



FEMALE GENITAL MUTILATION/CUTTING IN CANADA

This factsheet provides helpful information for media professionals and others who are interested in communicating about female genital mutilation/cutting (FGM/C) in Canada.

Statistics Canada estimates that between

**95,000 AND 161,000
WOMEN AND GIRLS**

living in Canada are either survivors of or at risk of FGM/C

FGM/C for non-medical reasons is punishable by

**IMPRISONMENT OF
UP TO 14 YEARS**

under Canadian Criminal Code
section 268(3)

There have been

**ZERO INSTANCES
OF CRIMINAL
PROSECUTION**

for FGM/C in Canada till date

FGM/C is a human rights violation

FGM/C is a traditional harmful practice that involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.

FGM/C is internationally recognized as a serious [human rights violation](#) that can cause life-long physical and psychological trauma and, in some cases, death. Rooted in gender inequality, it jeopardizes the health and well-being of millions of women and girls.

Research shows that FGM/C is a global issue, as are the efforts to end it. FGM/C is found on every continent except Antarctica and is known to occur in [over 90 countries](#) across the globe, including Canada. It is performed by various ethnic, religious, and socio-economic groups, although it is not mandated by any major religion.



FGM/C impacts women and girls in Canada

Canada has significant populations of diaspora communities from countries where FGM/C has traditionally been performed. The government estimates that between 95,000 - 161,000 women and girls from these groups are at risk or have been subjected to FGM/C.

The personal and secretive nature of FGM/C makes it difficult to track, but small-scale studies provide evidence of it happening [inside Canada](#) and of [girls being transported to other countries](#) to be cut. This includes [vacation cutting](#), when girls are sent to countries/regions of origin to undergo FGM/C, especially during school holidays, in an attempt to avoid legal prosecution.

In July 2017, a leaked [internal report by the Canada Border Services Agency](#) acknowledged that FGM/C practitioners were “almost certainly entering Canada” to engage in the practice.

Other studies on Canada feature research on mothers who have undergone FGM/C and have [opted not to cut their daughters](#), [health issues experienced by women living with FGM/C](#), and the impact of FGM/C on a group of [Somali-Canadian women](#). Another study from 2021 surveyed people from diaspora communities. Out of the 120 members interviewed from 18 diaspora communities affected by FGM/C, 73% thought girls in Canada were at definite risk of ‘vacation cutting’ and at least 18% were at moderate risk.

Human rights advocates have been requesting the government, including the the United Nations Committee on the Elimination of Discrimination against Women (CEDAW), to provide comprehensive nationwide prevalence data on the number of women and girls in Canada who are survivors of, or are at risk of, undergoing FGM/C. A [2023 report by Statistics Canada](#) finally released this information to the public. The report estimates that when looking at all ages of first-generation immigrant girls and women as well as second-generation girls and women aged 0-49, there are estimated to be between 95,000-161,000 girls and women in Canada who may either be living with the consequences of FGM/C or be at risk of experiencing FGM/C in the future.

However, this is likely to be an underestimate as figures are based on the number of people in Canada from 29 countries, primarily in Africa, that have nationally-

“ Who could I talk to? It was really hard to accept that nothing is being done for Canadian women who have already been through it. There's a complete wall of silence around this issue here. People keep their hands off, saying, 'That's their tradition,' and that attitude is wrong, wrong, wrong. That's why FGM has survived hundreds of years. ”

Serat, a survivor who was taken from Canada to Somalia to be subjected to FGM/C when she was 13 years old



representative prevalence data on FGM/C. Not included are many countries in Asia and the Middle East where FGM/C occurs, but governments don't provide statistical information. Without these measurements, it is not possible to determine related FGM/C figures for Canada.

Having regularly updated, nationwide, accurate, comprehensive data on FGM/C prevalence is vital because it contains invaluable details on the nature and scale of the problem. This information can be used to prompt the Canadian government and other duty-bearers to take action, as has happened in the United

States and many European countries. It is also key to designing and implementing policies and measuring the effectiveness of interventions to end FGM/C, and it plays a pivotal role in securing local, national, and international funding.





Legal Status of FGM/C in Canada

The Canadian Criminal Code was amended in 1997 to include FGM/C as a form of aggravated assault. [Under Section 268](#), any person conducting FGM/C for non-medical reasons faces up to 14 years imprisonment.

