FGM
A GUIDE FOR EDUCATORS

2022 // PREPARED BY AKIDWA

AkiDwA
AKINA DADA WA AFRICA

our health service

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Introduction

This guide has been developed in collaboration with AkiDwA as a working tool to equip professionals in education settings to recognise and respond to concerns regarding girls at risk of FGM. Educators play a vital role in combatting FGM and as such, educators must be aware of the issue and of what to do if they come across it.

Within this document, you will find:

- General information on FGM & the law
- FGM risk indicators
- Legal obligations regarding child protection and welfare
- Tips to explore concerns
- Making referrals

This guide was created and designed by Lorena Espi Sancho in collaboration with AkiDwA and has been updated by Mary Nicholson, Child Protection and Welfare Consultant.

About AkiDwA

Established in 2001, AkiDwA (Swahili for Empower) is a network of migrant women living in Ireland. The organisation's work 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 healthcare professionals. AkiDwA was instrumental in the introduction of FGM legislation in Ireland and in the establishment of specialised health services for women that have undergone FGM.

AkiDwA
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Female Genital Mutilation A Quick Guide

1.1 What is FGM?

Female Genital Mutilation is any procedure that removes part or all of a girl or woman's external genitalia for non-medical reasons. FGM is recognised internationally as a human rights violation and a form of child abuse.

Key Facts about FGM in Ireland
FGM is illegal in Ireland
It is a human rights violation, child abuse, and a form of violence against women and girls
FGM is a global problem
It can be a social norm in the communities where it is practiced but is not a religious requirement
Legislation in addition to cultural/ tradition/ educational change is necessary to eradicate FGM. The majority of the countries where FGM is practiced have legislation making it illegal, but this is often not enough to eliminate the practice
Not all families from practicing communities will want girls and women to undergo FGM
The prevalence of and the beliefs around FGM vary between communities and can be very different within the same country

Cut here

Possible indicators for educators to look for that indicate a girl may be at risk of or have undergone FGM

Parents ask a girl to keep a holiday and details of the holiday a secret

The parents are evasive about where who & why a girl is going/has gone on holiday

A special ceremony is mentioned by the girl

If a child is at risk of FGM

You should contact your local child protection social worker at Tusla, Child and Family Agency:
Tel: 01 635 2854 Email: info@tusla.ie Web: www.tusla.ie

It is your legal obligation under Children First Act (2017) to report to child protection services and/or the Gardai on 999/112 if you feel a girl is at high risk of FGM or if FGM has already taken place

