL MUTILATION IS CLASSIFIED INTO 4 MAJOR TYPES.

Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Source: WHO

The definition and typology is officially used at international and national levels, because it emanates from the WHO, which is an important stakeholder in the health field, and because it reflects an **interna-**

tional consensus within the United Nations system. The End FGM European Network has adopted this definition and typology in its advocacy and communications tools within the movement against FGM.

² WHO, *Female genital mutilation, Fact Sheet*, February 2016 <http://www.who.int/mediacentre/factsheets/fs241/en/> (Consulted 28 November 2016)

³ Ibid.

The typical **external female genitalia** consist of the mons veneris or pubis, the clitoral hood, the clitoris or clitoral glans, the urethral opening or urinary opening, the labia minora, the labia majora, the Bartholin's glands and the vaginal opening, separated from the anus by the perineum. The whole area is called the vulva. The vagina is an *internal* female organ and is not explicitly included in the WHO typology of FGM. However, injury or harm to the vagina or other sexual organs, according to the circumstances, can also be qualified as mutilation, torture, rape, sexual assault or other forms of gross violence.

The "**for non-medical reasons**" part of the definition includes procedures that are performed for very **diverse and complex** social, psychosexual, cultural, traditional, religious, and other reasons that are often intertwined and linked to unequal social and gender roles. It implies that there is **no medical justification**, need and/or benefits for such procedures to be performed and that they are **harmful**, both **physically and psychologically**. These non-medical reasons include FGM performed, *inter alia*, to respect a cultural and/or traditional requirement, in the belief that it is required by religion, to control a woman's sexuality, behaviour, and gender and social role, as an initiation process into adulthood, womanhood and the community, to make the woman more marriageable, or in the belief that FGM makes genitals cleaner or more "womanly" and aesthetically pleasing. Parents usually choose to perpetuate the practice in the belief that FGM will enable their daughter(s) to be a respected woman and a full member of the community. FGM can be performed by traditional practitioners, by healthcare providers or any other person with or without medical knowledge. A medicalised FGM procedure is at least as harmful as a traditional one, and constitutes a violation of both human rights and medical ethics. Medicalisation may wrongly legitimise the practice as medically sound or beneficial for girls' and women's health. It does not take into account the fact that FGM constitutes a severe infringement of women's and girls' human rights, irrespective of the way it is performed.

Medicalisation can in fact be proven as even more harmful given the nature of the procedure would increase the amount genitalia removed.

Medical licensing authorities and professional associations, including the International Federation of Gynecology and Obstetrics (FIGO), have joined the United Nations organizations in condemning actions to medicalize FGM. The [End FGM European Network](#) and its members working at national level also condemn it.

As an international principle, the culture and traditions of countries and communities are respected worldwide. However, harmful practices which have adverse effects on individuals and whole communities, and in the case of FGM especially on women and girls, constitute a violation of human rights. They can never be justified on the basis of culture or tradition.

I.2 The variety of terms referring to FGM

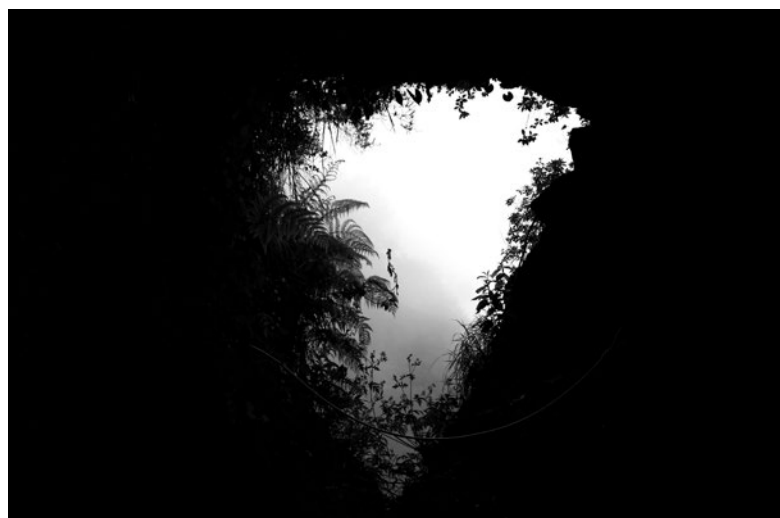
A variety of generic terms are used at policy and advocacy level to refer to FGM. These denominations follow the general WHO definition of FGM, without enhancing the anatomical differences between the various types of FGM that women and girls may be subjected to. They are used by different actors involved in ending the practice worldwide e.g. the United Nations General Assembly⁴, United Nations Agencies such as UN Women or UNFPA, Civil Society Organisations (CSOs) and Non-Governmental Organisations (NGOs), national authorities or activists, including survivors of FGM, and affected communities. They are also used by healthcare providers, researchers, academics, journalists, reporters and other professionals in contact with affected communities. Their use usually depends on the target audience (activists, survivors, policymakers, asylum officers, communities etc.) or on the extent of knowledge and awareness on the subject.

