

**An 'Ideal Victim'? A Frame Analysis of UK Mass Media  
Discourse around Victims of FGM/C**

iBSc Global and Public Health Dissertation

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## **1. 1 Abstract**

### **Background**

Female Genital Mutilation/Cutting (FGM/C) is a traditional, harmful practice involving damage to the external genitalia. It is endemic in many countries, especially in Africa, and is found in the UK due to mass migration. While it is illegal in the UK, and violates women's human rights, it is still practiced within certain communities, and has a long, and a times controversial history of discourse in the UK. Agenda setting theory and emerging evidence suggest that the portrayal of women who have undergone FGM/C in the UK media could have an impact on the lives of women and their health and wellbeing. One way of examining their portrayal is through Nils Christie's ideal victim theory, which identifies attributes that give victims increased legitimacy. This stereotype has been identified across the mass media in relation to other crime victims such as those in human trafficking, but has not been previously explored in the context of FGM/C.

### **Aims**

This dissertation aims to identify a sample of UK mass media pertaining to victims of FGM/C and to carry out a frame analysis of these articles. It attempts to understand how victims are constructed in relation to Christie's 'ideal victim' theory and to discuss how this construction can impact women and their health and wellbeing.

### **Methods**

Taking a social constructivist approach, frame analysis was used to identify which aspects of victim's identities and experiences were given salience in relation to FGM/C. Articles from national newspapers were selected using Lexis Nexis and scanned to produce a thematic framework for coding, based on both the scan and Christie's 'ideal victim' theory. 63 articles were coded and data from these articles reduced through charting, with further reduction through mapping and interpretation.

## Results

Overall victim attributes that met the 'ideal victim' stereotype were emphasised through the frames selected in a number of ways. Victims were portrayed as vulnerable, with their age, gender, ethnicity and religion frequently cited. Women were desexualised, with victims portrayed as 'virtuous' and without sexual enjoyment. Cutters were portrayed as 'big and bad' offenders, with their roles stressed over the role of parents; when parents were mentioned they were frequently vilified. Motive was rarely discussed and if mentioned was generally simplified. While some advocates against FGM/C were women who had experienced it, most advocacy focused on was from charities or women who had not undergone FGM/C.

## Conclusion

Stereotyping victims of FGM/C as 'ideal victims' may be advantageous in some ways but has potential consequences. Women who do not fit the stereotype may be potentially disadvantaged medically, legally and socially. Additionally self identity issues may occur. Stereotyping can also have negative health effects due to stereotype threat, and health professionals may cause health disparities due to incorrect beliefs. Charities should provide the media with a wider range of women's experiences in order to be more representative. Additionally more research is needed to better understand these potential challenges and to understand why this 'ideal victim' is being constructed.

## **2. Background and Literature Review**

### **2. 1 Definition and Categorisation of FGM/C**

Female Genital Mutilation/Cutting (FGM/C) is described by the World Health Organisation (WHO) as the removal of, or injury to, the external female genital organs (partially or completely), carried out for non medical purposes and with no health benefits (1). WHO has classified FGM/C into four types (see table 1) (2).

**Table 1: Types of FGM/FC as classified by WHO (2, 3). Note this system is somewhat arbitrary, with most cases not meeting a clear typology (4). A majority of health professionals are not knowledgeable around this classification (5, 6).**

| Type               | Description                                                                                                                       |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1 (Clitoridectomy) | Excision of the prepuce, usually accompanied by removal of clitoris (partially or completely)                                     |
| 2 (Excision)       | Removal of the clitoris (partially or completely), along with the labia minora or majora                                          |
| 3 (Infibulation)   | Narrowing or stitching of vaginal opening to narrow it, along with the removal of external genitalia (partially or completely)    |
| 4 (Others)         | Includes all other harmful and non-medical procedures to the external genitalia e.g. use of cauterisation or corrosive substances |

FGM/C is known by many different names. In the UK it is often referred to as female circumcision or cutting; traditional names from the countries where it is carried out such as thara (Egypt) or kutairi (Kenya) may also be used (7). There has been significant controversy over the naming of FGM/C, which will be discussed further in section 2.4. In this paper the term FGM/C is used as this encompasses both the WHO term and the term often used by women themselves.

### **2.2 Where, How and Why is FGM/C Carried out?**

FGM/C is carried out predominantly in Africa, as well as in parts of South East Asia (2). Although many estimates of prevalence have been made, poor data and flawed assumptions make these unreliable, although it is agreed that the practice is declining (8).

FGM/C is traditionally carried out by a female cutter, but can also be carried out by doctors, midwives, healers or even family members. One systematic review from across Africa found FGM/C

was carried out by an older women in just 14% of cases, and by traditional healers in 6.1 %, with a majority of cases (52.7%) carried out by midwives (9). This is on trend with the 'medicalisation' of FGM/C, with data showing that the number of girls cut by health professionals has increased; this medicalisation is incorrectly thought by many to prevent health complications (10). These complications will be discussed in section 2.3.

Understanding the reasons behind FGM/C is key to ending the practice. FGM/C is ingrained within the structures of society and is supported by both men and women. Within practicing communities parents usually view the practice as being beneficial for the child (11), making it particularly difficult to eradicate. A literature review of the reasons behind FGM/C found that the key reasons behind the practice are tradition, sexual morality, increasing marriagability, religion, health benefits, and male sexual enjoyment (12).

### **2.3 Health Consequences of FGM/C**

FGM/C has a number of health consequences, and no health benefits. These are discussed in table 2.

**Table 2: Health Consequences of FGM/C**

|            | <b>Problem</b>                    | <b>Evidence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Short term | <b>Infection</b>                  | A systematic review carried out including studies across Africa found that there was increased risk of a wide range of infections, including acute trauma infections, Chlamydia and HIV (9).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|            | <b>Pain</b>                       | All of these have been shown to occur in the short term. Death can occur, although no data on frequency is available (13, 14)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|            | <b>Damage to adjacent organs</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | <b>Poor healing</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | <b>Haemorrhage</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | <b>Death</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Long term  | <b>Obstetric problems</b>         | A systematic review showed increased risk of obstetric tears, prolonged labour time and instrumental delivery (15). Risk from obstetric problems will vary in resource rich Europe compared with resource poor countries (13). There is also a subfertility risk (14).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|            | <b>Gynaecological Problems</b>    | Evidence is limited. Possible complications include pain, urological problems, infections and abscesses, vaginal discharge and menstrual problems (13, 15).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|            | <b>Psychological Consequences</b> | May be more significant in Europe as migrants understanding of FGM/C may be altered and discourse in Europe is very different. Problems that may present include PTSD, depression and anxiety (16). More research is needed to better understand the possible consequences of FGM/C in different contexts (17).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | <b>Sexuality</b>                  | Female sexuality and sexual enjoyment is difficult to define. Typical methods of measurement are questionnaires such as SQOL-F which may be skewed to a western standard.<br>There is limited evidence of reduced sexual pleasure: several studies show decreased pleasure, function and desire and increased dyspareunia (including a study in London). (18-21).<br>A literature review has also been carried out showing reduced sexual function, but this is limited by heterogeneity and poor quality and size of the studies (19).<br>There are reports of orgasm being achieved by women with FGM/C in qualitative literature. One study looking at FGM/C women from Somalia living in Italy and the USA found that women with all types of FGM/C could achieve orgasm, with high levels of sexual enjoyment reported (22).<br>Qualitative research carried out in Egypt found FGM/C was seen to reduce sexual desire, not pleasure. Women differently defined sexual satisfaction as 'marital harmony' (23). |
|            | <b>Body Image</b>                 | Context is key.<br>In Sudan, where FGM/C is common, ethnographic research (although ten years old, so may be outdated) suggested body image may be negatively affected if FGM/C is not carried out, and girls may be teased or considered sexually promiscuous (24).<br>Body image and sexuality in the UK, however, may be very differently affected. The rarity and illegal nature of FGM/C and the discourse around it, may introduce the concept to women and girls that they have been 'mutilated'. This renormalisation is likely to impact sexuality and body image, and may reduce self esteem (25).                                                                                                                                                                                                                                                                                                                                                                                                        |

## **2.4 Western FGM/C Discourse and Emergence of Victims**

While FGM/C is carried out predominantly in African countries, it has become a more prominent issue in Europe due to increased interest in women's rights (discussed later in this section), as well as mass migration (2, 26); women who have already undergone FGM/C migrate to the UK, and women return to their countries of origin in order to continue the practice, either for themselves or by taking their children (27). In 2011 it was estimated that 283,000 women, aged 15-49, born in countries where FGM/C is practiced, were living in the UK (28). It is uncertain how many women in the UK have undergone FGM/C, as this data is not kept in health records or routinely collected, although experimental statistics using data such as birth certificates and census data suggests that 103,000 women may be affected, (29); however this is a limited estimate as due to legal and cultural barriers data cannot be directly collected.

FGM/C has a long history, dating back to Ancient Egypt , including clitoridectomy used up until the 19th Century in Europe. The first campaigns against it were from Egyptian doctor's groups in the 1920's, who published the negative health effects (30). The first Western involvement was an effort to ban FGM/C in British Colonial Kenya in the late 1920's. However this was met with significant resistance, and symbolised the oppressive tactics and ethnocentrism of the British, beginning the complicated and at times hypocritical relationship between the West and the efforts to end FGM/C; discourse included the words "uncivilized practice" (31). This resulted in teenage girls cutting themselves in protest (26).

Interest was increased in FGM/C in the West by Fran Hosken, a feminist who began to use the term FGM as a replacement for what was previously known in the West as 'female circumcision' (32). Western feminist discourse began to conceptualise FGM/C as part of global patriarchy; in general women who had undergone FGM/C were portrayed as extreme stereotypes such as wicked and barbaric or helpless. Interventions to end FGM/C were often seen as 'top down'. Other feminists disputed this and favoured partnership with women involved in the FGM/C. In the 1990's the

colonial attitudes towards ending FGM/C were further criticised for their ethnocentrism and demonization, as well as for their lack of acknowledgement of women already attempting to end FGM/C in their own communities (33).

Legislative changes have also altered FGM/C discourse. Recently interest and understanding around human rights, which are non relativist, has increased. FGM/C violates several international and local human rights instruments such as the Convention on the Rights of the Child (11). Additionally the 2003 Female Genital Mutilation Act in the UK criminalised FGM/C (34). However some dispute its usefulness in ending FGM/C, as there have been no successful prosecutions and there are worries over stigmatisation. Arguments over the wording of the legislation have also pointed out that age of consent is not considered, meaning vaginal cosmetic surgeries carried out in the UK should technically fall under its scope (30, 35). This hypocritical approach has also been criticised in Sweden, whose laws are similar, as discrimination based on ethnicity occurs. The overall impact of the UK law in terms of reduction in FGM/C has not been studied.

## **2.5 UK Mass media discourse around FGM/C and Agenda Setting**

Media discourse varies from traditional, informal speech as it is designed to appeal to a non-present audience, and is both non-spontaneous and on the record (36). Whilst there is no research into how women who have undergone FGM/C are portrayed in the UK media, there is some theoretical and small study evidence that the media is an important source of information for women and that how they are portrayed can have consequences on their health and wellbeing; these will now be discussed.

Agenda setting theory suggests that the mass media has an impact on what and how we think. It suggests that the media does not represent 'the truth' (which, in a relativist world is impossible), but shapes reality. Importance is placed on certain issues and certain parts of each issue to allow the media to create 'an agenda': this then determines how the general public view the issue (37). This theory has been refined over 25 years, with a huge amount of research produced that supports it

(38). This suggests that the media portrayal of FGM/C could have a significant impact on public opinion and knowledge around FGM/C.

One study interviewing Somali women in Canada with FGM/C found that they felt judged as 'child abusers' due to the sensationalist nature of FGM/C discourse and that their own efforts to end FGM/C as a cultural group were ignored. They also reported feeling judged by health professionals with an overemphasis on FGM/C during consultations about other problems (39). While this was not a UK study and does not quantify how large the effect is, it demonstrates that western FGM/C discourse does have an impact on women living with it, and that some women do feel stereotyped and judged. This reaffirms the need to examine the nature of FGM/C discourse in the UK.

The media may also be a main source of information for women with FGM/C. While no UK study has demonstrated the source of information of women, one Nigerian study that found that the largest source of information on FGM/C (31.5% of participants exclusive source) was the mass media (40). This examined pregnant Nigerian women so is not representative of the UK population, but does support the point that the mass media can have an impact on information on FGM/C, especially if information from other sources is scarce; this may have a health impact if the media is used as a source of health information.

Agenda setting has not been applied to FGM/C in previous literature. However, it has been used to examine the portrayal of human trafficking. This has parallels with FGM/C as it is a world issue with a focus on non-white women and may create victim stereotypes. In human trafficking one study found that the media focused on sex trafficking over labour trafficking, which reduced the importance based on this in order to further the government agenda of fear, xenophobia and business interests (41). Another study specifically examined the creation of an ideal victim, finding that it could cause revictimisation as it hides victims who do not fit this stereotype (42). This demonstrates that application of this theoretical framework can illustrate inconsistencies between media portrayals and victims, and shows that this can result in exclusion of those who don't fit the portrayal. This

idea of exclusion of non-typical victims is reinforced in another study looking at how discourse affected victims of trafficking; the oversimplification of the victim may negatively impact those with more complex stories (43). The reasons behind why this could occur has also been examined, with the suggestion that it is to focus on individual criminal behaviour and away from socioeconomic injustice (44, 45).

However, there is no research examining if the ideal victim stereotype is present in the UK mass media around FGM/C, despite parallels with existing human trafficking research, and the possible impacts on health and wellbeing that stereotyping could cause. This paper will try to remove that gap by examining the extent to which an 'ideal victim' is created by the UK mass media, and examining how this could impact FGM/C women.

## **2.6 Ideal Victim Theory**

Nil's Christie's ideal victim theory defines an ideal victim as someone who "when hit by crime – most readily is given the complete and legitimate status of being a victim" (46). The theory lists six categories that increase the legitimacy of a victim:

1. Weak victim: e.g. female and a child.
2. Virtuous victim
3. Blameless victim
4. The victim is unrelated to the offender (a stranger)
5. 'Big and bad' offender
6. An unthreatening or sympathetic victim combined with some degree of power and influence to ensure victim advocacy without opposition. (47)

### **3. Research Aims and Objectives**

The aims and objectives of this research were conceptualised through literature review and initial scan of media, as well as through reading charity reports.

Initially the research was designed to examine UK discourse around FGM/C. Reading UK mass media articles demonstrated stereotyping and repetitive agendas, which resulted in the decision to study mass media; this area had not been previously researched. The literature review was then carried out, which revealed evidence that the media could affect women with FGM/C in a variety of ways, as well as revealing some potential disparities between how women were portrayed in the mass media and the realities presented by research evidence. In particular parallels with the 'ideal victim' theory, previously used to study human trafficking in the UK media, became apparent.

The aim of this research therefore became: To explore discourse around FGM/C in the UK mass media and understand how victims are presented, especially in relation to the 'ideal victim' stereotype.

