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AFRICA: UK – FGM Policies May Be Alienating Some African Diaspora Communities – Study

By Nazia Parveen and Aamna Mohdin

WUNRN (18.02.2021) - <https://bit.ly/2ZHWzDu> - Safeguarding policies introduced to protect women and girls against female genital mutilation (FGM) are instead eroding trust and alienating African diaspora communities, a study has found.

Current FGM safeguarding measures are undermining the welfare and safety of the women and young girls they seek to protect, with families feeling racially profiled, criminalised and stigmatised, according to the report.

The report, published by African women's rights organisation Forward and the University of Huddersfield, examines the lived experiences of FGM safeguarding policies and procedures in the UK.

Based on interviews with communities and professionals, including serving police officers, it found that health and social care workers, teachers and the police are concerned about the growing mistrust within their communities, and are sceptical of the need to single out FGM from other forms of child abuse.

Key findings included that safeguarding policies enacted since 2014 may have inadvertently done a great deal of harm to families, communities and young girls, potentially across the UK.

They increased the scrutiny, suspicion and stigmatisation experienced by families in many areas of their lives, from school, to healthcare, to overseas travel, the report said. These experiences had taken a significant toll on the mental health of parents, who said they had no intention of carrying out FGM on their daughters, and in some cases even campaigned against it.

Professionals participating in the study expressed equal concern over the ways in which the current policies had burdened some families, and warned against a growing disconnect between them and the diaspora communities.

"The current FGM safeguarding policies are causing quite a lot of harm. Communities are feeling targeted and that they are racially profiled. There is a general sense of assumption that many of these African diaspora communities are having the intention of subjecting their daughters to FGM, even if in some of the cases that's not actually true," said Amy Abdelshahid, lead author and head of evidence at Forward.

She added there is an excessive focus on families from certain communities when they travel abroad. "Sometimes they may receive home visits from social services and police investigating them and interrogating before they are able to travel," she said.

Asha, from the Somali community, who participated in the study, said: "When children are going on summer holiday, mothers face fear ... The assumption is that you are going on holiday and you are doing FGM to your daughter. It's really the holiday that you were thinking about."

Abdelshahid said participants also spoke of having to endure repetitive and uncomfortable conversations about their own FGM and their intention of having it carried out on their daughters in healthcare settings.

"What we're seeing is that in different touchpoints of their lives, they are getting that constant scrutiny by different types of professionals across many areas," she added.

In an interview with a police detective, she said singling out FGM as a particular issue could be stigmatising for a community, "whereas we should be looking at all forms of abuse within every community".

Abdelshahid said: "We think the policies could end up being counterproductive."

She pointed to a quote in the report by a social worker who warned communities are staying away from them. "And that is really alarming, because if community organisations are not able to do the awareness raising and grassroots work that has proven to be very effective in the past, then we're risking undermining quite a lot of fundamental and essential work."

The report makes a series of recommendations to address FGM in a more compassionate and inclusive way, including the introduction of more holistic training for professionals, re-examining the current policies and a focus on policies that recognise the role of communities in eliminating FGM.

However, the feminist campaigner Nimco Ali – who has been a key figure in the global fight to end FGM – praised the work being carried out by the government, stating that the practice would only be eradicated via legislation and state-level involvement.

Ali, who is a survivor of FGM and was appointed by the Home Secretary, Priti Patel, as an independent adviser to help draw up a strategy to tackle violence against women and girls, said: "When I was growing up it was all about trying to work with communities – which is good – but FGM is an organised crime. The idea that we need to return to talking and negotiating with communities is a non-starter."

"I absolutely understand [the need] for the state to take control of this issue, and it is the reason FGM was added to the Children's Act. We are going to ask uncomfortable questions. Why are we offended that these questions are being asked? We need these safety nets."

Victoria Atkins, the Safeguarding Minister, said: "Female genital mutilation is a crime. It causes extreme and lifelong physical and psychological suffering to women and girls and we will not tolerate this child abuse taking place in our country."

"The government introduced tough safeguarding laws which compel certain professionals to report if they have encountered a potential child victim of female genital mutilation, regardless of what community they are from."

AFRICA: Survivors of female circumcision call for help with mental trauma

By Nellie Peyton

Reuters (18.06.2019) - <https://reut.rs/2KlsqnG> - African survivors of female genital mutilation (FGM) said mental health services are their biggest need and urged governments and charities to provide support for dealing with long-term trauma.

Survivors and activists from across the continent attending a summit on FGM and child marriage in Senegal this week said mental health should have been on the agenda.

Common in 28 African countries, FGM is often seen as a rite of passage and justified for cultural or religious reasons but can cause chronic pain, infertility and even death.

"We don't have mental health services for survivors of FGM - that is a big thing that is missing in Africa," said Virginia Lekumoisa, a survivor from Kenya who works for the government on children's rights.

FGM typically involves the partial or total removal of the external genitalia and is practiced on girls from infancy to adolescence, with the World Health Organization (WHO) estimating about 200 million women and girls have undergone the procedure.

World leaders pledged to end the practice under a set of global goals agreed in 2015.

Cut at 18 against her will, 29-year-old Lekumoisa said she has never received any services to help with the trauma.

"There's this picture that has never left my mind of the blood," she told the Thomson Reuters Foundation.

She works with survivors at shelters in Kenya and said they are desperate to talk to someone about what they went through but the topic remains taboo.

If more survivors received mental health support they might be empowered to speak up and help end the practice, she said.

Aida Ndiaye, 35, from Senegal, said she never had suffered physical complications but the trauma of being cut when she was six years old had stayed with her.

"I remember my sister screaming, 'They're going to kill Aida!'," she said, shaking as she told her story. "I've never been able to forget those screams."

She has never spoken to her parents about it, she said.

Mental health services are lacking in Africa in general, with less than one mental health worker for every 100,000 people, according to the World Health Organization.

Fatoumata Seyba, an activist from Mali, endured a different kind of trauma when her mother-in-law cut her baby daughter without her knowledge. Seyba was against the practice, but her husband's family disagreed.

"It's not easy for a mother to see her baby bleeding and not be able to console her," she said.

Having grown up with friends who told her about their nightmares and shame after FGM, she wants to make sure that her daughter does not suffer in silence.

"I am going to talk to her about it," Seyba said.

AFRICA: FGM rates in east Africa drop from 71% to 8% in 20 years, study shows

Analysis in BMJ Global Health suggests dramatic decline in number of girls undergoing the practice, yet experts advise caution over the figures

By Rebecca Ratcliffe

The Guardian (7.11.2018) - <https://bit.ly/2T1ySSb> - The number of girls undergoing female genital mutilation has fallen dramatically in east Africa over the past two decades, according to a study published in BMJ Global Health.

The study, which looked at rates of FGM among girls aged 14 and under, suggests that prevalence in east Africa has dropped from 71.4% in 1995, to 8% in 2016.

The reported falls in the rates of FGM are far greater than previous studies have suggested, though some in the development community have advised caution over the figures.

In February, the United Nations Population Fund warned the number of women predicted to be mutilated each year could rise to 4.6 million by 2030, an increase driven by population growth in communities that carry out the practice.

According to the study in the BMJ, the rates of FGM practised on children have fallen in north Africa, from 57.7% in 1990 to 14.1% in 2015. In west Africa, prevalence is also reported to have decreased from 73.6% in 1996 to 25.4% in 2017.

The study aimed to assess if FGM awareness campaigns targeted at mothers had been successful. Unlike many other studies, older teenagers and adult women – who tend to have higher rates of FGM – were not included. The research developed estimates by pooling and comparing FGM data by proportion across countries and regions, using a meta-analysis technique.

Nafissatou Diop, coordinator of UNFPA-Unicef joint programme, said it was possible that girls included in the study would still undergo FGM at a later point in their teenage years.

“Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk,” said Diop. “The age at which the girls are undergoing FGM changes from ethnic group to ethnic group. In Kenya, for example, the Somali community practice FGM on girls aged three to seven. But in the Maasai community they practice FGM when the girl is a teenager, aged between 12 and 14.”

Although global FGM rates are falling, she added, increasing numbers of girls will be living in countries where FGM remains prevalent by 2030.

“Because of the demographic trends, the absolute number of girls and women undergoing FGM will continue to increase,” said Diop.

UN analysis suggests that rates of FGM among girls aged 15-19 have fallen from 46% in 2000 to 35% in 2015, according to statistics across 30 countries with nationally representative data.

The authors also warn that while rates of FGM are falling in many areas, this downwards trend could easily be reversed.

"If we think, 'OK, let's celebrate,' and we don't continue with the same efforts, that may have reverse consequences," said Ngianga-Bakwin Kandala, the report author and professor of biostatistics at Northumbria University. Risk factors – such as poverty, poor quality education and support for FGM among some religious leaders – continued to persist, he said.

The study was based on data collected through demographic health surveys, developed by ICF International, and multiple indicator cluster surveys, which are directed by Unicef. Data ranged from the years 1990 to 2017 for 29 countries across Africa, and two countries in western Asia: Iraq and Yemen.

Kandala added that trends varied both within and between countries.

Across Yemen and Iraq, FGM prevalence increased by 19.2% per year between 1997 and 2015, though rates remained lower than elsewhere.

The report drew on 90 sets of survey data, covering 208,195 girls.

The report did not examine the reasons why FGM rates had fallen, but said it was likely to have been driven by policy changes, national and international investment. National laws banning FGM have been introduced in 22 out of 28 practising African countries, according to the campaign group 28 Too Many.

In Somalia, where there is no national legislation expressly criminalising FGM, anti-FGM campaigner Ifrah Ahmed said the practice was still prevalent. "I remember being at a school in Mogadishu asking girls about FGM. All the girls said they were already cut. Just one said she hasn't yet," she said, adding the girls were aged between seven and 12 years old.

"Nothing will change until you change the religious leaders' [attitudes] because they are very powerful in the community," added Ahmed, founder of the Ifrah Foundation, which supports women and girls who have undergone FGM, and girls who are at risk.

The report concluded that if the goal of eliminating FGM was to be reached, further efforts were urgently needed, including working with religious and community leaders, youth and health workers.

"This package of comprehensive intervention could include legislation, advocacy, education and multimedia communication," the report said.

AFRICA: Finally girls matter: Why religious leaders are vital in the fight to end FGM

In The Gambia renowned hardliner Imam Fatty admitted that FGM is not a religious obligation – this is progress.

The Guardian (22.03.2016) - <http://bit.ly/1SP58BO> - As someone who comes from a very conservative Muslim household, one of my biggest struggles has been trying to understand the link between Female Genital Mutilation (FGM) and Islam. My father is an Imam and growing up I always heard my family refer to FGM as sunna. Even though sunna is not an obligation, it is a favoured action in Islam.

Last year I sat down with Imam Fatty, the former imam of the State House Mosque who has [strongly advocated FGM in the Gambia](#).

Although we did not agree on the majority of issues around FGM, it was an important moment when the renowned hardliner admitted to me that FGM is not a religious obligation.

This was a huge step forward for the campaign. In the past few months we've witnessed previously unthinkable changes in the approach to FGM in the Gambia. In November the country's [President Jammeh agreed to ban the practice](#) and since then we have been working behind the scenes to make sure that this law is really used to protect the rights and lives of young women from FGM.

My team and I in partnership with [Think Young Women](#) and Women's Bureau with funding from The Morris and Alma Schapiro Fund and The Girl Generation organised the first National Islamic conference in The Gambia.

This event gathered religious leaders from all regions of the country and also with well-known religious scholars from Senegal and Mauritania. In the lead-up to the conference we were faced with a number of hurdles that we had to overcome and even getting some of the religious leaders in the room proved difficult. Ninety per cent of the religious leaders who attended were pro FGM, and this was a steep learning curve for us as we were addressing an audience who we needed to convince to come on side.

It was important for us to provide a space where we could encourage them to engage in the issue and speak their minds so that we could find a way to move forward together.

By the end of the conference we could sense that something had changed. The general consensus was that FGM is a harmful practice that is not Islamic, although there are some who still need to be convinced.

A simple majority of 16 from the Supreme Islamic Council agreed that circumcision or mutilation, should be stopped as recent times has proven that the practice causes more harm than good. These sixteen religious leaders signed a declaration to join other leaders involved in the fight to end FGM in The Gambia.

One statement that really stuck in my mind was by a religious scholar from Farafeni. He is known as one of the most pro FGM religious leaders. At the end of the conference he stood up and said: "If this practice is bad for our daughters, lets please end it now". He then walked up to me outside and thanked me.

Culture is not stagnant. When you look at where we started to where we are now, you will see that change is happening.

This conference was needed to create an understanding than FGM is not just an Islamic issue but it also practised in non-Islamic states and communities such as those in Kenya, Nigeria and Tanzania. By addressing the misconceptions around FGM and Islam with discussions involving religious leaders, The Gambia can serve as a model for other countries in [Africa](#).

There is hope for the millions of girls that are at risk and as young people, with the future ahead of us, we know that hope is the only thing stronger than fear.

ARAB STATES: FGM performed in clinics can make it dangerously attractive

UNFPA (07.02.2018) - <https://bit.ly/2Lsjtpv> - Dr. Enshrah Ahmed is the Regional Advisor for Gender, Human Rights and Culture with the United Nations Population Fund - Arab States Regional Office (ASRO). She spoke to ASRO website, coinciding with the International Day of Zero Tolerance for Female Genital Mutilation.

1. How widespread is Female Genital Mutilation (FGM) in the Arab region, and which countries does this practice affect the most?

FGM is widely prevalent in some Arab countries: it affects 87 percent of women and girls in Egypt and in Sudan, 98 percent in Somalia, 93 percent in Djibouti and 19 percent in Yemen. These rates cover women and girls aged 15-49 today, and most of them underwent the mutilation at the hand of medical personnel (a doctor, a nurse or health worker) - this is what we call "medicalization of FGM": 78% in Egypt and 77 percent in Sudan.

2. In the face of such high prevalence rates, how do you define progress in eradicating FGM? Can you give examples?

A lot of progress has been made against FGM in the Arab Region. In Egypt, UNFPA, in collaboration with the National Population Council, played a crucial role in the work leading towards the 2016 amendment of the law prohibiting Female Genital Mutilation.

The new amendment makes the practice of FGM a felony rather than a misdemeanor, increasing the penalty to range from 5-7 years, with a maximum sentence of up to 15 years, if the practice leads to death or permanent disability. In addition, any person who accompanies the girl to undergo the procedure, will also be sentenced from 1 to 3 years.

In **Sudan**, 2017 witnessed 107 new community declarations of the abandonment of FGM, which UNFPA has supported. This means that approximately 11,000 families/68,000 members declared to leave their girls uncut. The total number of public declarations of abandonment in Sudan, exceeded 1,054 communities (cumulative) for the period 2014-2017.

In **Djibouti**, UNFPA, in collaboration with the Ministry of Women and the Djiboutian Women's Union, developed a referral protocol for the management of FGM cases and defining the role of the social, judicial and medical sectors.

Somalia has seen a significant decline in infibulation – type 3 of FGM (also known as pharaonic); this represented a critical shift in the norm. Whilst all this does not represent "total abandonment", these steps have nevertheless reduced the harmful impact of FGM on girls, with qualitative data suggesting a sharp decline of the practice in urban areas, as well as in some rural areas. The dissemination of information on the health impacts and risks of infibulation, particularly when Ministries of Health are involved usually have huge impact on religious and community leaders, convincing many that this practice is also in violation of Islam.

3. What are the key challenges to eradicating FGM in the Arab region?

FGM is a strongly established and celebrated practice in the communities that perpetrate it. It is a deeply rooted social norm that is often falsely justified with health and religious arguments.

FGM is generally not considered a priority issue for policymakers in the affected countries, and even less so when a conflict hits the country, such as Yemen, Somalia and (intermittently) Sudan and the Kurdistan region in Iraq.

During conflicts, lack of access of social and health workers to communities contributes to perpetration of the practice. Situations of political and economic instability often delay the implementation of activities that focus on anti-FGM policies and legislations.

In addition, the almost systematic association of FGM with Islam, and the vulnerable status and role of women in society and within the national laws remain a challenge.

Despite many religious leaders openly advocating for the total abandonment of FGM, citing religious texts to demonstrate that FGM is a cultural rather than a religious requirement, there are still strong, vocal groups of traditional, religious and political leaders who advocate for *Sunna FGM* (type 1), arguing that it is a less-invasive and religiously required procedure.

4. You mentioned the term “medicalization of FGM”, what is this and how does UNFPA address it

Indeed we are very worried about the increasing medicalization of FGM: when healthcare providers are involved in the performance of FGM, this is likely to create a sense of legitimacy for the practice.

It gives the impression that the procedure is good for health, or at least that it is harmless; this can further contribute to the institutionalization of the practice, rendering it a routine procedure and even leading to its spread into cultural groups that currently do not place it. UNFPA advocates for real implementation of the laws in place: it is great to have FGM banned under the law, but what is important is to make sure the laws are implemented and perpetrators receive punitive measures.

The involvement of health workers is particularly dangerous as families feel safe in their hands, whereas the practice is harmful with or without a medical staff member!

We at UNFPA work with ministries of health and doctors syndicates to reiterate that medical staff should stand adamantly against practices that are dangerous to the health of girls and women, and absolutely not encourage their perpetration.

5. Despite the progress, some medical workers still do the procedure, what in your opinion should be done to end this sort of medicalization of the procedure?

To end the medicalization of FGM, medical syndicates and midwives associations need to participate in community awareness programs, to raise the awareness of the grave health consequences of FGM and its harmful impact on the lives of women and girls.

Medical doctors need to be equipped with the knowledge and information on the laws and legislations against FGM and its medicalization, and the penalties of performing this harmful practice, on the medical personnel.

Information on the medical and social consequences of FGM, needs to be mainstreamed in medical schools' curriculum and medical doctors' on-the-job training programmes, in order to raise the awareness of medical doctors and to prevent them from performing FGM, as well as to allow them to engage in the community awareness programmes that address FGM, in accordance with the ethics of medical profession and Human rights.

The medical community needs to support the issuance of laws and make recommendations to the concerned authorities to penalize any member of the medical syndicate/council/association, who was proven to have performed FGM; penalties could reach the dismissal of the member from these bodies and the withdrawal of the medical license.

6. UNFPA has been using different way to address the problem, including theatre-based techniques, are such techniques effective and do they produce direct results that can be measured?

Theatre-based techniques have proven to be extremely effective when addressing FGM, as it is a powerful tool for social change and FGM is considered a social norm. Interactive theater gets the audience involved in the show so it gives them a bit of distance from reality during the time they are performing, which makes certain set ideas more amenable to be discussed.

Theatre can strengthen the emotional and psychological appeal of messages and provide a believable and interesting way to explore sensitive issues, particularly with young people.

Watching a carefully designed show can change the way a person thinks and possibly the way she/he acts, as it involves the audience's emotions. It is this ability to touch the emotions that allows theatre to influence attitudes in ways that traditional instruction, cannot.

Theatre establishes new channels for the dissemination of messages and theatre techniques can provide opportunities to inform the audience about services that exist in the community, whether these services are accessible to young people, and whether staff will respect their right to confidentiality, this can yield measurable results.

ASIA: A new network to end FGM across Asia launched by ARROW & Orchid Project at Women Deliver

Arrow (03.06.2019) - <https://bit.ly/2KFBRxM> - Female genital mutilation/cutting (FGM/C) in Asia will be addressed by the development of a new Asia Network to End FGM/C, across countries such as Brunei, India, Indonesia, Pakistan, Philippines, Malaysia, Maldives, Singapore and Thailand.

Malaysia-based regional feminist NGO, the Asian Pacific Resource and Research Centre for Women (ARROW), and British charity, Orchid Project have joined forces to support the development of the network, which they announced on Sunday (June 2) at Women Deliver in Vancouver, Canada.

FGM/C is practised in over 45 countries globally, but the global focus has not responded strongly enough to the situation in the Asia region. For example, in Indonesia 49% of

girls have undergone FGM/C. UNFPA estimate that by 2030, a further 15 million girls in Indonesia will be cut if efforts to end the practice are not accelerated.

"FGM/C has for long been presented as a traditional practice with harmful consequences for girls and women primarily taking place in Africa," said Sivananthi Thanenthiran, ED of Malaysia-based ARROW, a regional NGO advocating for sexual and reproductive health and rights (SRHR) of women and young people.

"What is lesser known is that there are many girls and women in Asia who are affected by the same practice. Because of the overall lack of advocacy in the region and pressure from the international community to end the practice in the region, governments continue to shy from taking measures to end FGM/C, which is in direct contradiction of a number of human rights commitments."

Once established, the network will actively lobby governments in the Asia Pacific to end the practice to achieve the Sustainable Development Goal (SDG) 5 on gender equality and empowering all women and girls, and specifically SDG target 5.3 which relates to ending FGM/C. According to UNICEF (2018), 3.9 million girls are at risk of FGM/C annually, and at least 200 million girls and women have been cut in 30 countries. However, this figure does not include many countries in Asia Pacific where FGM/C is known to take place, so the true scale of the problem is unknown because of these gaps in data.

The announcement of the Asia Network to End FGM/C follows the establishment of vibrant networks to end FGM/C in Europe, the US and most recently in Canada – where Women Deliver is taking place.

"The first step in this process is to invite organisations across the region to help shape the Asia Network to End FGM/C," said Ebony Riddell Bamber, Head of Advocacy & Policy at Orchid Project. "We will build a vibrant network in partnership with international organizations active on FGM/C in Asia, including Sahiyo and Equality Now, as well as grassroots organizations across the continent."

"Our goal is to create a platform to jointly advocate for change, and identify how best to support and amplify the great work underway at the grassroots to end FGM/C," Riddell Bamber added. "If we don't act now, many more girls across Asia will be subject to this harmful practice, and progress in ending FGM/C will be severely compromised." she added.

Community and media reports indicate that FGM/C is prevalent in many Asian and Southeast Asian countries including Indonesia, Malaysia, Singapore, Brunei, Thailand, Philippines, Maldives, India and Pakistan.

