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The cutting season: Female Genital Mutilation and the UK

Over the school holidays hundreds of British girls are taken abroad to undergo a procedure that is internationally recognised as a violation of their human rights. *Alice Onwordi* reports

– *by* Alice Onwordi –

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I met Aisha at an oh-so-trendy café in London's Warren Street. She's confident and she's studying for a PhD at Bristol University. Unlike me she blended in with the cool customers in this bohemian meeting spot. The story she told scared me. It was about an abuse that happened when she was a child. If my parents had

had the money to take me to Nigeria when I was small, it probably would have

happened to me.

Illustration by Gary Neill

Now 28, Aisha was born in Somalia and came to Britain when she was four. The family settled in Cardiff. When she was seven, her mother went back to Somalia as she was expecting a baby and wanted her extended family to support her during the birth. She took Aisha with her. While in Somalia, Aisha's grandmother thought that it was time for her to be "closed". This is a term for female genital mutilation (FGM), the practice of removing the clitoris and many of the outer parts of the vagina. Aisha was told she was going to become a woman.

"It was something I was looking forward to," she told me. "I bought the dress and the jewels. I even chose the biscuits. Then, a woman I had never seen turned up at the door wearing a black burqa which covered her completely. I thought she was scary. I stood behind my mother. My mum told me I had to wash so that I

could purify myself. I ran out of the door. I must have run for miles. I spotted a male relative and I was about to tell him I was going to be cut. I felt someone grabbing me. It was my mother. She said, 'I can't believe you are telling a man this.'"

The squeamish might want to skip what happened next. What Aisha endured was type III genital mutilation, the least common but most painful and invasive type. According to Comfort Momoh, a midwife at the African Well Woman clinic in Waltham Forest, east London, this type of FGM is mainly practised in the Horn of Africa. A piece of glass or a razor is used to hack away the clitoris and the inner and outer labia. It is usually done by an old woman, often one with poor eyesight. If the mother pays a bit extra, a clean razor is used. It is usually done without anaesthetic on a fully conscious, usually screaming girl who is being held down by three or four women. After the cutting, thorns and silk are used to stitch the two parts of the vulva together. The girl's legs are then tied together and they are left like that for two to four weeks. The whole cutting process lasts for about an hour. In time, scar tissue will form around the stitches, leaving a small hole the size of a match head for the passage of urine and menstrual blood.

Aisha was spared some of the initial agony, because her mother asked that she be given anaesthetic – "The excisor [cutter] complained," she recalled, "because the anaesthetic cost her more and she did not have to bring it for the other girls she cut" – but that soon wore off. "All I remember was waking up that night in pain. My legs had been bound together in four places, from my ankles to my thighs. They had used Dettol to wash me – I can't stand that smell ever since."

"I had to take a pee so they loosened one of the bounds around my legs," she continued. "It was so painful, as if there was glass broken inside me. For the next few days, I refused to go to the toilet but my mother kept nagging at me." Aisha thinks this is what led to years of urinary problems. "When I returned to Cardiff, I told the teacher my bum had been cut. She said, 'That's nice.' She saw it as part of our culture." When she was 11, she had an operation in Cardiff to "reverse" the FGM – a procedure that involves removing the stitching but which cannot, of course, restore the missing flesh. As horrifying as Aisha's story is, she is hardly unique. Although no one is able to keep accurate figures about this largely hidden

activity, according to some estimates as many as 20,000 British girls have been taken abroad for FGM. The most popular time for it to happen is over the school summer holidays, so that there is enough time for the physical wounds to heal. To those in the know this is called “the cutting season”.

All women in my family were cut like this. If my parents had stayed in Nigeria and not moved to Britain, it would have happened to me. Some members of my extended family still support it. It is a practice that still takes place in many African countries – the World Health Organisation estimate the total world population that has suffered FGM is between 100 and 140 million – something that is starkly illustrated by the instruction sheet given out to midwives at Queen Charlotte’s Hospital in London: if a woman is Black African and from any of the relevant countries the midwife is to ask if she has undergone FGM. Relevant countries are Benin; Burkino Faso; Cameroon; Chad; Central African Republic; Djibouti; Egypt; Eritrea; Ethiopia; Gambia; Ghana; Guinea; Guinea Bissau; Ivory Coast; Liberia; Mali; Mauritania; Niger; Nigeria; Senegal; Sierra Leone; Sudan; Somalia; Kenya; Tanzania; Uganda; Yemen. (Incidentally, this list is conservative; it could have also included some Asian countries where FGM is practised, such as Kurdistan.)