Part 1: Overview of FGM

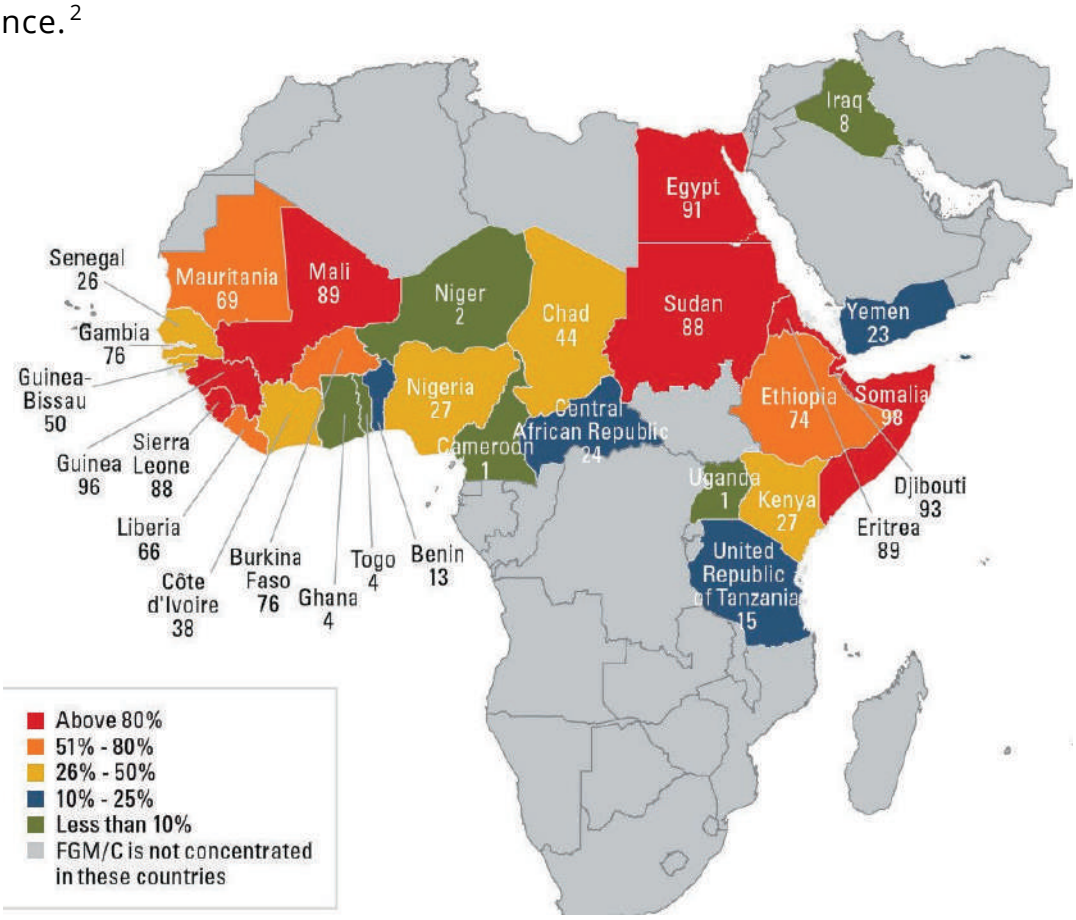
1.1 What is FGM?

Female Genital Mutilation is any procedure that removes part or all of a girl or woman's external genitalia for non-medical reasons. There are four types of FGM which are detailed in appendix 1. FGM is recognised internationally as a human rights violation and a form of child abuse.

1.2 Where is it practiced?

FGM is known to be widely practiced in at least 28 African countries as outlined in the map below and has been reported in several countries in the Middle East, Central and South America, and Asia. It is not isolated to these areas, but the practice is also present among migrant communities around the world, becoming a global issue.[1]

Map of Prevalence.[2]



The exact number of girls and women alive today who have undergone FGM is unknown, however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM.[3]

[1] More detailed data on where FGM is practiced is available in Appendix 5
[2]Source: UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2004-2015
[3] UNICEF (2016) Female Genital Mutilation/ Cutting: a Global Concern: Female Genital Mutilation (FGM) Statistics - UNICEF Data (Accessed September 1st, 2022)

FGM in Ireland:

While it is difficult to give exact figures, in 2017 AkiDwA estimated that 5,790 women and girls living in Ireland had undergone FGM, based on 2016 data collected by the CSO.[4]

1.3 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 2 and 15 years, but it can be practiced from birth to adulthood.

1.4 Who Performs FGM?

Typically, FGM is performed by an older woman in the community who has had no medical training, or by a traditional birth attendant (TBA). The use of anaesthetics and antiseptics is uncommon. Instruments used to perform FGM include razor blades, knives, pieces of glass, scissors, and scalpels. In some instances, several girls will be cut using the same instrument, heightening the risk of infections such as tetanus and HIV. In Ireland, girls may be brought out of the jurisdiction for the procedure.

1.5 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. Many of these explanations are based on myths 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-practicing society unless she has undergone FGM. The process is a distinctive element of belonging and becoming a member of the group.

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 for their faith. FGM is carried out across a number of religious groups.