Objectives of the research were set iteratively, as otherwise the research would become too restricted and it was important that the research could be altered as the research process was carried out.

Objectives:

1. Identify a sample of mass media's FGM/C victim discourse
2. Examine how national newspapers portray victims of FGM/C using frame analysis
3. Discuss how the 'ideal victim' theory fits with the UK mass media representation of FGM/C victims and to what extent women are stereotyped.
4. Discuss the potential impact of the 'ideal victim' stereotype on women who have undergone FGM/C.

## **4. Methodology**

### **4.1 Epistemological and Ontological Position**

This research will use a qualitative methodology, which comes from an interpretivist epistemological position. This relativist position rejects the positivist ontological idea of a single and universal truth (48, 49). Rejecting realism, it is instead thought that the social world being studied is created by the researcher in the research process (50). This qualitative approach is appropriate in this case as the media itself and how it is interpreted is highly subjective; additionally FGM/C has a long history of varying discourse and is viewed very differently by different actors.

In line with this interpretivist position, current research on mass media generally takes a social constructivist approach, with the media seen to be shaping reality (as agenda setting theory describes). Therefore this analysis of the FGM/C media will take a socially constructivist approach, by using frame analysis.

As a result of this subjective interpretivist and anti-realist approach, a reflexive approach is critical as personal background and the research process itself will have a large impact on the results and their interpretation (50, 51). This is particularly important in this case as this research is coming from a European perspective, where FGM/C is not commonplace or culturally accepted, and where discourse and attitudes towards the practice will be very different to in the practicing communities. In order to ensure the entire process is reflexive I will keep a reflexive diary, allowing space for reflection and allowing this to shape the research process (52). Extracts from this will be included throughout the text as reflective comments.

### **4.2 Ethical Considerations**

This research did not require any approval from ethics boards as it examines freely available newspaper articles, with no inclusion of primary data. While this means no ethical considerations

around conducting interviews are required, subtler ethical questions must be asked. The subjective interpretation of the data, and the design of the research itself both present ethical questions (53).

The gap between my own background and the communities discussed in this research makes ethical considerations especially important, due to the power imbalance in this relationship; this can result in the privileging of researcher interpretations over those of actual communities involved in FGM/C (54). I would like to make it clear that as I have no personal experience with FGM/C and do not come from a background where it is practiced, and this research does not claim to represent the views of or experiences of those affected by it. Instead it tries to examine the portrayal of FGM/C from the perspective of the UK population, acknowledging that this is a limited and biased view that does not represent any underlying truth, merely the social world constructed by the research process.

Any women's stories included in the research are already published and in the public domain.

Regardless, it should be acknowledged that these stories are personal and powerful, and should be treated with respect and sensitivity, even when being critically analysed.

It should be understood that any work around FGM/C may be used to justify policy or opinions, even if these were not intended by the researcher. Potential ramifications of this research will therefore be considered carefully.

### **4.3 Frame Analysis**

Frames are essentially repeating patterns of meaning that are used in order to explain and understand the world. 'Framing', or putting issues such as media stories into frames, allows simplification and understanding through selection of certain issues and aspects of issues, which are given varying levels of salience. Frames are used across society, particularly in the media (55).

Within framing theory of the media there are many aspects that can be examined. In this research I will not be concerned with frame setting (how the stories are set and the frames developed), individual-level effects of framing, or the effect of individual frames on media frames and journalists.

However these are all important aspects of framing, and influence the overall effect of the frames (56). I will examine frame setting: this examines the salience of frames, essentially examining which frames are used and given importance. In order to examine this I will carry out frame analysis, looking at the issue specific frames used for FGM/C in the UK media.

Frame analysis, which has been described as an extension of agenda setting theory, takes a social constructivist approach. Within frame analysis both individual and media frames are important (although they somewhat overlap): media frames select particular parts and interpretations of a perceived issue and give them salience, while individual frames determine how people respond to the media presentations (e.g. due to different political views). It is therefore important to note that not everyone responds the same way to the same media frames (56).

I used five steps in my frame analysis (see table 3). The thematic categories selected reflect Nil's Christie's ideal victim theory (see section 2.6). The process was both dynamic and iterative.

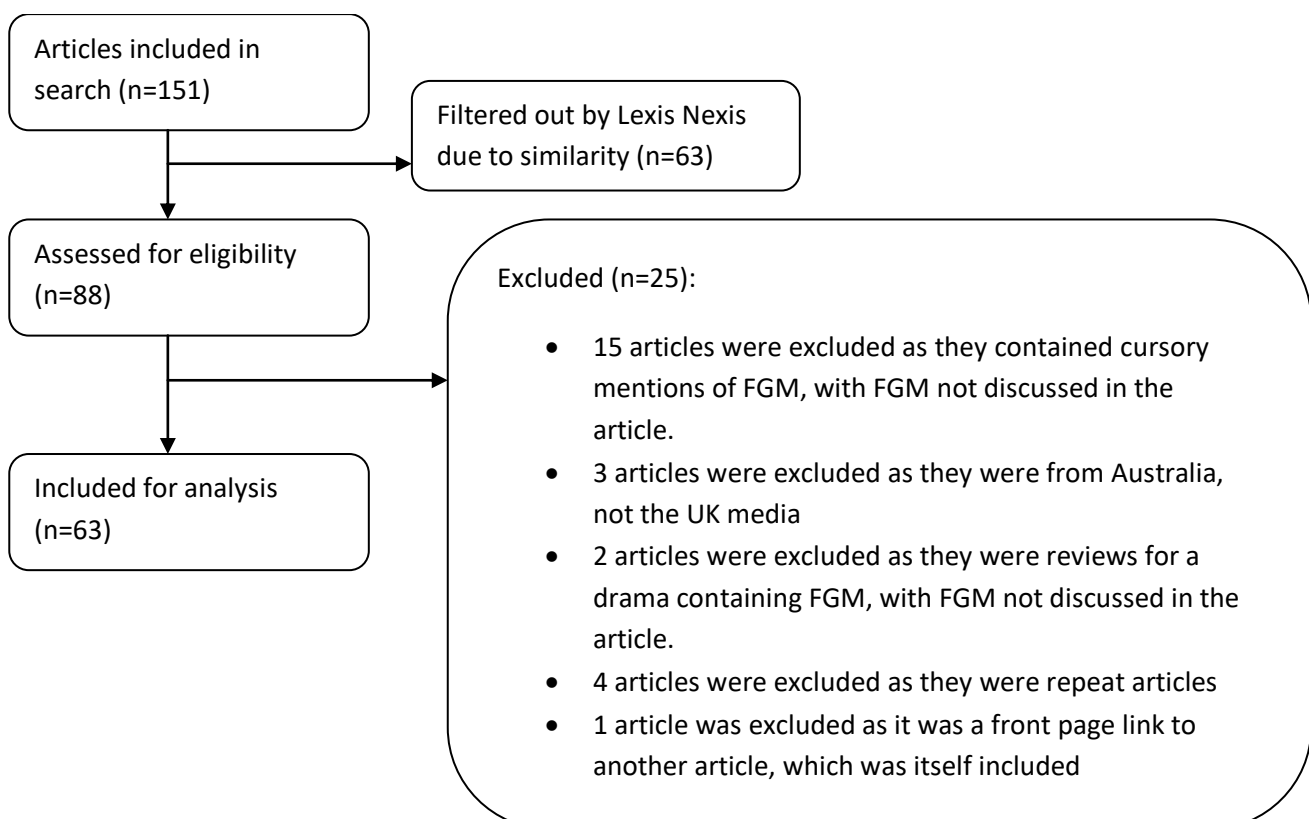
**Table 3: Steps of frame analysis (57)**

| Step                                     | Description                                                                                             | Reflection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Familiarisation</b>                   | Scan through all the selected media articles to help establish the thematic framework.                  | I briefly read through the whole sample of articles in order to help develop the framework in the next step. I also used this as a platform to carry out further background reading that was relevant to the articles.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Thematic Framework Identification</b> | Form a thematic framework with key issues.                                                              | While scanning the articles aspects of the 'ideal victim' theory kept appearing. I created an initial framework based on this theory, then coded 10 articles. This then resulted in the removal of some frames and the addition of others to allow for a better framework. The process was therefore dynamic and iterative. The framework was developed to examine each of the 'ideal victim' criteria and determine to what extent FGM/Cvictims are portrayed as 'ideal' in the national media.                                                                                                                                                                                                          |
| <b>Indexing</b>                          | Go through the media and apply the thematic framework, finding the data that corresponds to each theme. | Indexing was carried out manually. Each article was analysed for every variable, with the relevant data highlighted and documented in an Excel spreadsheet. All original data was kept (the lifted quotations recorded within the spreadsheet) to increase reliability and to ensure that transparency was maintained (to increase the trustworthiness of the research) (58). However repeatability of the research is not possible due to the interpretivist nature of the research. As an individual my interpretation of the social construction of victims will differ to any other researchers due to our unique backgrounds. Emphasis on repeatability would reduce the depth of analysis possible. |
| <b>Charting</b>                          | Arrange the data from indexing into charts and tables.                                                  | Charting allows the large volume of raw data to be reduced and summarised (59). The quotations placed in the excel spreadsheet were converted into binary form to allow tables and charts to be created more easily. For each theme a table was created, and this used to create illustrative charts.<br>I used quantitative methods to condense results and communicate them clearly; however this analysis is based on the thematic framework which was developed qualitatively using theory. The graphs and tables are therefore not providing pure quantitative evidence but are there to aid understanding (60).                                                                                     |
| <b>Mapping and interpretation</b>        | Analyse the data                                                                                        | The frames were grouped into themes based on the 'ideal victim' theory, and discussed in detail. Quotations were included to provide evidence, illustrate points, increase the depth of the research and to allow some individual interpretation by the reader (61).<br>Some negative case analysis was carried out to increase depth and validity (60). Negative findings tend to come from 'the Guardian', which seemed to be the least typical paper in terms of framing. However this was not tested for in the coding framework and may just be personal bias as I enjoyed reading the Guardian articles more (its political position is the most in line with my own).                              |

## 4.4 Data Collection

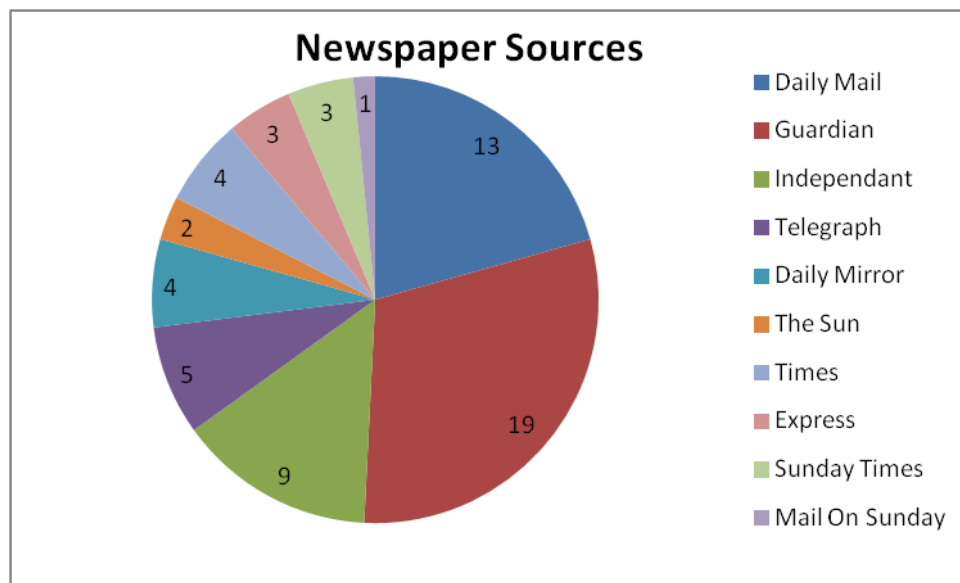
Lexis Nexis, which provides a searchable database of newspaper articles, was used to identify national newspaper articles about FGM/C victims. Initially a search was carried out using the terms 'FGM' or 'Female Genital Mutilation' or 'Female Circumcision' and 'Victim' or 'Victims'. Cutting was not included as a search term as it was not specific to FGM/C and generated a large number of non related articles. This was limited to articles between 13/02/17 and 13/02/16, to ensure the articles were up to date and to reduce the number of articles for manageability. This generated 292 articles. However many of these did not include FGM/C as a main part of the article. The search was updated so that the terms 'FGM', 'Female Genital Mutilation' or 'female circumcision' had major mentions. Additionally the term 'survivor' was added as this came up as an alternative term to victim in the scan, producing 151 articles. Duplicates were removed. This produced 88 articles. These were scanned and used to develop the thematic framework. During the scan a number of articles were excluded (see figure 1). This left a final sample of 63 articles for indexing. For a list of these articles and the specific search criteria from Lexis Nexis see Appendix A.

Figure 1: Process of article selection



The articles came from a number of national newspapers, 41 of them from broadsheet newspapers and 22 from tabloid newspapers. The breakdown of newspapers that the articles were sourced from is shown in figure 2. A wide variety of Newspapers were used to increase the scope of the analysis.

**Figure 2: Breakdown of Newspapers that the sample was sourced from**



## 4.5 Thematic Framework

The framework was based on the 'ideal victim' theory: basing the framework on a theory was used to increase reliability (62). See table 3 for further detail. The frames, their variables and justification for them is given in table 4.

