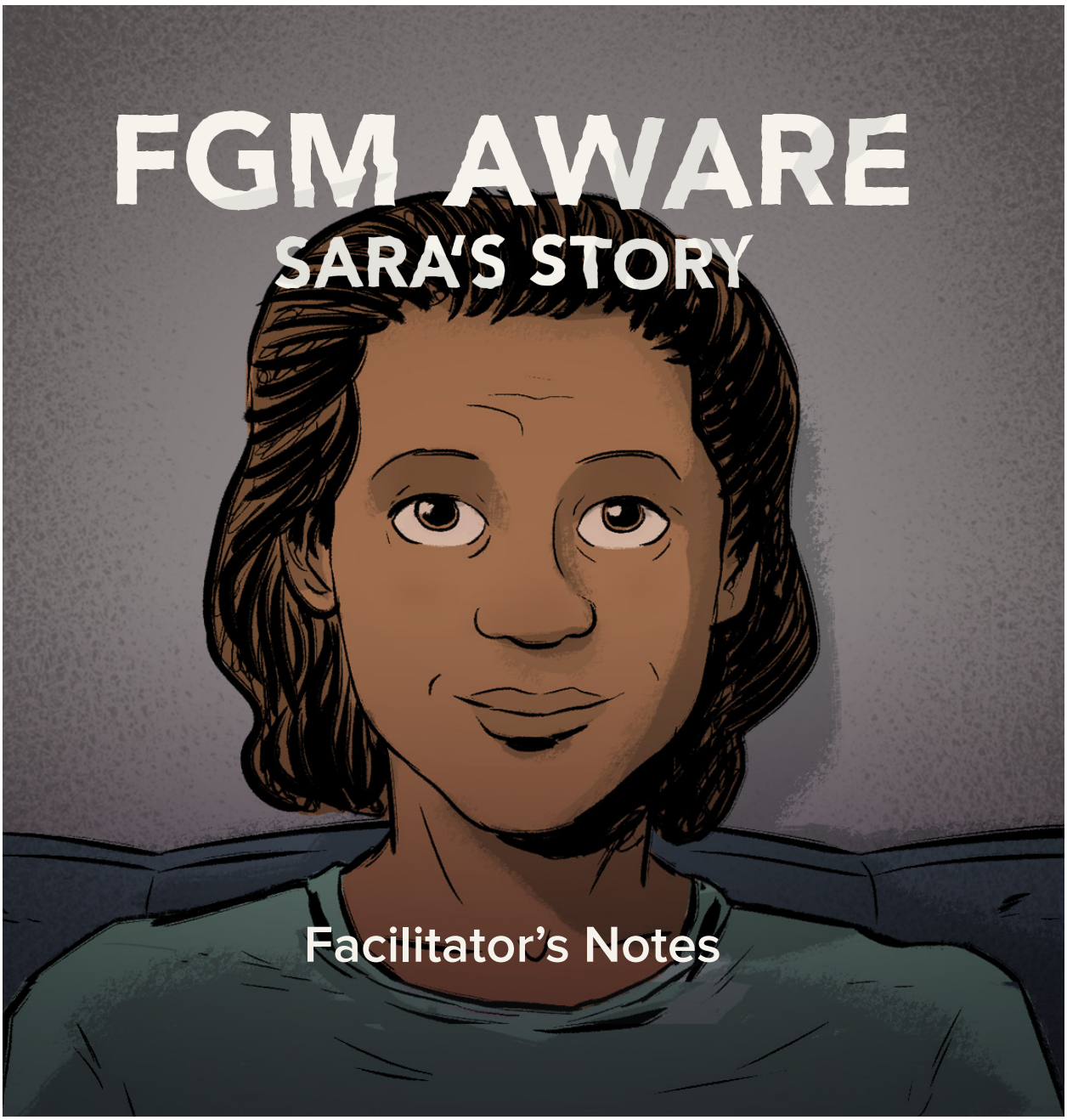

WOMEN'S SUPPORT PROJECT

www.fgmaware.org

Contents

'Female genital mutilation (FGM) is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.' [1]

Sara's Story is a short animated film that aims to raise awareness of female genital mutilation amongst frontline practitioners and to improve understanding of:

- Different types of FGM
- Motivations for carrying out FGM
- Communities at risk
- Possible health impacts
- Risk indicators
- Need for cultural sensitivity
- Where to go for further information

Suggestions for using this DVD

Sara's Story is intended for use with frontline practitioners and is suitable for in-house and multi-agency training groups.

