

BREAKING THE SILENCE

Interviews: Janet Graves

Words: Tom Green

When she was eleven years old, Valentine was told by her mother it was 'time to become a woman'. The whole village gathered together and, amid dancing and singing, she and her sister were taken to a clearing. There they were held down by the arms and legs. Valentine recalls feeling every cut of the razor on that day when, she says, 'something about my life was taken away'

Female genital mutilation (FGM) – medically unnecessary removal of or injury to the external female genitalia – affects millions of women and girls around the world and tens of thousands in the UK. Now living in Britain, Valentine was involved in setting up the Mojatu foundation, a non-profit organisation based in Nottingham that raises awareness of issues affecting African and Caribbean communities, including FGM. She's working to inspire other survivors to share their experiences and get involved with breaking the wall of silence around FGM and supporting at-risk girls.

LONG-TERM IMPACT

FGM is typically performed without adequate sterilisation or anaesthetic and can cause severe pain, heavy bleeding and blood poisoning. The longer term effects on physical and psychological wellbeing that follow are often devastating, explains Juliette Albert, Specialist FGM Midwife and Project Lead for the Acton African Well Woman Clinic. She sees women with persistent pain and complex problems in the pelvic region as a result of FGM, many of whom had not previously realised that treatment was available: 'Women think pain is their lot in life. A lot of their pain may not be solved, but we know where they can get the best care possible.'

Although surgery can help some women – one of Albert's patients was relieved of pain after 14 years – it is not possible to undo the physical damage caused by most types of FGM. In all cases Albert's clinic also offers counselling to

help women come to terms with this traumatic event in their adolescence and its knock-on effects on their physical and mental health and their relationships.

Long-term pain is widely recognised as a problem associated with FGM, but there has been only limited research on this topic. A study in Nigeria found that women who had been cut were more than one and a half times as likely to report persistent abdominal pain as those who had not been subjected to FGM. 'The women we see are the tip of the iceberg', Albert says, 'there must be so many women suffering long term pain who are too frightened to seek help'.

CHANCE TO TALK

Hanna, who was cut as a nine-year-old girl while living in Ethiopia, says she has pain on a 'daily basis' in her pelvic area. The pain was made worse by pregnancy and she describes her delivery, which lasted for four days and nights as 'an unforgettable nightmare'. She believes the complications she experienced were related to the effects of FGM not being properly addressed by medical staff: 'The nurses didn't know about it, didn't realise

how much pain I was in.'

Three miscarriages followed the birth of her daughter and she has found it difficult to get appropriate care for her problems: 'they don't have time to give you chance to talk'. She did not realise the pain was related to FGM until she was seen by a GP with a special interest in it.

Training for healthcare professionals on FGM should be mandatory, the people we spoke to all agreed. Ignorance and

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misunderstandings can be both upsetting for FGM survivors and create barriers to accessing healthcare. When having a smear test Valentine was asked by the nurse, 'why did you do this to yourself?'

CULTURE SHIFT

Raising awareness of FGM among those working in healthcare, social work and education will not be easy, but changing perceptions in the communities where the practice is deeply established may be even more challenging. 'People move with their culture', Valentine says, and girls may be sent home for the holidays or even visited by a 'midwife' brought over to UK to perform FGM. Women who have been cut themselves may be unwilling to acknowledge that FGM could be responsible for their pain and can be determined to see their daughters carry on the tradition. Valentine says: 'it's a cultural thing that people want to pass on – they wouldn't want to think it is part of the reason they are suffering'.

Getting men inside is also crucial but requires broaching a subject usually shrouded in secrecy and challenging deeply held views about gender roles and sexuality. Hanna believes FGM has played a part in past relationship troubles with partners unable to understand the damage it has done to her. She says men need 'more education' about the long-term pain, psychological trauma and other complications it can cause.

The first priority has to be ensuring that girls at risk of undergoing the procedure are protected. Attitudes can be changed as Valentine's experiences show. She managed to ensure that none of her nieces in her large extended family were cut and believes that FGM can be eliminated in a generation, if women can be supported to speak out about their experiences. 'It's everybody's business to look after our girls', she says.

This article has been funded by a grant from Rosa: the UK fund for women and girls. You can hear more on this topic in episode 71 of our *Airing Pain* radio programme.

FGM: EVERYBODY'S BUSINESS

- Female genital mutilation (FGM) is a catch-all term for a variety of procedures described by the World Health Organization (WHO) as 'involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.
- In the areas of Africa and the Middle East where FGM is most commonly practiced 125 million women and girls living today have been cut (WHO).
- Across the UK the NHS estimates there are 66,000 women and girls who have experienced some form of FGM and that a further 20,000 girls below 15 years of age are at risk of being subjected to it.

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