4 UN General Assembly, A/RES/69/150, *Intensifying global efforts for the elimination of female genital mutilations*, 18 December 2014 http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/150 (Consulted 28 November 2016)

The term **female genital mutilation (FGM)** has been used since the late 1970's and was adopted in international texts in the early 1990's. It was originally adopted in contrast with the commonly used term **female circumcision**, which was deemed too close to *male circumcision*.⁵ As a Network, we use the term FGM as a way of describing a human rights violation in itself, i.e. without comparing it to male circumcision and without condoning the latter by omission.

In the late 1990's, the term **female genital cutting (FGC)** was adopted by some organisations, with the stated purpose of using a more culturally sensitive terminology to describe the practice. Indeed, they considered that the word *mutilation* was too judgmental towards affected communities and implied a malevolent intent from families which could harm the movement against FGM⁶. Some organisations, such as UNFPA and UNICEF, also use the combination **female genital mutilation/cutting (FGM/C)**, which aims to acknowledge a contextual use of terms in policy and work with communities.

The practice of FGM is also described by vernacular expressions, specific to a country, region or community. In French-speaking countries, the term **female sexual mutilation**⁷ is used to emphasise the sexual control implied by FGM and its impact on a woman's and couple's sexuality. Apart from the symbolic impact of the word "sexual" in the collective imagination, the two terms "sexual" and "genital" are synonyms in this context. In French-speaking countries, notably, the term *excision*, which refers to type 2 in the WHO terminology, is also used as a generic term encompassing all forms of FGM. In a number



L'origine del mondo (The origin of the world)
© Stefano Scagliarini – 21 June 2015

of countries, the terms *circumcision* or *female circumcision*, *cut* or *cutting* are also very common and used as generic terms. They convey less debate than the term FGM. FGM is also characterised by many terms specific to a language, community or country such as *initiation*, *bondo*, *sunna* or *khutna*⁸.

I.3 The Network and the use of the term FGM

As a European Network, we have decided to adopt the term *female genital mutilation* in our advocacy and communications actions because it is used in European policies^{9/10} and legislation¹¹. It is also a way for us to convey the international consensus against the practice and be **part of the global movement** towards its end. The Network creates an enabling

5 UNFPA, *Female genital mutilation (FGM) Frequently Asked Questions*, December 2015 http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#UNFPA_terminology (Consulted 28 November 2016)

6 Ibid.

7 Mutilations sexuelles féminines

8 United Kingdom Home Office, *Multi-agency statutory guidance on female genital mutilation*, April 2016, p. 71 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf (Consulted 2 December 2016)

9 European Commission Communication towards the Elimination of Female Genital Mutilation, 25 November 2013 http://ec.europa.eu/justice/gender-equality/files/gender_based_violence/131125_fgm_communication_en.pdf

10 European Parliament Resolution of 6 February 2014 on the Commission Communication entitled "Towards the Elimination of Female Genital Mutilation" <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2014-0105>

11 The Council of Europe Convention on preventing and combating violence against women and domestic violence, 12 April 2011 <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168046031c>

environment for coordinated action between rights-holders, survivors, communities, member organisations as well as policy and decision-makers at national and European level. It aims at women's and girls' **empowerment** and the **recognition and fulfilment of human rights and gender equality** both in the European Union and worldwide. The Network's use of terminology also reflects this coordination with its member organisations working with survivors.