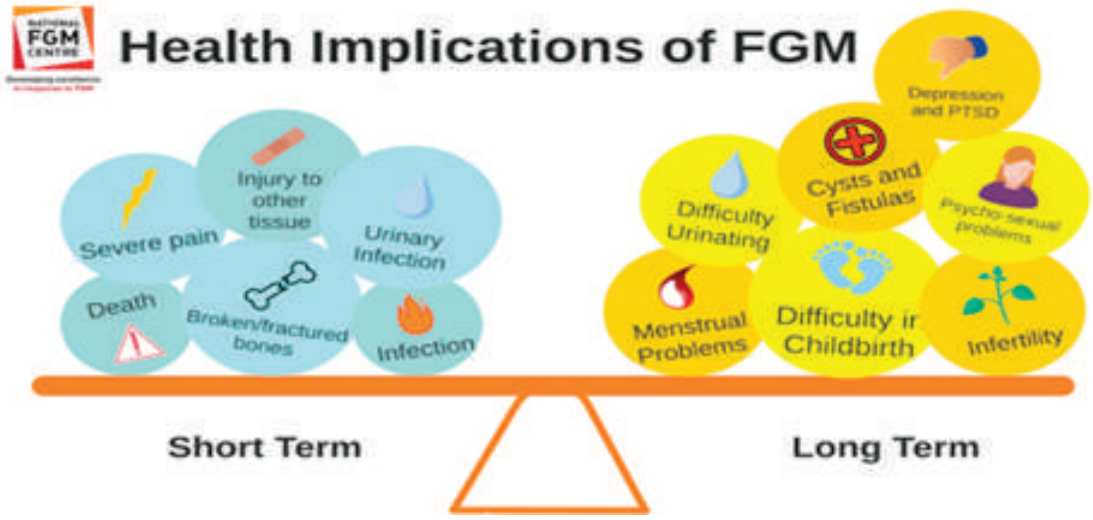
Thought to improve hygiene
In some cultures, there is a belief that female genitalia are unsightly and dirty. In some FGM-practicing societies, unmutilated women are regarded as unclean and are not allowed to handle food and water.

Marriageability
FGM is often deemed necessary for a girl to be considered a complete woman. Most parents practice FGM on their daughters believing they will ensure their daughters a future of respect & 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.

[4] Central Statistics Office. "Ireland's UN SDGs 2019 - Report on Indicators for Goal 5 Gender Equality. End discrimination and violence". https://www.cso.ie/en/releasesandpublications/ep/p-sdg5/irelandsunsdgs2019

1.6 Health Implications of FGM



Source: National FGM Centre [5]

- FGM has no health benefits and involves removing and/or damaging healthy and normal body tissue

- The psychological trauma arising from the procedure is more difficult to measure but FGM can result in serious psychological trauma for those involved, including post-traumatic stress disorder, depression, and anxiety

- Research suggests that those who have undergone it are at an increased risk of developing psychological and emotional health problems.[6] While research in this area is limited, one UK study has explored the psychological effects of FGM on 53 women.[7] It found that women who have had FGM Types I and II are less likely to experience the serious adverse psychological effects of FGM, compared with those who have had FGM Type III, which has been linked with post-traumatic stress disorder (PTSD)

- It can cause anxiety surrounding menstrual flow and pelvic pain

- It can impact a girl's right to access education and some may be forced into early marriage and drop out of school

1.7 The Law in Ireland in relation to FGM

FGM is illegal in Ireland under the Criminal Justice (Female Genital Mutilation Act) 2012.[8] Under the Act, it is a criminal offence for a person living in Ireland to perform FGM or to take a girl to another country/jurisdiction to undergo FGM. The maximum penalty is a fine of up to €10,000 or imprisonment for up to 14 years or both. The first people to be convicted of FGM in the Republic of Ireland were convicted in January 2020.[9]

[5] National FGM Centre, FGM Direct Work Toolkit, http://nationalfgmcentre.org.uk/fgm/fgm-direct-work-toolkit/, Accessed September 2nd, 2022
[6] Behrendt and M Oritz, S. "Post-traumatic Stress Disorder and Memory Problems After Female Genital Mutilation". American Journal of Psychiatry, 162:5 (May 2005), 1001-2
[7] Dorkenoo E, Morison L, Macfarlane A. A statistical study to estimate the prevalence of female genital mutilation in England and Wales. Summary report. London: Foundation for Women's Health, Research and Development (FORWARD), 2007. http://openaccess.city.ac.uk/13117
[8] Irish Statute Book, Criminal Justice Act (2012) Criminal Justice (Female Genital Mutilation) Act 2012 (irishstatutebook.ie), accessed 875
[9] Gaffney, Sharon. "Couple sentenced over female genital mutilation of baby daughter in 2016". RTE News. January 27, 2020