The film can be used in the following ways:

- As a stand-alone resource for a short awareness session
- Embedded in child or adult protection training. A short slide presentation is included on the DVD
- As part of a more in-depth training workshop. A programme and slide presentation for an extended half-day FGM workshop is available to download from: www.fgmaware.org
- For staff induction training or individual study, especially if used in conjunction with the Home Office eLearning module www.fgmelearning.co.uk

When using this DVD in training and public education work

- Please read these notes through and consider using the suggested introductory points (see below)
- Take time to find out about local services and/or contacts to help ensure effective signposting and referral. Are there named contacts in Child Protection, Police Scotland or NHS? Are there specialist workers or clinics dealing with FGM? Is there a leaflet outlining what health services can offer? Do local voluntary sector organisations offer support services, and if so do you know how best to access these? Are there local black and minority ethnic groups working to end FGM? Your local Violence Against Women Partnership coordinator may be a helpful starting point
- Provide participants with NSPCC helpline for FGM, and other useful contacts
- Make participants aware of information and resources available at: www.fgmaware.org
- It is helpful to note any issues arising from the screening and feed these into appropriate structures, for example, line manager and/or VAWP, to inform policy and practice development

Introducing the film

It will be helpful to include the following points in your introduction to Sara's Story

- FGM is recognised by the Scottish Government as a 'harmful traditional practice' that causes harm to girls and women. FGM is part of the spectrum of gender-based violence against women, and is a human rights and child protection issue
- As a result of migration, there are girls and women in Scotland who are at risk of, or have been affected by, FGM
- Sara's Story is a short animated film that aims to raise awareness of FGM, why it is carried out, and how it can affect girls and women
- FGM is often referred to as 'cutting' and this term is used in the film
- The film is based on real-life accounts by women survivors of FGM
- The film does not contain any graphic or real life images of FGM

Summary of Sara's Story

- Sara is subjected to FGM in Kenya when she is seven years old
- The FGM affects her health in various ways
- She comes to Scotland with her husband - she is pregnant with their first child
- She has a poor experience at the birth of her son and does not get the help she needs
- Whilst pregnant with her second child, a daughter, Sara is asked directly about FGM
- She gets a full health assessment and help for ongoing health problems
- The midwife tells Sara that FGM is against the law in Scotland and gives her information to help keep her daughter safe
- Sara finds out that FGM happens in different ethnic groups around the world, in different ways
- She meets Mariam, a Christian woman from Egypt who underwent FGM in a clinic, aged 12
- She meets Leyla, a Muslim woman from Nigeria who underwent FGM when she was a baby
- When Sara's daughter is six, the family decides to go home to Kenya to visit
- Sara and her husband Adam are asked to come to the school, and are given advice and information on the law and on keeping their daughter safe
- They both contact their families. Sara is pleased to find out that there is work going on in Kenya to end FGM. They feel safe to visit home
- Sara gives advice on how to help someone like her:

> *"When you meet someone like me at your work, please remember:*
>
> *FGM harms girls and women*
> *It is child abuse*
> *It is a violation of human rights*
> *It is a crime*
>
> *But you can make a difference.*
>
> *Be sensitive: families believe they are doing their best for their daughters.*
>
> *Get to know your local communities. Do not make assumptions. Not every woman from a country where there is FGM is affected.*
>
> *Be clear about where you can get advice and information.*
>
> *You are not alone."*

Discussion points

Sara mentions that women and girls are cut in different ways. Are you clear about the definition of FGM and the different types? *See page 7*

What reasons did the families give for carrying out FGM?

