



What is female genital cutting/mutilation?

Female genital mutilation, also known as female genital cutting (FGC/M), is any procedure that involves total or partial removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. There are four types of procedures that are generally meant by the term FGC/M:

1. *Clitoridectomy*, which involves the partial or total removal of the clitoris;
2. *Excision*, in which the clitoris and the labia minora are partially or totally removed, with or without excision of the labi majora;
3. *Infibulation*, which involves narrowing the vaginal opening through the creation of a covering seal;
4. All other harmful procedures performed on the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping and cauterizing.

Approximately 140 million girls and women around the world have undergone FGC/M, the vast majority of them in Africa and the Middle East.

Does it matter what we call it?

Many women who have undergone FGC/M reject use of the word “mutilation” as it feels demeaning and as though they are being judged. Nonetheless, it is also important that the language not diminish the seriousness or extent of the issue, which some people feel is the effect of using the word “cutting.”

The Canadian Council of Muslim Women uses the term female genital cutting/mutilation (FGC/M) to respect the opinions of women who have experienced the procedure as well as to show strong opposition to this practice.



FGC/M in Canada

- There is little statistical information about FGC/M being performed in Canada. Because the practice is illegal, it is difficult to determine where and how often FGC/M may be performed in this country
- Women are most likely to come into contact with the medical system after the procedure has been performed because of problems that have arisen or in the course of receiving regular health care
- Even the frequency of girls being removed from Canada to undergo FGC/M is not easy to determine, although some violence against women organizations report having contact from girls who are seeking assistance in not being removed from Canada to undergo FGC/M

How do people justify it?

Most reasons given by those who engage in or support the practice of FGC/M relate to the perceived need to control women's sexuality. Practitioners say that it helps women resist "illicit" sexual acts, thus increasing their marriageability by ensuring virginity. Some see the practice as increasing hygiene and cleanliness.



The impact on women

There are no health benefits to FGC/M. The list of possible harms is long and includes both immediate and longer term consequences ranging from severe pain, infection, chronic bladder infections, infertility, childbirth complications, the need for corrective surgery, negative impact on sexuality and psychological effects including shame and anxiety to death.

Responses to FGC/M in Canada

- Engaging in FGC/M in Canada is a specific criminal offence under the aggravated assault provisions of the *Criminal Code*. The *Criminal Code* also prohibits the removal of children from Canada to undergo FGC/M. However, charges under either of these provisions are virtually non-existent
- Some of Canada's human rights bodies have identified FGC/M as a violation of the human rights of girls and women
- A number of medical associations explicitly prohibit their members from performing FGC/M and require them to report any information about physicians who have done so to both the relevant medical association and the appropriate child welfare authority
- No provincial child welfare statutes speak specifically to the issue of FGC/M, but all require child protection agencies to become involved where children have been physically, sexually or emotionally harmed or are at risk of experiencing such harm

▶▶ Ideas for moving forward

Addressing FGC/M is challenging and requires a community collaboration model. A Winnipeg project called Our Selves Our Daughters provides an excellent model for community engagement and education. Other areas where work is needed include:

- Research, so we understand the nature and extent of this issue in Canada and can develop appropriate policies and practices to respond to it
- Development of regulations and best practices by those Colleges of Physicians and Surgeons that have not already done so, as well as professional bodies regulating nurses, midwives and other health care professionals
- Making FGC/M an explicit ground for intervention by child protection authorities, which should develop best practices and policies for responding to such situations
- Development of duty to report protocols for all professionals

▶▶ Ideas for moving forward (continued)

- Education for all professionals, including teachers, health care practitioners, child welfare workers, teachers and violence against women workers about FGC/M and about culturally competent ways of working with girls and women who may have undergone this procedure or who may be vulnerable to experiencing it in the future
- Making more information about Canadian laws, policies and practices related to FGC/M available and accessible to newcomer families



Helpful resources

Hussein, Lula and Marian Shermarke. Female Genital Mutilation: Report on Consultations Held in Ottawa and Montreal. Ottawa: Department of Justice Canada, 1995.

Huston, Patricia. "Female Genital Mutilation," 1999, *The Canadian Women's Health Network*, 14 Feb. 2013 <<http://www.cwhn.ca/sites/default/files/resources/fgm/fgm-en.pdf>>.

Khaja, Khadija, et al. "Female Genital Cutting: African Women Speak Out." International Social Work. 52 (2009): 727-741.

Khaja, Khadija, et al. "Female Circumcision: Toward an Inclusive Practice of Care." Health Care for Women International, 31.8 (2010):686-99.

Migliardi, Paula. "Symposium of Female Genital Cutting (FGC): Focus on Canadian Approaches to Addressing FGC Report." Sep. 2011, *Sexuality Education Resource Centre Manitoba*, 12 Feb. 2013 <<http://www.serc.mb.ca/resource-library/symposium-female-genital-cutting-fgc-focus-canadian-approaches-addressing-fgc>>.

Minister of Employment and Immigration v Farah (I.R.B. Toronto, Doc. 93-2198, May 10, 1994.)

Our Selves, Our Daughters, "Our Selves, Our Daughters: Community-Based Education and Engagement Addressing Female Genital Cutting (FGC) with Refugee and Immigrant African Women in Winnipeg 2010-2011." Apr. 2012, *Sexuality Education Resource Centre of Manitoba*, 3 Feb. 2013 <http://www.serc.mb.ca/sites/default/files/resources/Our_Selves_Our_Daughters2010-11_Final_Report.pdf>.