The “genital” part of the expression seeks to emphasise both the anatomical location of the procedure and the physical, psychological, obstetric and sexual consequences¹² related to the harm done to the genital area. The most controversial denomination of the expression is the term “mutilation”. “Mutilation” refers to the act of inflicting or having a violent or disfiguring wound or injury inflicted upon you, causing permanent damage. In the context of FGM, it does not necessarily imply a malevolent intent, but refers both to the physical and psychological harm experienced by a woman or girl, and its short and long-term consequences on individuals and communities.

Being outside affected communities, some decision-makers, journalists, healthcare providers or other professionals may feel uncomfortable with the use of the word “mutilation”, for example in writing a report or an article. They may fear the term will appear judgmental, stigmatising or even racist. Some affected individuals and communities may also dislike the expression and consider it stigmatising or derogatory. The term does convey a powerful image in the collective imagination because of its negative connotation. It should be understood as emphasising and stating that the practice amounts to a form of **child abuse** and constitutes a manifestation of **violence against women and girls** and **gender ine-**

quality and a **human rights violation**.

In this context, the term FGM is both an **awareness-raising and advocacy instrument** and an **empowering and self-advocacy tool** for survivors and affected communities to acknowledge the extent of the violence they suffer from and work towards ending it. The harm suffered by individuals and communities is not as powerfully expressed by the terms *cutting* or *circumcision*. As such, a lot of survivors and members of affected communities¹³, including men¹⁴, embrace this terminology.



The Network however believes that a **contextual use of language** is necessary in the work against FGM. The movement against FGM is not a unilateral process. Change comes from affected communities, but entire societies are and need to be involved in ending the practice, from governments, public servants and the media, to communities, survivors, organisations and the general public. Consequently, terminology also depends on how different actors interact with each other. It should convey both the condemnation of the practice *and* be inclusive of survivors and affected communities as fundamental actors of change.

Thus, the official term “FGM” may not be used by **civil society and outreach groups** and other **change agents** working directly with and within affected communities to end the practice. These organisations will most likely adopt the **term used within the community** to avoid alienating members resistant to ending a traditional practice and who may consider the term FGM as culturally insensitive and judgmental. Similarly, a journalist, researcher, gynaecologist, asylum officer, social worker or any other professional in direct contact with a survivor or affected communities should ask which term the person or community **prefers**, to avoid alienation and show **sensitivity** to individuals who are survivors of violence.

12 For more information on the harmful consequences of FGM on women and girls, please consult relevant sources such as the WHO http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/ or scientific articles (e.g. REISEL, D. & CREIGHTON, S.M., *Maturitas* 80 (2015) 48-51 *Long term health consequences of female genital mutilation*, [http://www.maturitas.org/article/S0378-5122\(14\)00326-0/pdf](http://www.maturitas.org/article/S0378-5122(14)00326-0/pdf).) (Consulted 8 December 2016)

13 Change Plus project to promote behaviour change towards the abandonment of female genital mutilation in practising communities across the EU. <http://www.change-agent.eu/> (Consulted 8 December 2016)

14 Men Speak Out against female genital mutilation <http://menspeakout.eu/> (Consulted 8 December 2016)

However, because FGM is acknowledged to be a violation of human rights, there are also contexts where the official term needs to be emphasised to properly **reflect** this violence against women and girls, raise **awareness** and **acknowledge** the impact of the practice on women, girls and communities. This is especially true for, *inter alia*:

- ▶ Newspaper and other media articles or reports¹⁵
- ▶ Country of origin information reports in the asylum context
- ▶ Legislation and national and international court judgments
- ▶ Political, governmental and other official statements and reports
- ▶ Police, medical, psychological and other legal reports
- ▶ Official guidance for asylum, healthcare, social, education, law enforcement, judiciary or other professionals
- ▶ Research and academic studies
- ▶ National and international awareness-raising campaigns and programmes
- ▶ NGOs' statements and reports



Niet met mej (Not with me)
© Jonas Lampens – February 2014 - Belgium

¹⁵ For specific recommendations to the media, please refer to Module 13 – Media of the Web-knowledge Platform for Professionals united to end FGM launched in February 2017 – and to point II. 3 of this document.

