Al-Nisa 19

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NO TO FGM

Al-Nisa 19

June 2014

ڕێکخراوی ژنانی کوردو ڕۆژهەڵات
KMEWO
Kurdish and Middle Eastern Women Organisation

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Introduction

By: Sawsan Salim

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Welcome to the 19th edition of the Al-Nisa Magazine and from the outset I would like to express my thanks and appreciation to the people who have written the many informative articles. Many thanks also for the volunteers who have contributed in different ways in its production and for getting it out to our readers.
The main focus of this edition of the magazine is female genital mutilation (FGM), which is gathering momentum from a range of interest groups. We are particularly pleased about the fact that FGM is no longer a taboo subject for which there was much ignorance and indifference but is increasingly gaining centre stage within the world political forums.

It is now generally acknowledged that, globally, FGM is practised in 29 of 43 African countries, SE Asia, the Middle East, among Black and ethnic minority groups in Europe, Australia, and United States of America. It is estimated 66,000 women in England and Wales are affected and that 20,000 girls under the age of 15 are believed to be at risk. 1812 girls are at risk or have already undergone FGM in the London borough of Islington. On the positive side readers might however be pleased to note that some measures are being introduced to help bring about the eradication of this brutal practice. Typical examples are;
A number of African Countries have agreed to legislate against the practice.

The UK is leading the way as the world's biggest supporter of activity to end FGM. Last year DFID launched a £35 million programme that will work in 17 countries to support the Africa-led movement to end FGM.

The Home Office has been successful in securing approximately £250,000 from the European Union to tackle FGM in the UK. Part of this fund will be used to launch a marketing campaign to raise awareness of FGM within the UK.

In July of this year the Prime Minister will host a major event to tackle female genital mutilation and early and forced marriage, both domestically and internationally. Like FGM there is an also widespread concern about early and forced marriages which is estimated to affect approximately 14 million girls each year. The statistics are indeed very disturbing; one in three girls in the developing world is married by the age of eighteen, one in nine is married at fifteen – some as young as eight years old.

With most of the world now expressing their commitment to end the practice of FGM it is extremely disappointing that the Governments of the Middle Eastern countries emain defiant and unconcerned about this barbaric act. We nevertheless remain hopeful that it is only a matter of time before they succumb to the indignation of the international community and legislate against this brutal practice.

KMEWO is extremely proud of the fact that it was at the forefront in bringing the practice to the wider public and to campaign for it to be banned. We are happy that others are now giving their voice to the struggle but we cannot be complacent. At this very moment many girls are being mutilated for no good reason whatsoever .

Stop FGM in Kurdistan: An Interview with the Activists

By: Heidi Basch-Harod

Thomas von der Osten-Sacken

Communicating from Suleymaniah in Iraqi Kurdistan, STOP FGM Kurdistan Co-founders Thomas von der Osten-Sacken and Falah Murad Khan unpack the multi-layered efforts contributing to the ongoing campaign to win political, social, and civil rights for women.

Efforts to stop FGM in Iraqi Kurdistan began in 2003 when a group of Kurdish women approached foreign medical workers attending to emergency needs following the ouster of Saddam Hussein. As the aid workers gained trust of the people to whom they attended, the women started to share their stories and complications stemming from their circumcisions. Responding to the women's requests, and enjoining local Kurdish social workers and activists, since 2004, *khatana* (circumcision in Sorani Kurdish) of women in Iraqi Kurdistan has significantly decreased, from 90 percent to zero percent in some areas. Nevertheless, the practice has not disappeared.

Communicating from Suleymaniah in Iraqi Kurdistan, STOP FGM Kurdistan Co-founders Thomas von der Osten-Sacken and Falah Murad Khan, who also work with WADI, an Iraqi-German organization promoting human rights and supporting the development of a democratic civil society in the Middle East through programs and projects that focus on empowering women and advancing their political and social equality, unpack the multi-layered efforts contributing to this ongoing campaign.

Thomas: Following the toppling of Iraqi-dictator Saddam Hussein in 2003, mobile medical teams that we organized and participated in starting assisting various Kurdish villages and towns to offer medical services. One year later, women started approaching the team members about having been cut because they had a problem with it. It was a taboo to discuss but they came to us asking for help so we started helping women in 35 villages and started a campaign to get this into public discourse and the media.

Heidi: Is it common knowledge that Kurdish women in Iraqi Kurdistan undergo *khatana*? And how is this phrase, or event referred to by the women themselves?

Falah: Although large numbers of women in Iraqi Kurdistan have been cut, no one used to speak about it out of shame because it's related to sexuality and women's sexuality in particular. Furthermore, the sanction for FGM comes from Islam itself, it is present in all four Sunni law schools, but the *Shafi'i* school states circumcision is obligatory for males and females. The other schools are less strict about it.

Thomas: Among women who speak about FGM it is called *khatana*, but in reports written by men and women in Kurdistan it is called female genital mutilation.

Heidi: Many claim that there is no sanction within the Islamic tradition, specifically the *Qur'an*,

Falah Murad Khan

for female circumcision, so where does this come from?

Falah: It absolutely comes from within the tradition, from the Prophet Himself, in fact. There are fatwas about it, but the original permission for female circumcision came from a hadith resulting from a conversation between the Prophet Muhammad and a woman by the name of Umm Atiyya, who asked if she should cut a girl or not. The Prophet sanctioned a little bit of cutting known as "Sunnat circumcision" and not full mutilation – this particular method or approach is practiced throughout Muslim communities in West

Asia and Southeast Asia.

Heidi: The women who approached your team members come from communities where a woman's movement, behavior, and physical being must uphold an honour code that demands severe repercussions in the case of its breach. How did these women and your workers manage to address FGM without causing more harm to the women?

Thomas: In order to effectively help these women we knew we had to take a holistic approach to the issue. Within Kurdish society we had to start from the bottom up and the top down, but we also had to involve the international community too.

A dedicated team of Kurdish young people came together and started going village to village, challenging the practice. Clerics in the villages are particularly supportive of FGM taking place so the struggle against it had to begin with the clerics.

Realizing that this method would take too long though, in 2005, a film, "Handful of Ash," went into production. On a $5,000 budget, a 30-minute documentary that shows the process of *khatana*, and that interviews clerics, important leaders, parliamentarians, and doctors in favor of banning the process and decrying it as harmful and unnecessary, was taken village to village, town to town, and screened in homes and schools, with a generator and a projector, on a wall.

This film opened up the debate among illiterate women who would never have heard about the efforts anyhow. For these women printed materials would have been and are of no use, as they couldn't and can't read.

Once popular support for banning the practice became clear, the first petition campaign in Iraqi Kurdistan took place in 2007 and we collected 13,000 signatures, which we delivered to the Parliament of the KRG (Kurdish Regional Government) asking for its support in ending FGM.

Legislation was introduced in 2007, but because men were embarrassed to discuss the issues with the female members of parliament, it took until 2011 for the bill to come to a vote; since 2011 FGM is banned by law.

Falah: To make sure the law and the movement didn't fall by the wayside, though, from 2006-2010 we collected data and organized the information into the first scientific report of the numbers of cut women in Iraqi Kurdistan. We knew that to ensure the parliament didn't sweep this issue under the rug, we had to monopolize on Iraqi Kurdistan's need for international support. We needed international organizations like the United Nations, Amnesty International, and so on, to support our claims and back our efforts. But when the campaign began, representatives of UNICEF and Amnesty International said there was no FGM in the Middle East, that, with the exception of Yemen, it was something exclusively belonging to Africa. So we found ourselves in a double-fronted war to make this both a local and international concern.

Thomas: More recently, UNICEF made Iraq its core country to deal with FGM but a glaring mistake in the 2013 report is the claim that it is exclusively a Kurdish issue, which is not the case. The numbers are higher in Kurdish communities but FGM is practiced throughout Muslim communities in Iraq.

Nevertheless, we know now that the reason the FGM law went into effect, and that it became a national and international concern has to do with the journalists who started reporting on our efforts – especially those who wrote for IRIN, the UN news agency; this forced the local government to start paying attention. It also has to do with the widespread screening of "Handful of Ash," and the fact that there are Kurdish women, embedded in the region, who are working to spread awareness about the law and against FGM, as well as still offering medical assistance to communities in need.

Falah: We scored another victory in 2010 when Human Rights Watch published a report on FGM in Kurdistan. In response, local media aired talk shows, news reports, and commercials. Then the UN became active. With the involvement of the UN, the local government had to say something and on November 25, 2010, the government publicly an-

nounced its awareness of an issue with FGM and endorsed the Stop FGM in Kurdistan campaign, which was launched in 2007.

As we mentioned before, in 2011 the law passed. We wanted it to have some teeth in it, and to provide a more comprehensive approach to the issue of violence against women. The bill includes language on domestic violence. In the formulation of the bill, WADI advised and worked with the Women's Rights Committee of the Parliament to craft a comprehensive piece of legislation. Now FGM is banned in Kurdistan. But unfortunately, the ban does not extend to Kirkuk, for example, which is out of juridical reach of the KRG.

Today, in some areas FGM is 100% disappeared although there is still resistance from clerics and their wives. These are places where 90% of women had been cut. Seven villages declared themselves FGM free; to reward this adherence to the law, they receive assistance from us for infrastructure – for running water, electricity, and better education.

