



**Your body is perfect  
by nature**

**And you're in charge of it**

**No one has the right to remove parts of another person's body**



**NKVTS**

Informasjon om kjønnslemllestelse  
Engelsk utgave

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The leaflet can be accessed and  
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Printed examples can be ordered  
from [postmottak@nkvts.no](mailto:postmottak@nkvts.no) or  
by telephone 22 59 55 00.

In connection with the Government action  
plan against genital mutilation 2008-2011,  
NKVTS was assigned a national  
competence function to combat genital  
mutilation. NKVTS shall carry out research,  
disseminate knowledge and provide  
advice to professionals working in the field.

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# Your body belongs to you

No one has a right to hurt your body. It's yours, and you're in charge of it. When you're a baby, infant or adolescent, you depend on adults around you understanding this.

Some girls feel the pressure of family wishes and expectations. The family may think that unless a girl's genitals are changed, her honor and respect will be in jeopardy. If this applies to your situation, you need to know that Norway has adopted a law to protect you.

You have a right to be protected from harm. If a part of your body is removed, you can never get it back.

When you become a mother yourself, it is you that must know that your daughter has a body that is perfect by nature. Her genitals are part of her whole self, in which all parts are important.

If you need to talk to someone, or need help, you can find contact information at the end of the leaflet.

**Your body's perfect the way nature made it**



# Genital mutilation endangers your health

Genital mutilation is a physical procedure that changes and removes girls' outer genital parts. There is a large variation in how much is removed. The procedure is most often done when the girls are between 5 and 14 years old; however, infants and girls older than 14 are also exposed.

Genital mutilation is also known as “circumcision”, “sunna”, and there are other names in use. Genital mutilation of girls carries a much higher risk and is far more invasive than circumcising boys. The two procedures are not equivalent, in other words.

Norway bans all forms of genital mutilation. It does not matter whether a lot is removed or only a little – it is just as illegal. There is no good reason to alter the genitalia of healthy girls.

Genital mutilation is harmful to health. Those exposed to the practice can suffer for the rest of their lives. It is prohibited in most countries. In signing international conventions, Norway is committed to abolishing traditions that are harmful to health. In addition, we have legal prohibition against genital mutilation, which is part of our criminal code. The aim of the ban is to protect girls who grow up in Norway from such practices.

Young people may find it hard to talk about genital mutilation because there is such a strong taboo. Girls who have not been cut may also want to learn more about the tradition. They may be worried that sisters or friends are at risk and want to know more. This leaflet tells you:

- What genital mutilation is
- Ideas about genital mutilation
- How the body is created by nature
- Health-related consequences of genital mutilation
- Laws against genital mutilation
- How to get help



# Ideas about genital mutilation

**Those that practice genital mutilation offer various reasons for why they believe the custom is necessary. Below, we refute some of the most common perceptions.**

## **Genital mutilation protects the girl's sexual morality**

Genital mutilation does not reduce sexual desire, because the desire for sex is also in the mind and imagination. Genital mutilation does not prevent sex before marriage and does not protect from infidelity. It is no harder to be sexually virtuous and faithful when the genitalia have not been changed. Refraining from sexual relations before or outside marriage is a question of attitudes and values.

## **Genital mutilation is an old tradition, and everybody does it. To avoid being different, girls' genitalia should be cut.**

The majority of the world's population does without genital mutilation. Information on the harmful effects has led increasing numbers to criticize and condemn the procedure - also in societies where it used to be prevalent.

## **"...But we're only going to take a snippet"**

In areas where extensive genital mutilation was traditionally practiced, many wish to move towards a less invasive procedure; this is often referred to as «sunna». Despite the fact that this is referred to as a minor procedure, sunna normally includes removal of tissue from the clitoris and inner labia, often combined with a few stitches. There is no agreement between parents, circumcisers or religious leaders on the definition of sunna, and the procedures are frequently more extensive than many believe. All forms of the procedure are therefore prohibited.

## **Uncut women won't find a husband**

Many men from countries where genital mutilation is widespread are aware of the dangers to health, and therefore do not want

this procedure for their spouse. Girls have the right to respect, regardless of whether or not they have been subject to genital mutilation.

**Genital mutilation is required by religion**

No religion requires the genital mutilation of girls and women. On the contrary, many religions advise us not to do damage to nature. Some Muslims believe Islam supports female genital

mutilation. But most Muslims do not practice the custom.