The Asia Network to End FGM/C will establish a platform of NGOs, activists, and researchers across these countries to build stronger relationships and collaboration between organisations working across Asia. The platform will gather data and evidence on prevalence, take survivor needs and viewpoints into account, engage with religious scholars who can influence communities positively, and urge governments to report on the SDG indicator (5.3.2) related to FGM/C.

FGM/C has several immediate and long term health complications on women including infections, painful menstruation, urinary and vaginal problems, complications during childbirth and even death. "It is also important to frame FGM/C as a bodily rights and bodily integrity issue," added Ms Thanenthiran.

Often, proponents of FGM/C justify the practice on the basis of religion, or some unproven health benefit or claim that it doesn't harm women and girls. But religious scholars from different countries are divided on this, and some Muslim countries have banned FGM/C through fatwas and the law.

Support for the initial stage of development of the Asia Network to End FGM/C is being provided by Wallace Global Fund.

"No region of the world is immune from female genital mutilation/cutting, and advocates are increasingly speaking out against the practice throughout Asia," said Susan Gibbs, Program Director for Women's Rights and Empowerment at the Wallace Global Fund. "The practice remains poorly understood and largely hidden in the shadows. Wallace Global is convinced that the new Asia Network will play a powerful role in drawing attention to the issue and helping galvanize a regional response."

Activists, researchers and organisations interested in being involved in shaping the network can contact online@arrow.org.my or ebony@orchidproject.org.

AUSTRALIA: High Court rules female genital mutilation illegal in all forms, NSW court erred in quashing convictions

Three people charged with female genital mutilation offences against two primary school-aged sisters could face further punishment after the High Court ruled the New South Wales Court of Criminal Appeal erred in quashing their convictions.

Warning: This story contains graphic details that may confront some readers.

By Elizabeth Byrne

ABC News (16.10.2019) - <https://ab.co/2VMHfCF> - In 2015, the girls' mother and a former nurse Kubra Magennis were found guilty of two counts each of breaching the ban on female genital mutilation in NSW.

Dawoodi Bohra community leader Shabbir Mohammedbhai Vaziri was convicted of being an accessory.

All were sentenced to 15 months in jail but, while the women were allowed to spend the sentence out of custody, Mr Vaziri was jailed.

It was Australia's first female genital mutilation prosecution.

But the charges were quashed by the NSW Court of Criminal Appeal last year, after the trio argued the ceremony was only ritualistic and new evidence showed there was no visible physical damage to either girl.

Today, in a divided ruling, the High Court found the law did cover the circumstances in the case and that it was meant to criminalise the practice in its various forms.

'Skin only sniffs the steel' in ceremony

The religious ceremony of Khatna is said to involve a girl's clitoris being nicked or cut in the presence of elders.

The girls were believed to be aged six or seven when the ceremony was carried out at their homes, one in Wollongong and the other in Sydney, between 2009 and 2012.

At the original trial the eldest child had given evidence describing Khatna, saying "they give a little cut ... in your private part" using a tool similar to a pair of scissors.

However, Ms Magennis said the ceremony had used forceps, not a blade, and the "symbolic" form of Khatna involved a "ceremony of touching the edge of the genital area ... allowing the skin to sniff the steel".

After the trio were convicted, a medical examination showed the tip of the clitoral head was visible in both girls, allowing them to argue successfully that the genitals were not mutilated.

The convictions were set aside but prosecutors sought an appeal to Australia's top court, arguing the actions of the three had still breached the NSW law.

Today the majority of the High Court bench found in the NSW prosecution's favour, deeming the trio's actions illegal.

Retrial may cause girls psychological harm: Chief Justice

The case has been referred back to the NSW Court of Criminal Appeal for further consideration about whether the jury's verdict was unreasonable.

In a joint judgement with Justice Patrick Keane, Chief Justice Susan Kiefel said normally a new trial would be ordered, but in this case that may not be appropriate.

"[The victims] C1 and C2 were children when they were interviewed by police and when they gave evidence at a trial which took place in 2015," she said.

"The trial judge, in considering whether C1 and C2 were compellable to give evidence against their mother, accepted that there was a likelihood that psychological harm might be caused to them.

"There could be little doubt that a second trial would compound that distress."

Justices Virginia Bell and Stephen Gageler differed from the rest of the court taking a narrower view of the offence and argued that the Court of Criminal Appeal made the correct decision.

"The Court of Appeal was right to hold that superficial tissue damage, which leaves not physical scarring and which on medical examination is not shown to have caused any damage to the skin or nerve tissue, is not in law capable of amounting to mutilation," they said.

The case has been listed for a call over in the NSW Court of Criminal Appeal next week.

AUSTRALIA/SOMALIA: Queensland mum convicted over female genital mutilation procedure

By Warren Barnsley

The Sydney Morning Herald (13.02.2019) - <https://goo.gl/VB78Yu> - A Queensland woman has been found guilty of arranging for her two daughters to have their genitals mutilated in Somalia.

The woman, who cannot be named for legal reasons, denied she had taken the girls, then aged 12 and nine, to her birth nation in April 2015 to undergo the procedure.

She was convicted by a Brisbane District Court jury on Wednesday of two counts of removing a child from the state for female genital mutilation (FGM).

The jury deliberated for about 90 minutes before reaching their verdict.

The trial heard the woman, who had undergone a similar procedure as a girl, had her daughters endure FGM a few days after arriving in Somalia.

One of the girls was called inside from playing outside her grandmother's house and had no idea what was about to happen when she had the painful procedure.

She was conscious throughout and it caused pain for days. Her sister was also subjected to the procedure, also with their mother by her side.

"(Their mother) had them in her care for the entire time. She was there when they were mutilated not long after they arrived in Somalia," crown prosecutor Dejana Kovac said.

"She extended the trip to give them time to heal before returning to Australia."

The family returned to their home seven months later. Then the girls' stepsister tipped off child safety services.

The girls told Queensland police about their experiences, leading to the charges against their mother.

Pediatrician Ryan Mills, who examined the girls, told the court the flattening of their clitoral hoods and discolouration of associated skin was "abnormal" and unlikely to be a "natural variation".

"(The abnormalities) could be explained or are consistent with, in medical terms, genital mutilation," he testified.

He said there was no therapeutic reason for the procedure.

Defence barrister Patrick Wilson said key medical evidence could have been interpreted differently by doctors not familiar with the case.

In a police interview, the woman said their trip had been to visit her mother and she'd done "nothing" in relation to a genital mutilation procedure.

Whatever had happened to the girls was "from God", she said.

Asked by Justice Leanne Clare if there was any reason why sentencing should not be passed down, the woman, through an interpreter, said she had cancer and back problems.

She was granted bail and will be sentenced at a later date.

EGYPT toughens penalties for FGM; activists remain sceptical

Most of the 28 countries in Africa where FGM is endemic have banned FGM, although enforcement is generally weak

By Menna A. Farouk

Thomson Reuters Foundation (26.04.2021) - <https://tmsnrt.rs/2R3Bl1K> - Egypt has toughened penalties for female genital mutilation (FGM), imposing prison terms of up to 20 years in a push to end the ancient practice.

It is the second time Egypt's parliament has cracked down on FGM - which typically involves the removal of a girl's external genitalia - but activists remain sceptical about enforcement in a country where cutting is deep-rooted and widespread.

"It's fantastic news that Egypt has strengthened its law on FGM again. However, unless the government takes it seriously this time, nothing is likely to change," Brendan Wynne, co-founder of The Five Foundation advocacy group, told the Thomson Reuters Foundation on Monday.

"Medical professionals are still performing FGM in Egyptian clinics - and even offering their services publicly," said Wynne by email from his group's New York headquarters.

Most of the 28 countries in Africa where FGM is endemic have banned FGM, although enforcement is generally weak.

World leaders have pledged to end FGM by 2030, but the practice remains as common as it was 30 years ago in Somalia, Mali, Gambia, Guinea Bissau, Chad and Senegal.

In Egypt, the government and civil society groups have tried awareness campaigns, field visits and tougher penalties.

But Wynne said perpetrators are rarely held to account - particularly in rural areas, where FGM is more entrenched.

"We need to see a few high profile cases of doctors being given long sentences and struck off for performing this horrific act of violence. Unless this happens it doesn't really matter what type of law there is," he said.

Amendments approved on Sunday include increasing the maximum sentence from seven years and banning medics involved in FGM from practising for up to five years.

Under the changes, prison terms of five to 20 years will be recommended, depending on who performed surgery and whether it caused permanent damage or death, a government statement said.

Whoever requested the FGM - usually a close family member - will also face imprisonment, according to the amendments, which must still be approved by the president.

Nearly 90% of Egyptian women and girls aged 15 to 49 have undergone FGM, according to a 2016 survey by the United Nations, in a ritual practised widely by Muslims and Christians.

Entessar El-Saeed, a woman's rights activist and director of the Cairo Foundation for Development and Law, said stricter penalties alone would not sway minds.

"It is a good step, but we are still struggling with a deeply-rooted concept in the Egyptian society and even among some doctors and judges that FGM is not (a) crime," El-Saeed told the Thomson Reuters Foundation.

Egypt has struggled to stamp out FGM since 2008, when its parliament first passed a law to criminalise a practice some researchers have traced back to Egypt in the fifth-century BC.

EGYPT: When health workers harm: the medicalization of female genital mutilation in Egypt

UNFPA (02.10.2019) - <https://bit.ly/2pn49F6> - Female genital mutilation has been outlawed in Egypt for more than a decade, but it remains widespread. Yet rather than helping to eliminate the practice, public campaigns highlighting its dangers may have had an unexpected side effect: pushing the procedure from the home to the very place where staff are meant to "do no harm" – the health facility.

"About 75 per cent of female genital mutilation in the country is performed by doctors," said Dr. Ayman Sadek, an expert on the subject.

Despite years of efforts by the government and health organizations, female genital mutilation remains deeply entrenched in both Egypt's Muslim and Christian communities. Around 9 in 10 Egyptian women have been subjected to the practice, according to 2015 data.

It was once largely performed by traditional birth attendants known as 'dayas', but since the ban, families have increasingly turned to trained health professionals.

The medicalization of female genital mutilation is alarming to health and human rights experts, as it offers the appearance of legitimacy to a practice with no medical benefits but plenty of serious consequences, including possible haemorrhage, childbirth complications and even death.

Why they do it

Some health providers perform female genital mutilation because they believe families will resort to the practice no matter what.

"They say that there's little that can be done to stop this practice, so they agree to do it, but with reduced risk of infection and bleeding," said Dr. Wafaa Benjamin Basta, an Egyptian gynaecologist. "They claim to lower pain and trauma by doing a little cut under anaesthesia. It's a harm-reduction approach."

But this is no excuse, said Dr. Gamal Serour, an obstetrician/gynaecologist and Director of the International Islamic Centre at Al Azhar University. "Medicalized female genital mutilation is harmful and unethical," he said.

And medicalization does not guarantee harm reduction.

In Egypt, clitoridectomy and excision are the most common forms of female genital mutilation. Both involve the removal of significant parts of the female anatomy.

Furthermore, Dr. Sadek noted, "when doctors get their training, they don't learn how to perform female genital mutilation. Instead, they learn it from the traditional practitioners." Other health staff don't learn the procedure from anyone, making it up as they go.

There is also another incentive, Dr. Sadek noted: Some perform female genital mutilation to supplement their incomes.

"When you make something illegal, it increases the price," he said. "I know of one doctor who does the practice on girls but protects his own daughters from being subjected to it."

More than physical harm

Campaigners' focus on the physical harms caused by female genital mutilation means the psychological consequences have been largely overlooked, some experts said.

"We tend to talk only about the medical impact of female genital mutilation, when the social and psychological impact are just as, if not more, important," Dr. Basta told UNFPA. "I have patients who tell me that it has interfered with their ability to have an enjoyable sex life."

The practice also arises out of – and reinforces – gender inequalities. It perpetuates, for instance, the idea that women's bodies are inferior when intact and the idea that women's sexuality must be controlled.

A 2014 household survey showed that more than half of respondents believed men prefer women who have been cut, and more than 40 per cent said the practice prevents adultery.

Support for the practice remains high even though 60 per cent of female survey respondents acknowledged that it can cause complications resulting in death. Less than half of men were aware of such complications.

Attitudes changing

But there has been progress, experts say. Recent increases in the penalties for performing female genital mutilation have contributed to an overall decrease in the practice, Dr. Serour said.

And attitudes are slowly changing, particularly in affluent and urban communities.

"Ten years ago, most of my patients had been subjected to it," Dr. Basta said, noting that among her own clientele, "only about 10 per cent of my patients on the private sector – particularly women under 30 – have had it done to them."

UNFPA has worked with the department that oversees licensing for private clinics to discourage the practice. And a UNFPA-supported medical curriculum on the harms of the practice has been approved, but not yet rolled out to universities.

Through the UNFPA-UNICEF Joint Programme to Eliminate FGM, communities are also educated about the harms caused by the practice and encouraged to abandon it.

Still, many people remain convinced that medicalized female genital mutilation is acceptable.

"Medicalized female genital mutilation is wrapping a terrible thing in a beautiful package," Dr. Sadek says.

EGYPT: Egypt has highest FGM surgeries at 82%. It's time to stop pain

Amr Hassan, the rapporteur of the National Population Council, stated that Egypt ranks first globally in the medicalization of Female Genital Mutilation (FGM), with 82 percent of females under age 17 having undergone the operation, Al-Masry Al-Youm reported.

Al Bawaba (06.03.2019) - <https://bit.ly/2H2XC9K> - Hassan's declaration followed a discussion on the medicalization of FGM during the Ninth International Conference for Fellows attended by members of the British Royal College of Obstetrics and Gynecology on Sunday, 3 March at Cairo University.

The World Health Organization defines the medicalization of FGM as the "situation in which FGM is practiced by any category of health-care provider, whether in a public or private clinic, at home, or elsewhere."

The Population Council raised the red flag by revealing research that presents a noticeable increase in the number of FGM surgeries performed by doctors on young girls.

He pinpointed widespread belief among Egyptian mothers that their daughters should undergo FGM for religious and virtuous reasons. Hassan added that doctors, as well as various stakeholders, are responsible for combatting such damaging mainstream thought, affirming that such reasoning is not scientifically grounded.

Hassan has previously proposed direct communication with families as an efficient method of raising awareness, citing the fact that a young girl post-operation has no understanding of the potential phantom pain and tragic consequences she may in the future.

Hassan, assistant professor of obstetrics and gynecology at Cairo University, also stated that Egyptian law firmly prohibits any doctor from practicing FGM and criminalizes the whole process.

Notably, FGM was not criminalized under Egyptian law until 2008 after 11-year-old Bodour Ahmed Shaker died in the Egyptian village of Maghagha during an FGM operation in 2007. The 2008 law imposed a maximum fine of LE5000 and a maximum prison sentence of two years upon the accused doctor.

Currently, legal sanctions are firmly enforced in an attempt to enact social change.

In 2016, a majority in the Egyptian parliament voted for firmer laws to be put in place and enforced on anyone who practices FGM. The new law increased the penalties for performing FGM, stating that individuals convicted of the crime will be imprisoned for a period ranging between five and seven years.

Furthermore, the 2016 law increases the punishments for cases in which FGM leads to the death or permanent disability of the victim.

Minister of Health Hala Zayed has highlighted the efforts exerted by the Ministry of Health in collaboration with various Egyptian institutions to protect girls ages 5 to 17 from FGM's destructive mental and physical impact.

Zayed affirmed the efficiency of the national strategy set by the National Population Council against FGM. The strategy was implemented in 2016 and will continue until 2020. It aims to raise awareness among Egyptian families by emphasizing the dangerous consequences of FGM.

Despite that Egyptian penal code now criminalizes the act of FGM, Hassan asserted the danger of various inherited cultural values that account for the existence of FGM in Egyptian society until now.

He underscored ongoing collaboration between the National Population Council and the central administration of non-governmental therapeutic institutions for the elimination of FGM.

FGM is a dangerous early-age operation that is still widely practiced in Egypt along with 30 other African countries as well as other in areas throughout the Middle East and several East Asian countries.

UNICEF displays shocking statistics in studies about FGM in Egypt. The studies show that 91 percent of Egyptian females in the 15-49 age group have undergone FGM while the latest research conducted by the Population Council shows that girls ages 13-17 who have had the operation dropped to 72 percent in 2018.

EGYPT: Rights coalition takes on female genital mutilation

By Rahma Diaa

Al-Monitor (13.02.2018) - <http://bit.ly/2BzqNo6> - Women and human rights organizations in Egypt marked the International Day of Zero Tolerance for Female Genital Mutilation (FGM) Feb. 6 by announcing an "Anti-FGM Action Plan" to create new policies and mechanisms to reduce these practices against women and young girls in Egypt.

According to the most recent gender-based violence survey conducted by the Central Agency for Public Mobilization and Statistics in 2015, 9 out of 10 women in Egypt have undergone FGM. In 2014, that figure was about 92% of married women aged between 15 and 49, with 78.4% of the operations performed by doctors and nurses.

Representatives of 146 organizations were present at the press conference, including the Tadwein Gender Research Center, the New Woman Foundation, the Centre for Egyptian Women Legal Assistance, the Egyptian Initiative for Personal Rights, the Women's Center for Legal Guidance and Awareness, Salemah for Women's Empowerment, the Cairo Center for Development, the Egyptian Coalition on the Rights of the Child and the Union of Associations to Combat Harmful Practices against Women and Children.

Amal Fahmi, the director of Tadwein and the group's coordinator, told Al-Monitor that efforts by state institutions against FGM practices have not achieved the necessary changes. They have criminalized FGM without setting up a framework to enforce the law or raising awareness of the psychological and physical dangers of female circumcision.

"The situation is getting worse as 80% of FGM procedures are done at the hands of doctors, according to the stats obtained by the anti-FGM associations and organizations. The campaign that was recently launched aims to pressure the government to change its approach, raise awareness through sex education courses in schools in addition to media awareness campaigns against the medicalization of female genital cutting and develop a human rights discourse against FGM with a focus of women's rights to health and bodily integrity," Fahmi explained.

Fahmi also stressed the need for the government to enforce the laws criminalizing the custom to act as a deterrent and to stop its spread. She noted that the government will have to train health inspectors, police and prosecutors to monitor for and detect FGM and respond to incidences of it.

Since 2008, when the state added Article 242 to the Penal Code criminalizing FGM, only two cases have been brought to court. The first was in 2015, when the Mansoura Appeals Court sentenced a doctor to two years in prison with hard labor and closed his practice for one year after a child death following a procedure.

Similarly, in July 2016 in Suez, a doctor, anesthetist and the victim's mother were prosecuted in the death of a girl during a circumcision surgery. They were charged with manslaughter, and each received suspended sentences of one year in prison.

President Abdel Fattah al-Sisi issued Law No. 78 of 2016 to amend Article 242. Before that point, the article called for imprisonment between three months and two years or a fine of \$282. After the change, those accused of practicing FGM face harsher punishments: imprisonment for a period of no less than five years and no more than seven.

Reda el-Danbouki, the director of the Women's Center for Legal Guidance and Awareness, told Al-Monitor that the coalition will lobby for an amendment to close a loophole created by Article 61, which allows for violence committed to protect oneself or others against serious physical or moral harm. Danbouki said lawyers or judges could claim circumcision is done for necessary medical reasons, "basing their argument on this article."

Danbouki added that there is no need to increase FGM-related punishment as the real change will come when the existing law is enforced and the government starts inspecting hospitals and medical centers, punishing perpetrators and raising awareness on the dangers of this practice, which many Egyptians continue to view as necessary according to Sharia despite a fatwa by Dar al-Ifta declaring FGM haram (religiously forbidden).

According to a survey of Egyptian youth conducted by the International Population Council in 2017, 70% of young men and 57% of young women feel that FGM is necessary.

Azza Soliman, the director of the Centre for Egyptian Women Legal Assistance, told Al-Monitor that the campaign is intended to revitalize the efforts of the human rights organizations that took the first steps to fight FGM in 1997. Back then, their work brought about a drastic change in the rhetoric around FGM, and for the first time people started talking about it as violence against women.

"This group conducted thorough studies on the history of FGM to prove that it was not related to Islam or Pharaonic traditions but rather a practice that originated in Africa. Consequently, they worked to remove the religious framework and basis for this practice and demanded an end to it," Soliman added.

"In 2003, the organizations' efforts came to a halt, when the authorities took it upon themselves to combat FGM but failed to bring about a substantial change, prompting the women's organizations to join hands and try to make a real difference to protect women and young girls against the dangers of this practice," Soliman added.

EGYPT: Female genital mutilation and Syrian girls

By Nikolaj Nielsen

Excerpt from EU Observer (02.10.2017) - <http://bit.ly/2xQV07g> - Reports are now emerging of young Syrian refugee girls in Egypt having their genitals mutilated - a widespread practice among Egyptians - by Syrian parents.

Cases of what is also known as "female genital mutilation" (or FGM) began to surface months ago.

"Syrian refugees started adapting the culture, [and] they started accepting things we are trying to abandon," Aleksandar Bodiroza, who heads the United Nations Population Fund, told reporters in Cairo.

Though outlawed in Egypt, the vast majority of married Egyptian women have been cut. Often relatives hold down the girl while a midwife or doctor removes or cuts the labia and clitoris.

The tradition is not limited to Muslims. Christian communities in Egypt are also known to force the procedure onto their daughters - some as young as 8 years old or less.

"It is very specific for Egypt - you don't have it in the Gulf, you don't have it in Jordan, you don't have it in Palestine, you don't have it in Syria. We were caught by surprise," said Bodiroza.

Zaid M. Yaish, who also works at the UN fund, said poverty and desire to marry off daughters are among the likely factors that contribute to the abuse.

"I noticed that Syrians are starting to adapt this FGM - this is a surprise to me. I mean, in Syria, there was never FGM before and that is due to the social pressure," he said.

Nobody knows yet how prevalent FGM is among Syrians in Egypt, or if the reported cases are isolated.

But like almost all Egyptians, Syrians and other refugees are facing crushing unemployment. While Syrians have access to health and education, they require work permits.

Public services are dire and the financial woes, felt by all, are particularly harsh among those who have fled war only to survive on threadbare diets and wages, if any, which are even lower than Egyptian standards.