Thomas: It is important to note that FGM is not present among all Kurdish communities. It seems to be concentrated in the Sorani-speaking communities in Iran and Iraq – in Erbil, Suleymaniyah, Kirkuk – and Dohuk, where the Badinani Kurdish dialect is spoken. North of Iraqi Kurdistan it is not a very large problem. In the Kurmanji speaking communities, FGM is not a big issue – the rate is around five to eight percent – and seems, for some unknown reason, to have basically come to a stop about 80 years ago.

Heidi: For long-lasting change in the status of women, there's no doubt that men need to support these measures and activities. Were men, or are men, aside from you two, supportive of the Stop FGM Campaign?

Thomas: Men are incredibly supportive of these initiatives and developments. In meetings, filming, interactions, men have shared how their sex lives are a disaster and, in fact, many didn't know that their wives were cut when they married them. Boys' circumcisions are celebrated while girls' are conducted in secret. These same men claim that they wouldn't have married their wives had they known. Men support this campaign because it absolutely affects them, too, in terms of partnership and sexuality.

Falah: I found out that my mother and sisters had been cut only after I began this work. I never knew! And once I did, this work became very personal.

Thomas: The fact that FGM is talked about and that this discussion of sex and sexuality has become public discourse indicates something of a sexual revolution in Iraqi Kurdistan. This is so important because twisted views toward sexuality can destroy a society.

Heidi: But what about the women who depended on this practice for their livelihood? Has this campaign left them and their families without means?

Falah: As for the midwives, whose role is or was to do the cutting, many have stopped and shared that they've done so with other midwives. They have been convinced to stop by the local Kurdish workers, the women who are social workers and college graduates who visit villages and educate about the ban on FGM.

Under the new law, the midwives can be sued for carrying out cuttings. However, many of these women are illiterate and you cannot sue an illiterate woman for not being aware of the law. The answer to this has been a WADI initiative, in cooperation with the Ministry of Health, to offer a course that midwives go through. At the end they receive a certificate and they sign an agreement that they will no longer undertake FGM. Once they've signed they are accountable to the law and can be sued by the people or the government.

Women who take the course also receive a certificate, training in First Aid, and become integrated as a health worker with the Ministry of Health;

they also receive access to health services and facilities.

Now, they are rewarded and given opportunities by the state to bring babies into the world instead of performing *khatana*. So their livelihoods are not endangered and they have not become impoverished for stopping FGM. But this is just the beginning. The practice continues still and a lot more must be done, especially on the part of the KRG.

Heidi: Are there any ongoing challenges that hinder the progress of this campaign?

Thomas: The challenge with the law of course is that it contradicts *Shari'a*. The common understanding in Muslim societies is that people carry out the law of God. At the same time, however, these societies are pursuing democracy and the implementation of laws that enshrine democratic values into their legal systems. A law that bans FGM and gives penalty for domestic violence directly contradicts, in this case, the *Shafi'i* reading of *Shari'a*, which condones beating one's wife and the cutting of women. So the issue of FGM and domestic violence touches upon a core issue of the region – the tension and struggle between secularism and religiosity, and which ideology will prevail.

Taking a step back, this entire battle is being carried out on the bodies of women.

Heidi: It appears that women's bodies remain one of the political battlefields in Iraqi Kurdistan.

Thomas: Yes, and this reality extends across the Middle East.

Falah: The other challenge to the law is implementation. The Campaign continues to print out the text of the law and to distribute it widely. We also conduct police awareness seminars, and focus on teachers and encourage them to bring up the issue with children in schools. Through a dedicated network of independent NGOs, the government continues to be held accountable to the law as well.

Thomas: In Kurdistan there is still a challenge to reach all communities, however. In the Clinton State Department, there was a lot of hope because Secretary Clinton devoted resources and attention to the issue, since Kerry's appointment, this issue doesn't seem to be top priority any more. But I measure the success of the campaign in its ongoing efforts and the fact that we have been asked by local advocacy groups in Yemen, Oman, and Egypt to bring the Stop FGM campaign to them. In recognition of, and to support the positive, Middle East-wide response to the campaign, we have now launched Stop FGM Middle East.

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Stop FGM Kurdistan
www.stopfgmkurdistan.org

The Women's Migration and Asylum Network

The Women's Migration and Asylum Network, run by Rights of Women, is a Google group that enables participation and information sharing between professionals who have an interest in gender, migration and violence against women. Benefits of joining the Network include the ability to seek information, share research and events, keep up-to-date with legal and policy changes on gender and migration issues and access free, accredited training and events. Each week, summaries of UK and other case law relevant to the Network's objectives are published.

The Network focuses on improving gender equality in relation to the following thematic areas:

- asylum;
- economic migration;
- family migration (including family formation and reunion);
- settlement and routes to citizenship;

violence against women issues (including trafficking).

To join the Network visit https://groups.google.com/forum/?hl=en-GB#!forum/womens-migration-and-asylum-network. You will need to set up a Google account (if you do not already have one). The network is free and open to any professional interested in the group's objectives.

The African Well Women Clinic (AWWC) at the Whittington Hospital

By: Joy Clarke – FGM Specialist Lead Email: joy.clarke@nhs.net

I work as the Lead Specialist Midwife at the Whittington Hospital and over the past thirty years gained a wealth of experience, knowledge, skills and expertise working with women and their families within hospital and in the community.

Some of the highlights of my career involved supporting and helping women to give birth in their homes, managing one of the 10 teams of midwives, teaching and helping young people to understand the importance of sexual health and issues relating to contraception. I have had the opportunity to travel and gave presentations at national and international conferences, participated in local and surrounding borough seminars, workshops, awareness training for health advocates, health visitors, teachers, non- government organisations and the police. During the phase of my work balance I recognised there was a greater need to set up the AWWC for women, as there was no mechanism in place to support women who were affected by FGM. After extensive research of the subject and the support of colleagues and affected women I was able to implement this innovation, the AWWC 13 years ago.

My aim was to improve maternity care and birth outcomes for women affected by Female Genital Mutilation (FGM) also called female circumcision. To do this I acknowledged a better understanding and how to broach the subject could be achieved by ensuring all midwives, doctors and students were trained to be aware of FGM procedures, the implications and consequences to health, the United Kingdom legislation and the importance of safeguarding women and children.

Whittington Health NHS

Offering this specialist service would help in the battle to eliminate a cultural practice that has no benefit to health. The practice of FGM contributes to life long physical, psychological, and psychosexual problems. I have worked hard to ensure the service was midwifery led, gender specific and dedicated to the local and national communities.

Female Genital Mutilation (FGM)

FGM is a fundamental human rights issue with adverse health and social implications. It violates the rights of girls and women to their bodily integrity and result in perpetuating gender inequality (APDRH 2000)

The term Female Genital Mutilation refers to all procedures involving partial or total removal or injury to the external female genitalia for cultural or non-medical reasons (WHO 2012).

There are 4 types the severest classified as type 3 also called in -fibulation. This procedure is carried out by cutting and repositioning the inner or outer labia (lips) with or without removal of the clitoris, resulting in a narrow vaginal opening. Type 1 and type 2 involves cutting to a lesser extent whereas type 4

involves pricking, cauterising, scraping and incising of the genital area.

Globally FGM is practised in 29 of 43 African countries, SE Asia, the Middle East, among Black and ethnic minority groups in Europe, Australia, and United States of America.

An estimated 66,000 women in England and Wales are affected

20,000 girls under the age of 15 are believed to be at risk.

1812 girls are at risk or have already undergone FGM in the London borough of Islington

Taking these estimates into consideration it was very essential to have a FGM service in the locality as women from practising communities reside in the area.

Also there had been no mechanism in place to ensure women affected by FGM received high standard of care in our maternity unit.

The absence of such a service meant affected women needs were not met therefore a care plan relating to FGM was never in place when they were admitted in labour

Our service is midwifery led, gender specific and dedicated to meet the needs of women and families who live in the local boroughs, however we do accept any referral from woman living in neighbouring boroughs and cities in the UK.

All women who book at our unit for maternity care are asked about FGM. The question would be broached in a sensitive and non-judgemental manner hence the importance of ensuring multi-disciplinary training.

Women identified as having FGM regardless of the type are then referred to see the Specialist midwives, in which I lead the service and would arrange an appointment for the woman to attend the clinic.

The first appointment involves counselling, examination and identification of type of FGM. If an interpreter is required my colleague from one of the practicing communities will be asked to consult with the woman, or I will request an interpreter to help during any consultation or in any case where further intervention is required.

Counselling is an essential part of the process when women are referred and the time spent listening to women varies considerably as each woman's understanding of FGM would be different depending on her cultural background and knowledge of the procedure.

Some women may require more than one consultation, particularly in cases where women would have attended the clinic in the absence of their husband/ partner or may want further clarification of information received at the first visit. On some occasions women may want to talk to their mother to have a discussion especially when type 3 FGM the severest form of cutting was evident following examination, as some woman were made to believe that their FGM was Type 1 referred to as 'Sunna'

At point of the examination I would use a mirror so that the woman could see for herself the extent of cutting done, comparing it with the diagram of the normal genitalia.

