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# **“SHATTERING THE BLADE” SOCIAL WORKERS CONFRONTING FEMALE GENITAL MUTILATION**

AUTHORED BY - GAURI SINGH<sup>1</sup> & SHAMBHAV TIWARI<sup>2</sup>

## **Abstract**

*Female Genital Mutilation (FGM) is a harmful practice rooted in cultural traditions, impacting millions of women worldwide and resulting in significant physical and psychological harm. Despite the presence of legal frameworks and advocacy efforts, FGM persists in many regions, creating challenges for social workers involved in its prevention and in providing support to survivors. This paper examines the role of social workers in combating FGM through education, community outreach, and advocacy for policy reform. The research is based on a qualitative review of current literature, case studies, and international reports on social work interventions in areas affected by FGM. Social workers are key in implementing culturally appropriate strategies, delivering trauma-informed care, and pushing for legal reforms. Collaborations with healthcare providers, NGOs, and community leaders strengthen efforts to eradicate FGM. While social workers are essential in confronting FGM, continued efforts in education, legal advocacy, and community-led initiatives are crucial for effectively eliminating the practice and supporting survivors.*

**Keywords:** *Female Genital Mutilation, Social Workers, Cultural Competence, Trauma-Informed Care, Human Rights, Legal Advocacy, Community Empowerment*

## **Introduction**

Female Genital Mutilation (FGM) refers to the non-medical, often ritualistic practice of cutting or altering female genitalia. The World Health Organization (WHO)<sup>3</sup> defines FGM as procedures that intentionally modify or cause injury to female genital organs without any health-related reasons. Globally, FGM is recognized as a violation of the rights of women and girls, particularly as it is commonly performed on minors who are not capable of giving informed consent. FGM is categorized into four primary types, each differing in the level of

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<sup>3</sup> World Health Organization: WHO. (2024b, February 5). *Female genital mutilation* <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

severity and impact:

**Type I: Clitoridectomy** – This involves the partial or total removal of the clitoris and/or the surrounding tissue (prepuce). The immediate effects include intense pain and infection, with long-term impacts on sexual health and complications during childbirth.

**Type II: Excision** – This entails the partial or complete removal of the clitoris and the labia minora, sometimes accompanied by the removal of the labia majora. In addition to the physical harm, this type is associated with deep psychological trauma, chronic pain, urinary difficulties, and heightened childbirth risks.

**Type III: Infibulation** – The vaginal opening is narrowed by cutting and repositioning the labia, sometimes involving removal of the clitoris. This is the most extreme form, causing lifelong complications, including severe pain, issues with menstruation and intercourse, as well as increased risks during childbirth.

**Type IV: Other Harmful Procedures** – This category includes any non-medical procedures that damage the female genitalia, such as pricking, piercing, cutting, scraping, or cauterizing. While less invasive than Types I-III, these practices still pose significant risks of infection, scarring, and psychological trauma.

**Global Prevalence:** FGM is a widespread issue, though its occurrence varies by region. WHO estimates that over 200 million girls and women globally have undergone FGM, predominantly in 30 countries across Africa, the Middle East, and parts of Asia. In nations such as Somalia, Guinea, and Djibouti, more than 90% of women have experienced FGM. Countries like Egypt, Sudan, Ethiopia, and Mali also report alarmingly high rates.

**Africa:** West, East, and North Africa have the highest concentrations of FGM, with countries like Somalia, Sudan, and Egypt leading the rates globally.

**The Middle East:** The practice occurs in places like Yemen and Iraq, though it is less common compared to African nations.

**Asia:** Some regions of Indonesia, Malaysia, India, and Pakistan practice FGM, but its prevalence remains under-reported.

**Western Countries:** Due to migration from regions where FGM is practiced, the custom has spread to Western nations like the U.S., Canada, Australia, and European countries (e.g., the UK, France, Germany). Though illegal, FGM continues covertly, sometimes during visits to home countries, often referred to as “vacation cutting.”