**Table 4: Thematic framework used for indexing and justification**

| Frame                                              | Variable                         | Justification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vulnerable/Weak and Blameless victim: Child victim | Reference to age or child victim | The idea of a weak or vulnerable victim is the first criteria in Nil's Christies ideal victim theory, and inclusion of this leads to better acceptance of victimhood. The emphasis on children is part of the virtuous and blameless victim categories of Nil's Christies theories, as children are by default the model of innocence. As children are often cut emphasis on age is likely to increase the visibility of FGM. Previous research has shown that children have a unique status in terms of the level of protection deemed acceptable and the preservation of their innocence (63). This is reflected by the fact that children are often used to increase support in the media by non-governmental organisations (NGOs) and other advocacy groups (64). |
|                                                    | Child Abuse                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|                                         |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         |                                                                   | Initially infantilisation of adults was also going to be included as part of the frame but this variable was too vague so was removed during indexing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Vulnerable/Weak Victim: Female emphasis | Emphasis on gender of victim                                      | In addition to children women have vulnerable status, as in a patriarchal society that values masculinity they are regarded as weaker than men. Feminist campaigns on sexual violence also increased the visibility of women as vulnerable victims (47). Women being helpless is a recurring theme in victim discourse, for example in portrayal of battered women (65). During the scan many mentions of gender were found, suggesting that this portion of the ideal victim criteria may be emphasised in the news media.                                                                                                                                                                                                                          |
|                                         | Victim described as vulnerable                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Vulnerable/Weak Victim: Ethnicity       | Mention of country of origin or ethnic background as non European | During the scan many mentions of countries of origin were found, which could make them seem more vulnerable. Women from outside the west are frequently portrayed as victims in the media (66).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Religion                                | Muslim                                                            | While indexing many mentions of religion were found, which tie into the idea of ethnicity and a vulnerable victim. Islamophobia and sexism intersect to discriminate against Muslim women in particular, who are often portrayed as passive and vulnerable victims (67, 68).                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                         | Christian                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | Jewish                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | Non specific                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | Not mentioned                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | Absence of teachings emphasised                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FGM/C as illegal                        | Mention of law                                                    | During the scan I found many mentions of the laws around FGM/C and discussion of FGM/C in a criminal context. As FGM/C is a complicated problem a legal frame may be used to simplify the issue, making it easier to understand and sell. This has occurred with other complex international issues in the media, for example the Gulf War (69). Crime reporting has a set narrative structure making it easy to write and understand. This is reflected by the huge number of crime stories in the media and in fiction, which have been shown to be inversely proportional in volume to the actual amount of crime (70). This frame is also linked to a human rights framing approach as this is also a legal approach based on international law. |
|                                         | Mention police                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | FGM/C as crime/ FGM/C protection orders                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | Lack of convictions                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | Discussion of arrest or prison sentence                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FGM/C as human rights issue             | Discussion of human rights                                        | One method of framing FGM/C is as a human rights issue, which promotes universalism and therefore confers victim status on anybody, regardless of status, who has these rights breached. FGM/C breaches the Universal Declaration of Human Rights and other legally binding human rights instruments such as the Covenant on the Rights of the Child (11). During the scan I reflected on this in relation to my own experience: <i>"Having previously studied FGM/C from a human rights and legal perspective, I understand this universalist viewpoint, rejecting any relativism can simplify the issue in your head"</i> .                                                                                                                        |

|                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 'Big Bad' Cutter or Traumatic Cutting Experience | Stranger as cutter                                                   | This is also one of Nil's Christies ideal victim criteria. Cutters are, in relation to their victims far more powerful. The simplification of offenders by making them out as 'big and bad' is easier to understand and has narrative power. During the scan I found many articles from tabloids that described women who cut in this manner.<br><i>"The idea of using words like 'witch' makes me deeply uncomfortable, as this was traditionally used in a European context to scapegoat women. It seems questionable to vilify women based on a societal problem, especially when they themselves were victims of FGM/C. I find it interesting that doctors, who carry out FGM/C in many countries, are not mentioned; possibly because we respect doctors in the UK so they don't make a simple villain. "</i> |
|                                                  | Old women/witch cutter                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  | Graphic language around cutting                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  | Cruel cutter                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| No parental involvement                          | Lack of mentioning parents                                           | During the scan parents were rarely mentioned as part of FGM/C, even though they are key to its perpetuation. One of the criteria for the ideal victim is that the victim doesn't know the offender, so this ties into this aspect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  | Cutter as an unknown or unfamiliar person                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Simplified Cause behind FGM                      | Simplified motive                                                    | During the scan I found that motive and the idea of the FGM/C cycle was rarely used. This again allows for easier understanding and storytelling. This ties into the idea of the offender as a 'big bad'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                  | No mention of perpetuation or cycle                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Consequential FGM/C                              | Sexual                                                               | Discussing the consequences of FGM/C, especially in graphic detail, establishes the harm done by FGM/C and cements victim status. Minimising sexual consequences may also occur to keep the victim 'blameless' and innocent. The 'vague or non specific' variable was added during indexing as consequences were not always categorised.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                  | Physical                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  | Physiological                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  | Vague or Non specific                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FGM/C as a prevalent issue                       | Statistics on FGM/C prevalence or incidence in UK                    | During the scan I found that prevalence and figures were often used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                  | Worldwide FGM/C statistics                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  | Prevalence of particular service use (e.g. specialist birth clinics) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Women as advocates or power figures              | FGM/C Victim speaks out                                              | This was added during indexing, as many mentions of charities and statements from women, both FGM/C victims and not, were in the articles. Power to promote victim interest is an important part of Nil's Christies criteria, as this is important to raise visibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                  | FGM/C victim as advocate or charity worker                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  | Women from UK who is not victim of FGM/C as advocate                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

#### **4.6 Limitations**

A key limitation to this study is that all of the information examined was in English, ignoring UK based foreign language papers. This excludes the information sources of many women, especially those who don't speak English. Additionally only newspapers were examined, no social media, which is becoming an increasingly important method of mass communication. Another limitation is that Lexis Nexis does not provide pictures from articles, so any information provided by graphs or images would not have been included in the analysis.

The use of a single coder was limiting as there was no cross checking from another coder to increase reliability. Articles were checked through twice to attempt to increase reliability of the coding but this was carried out by the same coder. Codes were additionally tested through discussion with my supervisor to increase reliability.

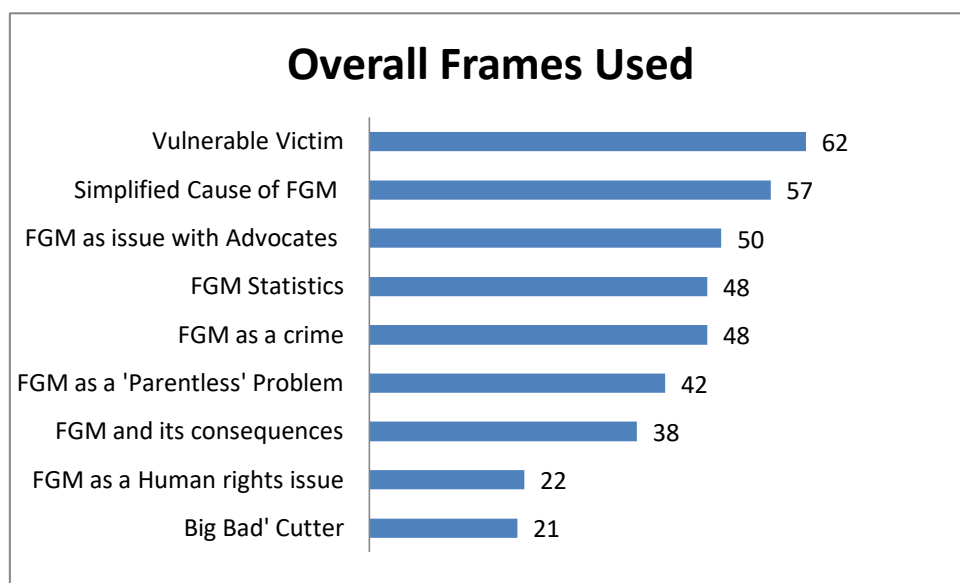
## **5. Results**

Results will first be presented by frame (charting), before being grouped into themes (mapping and interpretation). See table 3 for discussion around these steps and their methodology. For the data tables behind the graphs see Appendix B.

### **5.1 Overall Results**

Overall the frames most used were the vulnerable victim frame and the simplified FGM/C frame. The number of articles containing each general frame (including all of its variables) can be seen in figure 3.

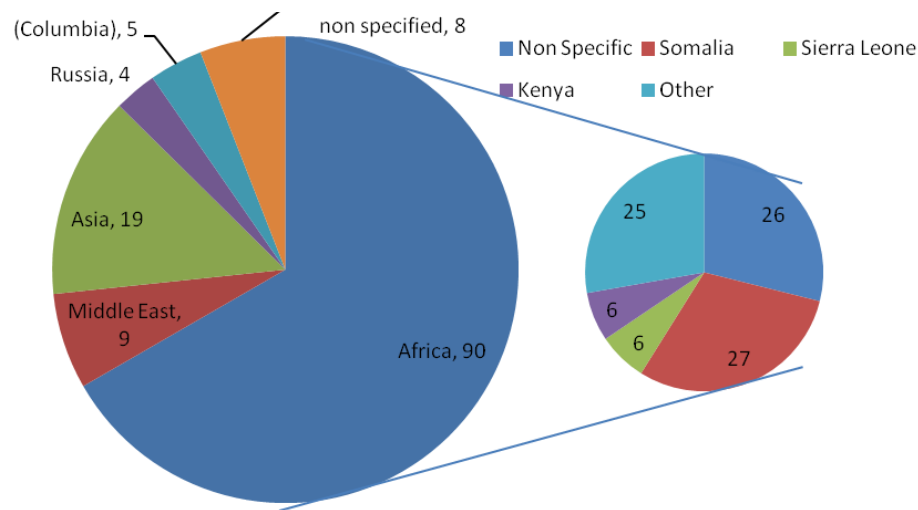
**Figure 3: The overall frames and the number of articles that contain each frame**



### **5.2 Vulnerable Victim Frames: Child, Female, Non Western and Religion**

Victims were described as children in a majority of articles (83%). This included terms such as "youngster", as well as actual age being given. Additionally FGM/C was described as child abuse in a third of articles. Victims were described as female in 94% of articles, with "women and girls" commonly used to describe them. Non 'Western' ethnicities or countries were also linked to victims in 92% of cases; this included a range of different countries and continents. Africa was the main continent given, often generically but also as specific countries, most commonly Somalia (27 articles). Figure 4 compares the degrees to which countries were mentioned. Table 5 lists all the countries given in the articles.

**Figure 4: Pie chart showing the number of mentions of places of ethnicity in the sample**



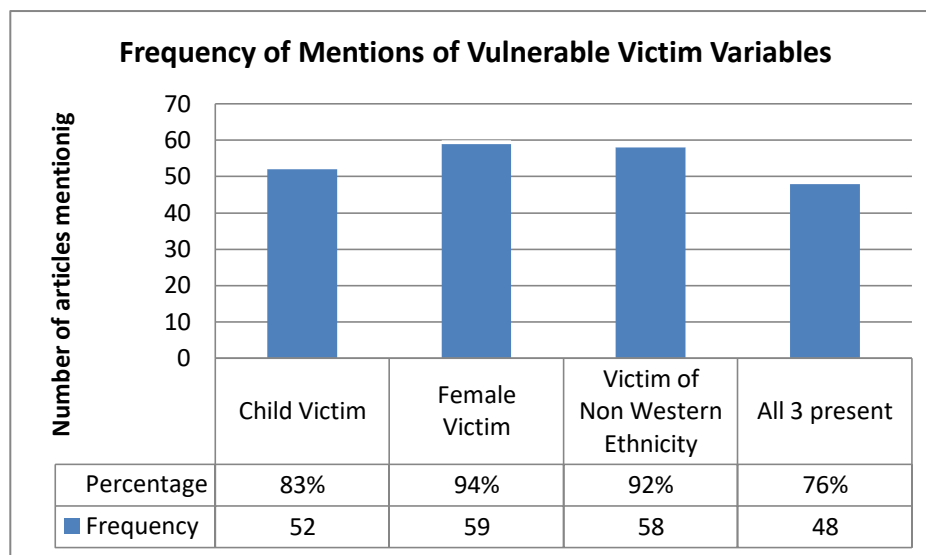
**Table 5: Countries and Ethnicities mentioned in the sample**

|                          | Ethnicity                       | Frequency |
|--------------------------|---------------------------------|-----------|
| <b>Africa</b>            | Somalia                         | 27        |
|                          | Non Specific: Africa            | 26        |
|                          | Sierra Leone                    | 6         |
|                          | Kenya                           | 6         |
|                          | Egypt                           | 4         |
|                          | Mali                            | 3         |
|                          | Eritrea                         | 3         |
|                          | The Gambia                      | 3         |
|                          | Nigeria                         | 3         |
|                          | Yemen                           | 3         |
|                          | Sudan                           | 2         |
|                          | Guinea                          | 1         |
|                          | Burkina Faso                    | 1         |
|                          | South Africa                    | 1         |
|                          | Central African Republic        | 1         |
| <b>Middle East</b>       | Non Specific: Middle East       | 8         |
|                          | Kurdistan                       | 1         |
| <b>Asia</b>              | Non Specific: Asia              | 7         |
|                          | Indonesia                       | 7         |
|                          | India                           | 3         |
|                          | Singapore                       | 1         |
|                          | Pakistan                        | 1         |
| <b>Russia</b>            | Dagestan                        | 4         |
| <b>South America</b>     | Columbia                        | 5         |
| <b>Refugee/Immigrant</b> | Non Specific: Refugee/Immigrant | 8         |

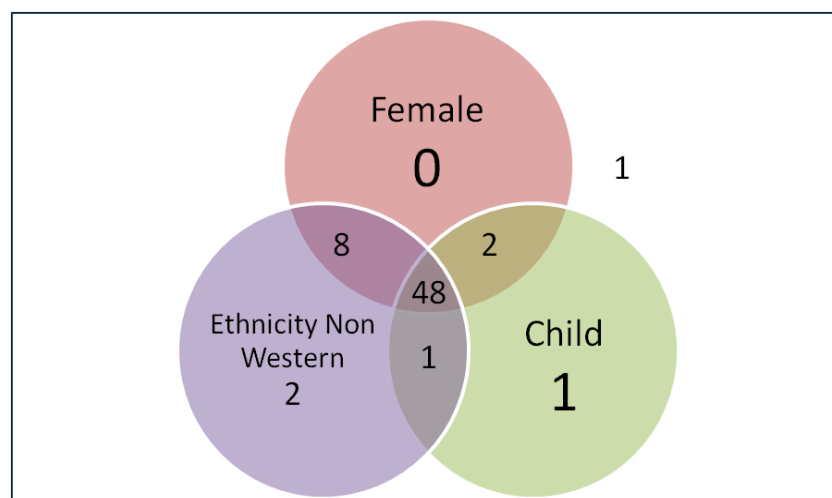
The degree to which each of the 'vulnerable victim' frames was present across the sample can be seen in figure 5; all were highly prevalent. Additionally, the three intersected frequently (see figure 6), with 76% of articles mentioning all three. This was particularly illustrated when it occurred within the same sentence, for example:

*"young girls from African backgrounds, and especially from Somalia". (A29).*

**Figure 5: Frequency of mention of vulnerable victim frames**



**Figure 6: Venn diagram showing intersection and overlap of vulnerable victim frames**



While most articles did not mention religion (see table 6), in the third of articles in which it was mentioned, Islam was the most common religion named (see figure 7). The next most common

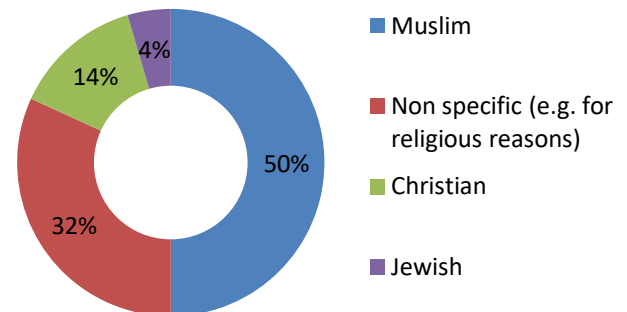
religion mentioned was a general mention with no specific denomination given. Very few articles mentioned Christianity as being linked to FGM.

