

Information Guide for Education Professionals in Ireland

Female

Genital

Mutilation



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Introduction

This guide has been developed as a working tool for teachers at primary and second level and teacher educators to assist in the safeguarding of children from FGM. It aims to provide information on FGM, give guidance on how to recognize when a child may be at risk of, or has undergone FGM. It aims to inform what to do in this situation, with reference to legal obligations for child protection.

Established in 2001, AkiDwa (Swahili for Sisterhood) is a network of migrant women living in Ireland. The organisations work mainly focuses on gender based violence and gender discrimination. In the last decade the organisation has raised awareness and delivered training on FGM at community level and to health care professionals. AkiDwa was instrumental in the introduction of FGM legislation in Ireland and in the establishment of specialised health service for women that have undergone FGM.

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Part I.

General information about FGM

Female Genital Mutilation is any procedure which injures/alters/removes part or all of a girl or woman's external genitalia for non-medical reasons. There are four types of FGM. For further information see appendix I (page 15). FGM is recognised internationally as a human rights violation and a form of child abuse.

KEY FACTS ABOUT FGM

FGM is a global problem

FGM is not a religious practice.

It can be a social norm in the communities where it is practiced.

It is a human rights violation, and a form of child abuse.

Legislation in addition to cultural/traditional/educational change is necessary to eradicate FGM. The majority of countries where FGM is practiced have legislation making it illegal, but this is often not enough to eliminate the practice.

The prevalence of and the beliefs around FGM varies between communities and can be very different within the same country

Do not assume that all families from practicing communities will want girls and women to undergo FGM.

FGM is illegal in Ireland.

Where is it practiced?

The World Health Organization estimates that between 100 and 140 million women and girls worldwide have undergone FGM.

In Ireland, it has been estimated that there are over 3,780 women and girls who have undergone FGM.

FGM is known to be widely practised in at least 28 African countries (See Map, page 17), and has been reported in several countries in the Middle East, Central and South America and Asia. It is not only isolated to these areas but also the practice is present among migrant communities around the world, becoming a global issue. The European Parliament estimates 500,000 girls and women living in Europe are suffering with the lifelong consequences of FGM and 180,000 are at further risk every year.

Health consequences of FGM

FGM can leave women and girls with many negative health consequences. These can include; infection, bleeding, reduced sensation, increased risk during childbirth, psychological trauma and death.

In groups where FGM prevalence is high, certain consequences that are common between women may be considered as normal and not associated with the practice. For a more detailed list of complications see table II (page 13).

What legislation exists against FGM?

In Ireland the *Criminal Justice (Female Genital Mutilation) Act 2012* states that it is **ILLEGAL** to practice or attempt to practice FGM.

- It is a criminal offence for someone resident in Ireland to perform FGM.
- It is also a criminal offence for someone resident in Ireland to take a girl to another country to undergo FGM. This person can be prosecuted when they return to Ireland.

The maximum penalty under all sections of this law is a fine of up to €10,000 or imprisonment for up to 14 years or both.

Additionally, in Ireland FGM is included as a form of Child Abuse in the *Children First National Guidance for the Protection and Welfare of Children, 2011* manual.

Many nations around the world have passed specific legislation against the practice of FGM, including 24 African countries.

See appendix II (page 14) for further details about *The Criminal Justice (Female Genital Mutilation) Act 2012*.

When is it practiced?

The age at which girls undergo FGM varies by community. The most common age at which FGM is performed is between 4 and 10 years, but it can be practiced anytime from birth to adulthood.

Why is it practiced?

The origin of this practice is largely unknown, but the practice predates contemporary world religions. A mix of cultural, religious and social factors within families and communities are the main reasons for its development and the continuation of the practice. The majority of these explanations are based on **myth and misinformation**. Some of the reasons include:

A rite of passage into womanhood

In certain communities a girl is not considered an adult in an FGM-practising society unless she has undergone FGM. The process is a distinctive element of belonging and becoming a member of the group.

Thought to improve hygiene

In some cultures there is a belief that female genitalia are unsightly and dirty. In some FGM-practising societies, uncut women are regarded as unclean and are not allowed to handle food and water.

Protecting religion

FGM predates all religions and is not an official religious requirement by any religion. However, there are some misconceptions around this issue with many people believing it is a requirement of their faith. It is important to note that FGM is carried out across a number of religious groups.