### **Purpose of the Paper**

This paper aims to examine how social workers confront and fight against FGM through

advocacy, education, and direct intervention. It will also explore the ethical challenges that arise when addressing such a culturally entrenched practice and identify the strategies that social workers use to protect vulnerable individuals while being mindful of cultural contexts. Specifically, the paper will:

- Analyze the responsibilities and methods social workers use to prevent and reduce the impact of FGM.
- Explore how social workers manage the tension between respecting cultural traditions and advocating for universal human rights, especially when safeguarding girls and women from harm.
- Investigate successful case studies and interventions that demonstrate the positive impact social workers have in at-risk communities and in supporting survivors.

***Research Questions:*** *To guide the analysis, the following research questions will be explored:*

#### **What is the current state of FGM globally?**

This question aims to provide a thorough understanding of the prevalence, geographic distribution, and social context of FGM. It will investigate the cultural, religious, and societal factors that contribute to its continuation, pinpointing regions where FGM is still common and communities that are particularly at risk. Additionally, it will analyze global and regional trends, including how migration has highlighted this issue in Western countries. Such insights are vital for framing the role of social workers in tackling FGM.

#### **What roles do social workers play in preventing and addressing FGM?**

Social workers are crucial in combating FGM, serving as advocates, educators, counselors, and protectors. This research will examine their specific duties at various stages of prevention and intervention. It will investigate how social workers educate communities about the dangers of FGM, advocate for legal changes, and support survivors through rehabilitation. Furthermore, this section will consider their involvement in legal advocacy and collaboration with healthcare providers, law enforcement, NGOs, and community leaders to develop comprehensive strategies for eradicating FGM.

#### **What challenges do social workers face, and what strategies have been successful?**

Social workers face several challenges in addressing FGM, including cultural resistance, ethical dilemmas, legal hurdles, and community pushback. A major challenge is finding a

balance between respecting cultural practices and ensuring protection for individuals. This research will investigate how social workers navigate this balance, engaging communities while promoting change. Additionally, mandatory reporting laws may conflict with the trust-building needed to connect with communities that practice FGM<sup>4</sup>. This section will showcase how social workers have successfully addressed these challenges, featuring case studies of effective practices. Strategies such as culturally sensitive education, community involvement, survivor advocacy, and legal reforms will be discussed to demonstrate how social workers can reduce FGM while empowering communities to adopt change.

By exploring these research questions, this paper will provide an in-depth analysis of the global efforts to eliminate FGM and highlight the essential role that social workers play in protecting and empowering at-risk individuals. It will examine the successes and challenges social workers encounter in this field and offer insights into how the profession can evolve to combat FGM more effectively in the future.

### **Literature Review and Legislation**

FGM is a worldwide concern and lays the groundwork for examining the role of social workers in combating it. This section provides a comprehensive overview of the issue as a global and domestic concern and explores how social workers can contribute to addressing the

#### **Historical Context of FGM**

**Ancient Roots:** FGM is an ancient practice that dates back over 2,000 years, primarily originating in Egypt and the Horn of Africa. Initially, it served as a cultural rite of passage for girls transitioning into womanhood without any specific religious ties. Over time, it became associated with societal norms aimed at regulating women's sexuality to ensure virginity before marriage and fidelity afterward.

**Cultural Context and Justifications:** FGM is embedded in various cultural, social, and religious practices that differ by region. Recognizing the underlying reasons for these customs is essential for social workers addressing FGM. In many societies, FGM is viewed as a crucial rite of passage symbolizing the transition from girlhood to womanhood. It is often seen as necessary for social acceptance and marriageability, making it a deeply ingrained tradition that

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<sup>4</sup> Female Genital Mutilation, Facts Sheet, WHO accessed on March 16, 2017 <http://www.who.int/mediacentre/factsheets/fs241/>

is hard to challenge<sup>5</sup>.

**Social Justifications:** Women often feel social pressure to conform to FGM practices to avoid stigma or exclusion. Not undergoing FGM can result in reduced social and economic opportunities, reinforcing traditional gender roles that expect women to be submissive and loyal.

**Religious Justifications:** Although no major religion prescribes FGM, it is often incorrectly linked to religious practices. Some communities mistakenly believe that FGM aligns with their religious doctrines, despite many religious leaders denouncing the practice. It is sometimes viewed as a means to ensure sexual purity by suppressing desire.

**Misconceptions about Health and Hygiene:** Some cultures believe that FGM promotes cleanliness and fertility, despite the absence of medical evidence to support these claims, perpetuating the practice through false health benefits.