II. Empowerment, accuracy and non-stigmatisation

II.1 Empowering terminology

The End FGM European Network refers to women and girls who have been subjected to FGM as **survivors**. A survivor is a person who has been subjected to one or several forms of violence and who is living with the mental and physical consequences on her

or his life. We use this term to emphasise the woman or girl's **resilience** and as an **empowering element of language**, but without prejudice to the fact that the woman or girl may prefer to use the term **victim**.



Teachers / © Jonathan Zenti – December 2016

Many women and girls who have been subjected to FGM also have adopted this term¹⁶ to avoid a form of **re-victimisation** through the term “victim”. Although the latter is neutrally defined as *a person harmed, injured or killed as a result of a crime, accident or other circumstances*¹⁷, it may also symbolically suggest a continued sense of **helplessness** and **passivity**, which many women reject as **disempowering**. The term *survivor* acknowledges the violence a woman has been through, but also strongly emphasises her active role in overcoming this violence, and even in combating and denouncing FGM. As such it is a **positive and empowering word** and can be used beyond the advocacy field.

On the other hand, women may also choose to use the term *victim* as an empowering word to demonstrate that the violence they were subjected to is acknowledged and not forgotten. In portraits and testimonies featured in the media or advocacy and communications instruments, the woman or girl interviewee should therefore be asked which term she prefers.

Furthermore, the term *survivor* does not have a legal meaning, which makes it difficult for it to enter the legal jargon, e.g. in legislation, court judgments or police reports. The same principle applies to country of origin information reports where the

16 FRESKO-ROLFO Béatrice, *Female genital mutilation in Europe*, Report, Council of Europe Parliamentary Assembly 19 September 2016, p. 7 § 16 <http://semantic-pace.net/tools/pdf.aspx?doc=aHR0cDovL2Fzc2VtYmx5LmNvZS5pbmQvbnNveG1sL1hSZWYvW DJlLURXLWV4dHluYXNwP2ZpbGVpZD0yMzAwOCZsYW5nPUVO&xsL=aHR0cDovL3NlbWFudGljcGFjZS5uZXQvWHNsdC 9QZGYvWFJlZiXRC1BVC1YTUwyUERGLnhzbA==&xsLparams=ZmlsZWlkPTIzMDA4>

17 In the Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, “victim” is legally defined as “a natural person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence”.

term “victim” should be used to acknowledge that past and risk of FGM are forms of persecution and constitute grounds to be granted asylum. Therefore, we encourage a mainstreamed use of the term *survivor* in lieu of *victim* in relevant contexts such as in:

- ▶ Newspaper and other media articles or reports
- ▶ Policy, political, governmental and other official statements and reports
- ▶ Official guidance for asylum, healthcare, social, education or other professionals
- ▶ Research and academic studies
- ▶ National and international awareness-raising campaigns and programmes
- ▶ NGOs’ statements and reports

Similarly, the Network uses the terms **FGM-affected communities** and **FGM-practising communities**. Both are acceptable and reflect a reality without being stigmatising. The term *FGM-practising communities* is a neutral term to characterise communities in which FGM is practised and/or a cultural norm. The expression *FGM-affected communities* seeks to acknowledge that FGM is **harmful** both to individuals and communities. Indeed, while women and girls are subjected to the practice, their families, including their children, brothers, fathers and other male and female relatives, may be psychologically and emotionally affected by their suffering, and even physically e.g. when FGM alters a couple’s sexual life and complicates childbirth. Furthermore, because FGM has lifelong physical, psychological and emotional consequences on women and girls, this expression also acknowledges that some communities may still be affected by FGM, even though they abandoned the practice i.e. are not *practising* FGM anymore. Consequently, the term *FGM-affected communities* conveys a more **comprehensive** and **nuanced** image and understanding of the impact of FGM on communities.