In terms of non-pregnant women access to the FGM service would only be undertaken the after they were married and in some instances it would be the woman's husband that would call to make inquiries. I see this, as a positive step as

men's interest in FGM issues would eventually help in the eradication of the practice

An option to have the de-infibulation procedure (reversal) in pregnancy or in labour is offered to all women identified with type 3 FGM. During the process of the appointment the woman would be made to understand although the size of vaginal opening would increase, any parts of the genitalia that were removed cannot be replaced.

The other part of the counselling process involves explaining the changes that would occur after the de-infibulation procedure e.g. passing urine would be a lot faster and would make a louder sound. Turning on a tap over the sink in the woman's presence demonstrates the change that the woman would hear.

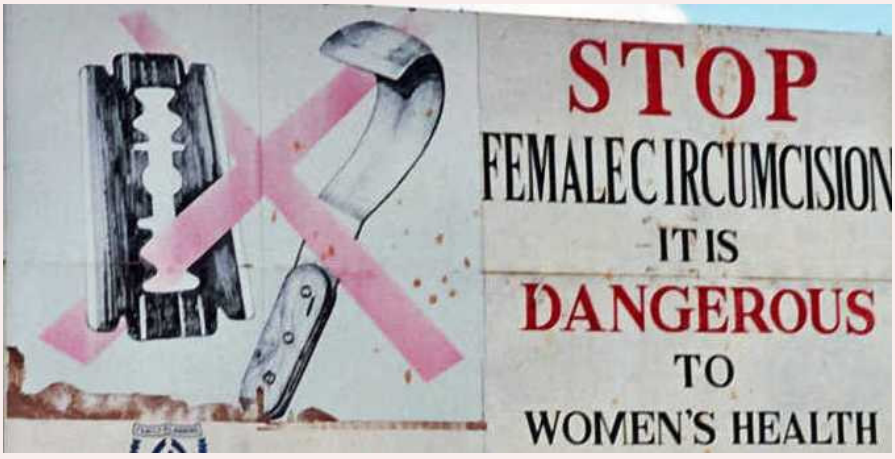
Documentation and findings of the consultation and examination would be recorded in the woman's maternity notes. The Whittington FGM policy can also be used as term of reference by any clinician in doubt as how to care for a woman affected by FGM in pregnancy or in labour

As an example of good practice I believe is beneficial in any working environment in which women and girls access. Front line employees should have accurate, up to date and clear information on how they should identify girls and women at risk. They should also be aware of the Local Safe Guarding Children Board policy; National and International policies and guidelines also have all the information to help in decision making to protect women and girls.

Therefore reporting and sharing information is an essential part of my role and this is done by forwarding information of all identified women to their health visitor as part of a risk assessment. This alerts them to be aware that any female children born or female children in the extended family may be at risk of FGM. To date I have not encountered any problem for women seen at our clinic, and the women have become more knowledgeable and are aware that FGM is a harmful practice.

This is one of the comments received from a woman who used our service:

> **'FGM is unjustifiable, FGM is the most horrific thing any woman can go through, why would any woman in the right frame of mind do it to another"**



Hence tackling harmful practices requires a working together approach at all levels of society. This could be achieved by having inter-generational dialogue. I have and continue to facilitate training towards building stronger relationships with practising communities by involving them in workshops, addressing other health issues that affect women, including FGM as part of the agenda. Working with a holistic approach encourages women to give their views in a more balanced manner and thereby share their feeling and experiences. It also help in dispelling any myths and incorrect information.

I have been able to work with husband and wives, young men and young women listening to their opinions encourages me to continue with the fight to change mindset in order to stop the practice.

Gaps in FGM services

There are only 15 FGM clinics in London offering a similar service. However my feelings are that more clinics should be made available nationally. This would enable women to access a clinic within their locality, preventing them from travelling in some cases hundred of miles. In my opinion availability and easy access reduces additional stress and worry about a problem that has affected women all of their lives.

Challenges

Despite my experience, I have had challenges where misunderstanding of FGM and its relation to ill health had to be addressed in a family setting. Opinions as to what necessitate good health and well-being can vary. I have been able to discuss some issues raised among women and families, midwives and among multi-professionals. Broaching a sensitive issue like FGM requires

honesty, listening skills, allowing the woman to speak freely. In cases where interpreters are used it should not be a family member as the clinician cannot be sure that the correct information is relayed to the woman in order for her to respond accurately. Also in terms of FGM the midwife will not know the family members opinion about the subject. Equally the woman may be fearful of the unknown and through lack of trust and social stigma may not disclose the full extent of cutting she has had and any past complication. Therefore only interpreters employed by the trust would be used during consultations with women.

United Kingdom Legislation

With the intention of protecting girls from undergoing FGM a law was passed 1985 making FGM a criminal offence. To date there have been no prosecutions. The law was amended in 2003 making it illegal for any British citizen to be taken out of this country for FGM to be performed, a minimum sentence of 14 years imprisonment. Additionally under the Children's Act 1989, a local authority can apply to the courts for an order to prevent a child at risk of FGM being taken abroad.

In 2012 Ministers of Parliament signed a declaration against FGM for women and girls who are at risk when travelling abroad (HM Government, 2012). The intention is that it should be shown to family members with the aim to protect their female children as in some cases it may be the girl's grandmother that does the cutting or ensure FGM is performed on the girl in the absence of her parents.

NSPCC help line

In June 2013 the NSPCC launched a 24-hour FGM help line to give advice and support to anyone having concerns or is worried about a child at risk. They will also help in making a referral to the relevant statutory body to safe guard children

It is my belief that prevention is key to this issue. It can only be achieved by working with Imams, Christian scholars and Clerics, Social care services, Practising communities, Health professionals, Teachers and all front line workers. In all of these areas there should be policies and guidelines to support the workforce in aiding prevention of the practice of FGM.

FGM is not only a local issue but also a global issue. Woman and Children must be set free from Harmful Practices. *Working Together* can achieve this.

The Health Commission acknowledged our work as an example of good practice in 2002

We received the highest commendation from the Nursing Times in 2009 for improving maternity care for women with FGM.

Joy Clarke –FGM Specialist Lead

Whittington Hospital NHS Trust

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Ending FGM is a shared responsibility

The Health Advocacy Project at the Manor Gardens Centre in Islington (www.manorgardenscentre.org) has been doing community-based prevention work on FGM in London for over 4 years. We train and support a team of community advocates from FGM-affected communities, many of them FGM survivors themselves, who work with a specialist FGM Midwife to tackle FGM through education and information, to support survivors to get the assistance they need and protect all girls and young women from the practice. Through our community workshops, delivered in the community's own language, we provide both women and men, young and old, with information about the effects of FGM on physical and mental wellbeing, the legal status of FGM in the UK and how survivors can get support. Central to our approach is providing people with a safe space where they can talk about FGM and get information that they may have not had access to before. We work with many different groups, ages and communities and are always looking for new groups, community and religious leaders to work with.

Some feedback from our workshop participants:

"It's very important - this workshop - because my community, they do it but they don't know the damage it causes mentally, physically and emotionally."

'Before we thought that it was our religious obligation to have circumcision. Now we understand it's not.'

'This thing (FGM) has ruined my life, given me so much problems. Now I came to Manor Gardens I realise how bad it is and I know my rights. I will now be campaigning against it too.'

Our community advocates, both male and female, are key to understanding the different ways that FGM is understood, talked about and practiced so that our work is as accessible and effective as possible. When needed, we can also provide FGM survivors with individual advocacy, information and support to access specialist services. By working directly with women we have seen the need for more tailored services for FGM survivors and in particular services that help them to address the mental and emotional health consequences of this practice. For this reason we have been working with our community advocates and the Maya Centre, a women's counselling service, to provide a support group and counselling service. For more information please visit: http://www.mayacentre.org.uk/dahlia-project-survivors-fgm/

We believe that not only is FGM a human rights violation but should also be seen as a mainstream child protection issue that all statutory professionals understand and respond to. So we train professionals working with children and young people (including teachers, social workers, health visitors and the police) so that they have a greater understanding of FGM and what they should be doing to protect the girls and young women that they have contact with. By providing clear and relevant information and the direct perspective of one of our community advocates we

can empower professionals to protect young girls. After one training a teacher told us: *'it helped my understanding of identifying children at risk of FGM and made it clearer. I now have more confidence to intervene if I was concerned.'*

Ending FGM requires a co-ordinated and comprehensive approach at a local and national level. We run a quarterly FGM forum for organisations working across London to we share good practice and resources, join-up community work and campaign for national policies to protect girls and young women from FGM. If you are interested in finding more about the FGM Forum or any other aspect of our work please contact Eva on 0207 281 9473 or email:

advocacy@manorgardenscentre.org or eva@manorgardenscentre.org

If you are interested in finding out more about what works in community based FGM-prevention work, you might be interested to read this summary report of the first phase of the FGM Special Initiative:

http://www.trustforlondon.org.uk/FGM%20summary.pdf

Is Britain doing enough to protect women and girls from Female Genital Mutilation?

Rights of Women and Asylum Aid respond to the Home Affairs Select Committee's inquiry into FGM

By: Catherine Briddick Email: cate@row.org.uk

What is Female genital mutilation (FGM)?