Marriageability

FGM is often deemed necessary in order for a girl to be considered a complete woman. Most parents practise FGM on their daughters believing they will ensure their daughters a future of respect and well-being.

Control over women's sexuality

In many communities, a girl's/woman's virginity is a prerequisite for marriage and central to concepts of family honour. FGM, in particular type III FGM known as infibulation (see appendix 1, pg. 15), is defended in this context as it is assumed to reduce sexual desire and so lessen a girl's/woman's temptation to have premarital sex, thereby preserving her virginity. Infibulation also provides "proof" of virginity.

Human rights violation

Female genital mutilation, in any form, is recognised internationally as a gross violation of human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

The practice of FGM violates:

- The right to physical and mental integrity.
- The right to the highest attainable standard of health.
- The right to be free from all forms of discrimination against women (including violence against women).
- The right to freedom from torture or cruel, inhuman or degrading treatment.
- The rights of the child.
- In extreme cases, the right to life.

As it is practiced at a very premature age, usually in girls between 4 and 10 years old, the practice of FGM violates children's rights as defined in the Convention on the Rights of the Child (CRC), in particular the right to be free from discrimination (Article 2), right to be protected from all forms of mental and physical violence and maltreatment (Article 19), the right to highest attainable standard of health (Article 24) and freedom from torture or other cruel, inhuman or degrading treatment or punishment (Article 37).

The UN passed a resolution in 2012 calling for an end to FGM worldwide and recognised FGM as a human rights violation.

Part II.

Safeguarding against FGM

To make legislation effective, individuals and agencies need to be able to detect potential cases of FGM. Professionals working with children should be informed and trained to identify girls at risk. They should also be trained to recognise signs that indicate a girl may have been previously subjected to FGM. Such professionals include; health professionals, teachers, Gardaí and social workers.

1. How to recognise if a child is at risk of FGM

Any person working with children has a legal and moral obligation to protect them from issues such as FGM. The following signs will help individuals to detect if a girl may be in danger of undergoing FGM or whether it has already happened. The indicators are not exhaustive. Usually there is a presence of two or more indicators when a girl is at risk. Education professionals should be aware that **they are only indicators (not rules)**. The presence of indicators does not necessarily mean that the girl is at risk, so a high level of sensitivity is required to avoid discrimination or racism.

Also, it is important to know when approaching the issue that a girl may not be aware of the practice of FGM, so again cultural awareness is essential.

Factors to assist in recognising if a girl is at risk of FGM

- The girl is from a community where FGM is prevalent.
- If the family is from highly prevalent community and has a low level of integration into Irish Society.
- If a girl belongs to a family that plans on returning to their country of origin (country where FGM is highly prevalent).
- If the girl is part of a family where her sister, mother or other extended family member(s) have undergone FGM, she should be considered at risk, as must other female children in the extended family.
- If the girl has been withdrawn from health and sexual education, sometimes it may be the case that the family may be preventing the child from learning of bodily integrity and rights.

Indications that the risk of FGM may be immediate

Often the practice occurs in the country of origin, hence the families living in Ireland may use holiday periods to take the girl abroad and have FGM carried out. Some factors to take into consideration include;

- Seasonality of FGM. It is more common for the practice to be carried out during the school holidays, particularly in summer or winter. Therefore, it is important to be especially alert before July/August and in December.
- Travel (e.g. for a long holiday) planned to country of origin or another country where the practice is prevalent, either with a parent or a relative.
- The age of the girl, although it varies among communities - the majority of cases involve children between the age of 4 and 10.
- A family member, especially a female elder, from the country of origin is visiting.
- The education professional may have overheard a reference to FGM in a conversation between children, or a child may mention it. Different expressions (coming of age celebration/becoming a woman/special procedure/cutting or other terms) may be used to refer the practice. (See Table I Traditional terms for FGM, page 13).
- A girl communicates a fear of being at immediate risk of the practice.