### **Health and Psychological Impacts of FGM**

**Medical Consequences:** FGM poses serious health risks, including severe pain, infections, and even death in extreme cases. The lack of sterile conditions during the procedure increases these risks.

**Long-Term Complications:** Survivors may suffer from chronic pain, sexual dysfunction, and complications during childbirth, with increased risks of maternal and infant mortality.

**Psychological Impact:** Many survivors experience post-traumatic stress disorder (PTSD), anxiety, and depression, particularly if the procedure occurred during childhood. Emotional scars can be exacerbated by social isolation and shame.

**Intergenerational Trauma:** Mothers face difficult choices about whether to subject their daughters to FGM, weighing cultural expectations against the potential for social ostracism.

**Social Ramifications:** Refusing FGM can lead to social exclusion, particularly regarding marriage prospects, resulting in stigma and isolation from both traditional and Western communities.

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<sup>5</sup> Female Genital Mutilation, Facts Sheet, WHO accessed on March 16, 2017 <http://www.who.int/mediacentre/factsheets/fs241/>

### **Legislation and Human Rights Perspective**

**International Legal Frameworks:** Various international instruments recognize FGM as a violation of human rights, urging member states to criminalize the practice. Key frameworks include CEDAW and the African Union's Maputo Protocol.

**National Laws and Enforcement:** Many countries have laws against FGM, but enforcement is often inadequate. For example, nations like Kenya and Senegal have enacted anti-FGM laws, while the practice remains a challenge to prosecute due to its secretive nature.

**Human Rights Violation:** FGM violates individuals' rights to bodily autonomy and gender equality, constituting a form of gender-based violence that disproportionately affects women and girls, restricting their freedoms and autonomy.

**Legal Framework in India:** India currently lacks specific laws that directly prohibit FGM. This legal ambiguity allows the practice to occur covertly, limiting avenues for justice for survivors.

Although there are no laws explicitly against FGM, several existing provisions can address it:

- *Bhartiya Nyaya Sanhita (BNS):* This legislation addresses causing hurt and grievous harm, which can apply to FGM cases.
- *Protection of Children from Sexual Offences Act (POCSO), 2012:* This act defines and penalizes sexual assault on minors, which may apply to FGM involving minors.
- *Juvenile Justice Act, 2015:* This act protects children from harmful practices, including FGM.
- *Constitution of India<sup>6</sup>:* Articles 21 and 14 safeguard the right to life and personal liberty and the right to equality, potentially offering protection against FGM.

### **Role of Social Workers in Confronting Female Genital Mutilation**

Social workers are vital in combating Female Genital Mutilation (FGM) through various strategies, including education, advocacy, psychological support, and community engagement. Their work not only addresses the immediate needs of survivors but also aims to transform the cultural and legal landscapes that allow FGM to continue.

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<sup>6</sup> Female Genital Mutilation/Cutting in India: an urgent need for intervention. (2022b, May 17). LSE Human Rights. <https://blogs.lse.ac.uk/humanrights/2022/05/06/female-genital-mutilation-cutting-in-india-an-urgent-need-for-intervention/#:~:text=As%20demonstrated%2C%20FGM%2FC%20severely,educate%20people%20about%20its%20ramifications.>

### **Education and Advocacy**

**Raising Awareness:** Social workers educate communities where FGM is prevalent about its health risks and legal status, particularly targeting women and girls. They challenge cultural norms by organizing workshops and discussions to highlight the dangers of FGM, including physical and emotional trauma.

**Culturally Sensitive Advocacy:** Recognizing the deep cultural roots of FGM, social workers balance respect for community values with advocacy for women's rights. They collaborate with local leaders and religious figures to promote change while emphasizing that rejecting FGM does not mean abandoning cultural identity.

### **Support and Rehabilitation**

**Emotional Support:** Survivors of FGM often suffer from severe psychological trauma. Social workers provide essential emotional support, helping them process their experiences and heal from conditions such as anxiety and PTSD through trauma-informed care.

**Comprehensive Rehabilitation:** Social workers are involved in rehabilitation programs that combine medical care, emotional therapy, and social reintegration. They collaborate with healthcare professionals to ensure survivors receive necessary medical treatment and facilitate support groups to connect survivors with others facing similar challenges.