Human Rights & International Law

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

- In November 2015 Ireland signed the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, also known as the Istanbul Convention. FGM is outlined under Article 38

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

Children's Rights

- The UN Convention on the Rights of the Child is an international law that Ireland signed up to in 1992

- The practice of FGM breaches several articles of the Convention, including:

1. Protecting children from physical violence, injury, or abuse (Article 19.1)
2. Protecting children from torture or cruel, inhuman, or degrading treatment (Article 37. a)
3. The State's duty to take steps towards ending harmful traditional practices to the health of the child (Article 24.3)

- FGM is included as a form of Child Abuse in the Children First National Guidance for the Protection and Welfare of Children (2017)

PART 2: How to Protect Girls from FGM

FGM is illegal. It is child abuse and a form of violence against women and girls and should therefore be treated as such.

No single professional can have a full picture of an individual's needs and circumstances. To ensure that women and girls affected by FGM receive the right help at the right time, everyone who comes into contact with them has a role to play.

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 previously been subjected to FGM. Such professionals include health professionals, educators, Gardaí, and social workers.

2.1 How to recognise if a girl 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.

2.2 Possible Indicators that a child is at risk of or has undergone FGM

The child is at Risk	Child is at Immediate Risk
• The girl is from a community where FGM is prevalent • If the family has a low level of integration into Irish society or family is not engaging with professionals (health, education, or other) • Belongs to a family that plans on returning to the country of origin (a country where FGM is highly prevalent) • If the girl is part of a family where her sister, mother, or another extended family member (s) has undergone FGM, she should be considered at risk, as are the other female children in the extended family • If the girl has been withdrawn from health and sexual education, it may be the case that the family may be preventing the child from learning bodily integrity and rights • A girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman' • A parent or family member expresses concern that FGM may be carried out on the girl • A girl struggles to keep up in school • A girl runs away or plans to run away from home	• 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 • 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 - most 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 to the practice (See Table I Traditional terms for FGM, page 20) • A girl communicates a fear of being at immediate risk of the practice

Indicators that a child may have undergone FGM

- 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
- You notice physical signs when you are changing a young child or assisting with toileting
- 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 the classroom than normal
- Repeated absences from school
- The girl is reluctant to go to 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

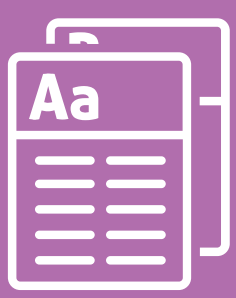
Remember: this is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. For example, in certain communities, FGM is closely associated with when a girl reaches a particular age. If any of these risk factors are identified professionals will need to consider what action to take. If unsure whether the level of risk requires referral at this point, professionals should discuss it with their named/designated lead. If the risk of harm is imminent, emergency measures may be required.

Professionals should not assume that all women and girls from a particular community are supportive of, or at risk of FGM. Women who recognise that their ongoing physical and/or psychological problems are a result of having had FGM and women who are involved or highly supportive of FGM advocacy work and eradication programmes may be less likely to support or carry out FGM on their children. However, any woman may be under pressure from her husband, partner, or other family members to allow or arrange for her daughter to undergo FGM. Wider family engagement and discussions with both parents, and potentially wider family members, may be appropriate.

2.3 Tips for talking about FGM

When talking about FGM with children and families professionals 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.19 and table 1, pg. 20)**	Be upfront about your legal obligations



2.4 Exploring concerns with a child

If a child talks to you about FGM it is important to:

- Listen carefully to what they say
- Let them know they have done the right thing by telling you and that it's not their fault
- Explain what you will do next
- Report what the child has told you as soon as possible as per Children First

Scenario 1: You have noticed some of the indicators of concern

It is helpful to speak to the girl first to explore any change or 'usual' behaviour you have noticed. It is important to speak to her on her own and with sensitivity, so she is not discussing it in front of her classmates.