Signs that FGM may have already occurred

- Changes in a girl's mood or behaviour on the return of a prolonged absence from school or holidays.
- The girl refuses to carry out physical actions.
- Child is withdrawn and has a lack of interest in activities.
- The girl may have difficulty walking, sitting or standing.
- Signs of anaemia (iron deficiency which can manifest itself in paleness, fatigue).
- Difficulty menstruating or urinating, spending more time in the bathroom or away from classroom than normal.
- Repeated absences from school.
- The girl is reluctant to go for medical examinations.
- Girl may ask for help or confide her situation, but note that she may not know what FGM is or that FGM has been performed.

Practice to follow in specific scenarios for education professionals

Situation detected	Education Professionals Intervention
You suspect a child may be at risk of FGM	<p>Provide information on FGM include information about FGM and the law in Ireland and the fact that to travel for the purpose of FGM is illegal. The aim in this scenario is to educate the girl about FGM and prevent the practice.</p> <p>Discuss the issue with the designated child protection liaison officer in your school.</p>
You suspect a child may be at risk of FGM and travel is planned to a country of origin where FGM is prevalent	<p>Often parents may not agree with the practice but may feel pressured from the extended family on return to their home country. Provide support for parents to discuss with extended family the illegality of FGM in Ireland including the risk that they will be prosecuted on return to Ireland.</p> <p>Provide information leaflets for family to bring home or direct them to online information.</p> <p>Discuss with the designated child protection liaison officer in your school.</p>
You suspect a girl is at immediate risk of FGM	<p>Contact child protection services - Túsla, Children and Family Agency: Tel: 01 635 2854 Email: info@tusla.ie Website: www.tusla.ie</p> <p>Contact any Garda station or dial 999 or 112.</p>
You suspect that FGM has recently occurred	<p>Contact the Gardaí.</p> <p>For clinical advice contact the specialised FGM support service at the IFPA - www.ifpa.ie</p>

2. How to talk about FGM

For educational professionals learning and feeling comfortable about addressing issues relating to FGM is important in order to prevent the practice and to detect risk of FGM or if has taken place.

When talking about FGM with children and families a professional should:

- ✓ Avoid stigmatising language: use 'FGM survivor' instead of 'victim'.
- ✓ Approach the issue carefully and with sensitivity.
- ✓ Where possible, provide the option of a female professional for the girl to speak to.
- ✓ Make no assumptions.
- ✓ Create an opportunity for the child or woman to disclose their situation.
- ✓ Ensure a friendly and safe environment where the girl feels comfortable and can speak openly.
- ✓ Be non-judgmental.
- ✓ Give the girl time to talk, and listen to her actively.
- ✓ Use simple language and ask clear questions.
- ✓ Example of questions for parents: "I recently read about female cutting and I understand it is common in... Have you ever felt under pressure to perform cutting on...?"
- ✓ Use terminology that the person may understand e.g. cutting (See glossary, pg.13 and table 1, pg. 14)
- ✓ Be upfront about your legal obligations.

3. How to proceed if you suspect a case of FGM in Ireland

It is your legal obligation under Children First's Guidelines (2011) to report to child protection services and/or the Gardaí if you feel a girl is at high risk of FGM or if FGM has recently taken place.

Intervention if a girl is at risk of FGM

If you feel that a girl is at high risk of FGM, you should discuss with the designated liaison officer in your school and contact your local child protection social worker at Túsla, Children and Family Agency:

Tel: 01 635 2854
Email: info@tusla.ie
www.tusla.ie

If you think a girl is in **immediate danger** please contact any Garda station or dial 999 or 112.

Intervention if FGM has recently taken place

If you suspect or have evidence that FGM has recently been practiced on a girl, discuss the situation with the designated liaison officer in your school and contact the Gardaí.

This will have legal implications and it would be a high priority action to protect further children at risk in the family or community.

Girls and women can avail of specialised medical and support services through the FGM service offered by the Irish Family Planning Association (IFPA) free of charge, in the Every Woman Centre in Dublin city centre. For more information on the clinic and services, visit: www.ifpa.ie or phone 085 8771342.

Part III.