### **Policy and Legal Advocacy**

**Shaping Policies:** Social workers advocate for stronger legal protections against FGM, working with governments and organizations to push for its criminalization in areas where it remains prevalent. They ensure that new laws are effectively enforced and that survivors have access to justice and rehabilitation.

**Collaboration with NGOs and Lawmakers:** By partnering with lawmakers and NGOs, social workers raise awareness about FGM's consequences and contribute to drafting legislation aimed at eradicating the practice. Their collaborations help coordinate efforts at local, national, and global levels.

### **Community Engagement and Empowerment**

**Promoting Alternative Ceremonies:** Social workers encourage communities to adopt non-

harmful alternatives to FGM that still hold cultural significance. By working with community leaders, they help create rites of passage that celebrate womanhood without the associated violence.

**Empowering Women and Leaders:** Empowerment is central to combating FGM. Social workers train and support women and local leaders to challenge the practice, fostering a network of advocates for change within the community.

### **Working with Migrant and Refugee Communities**

**Addressing Challenges:** Social workers face unique challenges in migrant communities, where FGM may be practiced. They navigate the tension between cultural traditions and the legal frameworks of their new countries, offering respectful interventions that protect women and girls.

**Cultural Diversity in Prevention:** Collaborating with community groups and healthcare providers, social workers develop prevention strategies that honor cultural diversity while educating families about the legal implications of FGM. Building trust within these communities is crucial, as fears of legal repercussions can deter families from seeking help.

### **Ethical Challenges and Dilemmas**

FGM is a significant global issue affecting millions of women and girls, often rooted in deep cultural, religious, and social beliefs. Social workers play a vital role in addressing FGM through prevention, intervention, and advocacy, but they encounter ethical challenges, such as respecting cultural traditions while protecting human rights and managing confidentiality in the context of mandatory reporting.

#### **Cultural Relativism vs. Human Rights**

Cultural relativism suggests that norms and practices, such as FGM, should be understood within their cultural contexts. However, this perspective often conflicts with universal human rights principles that regard FGM as a violation of bodily autonomy and dignity. Social workers must navigate the tension between respecting cultural beliefs and advocating for human rights.

**Ethical<sup>7</sup> Dilemmas:** Social workers face the challenge of reconciling respect for cultural

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7 Newell-Jones, K., Pallitto, C., & World Health Organization. (2021b). *Ethical considerations in research on female genital mutilation*. World Health Organization.

practices with the obligation to protect human rights. In some communities, FGM is seen as a rite of passage or a religious duty, which can make interventions feel like an imposition of foreign values. At the same time, FGM is recognized as a harmful practice that infringes on fundamental rights, including the right to health and freedom from torture. Social workers have a professional duty to protect vulnerable individuals, often putting them in conflict with traditional practices.

**Navigating the Balance:** To effectively address FGM, social workers must balance cultural sensitivity with human rights advocacy. Condemning FGM outright may alienate communities, hindering positive change. Instead, promoting open dialogue and education can facilitate gradual shifts in mindset. Engaging community leaders can help identify alternative practices that respect cultural traditions without causing harm.

### **Confidentiality vs. Mandatory Reporting**

Confidentiality is a cornerstone of social work, but the ethical obligation to protect individuals from harm may require social workers to breach confidentiality, especially in cases involving minors at risk of FGM. This ethical dilemma is particularly complex in migrant communities, where FGM may be practiced secretly, and families may expect confidentiality. To manage this, social workers must understand their legal obligations and communicate their reporting duties clearly to families. Collaborating with healthcare providers and legal authorities can help develop preventive measures that protect at-risk individuals while maintaining community trust.

**Power Dynamics and Trust:** Patriarchal structures often dominate communities where FGM is practiced, placing women and girls in vulnerable positions and limiting their authority to oppose the practice. Social workers must navigate these entrenched power dynamics, which can provoke resistance from both male leaders and women who may view FGM as necessary for social status.

To build trust and foster change, social workers should engage in long-term relationships with the community, listen to their concerns, and collaborate with respected local figures. Empowering women and girls by educating them about their rights and providing advocacy

tools is crucial for shifting power dynamics. Facilitating dialogue between men and women can also help raise awareness about the harms of FGM and promote understanding within the community.