**Table 6: Religion by frequency and percentage of mentions**

| Religion                                  | Frequency of Mentions | Percentage |
|-------------------------------------------|-----------------------|------------|
| Muslim                                    | 11                    | 17%        |
| Non specific (e.g. for religious reasons) | 7                     | 11%        |
| Christian                                 | 3                     | 5%         |
| Jewish                                    | 1                     | 2%         |
| Not mentioned                             | 42                    | 67%        |

**Figure 7: Proportion of religions mentioned when religion is mentioned**

### Type of Religion Mentioned by Percentage



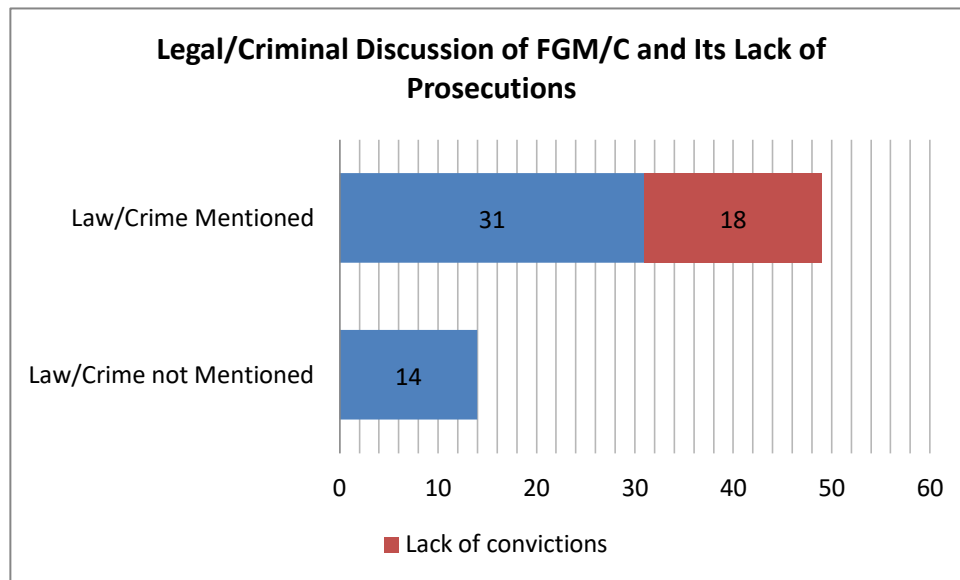
## 5. 3 FGM/C as a Crime

FGM/C stories were often framed as crime stories; this was discussed further in table 4. In 49 of the articles FGM/C was framed as a crime; this included mentioning the laws in the UK, discussing arrests or prosecutions and including comments from the police. The issue of lack of prosecutions was also frequently given salience. For example one illustrative quote is:

*"The failure of police and prosecutors to secure a single conviction of any individual for female genital mutilation in more than 30 years is a national scandal". (A19)*

Figure 8 shows the number of articles mentioning the law, as well as the number of articles drawing attention to the lack of prosecutions.

**Figure 8: Legal discussion of FGM/C and its lack of prosecutions by number of articles mentioning**

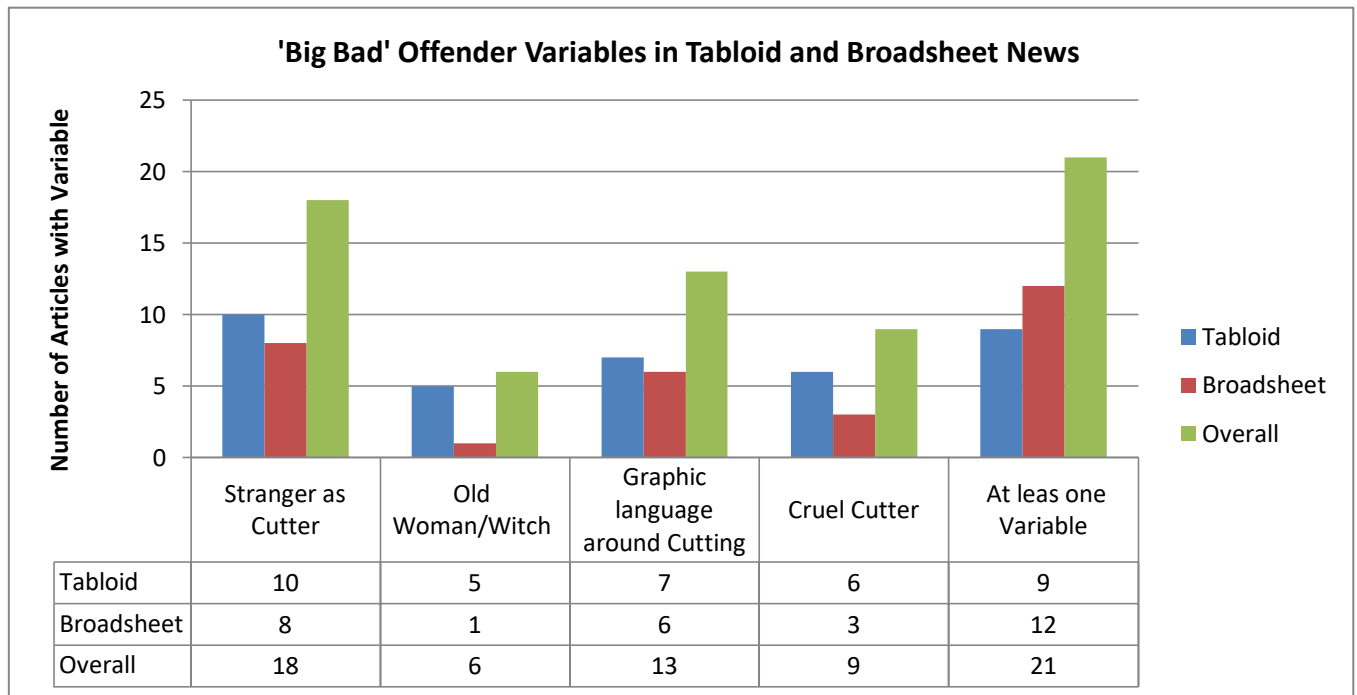


FGM/C was less commonly framed as a human rights issue; international law was discussed far less than local law. 22 articles (35%) mentioned human rights. This could include discussion of the particular rights violated or general, non specific discussion.

## 5.4 Big Bad Offender

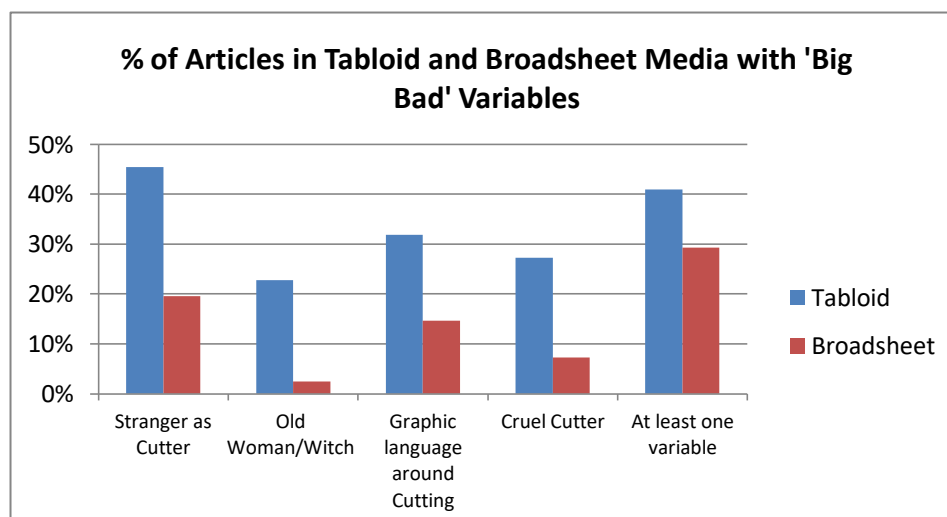
At first glance the 'Big Bad' offender frame (Christie's fourth criteria) was the least used, with 21 (one third) articles using any of its variables. Figure 9 shows the total number of mentions of each variable. During coding it was noticed that 'Big and bad' offenders were more often discussed in the tabloid media; if split into tabloid and broadsheet data, tabloid papers have more mentions of 'big and bad' offenders than broadsheets. As there are fewer tabloid articles included in the sample than broadsheets this further increases the disparity.

Figure 9: Big Bad Offender variables compared within tabloids, broadsheets and overall



If the results are shown as a percentage of the total number of articles within broadsheet and tabloid samples, which adjusts for the discrepancies in size and allows for better comparison, the difference becomes even clearer (see figure 10). Over 45% of tabloid articles include the variable stranger as cutter compared with just 20% of broadsheet articles. The least common variable, cutter as witch or old woman (e.g. "*witch-doctor*", "*old woman*") is found within 23% of tabloids compared with just 2% of broadsheets.

Figure 10: Articles in tabloid and broadsheet with big bad variables by %



## 5.5 Parental Involvement

Lack of involvement of parents relates to the stranger as offender part of the ideal victim theory.

Parents were mentioned in just one third of articles (see figure 11). This could include forgiveness of love towards parents e.g.:

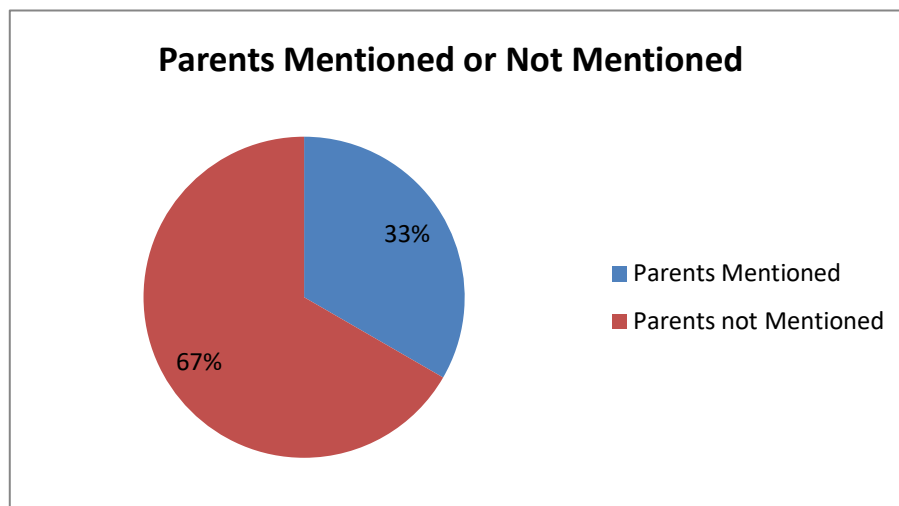
*"I'm not angry at my mother. I'm angry at the men who make these rules". (A30)*

It could also include negative discussion around parental involvement such as:

*"a mother had forcibly held down her terrified daughter". (A56)*

In a majority of articles parents were not discussed as part of FGM/C at all.

Figure 11: Parents mentioned or not mentioned in sample



## 5.6 Cause of FGM

23 articles gave a motive behind FGM (27%), 40 articles not giving any motive (63%).

11 of the articles out of 23 gave motive as sexual control of women (e.g. *"to keep them pure for marriage"*, *"reduce female sexuality"* and *"prevent promiscuity"*). Other motives included *"discrimination against women"*, cultural or religious reasons, and tradition (e.g. *"ritualistic"*). Only one article gave a motive that implied love towards the child:

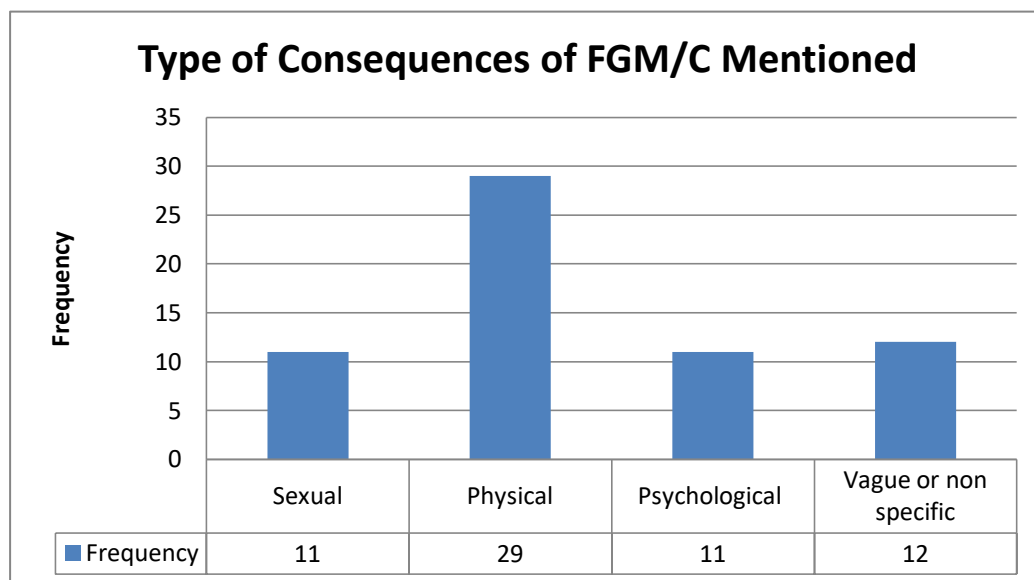
*"misguided notion of love and protecting her." (A57)*

Additionally only 10 articles mentioned perpetuation or the cycle of FGM (16%); 53 of articles had no mention of perpetuation (84%).

## 5.7 Consequences of FGM/C

Consequences of FGM/C were discussed in 38 articles(60%). This included vague mentions such as "long term health dangers", as well as more specific discussion. This was grouped into sexual, physical or psychological consequences (see figure 12). The most commonly discussed consequences were physical, including "*bleeding*", "*pain*", "*infection*". Sexual (e.g. "*extreme discomfort during sex*") and psychological (e.g. "*PTSD*", "*trauma*") consequences were discussed far less frequently.