Terminology is essential to a **powerful, inclusive and empowering** narrative, which should be mainstreamed in advocacy, media, policy, political and other relevant discourse and reports in order to spread awareness and fuel the movement to end FGM. To further illustrate how important language is to work towards ending the practice through advocacy, information, awareness-raising and women’s and communities’ empowerment, the Network also wants to highlight some examples of potentially detrimental use of vocabulary and narratives. The following sections aim to deepen the understanding of how complex FGM is and fuel an accurate use of terms in reports and discourses.

II.2 Accurate narratives on FGM

In the early years of the movement against FGM, one of the arguments against the practice was that it is not “safe”. Indeed, **FGM is not safe**. It has adverse physical and psychological consequences on women and girls’ health and wellbeing, only part of which are caused by the potential lack of medical knowledge of the practitioner, the possibly unhygienic conditions and use of unsterilized instruments. Amongst pro-FGM movements and communities, this argumentation has triggered a counter-narrative and practice which focused on the *sanitary conditions* in which FGM is practised: in their discourse, **medicalising FGM** makes the practice “safe”. This is inaccurate. FGM performed



La Belleza sottratta (Stolen beauty)
© Giuseppe Matese – September 2015 - Italy

in an operating theatre can be at least as harmful as FGM performed as part of a traditional ritual. It can cause death¹⁸, does not prevent pain or other physical short-term and long-term consequences, and can even cause further internal physical damage to the genital organs^{19/20}. It also causes psychological trauma for survivors. Finally, it is illegal for healthcare practitioners to perform this procedure, as it notably contravenes the medical principle of “do no harm”.



The Meringue Project, Endless Beauty
© Jean-Michel Voge & Anna Alexis Michel – France

“Everyone should be aware and reminded that for a girl or woman to be held down forcibly is traumatising in itself – let alone the act that follows.”

Leyla Hussein

Human rights activist and psychotherapist
Co-founder of *The Daughters of Eve*, Consultant for *The Girl Generation*

Some arguments are also heard, for example in the medical field or elsewhere, which advocate for a **compromise** or **alternative** on FGM, often by proposing that so-called “symbolic” forms of FGM – often corresponding to Type 4 of the WHO typology – be authorised to prevent so-called “worse” forms of FGM. This argument, which is strongly rejected by the End FGM European Network, suggests that Type 4 FGM procedures do not have long-lasting effects on women and girls. This controversy also shows in legislation and reports²¹, in which Type 4 FGM procedures are not necessarily considered as “mutilation” in the medical or legal meaning of the term. This apparent blur is also why we strongly recommend that reports, research, articles²², legislation or court decisions²³ avoid a **categorisation** of FGM that implies a **hierarchy** in the types of FGM according to the alleged impact on women and girls. Indeed, such terms as “lesser”, “light” or “lighter”, “mild” or “symbolic” form of FGM are misnomers that risk **belittling** the health and psychological **needs** of affected women and girls. Furthermore,

18 AFP, *Egyptian girl dies during banned female genital mutilation operation*, The Guardian, 31 May 2016 <https://www.theguardian.com/world/2016/may/31/egyptian-girl-dies-during-banned-female-genital-mutilation-operation>

19 UNHCR, *Too Much Pain. The Voices of Refugee Women. Part 2.*, 2014 <https://www.youtube.com/watch?v=MHTx0-kCsdY> (Consulted 8 December 2016)

20 FOLDES, P. & MARTZ, F., *The medicalisation of female genital mutilation*, Forced Migration Review mini-feature, May 2015