Additional information and resources

Glossary	
Cutting, female circumcision.	<p>These are terms commonly used when referring to the practice.</p> <p>Unicef uses Female Gender Mutilation/Cutting and its acronym FGM/C.</p>
Sunna	<p>This is a traditional name used mainly to refer to FGM Type I, which is removal of tissue around the clitoris.</p> <p>Signifies 'tradition' in Arabic. References to the term 'Sunna' in the Quran and is often used to justify FGM as being a religious obligation. However no religion requires FGM.</p>
Deinfibulation	<p>The medical procedure to open up the vaginal area of a woman who has undergone FGM Type III.</p>
Reinfibulation	<p>A re-suturing of FGM Type III after childbirth, it is illegal in Ireland.</p>
Medicalization of FGM	<p>Refers to trained health-care professionals performing FGM in any location, including public or private health-care facilities and private residences. It is an illegal practice in Ireland.</p> <p>This practice has been strongly denounced by the World Health Organisation, UNFPA and other international medical and health organisations.</p>

Table I: Traditional terms for FGM

Country	Term (Phonetic pronunciation)	Language	Significant
Eritrea	Mkhenshab	Tigreya	Circumcision or cutting
Egypt	Khitan	Arabic	Circumcision
Ethiopia	Absum Megerez	Harrari Amharic	Ritual Circumcision or cutting
Iraqi Kurdistan	Khatana	Sorani Kurdish	Circumcision
Kenya	Kutairi	Swahili	Circumcision (male and female)
Nigeria	Ibi ugwu	Igbo	Circumcision (male and female)
Sierra Leone	Bondo	Various	Circumcision
Somalia	Gudniin	Somali	Circumcision
Sudan	Tahoor	Arabic	Circumcision (male and female)

Table II: Health consequences of FGM

Short term complications	Long term complications
<ul style="list-style-type: none"> ● Death ● Hemorrhage ● Infection and failure of the wound to heal ● Injury or trauma to adjoining areas, such as the urethra and anus ● Shock from severe pain and bleeding ● Surgical mishap ● Tetanus ● Transmission of HIV and other viruses 	<ul style="list-style-type: none"> ● Anaemia ● Decrease or loss of sexual sensation ● Difficult and complicated childbirth ● Dysmenorrhoea, difficulties in menstruation including passing menses ● Dyspareunia (painful intercourse) ● Incontinence and difficulty urinating ● Pelvic inflammatory disease (PID) and infertility ● Psychological trauma ● Recurrent Urinary Tract Infections ● Scarring and hardening of the vaginal tissue, causing constant pain around the genital area ● Sebaceous cyst development

Appendix I: Types of FGM

The World Health Organisation has established four major types:

- Type I Clitoridectomy: 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 II Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
- Type 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.
- Type 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.

Women may not be able to correctly self-identify the specific type of FGM that they have experienced

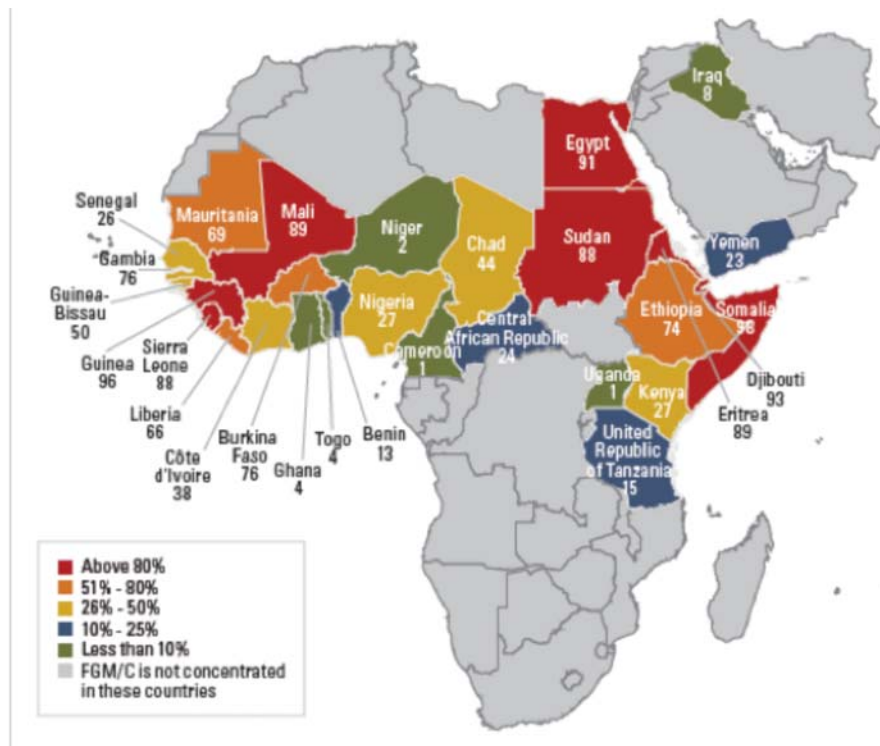
Appendix II: The Law in Ireland

The Criminal Justice FGM Act 2012 states:

- Section 2 - *“A person is guilty of an offence if the person does or attempts to do an act of female genital mutilation”.*
- Section 3 - *“A person is guilty of an offence if the person removes or attempts to remove a girl or woman from the State where one of the purposes for removal is to have the act of genital mutilation done to her.”*
- Section 4. *“A person is guilty of an offence if the person does or attempts to do an act of female genital mutilation in a place other than the State, but only if it is done or attempted to be done:*
 - *on board an Irish ship within the meaning of section 9 of the Mercantile Marine Act 1955,*
 - *on an aircraft registered in the State, or*
 - *by a person who is a citizen of Ireland or is ordinarily resident in the State, and would constitute an offence in the place in which it is done.*

Map I: FGM Prevalence

Percentage of girls and women aged 15 to 49 years who have undergone FGM, by country. FGM is concentrated in a number of countries from the Atlantic Coast to the Horn of Africa as seen below. It is also present in Asia, Central and South America, in addition to migrant communities across the world.



Source: Unicef, 2013

Resources

Publications

- AkiDwA, HSE & RSCI. FGM: Information for Health-Care Professionals Working in Ireland. 2nd Edition, 2013.
- AkiDwA & HSE. Knowledge of General practitioners in Ireland on FGM, 2013.
- British Medical Association. Female Genital Mutilation: Caring for Patients and Safeguarding Children, 2011.
- Department of Children and Youth Affairs. Children First National Guidance for the Protection and Welfare of Children, 2011.
- Health Service Executive. Child Protection and Welfare Practice Handbook, 2011.
- Women's Health Council. Female Genital Mutilation/cutting: A Literature Review, 2008

Websites

AkiDwA: African and Migrant Women's Network in Ireland.	www.akidwa.ie
E-learning on FGM	www.uefgm.org
End FGM European Network	www.endfgm.eu/
Irish Family Planning Association	www.ifpa.ie
Free FGM Treatment Clinic (IFPA)	www.ifpa.ie/Sexual-Health-Services/FGM-Treatment-Service
UNICEF. Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change, 2013	www.unicef.org/esaro/FGCM_Lo_res.pdf
World Health Organization	www.who.org

Books

- ▶▶▶ AkiDwA. Herstory: Migration Stories of African Women in Ireland. Dublin: AkiDwA, 2006.
- ▶▶▶ Dirie, W. and Milborn, C. Desert Children. London: Time Warner Press, 2007.
- ▶▶▶ Lockhat, H. Female Genital Mutilation: Treating the Tears. London: Middlesex University Press, 2004.
- ▶▶▶ Momoh, C. (ed.) Female Genital Mutilation. Abingdon: Radcliffe, 2005.

References

- ▶▶▶ AkiDwA, HSE & RSCI, 2013. FGM: Information for Health-Care Professionals Working in Ireland. 2nd Edition.
- ▶▶▶ Foundation for Women's Health, Research and Development, FORWARD, 2013. Female Genital Mutilation: Information Services & Support Guide. UK.
- ▶▶▶ Office of the Attorney General Ireland, 2012. Criminal Justice (Female Genital Mutilation) Act.
- ▶▶▶ HSE National Intercultural Health Strategy 2007-2012
- ▶▶▶ UK Government, 2011. Multi-Agency Practice Guidelines: Female Genital Mutilation, UK.
- ▶▶▶ UN General Assembly, 2012. Resolution: Intensifying global efforts for the elimination of female genital mutilation. A/C.3/67/L.21/Rev.
- ▶▶▶ UN General Assembly, 1989. Convention on the Rights of the Child, United Nations, Treaty Series, vol. 1577, p.3.
- ▶▶▶ UNICEF, 2013. Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York.
- ▶▶▶ World Health Organisation, 2014. Female Genital Mutilation Factsheet N°241. Geneva, Switzerland.

