



AFRUCA – Africans Unite Against Child Abuse
Promoting the Rights and Welfare of African Children

WHAT IS FGM?

Safeguarding African Children in the UK Series 4
- 2nd Edition



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About AFRUCA

AFRUCA - Africans Unite Against Child Abuse is a national charity promoting the rights and welfare of African children in the UK. AFRUCA has its Head Office in London, a Centre for African Children and Families in Manchester and projects working with families and communities across the country.

AFRUCA's work on Female Genital Mutilation is covered in our five key work areas:

Awareness raising on Children's Rights: We are working with young people across Greater Manchester who are our "Anti-FGM Champions" to work in their communities to raise the risks of Female Genital Mutilation to Children and promote the protection of children from harmful cultural practices.

Policy and Advocacy: We sit on a number of regional and national working and advisory groups and contribute to the development of policies on FGM.

Education, Research and Advisory Services: We conduct community research such as our recent "Voices of the Community: Exploring Female Genital Mutilation in the African Community across Greater Manchester". We design and run specialist training programmes for agencies and their staff on FGM.

Community and International Development: We organise community education programmes on Female Genital Mutilation and have produced a number of resources to help educate and change attitudes towards FGM.

Support for Children, Young People and Families: We contribute to FGM related child protection and immigration case work through the provision of expert reports and assessments on "significant harm" for Local Authorities Children's Services, and on "risks of harm" to families being returned to their countries of origin.

For further information about our work please visit our website at:
www.afruca.org

Introduction – What is Female Genital Mutilation?

Female Genital Mutilation (FGM) is the partial or total removal of any part of the female genitalia. This includes the removal of the clitoris, labia minora (inner lips of the vagina) or the stitching of the labia majora (outer lips of the vagina). In many communities, this procedure is also known as Female Circumcision, Female Genital Cutting or Sunna.

The World Health Organisation (2008) defines FGM as comprising:

“All procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

According to World Health Organisation (WHO) statistics, communities from 28 African countries practice FGM. FGM is also practised in parts of the Middle East including Yemen, Syria and among the Kurds in Northern Iraq as well as in parts of Asia such as Malaysia, Thailand and Indonesia.

WHO and UNICEF (United Nations International Children’s Emergency Fund) estimate that between 130 to 140 million girls and women are victims of FGM and an estimated 3 million girls in Africa are said to be at risk of undergoing FGM annually.

With the upsurge in migrant African communities into the United Kingdom, Europe and the United States of America in the last 20 years, FGM is no longer an African problem, but a global one. According to the 2011 UK census, the number of Africans in the UK increased from 0.9% in 2001 to 1.8% in 2011; a 50% increase over the 10 year period. Additionally, some of the highest numbers of asylum seekers in

the UK come from African countries such as Nigeria, Sierra Leone, Somalia, Eritrea, Zimbabwe and Liberia.

According to the latest study conducted by City University and Equality Now in 2014, it is estimated that nearly 103,000 women aged 15-49 living in England and Wales have undergone FGM. Additionally, an estimated 24,000 women over the age of 50 born in FGM practising countries living in England and Wales have undergone FGM. The study also estimates that over 10,000 girls under the age of 15 are at risk of FGM or may have been subjected to any one of the different types of FGM. Collating the figures for the three age groups shows that an estimated 137,000 women and girls living with FGM, or at risk of FGM, were permanent residents of England and Wales in 2011.

One of the challenges that this rapid increase of migrant Africans poses for the UK government is the need for proactive strategies to address harmful cultural practices such as FGM. At AFRUCA, we have produced this publication to highlight the problem of Female Genital Mutilation and the role that members of the African community in the UK can play in addressing it.

What are the Different Types of FGM?

WHO classifies FGM into four types:

- Type 1:** This type involves the partial or total removal of the clitoris and/or the prepuce. This type is also referred to as ‘Clitoridectomy’ or ‘Sunna’ among practising communities and is considered to be the mildest form of FGM.
- Type 2:** This type involves the 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). In English, this type of cutting is known as ‘Excision’.
- Type 3:** This type involves the narrowing of the vaginal opening by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together, which is referred to as ‘Infibulation’.
- Type 4:** This type includes all other harmful procedures to the female genitalia for non-medical purposes, such as piercing, cauterising, pricking, stretching of the clitoris or labia minora, adding corrosive substances and herbs to add dryness or to narrow the vagina.