21 JOHNSDOTTER, S. & MESTRE I MESTRE R.M., *Female genital mutilation in Europe: An analysis of court cases*, European Commission, DG Justice, 2015 http://ec.europa.eu/justice/gender-equality/files/documents/160205_fgm_europe_enege_report_en.pdf

22 The Economist, *Female genital mutilation. An agonising choice*. 18 June 2016 <http://www.economist.com/news/leaders/21700658-after-30-years-attempts-eradicate-barbaric-practice-it-continues-time-try-new?frsc=dg%7Ca>

23 Conseil du Contentieux des Etrangers, *Arrêt n°163 942 du 11 mars 2016 dans l'affaire 153 270/V.*

it does not take into account the **traumatising** effect of the moment, even if no flesh is removed or if there is no apparent physical alteration, and the intimate **suffering** of having a procedure performed on one's genitals, or the fact that the practice is a form a gender-based **discrimination** and **violence**.

II.3 Non-stigmatising language

To conclude this position paper, the Network will promote the use of **non-stigmatising and empowering language**, most especially in the **media** and also for the **general public** and **professionals**, including healthcare providers and policymakers. These recommendations are available in full in the Media Module written by the Network for the Web-Knowledge Platform for Professionals [United to End FGM](#), which launched in February 2017.

The media are key to **raising awareness** of the effects of FGM and to help guide the public's view of FGM-affected communities. Media coverage of FGM and related issues can influence **public opinion**, which can play a critical role in **prevention** through accurate and thoughtful information. Media coverage can also play an educational role. The same responsibility exists for policy and decision-makers and other stakeholders.

An article or report which gives a positive image of a survivor and also acknowledging the extent of her suffering arouses empathy from the public, raises awareness and helps to empower survivors and communities to **speak out** against FGM. Story-telling is powerful and crucial in humanising survivors, and **data**, e.g. from the WHO²⁴ or UNICEF²⁵ research, **legal** situation and **expert** advice give context to the human rights violation and emphasise the need for further action.



This little light of mine
©Gynelle Leon – October 2015 – UK

On the other hand, disgust or outrage conveyed by sometimes demeaning, impulsive or inaccurate terms such as barbaric²⁶, disgusting, atrocious, sickening²⁷, savage, butchery, repugnant, perverse, horrendous, horrific or Muslim/Islamic practice/tradition, can alienate affected communities and undermine efforts to support and empower members to speak out against FGM. These terms, either used in the media, by the public or by professionals, and sometimes well-meant, fuel **discrimination** towards communities.

Although it may be difficult to empathise with parents or relatives who wish for their child to undergo FGM, there are **complex underlying motivations and reasons** behind the perpetuation of the practice in affected communities and practising countries. An accurate account of the extent of the issue worldwide²⁸, a presentation of the multi-faceted steps towards the resolution of this issue and an under-

24 WHO (website), *Female genital mutilation. Fact sheet*. February 2016, <http://www.who.int/mediacentre/factsheets/fs241/en/>

25 UNICEF (website), *Female genital mutilation/cutting*, February 2016 https://www.unicef.org/protection/57929_58002.html

26 The Economist, *Female genital mutilation. An agonising choice*. 18 June 2016 <http://www.economist.com/news/leaders/21700658-after-30-years-attempts-eradicate-barbaric-practice-it-continues-time-try-new?frsc=dg%7Ca>

27 QUINN, T., *Gardai hunting female 'witch doctor' they believe carried out female genital mutilation on two-year-old girl*, Irish Mirror, 25 September 2016 <http://www.irishmirror.ie/news/irish-news/crime/gardai-hunting-female-witch-doctor-8913332>

28 According to the [latest UNICEF research of February 2016](#), at least 200 million women and girls currently live with the lifelong consequences of FGM worldwide. The prevalence rate varies significantly between countries and the practice is the most prevalent in some African, Middle-Eastern and Asian countries, but survivors and women and girls at risk live on every continent.

standing of the practice help shape awareness-raising campaigns as well as attitudinal and behavioural changes.