Conversation Starters:

"I have noticed you are going to the toilet a lot, are you feeling, ok?"

"I saw that you didn't want to do PE earlier which you normally is there anything you want to talk about?"

"It's my job is to make sure you are happy and safe. I 've noticed you look very uncomfortable since your holiday. Did anything happen on the holiday that you want to talk about?"

Scenario 2: The girl goes abroad

If a girl has an upcoming holiday, especially one to a country of high prevalence as highlighted on page 4, you can talk to the girl to explore:

Whom is she going with? How is she feeling about the trip? What will she be doing there?

Are you going with your whole family?

What sorts of things will you do there? Will you be meeting others there?

How are you feeling about going?

Please always follow your normal child protection and welfare procedures, discuss with your designated liaison person (DLP) and report to the local duty social worker if:

- The girl expresses concern or is reluctant to talk about the holiday
- The girls' friends/siblings are worried about the holiday
- The parent(s) deny they are going on holiday or are reluctant to talk about the holiday
- Only the female children are going on the holiday
- The child is travelling for an unknown period to an unknown destination

2.5 How to address FGM with parents

As with any child protection and welfare concern, if you have an FGM-related concern about a girl in your class/service, you should follow the Children's First Guidelines and talk to your DLP who is there to support you.

Generally, the DLP should talk to the parents/caregivers about any concerns but there may be situations where other staff members may be better placed to speak to parents and this decision should be made in conjunction with the DLP. Formal and informal discussions can be useful to establish the level of concern.

It is best practice to inform parents/guardians if a report is to be made to Tusla unless doing so might:

- Further, endanger the child
- Impair Tusla's ability to carry out an assessment
- Put you at risk of harm

Outlined Below are some possible scenarios you may encounter and how to deal with them:

Scenario	Education Professionals Intervention
A child discloses that they have undergone FGM or that there is a plan in place	• If it is safe to do so, talk to the parents/guardian and clearly explain the nature of the concern or issue, e.g. by using facts and records of observations made • Report to Tusla via Designated Liaison Person • If the girl is at immediate risk, call the Gardai
You have noticed indicators of concern	• Ask to meet with parents/caregivers to discuss and explore • If appropriate, provide information on FGM including information about FGM and the law in Ireland and the fact that travel for FGM is illegal. This scenario aims to educate about FGM to prevent the practice • Discuss the issue with the designated child protection liaison officer in your school to decide the next steps (refer/not refer/monitor)

Scenario	Education Professionals Intervention
You notice physical signs in a very young child	• Explore with the parent/caregiver, clearly outlining your concerns • Discuss with the designated child protection liaison officer in your school • Refer to Tusla if necessary
If a girl is going on holiday and you are concerned there may be a risk of FGM, we recommend you:	• Do your research in terms of prevalence in the country of origin • Often parents may not agree with the practice but may feel pressure 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 may be prosecuted on return to Ireland • Provide information leaflets for family to bring home or direct to online information (AkiDwA and IFPA) • Discuss with the designated liaison person in your school
You suspect a girl is at immediate risk of FGM	• Contact Tusla, Children, and Family Agency: Tel: 01 635 2854 Email: info@tusla.ie Website: www.tusla.ie • Contact any Garda station or dial 999 or 112
You suspect that FGM has occurred	• Contact the Gardaí and Tusla • For clinical advice contact the specialised FGM support service at the IFPA - www.ifpa.ie

2.6 Referral Procedures – What to do if you are concerned

It is your legal obligation under Children First Act (2017) to report to child protection services and/or the Gardai if you feel a girl is at high risk of FGM or if FGM has already taken place.

What to do if a child is at risk?