Examples of FGM in Our Community

Case Study One

This young woman is a victim of Type 3 FGM. She was mutilated and sewn up when she was seven years old. Her legs were bound for 21 days. She had problems with urine and menstrual flow and suffered greatly as a teenager and now as a grown woman. When she got married sexual relations was a problem and she always bled after every sexual intercourse. She has Pelvic Inflammatory Disease, an infection that has been with her for a long time but cannot take antibiotics because she is breastfeeding her baby.

Case Study Two

She has Type 3 FGM. She has gone through the trauma of a divorce because she had married outside her culture, and her husband could not cope with the complications of FGM. Some of these were the fact that she had painful intercourse. Besides, like most women, she feels that the men do not understand the need to be sensitive and even more patient because the trauma of FGM has scarred their wives' genitalia as well as their ability to fully enjoy sex.

Case Study Three

She has Type 3 FGM. Her first pregnancy in her country of birth ended in a stillbirth because of her stitches. Medical intervention was not readily available to relieve her labour.

Case Study Four

She has Type 1 FGM. The tip of her clitoris has a large scar tissue and she finds sexual activity an ordeal

Case Study Five

She has Type 4 FGM. She was encouraged to elongate her labia from the age of 9-12 years, in a boarding primary school which she attended. Each evening around 8:00pm, the young girls would gather together and squeeze liquid from a bitter eggplant called (Ntengotengo) and use it to elongate their labia. It was very painful and felt very sore the next day. Every night, the house matron or older girls would check their progress by checking the length of their labias.

She pulled hers to about 3 inches and as a result they create friction when she walks and sometimes because of this friction she feels sore down there. She says she has never felt the benefit of elongating her labia and feels she was pressured into doing it.

Why is FGM Practised

Our ancestors: It is believed that at some point in the process of human settlement in communities, the “ancestors” decided that FGM should be practised for reasons such as to avoid the wrath of the gods, to purify the society, to remove the “male organ” in girls and women, to curtail sexual excitement in girls thereby preventing pre-marital sex and preserving virginity, to avoid pregnancy outside marriage, to preserve family honour and promote fertility of the womb and the land.

Myths and Beliefs: In some communities, FGM is seen as necessary to shield women from all kinds of diseases and demonic mishaps. It is believed that women who have not been cut have sex with demons who can bring all types of diseases. There is also the belief that such women give birth to demonic babies that come out physically deformed, live for short periods of time and cause grief to the family. It is also believed that mutilated women are very hard working on the farms, therefore an asset to any family that marries them.

Culture: In many communities, FGM is practiced as a ceremonial rite of passage just before girls transition into puberty (teen years). It is believed that performing FGM during this ceremony signifies the transition from girlhood into womanhood and preparation for marriage.

Social Acceptance: It is believed that un-mutilated girls and women are unclean, promiscuous, and unmarriageable. It is also believed that the clitoris can be used to bewitch husbands and make it impossible for them to take more wives. In this instance, women who would not permit their husbands to take more wives are branded witches.

Among the communities that practice Type IV FGM mentioned above, it is believed that to be socially accepted and therefore marriageable, the girls and women must pull their labia minora or clitoris, use herbs and chemicals to tighten the vagina, and insert rings into the vagina to ensure male pleasure during intercourse. Girls and women who reject this are often stigmatised and even ostracised.

Religious Obligations: In some communities it is mistakenly believed that FGM is a religious requirement. A majority of Africans are either Christians or Muslims, yet neither the Bible nor the Koran supports FGM.

When and how is FGM carried out?

When this procedure is carried out varies from one community to another. In some communities, it is carried out just a few hours after the girl-child has been born. In others it ranges from when the girl is eight days old, four months old, five to seven years old to just before puberty, marriage or during pregnancy and just before child birth.

FGM is usually carried out by older women in the community called 'traditional birth attendants' or 'cutters' using implements such as razor blades, knives, broken bottles or sharpened stones. However, there are instances where medical professionals such as nurses and doctors carry out the procedures (Medicalisation).

What Are the Risks and Complications of FGM?