### **Case Study and Interventions**

Name: **Shamsa Araweelo**<sup>8</sup>

Native: **Mogadishu, Somalia, Africa** Age (when mutilated): **6 years old**

Type of Mutilation: **Type 3 (Infibulation) Series of Events:**

She was born in Somalia and underwent FGM at the age of 6. Older women of her family (her aunts), along with her uncle, were present in the room. First, her cousin sister went; she didn't quite see what happened but heard screams that frightened her.

When it was her turn, she tried to escape but was held down by her uncles and aunts. It was within seconds that she started feeling excruciating pain, and eventually, her body became numb. She witnessed near her a jar kept containing flesh-like objects (clitoris, labia, skin) covered in blood. She was completely disgusted by the site.

In the following days, she felt unbearable pain while walking and urinating. When she was facing problems, she was not taken to the hospital for any checkups.

When she turned 9, she got periods (quite early), which was painful as she was so young. Due to a lack of research, even medical professionals refrained from giving her any help. Physical problems: Bleeding, Pain while urinating, scarring, Pain while walking, Pain during period. Psychological problems: Low self-esteem, Depression, Post-traumatic stress disorder

In 2016, a social work team attempted to intervene in a rural Upper Egyptian village, aiming to reduce FGM through education, policy advocacy, and protective measures.

### **Challenges Faced During Intervention**

Community Resistance: Social workers encountered strong opposition, particularly from older generations who viewed FGM as a cultural and religious necessity. Many mothers believed

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<sup>8</sup>LADbible TV. (2022b, July 10). *How I suffered female genital mutilation / Minutes with | @LADbible* [Video]. YouTube. <https://www.youtube.com/watch?v=kFpOHYQlz24>

FGM was essential for their daughters' marriage prospects and moral integrity, making it challenging for social workers to foster trust and discuss the issue without being seen as outsiders.

**Lack of Legal Enforcement:** Despite existing laws against FGM in Egypt, enforcement was weak in rural areas. Reports made by social workers often went ignored by local authorities, influenced by personal beliefs or fear of backlash from community leaders. Additionally, legal loopholes allowed FGM to persist under the guise of medical procedures, complicating efforts to combat the practice.

**Complicity of Health Providers:** Healthcare professionals often performed FGM, framing it as a medical necessity. This complicity made it difficult for social workers to intervene, especially when parents supported these procedures, reinforcing the medicalization of FGM and hindering legal enforcement and attitude shifts.

**Stigmatization of Survivors<sup>9</sup>:** Survivors who spoke out faced severe stigma, making it hard for social workers to provide safe spaces for them. Girls resisting FGM were often ostracized by their families, and social workers had limited resources to offer long-term support.

**Outcome of Interventions:** Despite these challenges, the social work team made gradual progress through continuous dialogue and advocacy. They trained local women as peer educators, empowering them to become advocates for change. While the reduction in FGM was slower than anticipated, the groundwork for future interventions was laid by establishing trust and partnerships with local religious leaders and educators. This case highlights the complexities of addressing FGM in culturally entrenched contexts, where legal actions alone are insufficient without broader societal transformation.

### **Successful Intervention in a Community**

**Education and Awareness Campaigns:** The intervention began with culturally sensitive workshops in schools and community centers aimed at debunking misconceptions about FGM and highlighting its severe physical and psychological effects. The involvement of local women who shared their experiences as survivors significantly shifted community attitudes.

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<sup>9</sup> The Avenue Mail. (2024b, February 5). Female Genital Mutilation: Stigma for a civilized society. *The Avenue Mail*. <https://avenuemail.in/female-genital-mutilation-stigma-for-a-civilized-society/#:~:text=Victims%20of%20FGM%20face%20numerous,during%20%20childbirth%2C%20mental%20problems%2C%20sexual>

**Alternative Rites of Passage (ARP):** A vital part of the intervention was the introduction of an ARP program, allowing girls to transition to adulthood without undergoing FGM. Social workers collaborated with community elders and religious leaders to create a culturally relevant, harm-free ceremony that included life skills education and health training, providing legitimacy to this new tradition.