"The price of meat went from 40 pounds to over 160 pounds per kilo. Everything is increasing, we can't keep up," said Maher El-leilani, a refugee in his late 50s from Homs in Syria, who now lives on the outskirts of Alexandria.

The EU is attempting to alleviate the inflation by injecting some €2 million into a broader cash-assistance programme, distributed by the UN refugee agency (UNHCR).

Syrian families can get anywhere between 600 to 2,800 Egyptian pounds per month. Six-hundred Egyptian pounds, as of this month, is roughly equivalent to €28. Last October, the same amount would have equated to around €62.

"We have seen a deteriorating situation, an increasing vulnerability, with more people becoming more vulnerable when compared to six months ago," said Aldo Biondi, an expert on Egypt from the European Commission's humanitarian aid department.

"More and more families are falling under poverty, so they knock at the UNHCR," he added.

EGYPT: Increases in prison terms for female genital mutilation

Al-Monitor (27.09.2016) - <http://bit.ly/2dJnh4L> - The Egyptian parliament has significantly boosted criminal penalties for female genital mutilation (FGM), passing an amendment that is widely welcomed by many segments of Egyptian society.

Human rights groups are hoping, but are not convinced, that the amendment will help reduce this widespread phenomenon across Egypt.

In 2008, Egypt banned FGM operations in governmental and nongovernmental hospitals and other private or public practices following the death of an Egyptian teenager, Baddour Shaker, who had undergone the procedure in June of that year.

A few months later, an article was added to the penal code criminalizing FGM and punishing those who force it upon women with jail terms of three months to two years, in addition to a fine of 1,000-5,000 Egyptian pounds (\$113 to \$563).

The bill defined FGM as being "the partial or full removal of the external genital parts or deformity of such parts without any medical justification."

Mona Ezzat, head of the Women and Work Program at Egyptian human rights group New Woman Foundation, told Al-Monitor, "FGM is associated with the prevailing customs, traditions and culture in society. It is practiced in [Egypt] because parents are still totally convinced of its viability. Thus, forcing society to relinquish this tradition should not be done through laws alone."

People in nonurban governorates even have traditional songs about FGM, which is seen as a part of their heritage. To change this attitude, Ezzat said, requires changing the culture, religious rhetoric and school curricula, in addition to rigorously applying the law.

In all the years since FGM was first criminalized, Egyptian courts have only dealt with two related lawsuits. In June 2013, 13-year-old Suhair al-Bataa died during an FGM procedure performed by Dr. Raslan Fadl in Dakahlia. For the first time in Egypt, a public prosecutor there referred the case to a court.

Though Fadl initially was acquitted in November 2014, prosecutors appealed the ruling. The Court of Appeal in Mansoura sentenced him in 2015 to two years in prison with hard labor for manslaughter and three months for performing the illegal procedure, while shutting down his practice. However, Fadl served only three months of the sentence after the family accepted a financial settlement, according to Human Rights Watch. The girl's father was sentenced to three months for forcing his daughter to have the procedure.

In July of this year, the public prosecutor of Faisal city in Suez governorate charged a doctor and a girl's mother with manslaughter after the 17-year-old died during FGM surgery in May. Authorities said Mayar Mohamed Mousa died in a private hospital as a result of severe blood loss during the procedure.

The hospital was closed and there were demands for harsher punishments for offenders, prompting parliament to approve an amendment Aug. 29. The law now requires prison terms of five to seven years for those who perform FGM and as much as 15 years if the case results in permanent disability or death.

Egyptian society continues to be greatly swayed by customs and traditions more so than religious views — which appears to be progress. In fact, prominent clerics in Egyptian society, such as Ali Gomaa, the former grand mufti of Egypt, have stood against FGM. Yet this hasn't been enough to influence the community.

On June 14, 2015, Egypt launched a National Anti-FGM Strategy. The incentive was backed by the National Program to Enable the Family and Eliminate FGM; the public prosecutor; the Ministries of Population, Health, Interior, Education, Awqaf and Higher Education; Al-Azhar University; Dar al-Ifta al-Masriyya (The Egyptian House of Religious Edicts); the Egyptian Church; and the National Council for Women.

According to the Demographic and Health Survey "Egypt 2014," the number of women undergoing FGM has declined. It showed that the number of mutilated females aged 15-17 dropped to 61% that year, compared with 74% in 2008.

The same survey said 92% of the polled women of reproductive age (15-49), who were or had ever been married, had undergone FGM, compared with 96% in 2005.

The survey showed that FGM among all women aged 15-49 decreased by 6% between 2005 and 2014 and by 13% among women aged 15-17 between the years 2008 and 2014. Yet the number of women undergoing this procedure is still alarming.

Ezzat of the New Woman Foundation told Al-Monitor a dramatic effort will be needed to raise awareness among families and parents in their homes. "The message relayed by officials on television is not enough to sound the alarm on the seriousness of this practice," she said.

Azza Soliman, head of the Center for Egyptian Women's Legal Assistance, praised efforts made by the media and Egyptian educational representatives to battle the phenomenon. She cited, however, the need for more support from the religious community to help change societal perceptions about the problem.

"It is imperative to find an enlightening religious discourse to clarify the religion's stance on this issue," she told Al-Monitor.

EGYPT: Female genital mutilation needed because Egyptian men are 'sexually weak,' lawmaker says

By Sudarsan Raghavan

The Washington Post (06.09.2016) - <http://wapo.st/2c8fzCy> - It was an outrageous argument, by any measure: Women should "reduce their sexual desires" because Egyptian men are "sexually weak."

This is what an Egyptian lawmaker, Elhamy Agina, claimed over the weekend in making an argument in favor of female genital mutilation or FGM.

"We are a population whose men suffer from sexual weakness, which is evident because Egypt is among the biggest consumers of sexual stimulants that only the weak will consume," Agina said, according to a translation in Egyptian Streets, an English-language local news website. "If we stop FGM, we will need strong men and we don't have men of that sort."

So it is better for women, he continued, to undergo the brutal practice to "reduce a woman's sexual appetite." And by doing so, he added, women would "stand by their men" and life would proceed smoothly.

Of course, this led to a maelstrom on Twitter and other online sites.

The centuries-old practice involves the partial or full removal of the external sex organs, usually with a knife or razor blade, in a belief that doing so reduces sexual desires. The cutting can lead to urinary infections, menstrual problems, infertility and death, in addition to psychological trauma.

The practice was banned in Egypt in 2008. Since then, circumcising girls has been punishable by a prison sentence of between three months and three years as well as a hefty fine. Still, FGM remains a widespread practice here, as it is in many other African nations and parts of the Middle East.

According to the World Health Organization, Egypt has some of the highest rates of FGM, in company with Somalia, Djibouti and Sierra Leone. A UNICEF study in 2013 found that as many as 27.2 million women in Egypt have been circumcised.

The Egyptian cabinet recently approved a draft law that would impose stiffer penalties for those who force girls and women into FGM. Jail terms would range between five and seven years, and harsher sentences would be imposed if the procedure leads to death or deformity. In May, an Egyptian teenager died of complications after undergoing FGM, propelling the United Nations to urge Egypt to enact stricter punishments. The new legislation is awaiting ratification by the parliament before it can become law.

By this week, Agina was backtracking on his comments. In one local newspaper, Al Masry Al Youm, or the Egyptian Today, he clarified that his rejection of the toughening of penalties for FGM was based on how "it is hard to apply in Egypt."

And in a phone interview with TV host Eman Ezzuldine on Mehwar Channel that his comments were to be considered only a "jest."

"I don't get afraid, and I meant no offense to Egyptian men," Agina continued. "Egyptian men are true men, and I am a true man."

"Take my wife's phone number and ask her," he added.

EGYPT: Egyptian girl dies during banned female genital mutilation operation

Authorities investigate after 17-year-old died under general anaesthetic in a private hospital, despite FGM being illegal in the country

The Guardian (31.05.2016) - <http://bit.ly/1Pel7v5> - Egyptian prosecutors are investigating the death of a teenage girl during a female genital mutilation operation at a private hospital.

Mayar Mohamed Mousa, 17, died in a hospital in the province of Suez on Sunday while under full anaesthesia, said Lotfi Abdel-Samee, the local health ministry undersecretary.

"This is something that the law has prohibited," stressed Abdel-Samee.

Despite the ban in 2008, female genital mutilation (FGM) is still widespread in Egypt, especially in rural areas. It is practised among Muslims as well as Egypt's minority Christians.

The law led to the first prison sentence against a doctor in Egypt in January 2015, with the girl's father in that case given a three-month suspended sentence.

On Sunday, Mousa's sister had just undergone the operation before she was sent in for surgery.

The girls' mother is a nurse, while their late father was a surgeon. The operation was being carried out by a registered female doctor, according to Abdel-Samee.

Authorities shut down the hospital on Monday after transferring patients to other hospitals as prosecutors questioned the hospital manager and medical staff involved in the operation, Abdel-Samee said.

They have also spoken to the mother, a prosecution official said.

The case was opened after a health inspector reported the circumstances of the girl's death.

Medical examiners have carried out an autopsy, and are due to report the cause of death, said Abdel-Samee.

While 200 million women and girls worldwide have been subjected to the practise, there have been major strides in Egypt, as well as Liberia, Burkina Faso, and Kenya against FGM, according to Claudia Cappa, the lead author of a February UN children's agency report on the issue.

"The latest figures from the Egypt Demographic and Health Survey show that we're winning," the United Nations Development Programme said in a report last year.

"Mothers' attitudes are changing, too," UNDP said.

While 92% of mothers had undergone the procedure, only 35% of them "intend to circumcise their daughters," according to the UNDP report.

Victims of the procedure are left to cope with a range of consequences from bleeding and pain while urinating, extreme discomfort during sex, fatal complications in childbirth and deep psychological trauma.

EGYPT: Top religious leaders start outreach program to end female genital mutilation

By Stoyan Zaimov

CP World (09.05.2016) - <http://bit.ly/1qfwBTq> - The Islamic University of Al Azhar, the highest academic center of Sunni Islam, has joined the Coptic Orthodox Patriarchate in Egypt in the fight against the epidemic of female genital mutilation.

Fides News Agency reported that Coptic Orthodox Patriarch Tawadros II and Sheikh Ahmed al Tayyeb, imam of al-Azhar, signed a joint statement on Monday committing their fight against the many abuses children in Egypt suffer.

Statistics show that more than 70 percent of all Egyptian children suffer some form of abuse or violence within their families and communities, Fides added.

As many as 850 leaders of churches and mosques, including imam, priests, monks, and pastoral workers are expected to attend preparation courses that will allow them to engage more effectively and lead the fight against "genital mutilation, early marriage, kidnapping and sexual abuse."

Child agency UNICEF has warned that at least 200 millions girls and women around the world in 30 different countries, mainly in Africa, have been subjected to genital mutilation, suffering "profound, permanent, and utterly unnecessary harm."

The practice is carried out for various reasons, often a mixture between cultural and religious beliefs, but is primarily aimed at ensuring girls remain "pure" before marriage, so as not to damage their marriage prospects or the family's status.

CNN reported back in 2015 that genital mutilation is a problem for millions of schoolgirls in Egypt, with as many as 92 percent of married Egyptian women between the ages of 15 to 49 having been subjected to the medically dangerous practice.

"This is a gross human rights violation," Jaime Nadal-Roig, the U.N. Population Fund representative in Cairo, told CNN. "It doesn't add anything to the life of the girl, and there are no medical or religious grounds whatsoever."

Although genital mutilation was made illegal in Egypt in 2008, it remains heavily interwoven in the fabric of the Muslim-majority society.

"People used to have a party after a girl was circumcised, they'd celebrate and exchange gifts," Nadal-Roig explained. "So for them to turn from there and say, 'look this is a crime or this is a sin or this is not allowed by religion' means confronting a lot of beliefs and social norms."

Al Azhar has condemned a number of extreme practices and human rights abuses done in the name of Islam around the world, such as the continued slaughter of Christians and other minorities at the hands of the Islamic State terror group.

Al-Tayyeb said back in April 2015 that the killing of 28 Ethiopian Christians in a video released by IS is a "heinous crime — which goes against any religion, law or human conduct."

EU: Launching the first Interactive Map on FGM Laws, Policies and Data in Europe

On Friday, 28 May 2021, International Day for Women's Health, End FGM EU launched the FGM in Europe online interactive map in a high-level launch event with European decision-makers.

Endfgm.eu (28.05.2021) - <https://bit.ly/3uKu9pp> - The event presented the map and its potential as an available and accessible resource on FGM in Europe. It also focused on specific aspects of working to address FGM in Europe. Officials from countries with promising practices shared their knowledge during breakout sessions on "Community engagement and Protection for persons at risk of FGM" and "Funding and data collection on FGM". You can watch the Facebook Live replay [here](#).

Chiara Cosentino, End FGM EU Head of Policy and Advocacy said "As the European umbrella organisation working on FGM, our expertise and bird's eye view of the European context is highly valued by many stakeholders. Yet, we realised that this insight was only available on demand. This is why we decided to create this resource with our members and share the richness of our collective knowledge with a wider audience."

We hope that this map will not only serve as a source of information but also as a well of inspiration to do better and continue to improve our work to end FGM and our support of FGM Survivors. We want countries to learn from each other and strive to better their laws, policies, services and data collection efforts. We want to encourage mutual learning and cooperation towards ending FGM for All in Europe and beyond.

The End FGM EU Interactive map is now officially live! You can access it here: <https://map.endfgm.eu/map>

Background:

Between 2019 and 2020, End FGM EU conducted, together with its members, a thorough mapping around laws, policies, services and data collection in the 14 European countries where its members operate. Information has been collected systematically and homogeneously through a standard questionnaire to ensure comparability among countries and promote improvement and mutual learning at the national level. The questionnaire, developed by the End FGM EU Secretariat, has been inspired by the Sexual Rights Database project. The research has been conducted at the European level by End FGM EU and has been cross-checked and validated by national members at the country level.

The development of this online interactive map and database has been made possible by the support of the European Commission, Rights Equality and Citizenship Programme, Sigrid Rausing Trust and Wallace Global Fund.

EU: MEP Assita Kanko: We are determined to put an end to Female Genital Mutilation

The European Parliament has approved a common resolution on a strategy to end the practice of Female Genital Mutilation (FGM) around the world, tabled by six political groups.

ECR Group (12.02.2020) - <https://bit.ly/39KtgTQ> - Speaking after the vote, ECR MEP and vocal campaigner for ending FGM Assita Kanko, who had the initiative to table the resolution, said:

"The European Parliament has today proved that certain issues go beyond political games. There is general consensus that we need to eliminate FGM. No less than 200 million girls and women today have to live with the often terrible consequences of their genital mutilation.

"Female Genital Mutilation is not only an African issue, far from it. All girls and women must have the opportunity to choose their own future.

"Through practical training, cooperation, information sharing, international diplomacy, and crucially through showing zero tolerance, the EU should aim to solve this issue at all levels of society.

"It takes a lot of courage to break a taboo. There must be zero tolerance when it comes to the practice of Female Genital Mutilation. It is a crime against your body, your mind, and your physical autonomy."

As a young girl, Kanko herself became a victim of genital mutilation in her country of birth, Burkina Faso. She is also calling for support for survivors of this practice.

EU: Publication: Female genital mutilation in Europe

An analysis of court cases – Study

Publications Office of the European Union (04.05.2016) - <https://bit.ly/2BCk3y8> - This study develops a comparative overview of recent FGM(Female Genital Mutilation) court cases within the EU, as well as an exploratory survey of transnational movements in relation to FGM. The legal aspects of 20 recent criminal court cases in Europe are analysed, and evidence about transnational movement to have FGM performed is assessed. The report is based on data collected by country experts in eleven European countries. Data include court decisions, migration background of groups from FGM-practising countries in the host countries, the process of FGM reporting, and stakeholders' proposals and opinions regarding FGM. The report addresses the general legal context or framework to fight FGM in the eleven countries, and it briefly analyses the impact that the embracing of the due diligence standard could have, as a consequence of the signature of the Istanbul Convention by all the countries in the report. A finding of our study is the fact that the responses given by different countries to FGM are modelled by disparities of public prosecution systems in Europe. Calling upon state parties to apply the Istanbul Convention and accordingly modify existing provisions that limit their jurisdiction over FGM cases (art. 44) could have an impact on such procedural disparities, although further research is needed in this area.

FRANCE: Female genital mutilation: 'Women circumcise little girls for men'

By Assiya HAMZA

[France 24](#) (06.02.2023) - In France, nearly 125,000 women have undergone female genital mutilation (FGM). The fight against this practice has led to the creation of psychological and surgical care over the last 40 years but the subject remains taboo. FRANCE 24 provides an overview of the situation on the International Day of Zero Tolerance for Female Genital Mutilation, February 6.

[Excision](#): The cutting or removal of some or all of the [external female genitalia](#), her clitoris, her inner labia. "[Cutting is a form of violence committed against little girls](#). It is one of the most [serious types of sexual violence](#)," says Dr Ghada Hatem, an obstetrician-gynaecologist, in front of a crowded room at Hospital Delafontaine in the French suburb Seine-Saint-Denis. The practice, which some describe as "traditional", "religious" or even "mandatory", is difficult to eradicate, including in France, where it is nevertheless punishable by law.

[Diaryatou Bah](#) was circumcised when she was 8 years old in Guinea Conakry where she lived before coming to France: "It happened one morning. A woman came and took me outside. I found myself surrounded by aunts, neighbours and my grandmother. Two held my feet while two others help my hands. They covered my face with leaves. No one explained what was going to happen to me."

The founder of the "Espoirs et combats de femmes" ("Hopes and dreams of women") association and author of the book "They stole my childhood from me", Bah remembers certain details vividly.

"I'll never forget the knife and the feeling when the woman cut me. My own scream. I am 37 and I still remember the details. I knew I was going to endure the procedure one day because it was what every little girl went through; that was the ritual. All the women in my family have undergone the practice."

What followed was "indescribable pain and three weeks without being able to walk". She took a long time to understand her experience, she says.

"Until the age of 20, I thought all the women in the world went through the same procedure."

Risk of FGM increased by Covid pandemic, war in Ukraine

Bah's story is similar to the one shared by millions of little girls in Africa, the Middle East and Asia. Out of the 200 million women who have been victims of FGM worldwide, 125,000 who have undergone the procedure live in France, according to statistics published by the [Weekly Epidemiological Bulletin \(BEH\)](#) in July 2019. The overall number of victims could even be revised upwards, according to projections by the [United Nations](#). The Covid pandemic and the war in Ukraine account for the increasing number of women suffering FGM. "In Africa, some circumcisers have begun to re-adopt the ritual. Families do not have enough to eat, schools are being closed and the solution is to marry off their daughters," says Isabelle Gillette-Faye, sociologist and director of [GAMS](#) (Group for the Abolition of Sexual Mutilation, Forced Marriage and other traditional practices harmful to the health of women and children). Globally, she adds, we have gone from a risk of 2 million victims of FGM per year to 3 or 4 million by 2030.

Despite the gloomy predictions, and even if she says it is necessary to remain "attentive", Gillette-Faye prefers to concentrate on the achievements of 40 years of prevention and education. In France, the first cases of FGM appeared at the end of the 1970s. Men from Sub-Saharan Africa who had come to France to work also brought their wives. Paediatricians from the Maternal and Infant Protection (PMI) service discovered the first mutilated girls during medical examinations. In 1982, a three-month-old girl

died in hospital in Paris following an excision. A wave of shock rippled across France. The little girl's doctors filed a civil action lawsuit.

At the time, even though excision was not mentioned, [FGM was considered a crime punishable by 10 years in prison](#) and a €150,000 fine, according to article 222-9 of the [penal code](#). The law applies whether or not FGM took place in France or during a vacation in the country of origin, as long as the victims live on French soil.

"Families find it difficult to understand that [the law applies in France](#) even if they have their children circumcised outside the national territory and regardless of their nationality," says Gillette-Faye.

Since the 1980s, nearly 30 circumcisers or parents of mutilated girls have been put on trial in France. In April 2022, a 39-year-old mother received a five-year suspended prison sentence for the excision of her three oldest daughters, including one who is mentally handicapped, between 2007 and 2013. The procedures took place during the girls' visits to their grandmother in Djibouti, a country where FGM has been banned since 1995.

"Up until then, we had only been talking about West Africa. We discovered that families from East Africa could be judged, condemned and owe damages to their children for having practiced FGM even if the procedure took place outside the national territory," says Gillette-Faye, who attended the trial.

Silence prevails

What accounts for the persistence of this tradition despite the laws against it? For uprooted families, perpetuating this tradition allows them to cling to their cultural identity.

"Many use the religious argument that it is written in the Koran," says Dr Ghada Hatem, also founder of La Maison des femmes ([The House for Women](#)) in the Parisian suburb of Seine-Saint-Denis. She adds that the practice does not exist in any of the books of the three Abrahamic religions: Judaism, Christianity and Islam. There is also the fantasy that a "pure" woman is an excised woman, that it increases fertility and that the child has a better chance of being born alive.

As for the taboo about openly discussing FGM, it is almost omnipresent within the family and the community of origin. "In the community silence prevails, as always in the case of violence, guaranteeing that the practice will be maintained," says Hatem. "Girls are excised without an explanation. Over there [in the country of origin], what is not normal is an uncircumcised girl. She is seen as impure and above all, she will not be able to marry. In order for her to remain a virgin until marriage, she must be circumcised," confirms Bah.

Sometimes these women are unaware of their excision. "I see women on a daily or at least weekly basis who have undergone FGM. Some of them do not even know they have had it," says Agathe André, a midwife at a public hospital in Nanterre, near Paris. "There is no easy way to say it but it is important that we inform them, especially when they give birth to a little girl. They will potentially return to their country of origin and they must be made aware that in France, the practice is forbidden."

"Many women don't know if they are excised because they were in the cradle when they went through the procedure," says Gillette-Faye. Very often, they only discover what happened to them during a visit with their gynaecologist or sometimes during childbirth. "I have patients who were very angry. Some had given birth four times in France and no one ever told them anything," says Hatem.