Risks

- There is the risk of haemorrhage or excessive bleeding and infections. This is because FGM is more often performed by traditional birth attendants who use crude, un-sterilised implements to cut veins without anaesthetics.
- Surgical mishaps can also happen and cause injury to adjoining areas, such as the urethra and anus.
- There is the risk of shock from pain and bleeding. The wound may fail to heal and this can cause infections.
- There is also the possibility that group FGM rituals can cause transmission of infections such as HIV from one girl/woman to another.
- Some girls and women are known to have died during or after the procedure because of excessive bleeding and surgical mishaps.

Social Complications

Social complications also arise such as marriage breakdowns and high rates of divorce affecting children's health and upbringing.

Complications

The following complications can result after FGM procedures:

- Scarring and hardening of the tissues around the vagina (keloid, dermoid cysts and abscesses).
- Difficulty with passing urine and menstrual blood.
- Decrease or loss of sexual sensation.
- Painful intercourse.
- Uterine, vaginal and pelvic infections.
- Infertility.
- Obstructed labour and painful childbirth.
- Psychological problems such as nightmares, anxiety, low self esteem, depression, PTSD and other mental health problems.
- Physical problems such as persistent back pain, urine incontinence, kidney problems and foot drop.

Is FGM Child Abuse?

Our conviction at AFRUCA is that FGM is an abuse of the girl-child. The cultural arguments for the practice are clearly against the interest of the (girl) child. Although parents and communities who practice FGM wrongfully assume that they are doing it in the best interest of the child, FGM is child abuse and a violation of a girl/woman's fundamental human rights. The procedure violates a girl's right to good health and protection from pre-meditated infliction of grievous genital harm. FGM is an assault on young African girls and a denial of their rights to sexual enjoyment when they become women.

Several international Human Rights Conventions recognise FGM as a form of abuse and violence that discriminates against girls and women. These conventions recognise that FGM is a harmful procedure that affects women and girls. Some of these conventions are:

- The United Nations Convention on the Rights of the Child (1959)
- The African Charter on the Rights and Welfare of the Child (1990)
- The United Nations Convention on the Rights of the Child (1990)
- The United Nations Declaration on Violence Against Women (1993)

FGM and the Violation of Human Rights

FGM denies women and girls their right to:

- Physical and mental integrity.
- Freedom from violence.
- Bodily Integrity.
- Attain the highest standard of physical and mental health.
- Freedom from discrimination on the basis of sex.
- Freedom from torture, cruel, inhuman and degrading treatments.
- Life (when the procedure results in death).



FGM and Religion

Africans have strong religious values. The dominant religions in Africa are Christianity and Islam. What do these two religions say about FGM?

THE BIBLE AND FGM

The Bible is silent on FGM. The directive from God to have Abraham remove the foreskin of males born to him through circumcision is very clear in Genesis 17.10-14... 23-27:

“This is my covenant with you and your descendants after you, the covenant you are to keep: Every male among you shall be circumcised. 11 You are to undergo circumcision, and it will be the sign of the covenant between me and you. 12 For the generations to come every male among you who is eight days old must be circumcised, including those born in your household or bought with money from a foreigner—those who are not your offspring. 13 Whether born in your household or bought with your money, they must be circumcised. My covenant in your flesh is to be an everlasting covenant. 14 Any uncircumcised male, who has not been circumcised in the flesh, will be cut off from his people; he has broken my covenant.”

...23 On that very day Abraham took his son Ishmael and all those born in his household or bought with his money, every male in his household, and circumcised them, as God told him. 24 Abraham was ninety-nine years old when he was circumcised, 25 and his son Ishmael was thirteen; 26 Abraham and his son Ishmael were both circumcised

on that same day. 27 And every male in Abraham’s household, including those born in his household or bought from a foreigner, was circumcised with him.

And in Genesis 21:1-4

“Now the LORD was gracious to Sarah as he had said, and the LORD did for Sarah what he had promised. 2 Sarah became pregnant and bore a son to Abraham in his old age, at the very time God had promised him. 3 Abraham gave the name Isaac to the son Sarah bore him. 4 When his son Isaac was eight days old, Abraham circumcised him, as God commanded him”.

(The Holy Bible New International Version)

It is important to note that nowhere in the Bible was it mentioned that any female children or grown women should be circumcised.