FGM is defined by the World Health Organisation as:

"all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons." **1**

FGM may take a number of forms ranging from procedures that involve pricking or piercing the clitoris and/or labia to infibulation (which involves the complete removal of the clitoris, the labia minora, some or all of the labia majora and then the two sides of the vulva being sewn together leaving only a very small opening for the passage or urine and menstrual flow).

The World Health Organisation estimates that the number of girls and women who have undergone FGM is between 100 and 140 million and that each year 3 million girls are at risk of undergoing FGM. FGM is practised in more than 28 countries in Africa and in some countries in Asia and the Middle East. The countries which have highest prevalence of FGM are Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea-Conakry, Mali, Sierra Leone, Somalia and Sudan.**2**

In international human rights law FGM is universally condemned as a form of violence against women that must be responded to with due diligence without discrimination. For example, Article 2 of the *UN Declaration of the Elimination of Violence against Women 1993* defines FGM as a form of violence against women while Article 5 requires states to work towards: *"the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes"* while Article 5 of the *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 2005* requires states to prohibit practices that are harmful to women, including FGM, as well as to take all necessary measures, legal and otherwise to protect women from it.

If you have experienced FGM, or you are concerned about a woman or girl who might be at risk of experiencing it, there are a number of sources of information and support available, please see the list of organisations at the end of this article.

FGM in the UK

Research conducted in 2006 by FORWARD (the Foundation for Women's Health, Research and Development), the Department of Midwifery at City University and the Department of Health indicates that there are 23,000 girls in England and Wales under 15 years of age who are at risk of FGM.**3** In Rights of Women's experience, women and girls who have either undergone FGM or are at risk of having FGM carried out:

have originally come from FGM practising communities in other countries but are in the UK as refugees, to work, study or marry; or are,

British citizens or residents whose parents or grandparents are from FGM practising communities.

Because of the severe mental and physical health implications of FGM, it is a criminal offence to carry it out or seek

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1) WHO factsheet on asylum, number 241, updated January 2013 www.who.int/mediacentre/factsheets/fs241/en/.
2) *Female Genital Mutilation: Treating the Tears*, Haseena Lockhat Middlesex University Press, 2004.
3) A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales.pdf (.pdf 222.2 KB) FORWARD 2007.

to have it carried out in the UK.

The criminal law on FGM

The Female Genital Mutilation Act 2003 (which came into force on 3rd March 2004) makes it a criminal offence to:

A) Excise, infibulate or otherwise mutilate the whole or any part of a girl or woman's labia majora, labia minora or clitoris.

B) Aid, abet, counsel or procure a girl to mutilate her own genitalia; or

C) Aid, abet, counsel or procure a non-UK person to mutilate a UK national's or permanent resident's genitalia outside of the UK.**4**

However, despite the existence of this criminal offence and the significant number of women and girls who are believed to be at risk of experiencing FGM, there have been no prosecutions under this or previous legislation in the UK. There have been successful prosecutions in other European countries with similar laws notably in France and Sweden.**5** It is this, amongst other factors, that lead the Home Affairs Select Committee (an influential Committee of MPs in Parliament) to investigate whether or not enough was being done in the UK to protect women and girls from FGM and punish those responsible for it.

Rights of Women responded to the Committee's inquiry with Asylum Aid **6** to draw the Committee's attention to two separate, but related, areas of concern:

* The 'gap' in the current criminal law on FGM.
* The failure of the Home Office to meet the needs of asylum-seeking women who are at risk of, or who have experienced, FGM.

We did this because we believe that these failures come from the development of a flawed and discriminatory response to FGM that seeks to differentiate between actual and potential victims on the grounds of their immigration status. We believe that all women, regardless of immigration status, should be entitled to protection from FGM.

The failure of the criminal law on FGM to protect all women and girls

The criminal offence set our above covers acts done outside of the UK by a UK national or permanent UK resident (someone who is British or has ILR). It is therefore an offence to carry out FGM on any girl within England and Wales but it is also an offence to take a British child or a permanent resident out of England and Wales to have FGM carried out. The person will have committed an offence under the law of England and Wales even if FGM is not an offence in the country where it was performed. The legislation uses the term "girl" throughout but actually extends to protect women (over 18 year olds).

While the Act makes it an offence to carry out FGM in England and Wales or encourage a girl to mutilate her own genitalia, the extra-territorial provisions of the legislation only applies to girls who are British or permanent residents. The Act does not, therefore, fully protect children who are non-permanent residents. This includes

the children of those who are in the UK lawfully, such as the children of students or workers, as well as the children of those who might be unlawfully present or have temporary admission.

Rights of Women and Asylum Aid argue that this difference in treatment is unlawful discrimination that violates the principle of equal protection of the law. Any law that fails to protect *all* women and girls from a potentially life-threatening form of gender-based violence reinforces the position of those who view women and girls' bodies (and particularly the bodies of those who face multiple forms of discrimination, such as on the grounds of race or immigration status) as not worthy of protection.

Rights of Women and Asylum Aid are also concerned that this discriminatory

4) The Female Genital Mutilation Act 2003 (the Act) applies to England and Wales; Scotland has its own legislation on FGM (the Prohibition of FGM (Scotland) Act 2005).

5) For example, Women's Asylum News issue number 62 July / August 2006 reported on a Swedish case where a man was jailed for 4 years and ordered to pay his 13 year old daughter damages of £26,000 for forcing her to undergo FGM when she was 13. See also http://www.theguardian.com/society/2014/feb/10/france-tough-stance-female-genital-mutilation-fgm.

6) www.asylumaid.org.uk

'double standard' operates as a barrier to potential prosecutions by causing confusion as to the reach of the law in relation to a group who are at a heightened risk of experiencing this particular form of violence against women. Those involved in protecting children and young people most affected by this form of violence need to be able to offer clear advice and information and cannot be expected to differentiate their services according to the immigration status, or potential immigration status (as this might not immediately be clear, particularly in the case of a child at risk of imminent harm) of those they encounter.

Rights of Women and Asylum Aid therefore recommended that MP's on the Home Affairs Select Committee urge the Government to ensure that the Female Genital Mutilation Act 2003 protects all women and girls regardless of immigration or other status.

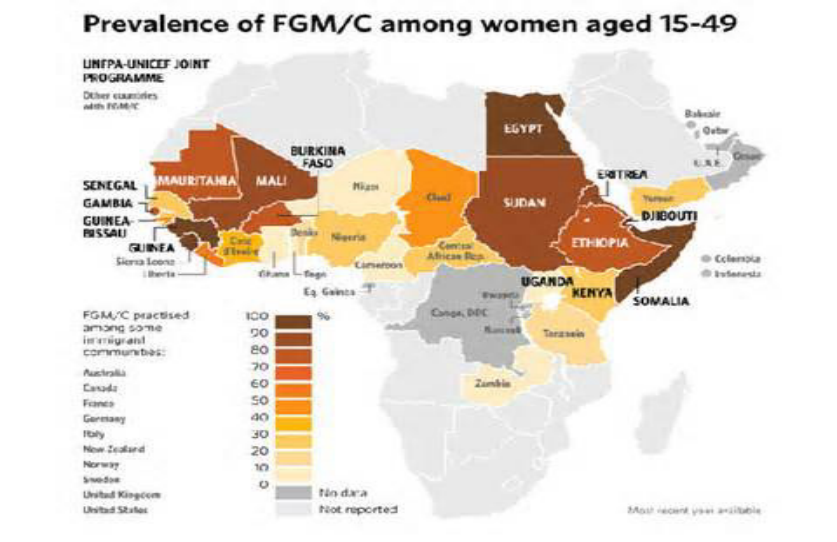
FGM and asylum

In addition to the concerns raised above, Rights of Women and Asylum Aid used their evidence to the Home Affairs Select Committee to argue that the Home Office needs to take action to ensure that women at risk of FGM are not failed by the asylum determination system.

Women who have experienced, or who are at risk of experiencing FGM in other countries might seek protection from it by claiming asylum in a different country, like the UK. The United Nations High Commissioner for Refugees (UNHCR) has said that these asylum claims are *"particularly complex"* and may involve other forms of violence against women, such as *"early and forced marriage and domestic violence."* **7**

Rights of Women and Asylum Aid told MPs that these complex issues receive an inadequate response from the Home Office and that as a consequence women and girls at risk of FGM are not offered sufficient protection in the UK. Drawing on our own experiences and UNHCR research,**8** we made a number of recommendations, including:

- Giving decision makers in the Home Office better training to ensure that women with gender-based claims for asylum, including FGM, are interviewed sensitively and appropriately.
- Ensuring that decision makers at all levels have sufficient information about FGM in an asylum-seeking woman's country of origin.
- Implementing an end-to-end asylum determination system to ensure that destitution forms no part of an asylum-seeker's experience.



Next steps

The Home Affairs Select Committee is now reviewing the written evidence they have received. It is likely that MPs on the Committee will hold oral evidence sessions and invite experts on FGM to attend Parliament, explain their concerns and make suggestions for improvements to current law and practice. Rights of Women and Asylum Aid hope that as a result of this process, the Committee makes recommendations to Government that ensure that all women at risk of FGM in the UK get the protection they need.

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Rights of Women

7) UN High Commissioner for Refugees (UNHCR), *Too Much Pain: Female Genital Mutilation & Asylum in the European Union - A Statistical Overview*, February 2013, page 32, available at: http://www.refworld.org/docid/512c72ec2.html [accessed 5 February 2014].