Do some doctors and women stick their head in the sand when it comes to FGM? Certainly. Fear also plays a role. As with other cases of violence against women, doctors must measure their words in order not to accentuate or awaken sometimes buried trauma. "If you approach the subject in an inappropriate, humiliating or critical way, you will do a lot of harm to the young woman you're dealing with," says Hatem, who trains health workers in best practices.

"As soon as you start talking about 'normal' vulvas, you do damage," adds Gillette-Faye, speaking from her own experience and also referring to reconstructed genitals seen in pornographic films. "It's a form of aggression against mutilated women who already have a tendency to beat themselves up because they tell themselves that they are not normal."

For Hatem, a victim expects above all that "you explain to her what FGM is, what has been done to her, the consequences, if she can live normally and [what you can offer her](#)".

Repairing lives

Victims sometimes suffer silently for many years. FGM can lead to sexual problems such as a lack of desire and/or pleasure, and shame. The trauma runs deep. Excision, forced marriage, rape, abuse - "The average fate of a little girl in Sub-Saharan Africa is often a continuum of violence," says Hatem.

To help them rebuild their lives, repairing the anatomy of FGM victims is possible. In 1984, Dr Pierre Foldès, an urological surgeon and co-founder of Doctors without Borders, developed the only surgical method to repair the clitoris. "Everything is absolutely repairable...", says Foldès. "The technique is reliable and there is an extremely low failure rate."

The traditional circumcisers do not cut everything. "There is scarring that hides what remains of the clitoral glans. The technique consists of finding all these dead parts and gently removing them," Foldès explains. "In this process, the clitoral stump is pulled upwards by the scarring and the pubic bone. When these abnormal adhesions are removed, the clitoris will descend and reposition itself normally."

In 35 years, Foldès has performed reconstructive surgery on 6,000 women and his waiting room is always full. The victims sometimes come from very far away. And they're ready to wait as long as it takes for an appointment.

All eyes on men

Having surgery is far from the end of the ordeal. "The goal is not to restore the clitoris but to restore normal sexuality," says Foldès, who also helped found [Women Safe & Children](#), the first care centre to provide full recovery for women victims of violence, in the Paris suburb of Saint-Germain-en-Laye. "We must consider all aspects of the trauma, treat each and accompany the victims throughout. If we operate, we have to accompany the patient for two years. We will treat the patient, teach her how to live with a normal organ and try to rebuild her sexual life. When you take time, the healing process works better."

Repairing a woman's mutilated genitals without repairing her mental health inevitably leads to failure. "Some women are disappointed because they do not see any improvement. Often, it is because their healing process is not optimal," says Foldès. "Some women's condition deteriorated after their operation...", says Gillette-Faye.

"Sometimes they skip steps and go to a plastic surgeon. There is a real market for cosmetic surgery. At GAMS, we have chosen to promote global care."

To help eradicate FGM, all eyes are now on men. In Belgium, [GAMS](#) has launched awareness campaigns called "[Men speak out](#)".

In France, the national federation also works with the association [Femmes Entraide et Autonomie \(FEA\)](#) (Mutual aid and autonomy for Women).

"We have to leave behind the notion that this is a women's problem and that men don't have to be involved," says Gillette-Faye.

"We need to involve men so that they say 'I will not marry a woman who has been circumcised'," says Hatem. "Women circumcise little girls for men. If men say no, they will stop getting circumcised."

FINLAND: THL: 10,000 girls and women in Finland have undergone FGM

Finland's public health watchdog THL says 3,000 girls risk undergoing the procedure, which involves removal of all or some of the external female genitalia.

UUTISET (23.11.2018) - <https://bit.ly/2SexElb> - There are currently as many as 3,000 girls in Finland who face the risk of being subjected to female genital mutilation or FGM, according to an analysis released by the National Institute for Health and Welfare on Friday.

The THL data indicate that more than 10,000 girls and women resident in Finland have undergone the procedure. FGM is mostly carried out on young girls between infancy and the age of 15, according to the World Health Organisation.

"In addition there are another estimated 650 to 3,000 girls living in Finland who are at risk of circumcision," said THL specialist Mimmi Koukkula of the agency's children and families unit. However she noted that officials do not believe girls have had the procedure carried out in Finland, rather they have been sent abroad for it.

"The large variation in [the estimate] comes from the assumption that members of second-generation [immigrant] groups are not circumcised or that circumcision is as common [in this group] as in the previous generation in the country of origin," Koukkula added.

According to the Finnish League for Human Rights FGM is practiced in many African countries, as well as in parts of the Middle East and Asia. As a result of migration, the custom has spread to countries where it was not previously practiced.

The NGO said that the majority of FGM cases in Finland occur among communities originally from Somalia, Eritrea, Ethiopia and Kurdish regions.

Important to grasp scope of problem

So far, Finnish authorities have not systematically gathered any data on FGM on women and girls in the country.

"However we need to gather data because it is important to recognise the scope of the phenomenon in order to address it," Koukkula noted.

Finland has attempted to improve data gathering by measures such as adding a section in maternal health care cards asking whether the expectant mother's genitals have been circumcised.

"So we ask pregnant women about this in the maternity clinic and the information on the card is also passed on to the maternity hospital. The hospital collects information about the mothers who have been circumcised and who have had an FGM reversal into a database," Koukkula explained.

The THL specialist said that more data will also be collected in future. "Finland is currently collecting information on circumcision of women and girls from research on two different groups of foreign-background women."

She noted that in addition, information on FGM and reversal procedures are being gathered into a separate database and added that a nationwide school health survey will also include a question about FGM.

THL said that it plans to provide online multicultural customer service training relating to health and social care professionals. The material will provide practical information about issues such as individuals facing the threat of female circumcision or how to deal with young women who have undergone the procedure, as well as a duty to notify officials and existing regulations.

Trainee midwife calls for practical experience

Midwifery student Ulla Karhu, who studies at Metropolia University of Applied Sciences, said that current practical studies about how to deal with FGM is still too theoretical.

"Midwifery studies offer only a few hours of study about what to do when a woman who has been circumcised comes in to give birth. Whether or not we encounter such situations during training is entirely up to chance," Karhu said.

She pointed out that in labour the lives of both mother and child hang in the balance so it is important for midwives to know what to do. She called for two changes to midwifery studies.

"Our training should include more contact hours to give [us] a feel for how to act and to choose our language when we meet a mother-to-be who has circumcised genitals. In this way we would avoid situations in which a midwife sees a circumcised woman for the first time when labour has already begun," Karhu said.

Karhu said that her studies have taught her that FGM is performed differently in different countries and cultures by either cutting or cauterising the clitoris has been removed and the labia have been removed and sutured so as to leave only a small opening for urinating and menstruation. This means that a reversal procedure is necessary for childbirth, she added.

"The law obliges a midwife to maintain her professional skills, but that is impossible without practical experience. For example in cases where midwives may have been trained decades ago and it is rare to come across a woman who has been circumcised."

FRANCE: Trial of female circumcision: a mother sentenced

The court has decided: the law takes precedence over tradition.

TV5 Monde (05.04.2022) - <https://bit.ly/3xjxiFH> - Jurors and magistrates have decided: the law takes precedence over tradition. In Le Mans, a mother was given a five-year suspended sentence for circumcising her three eldest daughters during trips to Djibouti. Sociologist Isabelle Gillette-Faye, a specialist in excision, sheds light on the issues of this trial.

On March 30 and 31, 2022, a mother of seven children appeared before the Assize Court of Sarthe, in west-central France, for "complicity in violence against minors under the age of 15 followed by mutilation or permanent infirmity". In concrete terms, she is accused of having her three eldest daughters undergo excision. However, this female mutilation is strictly prohibited and punishable, in France, by fifteen years of imprisonment - in Djibouti too, excision has been prohibited since 1995. This trial is the first in ten years in France after [that of Nevers in 2012](#).

Excised in Djibouti

If [Nevers' trial](#) tried parents who had excised their girls in precarious conditions, at their home in France, the 39-year-old woman tried in Le Mans had her three eldest daughters excised in 2007 and 2013, during stays with their grandmother in Djibouti, her country of origin. The little ones were then 4, 5 and 7 years old.

In France, the eldest girl, who has a mental disability, is followed in a socio-educational center. Upon her return from the trip to Djibouti undertaken by the family in 2013, she explained to her educators that she has "*no darling, no zizizi*" by showing the genital area. His drawings depict children crying tears of blood.

Alerted, the socio-educational team issued a "notice of concern", in accordance with the reporting procedure. This resulted in a medical examination that confirmed the girl and her two sisters had undergone genital mutilation. "*This time, and this is not always the case, the magistrate in charge of the case went to the end, to the trial in assizes,*" noted Isabelle Gillette-Faye.

An exemplary trial

The sociologist, who is the Director of the [National Federation GAMS](#) (Group for the Abolition of Sexual Mutilation, Forced Marriage and other traditional practices harmful to the health of women and children), attended part of the trial as an expert witness, at the request of the court. She explained the ins and outs of an excision and contextualized the facts committed by the mother. "*I was there to shed light on people, jurors or assessors, who are not used to being confronted with this kind of case,*" she explained, stressing the attitude of stakeholders: "*very attentive and eager to do well, to understand without judging. How can a mother do this to her daughters? Why do girls themselves continue to trivialize an act that could, and can still have had dramatic consequences?*"

The accused humiliated in her good faith

Isabelle Gillette-Faye, found the mother "*very worthy, who says she understood that excision is prohibited by law.*" The sociologist has another deciphering of the accused's thought: "*I believe that she remains convinced that it is a religious necessity* (Editor's note: the mother is Muslim) *and that she does not understand why she is prevented from doing so.*" However, since 2015, the mother has had four other children. "*She didn't*

touch any of them, girls and boys. So she seems to have understood the ban, but not the why," analyzes Isabelle Gillette-Faye.

"Throughout the trial," said Isabelle Gillette-Faye, "the mother of the three young excised women wanted to convince that the infibulation she herself suffered in her childhood (total or almost total excision, female genital mutilation type 3) did not have any harmful consequences on her life as a woman": *"She assures that her sexuality remained perfect, that her deliveries went very well,"* reported the sociologist.

In addition, the accused argued that she brought a nurse home so that her daughters' excisions take place in the best hygienic conditions and that their excisions were relatively minimally invasive - female genital mutilation type 1. *"She thinks she behaved like a good Djiboutian mother and does not understand why the sky falls on her head."*

In fact, when the verdict was read, the accused collapsed into tears. Surprised by this reaction, Isabelle Gillette-Faye said: *"It is extremely rare that this kind of woman expresses her emotions in public so intimately. This says a lot about the humiliation she felt for being convicted for an act she considers normal."* Disgrace is all the more cuncky for the mother as she will now be under surveillance to dissuade her from touching her youngest children and that socio-educational follow-up will probably be imposed on her older children.

Victims in denial

The girls, the victims, did not attend the trial. The older one, disabled, must remain under protection. As for the two younger ones, *"they are in total denial of what happened to them,"* explained Isabelle Gillette-Faye. They consider that this trial of their mother was wrong and spoke of their excisions as something normal. They did everything to exonerate their mother, so that she was not convicted. *"Denial is a fairly classic reaction for children who are victims of violence and abuse,"* said the sociologist.

What about the fathers?

The late father of the victims was, according to the accused, not aware of the intervention suffered by his three daughters during their stay in Djibouti. He was certainly not present, according to Isabelle Gillette-Faye, but he must have been aware of it: *"We had to pay for these interventions. Especially since in Djibouti, dowries are very high, and the only way for a father to monetize his daughters to a Djiboutian for an amount as high as he himself had to pay for his wife was that they be excised before marriage."*

A Djiboutian family condemned

In the eyes of Isabelle Gillette-Faye, the origin of the accused is an important point in this Le Mans trial, because it is the first time that a Djiboutian family has been convicted.

However, France is facing the arrival of populations in East Africa who have not been made aware of the ban of female genital mutilation unlike West African migrants. *"This verdict is an excellent reminder,"* said the sociologist, *"especially since the Djiboutian community is relatively large in the Le Mans region, and the shock wave of the trial will remind everyone that France, like Djibouti, prohibits female circumcision."*

FRANCE: Tough stance on female genital mutilation is working, say campaigners

Parents and 'cutters' have been jailed in France but concerns remain that parents go abroad – including to UK – for FGM

By Kim Willsher

The Guardian (10.02.2019) - <https://bit.ly/2DSz27x> - The girls were ready to leave for London on Eurostar when French police arrived at the school gate to take them into care and their parents into custody. It is doubtful the cousins, both six, had been told why they were crossing the Channel. But activists campaigning against female genital mutilation (FGM) told the Guardian they had learned that the parents were planning to have them "cut", and tipped off the police just in time.

"We had to stop them going," said Isabelle Gillette-Faye of the Gams movement. "We were alerted by a family friend who knew what the parents were planning and was against mutilation. But we didn't have much time. We heard about it on the Thursday and they were travelling on Saturday morning. It was a close thing."

The story demonstrates France's zero-tolerance towards FGM, a tough approach that has jailed about 100 people in dozens of high-profile cases.

FGM was defined as a crime under French law in 1983 with the threat of 10 years in prison, or up to 20 years for cutting a girl under the age of 15. Parents who oversaw FGM were declared "accomplices" to the crime. The law also applies to parents who send French-born children abroad to be cut by making it a crime no matter where it is carried out. The first conviction was secured in 1988 against a father and his two wives, who were given three-year suspended sentences. In 1991, a cutter was jailed for five years. Two years later a mother was jailed for the first time, given a three-year sentence, two of which were suspended.

Linda Weil-Curiel is a lawyer who has been working to bring the cutters and parents to justice. So far there have been about 40 trials, an increasing number of which have ended in prison sentences.

"At first the African communities didn't want parents prosecuted, but it's against the law and the law is the same for all," she said. "We explain to doctors the importance of examining all children. In that way they can check not just for FGM but for sexual abuse."

Dr Emmanuelle Piet says tiptoeing around religious or social traditions has no place in the FGM debate.

"I've seen what FGM does and frankly I don't give a damn about cultural sensibilities. It's more important to prevent a violent crime being committed against a child or woman.

"People talk of culture and tradition, but children have a fundamental human right not to be mutilated. It's racist to think otherwise. Can you imagine the outcry if this was happening to white, blonde girls?"

Piet works in the north-eastern Paris suburb of Bondy, in the gritty Seine-Saint-Denis department, where roughly a quarter of the 53,500 population was born outside of France – the vast majority in former French colonies in Africa. As a gynaecologist, Piet sees many of the mothers and children at the mother and infant protection service, which

offers free healthcare to children from birth to six. Among her patients are women who have undergone FGM in former colonies, including Djibouti and Mali, where Unicef says, respectively, up to 93% and 89% of women are cut.

"I ask if they want the same for their own little girl. Women and girls with mutilated genitals are often deeply traumatised and angry. I can see the fear and pain on their faces even before I touch them."

Gillette-Faye said the London-bound family were from a culture where "cutting is so ingrained they think they are doing the best for their daughters".

"The parents were very cultured, educated, professional, but it was completely normal for them to mutilate their daughters," she said. "A girl who wasn't cut wasn't considered normal or pure."

She added: "The parents wouldn't admit why they were travelling to London but we were told they were heading for a private clinic where the girls would be cut."

French doctors, hospital staff and teachers in areas of high immigration from countries where it is prevalent are trained by anti-FGM organisations to spot cutting and encouraged to report it.

As a result, Weil-Curiel, Piet and Gillette-Faye say they have seen no new cases of FGM carried out in France for a considerable time.

"We have a triple approach, preventing through education, shaming with publicity and punishing. It seems to work," Weil-Curiel said. "We see girls who are cut before they come to France, but we have not seen anyone cut in France for a while."

"You can be reasonably sure that a girl being taken away 'on holiday' during the school term to a country where FGM is rife is going to be cut," said Gillette-Faye.

"If we think this is going to happen, we call in the parents and examine the children. We explain why FGM is a crime and warn that we have recorded the child with nothing missing, so if she comes back cut then they will be prosecuted."

Piet admits parents still find ways around the law, but remains sceptical that many send their girls to the UK.

"FGM used to be carried out mostly on infants. Now girls who have been born and educated in France are being sent back to their parents' country, when they finish primary school, where they are cut and forcibly married. They return before their 16th birthday pregnant."

"When they come to see me. They are veiled, they are terrified and they are traumatised. They seem to have lost all their French education and language. It's like they have just arrived in a foreign country."

"They don't want to talk about it. As with other forms of violence, the aggressor warns them not to say what has been done to them."

French campaigners like such as Gillette-Faye, Weil-Curiel and Piet are incredulous of, and angered by, Britain's failure to tackle FGM.

"You have a tradition of multiculturalism, but you cannot accept everything in the name of tolerance, and certainly not the abuse of girls through mutilation and forced marriage," said Gillette-Faye.

"You have to tell parents cutting is not acceptable and if they don't listen you threaten them with prosecution and jail. It works."

The French former justice minister Rachida Dati summed up France's attitude, saying: "This mutilation has no foundation in any religion, philosophy, culture or sociology. It is a serious and violent abuse of a female. It cannot be justified in any way. FGM is a crime."

GAMBIA: With newfound democracy, Gambia faces resurgence in FGM and child marriage

Some Gambians are returning to harmful practices that the former president had banned during his 22 years of autocratic rule

By Nellie Peyton and Lamin Jahateh

Thomson Reuters Foundation (26.01.2018) - <http://tmsnrt.rs/2GF70go> - Wearing a long black veil with her newly circumcised daughter on her lap, Aminata Njie vehemently gives her justification for having the two-year-old cut.

"Female circumcision is our religion and tradition," says the tall, frail mother of five from her one-bedroom home.

"If Gambia is a democracy now, why should anyone stop us from practicing our religion and tradition?"

One year after Gambia's iron-fisted leader Yahya Jammeh flew into exile, residents of the tiny West African nation are enjoying newfound freedoms under president Adama Barrow, who ousted Jammeh with a shock election win.

But to the dismay of human rights activists, some are also returning to harmful practices that the former president - in a rare display of progressive values - had banned during his 22 years of autocratic rule.

Three weeks ago, Njie, whose named has been changed to protect her from prosecution, travelled across the river to her husband's village to have her youngest daughter circumcised.

Female circumcision, or female genital mutilation (FGM), involves the partial or total removal of the female genitalia and can cause fatal health problems, health experts say.

Jammeh instated steep fines and jail sentences for those taking part in the ancient ritual, which many Gambians believe is a requirement of Islam, in 2015.

"Before the ban, all my three daughters were circumcised. By the time I had this one, the ban was in force and no one was doing it here," said Njie, who lives down a dirt road in the working-class outskirts of the capital Banjul.

"Now that (Jammeh) left we are free to do it because Barrow does not ban it and he is going to remove the law," she said.

In fact, the law against FGM is still in effect and there are no plans to remove it, information minister Demba Jawo told the Thomson Reuters Foundation by phone.

"We are convinced that FGM has serious health implications for women and girls. If anything, this government would be even more rigorous in enforcing the ban," Jawo said.

But many people have been misinformed, rights groups say.

"If you go into communities they tell you that the law went with the former president," said Lisa Camara of the Gambian rights group Safe Hands for Girls.

The same is true of Jammeh's 2016 law against child marriage. "It's taken us back to square one," she said.

Culture of fear

No data has been collected on FGM or child marriage since they were outlawed, the U.N. children's agency UNICEF said, so there is no evidence to prove the laws were respected under Jammeh or that they are now being widely broken.

Before the bans, about 75 percent of girls in Gambia were cut and 30 percent married before the age of 18, UNICEF says.

Laws against traditional practices often go unheeded in African countries where local chiefs and religious leaders can wield more influence than the central government, experts say.

But Jammeh, who had a reputation for imprisoning and torturing perceived opponents, was so widely feared that people tended to obey him, several Gambians said.

"Most people at first thought it was a joke," 20-year-old medical student Haddy Bittaye said of the FGM ban.

They soon realised it was serious when a grandmother was arrested for allegedly cutting a young girl who died, said Bittaye, a youth activist.

The penalty for engaging in FGM is set as 50,000 Gambian dalasi (\$1,050) or 3 years in prison or both, according to the government, but there have been no prosecutions to date.

"The law has done a lot," said Bittaye. "Nowadays (FGM) is not that common because people are aware, and because of the fines attached to the law."

Yet other campaigners said the law has merely driven the practice underground. It is performed earlier now - on babies as young as one week old - to avoid detection, said Isatou Jeng, of local rights group Girls' Agenda.

"People said the law was forced on them," said Jeng, an FGM survivor herself who travelled around the country last year on an awareness-raising campaign.

In villages, people said Barrow had promised them he would repeal the law, she said, likely a misconception that came from the president's pledges to reform Jammeh-era legislation.

The new government needs to do more to make its position clear, said Jeng.

President Barrow has not spoken publicly against FGM or child marriage, but the vice president and other members of his administration have condemned them, said Neneh Touray, a representative in the ministry of women's affairs.

"It takes time to put things in order. I know with time (Barrow) will make his pronouncement," Touray said.

Others said the government may be intentionally leaving room for ambiguity, since the laws are so unpopular.

"Politically, I think they're trying to be very careful not to lose votes," said Camara of Safe Hands for Girls.

New generation

Campaigners from the government, the United Nations and local rights groups have launched national information campaigns to teach Gambians that Jammeh's laws are still in effect.

Billboards along the highway in the rundown seaside capital say "Stop FGM" with pictures of smiling girls.

The target is not the traditional cutters, but the younger generation. "The idea is that we are targeting a generation in hopes that they will be the agents of change," said UNICEF's Fatou Jah.

Camara, whose organisation works primarily with young people in schools, said she thinks when their generation has children they will see a large decline in FGM and child marriage.

But for other campaigners and survivors, the setbacks caused by the political transition have been disheartening.

"It's a practice that you have laid down your life for, and at some point you think it's almost coming to an end but now you are drawn back, steps back to where you have been before," said Jeng of the Girls' Agenda.

"That hurts a lot," Jeng said.