Figure 12: Consequences of FGM/C



## 5.8 Statistical FGM

A commonly used frame was FGM/C as a statistical issue. This included both UK and worldwide statistics. 48 Articles framed FGM/C through statistics, which included worldwide statistics:

*"over 200 million women and girls have gone through FGM"* (A1)

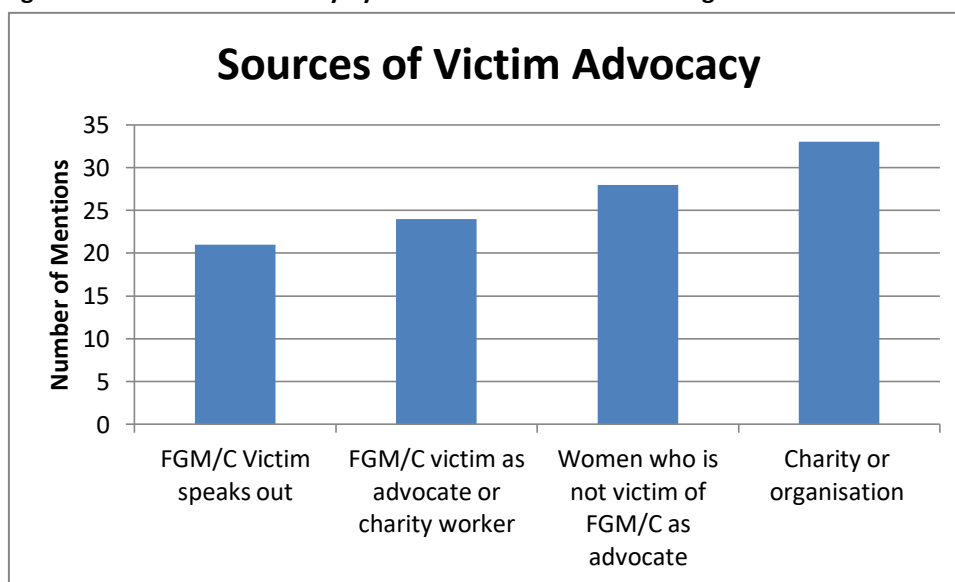
UK specific statistics were also included, such as:

*"There were 5,700 new cases of FGM recorded in England last year".* (A6)

## 5.9 Advocates Behind FGM

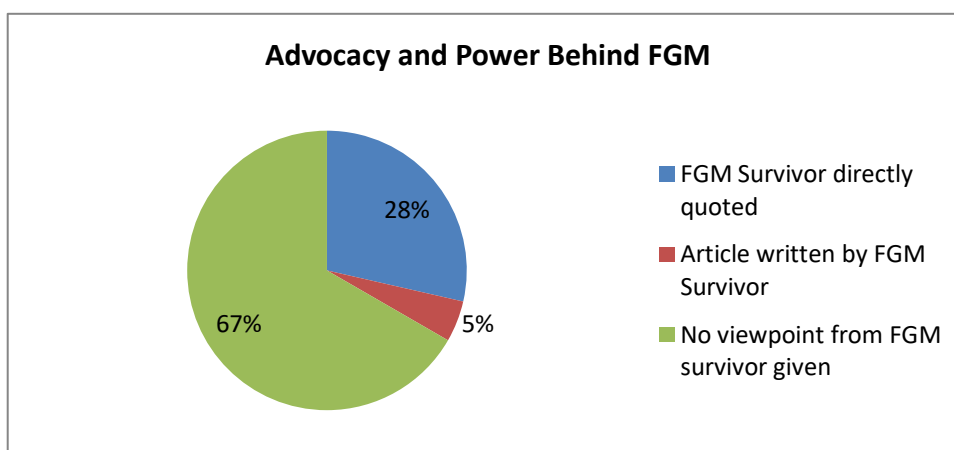
Within the ideal victim theory the last criteria requires the victim to have some degree of power or influence. However where this comes from can vary: it can come from the victims themselves, advocates for their cause, or charities. 50 of the articles had some degree of advocacy from victims, charities or other women, some with multiple sources of advocacy. Advocacy from each source can be seen in figure 13. The type of advocacy that was most common was from a charity or organisation, such as "*Plan*" or "*Equality Now*" (who were frequently quoted).

Figure 13: Sources of advocacy by number of articles mentioning



21 articles included an FGM/C survivor speaking out: 18 through direct quotation and 3 with the author herself as a survivor. A majority of articles (67%) gave no viewpoint from any of these women. This can be seen in figure 14.

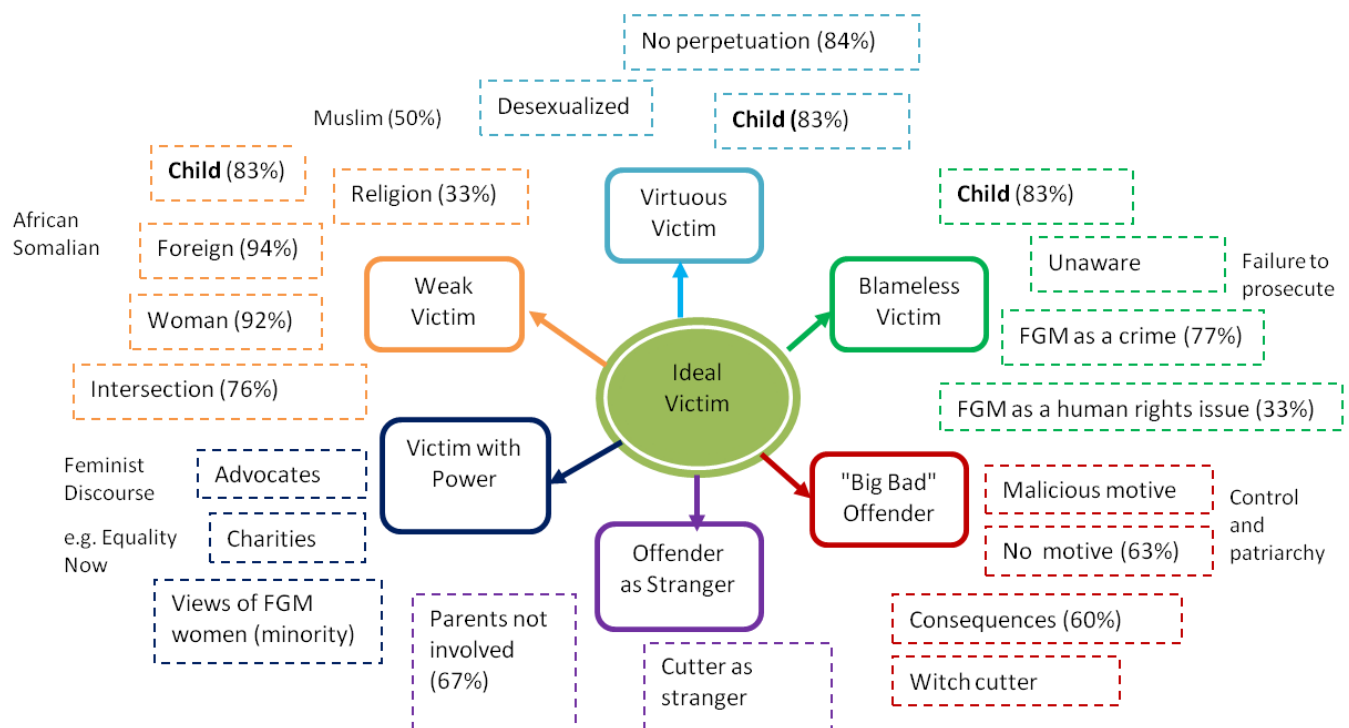
Figure 14: Representation of women with FGM/C in the articles



## 6. Mapping and Interpretation

Results were mapped to group frames into themes: each theme is an attribute of the ideal victim theory. Each attribute has a number of frames that tie into it. This is shown in figure 15.

Figure 15: Mapping of frames into ideal victim themes



### 6.1 Weak victim

This theme is Christie's first ideal victim attribute: the idea that the victim is weak in relation to the offender. This was demonstrated in the articles by the high prevalence of child, women, non Western ethnicity and religious frames (only one article mentioned none of these).

The young age of children was emphasised in the articles by giving actual age (e.g. "*six years old*"), implied younger age (e.g. "*toddler*", "*tot*", "*baby*") and by using language that suggested vulnerability (e.g. "*tiny bodies*", "*helpless*", "*skinny shoulders*"). Even when older women or teenagers were discussed, the young age of victims was brought up. For example, one article discussing a seventeen year old clarified:

*"younger girls are usually the victims of this procedure." (A47)*

Children have special weak victim status, requiring a greater degree of protection to preserve their innocence (63). The social construction of victims as children in the media is not unique to FGM/C; children are frequently used not just by the media but also by charities and advocacy groups (64). The repeated framing of FGM/C as child abuse ties into this previous coverage, as recent decades have seen awareness and media coverage of child abuse increase rapidly, with increased protectiveness over children (71). Overall this portrayal of children as abused, young and helpless makes them seem extremely vulnerable and allows FGM/C victims to fit the 'weak' ideal victim attribute.

The femaleness of FGM/C was emphasised by discussion of "*women and girls*" and "*sexual inequality*", as well as the inclusion of articles in female sections of papers, or as part of international women's day. Vulnerability is traditionally gendered as part of patriarchal norms. Women are seen as helpless and in need of protection, as well as being at increased risk of sexual violence; this is seen in not just FGM/C but in the portrayal of other victims such as battered women (65).

Ethnicity was mainly framed as African. Afro-pessimism is a broad concept that refers to the generalised negativity applied to the whole continent, echoing colonial narratives, with the media focusing on only negative stories and simplifying problems (72). This was apparent in the sample, as ethnicity was generalised as 'African' or FGM/C described as being from Africa in 41% of articles. This oversimplification is typical in the media, and framing FGM/C victims as 'African' ties into this afro-pessimism to make them seem more vulnerable. Additionally Somali ethnicity was the most frequently given in the articles: the UK has the largest Somali refugee community in Europe (73). Refugee discourse often ostracises refugees and sees them as 'others' through trauma, suffering and vulnerability (74). Some articles referred to refugees generically, not even stating their country of origin, also framing victims as the 'other' and implying trauma and vulnerability.

Additionally identities also interact. Intersectional theory is the idea that multiple identities, such as gender, sexuality, age and ethnicity, combine to create a unique identity subject to its own level of oppression (75). Numerous articles (76%) included the three child, female and non-Western ethnicity frames, which intersect to create a population subject to increased oppression, making them appear as even more vulnerable. A key intersection was Islam and gender, with Islam the most common religion named in the articles. Muslim women are often portrayed as vulnerable and passive victims in the media, with their agency minimised; this portrayal ties into the idea of FGM/C victims as weak (67, 68).

## **6.2 Virtuous victim**

The second theme is the 'virtuous' victim attribute of Christie's theory; this vague term suggests both innocence and respectability. A clear example of a non-virtuous victim likely to be marginalised would be violence against a sex worker; as sex work is not generally seen as 'respectable' or legal. Virtuous women are mothers, daughters and wives who are portrayed in the media differently, and sometimes in opposition, to 'deviant' women (76).

From the frame analysis it is clear that FGM/C victims in the UK media were frequently portrayed as 'virtuous'. Firstly the majority (83%) focus on children helps to establish the virtuous attribute. Children have innate innocence and special status as victims (63). In addition children were not presented as sexual beings in any of the articles, and are not seen as having a sexuality.

Sex, or more importantly a lack of it, seemed to be key in the portrayal of victims as 'virtuous'.

Limited discussion around sex was a key finding in the frame analysis: only 11 articles mentioned any sexual consequences for women. Within these articles "loss of sexual pleasure" and 'discomfort' were discussed, essentially desexualising women. 11 articles also gave motive as controlling sexuality of women, which was a significant number within the small number of articles that gave any motive. However only one article discussed the sex lives of survivors of FGM/C in a positive light:

*"Patriarchy tried to prevent me and over 200 million FGM survivors from living as sexual beings, but through therapy and a loving supportive partner many of these women can and are enjoying sex. There is hope." (A27)*

This negative case, from 'the Guardian' (a liberal broadsheet), was actually written by a woman who had undergone FGM/C, so did not frame victims as a stereotype and did not victimise women (using the term survivor instead). However a majority of articles failed to discuss female sexuality at all. As one article put it:

*"Something that hurts so many girls and women is kept silent and taboo because it has to do with our vaginas and with sex." (A54)*

Additionally the idea of victims as 'virtuous' was maintained by the lack of discussion of the perpetuation of FGM/C in the articles. A large majority (84%) of articles did not discuss perpetuation, with no mention of the cycle of FGM/C or previous victims of the practice continuing it. Framing FGM/C as a non perpetuating problem reduces the complexity of the victims and prevents ambiguity.

### **6.3 Blameless victim**

The 'blameless' victim attribute describes a victim who could not in any way be responsible for their situation (46). The framing of FGM/C victims as children supports this attribute as children are innocent and not seen as in control of their situations. For example, child soldiers are not seen as responsible for their actions in humanitarian and media discourse (77).

Moreover children in the articles were described as having a lack of knowledge around FGM/C before it was carried out, with no consent given or awareness of what was going to happen. For example:

*"Ranalvi remembers when she was 7, her grandmother promised her candy and ice cream. Instead, she was taken to a dingy room in a back alley." (A30)*

This lack of consent or awareness makes it clear that victims are blameless and couldn't have predicted or controlled their experience. It should be noted however that lack of awareness of FGM/C was not coded for, so this observation is of limited significance.

Framing FGM/C as a human rights or legal issue with a universalist approach also makes it clear that women have had their rights violated, with no excuse for this action (11). This resolves women of blame as in rights discourse every person is subject to protection, no matter who they are.

#### **6.4 'Big and bad' offender**

The 'ideal victim' is framed not just through the victim themselves but through the offender, who is in comparison to the victim morally inferior and more powerful (46). This was demonstrated in a number of ways in the articles. The use of the term 'witch' to describe cutters in the tabloid news reflects the use of shock tactics and horror. Use of descriptors such as "*evil*" and "*barbaric*" reinforces the framing of cutters as cruel and wicked. While the concept of evil is a social construction people have a need to distance themselves from offenders (69, 78); use of language such as this, as well as dehumanising cutters by describing them as witches, helps to separate offenders from the reader and construct them as 'big and bad'.

The lack of motive for carrying out FGM/C also frames cutters as 'big and bad'. Motive was not given at all in a majority of articles (63%), and when it was given it was mainly described as subjugation and control of women. For example:

*"The goal is to make these women the servants of a man, deprived of pleasure" (A32)*

Only one article discussed the idea of a mother having her child cut because she loved her:

*"her mother didn't do it out of hate or abuse, they did it out of a misguided notion of love and protecting her." (A57)*

This outlying article, also from the Guardian like the previously discussed negative case, discussed a book written by a woman about her experience of FGM/C and childhood in Somalia. It featured many quotations from the original book and discussion around this. This article therefore did not frame the victim as 'ideal' as the author of the book had given a full life experience and was therefore more rounded and complex than the simple stereotype.

In communities where FGM/C is endemic girls who are not cut may be socially ostracised and stigmatised, and may be unable to marry. There is therefore a strong social pressure and motive to continue the practice to ensure social integration and opportunities for the family (79). While gender inequality and the subjugation of women lie behind the practice, the individual motives of parents and cutters are more variable. Ignoring the pressures behind FGM/C and framing it as an abuse without any understandable motive establishes cutters as 'big and bad'.

## **6.5 Offender as Stranger**

One attribute of the 'ideal victim' is the offender as a stranger – not just to the victim but to the audience (46). This attribute was met in the sample through the direction of attention away from parents as offenders and towards foreign and less 'civilised' societies, and cutters. While FGM/C parents and families (clearly not strangers) choose to take their children to be cut, and are culpable under UK law (34), a majority of news articles did not frame parents as the offenders, with 67% not mentioning parents at all. When parents were described it was usually in a way that divorced the mother from the loving parental role, for example:

*"During this time, her hatred for her mother becomes so intense that ever afterwards she is repulsed by her." (A55)*

*"a mother had forcibly held down her terrified daughter" (A56)*

Offenders are therefore described as very different from the typical mother who is viewed as loving. Additionally cutters were described as 'big and bad' to draw attention to them as offenders who are strangers.