8) Ibid.

Rights of Women works to secure justice, equality and respect for all women. Our mission is to advise, educate and empower women by:

- Providing women with free, confidential legal advice by specialist women solicitors and barristers.
- Enabling women to understand and benefit from their legal rights through accessible and timely publications and training.
- Campaigning to ensure that women's voices are heard and law and policy meets all women's needs.

For further information about Rights of Women and to get legal information and advice visit www.rightsofwomen.org.uk or phone 020 7251 6575.

Other useful organisations

For further information on FGM see Equality Now and UNITE's Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting.

FORWARD, the Foundation for Women's Health, Research and Development

Agency for Culture and Change Management (ACCM)

Black Women's Health and Family Support

FGM National Clinical Group

Asylum Aid

https://www.nspcc.org.uk/news-and-views/our-news/child-protection-news/female-genital-mutilation-helpline/fgm-helpline-launched_wda96863.html.

FGM & the UK's Asylum System
Afusat Saliu and daughters believed to have been put on flight to Nigeria

By: Ben Quinn theguardian.com, Tuesday 3 June 2014 23.54 BST

Supporters of a mother who fears that her two daughters will be subjected to female genital mutilation in her native Nigeria believe that she was deported on Tuesday despite a last-ditch bid by her legal team to block the move and the signing of a petition by more than 125,000 people.

Afusat Saliu, 31, and her two daughters Bassy, four, and Rashidat, two, had been given an overnight reprieve last week after they were detained and transported from their home in Leeds to London for removal.

Lawyers for Saliu had launched a judicial review in an attempt to keep the three of them in Britain, while 125,000 people had signed a petition demanding that the Home Office reconsider the case.

Bhumika Parmar, of BP Legal, said that she had submitted a request on Monday asking that Saliu be allowed to continue with the judicial review. However, she had been unable to reach Saliu client on her mobile last night and believed that she had been put on a flight to Nigeria.

Parmar added: "Over the last few days we have been working and fighting desperately and tried every avenue for the Government to hear her case but it seems they are determined to send her back.

"It's been a very tough few days for Afusat and her daughters and you can just imagine how vulnerable they are and how they have been affected by this ongoing saga.

Saliu fled to the UK in 2011 while she was heavily pregnant after her stepmother threatened to subject her daughter Bassy to the cutting. Her youngest daughter was born in Britain.

The 31-year-old, who is herself a victim of female genital mutilation, has said that she fears her daughters will also be mutilated and spoken of her fear that, as Christians, they could be targeted by the Nigerian Islamic extremist group Boko Haram, which recently kidnapped more than 200 schoolgirls.

Parmar said that Saliu would still have out-of-country appeal rights, even if she was in Nigeria, and that BP Legal would be launching a new legal proceedings as early as this week.

Source: http://www.theguardian.com/uk-news/2014/jun/03/afusat-saliu-fgm-daughters-nigeria-deportation

ISLINGTON

FGM: Facing up to the challenge.

By: Katie Furniss

Female Genital Mutilation (FGM) is child abuse. It is one of the serious violent crimes defined as 'Violence against Women and Girls' or 'VAWG', an umbrella term now widely used to encompass all forms of violence that predominantly affect women and girls. In spite of this, and in spite of the Prohibition of Female Circumcision Act 1985 and Female Genital Mutilation Act 2003, we still seem to have difficulty in responding to FGM in the UK; campaigners against the practice rightly emphasise the lack of any criminal convictions as evidence that our response is insufficient.

It's easy to share their frustration. In the last half century we have seen time and again that we can't assume a crime doesn't happen just because it is invisible in police statistics. The way we view domestic violence, rape, and sexual abuse of children has changed dramatically, and the shift in public attitudes has brought about huge increases in the numbers of crimes reported to, and identified by, public authorities. You only need to look at the wave of disclosures that followed the revelations about Jimmy Saville to see that raising public awareness is often the catalyst that gives victims confidence to come forward. Given this, it seems extraordinary that progress on FGM is so slow.

A number of explanations have been put forward. Some campaigners cite racism; arguing that the system would be more responsive if white British girls were affected, or that an over emphasis on political correctness means public figures are too scared to mention FGM. There is undoubtedly some truth in both of these, but then there are the other challenges around

sip Safer Islington Partnership

FGM: it's a 'cross-cutting' issue which in our complex bureaucracy can leave something everywhere and nowhere on the agenda; it's also a 'hidden' issue, with the lack of data on FGM making it difficult for decision makers to prioritise; and ultimately it's seen as a 'minority' issue. All these challenges are well known to anyone working on FGM policy in the UK at a local, regional or national level.

In Islington we have a strong partnership that is working, and indeed has been working for some time, on facing up to these challenges and making real and lasting progress for our borough. We are not the only local area doing this work and I do not intend to imply so. Neither will I say that we have entirely succeeded; we can always improve. I hope merely to give some brief insights into the factors that have enabled us to make progress.

The cornerstone of a strong response to FGM is an effective partnership of different teams and agencies. All public services have a role in FGM prevention so health services, education, social services and the police all need to be engaged. In addition the contributions of voluntary sector or community groups are invaluable. It's about listening to the FGM experts and allowing them to guide and influence how statutory services engage local communities, have difficult conversations, and respond when a safeguarding alert is raised. In Islington we are fortunate to have a wealth of FGM expertise locally in the voluntary

and community sector but for areas that lack this there is also a lot of support available from national specialist organisations. Where these organisations are not able to give local input there may be community leaders or groups from practising communities that are open to engaging on this issue. Those at the grass roots will have insight into their communities; without listening to them and considering their views on implementation, policies and processes are likely to fail. A strong partnership is also crucial because through it you demonstrate clear accountability. FGM can't get lost as an everywhere and nowhere issue when it sits within a clear structure. In Islington it is seen as a key VAWG and child safeguarding issue. Responsibility is held by the crime reduction partnership board and the safeguarding children board; they provide leadership and direction, ensuring that all partners understand their roles and are supported to improve their practice. Every local area will have different governance arrangements; the important thing is that everyone knows their responsibilities and lines of accountability are clear.

As already alluded to, another major challenge with FGM is that there is so little data available. Decisions on funding and resources are based largely on the data held by public authorities such as the police or social services, and in a climate of austerity every decision is heavily scrutinised. It is very difficult to justify spending anything to tackle a crime that your data shows barely exists. The problem with this is that FGM won't appear until you look for it. To look for it you need to change attitudes and processes; staff need to be trained; they need to proactively talk about it in classrooms, antenatal appointments, social care assessments; they need to know what to look for and how to ask questions about it; you need policies and processes for them to follow when they are concerned. All of this takes time, effort and ultimately money, but it's money you might have to spend before you have the data to justify it, otherwise FGM will remain a hidden crime. There are other methods you can use that go some way to showing FGM prevalence or risk when you don't have data showing reported crimes. In Islington we did significant research into our communities, drawing on FORWARD's methodology from their national prevalence study. FORWARD used county of birth data from the national census to estimate how many women from FGM practicing countries were living in the UK. In Islington we were able to produce a similar study using language and ethnicity data for girls in the borough. Obviously these studies can't give you a picture of how many girls will be or have been cut, but they at least help you to quantify how significant an issue FGM may be in your area. In Islington we established that approximately 10% of girls aged under 18 were from FGM practicing communities. If there are any specialist FGM organisations in your local area you can supplement this data with theirs; we were able to do this in Islington looking at referrals to a specialist FGM clinic at the local hospital. If you can generate enough of this kind of evidence it helps you make your case, it justifies the continuation or initiation of work to raise awareness, train professionals, and do direct work with communities and young people. If you can do this then you will probably find, as we have, that you see a slow steady increase the cases that appear in the data, thereby demonstrating the value of the work you have already done, and reinforcing the need to keep doing it.

One final challenge in relation to FGM is that it is easy for it to get marginalised and characterised as a 'minority' issue. Resources are often allocated depending on how many are affected; anti-smoking campaigns will always attract more funding than anti-FGM campaigns. However, the response to this challenge is simple: FGM is child abuse. It might be one particular form of abuse, one particular type of violence, but fundamentally it is just child abuse and child abuse is most definitely not a 'minority' issue. The motives might well be different; in the majority of cases when FGM is carried out there is a genuine belief that it is for the benefit of the child. But our system shouldn't discriminate between one form of abuse and another based on the motives or methods of the abuser. It might, and indeed should, influence how we work with communities to prevent FGM, but it should never mean we take FGM less seriously than we would any other abuse. Any local partnership on FGM must be underpinned by a belief and an understanding that it is abuse and a safeguarding issue. This sounds so obvious and simple but as a society we have not yet grasped it. If we had there might have been some prosecutions for FGM in the last twenty years. Or there might at least have been one.

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Why Britain is failing to impose the most severe sanctions against the perpetrators of the crime of FGM?

By: Ahlam Akram - Email: ahlam@basira.co.uk

Legendary accounts differ on the subject of female genital mutilation (FGM), from 'Pharaoh' infibulations to mutilations as stated in the biblical and Sunni Muslims legends.

Infibulations represent the maximum types of physical torture of women. Their "clitoris" is amputated completely and would be left only with a very small aperture - may be no more than half a centimetre - for urination... and the physical impacts show in all natural processes in life from painful urination to the complications of the menstrual cycle to marriage and the birth process.