**It is right to obey your parents and tradition**

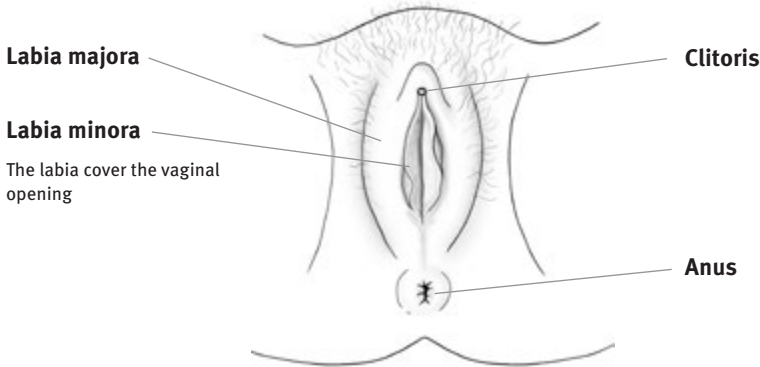
Harmful customs must be combated. Female genital mutilation is harmful and illegal. If your parents want to have you cut, even if it's because they love you, you have a legal right to refuse. You can get help to resist: see the details at the end of the leaflet.



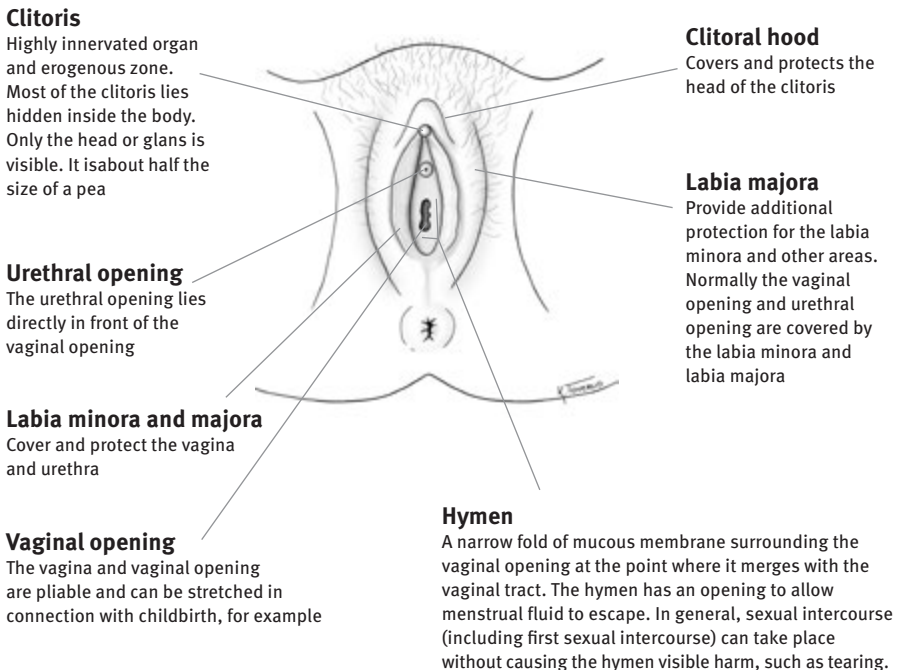
# How the body is put together

## Natural female sexual organs

It is unnecessary to remove parts or to close any part of the female sex organs. The female sexual organs have specific functions and the body is optimally equipped. Cutting the female genitalia harms the body's natural ability to perform these functions.



The clitoris, vaginal opening and urethral opening are fully visible only when the labia are drawn aside.



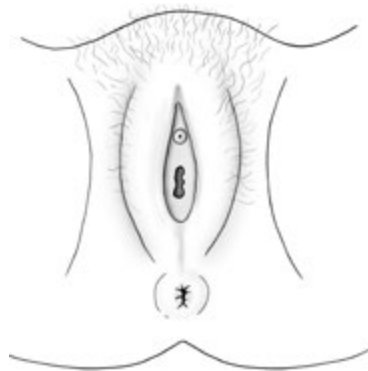


# Types of female genital mutilation

This classification of female genital mutilation is based on the World Health Organization's typology. In the real world, the different types will merge into one another and often overlap.