## **6.6 Unthreatening yet Powerful Victim**

To be 'ideal' a victim is a dichotomy: they must be weak enough to be seen as a victim but have enough power to be advocated for and claim victim status. International crimes in particular have a strong NGO base of advocacy as victims may have insufficient power of their own (69). The presence of FGM/C victims in the media is already evidence of power: the media is a huge source of information and advocacy. Many of these articles had quotes or statistics from NGOs such as 'Plan international', or from women campaigning to raise awareness of FGM/C. A majority of these women were not FGM/C victims themselves. The number of actual women quoted who had undergone FGM/C was very small, with only 2 articles actually written by FGM/C victims. This suggests that much of the power driving the advocacy of victims and presence in the media is not from the victims themselves, but from other women and organisations. This is in keeping with feminist movements interest in FGM/C as part of the global patriarchy and increased emphasis on human rights and international law (11, 33).

## **7. Discussion**

'Victims' and 'victimhood' can be perceived as social constructions by the victims themselves, by the mass media and by wider society. In this way a woman in her original country, where FGM/C is highly prevalent, may not be perceived as a victim. However if she migrates to the UK, where FGM/C is seen as problematic and abnormal, she may define herself as a victim, and be defined as such by the media and wider society.

The use of stereotypical 'ideal victim' frames in the mass media can be beneficial. Victims may be constructed in this way by advocates and women who have undergone FGM/C in order to draw attention to their cause in a way understandable to the public (65). FGM/C can be used to show persecution and justify asylum claims (80), and women may use their agency to fit the 'ideal victim' narrative, claim victim identity and strengthen their asylum cases; a simplified story with little ambiguity may aid her in the asylum seeking process (81).

However there are many ways in which the identities of FGM/C women could fail to align with the 'ideal victim' created by the media. The emphasises on blameless children may be problematic: women can be cut as older children, teenagers or adults, before marriage, after childbirth or during pregnancy and may have asked for or known of FGM/C before being cut (82, 83). These women are still subject to the health consequences of FGM/C and have still had their rights breached, and are unlikely to have given informed consent due to age, societal pressures, lack of information or coercion (84). However they do not fit the 'ideal victim' stereotype. Women who feel that they have agency and are not passive may also be excluded. Very few women who had undergone FGM/C were featured in the articles, and in these cases they were defined by FGM/C. The framing of the actual act of FGM/C as brutal and barbaric may also not reflect all women's experiences; this does not reflect increased medicalisation (4, 11), which was rarely discussed in the articles, with the experiences of women who had a medical operation or anaesthetic not widely presented. There is some research showing that medicalisation of FGM/C in the UK is significant: a small study looking at

FGM/C referrals in UK children found that 71% had been cut in a medical setting (4). This was limited by small sample size that was not representative as it was composed of mainly Somali children referred to safeguarding (child protection). However it is in keeping with the worldwide findings of increased medicalisation and suggests that FGM/C in a professional health setting may reflect many women's FGM/C experiences in the UK (although this frame analysis did not code for medicalisation, so the exact representation of this is unclear).

Deviating from the 'ideal victim' stereotype may have consequences legally, socially and medically. Women may have problems gaining legitimacy if they do not conform. This is illustrated by the treatment of sexual assault victims, who may be disbelieved by the legal system and society if their assault was not stereotypical (e.g. if they didn't 'fight back') (85). In the same way if FGM/C victims do not fit their media portrayal as the 'ideal victim' stereotype, they may be viewed unfavourably by the courts. This may be relevant in terms of asylum seeking claims, where credibility is assessed and persecution must be established (86). Additionally women who do not allow their victimised status to be constant may be viewed as requiring less support, for example in specialist services such as counselling or health clinics (87). Their response to their experience may be seen as an 'inappropriate' response to trauma and be invalidated. This has been demonstrated hypothetically in the case of rape: a study examining responses to the stories of rape victims through interviewing found that if a woman's story was presented where she said she had not been majorly affected by her experience of rape this was disbelieved and rejected, even though the respondents had no experience with rape of their own to draw on (88). While this study did not examine FGM/C, it does demonstrate that if women do not respond in the stereotypical expected manner this can cause rejection from peers.

Internally there could also be consequences: if the self image of a victim does not align with the stereotype, this may cause identity problems (42, 65). Additionally reification could occur, with victims taking on negative characteristics such as feeling weak and vulnerable. Victimisation is a

particular concern as it is the largest risk factor for re-victimisation. Although the mechanisms behind this are unknown, it is partly thought to be due to changes in attitude and behaviour by victims (89).

Desexualisation of women may cause further victimisation, despite the fact that (as discussed in section 2.3) sexuality is extremely complex and women can still have satisfying sex lives after FGM/C (19, 22). Framing victims as unable or unwilling to enjoy sex may impact sexuality and body image, and may reduce women's self esteem, potentially convincing them that they will never have a satisfying sex life (25).

Stereotyping itself also has proven health implications. Stereotype threat is when environmental cues make specific stereotypical group characteristics prominent. This then results in negative outcomes such as anxiety, reduction in performance and negative emotions (90). In a healthcare context stereotype threat has been shown to decrease patient satisfaction with their doctor, lower uptake of preventative interventions such as vaccines and decrease mental and physical health (for example causing higher blood pressure) (91). In the case of FGM/C awareness of stereotypes around women with FGM/C, the first step in stereotype threat, is likely due to the use of the 'ideal victim' in the UK media. Women then exist in a state of awareness in which they detect cues in which the stereotype is likely to be relevant, for example in health care settings. If the negative stereotype matches the cue stereotype threat occurs. This can not only cause the direct health effects discussed, but can also result in health disparities through indirect means such as avoidance of health care, poor communication and poor adherence (92). For example a women with FGM/C may know she is stereotyped as desexualised, so may avoid the doctor if she has sexual problems. Alternatively due to the stereotype of passivity she may not ask questions resulting in poor adherence due to lack of information.

Additionally stereotyping from medical professionals has been shown to cause health disparities.

Doctors 'profile' based on a number of variables including race and gender (93). Research has shown

that doctors negatively judge patients based on socioeconomic demographics such as ethnicity.

Inaccurate beliefs about women with FGM/C formed from stereotyping based on the 'ideal victim' created in the UK media could therefore result in health disparities; doctors may stereotype patients as less able, less relatable and less compliant. This reduced affinity can have a negative impact on health interactions (94).

## **8. Recommendations**

### **8.1 Potential Addition to the 'ideal victim'**

Previous research around the ideal victim in an international context has suggested that new additions are needed to update Christie's theory (69). I would suggest the concept of the victim as undemanding. I would argue that a victim who requires resources is not 'ideal': for example in the current refugee crisis people have been described as 'swarms' (95), which not only dehumanises them but implies consumption of resources. This makes victims less ideal due to the threat to people's own livelihood e.g. spending of government money. However FGM/C victims are framed as undemanding in a number of ways. One way is statistical: a low enough number of victims is needed to be unthreatening. In the case of FGM/C discourse UK victim statistics were frequently given as in the low thousands, which is a relatively small number. The women are not described as using their FGM/C to allow them to migrate to the UK or gain asylum and are described as vulnerable and passive, and therefore unable to independently seek aid. Services for FGM/C are not described frequently, and when they are they were they were small services such as clinics. Framing victims in this way makes them seem undemanding to society and therefore more suitable as victims.

### **8.2 Charities should provide varied voices of women**

The large number of articles quoting charities (such as Equality Now and Plan International) suggest that these have influence over the media. However agenda building theory was not examined in this research so the extent of their influence is unclear (this will be discussed in 'further research'). These groups should understand the salience placed on certain attributes of victims and counter this framing to present a wider range of women, including adult women not focusing on their childhoods. This could be accomplished by recruiting women who have undergone FGM/C and allowing them to directly speak to journalists or guide media statements. Constant victimisation would also be worked against through the inclusion of women who have had FGM/C in the media as

advocates, demonstrating agency; celebration of these women for unrelated work would also be beneficial.

### **8.3 Better education for health Professionals on FGM/C including more varied experiences**

Research shows that health professionals in the UK do not have a good understanding of FGM/C (5, 6). This lack of knowledge is concerning as this may increase stereotyping and health disparities due to inaccurate beliefs. Medical students should be taught about FGM/C as part of their curriculum, including stories of women's experiences that differ from the 'ideal victim'. Discussion of negative stereotyping in general and its possible effects on health would also be valuable.

### **8.4 Further Research**

Further research is needed in order to level up from agenda setting and understand agenda building. This is a step up from understanding what issues are given salience and how this effects opinion, to understanding where these stories are coming from (essentially who is 'building' the agenda) (96). Understanding the forces that guide the agenda setting process, which can include journalists, special interest groups, charities, policymakers as well as others is important; this will allow the influencing parties to be identified more clearly and they can be pressured to make changes in how they portray victims. Further research is also needed into how women with FGM/C feel about their portrayal in the UK media and if or how it impacts their lives.

## **9. Conclusion**

Analysis of the UK media clearly shows that salience is placed on particular aspects of women with FGM/C in order to make them 'ideal victims'. This stereotypical portrayal includes an emphasis on vulnerability, demonising cutters, and desexualising women, and feeds into racism, sexism and colonial viewpoints. This 'ideal victim' framing potentially marginalises many women; the wide range of experiences and feelings of women mean that many will not meet the stereotype in a number of different ways. Additionally the act of stereotyping itself has health implications in terms of stereotype threat and health disparities.

## **10. References**

1. World Health Organisation. Female genital mutilation: Fact Sheet: WHO; 2017; Available from: <http://www.who.int/mediacentre/factsheets/fs241/en/> (accessed 14/01/17).
2. Unicef, World Health Organization, UNFPA. Female genital mutilation: a joint WHO/UNICEF/UNFPA Statement. <http://apps.who.int/iris/bitstream/10665/41903/1/9241561866.pdf> (accessed 14/01/16): Geneva: World Health Organization; 1997.
3. World Health Organisation. Female genital mutilation: Fact Sheet <http://www.who.int/mediacentre/factsheets/fs241/en/> (accessed 14/01/17): WHO; 2016
4. Hodes D, Armitage A, Robinson K, Creighton SM. Female genital mutilation in children presenting to a London safeguarding clinic: a case series. *Arch Dis Child*. 2016;101(3):212-6.
5. Relph S, Inamdar R, Singh H, Yoong W. Female genital mutilation/cutting: knowledge, attitude and training of health professionals in inner city London. *Eur J Obstet Gynecol Reprod Biol*. 2013;168(2):195-8.
6. Zaidi N, Khalil A, Roberts C, Browne M. Knowledge of female genital mutilation among healthcare professionals. *J Obstet Gynaecol*. 2007;27(2):161-4.
7. Terry L, Harris K. Female genital mutilation: a literature review. *Nursing standard (Royal College of Nursing (Great Britain) : 1987)*. 2013;28(1):41-7.
8. Yoder PS, Khan S. Numbers of women circumcised in Africa: The production of a total. <http://dhsprogram.com/pubs/pdf/WP39/WP39.pdf> (accessed 28/01/17): Calverton Maryland Macro International MEASURE DHS 2008 Mar.; 2008.
9. Iavazzo C, Sardi TA, Gkegkes ID. Female genital mutilation and infections: a systematic review of the clinical evidence. *Arch Gynecol Obstet*. 2013;287(6):1137-49.
10. Serour GI. Medicalization of female genital mutilation/cutting. *African Journal of Urology*. 2013;19(3):145-9.
11. WHO. Eliminating Female Genital Mutilation, an Interagency Statement. [http://www.unfpa.org/sites/default/files/pub-pdf/eliminating\\_fgm.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/eliminating_fgm.pdf) (accessed 28/01/17): World Health Organization, Department of Reproductive Health and Research; 2008.
12. Berg RC, Denison E. A tradition in transition: factors perpetuating and hindering the continuance of female genital mutilation/cutting (FGM/C) summarized in a systematic review. *Health Care Women Int*. 2013;34(10):837-59.
13. Reisel D, Creighton SM. Long term health consequences of Female Genital Mutilation (FGM). *Maturitas*. 2015;80(1):48-51.
14. Nour NM. Female genital cutting: a persisting practice. *Rev Obstet Gynecol*. 2008;1(3):135-9.
15. Berg RC, Underland V, Odgaard-Jensen J, Fretheim A, Vist GE. Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis. *BMJ Open*. 2014;4(11):e006316.
16. Vloeberghs E, van der Kwaak A, Knipscheer J, van den Muijsenbergh M. Coping and chronic psychosocial consequences of female genital mutilation in The Netherlands. *Ethn Health*. 2012;17(6):677-95.
17. Mulongo P, Hollins Martin C, McAndrew S. The psychological impact of Female Genital Mutilation/Cutting (FGM/C) on girls/women's mental health: a narrative literature review. *Journal of Reproductive and Infant Psychology*. 2014;32(5):469-85.
18. Alsibiani SA, Rouzi AA. Sexual function in women with female genital mutilation. *Fertil Steril*. 2010;93(3):722-4.
19. Berg RC, Denison E. Does Female Genital Mutilation/Cutting (FGM/C) Affect Women's Sexual Functioning? A Systematic Review of the Sexual Consequences of FGM/C. *Sexuality Research and Social Policy*. 2012;9(1):41-56.