GHANA: FGM in Ghana: A note to The Ministry of Gender, Child and Social Protection

By Dr. Yvonne Otubea Otchere

Modern Ghana (19.02.2019) - <https://bit.ly/2V86ptZ> - We cannot expect to get into the way of continuous development while we are following a system of education which depends on the borrowing of an alien physiology, psychology and sociology, a system of education which is based on eschewing by us of the social institutions of our ancestors on the ground merely that our ancestors were uncivilized for just as a condition of health in the individual is health in the society in which he is born, so a condition of self-respect in the individual is reverence for the institutions of his social grouping," Kobina Sekyi (1892-1956), a Gold Coast freedom fighter and a Nationalist and author of 'The Blinksards.'

I was recently thrown into a state of total shock when one of Ghana Broadcasting Corporation's local fm stations over the weekend reported news on increasing Female Genital Mutilation (FGM) practices in Pusiga, Northern Ghana.

I was sorely worried about the conversation and I sought to augment the volume of the radio as the only affront to assimilate very well, news report on how mothers are productively crossing borders to have their females/daughters engaged in FGM in Togo and other neighboring towns. The listeners/audience to this reportage were also informed on notable arrests of some culprits who were claimed to have been released according to the reportage. I grapple to remain mute and not to pen down points on this issue because every discourse on womanhood fettered anywhere in the world is a gross concern for womanhood. Thankfully, the minister is a woman –my thoughts are that it will be imperative to have this dialogue on a two-tiered level. First on a 'sister-to-sister' level and secondly on a professional level.

At the brink of Ghana's 60th anniversary, Kwame Nkrumah and Kwegyir Aggrey should be turning in their graves to lend ears to such sour practices such as FGM in Ghana.

As a gender researcher navigating trends on women's health in Ghana and gender issues across context these are my suggestions to the ministry:

In accordance to the Sustainable Development Goals (2030), the UN posits action-oriented means to address crippling social needs in areas such as social and environmental protection, health, education, climate change etc. In a related news item on September 28 on ghanaweb (2018), we are reliably informed on 'government to pass social protection law in 2019'. It will be imperative to provide Ghanaians with progress on the law. It is important to stress that the Social Protection law may hold one of the indispensable tools to the FGM menace. A social protection law is relevant now- indeed to protect rights of these 'innocent' girls who somewhat thorn between traditions and norms of their local enclaves and 'playing the good subject role' to 'ignorant parents' may secure a pathway to this endangering act geared at ripping the dignity of womanhood. The law should be implemented now because WHO reports have shown that beyond poverty which is one of the underlining facilitator of such acts (which has been mediated by social intervention policies such as Livelihood Empowerment Against Poverty (LEAP) , free Senior High School, the school feeding program; unfortunately, more scientific diplomacy may be essential here- the introduction of more rigorous behavioural change models to sustain a positive behavioural intervention for FGM.

This is not to 'down play' the enormity of task at hand-it may be a herculean one, as reported of how the Director of the Gender ministry facilitated the arrest of the culprits. A caution reminder here that an individual-centred approach may be overly superficial in addressing the menace.

Beyond major stakeholders' invitation to provide inputs to the law, gender-based researchers and psychologists are to be included in the design and development of culturally-sensitive behavioural modification paradigms for piloting and further scientific investigations among the target population.

The acknowledgement of Knowledge transition systems in Africa (for that matter Pusiga). In order to obtain SDG (3) which focuses on good health and well-being and SDG Goal one on 'no poverty', there is an inherent need to acknowledge the indigenize methods of knowledge transitions within the specific context of Pusiga. We talk about gaps between research work implementation and evaluation, when we begin to open a national dialogue on useful ways to end the prevalence of such a cankar and practical ways in which scientific research can also be well navigated to provide undoubtedly sustainable answers to FGM. This practice has existed since time immemorial and to radically cause

its extinction means to find very significant ways of drumming down the approaches/interventions to the indigenes who should be the beneficiary of such interventions. To hear such news on FGM, is to keep on asking the salient questions any scientific researcher would ask? From your prior studies how have these interventions been 'drummed home' into the levels of consciousness of these active participants?

A colleague once told of how they (a group of researchers) had to translate Cognitive Behavioral Therapy interventions in local songs and have the community 'gate keepers' dramatize this in local plays-story-telling methods, songs and literally have drummers drum notes of the therapy in local dialects to the indigenes in some related communities in Northern Ghana. Identify the active systems of knowledge transition in the Pusiga community and ensure scientific-interventions which are community-based and very sensitive to de-tagging the practices associated with FGM in these local communities. By this, the ministry will be providing an opportunity to create the reformation of the constructs linked to FGM- which may elicit positive behavioural effects to sustain interventions. Although men are not reported in the act-I am overly concerned that targeted interventions may have deceptively missed out on their active role as 'family heads' in the decision making process. Gender-based but sensitive interventions, clearly targeting 'men/males' will be useful in drawing a holistic approach to FGM.

To say practice advocacy, does not mean to say you have not been engaged in one. This is to say that like the waning HIV/AIDS campaign on the ABC synopsis, there is a great likelihood to consciously think that FGM, may have also presented with such related fatigue. Find innovative ways of gathering more stakeholders and building FGM paradigms which are uniquely de-centralized and specific to the people of Pusiga-more importantly the women and men of all ages (not mothers only).

Think about Social Media and Technology and the varied ways in which these tools can be used to reduce the menace. In 2017, five girls from Kenya invented an app called the 'i-cut' app to stop FGM in Kenya. The ministry may want to consider adapting the 'i-cut app' for cultural relevance or involving app developers in Ghana. There are apps now to aid in facilitating social interventions-this is also an opportunity to re-evaluate the existing traditional social interventions which may not have worked well to reduce FGM. Beyond the traditional methods, I suggest that you explore varied ways in which mobile apps can also be used as technology-based intervention to mitigate the act of FGM.

The psychological pain associated with the act may be irreparable. To think that a woman may experience this ordeal and may 'educatedly' launch her girl-child into such act is emotionally overwhelming. To save a woman is to save generations. Act now!

GUINEA: It takes a village: Ending FGM by creating new rituals

Rural communities in Guinea are creating new rituals that bring together the whole community with the aim of abolishing female genital mutilation (FGM) - for good.

Plan International (23.07.2018) - <https://bit.ly/2KIgmZs> - At the end of the afternoon in this rural community in Guinea, Madeleine Bongui Camara's megaphone is heating up. And not just because of the sun.

A community facilitator from the NGO AFASCO (Accompaniment of Socio-Community Action Forces), one of Plan International's partners, Madeleine spares no effort to make her message resonate as far as possible.

"We are joyful! Joyful about abandoning this harmful practice for all women! We are happy and we are proud!"

Madeleine smiles, around her dozens of women dance and sing. This day is historic: after three years of work, the village will today officially celebrate the abandonment of female genital mutilation (FGM). Many discussions, debates and exchanges with authorities, religious leaders and the community cutter have led up to this point.

It takes a village to end FGM

The local cutter is also the centre of attention. Surrounded by dancers, who through song ask her to finally put down her knife, Nantenin Mara dances one last time with the blunt blade that has cut more than 250 girls here during her long career. A blade that, once the dance is over, is dropped into the village latrines.

A few minutes earlier, the mayor of the community, accompanied by representatives of the prefecture, Plan International and AFASCO, formalised the big news in front of hundreds of gathered villagers.

"In view of the consequences of FGM, I am announcing the abandonment and total rejection of cutting in our community, and our commitment to do everything possible to extend this abandonment to the entire district! Do I speak for myself or for everyone?"

"On behalf of all!" The crowd answers.

Celebrating uncut girls

Faced towards the platform where the speeches are taking place and protected from the sun by a large mahogany tree, a group of a hundred girls stand out. All wear a white t-shirt with the message 'An uncut girl is pure and complete'.

"It is the uncut girls that the village is committed to protecting from this practice," explains Raphael Kourouma, from Plan International's 'Save girls from FGM' project. "Today's ceremony does not mean that the work is finished. Every village that gives up FGM is, of course, a victory. But now, the protection structures that we put in place in the village will ensure that the commitment is respected by all the community, and to act as needed."

More than 2,000 girls have been identified as vulnerable to FGM and will be monitored by the community.

The role played by the Imam of the village in the abandonment of the practice was a key element in the process. From the beginning of the project, the imam was involved in discussions with the community and was a strong ally in the work to convince community members.

To symbolise the village's commitment to renounce FGM, a tree is planted in the mosque garden next to the main entrance. "We hope that in its lifetime, this tree does not see any girl mutilated in our village," the Imam states when planting the shrub.

For Raphael Kourouma, planting this tree here at the entrance to the mosque is a rare act and sends a very strong message. "All believers who come to the mosque must pass by this tree and will remember the words of the Imam today. It is a way of saying that FGM is not tolerated by religion. This is extremely important in our fight for its abolition".

Education and communication to end FGM

"Plan International used a gradual and highly structured approach based on generational dialogue, says Raphael. "The principle is to organise, over a cycle that can last more than a year, a series of separate meetings for men, women, elders and young people."

Each meeting is an opportunity to shed light on the issue from the point of view of the target group. Exchange sessions between the different groups are then set up and then debated again in smaller groups.

The goal is ultimately to educate each group on why others are supporting or preventing FGM and to gain a common understanding of the consequences of the practice, the benefits of abandoning it, and the actions needed to achieve this.

Launched in 2007, Plan International Guinea's FGM project has worked with 19 communities to formally abandon female genital cutting, protecting thousands of girls from mutilation.

INDIA: Dear dissenters, 'Khafz' involves cutting a girl's genitals too

By Masooma Ranalvi

The Quint (25.02.2019) - <https://bit.ly/2TUZOIP> - (On 6 February 2019, **The Quint** published a statement by WeSpeakOut – an organisation led by survivors of Female Genital Mutilation (FGM) – on why there needs to be an end to confusion over FGM terms. Following this, the Dawoodi Bohra Women for Religious Freedom (DBWRF) reached out with a counter-statement that **The Quint** also published. Their statements can be read [in this article](#). Now, Masooma Ranalvi, founder of WeSpeakOut, responds with her opinion piece below.)

The DBWRF is trying to make an imagined distinction between the harmful practice of Female Genital Mutilation (FGM) vis a vis what it calls the 'harmless' practice of Khafz. I say imagined because FGM/Khafz both involve the cutting of the genitals of a girl child.

There are testimonies of scores of women who have described in detail the pain, trauma and psychosexual impact Khafz has had on their bodies and minds. In constantly repeating, ad nauseam, that Khafz is harmless, we are committing the sin of turning our backs on the women in our community who have suffered, and questioning their credibility.

Yes, the Dawoodi Bohra women are undoubtedly educated, but it is some of these very educated women who are today unquestioningly following the lead of a religious leader who categorically defends khafz for all young girls while ignoring the pleas of those who have suffered.

For so many, Khafz is a 'bad memory'

We are hearing from many women, some of whom wish to remain anonymous because of fear of social boycott (and this shunning does happen within the small close knit business-based community), who tell us that they no longer agree with khafz, and are quietly retiring the practice in their own families while publicly stating that their girls have been cut.

These women tell us that khafz is a bad memory, has had a negative impact on their sense of sexuality, and feels archaic and wrong – which is why they will not risk this potential for harm on their daughters.

Even if khafz is the "mildest form" of FGM, it involves cutting a child's clitoral hood for no medical reason. The clitoral hood is a very thin membrane and doctors have stated that it is very likely that both traditional cutters and medical doctors will do damage to the clitoris even if a cut to the clitoris was not intended. The clitoral hood has a function – it is not extraneous skin – so what is the purpose of removing it?

What psychological function does it serve to put 7-year-old year girls through this frightening ritual? Why are they told to never speak of it again? What does it teach them about their bodies and specifically, their genitals and sexuality? It teaches them that they don't have any control over them.

Let us also remember that any change and social reform always stems and starts with a few. It is their efforts and zealous work to do the right thing that creates more awareness amongst people – and it is always a few who question the status quo and have the courage to stand up against oppressive patriarchal practices. And, yes, it is true that our voices are being drowned out by many in the community who are backed by money and political clout.

How many women have to have suffered for it to matter?

What is the True Purpose of Khafz?

In the affidavit filed by the Ministry of Women and Child Development (who is a respondent to the PIL filed before the Hon'ble Supreme Court of India) in categorical terms, records that there is no prevalence of FGM in India today nor any studies on the same. The reference is to the NCRB (National Crime Records Bureau) records.

Nowhere in Indian Law is FGM specifically defined and enumerated as a crime, thus, how would it be regarded as a crime and how will the NCRB have any records of it as such?

For there to be any data on FGM, the government must carry out studies to determine national estimates. This is exactly one of the main demands of the WeSpeakOut campaign and we have petitioned the Government to do this – but so far, studies have not been authorised.

FGM is not the same as Male Circumcision. There is no mention of FGM in the Quran. FGM is not practised uniformly in the Muslim world. Only some communities in some countries do so. In India, out of the 180 million Muslims, only the 1 million-strong Bohra community and a small sect in Kerala practise it that we currently know of. In fact, historians have found that FGM predates Islam and Christianity and was part of feudal Arab tribes. It is clearly a hangover from a feudal history wherein women's sexual desires and sexuality were believed to be so powerful that they had to be controlled.

If women are independent, educated and no longer considered the property of men, then what is the true purpose of khafz?

It's time for women to have control over their own bodies, once and for all.

INDIA: Dawoodi Bohra practice of khafz has been wrongly labelled as female genital mutilation by those with an agenda

By Samina Kanchwala

First Post (06.02.2019) - <https://bit.ly/2X8ujr8> - Amid allegations that Dawoodi Bohra women are oppressed, mute spectators of a patriarchal system, we — the Dawoodi Bohra Women's Association for Religious Freedom (DBWRF) comprising over 72,000 practicing Dawoodi Bohra women — would like to set the record straight about our practices and the community, in light of the International Day of Zero Tolerance for FGM (female genital mutilation).

DBWRF wishes to highlight that Dawoodi Bohra women are among the most progressive and educated in India, having a near 100 percent literacy rate. Further, women from the community hold powerful positions across various sectors such as IT, law, medicine, education, engineering, architecture and retail businesses among others; we are empowered and in fact, encouraged to build careers for ourselves. Personalities such as Mariya Ratlami (ISRO scientist), Rashida Vandeliwala (dietician), Tasneem Amiruddin (illustrator) are living proof of the impact of Dawoodi Bohra women.

Our religious texts too call for empowering women, and rectors have compared the position of women in the community to that of the brain in the body. Dawoodi Bohra women are also driven by principles of philanthropy and work to drive solutions pertaining to digital literacy, awareness around first-aid, cleanliness, menstrual hygiene and even end-to-end services for differently-abled children — to name just a few initiatives.

The women of the community are deeply pained that despite having cemented their position as business leaders, responsible citizens, loving mothers and homemakers, in a highly educated and gender equal community, we have come under scrutiny for our harmless practice of female circumcision (khafz). The same has been wrongly labelled as female genital mutilation by those with an agenda against the community.

DBWRF wishes to state that there is a big difference between khafz and FGM. The former, as practised by the community is a harmless procedure, unlike FGM. Khafz is safe and performed according to standard operating procedures which have been in circulation within the community. These guidelines laid down by the DBWRF mandate that khafz be carried out only by a trained and qualified medical practitioner in an OPD/clinic and with the consent of the mother/guardian of the child.

Khafz has been a practice within the community for over 1,400 years. Just as men of the community undergo circumcision, so do our women, and hence we see it more as an act of gender parity. The standard operating procedures for conducting female circumcision sets out the manner in which khafz is performed, with great care of the child, under the expertise of a trained medical practitioner and with the consent of the mother or guardian. We are well educated and empowered women who are committed towards ensuring the safety of our daughters and would never do anything to harm them.

The confusion arises since most people are unaware that unlike FGM, khafz involves a harmless nick on the prepuce. Female circumcision is far less invasive than male circumcision. During khafz, the clitoris is not touched at all, and great care is taken by trained medical practitioners to ensure safety at all levels.

Khafz is based on and motivated by a gender equal interpretation of the Abrahamic Covenant (Genesis 17 of the Hebrew Bible), and like the men, women of the community also undergo circumcision. It is disturbing to see our harmless, religious and cultural practice being labelled as female genital mutilation by those with a vested interest against our community.

DBWRF wishes to state that there should not be an iota of doubt surrounding khafz, and as a forward-thinking yet culturally-rooted community, we are fighting to preserve our religious practice as devout Dawoodi Bohras.

INDIA: Court should not decide validity of religious practice on PIL: Dawoodi Muslim group

Business Standard (26.08.2018) - <https://bit.ly/2LE3nZ6> - A group of Dawoodi Bohra Muslim community members today told the Supreme Court that the courts should not decide the constitutionality of a centuries-old religious practice of female circumcision through the public interest litigation (PIL) route.

The group said female circumcision is practised by a few sects of Islam including the Dawoodi Bohra community and the validity of this be examined, if at all, by a larger Constitution bench.

A bench headed Chief Justice Dipak Misra, hearing a PIL filed by a Delhi-based lawyer challenging the practice of female genital mutilation (FGM) of minor girls of the Dawoodi Bohra Muslim community, was told by senior advocate A M Singhvi that the validity of a religious practice cannot be examined in a PIL jurisdiction.

"The object of female circumcision (FC) and male circumcision (MC) is a religious practice in Islam and they are related to purity aspect," Singhvi, appearing for over 70,000 Dawoodi Bohra Muslim women, told the bench which also comprised justices A M Khanwilkar and D Y Chandrachud.

He said though male circumcision (MC) is followed by all sects of Islam, the FC is being observed by few sects including the Dawoodi Bohra community and the validity of this be examined, if at all, by a larger Constitution bench.

He said that if the government would have brought a legislation banning the FC then it could have been challenged on the grounds of violation of Article 14 (right to equality), but this recourse, would not be available to the community if the court decides to examine the validity of the practice.

He also referred to the apex court's judgement on right to privacy and said that the PIL petitioner has been entering into private area of the community.

Singhvi said that no affected Bohra Muslim woman has come to the court challenging the practice and to allege that it has harmed her emotionally and physically.

The advancing of arguments remained inconclusive and would resume on August 30.

Earlier, the apex court had said that the female genital mutilation (FGM) of minor girls of the community leaves a "permanent emotional and mental scar" on them and the practice may be held as violative of dignity of women as prescribed in the Constitution.

The apex court had also said that the fact that the FGM is being practised from tenth century is not "sufficient" to hold that this formed part of the "essential religious practice", which cannot be scrutinised by court.

Attorney General K K Venugopal, appearing for the Centre, had reiterated the government's stand that it was opposing the practice and said that this has been banned in many countries like the US, the UK, Australia and around 27 African nations.

The practice causes irreparable harm to girl children and has many health repercussions, the top law officer said and referred to Article 25 to highlight the point that a religious practice can be stopped if it was against "public order, morality and health".

The bench was hearing the PIL filed by Delhi-based lawyer Sunita Tiwari against the practice in the community.

Tiwari, in her plea, sought a direction to the Centre and the states to "impose a complete ban on the inhuman practice" of 'khatna' or "female genital mutilation" throughout the country.

Female genital mutilation is performed "illegally upon girls (between five years and before she attains puberty)" and is against the "UN Convention on the Rights of the Child, UN Universal Declaration of Human Rights of which is India is a signatory", the plea said, adding the practice caused "permanent disfiguration to the body of a girl child".

HRWF note: As stated in our report [Women's Rights and Religion](#), there is no legitimate justification – religious, health, or otherwise – for FGM/c. It is a dangerous and sometimes deadly practice and illegal under international law. Religious leaders are key in movement to change community mindsets and end the practice.

INDIA: Women from the Bohra community are fighting against Female Genital Mutilation to win back their freedom

The women of the Bohra community are fighting against Female Genital Mutilation to win back their sexual and bodily freedom as heated debates are ensuing everywhere about the malpractice.

News18 (15.08.2018) - <https://bit.ly/2LlwW1F> - India celebrates its 72nd Independence Day this year but the fight for freedom is far from over for several women of the Dawoodi Bohra Community, who are seeking a ban on the practice of Female Genital Mutilation/Cutting (FGM/C) -- a religious practice in the Bohra community which violates women's freedom to have control over their own body, their right to privacy, and their sexual freedom.

FGM/C, also known as Khafz, is the process of intentionally changing or causing injury to a girl or woman's genital organs for non-medical reasons. The operative words here being 'intentionally' and 'non-medical reasons'. The World Health Organization (WHO) has called this procedure a violation of human rights of girls and women.

Yet, routinely, six-year-old or seven-year-old girls of the Bohra community are made to undergo this process, where their clitoris hood is either cut or nicked without their consent. Until 2011, however, it wasn't known that FGM/C was a prevalent practice in India.

"In 2011, the first petition against FGM by Tasleem came out and it got some media attention," said Aarefa Johari, a journalist by profession, who had undergone FGC as a child.

"Then, I started speaking out. That also triggered a lot of reactions. In the next three to four years, Insia Dariwala who was writing a script on the issue met me. Priya Goswami made a film on it called 'A Pinch of Skin'. Then, a few of us met online and a conversation began," she recalled. Johari, along with Dariwala, Mariya Taher and Priya Goswami is the founder of Sahiyo, an NGO that fights for women's rights and against the practice of FGM/C.

The conversation that Johari is talking about is not just fairly recent, but also anecdotal for the most part. In the last seven years, many women from the Bohra community have come out and spoken about their experiences of undergoing FGM/C. The Bohra community has a rich history of trading, they are popular for their cuisine, and the literacy rate is much higher among Bohra women.

However, regardless of it all, women of the community have been coerced into continuing this procedure for generations. Most women who have come out and spoken against FGM/C recall it to be a traumatic experience. Sift through the media reports on FGM/C, and you will find intricate personal accounts of women, unfolding the details of how they, as little girls, were taken by their mothers or grandmothers to midwives on the pretext of a party or shopping, and then pinned down and nicked or cut in their most private part, not just without consent but also without prior intimation.