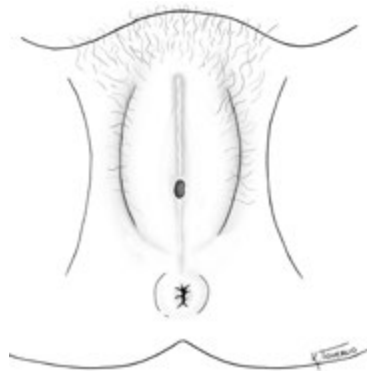
**Type I:** Clitoridectomy: partial or total removal of the clitoris.  
Sometimes difficult to ascertain.

**Type II:** Excision: partial or total removal of the clitoris and the labia minora.



**Type II**

**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, and sometimes outer, labia, with or without removal of the clitoris.



**Type III**

**Type IV:** Other: all other procedures that alter the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

# Impact on health

The type of complications and whether they occur depends on the type of procedure, the age of the girl, and other factors such as the physical environment, standards of hygiene etc. Attitudes in the family, community and at the place of residence also play a role. Whether the procedure is performed at a hospital or traditionally, both are likely to cause complications. Some complications are short-term or acute, others develop over the longer term and can become chronic.

Serious complications can arise from all types of genital mutilation:

- Extreme pain
- Bleeding that can be life-threatening
- Life-threatening infections
- Fractures and other injuries caused if the girl has to be forcibly restrained due to the pain
- Shock

## Overview of long-term complications from various forms of genital mutilation

### **Type 1 and 2: Clitoridectomy and excision** (also known as *tahoor*, *tahara* and *sunna*)

- **Infections:** On removal of the labia, the sexual organs are more exposed and vulnerable to infection
- **Nodules:** Glands can be blocked and form nodules that grow over time
- **Cysts:** Nodules can become infected, painful and uncomfortable
- **Scar tissue:** After genital mutilation, scar tissue is formed that can be thick, hard and uncomfortable. In some, scar tissue can grow and form large lumps.
- **Sexuality:** The pleasure senses in the sexual organ can be reduced due to impaired sensitivity or pain
- **When giving birth:** Scar tissue makes the tissue less elastic, which increases the risk of uncontrolled tearing of the skin

- **Anxiety and trauma:** Pain and memories of pain, fear and helplessness when being restrained can cause painful memories later in life. For example, this can occur in connection with sexual activity, birth or gynecological examinations.

**Sunna is often explained as a minor and risk-free procedure. This is not correct. In practice, the clitoris is almost always removed and the labia minora fully or partially. In addition, the labia minora and labia majora are often sewn or grow together – which in practice makes the procedure an infibulation.**

### **Type 3: Infibulation**

(also known as *faraon*)

In addition to the complications stated in types 1 and 2, those subjected to infibulation can also experience:

- **Infections and pain:** When the labia majora have grown together, this prevents menstrual blood from draining. Urine and fluid thus build up inside the body. This can cause pain when urinating and menstruating. A build up of blood in the vagina can lead to pain and infections.
- **Internal injuries:** The pressure from the build-up of urine and blood and the consequences of spreading infections can lead to changes and injury to internal organs. The build-up of urine can cause bladder stones – and in serious cases kidney stones. Urine can also enter the vagina.
- **Difficulty in becoming pregnant:** Some studies indicate that the risk of infertility increases with the extent of genital mutilation.
- **Sexuality:** The infibulation must be opened to have sexual intercourse. Scar tissue or nerve endings can mean that contact is painful or one is oversensitive. Sexual intercourse can be painful and difficult.
- **During childbirth:** The infibulation must generally be opened to allow room for the baby during childbirth.

**The more extensive the infibulation, and the longer the time that passes from infibulation until opening, the greater the risk of serious injury.**

# History and prevalence

No one knows exactly how or why the custom of female genital mutilation actually started. What we do know is that it has been around for several thousand years and pre-dates both Christianity and Islam.

FGM is practiced by Muslims, Christians and other faith communities. All the same, most Muslims and most Christians in the world do not have their own daughters cut.

## **No religion or faith requires girls to be cut**

Most ethnic groups that practice genital mutilation have done so for generations and the custom has become part of their culture. It is an old tradition and surrounding society often imposes pressure to carry out the procedure. In many societies, genital mutilation is intended to control women's sexuality. A lack of knowledge, particularly concerning the medical complications, is a contributing reason why genital mutilation is still practiced.

The custom is widespread in a broad band of the African continent, but is also practiced by peoples in the Middle East, Indonesia, Malaysia and India.