Negative, discriminatory or inaccurate use of language in this context also suggests a sense of **cultural, anthropological** and even **geographical otherness** that reinforces stereotypes and misunderstandings. **Yet FGM is a human and global matter.**²⁹ It is a form of gender-based violence against women and girls, which is a **universal** concern. Focusing the debate on the cultural otherness of this practice, notwithstanding the fact that FGM is a human rights violation, is misleading. It undermines global efforts towards its elimination, alienates communities and antagonises societies, while diverting attention from the prevention of the practice and protection and care towards women and girls.

Similarly, an **image** should not create or reinforce **negative stereotypes**. Such conceptions often convey the idea of homogeneous, poor, rural and traditionalist communities perpetuating ancestral

practices, i.e. share a 'single story'³⁰ on FGM-affected communities. It should be clear that FGM crosses economic, educational, social or geographical lines. For example, one could not claim that Somali or Egyptian societies are homogeneous, yet FGM is quasi universal in these countries.

Furthermore, graphic details or images can **trigger** further **trauma**, and have a disempowering, **distressing** or even ostracising effect on survivors. Consequently, slightly sensationalist images picturing an old woman with dirty hands and/or bloody and rusty instruments convey a 'single story' and can prompt re-traumatisation and re-victimisation for survivors. Such images also put the focus on the perpetrator or the sanitary conditions, even when reporting on survivors or the practice in general. It also alienates communities by creating a sense of cultural "othering". However, **powerful and positive images** such as the ones presented along this paper³¹ can help create a **sense of unity against a human rights violation** and for the benefits of children and women.

29 European Parliament Resolution of 14 June 2012 on ending female genital mutilation <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P7-TA-2012-0261+0+DOC+XML+V0//EN>

30 ADICHIE, C., *The danger of a single story*, Ted Talk, July 2009, Oxford (England), <https://www.youtube.com/watch?v=D9lhs24lzeg>

31 These pictures are part of a photo exhibition "*Building Bridges to end FGM*" created in 2015 by the End FGM European Network thanks to the support of 11 photographers. They aim to present and address female genital mutilation in a powerful and creative way. The exhibition will be on tour over Europe in 2017.



Many terms are used worldwide to speak or write about female genital mutilation.

Specific terms apply to different forms of FGM.

The term FGM is a manifestation of the international consensus against the practice.

The term FGM is both an awareness-raising and advocacy instrument and an empowering and self-advocacy tool.

The term FGM states that the practice is a form of child abuse, violence against women and girls, a human rights violation and a manifestation of gender inequality.

A contextual use of terminology is applied when working directly with and within affected communities to avoid alienation.

A survivor or affected communities should be asked which term she or they use or prefer.



Mainstream the use of the term survivor instead of victim when appropriate as an empowering element of language.

A woman or girl should be asked which term she prefers to use.

The term FGM-affected communities conveys a more comprehensive and nuanced image and understanding of the impact of FGM on communities than the more neutral and descriptive FGM-practising communities.

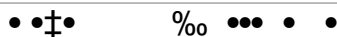
All forms of FGM are physically, psychologically and emotionally harmful and must be banned.

FGM has no health benefits.

A medicalised FGM procedure is at least as harmful as a traditional one.

Suggested compromises on FGM belittle the adverse impact of certain types of FGM on women and girls.

Ban the use of euphemisms when referring to certain types of FGM.



Present and use accurate information on the complexity of the issue of FGM.

Avoid objectifying survivors as passive victims.

Avoid minimising or trivialising a survivor's suffering and the consequences of FGM on her health and wellbeing.

Avoid graphic details as far as possible.

Demeaning, inaccurate or impulsive comments can alienate affected communities and undermine efforts to support and empower members to speak out against FGM.

Stereotypical and graphic images vaguely illustrating an article or report suggest a cultural otherness and can ostracise survivors and communities.

Graphic images can trigger re-traumatisation and re-victimisation of FGM survivors and alienate communities.

Promote the use of positive, unifying and empowering images.

Emphasise that FGM is a human rights violation and a form of gender-based violence.



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