But as stated in the biblical legends, that summarized it in acute jealousy that drove the first wife of Abraham "Sarah" to think of disfiguring his second Egyptian wife "Hagir", so Abraham would loathed having sexual intercourse with her. Therefore, Sarah used the genital mutilated process as a means to physically torture Hagir.

The Sunni Muslims circumcision, rely on too frail 'hadith' that referred to when the Prophet said to Um Attia "don't cut deep, because that would preserve the husband's sexual pleasure and show joy on the face" , " ... in the sense not to overdo it... to be moderate in the cutting process ..

The scholars of the four main schools of jurisprudence don't agree on whether FGM is neither a religious obligation nor honorary (Mukarrameh). They claimed that it prevents women from lusting before marriage, but they did not care about women's ability to enjoy sex?

While the biblical FGM entirely contradicts the Sunni's primary objective behind the operation and what Sarah wanted to achieve by distorting and consequently disgust Abraham and discourage him from having sex with Hagir, the Muslims thought 'FGM pleases the observer'.. But, they ignored the painful complications that women endure during sexual intercourse and childbirth that may claim their lives?

The declared intention of both faiths is to preserve the women's purity and chastity. This means they both assumed that women's lack of chastity and morality and their ease of deviation and their inability to control their sexual desires. All these are excessively quoted and attributed to the Prophet's conversations (hadith); which we do not know the extent of their authenticity as they were written 300 years after his death? ? ? The Muslims scholars who collected the Prophet's (hadith) appointed themselves guardians of women's bodies and they are capable of mutilating them whatever they can and whenever, because (to them) women have no entitlements to enjoy what was rightfully created within them by God as part of the human nature.

The severe infibulations (Pharounic) might have disappeared, and the Jewish Rabbis might have carefully buried it and avoided mentioning it, but the Sunni type continues to increasingly exist. Furthermore, political Islam links all the virtues of religion in woman's body and promotes the restoration of FGM. For example, they equipped the mobile clinics in Egypt's countryside with modern medical equipment to offer FGM free of charge and to encourage the practice. In addition, in a sermon given by the Islamist Wagdy Ghoneim in Tunisia in front of 15,000 Tunisia people, he preached about the upcoming of the 'New Islamic Era' where FGM is an honorary part of it??

As I live in Britain, this article is mostly concerned about why the British government is continuing to use the excuse that FGM is part of some of the migrant communities' customs and traditions. In using the non-interference or cultural relativity policies strengthen the existence of the practice. The British Government is a signatory of the International Convention for Women's Rights which obliged it to protect woman from this heinous crime. Why Britain is failing to impose the most severe sanctions against the perpetrators of this crime, despite confirmation from

activists and civil society organisations that FGM exists in their neighbourhoods? A report was published by the Guardian Newspaper that confirmed that some British girls were taken abroad to undergo FGM in the holiday seasons; which they called the 'cutting seasons'. They also mentioned that other community members raise funds to invite an FGM specialist midwife to mutilate their daughter in Britain itself! That's what gave London and deservedly the nickname 'the city of FGM in Europe' as other EEA nationals bring by trains their daughters to be added in these 'cuttings' parties. According to a joint report in 2013 by professionals from medical and human rights organisations and trade unions estimated that there are 66,000 victims and warned that more than 24,000 girls under the age of 15 are in danger of being mutilated. In addition, they also pointed out that FGM is performed in prominent hospitals in London, Birmingham and Bristol.

These communities are violating the British law that prevented FGM in 1985 and then made it a criminal offence in 2003. Despite the fact that they will face a prison sentence of up to 14 years even for taking a girl abroad to be mutilated.

There are two things that the British government must address: the first is that failing to confront the so-called cultural practices gave these communities the green light to disrespect the law of the land, both in the practice of FGM and other gender-based crimes against women and girls. Further, the government failings to punish the perpetrators of these crimes contributed to the increased abuse and killing of British girls.

Would I be right in saying that one of the reasons for the government's failure is because these girls are from non-English origins? As the British supermodel from Somali origin Waris Dirie has said that "if the girl who underwent FGM had white skin, the police would have quickly intervened, but because they aren't white they won't care about them and that what I call 'Racism'!"

Besides, allocating 35million pounds alone to eradicate FGM in the UK and abroad will never work unless the government takes the initiative to involve all religious leaders in Britain including imams of all the mosques as without opening a dialogue it would be a sterile debate as in the discussions of Al-Qaradawi that ended up allowing it and then dismissing it and so on and so on.

The moral responsibility makes it imperative for these imams to make public statements that FGM isn't religiously permissible and it's definitely outlawed and has serious implications on women's health. It's entirely incompatible with the God's divine wisdom for compassion to women. In addition to that FGM should be given a part in their weekly preaching sermons to confirm that FGM isn't mentioned in the holly text (Qur'an) and therefore neither an obligation nor honorary.

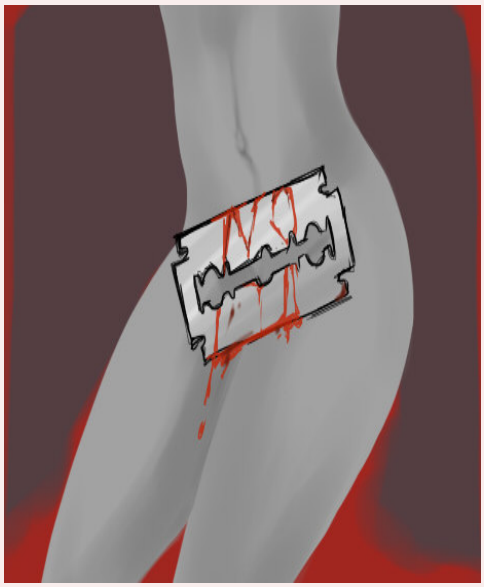
There should be an educational programme in schools to raise the students' awareness and to emphasise that FGM contradicts the beliefs that God, the creator of everything in the best image, and if God wanted FGM for women would, then women should have been born circumcised. Also, the students should be made aware of the fact that if FGM an obligation or honorary the Prophet should have perform it on his daughters and his wives.

There should be an awareness raising and educational programme in schools to raise awareness amongst girls in particular about the seriousness of FGM and that they need to immediately speak to the authorities if they come across information about any FGM cases, plans or an invitation to a medical professional to visit the UK.

The silence needs to be broken about the practice by offering reasonable financial rewards to individuals who made efforts in reporting perpetrators who organise such collective operations and subject everyone to persecution.

It has to be clearly stipulated on the Asylum and immigration applications that cases must categorically be rejected for individuals who had done FGM on their daughter, sister or wife. Also, asylum applications' acceptance must be linked with signing a declaration that they must comply with British laws that criminalise all forms of violence against women and girls.

Offer of aid to governments in developing countries must be



conditioned with their serious commitment to eradicating FGM within a specified period of time. These governments must show evidence that FGM cases have decreased to qualify for more or extended funding.
Working on some or all of the above suggestions might proof to be cheaper than a death of a woman or the costs of medical treatment of another who is experiencing mental or psychological trauma at an NHS hospital. The costs will be even higher when a woman develops in the long run frequent infections in the bladder, cysts in the uterus and ovaries or faced complications during childbirth or if she suffered in-

Female circumcision/female genital mutilation/ female genital cutting

By: Maria Hagberg

Maria Hagberg, Master Degree in Social work, international women´s activist. Board member in IFE-EFI www.efi-ife.org. Femmes Solidaires Seculare Network. Femmes du Monde international Network

More than two million girls between 4-11 years old are victims of FGM every year. Some girls die and some are traumatized and injured for the rest of their lives. Many topics such as FGM have for a long time been seen as taboo. FGM is a global phenomena but it is most common in regions in Africa. Estimated 125 million of the now living girls and women are victims of FGM.
FGM is mostly done to girls between the age of 4-14 years old but also adult women can be mutilated sometimes right before they will get married or after childbirth. But also babies are mutilated.
FGM caused serious health problems because of medical complications for women after the operation. In many places in Africa and the Middle East, the surgery is performed by uneducated midwives or barbers in the villages. They often use dirty instruments such as knives, glass shivers or razor blades. The operation mostly is done without anaesthetics.
The custom to mutilate girls has existed for at least three thousands years. There are many theories of its birth and why it occurred but no one is sure about it came about.
The custom exists among Catholics, Protestants, Copts, Fallacies, Muslims and Animists but there is no written support to FGM in any religious text. This is a custom to control womens sexuality because of that the sexual pleasure decreases and the woman then is supposed to be faithful to her husband.
Though most medical organisations reject and condemn FGM some of them do the surgery. It brings income and some think it is better to be done in clean and sterile environment with less harm and pain for the woman.
With the support of the UN Child Convention has the opinions and work against FGM increased in several countries all over the world. Some of them also have changed their legislations to forbid FGM.