WHO estimates that, on a global basis, there are 200 million genitally mutilated girls and women and that approximately three million girls are genitally mutilated every year. On a global basis, approximately 90 percent are type I and II, and 10 percent type III. In Norway, most incidences are type III, as we have the greatest number of immigrants from countries where this type is most prevalent.

## Which countries practice genital mutilation?

The table below shows the national prevalence of genital mutilation. In most countries there are major internal variations – both in relation to types of genital mutilation and extent. The overview is based on mapping tools employed by large international organizations that work directly in combating genital mutilation, among them UNICEF, UNFPA, UNPD, USAID and WHO.

< 19 %	20-49 %	50-79 %	80-100 %
Benin	Ivory Coast	Burkina Faso	Djibouti
Ghana	Guinea-Bissau	Ethiopia	Egypt
Iraq	Kenya	Gambia	Eritrea
Yemen	Nigeria	Indonesia	Guinea
Cameroon	Senegal	Liberia	Mali
Niger	Central African Republic	Mauritania	Sierra Leone
Tanzania	Chad		Somalia
Togo			Sudan
Uganda			

In addition, some less extensive studies have reported that genital mutilation is practiced among some groups in, among other countries, Iran, Malaysia, Oman, United Arab Emirates and Thailand.

For further statistics, see: [kjonnslemlestelse.nkvts.no](http://kjonnslemlestelse.nkvts.no)

# What the law says

From 1 October 2015, the Penal Code contains new regulations with a prohibition against genital mutilation. This replaces the former ad hoc law against genital mutilation from 1995. The prohibition in the Penal Code against genital mutilation applies to all those resident in Norway. This means that it is also against the law to genitally mutilate girls when they are in a foreign country. The objective of the prohibition is to protect girls from the practice of genital mutilation.

## Prohibition

If you are subjected to genital mutilation whilst you are in Norway and your parents could have prevented it, your parents have broken the law. Both the person carrying out the genital mutilation and those aiding and abetting can be punished. This means that parents, or others, are not permitted to take you anyone who will carry out the procedure, either in Norway or another foreign country. This applies regardless of whether you yourself wish to be genitally mutilated.

If you live with anyone else other than your parents, they may feel a responsibility for you undergoing the procedure. They wish to show that they do what they believe is expected of them. It can also be important to be aware of the danger of you being genitally mutilated if you are on holiday with your grandparents or others in the country from which you or your parents originate.

The law also prohibits reinstating a previous genital mutilation. I.e., it is against the law to sew closed a woman who has previously been sewn closed and opened in connection with childbirth.

### **Section 284. *Genital mutilation***

A penalty of imprisonment for a term not exceeding six years shall be applied to any person who performs a procedure on the genitalia of a woman that damages the genitalia or permanently modifies them. Reestablishment of genital mutilation is subject to the same penalty.

Consent does not exempt from a penalty.

A penalty of a fine or imprisonment for a term not exceeding one year shall be applied to workers and employees in day-care centers, the child welfare service, the social service, the health and care service, schools, the before- and after-school care service and belief communities who fail to seek to avert a genital mutilation by making a report to the police or otherwise. The same applies to elders and religious leaders of belief communities. The duty to avert applies irrespective of any duty of confidentiality. Such failure is not subject to a penalty if the genital mutilation is not carried out and no punishable attempt to do so is made.

### **Section 285. *Aggravated genital mutilation***

The penalty for aggravated genital mutilation is imprisonment for a term not exceeding 15 years.

In determining whether the genital mutilation is aggravated, particular weight shall be given to whether the procedure resulted in

- a) illness or work incapacity of some duration; see section 274,
- b) an incurable defect, flaw or injury, or
- c) death or considerable harm to body or health.

## **Duty to avert or prevent the procedure**

The duty to avert or prevent the procedure places a duty on various employees in the public and private sector to attempt to avert or prevent genital mutilation from taking place.

If such employees learn that someone risks genital mutilation, they are required by law to attempt to avert or prevent the procedure, for instance by alerting the child welfare authorities or the police. This duty takes precedence over any duty of confidentiality.

**It is a punishable offence to conspire in the genital mutilation of a person or to neglect to avert or prevent genital mutilation from taking place. It is not illegal to be genitally mutilated, however.**

## **Duty to report information**

Genital mutilation is a serious infringement of the duty of care. In addition to a duty to prevent genital mutilation, public and private employees have a statutory duty to report infringements of the duty of care (i.e. child neglect) to the child welfare service. Situations can arise in which you yourself risk genital mutilation, or your sisters might be at risk, or you or your siblings may be suffering from post-procedure complications but are not receiving necessary medical attention.

