

Appendix 3: Consequences of FGM

Many men and women in practicing communities appear to be unaware of the relationship between FGM and its harmful health and welfare consequences; in particular the complications affecting sexual intercourse and childbirth, which occur many years after the mutilation has taken place.

The health implications for a female of under-going the FGM procedure can be severe to fatal, depending on the type of FGM carried out. FGM of any type is associated with long term health risks.

As with all forms of child abuse or trauma, the impact of FGM on a female child will depend upon such factors as:

- The severity and nature of the violence
- The individual child's innate resilience
- The warmth and support the child receives in their relationship with their parent/s, siblings and other family members
- The nature and length of the child's wider relationships and social networks
- Previous or subsequent traumas experienced by the child
- Particular characteristics of the child's gender, ethnic origin, age, (dis)ability, socioeconomic and cultural background.

Short-term implications for a girl or woman's health and welfare

Short-term health implications can include:

- Severe pain;
- Emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends);
- Haemorrhage;
- Wound infections including Tetanus and blood borne viruses (including HIV and Hepatitis B and C). Evidence¹ suggests that the more tissue removed the greater the risk for infection;
- Urinary retention;
- Injury to adjacent tissues;
- Fracture or dislocation as a result of restraint; Damage to other organ; and/or
- Death.

Long-term implications for a girl or woman's health and welfare

FGM of any type is associated with a series of long term health risks². The longer term implications for women who have been subject to FGM Types 1 and 2 are likely to be related to the trauma of the actual procedure. Health problems caused by FGM Type 3 are severe. World Health Organisation data has shown that women who have undergone FGM of all types, particularly Type 3 are more likely to have complications in childbirth. Therefore, although Type 3 creates most difficulties, practitioners should respond proactively to all FGM types.

The long term health implications of FGM include:

- Chronic vaginal and pelvic infections;

¹ END FGM – European Campaign (2008) Ending Female Genital Mutilation: A strategy for the European Institutions, Executive Summary

² WHO (2011) An Update on WHO's work on female genital mutilation (FGM); Progress Report

- Difficulties in menstruation;
- Difficulties in passing urine and chronic urine infections;
- Renal impairment and possible renal failure;
- Damage to the reproductive system, including infertility;
- Infibulation cysts, neuromas and keloid scar formation;
- Obstetric fistula;
- Complications in pregnancy or childbirth, including prolonged labour, bleeding or tears during child birth, increased risk of caesarean section;
- Pain during sex, lack of pleasurable sensation and impaired sexual function;
- Psychological damage; including a number of mental health and psychosexual problems including low libido, depression, anxiety, and sexual dysfunction; flashbacks during pregnancy and childbirth, post-traumatic stress disorder, substance misuse and/or selfharm;
- Reduced attendance at cervical screening appointments, and delay seeking treatment for other conditions as a result of wishing to hide FGM;
- Increased risk of blood infections such as hepatitis B and HIV and other sexually transmitted infections; and/or
- Death of mother and child during childbirth or just after birth.

Additional risks have been documented for FGM Type 3³. Further surgery is usually necessary later in their lives to re-open infibulations to enable sexual intercourse and further again in child birth. It is also associated with infertility and the risk of birth complications increases with the severity of FGM; women with FGM Type 3 require special care during pregnancy and childbirth.

Psychological issues and mental health problems

In FGM practicing communities, the procedure is generally performed on pre-pubescent and adolescent girls usually without anaesthetics and with instruments such as razor blades. Case histories and personal accounts from women note that FGM is an extremely traumatic experience for girls and women that stays with them for the rest of their lives.

Young women receiving psychological counselling in the UK report feelings of betrayal by parents, incompleteness, regret and anger.⁴ It is possible that as young women become more informed about FGM and/or cross the threshold from traditional Africa to the modern sector this problem may be more frequently identified.⁵ There is increasing awareness of the severe psychological consequences of FGM for girls and women which become evident in mental health problems, drug or alcohol dependency.

The results from research⁶ in practicing African communities are that women who have undergone FGM have the same levels of Post-Traumatic Stress Disorder as adults who have been subject to early childhood abuse. Also that the majority of the women (80%) suffer from affective (mood) or anxiety disorders.

The fact that FGM is 'culturally embedded' in a girl or woman's community appears not to protect her against the development of Post-Traumatic Stress Disorder and other psychiatric disorders. Practitioners should ensure that mental health support is made available to assist girls and women who have undergone FGM, as well as for any physical symptoms or complications.

³ WHO (2011) An Update on WHO's work on female genital mutilation (FGM); Progress Report

⁴ Haseena Lockhat, 2004, 'Female Genital Mutilation: Treating the Tears', London: Middlesex University Press

⁵ Excised girls requiring psychological counselling was highlighted by women's organisation attending an Equality Now 'Annual Meeting for Grassroots Activism to End Female Genital Mutilation' which took place from the 20-22 October 2005 in Nairobi, Kenya.

⁶ Behrendt, A. et al, 2005, 'Posttraumatic Stress Disorder and Memory Problems after Female Genital Mutilation', Am J Psychiatry 162:1000-1002