THE KORAN AND FGM

At an international conference in Cairo, Egypt in November 2006, the Grand Sheikh of al-Azhar, the highest Sunni Islamic institution in the world, Sheikh Mohammed Sayyid Tantawi categorically stated, “FGM has neither been mentioned in the Quran nor Sunnah”. This statement was reaffirmed by the top official cleric and Grand Mufti of Egypt, Sheikh Ali Gomaa who said “Prophet Mohammed didn’t circumcise his four daughters”. Sheikh Yousif Algaradawi, a prominent Islamic figure, also addressed the conference by avowing that “FGM is not an Islamic requirement”.

The Muslim Women’s League (www.mwlusa.org) have quoted Sayyid Sabiq, a renowned scholar and author among various Muslim scholars that have denounced FGM as an un-Islamic practice. According to Sayyid Sabiq, of Fiqh-us-Sunnah, “all hadiths concerning female circumcision are non-authentic.”



What is the UK Government's Response to FGM?

In 1985 the UK government passed the Female Circumcision Prohibition Act which made it illegal for anyone to carry out the practice within the United Kingdom. Subsequently, parents started taking their children abroad for the procedure. In response to this development, the UK government passed the 2003 Female Genital Mutilation Act which helped to strengthen the 1985 Act. So far, no one has been convicted for carrying out FGM in the UK.

The 2003 Female Genital Mutilation Act

It is illegal for any residents of the UK to perform FGM within or outside the UK.

The Act states:

- 1. Offence of female genital mutilation**
A person is guilty of an offence if he excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris.
- 2. Offence of assisting a girl to mutilate her own genitalia**
A person is guilty of an offence if he aids, abets, counsels or procures a girl to excise, infibulate or otherwise mutilate the whole or any part of her own labia majora, labia minora or clitoris.
- 3. Offence of assisting a non-UK person to mutilate overseas a girl's genitalia**
A person is guilty of an offence if he aids, abets, counsels or procures a person who is not a United Kingdom national or permanent United Kingdom resident to do a relevant act of female genital mutilation outside the United Kingdom.
- 4. Extension of sections 1 to 3 to extra-territorial acts**
Sections 1 to 3 extend to any act done outside the United Kingdom by a United Kingdom national or permanent United Kingdom resident.

The punishment for violating the 2003 Act carries 14 years imprisonment, a fine or both.

Serious Crime Act 2015 and FGM

The government tabled amendments to the Serious Crime Act 2007 in relation to FGM. The Serious Crime Act 2015 makes several amendments to the Female Genital Mutilation Act 2003 as follows:

1. **Extension of extra-territorial jurisdiction**

The Serious Crime Act 2015 amends the 2003 Act by extending the extra-territorial jurisdiction to prohibit acts committed outside the UK by a UK national or a person who is resident in the UK. It also amends the 2003 Act to extend to acts of FGM done to a UK national or a person who is resident in the UK. These changes will mean that the 2003 Act can capture offences of FGM committed abroad by or against those who are at the time habitually resident in the UK irrespective of whether they are subject to immigration restrictions.

2. **Anonymity of victims of FGM**

The 2015 Act amends the 2003 Act to prohibit the publication of any information that could likely lead to the identification of a person against whom an FGM offence is alleged to have been committed. Anonymity will commence once an allegation has been made and will last for the duration of the victim's lifetime.

3. **Offence of failing to protect a girl from risk of FGM**

The new Act creates a new offence of failing to protect a girl from FGM. This will mean that if an offence of FGM is committed against a girl under the age of 16, everyone who is responsible for the girl at the time it occurred will be liable under this new offence. The maximum penalty is seven year's imprisonment or a fine or both.

4. **Female Genital Mutilation Protection Order ("FGMPO")**

Provisions have been made in the new Act for FGMPOs for the purposes of protecting a girl against Female Genital Mutilation or protecting a girl against whom such an offence has been committed. Violation of an FGMPO would be a criminal offence with a maximum penalty of five years imprisonment, or a civil breach punishable by up to two years imprisonment.