Reasons given in the film: they believe that it is the right thing to do, and that it is the best thing for girls. Girls who are cut will be accepted in the community, and will be able to find a good husband. It keeps girls pure, and so protects the family honour. Parents are expected to do this, and would feel ashamed if it did not happen.

What other reasons have you heard for FGM being carried out? *See page 8*

There are many and varied reasons given for carrying out FGM. Whatever the origins of the practice or the stated reasons for continuing it, FGM serves to control women's bodies and sexuality.

The film mentions women from Kenya, Egypt and Nigeria experiencing FGM. What other countries do you associate with FGM? *See page 9*

How did FGM affect Sara in the short term? *See page 10*

Affects mentioned in the film are: shock, pain, sense of betrayal by people she trusted, difficulty walking and sitting, taking a long time to pass urine.

What longer-term health impacts of FGM were mentioned? *See page 10*

Health issues mentioned in the film are: urine infections, back pain (which could be caused by being restrained, or by repeated or ongoing infections), monthly pain at menstruation, painful sexual intercourse, difficulties in childbirth. FGM can result in trauma-related symptoms, and may cause psychosexual problems. Leyla feels *'betrayed, angry and sad'*. Mariam says, *'It has not given me a happy marriage'*.

What signs might show that a girl has experienced FGM? *See page 12 for child protection guidance.*

Sara mentions pain when she passes urine, and difficulty in walking and sitting. Girls with type 3 FGM are likely to take a long time passing urine even after the wound is healed. Sara also mentions monthly pain, so regular absences from school or work could be an indication.

What are the signs that a girl may be at risk of FGM? *See page 13*

Many of the 'signs' are quite general and will usually have an innocent explanation. But it is important that any risk of FGM is addressed. There is some similarity between possible indicators of FGM and of forced marriage, another harmful traditional practice. For example, an extended trip to the home country and talk of *'a big party'* or *'something special happening'* could mean a girl is at risk of FGM, and/or at risk of forced marriage. But it might also mean a family wedding or other celebration.

Services and resources. *See page 14*

Provide relevant local contacts where possible. Promote the website: www.fgmaware.org

Definition and types of FGM

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.

Female genital mutilation is classified into four major types:

- **Type 1:** 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 2**: 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' surrounding the vagina)
- **Type 3**: infibulation: narrowing the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removing the clitoris
- **Type 4**: other: all other harmful procedures to the female genitalia for non-medical purposes, for example, stretching, pricking, piercing, incising, scraping and cauterising the genital area.[2]

There may be some overlap between the different types. For example, in type 2, the vagina is not deliberately sewn shut, but may become partially closed because of scar tissue.

The age at which the practice is carried out varies from shortly after birth to the labour of a woman's first child, depending on the community or individual family. The most common age is between four and ten, although it appears to be falling.[3]

The ages at which girls experience FGM vary substantially across countries. At least 80% of cut girls in Somalia, Egypt, Chad and the Central African Republic had the procedure performed when they were between the ages of five and 14, while in countries including Nigeria, Mali, Eritrea, Ghana and Mauritania, more than 80% of cut girls experienced FGM before their fifth birthday.[4]

FGM is most often carried out by traditional cutters or 'circumcisers', some of whom will have other important roles, such as childbirth attendants. However, more than 18% of all FGM is performed by healthcare providers, and the trend towards medicalisation appears to be increasing (including in countries where there are laws against FGM).[5]

Reasons given for carrying out FGM

Cultural, religious and social causes.

'The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities.'

- Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a strong motivation to perpetuate the practice
- FGM is often considered a necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage
- FGM is often motivated by beliefs about what is considered proper sexual behaviour, linking procedures to premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist 'illicit' sexual acts. When a vaginal opening is covered or narrowed (type 3 above), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage 'illicit' sexual intercourse among women with this type of FGM
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are 'clean' and 'beautiful' after removal of body parts that are considered 'male' or 'unclean'
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice
- In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation' [6]

The main reason now given for carrying out FGM is social acceptance or, conversely, fear of social exclusion. Amongst ethnic groups and communities where FGM has become the social norm, parents are likely to regard having their daughters cut as part of their duty as parents. Indeed, there may be adverse consequences for girls and their families if FGM is not carried out.