The African Union, AU, has raised the alarm to the FGM custom in many agreements and declarations. They state who have signed are obliged to implement them and in that way terminate harmful social and cultural customs which harm children and women.
IAC (Inter-African Committee on traditional Practices Affecting the Health of Women and Children) was constituted in 1984 by African women and is now a counselling body in the UN. The IAC today consists of 28 national committees in Africa, 15 sections

in Europe, USA, Canada, Japan and New Zeeland and they all work to eliminate FGM.
IAC's seventh congress was held in October 2008 in Cairo, Egypt. They created a plan of action to terminate FGM before 2010. This plan of action is supported by several international organizations among them are: UNICEF, UNFPA and WHO. We can also add to this a lot of NGOs all over the world who work against FGM.
The custom associated to FGM should be terminated in one generation with the right support and resources from governments and the UN.
(www.unicef.org/protection/57929_58002.html)

From my own experience
In my work as a developing manager in gender-based violence issues I am also obligated to inform and educate women about the existing practice of female circumcision/genital mutilation.
We still have a debate in Sweden around which terminology we should use. The fact is that we have a large group of refugees and migrant women from parts of the world where the FGM IS still practised and the fact that they have already been circumcised or mutilated when they arrive to Sweden.
We also have had some cases that have been brought to court, because since 1982 FGM had been prohibited in Sweden. During my travels in the Middle East and my cooperation with WADI and HIVOS when I stayed in Iraq for a year I became aware of the extended practices of female genital mutilation/circumcision. It was obvious to me that these customs were more widely spread here and not only in parts of Africa.
WADI recently came with a new report about FGM's existence also in United Arab Emirates and Oman (around 90 % are circumcised as the pre study says).
I was participating in a women's conference in Rome some years ago when a Sudanese speaker told us about her own circumcision and how she escaped Sudan not only due to the ongoing war but also to protect her daughter from being circumcised.
In Sweden we now have become more and more aware of the existence of female circumcision/genital mutilation in our own society and that we need to work against it here.

Research report from Sweden
The health terminologhy for female genital mutilation can for some women/victims feel very hard to use and explain. It can out client's perspective make it hard to share and explain complicated constructive dialogue when the purpose also is to offer help.
Because of the following we can use different words depending on how it has been done:
Type I. Partly or total dectomised clitoris (*clitori dectomi*).
Type II. Partly or total dectomised clitoris and the inner labia, with or without excision of the exterior labia.
Type III. Minimizing of the vaginal opening trough constructing a cover by surgery and excision of the inner or/and the

exterior labia, with or without excision of clitoris so called *infibulations*.
IV. Other surgery that harm or wound the female genitals by no medical reasons are for example pricking, cutting, scratching and burning (WHO 2008).
The WHO's definitions and classifications of "female genital mutilation" are depending on:
Age of the abused: Babies, Little girls, Pre pubertal girls, Teenage girls, Pregnant women, Women during birth giving (*The women´s sphere).*
The motives are depending on local circumstances, for example in Somalia: FGM is done for religious purity, moral, "hygienic", esthetical and social pressure. In Jola, Senegal: it is for initiation rituals/customs. In Kikuyu, Kenya: for ritual to be seen as an adult and the status of an adult and "women's test" (voluntary).
Statistics of the actual female refugees/migrant groups in Sweden:
Somalia 43,966 90-98% are circumcised
Ethiopia 14,844 70-90% are circumcised
Eritrea 13,735 90-97% are circumcised
Egypt 4,962 97% are circumcised
Gambia 4,485 60-90% are circumcised
Kenya 2,932 30-40% are circumcised

Sudan 2,452 90% are circumcised
Ghana 2,272 5-30% are circumcised
Sierra Leone 753 80-90% are circumcised
Senegal 647 5-30% are circumcised
Kurdistan /Iraq 30-70 % are circumcised despite FGM had been prohibited since 2011 (WADI)
(Origin and place of birth, SCB, 2012).
Instant medical complications caused by female circumcisions are: Pain, bleeding and vulnerability to infections, risk of damage to organs such as urethra, emerge urine retention or unable to pee.
Long term medical complications are:
Most common in type III
Difficulties in getting rid of menstruation blood
Higher risk of complications linked to obstruction
Dyspareunia pain during sexual intercourse
Type III, infibulations (Pharaoni circumcision)
Studies of sexual pleasure of the circumcised women
"The existing evidence does not support the hypotheses which say that female circumcision destroys the sexual function or sexual pleasure in sexual relations" (Carla Makhlouf Obermeyer, Harvard University and WHO, 2005:443)
Some examples:
Sexual function (max points 36):
Circumcised women 2, 1 point lower level than
not-circumcised women
(Alsibiani & Rouzi, 2010)

Sexual function (max points 280):
Circumcised women 17.5 points lower level than
not-circumcised women
(Osinowo & Taiwo, 2003)

Sexual problems:
Circumcised women: 69, 5%
Not circumcised women: 63.7%
(Elnashar et al, 2007)

Legislations
The criminal law in Sweden (1982:316) with prohibition for female circumcision/genital mutilation in Sweden says: '1 § any harm or surgery in the front part of the genitalia when the purpose to mutilate or other constant changes are prohibited by law, unaware agreement or not (In official interpretation of the law is so called pointing included Gothenburg project publications, Proposition 1998/99:70).
In the Criminal Act (1982:316) with prohibition of FGM
2 § the person who breaks this law 1§ can be sentenced to a maximum of four years imprisonment.
If the crime has been a life threat, serious injuries or other harms to the victim such as serious rude harassments should it be seen as a hard crime? Hard crimes in this case can be sentenced to at least two years imprisonment and for a maximum of ten years in prison.
Criminal Act says in 23rd chapter: for attempts to prepare, facilitate and cover up such crimes can be sentenced. Legislation (1998:407) 3 § the person who has committed a crime referring to this chapter rand paragraph can be sentenced in Swedish Court even if 2nd chapter, 2nd and 3rd § are not in use.
Public law and Secrecy Act (2009:400)
From 2006 any professionals which are concluded in Secrecy Act break the secrecy if suspicion of crime concerning FGM unaware the strong suspicion of the crime.

Social Service Act
Obligation to report
Chapter 14: 1 § any person who get to know about such
circumstances that can bring
Social Service to act to protect children and youth should report it.

If it is a serious suspicions social service can practice a special law

and take the child/youth into public custody (1990:52) referring to a legislation with specific rules towards abused children and Youth so called (LVU)
It is not allowed to practice for examination of the girl without admittance from the parents.
Well known cases in the Swedish Society
A. Stockholm, 1999
B. Gothenburg, 1999
C. Uppsala, 2005
D. Stockholm, 2006
E. Malmö, 2008
F. Karlstad 2010
Cases of forced examination that brought attention from public media, Uppsala 2005 and 2010
Reports/ Assessments concerning suspect FGM in Sweden until and included 2010
Örebro Yes 2012 (Hällefors)
Dalarna Yes 2011

Cases of suspected FGM in Sweden
Police reports (around 50 cases during 2013)
Results:
• No circumcision has been done
• No possibility to see if circumcision has occurred
• No possibility to decide if circumcision has occurred in an illegal way
• Rumours, no identified perpetrator as suspect
• Two cases to court sentenced to prison. The legislation against FGM in practice.

Some facts which complicate the reports
* How identify cases?
Hidden figures
Screening?
* How to decide if FGM has been done?
Normal/non –adherence. Difficult to decide.
Important with ”right” specialist
* How to date the operation?
1999 they took away the principle of double penal law
* Difficulties to investigate crimes inside the family

These facts facilitates

* Consensus of the nature of the crime
UN Child Convention (in Sweden we have prohibited child abuse and violence against children)
* Strong attention and positive attitude to report
Media
* Reasonable good education and knowledge of the custom
Policies, plans of action, collaboration

Known cases
Mölndal, 2006
Somali woman, 43 years old, sentenced to prison for three years
FGM – done in Somalia 2001, the girl/victim were 11 years old then
- Sunni (type II)

Abuse
- Battery
- Genital examination at home
Gothenburg, 2006
Ali Elmi, 41 years old, sentenced to 2 years in prison
FGM
- Sunni (type II)
- done in Somalia 2004-2005 or earlier
Custody conflict between the parents and between the father, Ali

Court cases in the western world - convicted

Sweden 2 cases (2006)
Denmark 1 case (2009)
Spain 3 cases (2003)
Schwitzerland 2 cases (2008)
The Netherlands 1 case (2009)
USA 1 case (2006)
France around 30 cases during the 1990ties

FGM motive in Somalia
To be circumcised is to be” normal” and ”natural”
Change in Sweden
The” normal” and” natural” are questioned in a new country

Meetings in the communities between other Muslims, that do not circumcise start debate what the religion says.

Change in Sweden
Islamisation

Motive for circumcision in Somalia
Changed patterns in marriage traditions, nowadays their own choice. Husbands in the future, western world Somali men. Fear of an attitude that a non circumcised daughter will not be accepted in marriage.

Motive for circumcision in Somalia
Changes in Sweden
Most of the girls in Sweden are circumcised otherwise she risks rejection from her community. The research says so far that the girls neither are nor circumcised in Sweden, but the circumcised girl in Sweden risk to be rejected from the majority society.

Motive for circumcision in Somalia
Changes in Sweden

A strong fear towards the social service. Awareness of risk to lose their children. The community support the practice. (PhD birgitta.essen@kbh.uu.se)

We face a big challenge when so many girls and women in Sweden are circumcised today. We have a national coordinator working with the governmental demand concerning FGM and circumcision. We also need to involve the communities and work with preventive work. I am very critical to some social anthropologists who defend abusive customs in contradiction to the UN declaration to eliminate violence against women (DEVAW) that in certain articles bring up this to be eliminated customs.