5. **Mandatory reporting duty for FGM**

There is a duty to notify police of Female Genital Mutilation (Mandatory Reporting). The Act now makes it mandatory for specific professionals in England and Wales to make a report to the police. The duty applies if, in the course of their professional duties, a professional finds out that FGM appears to have been carried out on a girl under the age of 18 (at the time of the discovery). The duty applies where the professional is either informed by the girl that an act of FGM has been carried out on her, or observes physical signs which appear to show an act of FGM has carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

6. **Guidance about Female Genital Mutilation.**

The new Act confers on the Secretary of State a power to issue statutory guidance on FGM which relevant individuals are required to have knowledge of.

For full details about the Serious Crime Act 2015 in relation to FGM please visit: www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf

The Children Act 1989 and 2004, and the Children and Families Act 2014

The UK Children Act of 1989, the Children Act 2004 (Every Child Matters Act) and the Children and Families Act 2014 are part of the strategies to protect children at risk of FGM. The UK government is clear that FGM is child abuse and should be dealt with as any other form of child abuse. The Local Safeguarding Children Boards and some Local Authorities have also developed protocols and guidelines to help practitioners gain awareness and skills that would enable them respond appropriately to the practice.



Addressing FGM in the African Community

Female Genital Mutilation is a problem in our community because it violates the rights of the girl-child to health and enjoyment as well as impairs her future prospects in life. It is therefore important for every member of the community to work to preserve the health of every girl-child and ensure a sustainable future for all members of our community. This means that if you know a child who is at risk of FGM or who has undergone FGM you must help to safeguard them by reporting to the appropriate authorities. Responding appropriately will help to protect many children in our community.

There are four main steps to safeguard girls at risk of FGM

Step One: Ensure that every girl-child born in your own family is protected from any type of FGM. You will do this by informing members of the family including parents, mother-in-laws, aunts and uncles that FGM is unacceptable, illegal, and a criminal offence punishable by 14 years imprisonment. With information provided above, you will inform them that FGM is an unhealthy practice which has terrible physical, psychological and social consequences.

Step Two: Know that every girl-child born to any FGM practising African family is potentially at risk of FGM and ensure that other people are equally aware. You will do this by informing your neighbours and peers at community meetings, social gatherings such as weddings and naming ceremonies of the dangers and illegality of FGM.

Step Three: Know what to do if you suspect a child is at risk of FGM. You may call Crime Stoppers anonymously on **0800 555111** or the NSPCC designated FGM helpline on **0800 028 3550** to report any suspicion or rumour of impending FGM and inform your local council child protection agency. You can find the council's switchboard number on your council tax bill.

Step Four: Engage your church or mosque to speak out against FGM. You can do this by approaching the Pastor or Imam and work with them to speak out against FGM.

Step Five: Contact AFRUCA to learn more about how to protect children in our community from different forms of abuse and harm.

If you would like to read more about FGM within the African community please refer to our research report: **“Voices of the Community: Exploring Female Genital Mutilation in the African Community across Greater Manchester”**.

Become an AFRUCA Children's Champion

AFRUCA has developed two unique projects in London and Manchester to help raise awareness of FGM within the African community. The idea behind these two projects is that we as Africans have a vital role to play as agents of change within our community especially around child protection and child safeguarding. The AFRUCA Children's Champions Project in London aims to train adult members of the community on child protection who in turn go out to train other members of the community on child protection. The Anti-FGM Youth Project aims to help tackle the problem of Female Genital Mutilation (FGM) in the African community in Greater Manchester by recruiting young people as "Anti-FGM Champions". They help to raise awareness in their own communities, in schools and faith organisations across Greater Manchester about the impact of FGM on victims.

If you would like to become an AFRUCA Children's Champion or an Anti-FGM Youth Champion please contact: info@afruca.org



Notes

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FGM Hospitals and Clinics

African Well Woman's Clinic - Guy's & St Thomas' Hospital

8th Floor c/o Antenatal Clinic, Lambeth Palace Road, London SE1 7EH

Tel: 020 7188 6872

Mobile: 07956 542576

Open: Monday-Friday 9am-4pm

Contact: Ms Comfort Momoh MBE comfort.momoh@gstt.nhs.uk

African Women's Health Clinic - Whittington Hospital

Level 5, Highgate Hill, London N19 5NF

Tel: 020 7288 3482 ext 5954

Mobile: 07956 257992

Open: Last Wednesday of each month, 9am-5pm

Contact: Joy Clarke joy.clarke@whittington.nhs.uk or Shamsa Ahmed

Women's and Young People's Service - Sylvia Parkhurst Health Centre - Mile End Hospital (3rd Floor)