**Engaging Local Leaders and Men:** Social workers prioritized engaging male leaders, such as fathers and elders, who traditionally held decision-making power regarding FGM. Facilitated discussions educated these leaders on the health risks associated with FGM, leading many to reconsider their support for the practice.

**Advocacy for Policy Enforcement:** Alongside community engagement, social workers advocated for stricter enforcement of laws prohibiting FGM, working with law enforcement to hold offenders accountable and protect victims and their families.

**Outcome of the Maasai Community Intervention:** Within five years, there was a notable decline in FGM rates in the community. The ARP program gained widespread acceptance, with over 500 girls participating in the alternative rite of passage. School enrollment and retention for girls increased as families began prioritizing education over harmful cultural practices. The active involvement of respected community leaders was crucial in transforming social norms, demonstrating that collaborative and culturally sensitive interventions can lead to meaningful change.

### **Recommendations for Social Workers**

**Specialized FGM Training<sup>10</sup>:** Social workers should undergo comprehensive training on Female Genital Mutilation (FGM), covering its types, cultural significance, and the associated physical and emotional impacts. This preparation will equip them for both prevention initiatives and support for survivors.

**Cultural Understanding:** Given that FGM is closely linked to cultural traditions, social workers must cultivate a strong cultural awareness. Understanding the societal values and pressures that perpetuate FGM is essential for fostering respectful dialogue and building trust within

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<sup>10</sup> Training – National FGM Centre. (n.d.-b). <https://nationalfgmcentre.org.uk/training/>

communities, which is critical for facilitating change.

**Trauma-Informed Care:** Many survivors of FGM experience profound psychological trauma in addition to physical harm. Social workers should be trained in trauma-informed care to recognize the emotional needs of survivors, create a safe recovery environment, and offer compassionate support without adding to their distress.

**Advocacy for Legal Reforms:** Social workers are instrumental in advocating for stronger legal measures against FGM at both local and global levels. Although many countries have laws prohibiting FGM, enforcement is often lacking. Social workers can collaborate with policymakers to push for more stringent laws and ensure that violators are held accountable.

**Advocacy for Legal Reforms:** Social workers are instrumental in advocating for stronger legal measures against FGM at both local and global levels. Although many countries have laws prohibiting FGM, enforcement is often lacking. Social workers can collaborate with policymakers to push for more stringent laws and ensure that violators are held accountable.

**Local Collaboration:** At the community level, social workers can team up with local leaders and legal experts to ensure existing laws are enforced, protect survivors, and enhance awareness of FGM within schools and law enforcement.

**Comprehensive Approach:** Effectively addressing FGM requires a multi-sector collaboration. Social workers should partner with:

- Healthcare professionals for medical care and early identification of FGM cases.
- Educators should promote awareness in schools and communities.
- Community leaders and religious figures challenge cultural norms surrounding FGM.
- NGOs for additional support, resources, and broader advocacy.

### **Conclusion**

In the future, social workers are likely to take on more leadership roles in policy advocacy and community mobilization, ensuring that FGM remains a prominent issue in discussions about international human rights. They can also lead research initiatives to better understand the long-term impacts of FGM and develop more effective intervention methods.

### Summary of Key Findings

Female Genital Mutilation (FGM) continues to be a significant global issue, impacting millions of women and girls due to entrenched cultural, religious, and social practices. This harmful tradition results in serious physical and psychological effects for those affected, highlighting its status as a critical human rights concern. Social workers play an essential role in combating FGM by engaging in prevention efforts, offering support to survivors, and advocating for change. Their activities include community education, trauma-informed care, and partnerships with healthcare and legal professionals. A major challenge they face is maintaining cultural sensitivity while safeguarding the rights of women and girls, which often leads to complex ethical considerations.

### Final Thoughts on the Future of Social Work and FGM

The fight against FGM is at a pivotal moment, with increasing global awareness potentially leading to significant cultural and legal advancements. Social workers are ideally positioned to facilitate these changes, emphasizing education, community trust-building, and advocacy for survivors as key components in the ongoing battle against FGM. In summary, although progress has been made, social workers must continually adapt their strategies, leverage community-driven initiatives, and advocate for robust protections to ensure that no girl or woman endures FGM. Through compassion, education, and steadfast advocacy, it is possible to bring an end to this harmful practice.

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