[Section 273.3 \(2\) of the Canadian Criminal Code](#) prohibits taking a minor outside the country for the intention of conducting, aiding, or abetting FGM/C for non-medical purposes and/or causing bodily harm.

There has not been a single criminal prosecution or conviction for FGM/C in Canada since the legislation was enacted.

International human rights treaties that Canada has ratified, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), also [expressly prohibit](#) FGM/C.

In the last review process for Canada in 2016, CEDAW [expressed concerns](#) about how information on harmful practices such as FGM/C was “not readily accessible to many women.” It recommended that the government systematically collect disaggregated data on such harmful practices in Canada and make information about FGM/C and ways to combat it widely available.

A [petition on Change.org](#) is urging the government to implement a national action plan to protect girls at risk in Canada and support survivors.

Ending the culture of silence

There remains a culture of silence and silencing surrounding FGM/C in Canada. [Survivors report feeling isolated](#) by the trauma of having undergone FGM/C and the long-term physical and emotional impacts, and there are calls for an opening up of public discussion.

In some instances, women from diaspora communities who have spoken publicly about their experiences and the need to end FGM/C [have faced backlash](#) from family and community members. This has taken on various forms, such as social exclusion, intimidation, and threats.

End FGM/C activists have been subjected to criticism and pressure to stop campaigning. This includes being accused of racism and cultural interference in the social and religious traditions of practicing communities.

Survivors, activists, and experts need a public platform to raise awareness about FGM/C in Canada and to explain why it is a human rights violation and form of child abuse that requires urgent action from the government and other duty-bearers.

To eliminate FGM/C, it is especially important that survivors have opportunities to share their first-hand insights and confront the various [socio-cultural, economic, and religious](#) justifications used to sustain the practice. The End FGM Canada Network is a non-partisan coalition of individuals and civil society organizations working together to end FGM/C in Canada and globally and to support survivors and protect girls at risk; and is supporting this critical fight.

“ When I arrived in Canada from Kenya, I was shocked to realize there is a silence about FGM here, that there is a fear of offending other people's rights, traditions and religion. As a survivor, I want to tell Canadians that they are welcome to condemn female genital mutilation because it is basically violence. Nobody deserves to be taken through this pain that affects you for life. We need Canada's silence on female genital mutilation to end, so girls can be protected and survivors supported. And we need that silence to end now. ”

Maryan Abdikadir, FGM Survivor/Activist

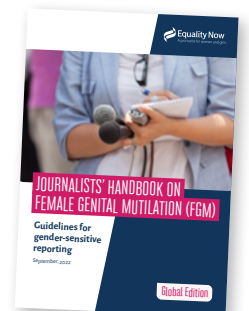
The media is a critical ally in the movement to end FGM/C

The media has a pivotal role to play in addressing these issues. Well-informed and sensitive coverage can broaden public understanding about FGM/C, shape public discourse, and influence policy-makers' decisions to ensure effective legal and social protections are well implemented and properly funded.

By shining a much-needed spotlight on the harms caused by FGM/C, reporting can be a powerful tool to advance a zero-tolerance approach and strengthen support and protection for vulnerable women and girls, such as within the education, healthcare, and criminal justice systems.

FGM/C is a complex and emotive issue that can be challenging to report on. It requires a nuanced understanding of how best to educate and engage audiences, foster positive social change, avoid stigmatizing communities, and safeguard survivors, those at risk, and campaigners.

To assist media professionals and others in communicating about FGM/C, international women's rights organization [Equality Now](#) has produced the [Journalists' Handbook on Female Genital Mutilation: Guideline for Gender-sensitive reporting – Global Edition](#), which contains useful information and practical reporting tips in accordance with journalistic best practices.



Often, survivors of FGM/C are asked to share their stories, and those who choose to do so can find this empowering. But for some, recounting their personal trauma can be distressing. To give helpful guidance on ways to be supportive, the End FGM Canada Network has produced [How to be an Ally to FGM/C Impacted Women & Girls](#).

Endnotes

- 1 [World Health Organisation, Risks of Female Genital Mutilation](#)
- 2 [Immediate health consequences of female genital mutilation/cutting \(FGM/C\), Norwegian Institute of Public Health, 2014](#)



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