## **Provision of counselling services and voluntary health examination**

From 2010, all municipalities in Norway have offered gynecological examinations to all girls and women with backgrounds from areas in which the prevalence of genital mutilation is 30 percent or higher. All will be offered the examination within one year of coming to Norway.



Parents from these countries will be offered advice about female genital mu- tilation when their daughter(s) start school and begin in fifth grade. They will also be able to have their daughters' health examined. Girls in upper secondary school will have an opportunity to talk to a counsellor and take a voluntary health examination.

Before the examination can be conducted, written consent must be obtained. Girls up to 12 years old can undergo the examination on consent from their parents. Girls aged between 12 and 16 will be assessed by the professional carrying out the examination as to whether they are themselves responsible enough to give their consent. In such case, the girl herself will be able to request a gynecological examination. From and including 16 years of age the girl herself can give consent.



For many, female genital mutilation remains a well-kept secret. It is useful to know then that school nurses (helsesykepleier) and doctors know about the subject and have a duty of confidentiality. Voluntary organizations and government agencies can also help if you think you are at risk of being genitally mutilated. They can answer your questions without having to know your name or who you are.

### **You can get help from the following:**

- A health nurse or school counsellor at school or in the municipality where you live
- Your personal doctor or another doctor
- Red Cross helpline, tel. 815 55 201 – you can remain anonymous when calling
- Alarm telephone number for children and young people, tel. 116 111
- Midwife at the health clinic in connection with pregnancy
- Professional team dedicated to combating forced marriage, genital mutilation and negative social coercion, 478 09 050.
- Police, call 02800.

### **Websites where you can find information:**

**ung.no      seif.no      kjonnslemlestelse.nkvts.no**

### **Health regions and provision of health assistance:**

In every region there is at least one women's clinic that has the special responsibility for the follow-up of girls and women that have been genitally mutilated. They offer consultations, examinations, treatment and if applicable, opening surgery that can be performed as day surgery. You can contact them directly or be referred by a doctor, health nurse or midwife. They have a duty of confidentiality and will be able to answer any questions.

**University Hospital of North Norway, Tromsø.** Contact the switchboard tel. no. 77 62 60 00 or gynecological outpatient clinic, tel. no. 77 62 70 57.

**Haukeland University Hospital, Bergen.** Contact the switchboard tel. no. 55 97 50 00 or gynecological outpatient clinic, tel. no. 55 97 42 36.

**St. Olavs Hospital, Trondheim.** Contact the switchboard tel. no. 72 57 30 00 or women's clinic, tel. no. 72 57 12 12.

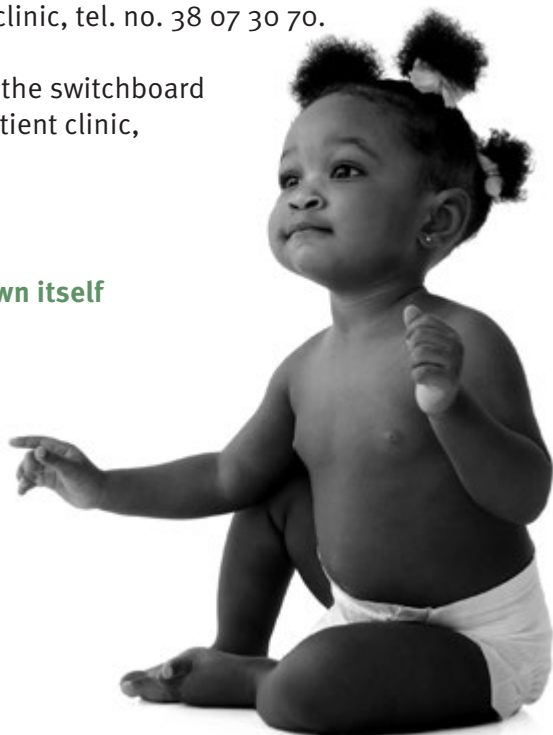
**Stavanger University Hospital.** Contact the switchboard tel. no. 51 51 80 00 or women's clinic, tel. no. 51 51 94 10.

