How to Talk About Female Genital Mutilation
INTRODUCTION

Female genital mutilation (FGM) is internationally recognised as a violation of human rights. FGM is one of many manifestations of unequal gender relations across the globe, and is a form of violence against women and girls that we, as the End FGM European Network, urgently seek to bring to an end. FGM can be a difficult subject, so it is essential that when discussing, writing or talking about the practice, we are mindful of the words we use, in order to speak about it with sensitivity.

More than that, using inaccurate or stigmatising language when talking about FGM can spread misconceptions and even be detrimental to both women, girls and communities directly affected by it.

This leaflet serves as a short, practical guide. We set out recommendations for using language that is both sensitive and impactful in the global movement to end FGM. We also highlight words and phrases that can be counterproductive to the movement or create challenges and barriers for FGM-affected communities.

“Language is an essential and powerful tool in ending FGM.”
**Do’s**

- Use the term **Female Genital Mutilation (FGM)**, as it is the internationally agreed upon term.
- Don’t use misleading terms, such as “circumcision”.
- Don’t use specific terms, such as “infibulation”, to refer to all forms of FGM.
- Use comprehensive, respectful and non-stigmatising language.
- Don’t fuel hate speech using words such as “barbaric”, “disgusting”, “savage” that are offensive and judgmental for affected communities.
- Don’t focus only on the physical procedure itself.
- Use the term “affected communities” as opposed to “practising communities” because it encompasses those who wish to leave the practice behind.
- Don’t assume that everyone in an affected community feels the same way about FGM.
- Recognise all types of FGM are as harmful physically and/or psychologically. No hierarchy can be made in the pain and the trauma caused by FGM.
- Use positive images.
- Don’t use shocking images that risk causing re-traumatisation of FGM survivors and of affected communities.
- Don’t use graphic images or details such as blades or blood.
- Use the same words survivors choose to use when speaking, without re-phrasing what they say. Use factually-based arguments.
- Don’t romanticise or re-write a survivor’s story.

**Don’ts**

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- Assume that everyone in an affected community feels the same way about FGM.
- Recognise all types of FGM are as harmful physically and/or psychologically. No hierarchy can be made in the pain and the trauma caused by FGM.
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Hayat Traspas, Co-founder of Save a Girl Save a Generation

“Many have expressed that they don’t feel comfortable engaging in the fight to end FGM because they ‘don’t want to seem racist’ or ‘it’s a practice that has nothing to do with me’.

Samira Fall, Researcher - FGM survivor

“People often tell me they feel sorry for me when I tell them I’ve been cut. They see me as a victim and they ask me intrusive questions.”

Salma El Hadj, International Development student

“When people learn that FGM is also done in Egypt, they start telling me ‘oh so you don’t have any pleasure’. My intimacy isn’t a topic that I want to discuss with just anybody. My trauma and my past are mine and I don’t want people to assume anything about me. Just stop.”

Yasmine Amari, Midwife

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**Myths vs Facts**

**Common Myths**

- FGM is a Muslim practice or a religious practice
- FGM is not prescribed by Islam or by any other religion. FGM existed prior to the existence of monotheistic religions and is to this day also practised in some Christian communities for example
- FGM is an African issue
- More than 200 million women worldwide have undergone FGM. FGM happens on every continent in the world except Antarctica, it is a global issue. Also, in several African countries FGM is not practised
- Some forms of FGM are minor
- All forms of FGM are harmful
- Any form is a violation of human rights and a form of gender-based violence
- FGM is only practised by undereducated, socially disadvantaged people or in rural contexts
- FGM occurs across all cultural and socio-economic groups
- Practising FGM in a hospital reduces risk
- Medicalised FGM (when practised in a healthcare facility) can be as harmful as when done traditionally and does not necessarily lead to a ‘safer’ practice. The psychological and physical effects of FGM remain serious and concerning
- Some girls get cut by doctors, in medicalised facilities. But that doesn’t make it any less harmful and we need to raise awareness on the consequences of all forms of FGM, including medicalised FGM
- Sokhna Fall Ba, Co-President of The End FGM European Network

**Facts**

- People who practise FGM are “barbaric” and “irrational”
- When a family accepts to carry out FGM on its daughter, they wish to protect her against being stigmatised and socially excluded. A woman who has undergone FGM is socially accepted within her community and the society, and is ready to marry
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- On many occasions, people have felt comfortable to ask me and other young women ‘Have you undergone FGM?’
- Fatima Awil, The End FGM European Network

**Myths - vs - Facts**

- Don’t use judging language and avoid alienation
- Respect boundaries
- Don’t be intrusive and don’t ask questions that might re-traumatisethe survivor. Do not ask personal questions, or intimacy-based questions
- Don’t minimise survivors experiences when they tell their stories
- Create a positive and safe environment when talking with a member of an affected communities
- Don’t play a survivor in opposition to her community. Don’t judge a survivor’s family for practising FGM
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**Source:** Based on “Female Genital Mutilation – Addressing common myths and misconceptions”, End FGM EU, GAMS Belgique, Brussels, 2019
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