Whatever the origins of the practice, or the stated reasons for continuing it, FGM serves to control women's bodies and sexuality.

In working to prevent FGM with individuals, families and communities, it is important to know what beliefs and motivations underpin the practice, and to amend any intervention to suit. Getting to know your local community is an essential part of responding to and preventing FGM.

Communities at risk

The majority of cases of FGM are carried out in 29 countries in Africa and the Middle East. FGM is not always documented and figures may not always be accurate. UNICEF reported the following prevalence rates in 2013.[7] See map included on DVD.

Somalia	98	Cote d'Ivoire	38
Guinea	96	Nigeria	27
Djibouti	93	Kenya	27
Egypt	91	Senegal	26
Mali	89	Central African Rep.	24
Eritrea	89	Yemen	23
Sudan	88	Tanzania	15
Sierra Leone	88	Benin	13
Gambia	76	Iraqi Kurdistan	08
Burkina Faso	76	Ghana	04
Ethiopia	74	Togo	04
Mauritania	69	Niger	02
Liberia	66	Uganda	01
Guinea-Bissau	50	Cameroon	01
Chad	44		

FGM is also practised among Bohra Muslim populations in parts of India and Pakistan, and amongst Muslim populations in Malaysia and Indonesia.[8] As a result of migration, FGM is now practised by minority ethnic groups across the world.

It is more accurate to view FGM as being practised by specific ethnic groups, rather than by a whole country. It is, therefore, important not to overlook countries where the average prevalence is low, because there may be one area of that country where prevalence is high. Nigeria has a national prevalence rate of 27% but the regional prevalence rates range from 0.4% in the North West to 57% in the South West.[9]

No reliable estimate of prevalence of FGM in Scotland is available. A preliminary analysis of 2011 census data by the Scottish Government noted that the number of residents born in Africa had doubled, and estimated that, from 1997 to 2011, 2,403 girls were born in Scotland to a mother who was born in an FGM-practising country.[10]

The 2011 census records the following number of people from countries where FGM is traditionally practised: Glasgow City 8,861; Aberdeen City 4,246; Edinburgh City 3,587; and Dundee City 1,130.[11] These figures are for nationality, and are not disaggregated by sex and age, so give only a rough indication of numbers at risk. In addition, census data relies on country of birth so there is no data available on second-generation migrants.

Possible impacts on health

FGM has no health benefits and is harmful to girls and women. The health impact varies depending on the type of FGM and the circumstances in which it is carried out. Remember that some women might not experience health difficulties. Where a woman has been cut when she was a baby it is possible that she might not be aware that anything has happened to her.

Women may not link recurring or chronic health problems to the fact that they have undergone FGM. For example, women with type 3 FGM may experience back and abdominal pain as a result of ongoing infections, but this may be seen as part of the natural condition of being female and/or of ageing. It is, therefore, vitally important that communities at risk are provided with information on the adverse effects of FGM and what health services can do to help. It is also important that direct questions are asked about FGM in the appropriate contexts, such as GP, sexual health and maternity services.

Possible immediate health issues

Immediate health issues can include: severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby tissue.[12] Girls who are cut without anaesthetic may experience crushing injuries or dislocations as a result of being restrained. When the same cutting implement is used on more than one girl, this brings the risk of infection by blood-borne virus.

Possible long-term health issues

Long-term health issues can include: recurrent bladder and urinary tract infections, pain at menstruation, cysts, infertility, keloid scar formation, fistula, increased risk of childbirth complications and new-born deaths, painful intercourse, loss of sexual sensation, and need for later surgery.

In cases of type 3 FGM, the vagina will need to be re-opened to allow for sexual intercourse and childbirth, and this is normally done immediately before the woman's wedding. This cutting might be done by her husband or mother-in-law, by a nominated person in the community, or by a health professional.

Some, but not all, groups that practice type 3 may require the woman to be sewn almost closed again following childbirth. Please note that re-infibulation (re-closing the vagina) constitutes an offence under Scottish and UK legislation.