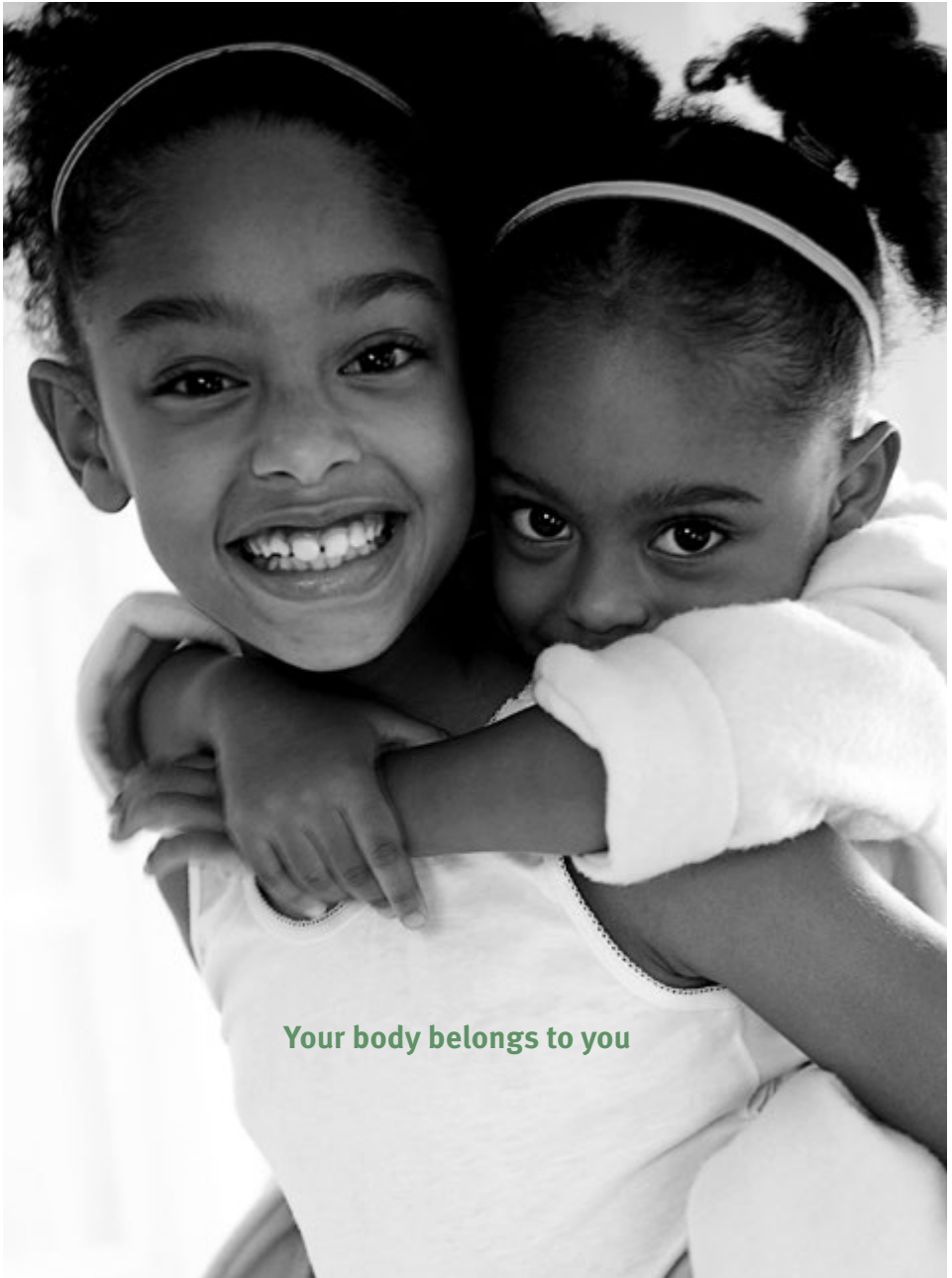
**Oslo University Hospital Ullevål.** Contact the switchboard tel. no. 22 11 80 80 or women's clinic, tel. no. 22 11 98 44.

**Sørlandet Hospital, Kristiansand.** Contact the switchboard tel. no. 38 07 30 00 or women's clinic, tel. no. 38 07 30 70.

**Vestre Viken, Drammen.** Contact the switchboard tel. no. 03525 or maternity outpatient clinic, tel. no. 32 80 46 06.

**Help the child to own itself**





Your body belongs to you