Several women confessed that they felt betrayed, and the overall experience has had a negative psychological impact on them. However, the worst part about undergoing this 'irreversible' process is not just the post-traumatic stress but also several physical and sexual problems that they have to live with for the rest of their lives. In many women, Khafz curbs sexual desire, while others endure pain during intercourse and complications at childbirth. These women also face a high risk of urinary tract infections.

And yet, despite the obvious negative effects of FGM/C, getting rid of the practice in India, amending old laws or coming up with new ones to curb the practice is not as easy a task as one might think.

Currently, the Supreme Court, which is hearing PILs filed by lawyer Sunita Tiwari and two Bohra women, is in the process of deciding the legality of FGM/C.

Advocate Aanchal Singh, one of the advocates of the Lawyers Collective, who along with Indira Jaising is representing women who are against FGM/C, said that they have formulated their arguments around Article 14, 15 and 21 of the Indian constitution.

"We have argued that the practice of FGM/C is against Article 21 of the constitution, which guarantees the fundamental right to life, personal liberty, and dignity. Since the practice is also to curb the sexuality of a woman, and therefore, trying to control her, so it is against her right to equality as well...The practice is against her dignity and personal autonomy too."

However, Singh said that the Union of India claims that FGM/C is already an offence, as there are existing laws under Indian Penal Code and POCSO (Protection of Children against Sexual Offences) against it. Under IPC 319-325, the intent to 'hurt' or cause 'grievous hurt' covers FGM/C. While POCSO's Section 3 (penetrative sexual assault) and Section 5 (aggravated penetrative sexual assault) can be used to curb the practice.

"To implement POCSO, there has to be a sexual intent," said Singh. "However, in the case of FGM/C, there is no sexual intent of the midwives. It is done as a religious practice," she added. Therefore, neither of these laws inclusively covers FGM/C. Coming up with a new law or amending an already existing one, or coming up with specific guidelines to address FGM/C are some of the things that the apex court might have to look into in order to curb the practice in India, pointed out the lawyer.

The PILs against FGM/C are, however, facing opposition from the Dawoodi Bohra Women for Religious Freedom (DBWRF), a collective of 70,000 Bohra women, who have filed an intervention in the ongoing case saying that FGM/C falls under the right to practice their own religion which is guaranteed by Article 25 and 26.

"Why are people calling such a small procedure 'mutilation'?" asked the Secretary of DBWRF, Samina Kanchwala. "Do people not know the meaning of mutilation? This is my religious right, this is my basic religious tenet. It is very important for our spiritual being. This is not forced upon anyone, it's a choice that you make. There are people who do not want to do this, and that's fine. But why do you deny this right or this freedom to people who actually want to perform it? I should be given the freedom to practice my religion because this practice is completely harmless." she added.

Several survivors, however, tell a different story and often say that women who choose to speak out against the practice, or parents who decide not to make their daughters undergo FGM/C often face discrimination. Saleha Paatwala, who had undergone FGM/C as a child said, "Girls who don't go through this practice are sometimes not even invited to religious activities,".

"One girl had spoken against this practice and after that video was out, she and her family was asked to apologize to the clergy. She was told to remove herself from the video or she might face excommunication." Paatwala confessed.

Talking about how the community reacts as and when women speak out against FGM/C, Insia Dariwala, a co-founder of Sahiyo said, "I think it's very subtle...It's not like they are going to ostracise you or throw you out of the community because you are speaking against FGM/C. But it isn't accepted very nicely. They might not tell you that they are against what you are saying, but they make sure that you know. They try to get to you via your family, instead of directly talking to you. "

Another claim that DBWRF has made is that the process of FGM/C is harmless. "First and foremost, we do not touch the clitoris at all. What is done is just a nick on the prepuce (hood)," said Kanchwala.

"There are papers that also mention how it is beneficial and hygienic. It's about enhancing, it is not about curbing sexualism. Tell me one thing if it exposes your clitoris, should it enhance or should it decrease your pleasure? Any scientific mind will tell you that it is for enhancing the pleasure," she added.

Shujaat Vali, a gynecologist, and a surgeon, however, said that "I have also seen cases where the clitoris is either disfigured or very small in Bohra women. I examine them when they come for pregnancy-related treatment. I have seen that Bohra women, who have undergone FGM/C in their childhood, have a damaged clitoris which in turn does a lot of damage to their sexuality, and their arousal."

Vali also pointed out that Khafz is quite different from male circumcision. In male circumcision no harm is done to the penis, it is only the foreskin that is removed, however, in female circumcision the hood and the clitoris is so close that it is nearly

impossible to remove the prepuce (hood) without hurting the clitoris. So in most cases, inevitably, the nick is not just of the clitoral hood.

After DBWRF filed the intervention in court, another debate on whether FGM/C is an essential or non-essential part of their religion has begun. Many of the women I interviewed said that the practice does not have any mention in Quran.

In fact, a woman (who doesn't wish to be identified by her real name) who had also undergone FGM as a child and is now supporting the movement to abolish the practice said, "Propagators of FGM cite religious texts to continue practicing Khafz. But researchers have found that the practice pre-dates Islam. While Khafz is mentioned nowhere in the Quran, these other religious texts being cited talk about religious purity and continuing this practice to pleasure the husband."

"However, in all the community discourses, this has not come forth. It has always been about religious purity. They conveniently leave out the part about FGM/C being done for the husband's pleasure," she added. Apparently, the clitoris hood is also referred to as the 'haraam ki boti' or an immoral lump of flesh which causes women to become promiscuous. Therefore, it is nicked/cut to curb any sexual desire.

Recently, the practice of FGM/C has stopped among the same community living in several western countries.

"Similar practice has been banned by the same community in several other countries, by their community heads called Syedna. In a recent judgment in New South Wales, a mother, a midwife, and a Sydena who propagated the practice of FGM/C, were accused and found to be culprits," pointed out Singh.

"After this judgment, there was a resolution passed by several Syednas across the world, where they have asked members of the community to follow the law of the land they live in and prohibited the process of FGM/C," she added.

So, the arguments that are being put forth by those who are against FGM/C are that it is not an essential practice because had it been essential, Syednas of different countries would not have exempted women from undergoing it. Also, if it is not an essential practice, then why should women in the Indian Bohra community still undergo this process?

One of the biggest hindrances for the women who have been fighting against the practice of FGM/C is the lack of data. The Ministry of Women and Child Development maintains that there is no data collected by the National Crime Records Bureau, and therefore, the ministry claims that FGM/C doesn't exist in India.

Masooma Ranalvi, who is a member of WeSpeakOut, the largest survivor-led movement against FGM/C said, "It was a secret practice for a really long time. Nobody knew about this, it is only when women started speaking out that people realized what had been happening in this community."

"The only way for the government to have data would be for the government to undertake research. The government can hear the women who are speaking out, who are saying that this has happened to them, who are survivors. The onus should be on the government to collect data," she added.

WeSpeakOut recently did a research on FGM/C, where they did field interviews of 94 participants and found that 75% of all daughters of the study sample were subjected to

FGM/C, which means it continues to be practiced on little girls. They also found that 97% of women who remembered their FGM/C experience from childhood recalled it as painful.

"The verdict is still awaited in the ongoing case against FGM/C, but the observations by Supreme Court have been very positive so far. One of the observations being that no one has the right to tamper with the bodily integrity of a person. The tampering and cutting of genitals are irreversible. One has to live with it for all their lives. We are happy with the court's observations." added Ranalvi.

WeSpeakOut and Sahiyo are continuously trying to sensitize people about this practice. However, the Supreme Court judgment will play a crucial role in how the community continues to see FGM/C in future. The lack of knowledge about their sexual parts is common among most Indian women, including women from the Bohra community, therefore, sensitization on female anatomy is also a must.

"The Bohras are also devout followers of Syedna," pointed out Saleha Paatwala, "if he comes out and guides them to not practice FGM/C, people will most certainly obey," she added.

A few measures to curb FGM/C would be to talk to doctors and bringing out reports from the doctor's association which call this practice as harmful. Efforts need to be made to include this in the school curriculum for adolescents to make them understand why it is practiced, and an in-depth study by the government to prove its prevalence in the community will also go a long way in addressing FGM/C.

INDIA: Fighting female genital mutilation among India's Bohra

FGM: girl-children of Dawoodi Bohra sect are the only Muslim women in India systematically and forcefully mutilated.

Aljazeera (07.03.2016) - <http://bit.ly/222OaUL> - About 40 years ago at the age of seven, Masooma Ranalvi was lured to a dark alley in a decrepit-looking building by her grandma's promise of ice-cream. It is a day that she will never forget.

"I remember it so clearly. I was told to lie down, my legs were held and I was cut with a razor. It was a sharp piercing pain. It was so scary and I couldn't stop crying," Ranalvi told Al Jazeera English.

After the procedure, black powder was put on the wound and for the next 10 days Ranalvi suffered silently in pain.

"It happened in such a primitive way but we were in the throbbing metropolis of Mumbai. Even to date, what happened was never spoken about."

Ranalvi, who grew up in Mumbai but has since moved to the country's capital, is one of the estimated 200 million girls and women alive today that have suffered female genital mutilation (FGM), according to the latest worldwide figures by UNICEF.

But while FGM has been well-documented in countries including Egypt, Ethiopia and Indonesia, it has been shrouded in secrecy in India, where it is practised among the Dawoodi Bohra community, a Shia Muslim sect with origins linked to Africa and which is thought to number more than one million.

While Muslims make up about 14 percent of India's population, FGM only occurs within this specific sect.

It was not until Ranalvi was in her late 20s that she read about the practice in Africa and drew parallels with what had happened to her.

"When I realised I was shattered. It was horrifying to realise that part of my clitoris was ripped out."

'Speak out on FGM'

While little was known about female genital mutilation in India, that is all changing thanks to Ranalvi and a group of women who have come together under the forum "Speak out on FGM" to tell of their experiences and to encourage other women to speak out too.

Last month a petition was launched by 17 Bohra women calling for a law banning FGM in India.

"A lot of Bohra women contacted me wanting to speak out and talk about what happened to them," Ranalvi said.

"I needed to do something about it. All of us are scarred in some way. We were cheated in a clandestine way."

Although it is not mentioned in the Quran, the Bohras consider Khatna - their name for female genital mutilation - to be a religious obligation. The Syedna, the religious head of the sect, who is based in Mumbai, supports the practice. Ranalvi said that the response of the religious head has been one of "silence".

"He has decided to keep quiet and the practice continues unabated," she said.

Dr Zeenat Shaukat Ali, a professor of Islamic Studies at St Xavier's College, in Mumbai, told Al Jazeera that the practice had nothing to do with religion.

"Nowhere is it mentioned in the Quran, it is a 'tradition'. It has nothing to do with religion. We always have this tendency to confuse religion and culture," she said.

"The idea is to suppress women, to dominate them. The practice is not acceptable for other Muslims in India except the Bohra sect. It is really not acceptable."

Ali added that she was proud of the women who were taking a stand against it.

FGM - 'a form of abuse'

Tasneem, who didn't want to disclose her full name for fear of retribution in the community, was also cut at the age of seven. She too was lured by the promise of ice-cream.

"I realised that Khatna is not in the Quran. Why put girls through torture in the name of religion? We need to break the myth that it's compulsory. If something is advocated in the name of religion, it doesn't mean that it's right," she told Al Jazeera.

She, and other Bohra women, believe that religion is used as an excuse to justify the practice which is done to "prevent promiscuity". Others in the community label it "female

circumcision" as a means of justification - just as baby boys in the community have it done for health reasons.

"God has made us the way we are. So what, sex shouldn't be for pleasure for women? We are meant to work in the house and act like robots?"

Holding back tears, Tasneem spoke of her regret at having her 15-year-old daughter also cut at the age of seven.

"I told her how sorry I am. If I was aware I would have fought against it. Every woman feels like they've been cheated," she said.

"A revolution has to come and end this practice. Ultimately it's a form of abuse."

Al Jazeera repeatedly called a Mumbai-based doctor who is well known for performing the procedure, only to be told several times that the wrong number had been reached.

Stop the cutting

For young Mumbai-based journalist, Aarefa Johari, speaking out against FGM was an obvious course of action.

She said that the psychological impacts on women are vast, ranging from intimacy issues to marriage troubles and social anxiety.

"They don't have the right to control women's sexuality. There is a complete lack of consent."

More than a year ago, Johari and four other Bohra women began a group called Sahiyo which aims to create a safe space for women to speak about their experiences. The final goal is to empower Dawoodi Bohra and other Asian communities to end cutting.

Sahiyo conducted a study to determine the prevalence of cutting among the community. The organisation study the incidence to be about 80 percent of girls, including other Bohra women who live outside India in countries including the US, UK and Australia.

"More and more doctors are doing this," Johari said.

But while Johari wants a law banning the practice, she admits it will be tough to achieve.

"We've had no response from the clergy," she said.

"If we're able to convince the leaders, maybe it'll be possible. We just need to build enough momentum and try and engage as many people as possible and then there will be a chance of legislation being effective."

Ranalvi shares the same concerns.

"Even if a law is passed, the practice is so secret it'll go underground. We need a change in hearts, minds and understanding. We have a long battle ahead and it won't happen easily," she said.

"But even if one woman is stopped from getting her daughter cut, it's a big victory for us. That will make me happy."

JORDAN: Lawmaker who changed Jordan's rape law takes on child marriage

VOA News (12.02.2019) - <https://bit.ly/2tINrUN> - A Jordanian lawmaker praised for her role in abolishing a law that let rapists off the hook if they married their victims has targeted child marriage as her next challenge.

Nearly 10,500 girls in Jordan were married before reaching their 18th birthdays in 2017, according to the most up-to-date figures from the U.N. children's agency UNICEF.

Girls in Jordan can be married from age 15 with a judge's approval, even though the legal marriageable age is 18. Lawmaker Wafa Bani Mustafa said that even raising it to 16 would reduce the numbers.

"This is not an exception. This is something that is happening every day, and too many young girls are getting married," the 39-year-old told the Reuters during a recent visit to Beirut.

"I am very optimistic child marriage will decrease if we change the age to 16. It doesn't matter if they are Jordanian or Syrian — we need to protect all girls."

A significant proportion are believed to be Syrian girls after an influx of refugees from Jordan's war-ravaged neighbor, with families marrying off daughters young to give them financial security and protection from sexual violence.

Hundreds of thousands of Syrians have fled their homeland since the war started in 2011, and there are now more than 670,000 registered Syrian refugees in Jordan, according to the United Nations.

"If you are not old enough to vote or drive a car — how can you open a house and build a family," said Bani Mustafa, one of 20 women in Jordan's 130-seat House of Representatives.

"We need to first change the culture by raising the age of exceptions to 16 — then, slowly, maybe this will be the first step to making it to 18 with no exceptions."

In 2017, Jordan's parliament voted to abolish a law that allowed rapists to escape punishment by marrying their victims after a years-long campaign led by Bani Mustafa.

Now she is seeking a change to a section of the law governing inheritance, arguing that it disadvantages women.

Women's rights

As things stand, the children of a father who dies before his own parents will inherit the assets he would have received had he survived them, while the children of a mother who dies before her parents will not.

"If we push changing women's rights through law it will change the culture of the society to accept women's rights. The law helps change our society's mentality," she said.

Globally, 12 million girls marry before age 18 every year, according to Girls Not Brides, a coalition working to end child marriage.

In Jordan, Bani Mustafa said there were legal provisions to protect child brides — including a maximum 15-year age gap and the requirement that they be allowed to continue their education — but they were not being adhered to.

"I will keep fighting for Jordanian women — nothing will slow me down. We deserve better lives and equal rights to men. It is not easy, but we have to keep fighting," she said.

"I think women's rights are slowly changing in Jordan."

KENYA: Kenyan cardinal blasts cult advocating female circumcision

Archbishop of Nairobi is concerned that sect is targeting Catholics.

La Croix International (10.03.2020) - <https://bit.ly/3d9gMr6> - Kenya's Cardinal John Njue has warned Catholics in his Archdiocese of Nairobi against the emergence of an outlawed group advocating for outdated cultural practices such as female circumcision.

Archdiocesan investigations have revealed that the group is also advocating for the reinforcing of male chauvinism and the subjugation of women within the Church.

The cardinal, 76, sent a circular letter to all parishes in the archdiocese, saying he's concerned that the group, Gwata Ndaĩ, is coercing Catholics to join it.

The group bears all the characteristics of a cult and the cardinal says it has adversely impacted individuals, families, the Church and society, Daily Nation reported.

Njue's circular letter was read out to Catholics in Kiambu and Nairobi March 8. The sect has its base in Kiambu County as well as areas in Nairobi County.

Female circumcision is common among certain ethnic groups in Kenya, even after a 2011 law made it completely illegal.

UNICEF reports that 21 percent of Kenyan girls and women aged 15 to 49 have undergone female circumcision.

Reasons for its continued practice range from initiating girls to womanhood to making them spiritually pure.

KENYA: Committed to end FGM - CS Sicily Kariuki

By Magdaline Saya

The Star (11.02.2019) - <https://bit.ly/2X5Ym2C> - Kenya remains committed to Africa's common goal of ending FGM, Health CS Sicily Kariuki has said.

The CS spoke on behalf of President Uhuru Kenyatta on Monday in Addis Ababa during the launch of the African Union Initiative on ending FGM. She said Kenya will continue to take relevant measures towards the total elimination of the harmful practice.

The initiative dubbed Saleema Initiative was launched by Burkina Faso President Roch Marc Christian Kabore, who is the African Champion on the elimination of FGM.

"We have also enhanced community involvement through capacity building targeting law enforcement officers and traditional Council of Elders," the CS said.

Kariuki said the government is implementing various policies among them the National Policy on Prevention and Response to Gender-Based Violence, the National Policy on Human Rights and the National Policy for the Abandonment of Female Genital Mutilation.

"The involvement of elders in the fight against FGM has brought on board more men as champions of the rights of girls," she said.

The CS highlighted that the practice has no medical benefit but instead contributes to health complications relating to maternal and infant health.

Kariuki said communities that practice FGM have poor maternal, child and infant health statistics and noted that the majority of women who have been "cut" required medical attention at some time in their lives for problems caused by the procedure.

"Investing in solutions that protect and fulfil girls' sexual health and rights creates a ripple effect that benefits families and communities," she said on behalf of the President.

The CS said female circumcision is also a precursor for child marriages, and to safeguard the rights of children in particular girls, Kenya launched the campaign to end child marriage in 2016.

KENYA: Schoolgirls to face compulsory tests for pregnancy and FGM

Girls in Narok County will be made to reveal identities of babies' fathers and tell police about female genital mutilation

By Rebecca Ratcliffe

The Guardian (04.01.2019) - <https://bit.ly/2saO2YU> - Plans to subject schoolgirls in Kenya to mandatory tests for female genital mutilation and pregnancy are a violation of victims' privacy, campaigners have warned.

All girls returning to school this week in Narok, Kenya, will be examined at local health facilities as part of a countywide crackdown.

Girls found to have undergone FGM, which is illegal, will be required to give a police statement. Those who are pregnant will be asked to identify the man involved, according to George Ntembeya, the Narok County commissioner.

Narok County has the highest teenage pregnancy rates in Kenya, while FGM is prevalent among the Maasai community. But campaigners say the tests are humiliating for girls, do not tackle the root causes of teenage pregnancy, and are unlikely to improve prosecution rates for FGM.

"One of the biggest gaps in the prosecution of FGM cases is lack of evidence. It's not [a lack of] evidence of girls being cut, but evidence of the actual act," said Felister Gitonga, programme officer of an Equality Now team devoted to ending harmful practices.

Gitonga said that the county's efforts to tackle FGM were welcome, but added: "We need a different strategy ensuring we respect the girls' right to privacy and also that we have a clear plan of what we do with the information."

"When we find out that a girl has gone through FGM, what will be the consequences? Will there be psycho-social support? Or does this mean that she will be denied permission to go to school?"

Mandatory examinations risked further victimising girls who have experienced abuse, warned Gitonga.

All forms of FGM were criminalised in Kenya in 2011, as was discrimination against of women who have not undergone the procedure. Failing to report a case to the authorities was also made unlawful, together with aiding the performance of FGM or taking a Kenyan woman abroad to perform the procedure.

The practice is becoming less prevalent across the country, where one in five women and girls aged 15 to 49 have undergone FGM.

Campaigners say tackling FGM is crucial to stopping teenage pregnancies and child marriage. "For girls who have undergone FGM, the community believes that those girls become a woman. Therefore every other violation that happens at that point happens [after] the FGM," said Gitonga. "If they are having sex even with older men the community does not recognise it as defilement."

In Narok, four in 10 girls become pregnant as teenagers, according to Kenya's most recent demographic and health survey, produced in 2014.

Efforts to reduce teen pregnancies will fail unless gender-based violence and poverty are addressed, added Gitonga.

"For girls living in informal settlements, it is very hard; there is a risk of sexual violence. Sometimes they have to do sex work to help with educating their siblings. So you need to understand their situation," she said. "You can't just punish people for getting pregnant."

KENYA: Woman jailed for six years for circumcising twin daughters

By Nita Bhalla

AllAfrica.com (23.11.2018) - <https://bit.ly/2QfR4ts> - The mother said she wanted her daughters to undergo female genital mutilation to avoid a curse from her deceased grandfather

A woman in central Kenya was jailed for six years for forcing her 13-year-old twin daughters to undergo female genital mutilation (FGM) in a rare conviction in the east African nation, a charity which helped rescue the girls said on Friday.

Florence Muthoni from Tharaka-Nithi county was arrested on Wednesday after a tip-off from the charity Plan International. She was sentenced by a magistrates court in Chuka on Thursday after admitting to taking her daughters to a circumciser.

A senior aid worker at the charity said Muthoni told the court that she wanted her daughters to undergo FGM to avoid a curse from her deceased grandfather who had instructed all girls in the family undergo the procedure.

"A community member alerted us when they had heard the mother was organising the girls to undergo the cut, so we informed the local authorities," Mercy Chege, a director at Plan International, told the Thomson Reuters Foundation.

"Unfortunately, we were not able to prevent the circumcision as by the time the police conducted the raid and rescued the girls, they had already been cut."

The twin girls are receiving medical treatment and counselling while police are still investigating as the mother had refused to name the circumciser, said Chege.