But I am of the opinion that we cannot be successful by punishing and condemning the perpetrators. In many other countries they have involved for example midwifes and educated them of the harm of the practice. For example in Somalia, Eritrea and Iraq. We can learn from them. Legislation is also needed but not always the most successful way to change attitudes and harmful traditions. The figures above prove this.

My advice is to put more effort and resources to educate and use religious leaders and tribe leaders, but also the women themselves.

Why Aren't More People Talking About Female Genital Mutilation in the U.S.?

By: Heather Wood Rudulph

At the beginning of the summer following her junior year at a New Jersey high school, Hawa, then 16, was looking forward to a vacation to Senegal. She was excited to see the homeland of her parents and to meet her adoring grandmother for the first time. But every time her mother would talk to her about the trip, she would cry, which Hawa thought was weird. Her father, on the other hand, was giddy. He lavished her with shopping sprees and gifts, heralding this trip as the most important journey of her life — a "transformation into womanhood." She thought that was weirder.

"I felt like the biggest daddy's girl in the universe. I was very happy," she says.

When she got to her family's house in Senegal, her relatives doted on her constantly. "I felt like Beyoncé for a minute," she says.

Three days after she arrived, she was locked in a house with 20 other girls. Each one was tied down with ropes, had their legs spread apart, and they were cut.

"As I watched them cut the girls before me, I screamed in fear. I didn't know this was what it meant to be a woman," she says. "When my turn came, I begged them to leave me alone. I knew this will be illegal in America — there is no way my government will let you tie down a girl and cut her without any medication."

As Hawa had her labia and clitoris cut off with the same razor used on the others, the elder women, including her aunts and grandmother, cheered. As she lay there bleeding, drifting in and out of consciousness, Hawa overheard the women saying they would not clean the wound. "Better to let the blood harden and make the opening smaller."

Female genital mutilation (FGM) — sometimes called female genital cutting or female circumcision — has affected 125 million women and girls in 29 countries in Africa and the Middle East. These numbers represent females alive today suffering from the effects of FGM, which has been practiced for more than 5,000 years. The ritual has no ties to any religion but rather is valued as a rite of passage. Girls are cut to maintain their "purity." They are sewn shut to preserve their virginity. It is the women in the communities that carry out the cutting — and mandate it for their children.

While this practice has origins in Africa, western countries with dense immigrant populations have seen an increase in incidences of girls and women undergoing FGM. Up to 228,000 girls in the United States have been affected or are at risk, and the United Nations estimates that if current trends continue, 86 million more young girls worldwide are likely to experience some form of the practice by 2030. Human rights activists around the world have been working for decades to get governments to act on this critical issue and get over their tendency to skirt issues that deal with female sexual organs.

Last month 17-year-old Fahma Mohamed finally moved the British government to make an institutionalized change. Fahma started a petition on Change.org earlier this year, asking U.K. Education Secretary Michael Gove to mandate FGM curriculum in British schools before the summer. The petition garnered more than 234,000 signatures, an endorsement from UN Secretary General Ban Ki-moon, sponsorship by *The Guardian*, one of Britain's largest newspapers, and the public support of world-famous education activist Malala Yousafsai.

After meeting with Fahma last month, Gove agreed to write to all primary and secondary teachers in the U.K., urging a set of guidelines for teaching students about the warning signs and illegality of FGM, and above all, reminding them of their responsibility to protect students. The Scottish government quickly followed suit, promising to send similar letters to their educators to begin the process of mandating FGM education in its schools.

The success of this campaign has made Fahma a bit of a star, not just with the media but with her peers as well.

"I've learned that I know a lot more than I thought I did. I've also realized just how passionate I am," she told *The Guardian*. "I like being a role model. I want [young girls] to know that if they

really want to do something, they can do whatever they want in life."

So, what is the United States doing about educating the country about this practice? The short answer is: not much — at least not yet.

Many in the U.S. are simply unaware that the problem persists here. And there is a history of treating it like a cultural tradition, something to be ignored in the name of respect.

"I think this movement in the U.K. should be a wake-up call, but I'm afraid that it's not going to be," says Amanda Parker, communications director of the AHA Foundation, a support and advocacy organization that focuses on crimes against women rooted in culture and religion. "Every time I talk to people about the work we do with regards to FGM, the response is always shock: 'That happens here?' I think we are up against a big learning curve."

When Hawa returned home from Senegal, she was angry, ashamed, and confused. Her mother explained that she was cut for her own good. This way she would be able to marry a suitable man. This way she wouldn't be ridiculed by other members of the community. After all, it was tradition, and her mother says she was powerless to make any other choice.

"I understood her, but that didn't make me feel OK with it," says Hawa, who is now 18. "My friends all noticed I acted different. Of course I did. I didn't know if I was the only one who this happened to. I started asking other African girls at my school if they knew about it. But we were all warned by our parents to remain silent. I asked my teacher to bring it up in class, but she said it was a sensitive issue that they just couldn't talk about at school. I had so many questions that no one could answer."

The practice of FGM on a person under the age of 18 was made a federal crime in the United States under the Illegal Immigration Reform and Immigrant Responsibility Act of 1996. But this law did little to protect girls like Hawa who were being taken back to home countries during school breaks and coming home victims of FGM — a practice sometimes referred to as "vacation cutting." In 2012, Congress passed the "Girls Protection Act" as an addendum to the National Defense Authorization Act, which closed that loophole.

While it criminalizes vacation cutting, the "Girls Protection Act"

doesn't act like border police — there is no way to monitor which families are sending their children home for potential genital cutting, where it is assumed the majority of these crimes are happening.

"It's a starting point to begin to involve communities and organizations in the fight against these crimes," says Shelby Quast, senior policy adviser for Equality Now. "It opens the lines of communication with our immigration officers, our health care providers, and within the communities committing these acts themselves. If someone can tell their family members back home that they will get in trouble, that it's illegal in the U.S., it allows for a scapegoat, and it could save some girls."

Quast, who works with U.S. legislators to develop policy that addresses discrimination and violence against women, admits that we're a long way off from seeing FGM become a part of a national conversation. She has allies in Rep. Joseph Crowley (D-N.Y., Rep. Mary Bono (R-Fla.) and Senate Majority Leader Harry Reid (D-Nev.), who were all early supporters of the "Girls Protection Act," but the conversations with Congress as a whole have only just begun.

"In some of those discussions on The Hill, people don't even want to say the words vagina or clitoris," Quast says. "Well, how can we stop this type of abuse if we can't talk about what it is? Vagina is not a dirty word. It's a body part. We need to be real about what's going on."

Finding a young woman willing to

share her experiences and to lead, like the U.K.'s Fahma, is going to be the key to provoking real change in America, and Jaha Dukureh is poised to be that leader. The 24-year-old has started her own petition on Change.org, calling for an end to FGM in the United States.

"FGM is barbaric, and I want it to end," she says. "I know I am just one person. But the most powerful tool we have is ourselves."

Jaha's own experience with FGM has propelled her advocacy. As an infant in the Gambia, she was circumcised and infibulated — which means the remaining tissue outside the vagina was sewn shut, eventually healing with little more than a small hole through which she would urinate and, later, menstruate. When she was 15, she moved to New York for an arranged marriage. She had to be cut open again in order to have sex with her husband.

With the help of human rights activist Taina Bien Aime, who worked with Equality Now at the time, Jaha was able to escape to Atlanta to start a new life. She now lives with her second husband and their three children.

About five years ago, she started talking about what happened to her. She granted anonymous interviews to media and wrote a letter to Rep. Crowley, in support of the "Girls Protection Act."

"I felt the need to get involved and speak up, but I was afraid of being identified," she says. "But once the law was passed and things remained silent, I knew no one was going to speak up about this. So I started to shout."

Jaha identified herself for the first time in an article that appeared in the *New York Daily News* last year. Then she started the blog Rising Up Against FGM chronicling her story, and giving women and girls like her a forum to share their own.

"When that *Daily News* article came out, it took me to a dark place," Jaha says. "My sisters stopped talking to me because they were ashamed by my talking about FGM. People said I would be responsible for putting girls at risk, or interfering with asylum cases. At one point, I just said, 'Forget it. It's not my fight, what can one person do?'"

But then girls started to reach out to her. Her blog was flooded with messages from FGM victims who were grateful that she told her story. They were coming to her with questions and seeking support. Hawa is one of those girls. Because of Jaha, she finally found some answers — and some peace of mind that she is hardly alone in being a victim of this crime.

"I knew I couldn't give up," Jaha says. "These girls were looking up to me. I was giving these girls hope."

Jaha is working on creating a survivor-led organization for victims of FGM — a place that provides counseling, ESL classes, legal help and medical information, but most important, a place where other victims will feel secure.

"What we lack is a safe haven for FGM victims here in the U.S. They need a place to go and not be judged," Jaha says. "There are thousands of victims here, and we all feel hopeless. We feel like no one really cares."

Sign Jaha's petition here: End FGM NOW

Source: http://www.cosmopolitan.com/celebrity/news/female-genital-mutilation-united-states

Al-Nisa 19

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