Physiological effects of FGM may include: post-traumatic symptoms, anxiety, depression, fear of intimacy, loss of trust, unresolved anger, nightmares, and flashbacks (especially associated with sexual intercourse and childbirth).

The Law on FGM

FGM has been an offence in the UK since 1985. In 2005, the Scottish Parliament introduced further legislation, the Prohibition of ***Female Genital Mutilation (Scotland) Act 2005.***

Section one of this Act states that it is an offence to excise, infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina of another person.

It is also an offence to aid, abet, counsel, procure or incite a person to commit an offence under section one, whether to themselves or to another person.

A person guilty of an offence under this Act is liable:

a) on conviction on indictment, to imprisonment for a term not exceeding 14 years or a fine (or both)

b) on summary conviction, to imprisonment for a term not exceeding six months or a fine not exceeding the statutory maximum (or both)

There have been no convictions for FGM in the UK. The first UK prosecution was brought forward in England in 2014.

In the year April 2013 to March 2014, Police Scotland dealt with 14 reports relating to 16 girls potentially at risk. No criminality was found, and therefore there were no referrals to the Crown Office and Procurator Fiscal Service.

National Guidance for Child Protection in Scotland, 2014 [13]

Key messages for practice

Female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.

Where a child or young person within a family has already been subjected to female genital mutilation, consideration must be given to other female siblings or close relatives who may also be at risk.

Local guidelines should be in place to ensure a coordinated response from all agencies and highlight the issue for all staff who may come into contact with children who are at risk from female genital mutilation.

Section 516 of the National Guidelines states: *'Female genital mutilation is usually done for strong cultural reasons and this must always be kept in mind, however, cultural considerations and sensitivities should not override the professional need to take action to protect a child. Action should be taken in close collaboration with other agencies. Care should be exercised in the use of interpreters and lay advisors from the same local community as the victim. Where possible, workers with knowledge of the culture involved may be able to assist but the welfare of the child must always be paramount. Female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.*

Some distinctive factors will need consideration:

- *Female genital mutilation is usually a single event of physical abuse (albeit with very severe physical and mental consequences)*
- *There is a risk that a child or young person is likely to be sent abroad to have the procedure performed*
- *Where a child or young person within a family has been subjected to female genital mutilation, consideration needs to be given to other female siblings or close relatives who may also be at risk*
- *A planning meeting should be arranged if the above conditions are met, where appropriate specialist health expertise should be sought*
- *Where other child protection concerns are present they should be part of the risk assessment process. They may include factors such as trafficking or forced marriage*
- Legal advice should be obtained where appropriate
- Appropriate interpreters who are totally independent of the family should be used'

Indicators of risk

Some distinctive factors will need consideration:

- One or both parents come from an ethnic group that traditionally practices FGM
- Her mother has had FGM

BUT do not assume that all women who have experienced FGM, or all men from practicing communities, will support the practice.

The girl should be viewed as at increased risk if:

- An older sister has had FGM
- Female cousins of a similar age have undergone FGM
- The mother (and / or father) has requested re-infibulation following delivery
- The parents express views which show that they value the practice
- The girl is withdrawn from all teaching classes on Personal, Social or Health Education
- The level of integration within UK society is also significant. It is believed that communities less integrated into British society are more likely to carry out FGM [14]

If a girl is viewed as potentially at risk then there should be increased monitoring and support around the age at which FGM is traditionally carried out in her family / ethnic group. Practitioners should aim to support parents in resisting any pressure from their family or wider community.

Possible signs of imminent risk:

- A girl is withdrawn from school to allow for an extended holiday, or a girl talks about a long trip planned during the school summer holidays.
- There is no evidence to date that FGM takes place in Scotland but it may be possible that families will arrange for FGM to happen in the UK. It is thought that a visit from a female family elder is an indicator of risk, particularly when she is visiting from the country of origin.
- A girl may talk about *"something special happening"*, or that there will be *"a big party"* or *"she is going to be a woman soon"*
- If forced marriage is suspected or known then risk of FGM should also be addressed where the girl comes from a group that traditionally practices FGM.