20. Biglu MH, Farnam A, Abotalebi P, Biglu S, Ghavami M. Effect of female genital mutilation/cutting on sexual functions. *Sex Reprod Healthc*. 2016;10:3-8.
21. Andersson SH, Rymer J, Joyce DW, Momoh C, Gayle CM. Sexual quality of life in women who have undergone female genital mutilation: a case-control study. *Bjog*. 2012;119(13):1606-11.
22. Catania L, Abdulcadir O, Puppo V, Verde JB, Abdulcadir J, Abdulcadir D. Pleasure and orgasm in women with Female Genital Mutilation/Cutting (FGM/C). *J Sex Med*. 2007;4(6):1666-78.
23. Fahmy A, El-Mouelhy MT, Ragab AR. Female genital mutilation/cutting and issues of sexuality in Egypt. *Reproductive Health Matters*. 2010;18(36):181-90.
24. Gruenbaum E. Sexuality issues in the movement to abolish female genital cutting in Sudan. *Med Anthropol Q*. 2006;20(1):121-38.
25. Johnsdotter S, Essén B. Cultural change after migration: Circumcision of girls in Western migrant communities. *Best Practice & Research Clinical Obstetrics & Gynaecology*. 2016;32:15-25.
26. La Barbera MC. Revisiting the anti-Female Genital Mutilation Discourse. *Diritto & questioni pubbliche*. 2009;9:485.
27. Elgaali M, Strevens H, Mardh PA. Female genital mutilation -- an exported medical hazard. *Eur J Contracept Reprod Health Care*. 2005;10(2):93-7.
28. Macfarlane A, Dorkenoo E. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. [https://www.city.ac.uk/\\_\\_data/assets/pdf\\_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf](https://www.city.ac.uk/__data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf) (accessed 14/01/17); 2015.
29. Macfarlane AJ, Dorkenoo E. Prevalence of female genital mutilation in England and Wales: National and local estimates. [https://www.city.ac.uk/\\_\\_data/assets/pdf\\_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf](https://www.city.ac.uk/__data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf) (accessed 28/01/17): City University London in association with Equality Now; 2015.
30. Berer M. The history and role of the criminal law in anti-FGM campaigns: Is the criminal law what is needed, at least in countries like Great Britain? *Reproductive Health Matters*. 2015;23(46):145-57.
31. Kilimo M. Western Discourse in Legal Approaches: A History of Female Circumcision in Kenya. African Studies Association of Australasia and the Pacific 36th Annual Conference; Perth 2014.
32. Hosken FP. The Hosken report: genital and sexual mutilation of females: Lexington Mass. Womens International Network News 1979. 1979.
33. Wade L. The Evolution of Feminist Thought About Female Genital Cutting. *News: The Newsletter of Sociologists for Women in Society*. 2009(26).
34. Female Genital Mutilation Act 2003, *Chapter 31*, Female Genital Mutilation Act 2003, Chapter 31, (2003).
35. Essén B, Johnsdotter S. Female genital mutilation in the West: traditional circumcision versus genital cosmetic surgery. *Acta Obstetrica et Gynecologica Scandinavica*. 2004;83(7):611-3.
36. O'Keeffe A. Media and Discourse Analysis. In: Gee J, Handford M, editors. *The Routledge Handbook of Discourse Analysis*: Routledge; 2011. p. p 441-54.
37. McCombs ME, Shaw DL. THE AGENDA-SETTING FUNCTION OF MASS MEDIA. *Public Opinion Quarterly*. 1972;36(2):176-87.
38. McCombs ME, Shaw DL. The Evolution of Agenda-Setting Research: Twenty-Five Years in the Marketplace of Ideas. 1993;43(2):58-67.
39. Khaja K, Lay K, Boys S. Female circumcision: toward an inclusive practice of care. *Health Care Women Int*. 2010;31(8):686-99.
40. Dattijo LM, Nyango DD, Osagie OE. Awareness, perception and practice of female genital mutilation among expectant mothers in Jos University Teaching Hospital Jos, north-central Nigeria. *Nigerian journal of medicine : journal of the National Association of Resident Doctors of Nigeria*. 2010;19(3):311-5.
41. Marchionni DM. International human trafficking: An agenda-building analysis of the US and British press. *Gazette*. 2012;74(2):145-58.

42. Re M. How the Concept of the Ideal Victim of Trafficking Contributes to Re-victimize Vulnerable Populations-Human Trafficking in the People's Republic of China Analyzed Through the Lenses of Feminist Victimology. <http://lup.lub.lu.se/luur/download?func=downloadFile&recordId=2174711&fileId=2174723>: LUND University; 2011.
43. Hoyle C, Bosworth M, Dempsey M. Labelling the victims of sex trafficking: Exploring the borderland between rhetoric and reality. 2011;20(3):313-29.
44. Wilson M, O'Brien E. Constructing the ideal victim in the United States of America's annual trafficking in persons reports. 2016;65(1):29-45.
45. Wallinger CS. Media representation and human trafficking: How anti-trafficking discourse affects trafficked persons. Second Annual Interdisciplinary Conference on Human Trafficking; University of Nebraska: <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1003&context=humtrafconf2> (accessed 30/01/17); 2010.
46. Christie N. The Ideal Victim. In: Fattah EA, editor. From Crime Policy to Victim Policy: Reorienting the Justice System. London: Palgrave Macmillan UK; 1986. p. 17-30.
47. Dignan J. Victims, victimization and victimology. Understanding victims and restorative justice: McGraw-Hill Education (UK); 2004. p. 13-40.
48. Epstein M. Introduction to the Philosophy of Science. In: Seale C, editor. *Researching Society and Culture*. 3rd ed: London: Sage; 2012.
49. Guba EG, Lincoln YS. Competing paradigms in qualitative research. 1994;2(163-194):105.
50. Mays N, Pope C. Assessing quality in qualitative research. BMJ. 2000;320(7226):50.
51. Kuper A, Lingard L, Levinson W. Critically appraising qualitative research. Bmj. 2008;337:a1035.
52. Nadin S, Cassell C. The use of a research diary as a tool for reflexive practice. Qualitative Research in Accounting & Management. 2006;3(3):208-17.
53. Orb A, Eisenhauer L, Wynaden D. Ethics in Qualitative Research. Journal of Nursing Scholarship. 2001;33(1):93-6.
54. Wallerstein N. Power between evaluator and community: research relationships within New Mexico's healthier communities. Social Science & Medicine. 1999;49(1):39-53.
55. Brüggemann M. Between Frame Setting and Frame Sending: How Journalists Contribute to News Frames. Communication Theory. 2014;24(1):61-82.
56. Scheufele DA. Framing as a theory of media effects. Journal of Communication. 1999;49(1):103-22.
57. Srivastava A, Thomson SB. Framework analysis: a qualitative methodology for applied policy research. JOAAG. 2009;4(2):72-9.
58. Rolfe G. Validity, trustworthiness and rigour: quality and the idea of qualitative research. 2006;53(3):304-10.
59. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology. 2013;13(1):117.
60. Mays N, Pope C. Rigour and qualitative research. Bmj. 1995;311(6997):109-12.
61. Corden A, Sainsbury R. Using verbatim quotations in reporting qualitative social research: researchers' views: University of York York, UK; 2006.
62. Potter WJ, Levine-Donnerstein D. Rethinking validity and reliability in content analysis. Journal of Applied Communication Research. 1999;27(3):258-84.
63. Altheide DL. Children and the Discourse of Fear. Symbolic Interaction. 2002;25(2):229-50.
64. Moeller SD. Compassion fatigue: How the media sell disease, famine, war and death: Psychology Press; 1999.
65. Dunn JL. Accounting for Victimization: Social Constructionist Perspectives. Sociology Compass. 2008;2(5):1601-20.

66. Wilson M, O'Brien E. Constructing the ideal victim in the United States of America's annual trafficking in persons reports. *Crime, Law and Social Change*. 2016;65(1):29-45.
67. Navarro L. Islamophobia and sexism: Muslim women in the western mass media. *Human Architecture*. 2010;8(2):95.
68. Mishra S. Saving Muslim women and fighting Muslim men: Analysis of representations in the New York Times. *Global Media Journal*. 2007;6(11):1-20.
69. van Wijk J. Who is the 'little old lady' of international crimes? Nils Christie's concept of the ideal victim reinterpreted. *International Review of Victimology*. 2013;19(2):159-79.
70. Lowry DT, Nio TCJ, Leitner DW. Setting the Public Fear Agenda: A Longitudinal Analysis of Network TV Crime Reporting, Public Perceptions of Crime, and FBI Crime Statistics. *Journal of Communication*. 2003;53(1):61-73.
71. Ayre P. Child protection and the media: Lessons from the last three decades. *British Journal of Social Work*. 2001;31(6):887-901.
72. Nothias T. Definition and scope of Afro-pessimism: Mapping the concept and its usefulness for analysing news media coverage of Africa. *Leeds African Studies Bulletin*. 2012;74:54-62.
73. Sheikh H, Healy S. Somalia's missing million: The Somali diaspora and its role in development. 2009.
74. Judge R. Refugee advocacy and the biopolitics of asylum in Britain: The precarious position of young male asylum seekers and refugees. *RSC Working Paper Series No60*. 2010.
75. Collins PH. Intersectionality's definitional dilemmas. *Annual Review of Sociology*. 2015;41:1-20.
76. Jiwani Y, Young ML. Missing and murdered women: Reproducing marginality in news discourse. *Canadian Journal of Communication*. 2006;31(4):895.
77. Lee A-J. Understanding and Addressing the Phenomenon of 'Child Soldiers'. *The Refugee Studies Center Working Paper Series*. 2009;52.
78. Baumeister RF. *Evil: Inside human cruelty and violence*: WH Freeman New York; 1997.
79. Van Rossem R, Meekers D, Gage AJ. Women's position and attitudes towards female genital mutilation in Egypt: A secondary analysis of the Egypt demographic and health surveys, 1995-2014. *BMC Public Health*. 2015;15(1):874.
80. Beety VE. Reframing Asylum Standards for Mutilated Women. *The Journal of Gender, Race, and Justice*. 2008;11(2):239.
81. Kea PJ, Roberts-Holmes G. Producing victim identities: female genital mutilation and the politics of asylum claims in the United Kingdom. *Identities*. 2013;20(1):96-113.
82. UNFPA. Female genital mutilation (FGM) frequently asked questions 2015 [Available from: [http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#age\\_performed](http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#age_performed) (accessed 01/04/17)].
83. Kelly B, Foster C. Should female genital cosmetic surgery and genital piercing be regarded ethically and legally as female genital mutilation? 2012;119(4):389-92.
84. Rahman A, Toubia N. *Female genital mutilation: A practical guide to worldwide laws & policies*: Zed Books; 2000.
85. Randall M. Sexual assault law, credibility, and "ideal victims": Consent, resistance, and victim blaming. *Canadian Journal of Women and the Law*. 2010;22(2):397-433.
86. Flamand C. FGM: challenges for asylum applicants and officials. *Forced Migration Review*. 2015(49):79.
87. Hoyle C, Bosworth M, Dempsey M. Labelling the victims of sex trafficking: Exploring the borderland between rhetoric and reality. *Social & Legal Studies*. 2011;20(3):313-29.
88. Gavey N, Schmidt J. "Trauma of rape" discourse: a double-edged template for everyday understandings of the impact of rape? *Violence Against Women*. 2011;17(4):433-56.
89. Ruback RB, Clark VA, Warner C. Why Are Crime Victims at Risk of Being Victimized Again? Substance Use, Depression, and Offending as Mediators of the Victimization–Revictimization Link. *Journal of Interpersonal Violence*. 2013;29(1):157-85.

90. Burgess DJ, Warren J, Phelan S, Dovidio J, van Ryn M. Stereotype Threat and Health Disparities: What Medical Educators and Future Physicians Need to Know. *Journal of General Internal Medicine*. 2010;25(Suppl 2):169-77.
91. Abdou CM, Fingerhut AW, Jackson JS, Wheaton F. Healthcare Stereotype Threat in Older Adults in the Health and Retirement Study. *Am J Prev Med*. 2016;50(2):191-8.
92. Aronson J, Burgess D, Phelan SM, Juarez L. Unhealthy Interactions: The Role of Stereotype Threat in Health Disparities. *American journal of public health*. 2013;103(1):50-6.
93. Balsa AI, McGuire TG. Prejudice, clinical uncertainty and stereotyping as sources of health disparities. *Journal of Health Economics*. 2003;22(1):89-116.
94. van Ryn M, Burke J. The effect of patient race and socio-economic status on physicians' perceptions of patients. *Soc Sci Med*. 2000;50(6):813-28.
95. Kirkwood SCC-R. The Humanisation of Refugees: A Discourse Analysis of UK Parliamentary Debates on the European Refugee 'Crisis'. 2017;27(2):115-25.
96. Scheufele DA, Tewksbury D. Framing, Agenda Setting, and Priming: The Evolution of Three Media Effects Models. 2007;57(1):9-20.

## **Appendix A: Sample of Articles**

Lexis Nexis Search details:

Search Terms: (((NEXTERMS(FGM) OR NEXTERMS(Female Genital Mutilation) OR NEXTERMS(Female Circumcision) AND (Victim OR Victims) OR (Survivor OR Survivors))) and DATE(>=2016-02-13 and <=2017-02-13) and not PUBLICATION-TYPE(Newswire or dépêche or Presseagentur or Agencia or Agenzia or Persbureau))

Source [UK National Newspapers]

Document Count: 151 documents analyzed and 63 similar documents found.

This search can be found at:

<https://www.lexisnexis.com/uk/legal/api/version1/sr?sr=%28%28NEXTERMS%28FGM%29+OR+NEXTERMS%28Female+Genital+Mutilation%29+OR+NEXTERMS%28Female+Circumcision%29+AND+%28Victim+OR+Victims%29+OR+%28Survivor+OR+Survivors%29%29+and+DATE%28%3E%3D2016-02-13+and+%3C%3D2017-02-13%29+and+not+PUBLICATION-TYPE%28Newswire+or+d%3C%A9p%3C%AAche+or+Presseagentur+or+Agencia+or+Agencia+or+Persbureau%29&csi=242772&oc=00240&shr=t&scl=t&hac=f&hct=f&nonLatin1Chars=true&elb=t&apiFlaps=All%20Results;News;&crth=broad>

Final Sample of Articles Included:

| <b>N°:</b> | <b>Headline</b>                                                                                                                              | <b>Byline</b>  | <b>Section</b> | <b>Paper</b> | <b>Tabloid/<br/>Broadsheet</b> |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|--------------|--------------------------------|
| <b>A1</b>  | Anti-FGM campaign launched in UK to mark global day of opposition                                                                            | Hannah Summers | Society        | Guardian     | B                              |
| <b>A2</b>  | One female genital mutilation case reported every hour in the UK; Figures released as world marks international day of zero tolerance to FGM | Kate Fergusson | Health News    | Independent  | B                              |
| <b>A3</b>  | We will wipe out FGM within a generation                                                                                                     | Amber Rudd     | Women          | Telegraph    | B                              |
| <b>A4</b>  | FGM is treated every hour                                                                                                                    | N/A            | News           | Times        | B                              |
| <b>A5</b>  | FGM clinic hailed as 'life-changing' to close after losing funding                                                                           | Rachel Roberts | Health News    | Independent  | B                              |
| <b>A6</b>  | FGM 'parties' where several girls are mutilated at once taking place in UK                                                                   | KATIE FORSTER  | News           | Independent  | B                              |
| <b>A7</b>  | Tougher action called for over barbaric mutilation;                                                                                          | LAURA LYNOTT   | News           | Daily Mirror | T                              |
| <b>A8</b>  | Mutilation plan calls                                                                                                                        | N/A            | News           | The Sun      | T                              |
| <b>A9</b>  | GARDAI HUNT FEMALE WITCH DOCTOR                                                                                                              | TREVOR QUINN   | News           | Daily Mirror | T                              |
| <b>A10</b> | 'Witch doctor' hunted by police after two-year-old girl suffer female genital mutilation                                                     | Rebecca Flood  | News           | Express      | T                              |
| <b>A11</b> | Police hunt female 'witch doctor' who carried out barbaric genital mutilation of two-year-old girl;                                          | Trevor Quinn   | News           | Daily Mirror | T                              |