According to the United Nations, one in five women and girls aged between 15 and 49 in Kenya have undergone FGM, which usually involves the partial or total removal of the genitalia.

In some cases, girls can bleed to death or die from infections. FGM can also cause lifelong conditions such as fistula as well as fatal childbirth complications.

Kenya outlawed the practice in 2011, but it continues as communities believe it is necessary for social acceptance and increasing girls' marriage prospects.

While some arrests have been made and cases brought to court, campaigners say implementation of the law remains a challenge, largely due to a lack of resources and capacity of law enforcement agencies and difficulties reaching remote areas.

U.N. data shows 75 cases of FGM were brought before Kenyan courts in 2016 but only 10 cases resulted in a conviction.

Campaigners said this week's conviction proved that public awareness campaigns run by charities were essential to curbing FGM as they could lead to community members reporting the crime.

"It is very important that FGM laws are properly implemented as this sends a message out that FGM will not be tolerated," said Ann-Marie Wilson, executive director of 28 Too Many.

The U.N. estimates 200 million girls and women worldwide have undergone FGM. It is practised in about 27 African nations, parts of Asia and the Middle East - and is usually carried out by traditional cutters, often with unsterilised knives.

KENYA: How outlawing female genital mutilation in Kenya has driven it underground and led to its medicalization

By Damaris Seleina Parsitau

The Brookings Institution (19.06.2018) - <https://brook.gs/2MgJVQx> - The fight against female genital mutilation/cutting (FGM/C) has been fraught with both success and failure, resistance and acceptance. Since Kenya banned the practice in 2011, FGM/C is now increasingly conducted underground, secretly in homes or in clinics by healthcare providers and workers.

The medicalization of FGM/C—defined by the World Health Organization (WHO) as any “situation in which FGM/C is practiced by any healthcare provider whether in public or private, clinic or home or elsewhere”—has received recent media and public attention. Earlier this year, a doctor filed a court case asking the Kenyan government to declare the Prohibition of Female Genital Mutilation Act 2011, which outlawed and criminalized FGM/C, unconstitutional. Further, she wanted the Anti-FGM Board, a body created to help eradicate FGM/C and early marriage, also declared unconstitutional.

The doctor, Dr. Tatu Kamau, argues that the dignity of traditional practitioners of female circumcision is disregarded by the law which has failed to stop FGM/C in the country. She claims that FGM/C is still largely practiced in Kenya and is increasing due to medicalization. In Kenya, there is evidence that scrupulous medical personnel collude with parents to circumvent the law by cutting girls in their homes or in their private clinics away from public view.

This trend is evident in both rural and urban Kenya where 15 percent of women and girls have been cut by a medical practitioner. The practice is especially prevalent in Kisii counties in Western Kenya where FGM/C is nearly universal. Drawing on interviews with girls and women who have been cut by health providers, my research shows that parents are increasingly having their girls, some as early as 5 years old, cut by nurses or other healthcare workers either in homes or in health clinics.

Moraa (not her real name), an 18-year-old college girl from Nakuru in the Rift Valley, explained to me how her mother, a primary school teacher, brought a nurse to their home during school holidays to cut her at dawn when she was barely 8 years old. Moraa feels resentful and bitter towards her parents, especially her mother for colluding with a nurse to have her cut without her consent, and has considered suing her parents for violating her rights. Moraa’s story is just one of many cases of medicalized cutting.

The commercialization and medicalization of FGM/C

Throughout my larger research on FGM/C and early marriage, I came across many stories of medicalization of FGM/C both in rural and urban areas in Kenya. A nurse I spoke with told me that she carries out the cut for money. “Look,” she said, “when parents call me to perform the cut on their girls, both in urban and rural areas or even in my clinic, I respond because they pay me handsomely. Some even pay for my bus fare and accommodation; I travel widely to cut girls and women. I see no reason why I shouldn’t do this. I have not forced anyone to undergo the cut. I simply provide my services to those who need them.”

Medical professionals who perform cutting services claim that they are fulfilling the demands of communities and that they help enhance women’s values and marriageability in communities that do not want to abandon the practice. They believe that by doing so they respect patients’ cultural rights since some are of a mature legal age.

However, the real reason driving this is its economic value. Medical professionals are cutting girls and women for payment, replacing the traditional cutters in rural villages. Additionally, the commercialization of FGM/C helps parents and guardians to avert the law and authorities. The medicalization of FGM/C not only provides legitimacy to the cut but it continues to put millions of girls at risk from the consequences of the cut. It also continues to perpetuate and give tacit approval of the harmful practice by discouraging changed behavior and attitudes, thereby leading to the normalization of the cut in medical spaces.

While the medicalization of FGM/C is not a new phenomenon, its growing popularity is worrying and points to emerging shifts and tensions in the war to end it—a cat and mouse game between resistant communities and authorities. And while the medicalization of FGM/C went under the radar as authorities and stakeholders focused on traditional cutters in rural villages as well as alternative rites of passage, it is now emerging as a new frontier in the war against the harmful practice. Global, regional, and local focus should now shift away from traditional cutters to medical practitioners.

LIBERIA: 'Ban FGM,' Civil society groups demand government

By Hannah N. Geterminah

Liberian Observer (05.09.2018) - <https://bit.ly/2wOxoAb> - The leadership of the Civil Society Human Rights Advocacy Platform of Liberia has called on authorities of the Ministry of Internal Affairs (MIA) to abolish the granting of licenses to female traditional healers (Zoes) for the practice of female genital mutilation, or FGM, in the country.

FGM comprises all procedures that involve partial or total removal of the external female genitalia, or injuries to the female genital organ for non-medical reasons.

Recognized internationally as a violation of the human rights of girls and women, the practice is mostly carried out by traditional healers who often play other central roles in a community, such as attending childbirths.

But Liberia Civil Society Organization platform members, in a resolution adopted and signed by 50 delegates at the end of a two-day consultation dialogue on the United Nations Concluding Observations on Liberia, held in Kakata, Margibi County, recently demanded the inclusion of sexual reproductive health and rights awareness in schools' curriculum.

The Kakata dialogue, held on August 22-23, 2018, according to the CSO Platform's secretary general, Adama K. Dempster, was a follow-up consultation with stakeholders, sponsored by the United Nations Office of the High Commissioner for Human Rights (OHCHR) in Liberia and Technical Support from the Center for Civil and Political Rights based in Geneva.

The forum was held under the theme, "Consultation on the United Nations Human Rights Committee's Concluding Observations on Liberia," at its 3519th meeting held on July 23, 2018.

Delegates at the dialogue also requested the Liberian government to increase the budgetary allotments for the ministries of Education and Health, to enable them carry out sexual reproductive health and rights awareness in various schools.

Mr. Dempster, who read the group's resolution at a news conference in Monrovia on Monday, September 4, appealed to donors to fund different projects that would be formulated by advocacy around issues coming out of the concluding observation.

He assured that the CSO Platform will engage government constructively through advocacy, create awareness, and lobby to ensure implementation of all the concluding observations.

Dempster said that "there is a need to conduct a validation perception survey to understand public perception on the need to harmonize both customary and statutory laws of Liberia to conform with international human rights treaties that Liberia has signed in order to avoid conflict, and maintain the country's peace."

He then promised that CSOs shall bring together all relevant stakeholders to further discuss the concluding observations concerning the issues of the Truth and Reconciliation Commission's recommendations, harmful traditional practices, People Living with Disability, to agree on the best way to implement them, "because of their sensitive nature."

MALAYSIA: Female circumcision: Culture and religion in Malaysia see millions of girls undergo cut

Fa Abdul was nine years old when she found out she had been circumcised when she was just a baby.

By Erin Renaldi

ABC News (13.11.2018) - <https://ab.co/2PpijRT> - She was among the millions of girls across Malaysia whose families believe that female circumcision protects young girls from committing "sins".

"Many Muslims in Malaysia will tell you that circumcision will protect girls from growing up and becoming wild," Ms Abdul said.

Ms Abdul spoke to the ABC about her experience after a new documentary — titled The Hidden Cut — was released last week.

Chen Yih Wen, a senior producer from the group behind the documentary R.AGE, said the team started making the documentary after Malaysia was criticised at a United Nations forum in February.

The UN's Convention on the Elimination of All Forms of Discrimination Against Women, held in Switzerland, slammed the country over continuing to practice female circumcision, or female genital mutilation.

The documentary makers discovered that the procedures are widely performed in private clinics and are not regulated.

"The Government said they were developing guidelines in 2012, but none of the medical practitioners that we interviewed said they received it," Ms Wen said.

Ms Abdul — who is a journalist and works at online news publication Malaysiakini — gave birth to her first child, a girl, at the age of 20.

Due to religious and family pressure, her daughter was subjected to female circumcision.

"The doctor pulled away the labia and used something that looked like a needle to slit the clitoral hood," she said.

"A [flow] of blood came out and then my daughter started crying."

A decade later, Ms Abdul's viewpoint on female circumcision changed dramatically, after she found out that there was no medical benefit and that it was simply a religious ordain.

"We were already born into the culture and that society expected us to do it," she said.

"Doing it becomes automatic, you just follow and stop asking questions.

"I was young and naive and I actually didn't know what I was doing — the question I asked myself was: 'if it's pointless, then why do we do it?'"

'We are confusing it with Islam'

A women's rights group based in Kuala Lumpur — called Sisters of Islam — told the ABC that female circumcision is widely accepted in Malaysia because of a rising conservative movement.

In countries where Islam is the majority religion, according to Sisters of Islam, there is a tendency to "Islamise everything".

"People have fear to question the practice, as if they are questioning God," Syarifatul Adibah, a senior program officer from Sisters of Islam, said.

"[Female circumcision] is not prescribed by the Koran or the Hadiths [a collection of Prophet Muhammad's sayings]," Ms Adibah added.

"But when they consider something as a religious ordain or fatwa, then it's hard for people to really challenge and debate the issue."

In 2009, the National Council of Islamic Religious Affairs (JAKIM) in Malaysia ruled that female circumcision became obligatory, moving from recommended, but if harmful must be avoided.

As result, three years later, a study conducted by Dr Maznah Dahlui from Department of Social and Preventive Medicine University of Malaya discovered that 93 per cent of Muslim women surveyed had been circumcised.

More than 80 per cent of respondents said religious obligations were behind the reason, while 16 per cent said to control sexual drives.

Ms Abdul said that society often does a lot of things that copies behaviours from African and Arab countries and defend it as having a religious origin.

"We are confusing it with Islam and we think whatever they do is Islamic," she said.

She also said regardless religion or cultural tradition, parents have no rights to do whatever they wish to do to their children.

"Not only women, but every human being has the right to their own body," she said.

MALI's failure to ban FGM challenged in West Africa's top court

After years of unsuccessfully campaigning for an anti-FGM law in Mali, rights groups file complaint at the ECOWAS court

By Nita Bhalia

Thomson Reuters Foundation (12.04.2021) - <https://tmsnrt.rs/32W4j6l> - Mali's failure to outlaw female genital mutilation (FGM) is being challenged in West Africa's highest court by rights groups, who accused the country on Monday of failing to protect girls and women from "a grave and systematic violation".

Nine out of 10 women and girls in Mali have undergone the ancient ritual, which usually involves the partial or total removal of the external female genitalia and can cause serious health problems, according to the [United Nations](#).

Women's rights NGO [Equality Now](#) said it had jointly filed a case with two partner organisations at the [Economic Community of West African States](#) (ECOWAS) Court of Justice after years of campaigning unsuccessfully for an anti-FGM law.

"We have made several calls to Mali for the past 18 years urging it to honour its national, regional and international obligations to protect girls and women from this harmful practice," said Faiza Mohamed, Equality Now's Africa director.

"However, this remains to be done and we can no longer sit still as thousands of girls and women in Mali continue being subjected to FGM," she added in a statement.

Malian government officials could not immediately be reached to comment on the filing.

An estimated 200 million girls and women globally have been cut - and about four million girls are at risk of being forced to undergo the rite every year.

Practiced in at least 27 African countries and parts of Asia and the Middle East, FGM is often seen as necessary for social acceptance and improving a woman's marriage prospects.

But health experts say [girls can bleed to death or die from infections caused by FGM](#), and it can cause fatal childbirth complications later in life.

The U.N. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) said in June 2020 that the failure to criminalise FGM was putting the lives of girls and women in Mali, as well as from neighbouring states, at risk.

[It voiced concerns over the transnational nature of the practice](#), with reports of girls from countries such as Burkina Faso, Benin, Guinea and Togo that prohibit FGM being taken to Mali to undergo the cut in order to avoid prosecution at home.

Attempts by the Malian government to criminalise FGM in 2002 and again in 2009 failed due to opposition from religious leaders, CEDAW added in its latest report.

The women's rights groups said in a statement that Mali had ratified international and regional agreements on women's rights such as the CEDAW and The Maputo Protocol - and was therefore obliged to take action to curb FGM.

[The Institute for Human Rights and Development in Africa](#) (IHRDA), one of three groups that filed suit with the Abuja-based court, said the case had the potential to establish a landmark in women and girls' rights jurisprudence in Africa.

"This case would not only prompt the ECOWAS court to make binding pronouncement on the situation of FGM in Mali, but would also establish legal precedent and standard

applicable not only in Mali and West Africa, but across Africa as a whole," said Gaye Sowe, IHRDA's executive director.

Most countries in West Africa, including Benin, Burkina Faso, Ivory Coast, Gambia, Ghana, Guinea, Guinea-Bissau, Mauritania, Niger, Nigeria, Senegal and Togo, have adopted laws prohibiting FGM.

In March 2020, Sierra Leone overturned a [ban on pregnant girls attending school](#) after Equality Now and its partners challenged the rule in the ECOWAS court and won.

MALTA : High risk of genital mutilation but low prosecution

By Sarah Carabott

Times of Malta (04.02.2019) - <https://bit.ly/2BFB3U9> - There is an imbalance between the high number of girls at risk of female genital mutilation and the low prosecution rates in Malta, according to the EU's centre on gender equality, which is calling for higher awareness.

In October it was reported that between 39 per cent to 57 per cent of girls in Malta who originate from countries that practice this severe form of violence are at risk.

This percentage is the highest among the six studied countries, which include Belgium, Greece, France, Italy and Cyprus.

In Malta's case, girls at risk mostly originate from Somalia, Eritrea, Ethiopia, Egypt, Sudan, Nigeria and Sierra Leone.

"In Malta prosecution is key. While FGM is criminalised and all laws are in place, there have only been a few prosecution cases, meaning that there is a lot of work to be done when it comes to investigating such cases," Jurgita Pečiūrienė, EIGE's Gender expert on gender-based violence told Times of Malta.

"However there is also lack of awareness in Malta. This is two-fold - the general Maltese population is not aware of what FGM is, while migrants told us they were not aware of where they could seek help and whom to approach."

Some, she added, were not even aware that FGM was criminalised in Malta, and that the procedure was criminalised even when committed abroad.

The European Institute for Gender Equality (EIGE) is highlighting its findings ahead of the international day to eliminate female genital mutilation on Tuesday.

Despite girls continuing to be at risk in the EU, research from focus group discussions showed that communities are starting to turn away from the practice as a result of integration and domestic laws.

Rebecca Muscat from the Women's Rights Foundation noted that in Malta, most interviewed Nigerians were against the practice, with many stressing that female genital mutilation was not part of their identity.

The participants emphasised that education and awareness-raising on laws against FGM and accompanying health risks were essential for change. This included engaging men as they were widely regarded as the final decision-makers in FGM-related matters.

During a focus group, a woman from Nigeria who lives in Malta told the researchers: 'they took everything that makes you feel like a woman.'

People who were at risk of, or had had FGM practiced on them, were reluctant to speak up. In some cultures, the practice was kept secret, while the illegality of FGM might have been a deterrent, she noted.

Others believed they would be judged while some felt shame about either having gone ahead, or not, with the practice, Dr Muscat said.

More should be done to engage with communities, raise awareness about the practice and the law, provide psycho-social support to those affected by FGM, train stakeholders to identify whether a girl was at risk, and create a data system to monitor birth and prosecution rates, she added.

Addressing the same press event, Equality Minister Helena Dalli said that through the ratification of the Istanbul Convention, Malta had strengthened the legal framework against the practice.

The law criminalising the practice, as well as those failing to report potential or known cases of female genital mutilation to the authorities has been in force since 2014.

Still, there was a lot to be done, and EIGE's data and research will prove useful in this regard, she added.

RUSSIA: Female genital mutilation in Dagestan

HRWF (13.09.2022) - On 30 August 2022, a number of courageous Russian civil organizations published an 88-page [report](#) about the situation of human rights in rights for the OSCE Moscow Mechanism. Concerning FGM, they highlighted reports published by two researchers:

- Yulia Antonova is a lawyer cooperating with the Legal Initiative Project
- Saida Sirazhudinova - Candidate of Political Sciences, President of the Center for Research of Global Issues of Modernity and Regional Problems "Caucasus. Peace. Development."

Report in 2016: The practice of genital mutilation on girls/ Report on qualitative research in the Republic of Dagestan

In 2016, the Legal Initiative project published [a study](#) on the practice of female genital mutilation in Russia, based on field studies conducted in nine high-altitude areas of Dagestan, where circumcision is mainly carried out for girls under the age of three at home using conventional household tools such as knives or scissors. The report, which is only accessible in Russian, also states that the purpose of this procedure was to monitor female sexuality and behavior.

Second report in 2018: The practice of female genital mutilation in Dagestan

In 2018, a second study by the same researchers was published, which indicated that the minimum number of female genital mutilation in Dagestan [is estimated](#) at **minimum 1,240 girls per year.**" It is accessible in Russian and in English (with the automatic translation)

The purpose of their report was quite practical - to draw attention to the problem of female genital mutilation and joint actions of interested persons and organizations to contribute to its elimination as much as possible.

In their presentation, they were saying:

"Female genital mutilation is a problem in some parts of Dagestan that has long been without any attention from the official authorities, the human rights community, public discussion and condemnation. Press publications that have appeared in the past year have demonstrated the secrecy of this tradition, and the reaction to it has shown that the public assesses the legitimacy of female genital mutilation extremely ambiguously. Opinions were divided from deeply unacceptable to condescendingly justifying or even justifying its necessity. In Dagestan, most of society is still not ready to recognize the existence of this problem, and the lack of any reliable and evidence-based information on the prevalence and forms of maiming operations requires closer attention and comprehensive study.

To achieve this goal, we have set the following objectives: to study the perception of the practice of mutilation by different groups of respondents, to study the prevalence of this practice, to determine the origins and justification for female mutilation, to show the consequences of female circumcision in Dagestan."

Third report in 2018: Mutilation practices in the North Caucasus republics: Strategies for overcoming them

The main purpose of this [report](#), only accessible in Russian, was to draw the attention of officials and individuals to the problem of maiming operations in the region, to help eradicate practices and protect girls from the risk of becoming a victim of harmful practices in the future.

Objectives of this report:

- to conduct a qualitative study in the republics of the North Caucasus, to study men's awareness of FGM, their attitude to practice, men's willingness to support FGM, the impact of operations on the quality of relations (sex) with wives, men's right to vote in decision-making on the commission of FGM over daughters and many other points;
- to analyze effective strategies taken by different countries over the past 30-40 years to eradicate and reduce the practice of FGM;
- to evaluate the results of the first report, which was published in 2016 and caused public discussion and polarization of public opinions in Russia.
- to provide an overview of the changes that took place from 2016 to 2018 in international law to combat FGM practices in the world.

After this report, the authors concluded:

"Since the publication of the first report, no steps have been taken to intervene, assess and change the situation of FGM in Dagestan.

Girls continue to perform operations for non-medical purposes and outside medical institutions to remove all or partially the clitoris or damage it by means of an incision or notch with a knife, scissors, blades, needles or other available tools in unsanitary artisanal conditions.

This practice continues to be reproduced in conditions of tacit consent, as well as in systematic disregard by official structures of the need to take any measures against this practice and for the protection of the integrity and the right of girls not to be exposed to violence by close relatives."

RUSSIA: Russian activists urge probe over young girl's genital cutting

By AFP

The Moscow Times (21.05.2020) - <https://bit.ly/2TEWPjP> - Russian rights campaigners are urging the prosecution of relatives of a nine-year-old girl who was subjected to a genital cutting operation as well as management of the clinic which performed the procedure.

Russia does not have a specific law banning female genital mutilation (FGM) and a fully fledged probe into the case would be a first for the country.

Activists say that the practice is rife in the conservative majority-Muslim Northern Caucasus, with hundreds of girls subjected to the life-threatening procedure every year.

A nine-year old girl underwent the operation at a clinic in Magas, the capital of the Northern Caucasus region of Ingushetia, in June 2019 at her father's initiative.

The girl, who lives in neighboring Chechnya, was cut without her mother's consent when she went to Ingushetia to see her father.

The child was held down by medical personnel and her stepmother, who ignored her screams, local media reported.

The girl's mother pressed charges against Izanya Nalgiyeva, the gynecologist at the Aibolit clinic who performed the operation.

Last July, a probe was opened and the gynecologist is now on trial.

But Stichting Justice Initiative (SJI), a Russian human rights group which has taken up the case, wants the Investigative Committee to conduct a comprehensive probe into the clinic and all those involved in the girl's case.

"Not all accomplices to this crime are in the dock," Tatyana Savvina, a lawyer with SJI, told AFP on Wednesday.

She said they had requested that investigators probe the management of the clinic on suspicion of crimes including sexual abuse and intentionally causing grievous bodily harm to a minor.

She said the rights group will press for the punishment for "all accomplices" including the girl's father and stepmother.

A spokesman for the Investigative Committee in Ingushetia, Zurab Geroyev, said that the activists' request was being looked into.

"So far a decision has not been made," he told AFP.

Savvina said that the organization is planning to turn to the European Court of Human Rights in Strasbourg if a comprehensive probe in Russia was not possible.

Each year more than 1,200 girls undergo genital cutting in the Northern Caucasus and religious authorities in the region support the practice, arguing it promotes women's chastity, according to Stichting Justice Initiative.