Comfort Momoh confirms that health complications are frequent. “Reversal” operations can help, but convincing patients to undergo another surgery can be difficult, and even then “this won’t necessarily stop them going abroad to be closed again”.

Physical damage aside there is the mental trauma. “Many women,” Momoh told me, “develop a phobia about touching the vulva area because they were told they must not look at themselves there or touch their private parts.” Sex and childbirth, understandably, can be both physically and psychically excruciating.

Leyla Hussein, an anti-FGM campaigner with the charity Daughters of Eve, who suffered FGM when her family took her back to Somalia, says that, though she has had counselling in this country to try to come to terms with her trauma, provision of such care is often not seen as an essential service. She continues to be contacted by women desperately in need of advice and support with nowhere to go.

What justifications can there be for such a practice? Whenever I have had arguments with women about FGM, the fall-back for my opponents is “But in our culture…” I asked Aisha to tell me what cultural justifications she was given. “The vagina represents virginity, the honour of your family and the community,” she said. “It is not to provide sexual pleasure for yourself but for your husband. A ‘closed’ woman is a clean woman.” In these cultures it is essential for a bride to be a virgin (it does not matter how many women the groom has slept with) and FGM acts like a chastity belt. With such a small opening, women are too frightened to have sex, and their value is preserved intact. On getting married, some women here have reversal operations. Other more traditional women want the husband, quite literally, to break them in.

Such beliefs are deeply embedded in many countries, both Christian and Islamic. Some Muslim scholars argue that it is an Islamic obligation, known as a sunnah. There is an Islamic hadith or saying that is sometimes used to justify it that states “a woman used to perform circumcision in Medina. Muhammad said to her, ‘Do not cut too severely as that is better for a woman and more desirable for a husband.’” Naana Otoo-Oyertey of the anti-FGM group Forward told me that she has met a religious leader from a big mosque in Birmingham who argued that FGM is a religious obligation, and surveys of women in London and Bristol who have undergone FGM show that many of them saw it as a sunnah. Many other Muslims disagree, pointing out that none of the Prophet’s daughters suffered the procedure. Arguing against the practice at a recent conference, Professor Gamal Solaiman of the Muslim College in London said that “the hadith is disputed as to its authority. It is a weak hadith and cannot constitute a source of law.”

Reinforcing the “traditional” arguments in favour of FGM are what you might call the postmodern justifications, which claim that fighting against the practice is a form of cultural imperialism. Dr Fuambai Ahmadu, associate professor in the University of Chicago’s Department of Comparative Human Development, is an African-American woman with Sierra Leonean roots. As an adult she went to Sierra Leone, voluntarily, to undergo female circumcision. According to the New York Times, Ahmadu “has argued that the critics of the procedure exaggerate the medical dangers, misunderstand the effect on sexual pleasure, and mistakenly

view the removal of parts of the clitoris as a practice that oppresses women. She has lamented that her Westernised 'feminist sisters insist on denying us this critical aspect of becoming a woman in accordance with our unique and powerful cultural heritage'." In an article for the Sierra Leone online newspaper The Patriotic Vanguard in 2008, she wrote, "More and more African women have come to see and define themselves through these media lenses as 'mutilated', with utter disregard for differences in cultural, social and historical contexts."

Of course arguments like these are disputed daily, by victims of this barbaric procedure and their supporters, but you have to be very brave to speak out against FGM in your own community. Leyla Hussein has had death threats – she now has to carry a personal alarm and has a panic button at home. Another activist, Salimata Knight, who lives in Croydon, told me: "Sometimes, I am at a station and African people start pointing at me. There are parties and gatherings I do not go to. I have been ostracised."