Services and resources

Concerns about a child at risk

- NSPPC has a free-phone 24-hour helpline for anyone concerned about girls or women at risk of FGM. Contact: **0800 028 3550** or **fgmhelp@nspcc.org.uk**
- In an emergency, dial **999** and ask for the Police
- Police Scotland has officers with special responsibility for FGM, and they are available to provide information in non-emergency situations. In this case, call 101, the national non-emergency police number and ask to be put through to the Divisional Public Protection Unit
- If you are concerned about a girl at risk of FGM follow your child protection procedures if applicable, or contact social work services and/or Police Scotland

Support for adult women

Health services provide care and treatment and it is helpful to be aware of local care pathways. Women can access support via their GP or through other services such as sexual health and maternity. Some areas have local support services or awareness initiatives. For further information see www.fgmaware.org or contact the organisations listed below.

Dignity Alert & Research Forum (DARF) carries out professional training and research on FGM in Scotland. Contact DARF for information about FGM or to join its team of trainers and volunteers.
Contact: **dignityalert@hotmail.co.uk** / www.darf.org.uk

Saheliya is a mental health support organisation for black and minority ethnic women, and services offered include support around FGM and information and training for front-line professionals on what steps to take.
Contact: **0131 556 9302** / **info@saheliya.co.uk** / www.saheliya.co.uk

Shakti Women's Aid provides information and training on FGM.
Contact: **0131 475 2399 / info@shaktiedinburgh.co.uk** / www.shaktiedinburgh.co.uk
Women's Aid groups throughout Scotland offer support on forced marriage and domestic abuse: www.scottishwomensaid.org.uk/advice-information

Amina - Muslim Women's Helpline campaigns to end violence against women through the ***You Can Change This*** campaign and offers a confidential free-phone helpline on **0808 801 0301**

Women's Support Project provides training on FGM, and can lend DVD resources to support training and public education work.
Contact: **0141 418 0748** / **wsproject@btconnect.com** / www.womenssupportproject.co.uk

Roshni provides training on FGM.
Contact: **0141 218 4010** / www.roshni.org.uk

FORWARD works UK-wide to provide information, training and resources on FGM.
www.forwarduk.org.uk

Footnotes

1 www.who.int/mediacentre/factsheets/fs241/en

2 www.who.int/mediacentre/factsheets/fs241/en

3 www.forwarduk.org.uk/key-issues/fgm

4 www.data.unicef.org/child-protection/fgmc

5 www.who.int/mediacentre/factsheets/fs241/en

6 www.who.int/mediacentre/factsheets/fs241/en

7 www.data.unicef.org/child-protectin/fgmc

8 www.forwarduk.org.uk/key-issues/fgm

9 Tackling Female Genital Mutilation in Scotland: A Scottish model of intervention. Helen Baillot, Nina Murray, Elaine Connelly & Natasha Howard, December 2014

10 Gender, LGBTI, Equality & Violence Against Women Team, Scottish Government

11 Tackling Female Genital Mutilation in Scotland: A Scottish model of intervention, Helen Baillot, Nina Murray, Elaine Connelly & Natasha Howard, December 2014

12 www.who.int/mediacentre/factsheets/fs241/en

13 Page 130, National Guidance for Child Protection in Scotland, 2014

14 FGM Multi-Agency Practice Handbook www.fco.gov.uk/

15 www.unicef.org/media/files/FGM_Summary_11_July%281%29.pdf

Acknowledgements and thanks

We wish to acknowledge the work of Africa-led grassroots campaigns to raise awareness about this harmful traditional practice and to end FGM, both in Africa and across the globe. We also pay tribute to the work of Efua Dorkenoo, OBE, founder member of FORWARD, director of The Girl Generation, and a tireless campaigner against FGM until her death in 2014.

This work to change attitudes and behaviour within communities that traditionally practise FGM has shown that, although change is slow and there is much work to do, change is possible. For example, UNICEF reports that prevalence in Kenya fell from 38% in 1998 to 27% in 2013.[14]

Women's Support Project would like to thank:

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