Bancroft Road, London E1 4DG

Tel: 020 7377 7898 or 020 7377 7870

Open: Monday-Thursday 12-8pm; Friday 9.30am-5.30pm

Contact: Dr Geetha Subramanian geetha.subramanian@thpct.nhs.uk

African Women's Clinic - University College Hospital

Clinic 3 Elizabeth Garrett Anderson Wing, Euston Road, London NW1 2BU

Tel: 0845 155 5000

Open: Monday 2-5pm

Contact: Maligaye Bikoo maligaye.bikoo@uclh.nhs.uk

Acton African Well Woman Centre - Acton Health Centre

35-61 Church Road, London W3 8QE

Tel: 0208 383 8761

Mobile: 07956 001065

Open: Monday, Tuesday & Thursday 8.30am-6.30pm;
Wednesday 8.30am-4pm; Friday 8.30am-8pm (closed every day from 1-2pm)

Contact: Juliet Albert (Midwife) Juliet.albert@nhs.net
or Hayat Arteh (Health Advocate) Hayat.arteht@nhs.net

West London African Women's Community Clinic

West London Centre for Sexual Health Charing Cross Hospital (South Wing)

Fulham Palace Road, London W6 8RF

Tel: 020 3315 3344

Email: fgmwestlondon@nhs.net

St. Mary's Gynaecological Hospital Manchester

Oxford Road, Manchester M13 9WL

Tel: 0161 276 6515

Website: www.stmaryscentre.org.uk

Useful Contacts

AFRUCA Head Office, London

Tel: 0207 704 2261
Fax: 0207 704 2266
Email: info@afruca.org
Website: www.afruca.org

Offers training, signposting, advice and resources on FGM.

AFRUCA - Centre for African Children and Families, Manchester

Tel: 0161 205 9274
Fax: 0161 205 2156

Offers training, signposting, advice and resources on FGM.

Forward

Tel: +44 (0)20 8960 4000
Fax: +44 (0)20 8960 4014
Website: www.forwarduk.org.uk

Offers support, advice, information and training on FGM.

Foreign and Commonwealth Office

Tel: 0207 008 1500
Overseas: +44020 700 81500
Website: www.gov.uk/female-genital-mutilation

Contact the Foreign and Common Wealth Office if you think a girl is being taken abroad for FGM.

Metropolitan Police

Child Abuse Investigation Command/Project Azure

Tel: 020 7161 2888

If you believe a child may be at risk or has undergone FGM you can report anonymously.

National Society for the Prevention of Cruelty to Children (NSPCC)

Tel: 0808 800 5000 or 0800 028 3550
Email: fgmhelp@nspcc.org.uk
Website: www.nspcc.org.uk

If you need advice or information about Female Genital Mutilation or are worried about a child at risk, you can call 24/7.

Childline

Tel: 0800 1111 (24 hr free helpline for children)
Website: www.childline.org.uk

You can call ChildLine at any time to speak to a counsellor. Calls are free and confidential.

Daughters of Eve

Tel: 079830 30488
Website: www.dofeve.org

Offers advice and support to young people.

Crimestoppers

Helpline: 0800 555 111
Website: www.crimestoppers-uk.org

If you do not want to contact the police, and you have information about FGM, believe a child may be at risk or has undergone FGM you can contact Crimestoppers to report anonymously.

NESTAC- New Step for African Community, Manchester

Tel: 01706 868993
Website: www.nestac.org

NESTAC offers culturally sensitive therapeutic support for victims of FGM in Greater Manchester.



AFRUCA – Africans Unite Against Child Abuse

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20 Piercy Street
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Our Safeguarding African Children in the UK Series of publications include:

1. What is Child Abuse?
2. What is Child Trafficking?
3. What is Private Fostering?
4. What is Female Genital Mutilation?
5. What is Witchcraft Abuse?
6. What is Physical Abuse?
7. What is Sexual Abuse?
8. What is Emotional Abuse?
9. What is Child Neglect?