This fear of a social backlash helps to control dissent and to reinforce the way in which the procedure itself silences women. Ten years ago, a friend of mine told me her daughter was going to Nigeria with her dad. My friend had to stay in London to look after her newly born son. I was suspicious: why was it so important to go then, when a year later or over Christmas they could all go together? I did not want to lose her as a friend, so I kept quiet, much to my regret. When her daughter returned to London, she was subdued and less confident. The once outspoken little girl now only spoke when spoken to. While in Nigeria she had "become a woman".

FGM has been explicitly outlawed in Britain since 2004. The Female Genital Mutilation Act made it an offence to perform, or aid anyone else in performing, genital mutilation in the UK, and to aid anyone performing mutilation on a British national overseas. It is punishable by 14 years in jail, but no one has yet been convicted. In London, allegations of FGM are dealt with by the Metropolitan Police child protection teams, with advice and support provided by three officers working on a dedicated FGM unit, Project Azure. While some have argued that police in Britain lack the resources for tackling FGM, Detective Sergeant Vicky Washington, who runs Project Azure, believes that it is the silence around the

issue that has hindered efforts to secure convictions. “I wouldn’t say we’re under-resourced,” she explains. “Any allegations we receive are investigated, and we do our utmost to secure a charge, but the main problem is that it’s a hidden crime, it’s a taboo subject within families and practising communities. Often the children are from loving, caring families, and the parents think they are doing the right thing, as do the extended family and members of the community. We don’t have enough people coming forward.”

Shockingly, there is strong anecdotal evidence that FGM takes place in the UK, and that it might even be on the increase. Naana Otoo-Oyertey has received reports of a nurse in London who cuts girls. The police were unable to trace the mobile phone number she was given. Comfort Momoh was told of a woman who cuts in Forest Gate, east London. Jackie Mathers, a nurse in Bristol, told the Observer, “We have intelligence that with the credit crunch, cutters are being paid to come here and do large numbers of children. It’s cheaper than families taking flights to other countries.” One woman told her about circumcision “parties” where many girls are cut at once.

Leyla Hussein, who has worked with the Metropolitan Police on FGM, confirmed this, telling me that often a cutter will go on a tour of Europe, visiting many cities. Hussein knows of Somali girls who have come to the UK from Sweden and Denmark because it is considered “a soft touch”.

Other countries have adopted a far more robust approach. In France, where there are no laws on FGM specifically, there have been over 100 convictions under child protection legislation. According to Salimata Knight, who used to live in France, schoolchildren are given letters at school to hand to their parents, warning them that FGM is against the law, and Naana Otoo-Oyertey confirms that France operates a system of compulsory inspection. “If a parent does not attend with her daughter,” she told me, “it is deemed that the child may be at risk.”

Detective Sergeant Washington believes such measures are unlikely to be introduced in the UK, where the law gives children the right to make their own decisions about submitting to medical examination, and says that the 2004 legislation goes far enough, having closed previous loopholes that prevented the

prosecution of anyone taking a child abroad for FGM. The problem, in her view, is not the law but rather the lack of public awareness about the issue. To combat this, Project Azure are involved in educational projects around London, having recently produced a DVD in partnership with the children's charity Kids Task Force, which they hope to see used in schools across the city, as well as in the rest of the UK. The project has also worked with staff at Heathrow airport and St Pancras International station to raise awareness about the number of girls being taken abroad during the school holidays.

It is to be hoped such efforts to raise awareness are successful, because clearly we are a long way from having an open and frank discussion about FGM in the UK. In my own experience healthcare professionals tend to adopt a kid-glove approach to the issue, offering answers that are tentative and couched in the language of cultural sensitivity when they are pressed on the subject. Such delicacy does no service to the girls who are traumatised. Although charities such as Daughters of Eve speak to the NSPCC and other child protection groups, it is still not seen by enough people as child abuse. My fear is that someone will be writing an article just like this in 20 years' time. Despite the best efforts of the anti-FGM advocacy programmes, only the fear of the law will break the cycle. Otherwise the touring cutters will be at work for many years to come.

You can learn more about the fight to stop FGM at the websites of Daughters of Eve and Forward, and download the educational video produced by Project Azure at the Kids Task Force website

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