|            |                                                                                                                                                                                                           |                               |                                          |              |   |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------|--------------|---|
| <b>A12</b> | Horror as two-year-old girl allegedly genitally mutilated at home as man arrested                                                                                                                         | Trevor Quinn                  | News                                     | Daily Mirror | T |
| <b>A13</b> | Met asks home secretary to ban FGM practitioner                                                                                                                                                           | Rosemary Bennett              | News                                     | Times        | B |
| <b>A14</b> | Known FGM cutter trying to enter UK, police warn                                                                                                                                                          | SIOBHAN FENTON                | News                                     | Independent  | B |
| <b>A15</b> | Police urge home secretary to ban FGM practitioner from entering UK                                                                                                                                       | Karen McVeigh                 | Society                                  | Guardian     | B |
| <b>A16</b> | LACK OF FGM CONVICTIONS A SCANDAL, SAYS MPS' REPORT                                                                                                                                                       | STEVE DOUGHTY                 | N/G                                      | Daily Mail   | T |
| <b>A17</b> | MPs demand hard line against clinicians who do not report FGM                                                                                                                                             | Alexandra Topping             | Society                                  | Guardian     | B |
| <b>A18</b> | Until FGM is prosecuted, this barbaric practice will go on flourishing in modern Britain                                                                                                                  | Editorial                     | Editorial                                | Independent  | B |
| <b>A19</b> | Lack of FGM convictions is a scandal'                                                                                                                                                                     | STEVE DOUGHTY                 | News                                     | Daily Mail   | T |
| <b>A20</b> | FGM up in Birmingham                                                                                                                                                                                      | N/A                           | News                                     | Times        | B |
| <b>A21</b> | Tough prison sentences 'will not end FGM in Dagestan                                                                                                                                                      | Hajra Rahim and Rachel Horner | SOCIETY                                  | Guardian     | B |
| <b>A22</b> | FACING UP TO THE DARKEST SHADOWS                                                                                                                                                                          | Chantal Da Silva              | Features                                 | Independent  | B |
| <b>A23</b> | Garden of cruelty: Chelsea show weighs up 'journey through FGM'.                                                                                                                                          | Michael Gillard               | News                                     | Sunday Times | B |
| <b>A24</b> | Russian clerics cause anger over support for female circumcision                                                                                                                                          | Roland Oliphant               | News                                     | Telegraph    | B |
| <b>A25</b> | Outrage as Muslim cleric who advises Putin demands all women undergo genital mutilation                                                                                                                   | WILL STEWART                  | News                                     | Express      | T |
| <b>A26</b> | Outrage in Russia after religious leaders back female genital mutilation                                                                                                                                  | Roland Oliphant               | News                                     | Telegraph    | B |
| <b>A27</b> | What working as an FGM counsellor taught me about female sexuality;                                                                                                                                       | Leyla Hussein                 | GLOBAL DEVELOPMENT PROFESSIONALS NETWORK | Guardian     | B |
| <b>A28</b> | British girl, two, rescued from West Africa after she was taken from her home in England to undergo female genital mutilation in Guinea                                                                   | EMILY CHAN                    | News                                     | Daily Mail   | T |
| <b>A29</b> | We shall not shoulder the moral burden in society's blame game                                                                                                                                            | PHILIP JOHNSTON               | Features                                 | Telegraph    | B |
| <b>A30</b> | 'It's just a little nick. No harm done': Inside the tiny Indian Muslim sect where girls are still circumcised aged seven amid global battle to end FGM                                                    | n/a                           | news                                     | Daily Mail   | B |
| <b>A31</b> | Violent times Sharp increase in murder rate                                                                                                                                                               | n/a                           | news                                     | telegraph    | B |
| <b>A32</b> | Female genital mutilation is never a 'minor practice'; A recent editorial in the Economist says some forms of FGM are acceptable, but that justification condemns millions of girls to a lifetime of pain | Assita Kanko                  | GLOBAL DEVELOPMENT PROFESSIONALS NETWORK | Guardian     | B |
| <b>A33</b> | 'They removed my clitoris when I was three months old. Now sex is so painful I can't ever imagine having a relationship': The brutal and heartbreaking truth about FGM                                    | MADLEN DAVIES                 | Health                                   | Daily Mail   | T |
| <b>A34</b> | Thousands more FGM sufferers are uncovered by pregnancy screening                                                                                                                                         | Rosemary Bennett              | News                                     | Times        | B |

|            |                                                                                                                                                                                                                                     |                                            |                                          |             |   |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|-------------|---|
| <b>A35</b> | England had 5,700 recorded cases of FGM in 2015-16, figures show; Royal College of Nursing says there is still a lot of work to do to end practice following publication of first annual FGM statistics                             | Haroon Siddique                            | Society                                  | Guardian    | B |
| <b>A36</b> | Almost 16 new cases of FGM are reported every DAY in England - with girls aged 5 to 9 most commonly affected                                                                                                                        | MADLEN DAVIES                              | Health                                   | Daily Mail  | T |
| <b>A37</b> | FGM campaigner Fahma Mohamed awarded honorary doctorate at 19;                                                                                                                                                                      | Caitlin Doherty                            | News                                     | Independent | B |
| <b>A38</b> | FGM campaigner Fahma Mohamed to receive honorary doctorate; Nineteen-year-old who led Guardian-backed campaign against the practice to be awarded doctor of law by Bristol University                                               | Amelia Hill and Maggie O'Kane              | Society                                  | Guardian    | B |
| <b>A39</b> | Leyla Hussein: the women who made me; Anti-FGM campaigner Leyla Hussein lists the women who made her the outspoken human rights activist she is today                                                                               | Leyla Hussein                              | GLOBAL DEVELOPMENT PROFESSIONALS NETWORK | Guardian    | B |
| <b>A40</b> | My dress was lifted, then something sharp cut me': American woman who was forced to undergo female genital mutilation at age seven details the horrific ordeal                                                                      | MIRANDA BRYANT                             | FeMail                                   | Daily Mail  | T |
| <b>A41</b> | The sickening trend of medicalised FGM; Carrying out female genital mutilation under the guise of healthcare is a worrying development says charity 28 Too Many, as many countries move to ban the practice                         | Mary Carson and Claire Daly                | Society                                  | Guardian    | B |
| <b>A42</b> | MUSLIM'S FATHER HAD PROMISED HER TO STRANGER ON SKYPE                                                                                                                                                                               | CLAIRE ELLICOTT                            | News                                     | Daily Mail  | T |
| <b>A43</b> | Muslim girl saved from forced SKYPE marriage and FGM in legal first                                                                                                                                                                 | Joey Millar                                | News                                     | Express     | T |
| <b>A44</b> | Sky News urged to drop footage of girl undergoing FGM; Activist says film from Somalia shows young girl being held down and cut while people look on                                                                                | Mary Carson, Jessica Elgot and Mark Sweney | Media                                    | Guardian    | B |
| <b>A45</b> | Almost new 200 cases of FGM are reported every WEEK in England - with London home to more than half of victims                                                                                                                      | KATE PICKLES                               | Health                                   | Daily Mail  | T |
| <b>A46</b> | Sky News urged to drop segment showing victim of female genital mutilation being cut in Somalia; Campaigner Leyla Hussein says in the footage 'no one intervenes ... when I was cut I remember that most of all, no one intervened' | Caroline Mortimer                          | Media                                    | Independent | B |
| <b>A47</b> | Teenager dies during illegal female circumcision procedure in Egypt; The hospital has been shut down and two doctors have been referred for prosecution                                                                             | Loulla-Mae Eleftheriou-Smith               | Middle East                              | Independent | B |
| <b>A48</b> | Hope for FGM victims as WHO issues first ever guidelines on how to treat women and girls subjected to the condemned practise                                                                                                        | LIZZIE PARRY                               | Health                                   | Daily Mail  | T |

|            |                                                                                                                                                                                                                 |                                     |                           |                |   |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------|----------------|---|
| <b>A49</b> | ...escape a repressive culture; How it feels to...At the age of six, Hibo Wardere, 46, was a victim of female genital mutilation in Somalia. She fled to the UK, where a GP saved her                           | Hibo Wardere                        | Magazine, features        | Sunday Times   | B |
| <b>A50</b> | Guardian-inspired anti-FGM film wins festival award; Needlecraft, a three-minute animation based on survivors' testimonies, triumphs at the New York festivals                                                  | Mary Carson                         | Society                   | Guardian       | B |
| <b>A51</b> | FGM activist Jaha Dukureh honoured at Time 100 gala; Dukureh named among world's 100 most influential figures along with likes of Caitlyn Jenner and Lewis Hamilton                                             | Claire Daly                         | Society                   | Guardian       | B |
| <b>A52</b> | A family at war: saving my granddaughter from FGM; Thirty years ago, US anti-FGM campaigner Assetou Sy refused to cut her daughter. Decades later in New York, another battle began                             | Assetou Sy                          | Society                   | Guardian       | B |
| <b>A53</b> | Time 100: FGM campaigner Jaha Dukureh makes prestigious list; US campaigner made Obama take action on female genital mutilation, and got practice banned in the Gambia                                          | Claire Daly                         | SOCIETY                   | Guardian       | B |
| <b>A54</b> | FGM: speak up and start a revolution; Something that hurts so many girls and women is kept silent and taboo because it has to do with our vaginas and with sex                                                  | Mona Eltahawy                       | Society                   | Guardian       | B |
| <b>A55</b> | Barbaric mutilation; The author's experience of FGM is harrowing to read but very powerful                                                                                                                      | Eleanor Mills                       | CULTURE;FEATURES; Pg. 37  | Sunday Times   | B |
| <b>A56</b> | VILE FGM IS EVIL ABUSE                                                                                                                                                                                          | N/A                                 | FEATURES; OPINION, COLUMN | The Sun        | T |
| <b>A57</b> | From FGM victim to teacher: 'You are always running from it. But you get tired. You have to confront it';                                                                                                       | Emine Saner                         | Society                   | Guardian       | B |
| <b>A58</b> | Anti-FGM campaigner targeted on a bus by Muslim woman who was furious she had told children that female circumcision was abuse                                                                                  | KATE SAMUELSON                      | News                      | Daily Mail     | T |
| <b>A59</b> | MPs condemn FGM in Britain as 'a national scandal' but official NHS figures say fewer than five have been carried out in the UK                                                                                 | MARTIN BECKFORD and SANCHEZ MANNING | News                      | Mail on Sunday | T |
| <b>A60</b> | International Women's Day 2016 - live!; Join us for live coverage as people around the world mark IWD2016. Plus we're asking: "What does equality mean to you?" Add your thoughts on Twitter or in the comments | Liz Ford                            | Global Development        | The Guardian   | B |
| <b>A61</b> | More than 1,300 new cases of FGM are reported in three months alone - with half of the victims in London                                                                                                        | KATE PICKLES FOR MAILONLINE         | HEALTH                    | Daily Mail     | T |

|            |                                                                                                                                                                            |               |         |            |   |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|------------|---|
| <b>A62</b> | Education not mutilation' Ban Ki-moon tells UN FGM conference; 'Focus on Girls' Minds', UN general secretary tells New York eventEnd FGM: join the Guardian media campaign | Claire Daly   | Society | Guardian   | B |
| <b>A63</b> | EXCLUSIVE: 'I thought this is how a virgin is meant to look': Female genital mutilation victimwhose vagina was stitched up - and the 'blade woman' who cuts 30 girls a day | MADS FLECKNER | News    | Daily Mail | T |

## **Appendix B: Tables**

### Sources of Articles:

| Newspaper      | Number of Articles |
|----------------|--------------------|
| Mail On Sunday | 1                  |
| The Sun        | 2                  |
| Express        | 3                  |
| Sunday Times   | 3                  |
| Daily Mirror   | 4                  |
| Times          | 4                  |
| Telegraph      | 5                  |
| Independent    | 9                  |
| Daily Mail     | 13                 |
| Guardian       | 19                 |
| Total          | 63                 |

### Overall Frames:

|                               |    |
|-------------------------------|----|
| Big Bad' Cutter               | 21 |
| FGM/C as a Human rights issue | 22 |
| FGM and its consequences      | 38 |
| FGM as a 'Parentless' Problem | 42 |
| FGM/C as a crime              | 48 |
| FGM/C Statistics              | 48 |
| FGM/C as issue with Advocates | 50 |
| Simplified Cause of FGM/C     | 57 |
| Vulnerable Victim             | 62 |

### Vulnerable Victim:

| Variable                        | Frequency | Percentage |
|---------------------------------|-----------|------------|
| Child Victim                    | 52        | 83%        |
| Female Victim                   | 59        | 94%        |
| Victim of Non Western Ethnicity | 58        | 92%        |
| All 3 present                   | 48        | 76%        |

| Number of Vulnerable Victim Attributes | Frequency of Articles containing |
|----------------------------------------|----------------------------------|
| 3 Aspects                              | 48                               |
| 2 Aspects                              | 11                               |
| 1 Aspect                               | 3                                |
| 0 Aspects                              | 1                                |

Religion:

| Religion                                         | Frequency of Mentions | Percentage |
|--------------------------------------------------|-----------------------|------------|
| <b>Muslim</b>                                    | 11                    | 17%        |
| <b>Non specific (e.g. for religious reasons)</b> | 7                     | 11%        |
| <b>Christian</b>                                 | 3                     | 5%         |
| <b>Jewish</b>                                    | 1                     | 2%         |
| <b>Not mentioned</b>                             | 42                    | 67%        |

Sources of Advocacy

|                                              | Frequency | Percentage |
|----------------------------------------------|-----------|------------|
| FGM/C Victim speaks out                      | 21        | 20%        |
| FGM/C victim as advocate or charity worker   | 24        | 23%        |
| Women who is not victim of FGM/C as advocate | 28        | 26%        |
| Charity or organisation                      | 33        | 31%        |
| <b>total</b>                                 | 106       | 100%       |

FGM/C as a Crime

|                                         |    |
|-----------------------------------------|----|
| No mention of crime                     | 14 |
| Discussion of law or FGM/C as crime     | 49 |
| FGM/C protection order                  | 9  |
| Lack of convictions                     | 18 |
| Discussion of arrest or prison sentence | 19 |

|                                   | Law/Crime not Mentioned | Law/Crime Mentioned |
|-----------------------------------|-------------------------|---------------------|
| No mention of lack of convictions | 14                      | 31                  |
| Lack of convictions mentioned     | 0                       | 18                  |

Consequences of FGM/C

| Consequence           | Frequency |
|-----------------------|-----------|
| Sexual                | 11        |
| Physical              | 29        |
| Psychological         | 11        |
| Vague or non specific | 12        |

'Big and Bad' Offender

|                                 | Frequency of Mentions |            |         | Percentage of type of newspaper mentioning |            |
|---------------------------------|-----------------------|------------|---------|--------------------------------------------|------------|
|                                 | Tabloid               | Broadsheet | Overall | Tabloid                                    | Broadsheet |
| Stranger as Cutter              | 10                    | 8          | 18      | 45%                                        | 20%        |
| Old Woman/Witch                 | 5                     | 1          | 6       | 23%                                        | 2%         |
| Graphic language around Cutting | 7                     | 6          | 13      | 32%                                        | 15%        |
| Cruel Cutter                    | 6                     | 3          | 9       | 27%                                        | 7%         |
| At least one Variable           | 9                     | 12         | 21      | 40.9%                                      | 29.3%      |