never have known what normal micturition or menstruation is like.

Following discharge from the healthcare facility, continued support for the woman should be provided. If reversal is performed in labour, there should be a post-reversal check 4 to 6 weeks later.

If the woman has delivered a baby girl, support and information should be given, encouraging her not to inflict or allow others to inflict the same procedure on her daughter.

Safeguarding children who are at risk of FGC

- The safety and welfare of the child is paramount.
- All agencies must act in the best interests of the rights of the child as stated in the UN Convention on the Rights of the Child (1989).
- In some countries, FGC is illegal.

Laws and FGC

The following countries in Africa have issued laws against FGC, although this does not mean that the prevalence of FGC has been significantly reduced:

- Benin (2003)
- Burkina Faso (1996)
- Central Africa Republic (1966)
- Chad (2003)
- Cote d’Ivoire (1998)
- Djibouti (1994)
- Egypt (Ministerial Decree) (1996)
- Ethiopia (2004)
- Ghana (1994)
- Guinea (1965)
- Kenya (2001)
- Senegal (1999)
- Tanzania (1998)
- Togo (1998)

It is acknowledged that some families see FGC as an act of love rather than of cruelty. However, FGC causes significant harm in both the short and long term, and constitutes physical and emotional abuse of children.

All decisions or plans for the child(ren) should be based on good-quality assessments. They should be sensitive to issues of race, culture, gender, religion and sexuality, and should avoid stigmatising the child or the practising community as far as possible.

Accessible, acceptable and sensitive involvement with the health, education, police, children’s social care and voluntary-sector services may be needed.

All agencies should work in partnership with members of local communities, to empower individuals and groups to develop support networks and education programmes.

Appropriate care for women and girls who have been subjected to FGC

- Provide access to information, support and services.
- Provide care pathways and guidelines for professionals.
- Ensure that information is accurate and up to date.
- Empower women and girls and encourage them to speak out and seek help.
- Engage and mobilise all concerned, and develop an understanding of cultural diversity.
- Be open and supporting, sensitive and non-judgemental.
- Encourage alternative rites to FGC. This is a strategy that retains all of the rites of passage or initiation that the girls would traditionally undergo, except for the genital cutting. The girls are still encouraged to learn essential domestic duties that would be useful when they get married.

Conclusion

FGC is a violation of human rights. It is essential to empower women and girls, to encourage women to have a voice, and to raise awareness of the dangers of FGC. Engagement with all concerned local communities is crucial, including community and religious leaders.

As has been expressed so beautifully by Uche Umeh, ‘When culture kills, when culture silences, when culture is complicit then culture must be changed.’

It is essential to work with all professionals. We all have a duty and a responsibility to safeguard girls who are at risk of FGC, as the welfare of children is paramount.

2.11 Domestic/intimate partner violence and pregnancy

Introduction

Everyone has a fundamental right to be, and remain, safe from harm. Domestic violence, also described as intimate partner violence, is defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partner or family members, regardless of gender or sexuality’. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

Domestic violence is reported in up to one in five
Recognising domestic violence in pregnancy

Studies show that around 30% of women will suffer from domestic violence in their lifetime. The first incident of violence commonly occurs during pregnancy. For some of these women, the pregnancy might be unwanted, due to abuse, rape, or as a result of not having access to or not being able to negotiate contraceptive use.

Domestic violence in pregnancy may be suspected on the basis of the type of injury, as well as the mental health and emotional status of the woman. Women who are being abused may book late, and be poor attenders at antenatal clinics. They may attend repeatedly with trivial symptoms, and appear reluctant to be discharged home. The partner may be constantly present, not allowing private discussion. The woman may seem reluctant to speak in front of her partner, or to appear to contradict him.

Abusive partners often seek to minimise the evidence of their violence (e.g. by targeting areas that are normally clothed). As with child abuse, the stated mechanism of injury often does not fit with the apparent injury. There may be untended injuries of different ages, or the late presentation of injuries.

Multiple injuries and bruising (especially to the face, arms, breasts and abdomen), loss of consciousness, and drunkenness are significant but non-specific markers of domestic violence.

A history of behavioural problems, or abuse of children in the family, may be suggestive of domestic violence.

Diagnosing domestic violence

Routine questions asked may allow the woman to disclose that she is being subjected to violence:

- Have you ever changed your behaviour because you’re afraid of what your partner might do or say to you?
- Have your partner ever deliberately destroyed any of your possessions?
- Have your partner ever hurt or threatened you or your children?
- Has your partner ever kept you short of money so that you were unable to buy food and other necessary items for yourself and your children?
- Has your partner ever forced you to do something that you really didn’t want to do, including sexually?

Further strategies such as the use of questionnaires in the women’s toilets/rest room may help those women whose partner is constantly by their side (see Appendix).

Appendix

How do I know if I am experiencing abuse?

If you answer yes to one or more of the following questions, you may be in an abusive relationship.

- Does your partner constantly belittle or humiliate you, or make your own choices. Underlying issues such as finance and housing should be addressed, and the woman should be directed to the appropriate agency or support group, or to a legal adviser.

Appendix

How do I know if I am experiencing abuse?

If you answer yes to one or more of the following questions, you may be in an abusive relationship.

- Has your partner tried to keep you from seeing your friends or family?
- Has your partner prevented you from continuing or starting a college course, or from going to work?
- Does your partner constantly check up on you or follow you?
- Does your partner accuse you unjustly of flirting or of having affairs?
- Does your partner constantly belittle or humiliate you, or regularly criticise or insult you in front of other people?
- Are you ever scared of your partner?
- Have you ever changed your behaviour because you’re afraid of what your partner might do or say to you?
- Has your partner ever deliberately destroyed any of your possessions?
- Has your partner ever hurt or threatened you or your children?
- Has your partner ever kept you short of money so that you were unable to buy food and other necessary items for yourself and your children?
- Has your partner ever forced you to do something that you really didn’t want to do, including sexually?

Further reading