If you feel that a girl is at risk of FGM, you should contact your local child protection social worker at Tusla, Child and Family Agency:
Tel: 01 635 2854
Email: info@tusla.ie
Web: www.tusla.ie

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

If FGM has already taken place

If you suspect that FGM has already been performed on a girl, contact the Gardaí and local child protection social work department (Tusla). This will have legal implications for the person(s) who carried out the procedure and it is necessary to report to protect further children at risk in the family or community.

FGM support service

Girls and women can avail of free specialised medical, nursing, and counselling services through the FGM support service at the Migrant Women's Health Clinic. This clinic is offered by the Irish Family Planning Association (IFPA) in its Dublin city centre Every Woman Clinic, Cathal Brugha St, Dublin 1.

For further details please see: http://www.ifpa.ie/Sexual-Health-Services/FGM-Treatment-Service or phone/text the designated phone line: 085 877 1342.

Part 3: Additional Information

3.1 Appendix 1

TYPES OF FGM

The World Health Organisation has established four major types:

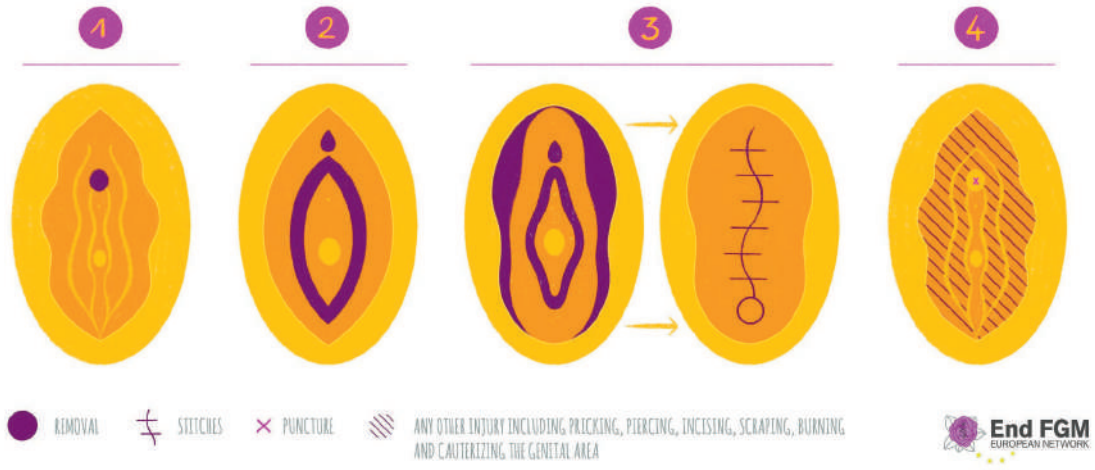
- **Type I Clitoridectomy:** partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)

- **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 the 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.



Source: The End FGM European Network (End FGM EU)

Appendix 2	GLOSSARY OF TERMS USED
Cutting, female circumcision	These are terms commonly used when referring to the practice. UNICEF uses Female Gender Mutilation/Cutting and its acronym FGM/C
Sunna	This is a traditional name used mainly to refer to FGM Type I, which is the removal of tissue around the clitoris. 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
Deinfibulation	The medical procedure is to open up the vaginal area of a woman who has undergone FGM Type III
Reinfibulation	A re-suturing of FGM Type III after childbirth is illegal in Ireland
Medicalization of FGM	Refers to trained healthcare professionals performing FGM in any location, including public or private healthcare facilities and private residences. It is an illegal practice in Ireland. This practice has been strongly denounced by the World Health Organisation, UNFPA and other international medical and health organisations

Appendix 3 TRADITIONAL TERMS FOR FGM

Country	Term	Language	Significant
Eritrea	Mkhenshab	Tigrenya	Circumcision or cutting
Egypt	Khitan	Arabic	Circumcision
Ethiopia	Absum / Megerez	Harrari / Amharic	Circumcision or cutting
Kenya	Kutairi	Swahili	Circumcision (male & female)
Nigeria	Ibi ugwu	Igbo	Circumcision (male & female)
Sierra Leone	Bondo	Various	Circumcision
Somalia	Gudniin	Somali	Circumcision
Sudan	Tahoor	Arabic	Circumcision (male & female)

Appendix 4 HEALTH CONSEQUENCES OF FGM

Short term complications	Long term complications
• Death • Haemorrhage • 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	• 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 • Scarring and hardening of the vaginal tissue, causing constant pain around the genital area • Sebaceous cyst development

Prevalence Worldwide

Country	FGM prevalence among girls and women (%)	FGM prevalence among girls and women aged 15 to 49 years, by residence and wealth quintile (%)							Reference year	Data source
		Residence		Weath quintile						
		Urban	Rural	Poorest	Second	Middle	Fourth	Richest		
Benin	9	5	13	16	14	10	7	2	2014	MICS
Burkino Faso	76	69	78	77	78	78	80	68	2010	DHS/MICS
Cameroon	1	1	2	1	4	1	1	1	2004	DHS
Central African Republic	24	18	29	34	31	26	17	15	2010	MICS
Chad	38	40	38	46	42	37	30	37	2014-15	DHS
Côte d'Ivoire	37	31	44	50	44	43	34	20	2016	MICS
Djibouti	94	94	98	97	96	94	95	93	2012	EDSF/PAPFAM
Egypt	87	77	93	94	93	92	87	70	2015	Health Issues Survey (DHS)
Eritrea	83	80	85	89	86	84	83	75	2010	Population and Health Survey
Ethiopia	65	54	68	65	69	69	69	57	2016	DHS
Gambia	76	77	72	68	78	85	81	67	2018	MICS
Ghana	4	3	5	13	4	3	1	1	2011	MICS
Guinea	95	95	94	95	94	93	96	95	2018	DHS
Guinea-Bissau	45	40	50	18	59	65	47	36	2014	MICS
Iraq	7	7	8	1	3	3	6	22	2018	MICS
Kenya	21	14	26	40	26	18	17	12	2014	DHS
Liberia	44	37	56	58	56	51	38	26	2013	DHS
Mali	89	89	88	86	86	90	90	90	2018	DHS
Maldives	13	14	12	14	12	12	15	12	2016-17	DHS
Mauritania	67	55	79	92	86	70	60	37	2015	MICS
Niger	2	1	2	2	2	2	3	1	2012	DHS
Nigeria	19	24	16	16	18	20	23	20	2018	DHS
Senegal	24	20	28	41	30	25	17	14	2017	DHS
Sierra Leone	86	80	82	93	93	90	85	74	2017	MICS
Somalia	98	97	98	98	99	98	97	96	2006	MICS
Sudan	87	85	87	88	82	81	90	92	2014	MICS
Togo	3	3	4	4	4	3	4	2	2017	MICS
Uganda	0	0	0	1	0	0	0	0	2016	DHS
United Republic of Tanzania	10	5	13	19	10	12	9	4	2015-16	DHS
Yemen	19	17	19	27	21	13	20	14	2013	DHS

Source: UNICEF global databases 2020, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys

Additional Resources

Websites

- AkiDwA - African and Migrant Women's Network in Ireland
- E-learning toolkit on FGM
- HSE National Counselling Service
- Free FGM Treatment Service (IFPA)
- End FGM European Network
- World Health Organisation
- UNICEF – Eliminating FGM

Publications

- End FGM Network, How to Talk about Female Genital Mutilation
- Female genital mutilation | UNICEF (UNICEF last modified January 2022)
- Female Genital Mutilation/cutting: A Literature Review (National Women's Council 2008)
- Female genital mutilation (who.int) (WHO, last modified June 2022)
- Female Genital Mutilation (FGM) and the Law in Ireland, An Information Leaflet for the Public (AkiDwA 2019)
- Female Genital Mutilation Information for Healthcare Professionals Working in Ireland (AkiDwA 2021)
- Towards a National Action Plan to Combat Female Genital Mutilation 2016-2019 (AkiDwA)

Books

- Akinjobi, O.P. Herstory: Migration Stories of African Women in Ireland. Dublin: AkiDwA, 2006
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