Ismail Berdiyev, the mufti and chairman of the North Caucasus Muslim Coordination Center, has said all women should be cut "to end depravity on Earth."

International rights groups have for years decried as barbaric the practice which can lead to myriad physical, psychological and sexual complications and, in the most tragic cases, death.

RUSSIA: Female circumcision as senseless cruelty

Society acted for observing the rights of women of the northern Caucasus

By Attorney Anatoly Pchelintsev

Religiia i Pravo (26.08.2016) - <http://bit.ly/2cMGYZt> - A genuine squall of emotions was evoked by a recent statement of one of the prominent Muslim leaders of Russia with regard to so-called "female circumcision." At first, the chairman of the Coordinating Center of Muslims of the northern Caucasus, Ismail Berdiev, declared that this is a good measure which supposedly "decreases the sexuality of women" and lowers the level of depravity in society. Then, after a wave of criticism against him, the mufti was forced to excuse himself. Berdiev noted that, of course, Islam does not prescribe doing "female circumcision," but it is practiced in the rural region of Dagestan.

Perhaps few in Russian society knew what "female circumcision" is, but having learned, they were horrified by this barbarian practice, which essentially cripples women. In Russia, religious associations are liquidated on trumped up charges and their literature is ruled to be extremist (as, for example, with Jehovah's Witnesses), but in this case the call rang out to inflict damage to the physical health of citizens from a religious leader. According to article 14 of the federal law on freedom of conscience, such calls are reason for an examination and they provide for a sanction all the way up to liquidation and prohibition of the activity of a religious association.

Of course, it is hardly likely that such measures will be applied to the Coordinating Center of Muslims of the northern Caucasus, much less to the Ecclesiastical Board of Muslims of the Karachay-Cherkess republic, which Ismail Berdiev also heads. In addition, for two decades Mufti Berdiev has been one of the most distinguished leaders of traditional Islam. Berdiev is a good politician and leader, because of whom to a great extent Karachay-Cherkess is considered one of the most peaceful republics of the northern Caucasus.

Nevertheless Ismail Berdiev tried to disavow his statement: "I do not call for circumcising women. This is not prescribed by Islam and it is simply impossible. I am speaking about the problem of depravity and about how a problem exists about which it is necessary to do something." However a sore subject has already been touched upon.

The office of prosecutor general of Russia received an appeal requesting an examination of the legality of the use of so-called "female circumcision" in the northern Caucasus. The author of the appeal was Diana Gurtskaia, a member of the Public Chamber of the RF. Before that a report about the practice of female circumcision in Dagestan was posted on the official website of the rights advocacy foundation "Legal Initiative." It noted, in particular, that the consequences of the operations are connected with a reduction of sensitivity and sexual desire in women who are subjected to this procedure. The report says that this is confirmed by both respondents practicing it and expert physicians. Female circumcision in the region is used mainly in mountain villages in Tsumadin, Botlikh, Tsuntin, and Bezhtinsk regions. As noted, girls up to three years of age are subjected to the operation and in rare cases, up to twelve years. Female circumcision is very rarely performed in a hospital, and frequently after an underground operation inflammation and bleeding occur.

Naturally the Ministry of Health also responded to this problem. An official representative of the Ministry of Health, Oleg Salagai, noted: "At the present time, the international medical community is agreed in the opinion that so-called female circumcision is a mutilating practice and it produces nothing positive."

It turned out that back in 2008 the World Assembly of Health adopted a resolution about the necessity of total rejection of this practice. In 2012 a similar resolution was adopted by the United Nations General Assembly.

A separate discussion was evoked by the moral aspect of this barbaric practice. The point is that initially Ismail Berdiev presented female circumcision as a good means to fight depravity. The mufti said, "If this were applied to all women, that would be very good. The Almighty created woman in order that she give birth to children and raise them. And this has nothing to do with that. Women do not cease to give birth because of this. But there would be less depravity."

In this case, the northern Caucasian leader was even corrected by the Federation of Jewish Communities of Russia. The head of the Department of Public Relations of FEOR, Borukh Gorin, cautiously noted that he understands "a man who thinks about how to combat debauchery and licentiousness in society. A believing person is surrounded by an enormous number of temptations." But nevertheless one is called to struggle with debauchery with spiritual means and not with physical correction of the human organism. Gorin said: "Destruction of depravity around us is not within our powers. It is in our powers to sanctify the space around us so that there simply is no place left for debauchery. In the book of the Song of Solomon and the psalms of David it is said that the honor of woman is within, true beauty, and true greatness is not flashy, not public, and in this sense nothing has changed since the time of King Solomon and King David."

Borukh Gorin called attention to how girls should be trained: "The genuine attention of a groom, a man, can be attracted only by internal beauty. Therefore, in working on fitness, on how your body appears, a girl should understand that she should work three times as much on her inner appearance and contents. Only by this will she be able to attract true love."

Finally, it would seem that an end to the attitude of Muslims toward female circumcision has been placed by the first deputy chairman of the Council of Muftis of Russia, Rushan

Abbiasov. In his opinion, the practice is totally alien to Islam: "Female circumcision is a pre-Islamic tradition, which was innate not only to the Arab world but also to other civilizations that were not in contact with the Semitic world. It is possible to say with certainty that female circumcision is more on an ethnic tradition, mainly innate to the African peoples, possibly having some ritual basis, and it is completely alien to Islamic ideology."

In the understanding of Muslims, the Almighty forbids doing any injury to one's body, and as regards male circumcision, this does not have any direct command in the Quran, but according to the Abrahamic tradition it is desirable. Hadiths of the Prophet which contain mention of female circumcision do not have status of reliability, which consequently does not permit their use as an argument.

The discussion about the statement on female circumcision by Ismail Berdiev has raised more profound problems about the position of women in Islam. But at the present time one would like to hope that the practice which is crippling girls in remote villages will be eradicated. This is the way this practice is treated in Africa, to which the attention of the world community has been turned for a long time. And in this case religious leaders can and should raise their voice in defense of women.

Background articles:

[Muslim female circumcision goes viral in Russian media](#)

August 18, 2016

[Numerous leaders in Moscow take on female circumcision question](#)

August 19, 2016

[Russia Religion News Current News Items](#)

RUSSIA: Mufti of the North Caucasus for circumcision of all Russian women

Interfax Religion (17.08.2016) - <http://bit.ly/2beUGHu> - Chairman of the Coordinating Center of Muslims of the North Caucasus Ismail Berdiyev speaks for women's circumcision.

"It is necessary to make circumcision to all women to reduce lechery, to reduce sexuality," the mufti told an Interfax-Religion correspondent on Wednesday.

He pointed out that the circumcision is practiced in some towns and villages in Dagestan.

According to Berdiyev, Islam does not oblige to make circumcision to women.

"But it is necessary to reduce women's sexuality. And if it is applied to all women, it will be very good. The Almighty created a woman to give birth to children, to bring them up. And it (circumcision - IF) has nothing to do with it. It does not prevent women from birth-giving. But it will reduce lechery," the interviewee of the agency resumed.

Circumcision of women will not solve the problem, spiritual life should be intensified, official of Russia's Jewish community believes

Interfax Religion (18.08.2016) - <http://bit.ly/2c2pvk3> - The Federation of Jewish Communities of Russia official believes that female circumcision will not solve the problem of lechery, but accepts the problem of growing immorality in society.

"On one hand, I understand it (discussion on the topic of women's circumcision) - *IF*, I mean I understand a person, who reflects how to oppose immorality, lechery in society. Great number of temptations surrounds a believer. They are temptations for a believer, for non-believer it is just reality," head of the FJCR public relations Boruch Gorin told *Interfax-Religion*.

Thus, he commented on the words of chairman of the Coordinating Center of Muslims of the North Caucasus Ismail Berdiyev, who believes it is necessary to reduce sexuality of the society, and if circumcision is applied to all women, "it will be very good," as according to the mufti, God created a woman for birth-giving, and circumcision "has nothing to do with it."

According to Gorin, there are two ways: one way is to try eliminate temptations, the other way is to strengthen your spiritual life, "so that it won't be a temptation for you."

"It can be compared to alpinism: people are climbing up to the top of the mountain. If the task is to reach the top, you can get there by a helicopter. But people do not want to go there by helicopters. It is not about the aim, it is about efforts. And these attempts legally or in some other way to eliminate temptations, seem to me as this helicopter platform on the top of the mountain. Many totalitarian theocracies try to achieve it, and we see that they do not succeed in it, at a certain stage people start rolling down and die," Gorin said.

HRWF statement on FGM in response to call for circumcision of women of Mufti of the North Caucasus

HRWF (23.08.2016) The circumcision of women, more commonly referred to as female genital mutilation (FGM), has been condemned and classified as a violation of human rights, as well as a grave health risk, by the World Health Organization (WHO), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the United Nations Economic Commission for Africa (UNECA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Emergency Fund (UNICEF), and the United Nations Development Fund for Women (UNIFEM) [\(1\)](#), along with countless other NGO's and civil society organization working to end this barbaric phenomenon.

In addition to the health risks, the rationale put forward by Mufti Ismail Berdiyev, that women were put on earth for child-rearing and that they should be mutilated to curb their sexuality, plays into the antiquated and deluded trope of woman as mother/sexual temptress. This has the sole purpose of promulgating the repression of women. Women are human beings with the full spectrum of rights that men have, and are not mere objects to be used solely for the procreation of the human race.

There is also no religious basis for FGM and any attempt to justify the act of mutilating a woman's genitals in the name of religion (or any other reason) is unfounded.

SCOTLAND: FGM victims treated in Scottish city hospitals

Medics in Scotland's biggest cities have treated victims of female genital mutilation (FGM) on more than 230 occasions in the past two years.

BBC (10.02.2019) - <https://bbc.in/2Sam36m> - NHS Greater Glasgow and Clyde said it had identified women with FGM on at least 138 occasions in 2017 and 2018.

In NHS Lothian, which covers Edinburgh, 93 occasions were noted.

The figures were revealed by Scottish Liberal Democrat MP Jo Swinson, who said the "barbaric" practice must be wiped out entirely.

Responses to freedom of information requests from the party that were sent to Scotland's 12 other health boards showed they had recorded very low or no cases of FGM.

East Dunbartonshire MP Ms Swinson, the deputy leader of the Liberal Democrats, said: "These figures show that NHS professionals across Scotland are recording treating women who have experienced FGM.

"It is a barbaric and traumatic practice that must be completely eradicated. Nobody should be in any doubt that it is child abuse and it is against the law."

Ms Swinson said the Scottish and UK governments needed to work with police and other services to protect women and girls from FGM. She also called for more training and support services to help women and girls who are victims of FGM.

'Gender-based violence'

Dr Duncan McCormick, consultant in public health medicine at NHS Lothian, said: "We are very clear in our commitment to and responsibility for identifying and treating children and women at high risk of FGM in Lothian.

"It is a form of abuse and gender-based violence that has serious short and long term physical and psychological consequences, and if any health professional has concerns they have a responsibility to share that information to safeguard the wellbeing of women and children."

An NHS Greater Glasgow and Clyde spokesman said: "We have no confirmation that FGM is being practised in Scotland, however there is intelligence that cutting does happen elsewhere in the UK.

"There is a clinic at the Princess Royal Maternity Hospital, run by the SNIPS team (Special Needs in Pregnancy Service), which sees all women who have disclosed FGM.

"For the most part, they do not need any treatment and will more than likely go on to have a normal birth.

"A small number of women are referred to the gynaecological services. Of those who are referred, some request no treatment in the antenatal period, and would rather wait for the intrapartum period, which is the recommendation from The World Health Organisation."

Minister for Older People and Equalities Christina McElvie MSP said: "Scotland already has robust laws in place to tackle this illegal practice and we are taking action to prevent and eradicate FGM and ensure that public and third sector services stand ready to support those at risk.

"We want to strengthen protections further, introduce protection orders for women and girls at risk and place guidance for professionals on a statutory footing."

SCOTLAND: African schoolgirls help launch research project to prevent FGM

A group of African schoolgirls have helped launch a community-led research project to mark International Day of Zero Tolerance to female genital mutilation (FGM).

Leigh Journal (06.02.2019) - <https://goo.gl/dVxvw9> - Twenty teenagers from Notre Dame High School in Glasgow were involved in the Enhancing Transcultural Participation (ETP) project which aims to help prevent FGM.

The project, based at Glasgow Caledonian University, aims to develop a strategy and relationships between individuals, community groups, policymakers, researchers, government and third sector organisations.

Senior lecturer and researcher Dr Ima Jackson leads the project with PhD student and ETP researcher Judy Wasige, and she said she hopes more young people will be included in similar conversations in the future.

Ms Jackson said: "This project links into other campaigns like #MeToo, Black Lives Matter and 'decolonising the academy', giving a voice to young people and a range of perspectives, particularly young women of African descent who have very few opportunities to be heard.

"To me this is about Scotland learning how to make this happen through the ETP project.

"Representation matters in all areas of life and Scotland with its demographic changes has to develop processes in order to ensure that those who are being researched and who policy is made about are right in there. Historically this has not happened and it cannot continue.

"FGM and lack of voice for young women is a global issue. Most of the project participants come from communities who historically have practised FGM and hence have links between Scotland and the communities 'back home' where they can potentially influence internationally as well as nationally."

Funded by the Scottish Government and European Social Fund, the project is run in partnership with the African Women in Scotland Association and Glasgow City Council's English as a Second Language service.

Research data was collected through working closely with women of African descent and interviews by the schoolgirls with parents, peers and practitioners.

Researcher Ms Wasige said it had "been a great joy to watch the girls grow" through the project.

She added: "I have seen such a transformation. It is amazing. They had never before been given the formal space to meet other girls of African descent in a room on their own to talk through issues that affect them directly in their Scottish/African lives and the challenges they face in Scotland.

"One girl said that no-one had ever spoken to her about FGM yet in her country, the prevalence is over 80% – it is really common. There is real possibility that she can now influence the conversation amongst young people here and 'back home' and that is what will lead to change.

"The girls say the project is helping them appreciate who they are and that they have an opportunity to influence their environment because before this, they have just been told what to do. Now they feel empowered. They have the skills to actually question things that happen to them and policies that affect them."

Notre Dame head teacher Rosie Martin said the school was "delighted" to be involved in the "important study".

She added: "All Glasgow schools have been engaging in staff training and awareness raising on FGM for a number of years, so the opportunity for Notre Dame's young people to help develop and participate in the research was met with great enthusiasm from our pupils."

SCOTLAND: Strengthening protection from Female Genital Mutilation (FGM): consultation

We are seeking views on plans to strengthen the existing legislative framework for the protection of women and girls from Female Genital Mutilation (FGM), a form of gender based violence.

Gov.Scot (04.10.2018) - <https://bit.ly/2FUDwxE> -

Ministerial Foreword

The practice of Female Genital Mutilation (FGM) is a physical manifestation of deep rooted gender inequality. It is an illegal and unacceptable practice which violates the human rights of women and girls. We have made our position crystal clear - this is simply unacceptable and we are committed to protecting all girls and women who are at risk of this.

Figures from the World Health Organisation tell us that more than 200 million girls and women alive today have been subject to FGM in 30 countries across Africa, the Middle East and Asia[1]. This gives us a sense of the scale of the challenge and the extent to which the practice remains rooted in some parts of the world. Whilst we know that many countries have taken steps to make the practice illegal, there remains more to do – and we in Scotland need to play our part in protecting women and girls.

We know that there are no quick fixes to tackling FGM and there is no single solution to ending the practice. Therefore our approach to tackling it in Scotland is considered, collaborative and community based. In this way we can make sure that what we do helps prevent FGM, provides protection to those at risk, provides the support that those affected require and through participation gives a voice to communities affected by this practice.

We have already taken forward work in this area. In February 2016, we published a National Action Plan to Prevent and Eradicate FGM. We're making progress in implementing the actions in the Plan, including the recent publication of multi-agency guidance for professionals. We've also provided funding for projects who are working within communities to raise awareness of FGM and support women and girls who are at risk or who have already been subject to FGM. And the Programme for Government published last month committed us to bringing forward legislation in this area.

So we know that we have more to do to ensure that those at risk are better protected and that perpetrators of this practice are held to account. The Scottish Parliament took an important step in 2005 by making the practice illegal, and in 2015 the Parliament gave legislative consent to an important provision in the Serious Crime Act 2015 to ensure that extra-territorial jurisdiction applied to the Female Genital Mutilation (Scotland) Act 2005.

The Serious Crime Act also included a number of additional provisions which now apply in other parts of the United Kingdom, and I am keen that we consider whether or not we should take similar further steps in Scotland. This consultation paper therefore seeks to explore these issues further and I would welcome the views of all with an interest so that we can make further progress towards ensuring that no-one ever has to be subject to this fundamental breach of human rights.

Christina McKelvie
Minister for Older People and Equalities

[Link to publication](#)

SIERRA LEONE: 130 women rights groups call on the government to criminalize FGM

Equality Now (01.02.2022 – <https://bit.ly/3uprQLZ> - Following yet another tragic death in Sierra Leone due to Female Genital Mutilation (FGM), women's rights organizations across the country and around the world have come together to co-sign an open letter calling on the Government of Sierra Leone to criminalize FGM and protect women and girls from this harmful practice.

On 20 December 2021, 21-year-old [Maseray Sei](#) died from acute bleeding and shock a day after being subjected to FGM, and this was confirmed by the post-mortem carried out on 14 January. A few days following Maseray's death, in a different region, a 15-year-old girl was admitted to hospital for urgent treatment after suffering serious complications due to FGM.

Sadly, these are not isolated incidents in Sierra Leone. Many women and girls in recent years have died or experienced devastating harm as a result of FGM, and during the latest holiday period, there were widespread reports of hundreds of young women and girls being cut.

Sierra Leone has one the highest FGM prevalence rates in Africa, with 83% of women and girls aged between 15 and 49 years having undergone the procedure according to the [2019 Demographic Health Survey](#).

Internationally recognized as a gross human rights violation, FGM involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It is a form of violence against women and girls, a manifestation of gender inequality and discrimination, and recognized by the United Nations as a form of torture.

Short term complications arising from FGM include: hemorrhaging; infections; severe pain; urine retention and other urinary tract problems; and psychological trauma. As with Maseray Sei and other victims, FGM can also result in death.

Longer term effects include: chronic infections, cysts, and ulcers; painful scar tissue; problems affecting the bladder, uterus, and kidneys; sexual health issues; mental health issues; infertility; menstrual complications; difficulties during childbirth, and an increased risk of infant and maternal mortality.

Sierra Leone's government is failing in its duty to protect women and girls from FGM

Despite the harm caused by FGM, the Government of Sierra Leone has failed to criminalize this harmful practice. The country's penal code does not specifically prohibit FGM, and there have been no known prosecutions relating to FGM. Furthermore, gender discrimination in Sierra Leone means that existing laws that are meant to uphold the rights of women and girls are not being effectively implemented to protect against FGM or punish perpetrators.

The failure to criminalize FGM has been further aggravated by a widespread lack of political will to end this harmful practice and the failure by the State to explicitly condemn FGM.

Following the death from FGM of 19-year-old [Fatmata Turay](#) in 2016, 10-year-old [Marie Kamara](#), and Maseray's recent death, organizations in Sierra Leone campaigning against FGM wrote each time to the President and Attorney General in office but never received a reply. This silence is deafening.

Of particular concern is how various politicians seeking election have made political pronouncements in support of FGM, with some even offering to pay for women and girls to be cut.

Sierra Leone must urgently enact and enforce a comprehensive anti-FGM law

The signatories of this open letter call on the Government of Sierra Leone, H.E. President Julius Maada Bio, and Attorney General Mohamed Lamin Tarawalley Esq. to urgently enact a law that explicitly bans FGM for all ages, puts in place adequate measures to protect against and eliminate FGM and gives survivors and the families of victims a means to access justice.

We strongly condemn the actions of politicians who are supporting FGM. We commend the politicians and other duty bearers who have spoken out and taken action against this harmful practice, and we call on others to join them.

We ask the State to prosecute all offenders putting the lives of women and girls at risk. This includes a comprehensive and swift police investigation and prosecution of all those responsible for the death of Maseray Sei. It is vital that justice is served in this case, and is seen to be served so that it can deter others from committing FGM.

Why Sierra Leone needs a law explicitly criminalizing FGM?

A law explicitly banning FGM in Sierra Leone would make it clear to its citizens that FGM is a human rights violation and a form of gender-based violence. It would define the government's obligations in providing protection to women and girls, demonstrate political will and intent, and communicate that the State is ready to take action.

A law against FGM would empower women and girls to recognize and assert their human rights and to seek and receive protection when vulnerable. For those whose rights have been violated, a law would provide legal recourse within the criminal justice system, and create tools to hold perpetrators to account. It would also act as an important deterrent to would-be offenders.

Having a legal framework which states FGM is unacceptable and unlawful is a vital component of promoting the social and behavioral change needed to encourage people at the community level to abandon the practice.

Having a legal framework will also mean Sierra Leone will be in compliance with the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa which Sierra Leone acceded to on 30th October 2015.

Alongside full implementation of the law, a Multi-Sectoral Approach (MSA) should be applied which brings together state and non-state actors working in collaboration. Authorities need to deliver adequate funding to grassroots organizations and other stakeholders, and legislation should be accompanied by community engagement, awareness raising about the dangers of FGM, and empowerment of women and girls.

As part of achieving the Sustainable Development Goals, all countries – including Sierra Leone – are duty-bound to measure the extent to which FGM occurs amongst their population. It is vital that information is gathered and made publically available. Such data is invaluable in efforts to end FGM because it makes clear the need for action, and provides a baseline from which the scale up and effectiveness of interventions can be measured.

Importantly, by criminalizing FGM, Sierra Leone's government would be meeting the commitments it has made to the African Union's Protocol on the Rights of Women in Africa (the Maputo Protocol) and to the Convention on the Elimination Discrimination against Women (CEDAW).

We, the undersigned, call on the Government of Sierra Leone to honor its national, regional, and international human rights obligations and finally fulfill its duty of care in protecting girls and women from FGM.

See the list of signatories [here](#)

SOMALIA: Daughters of Somalia campaign to end female genital mutilation

UN (04.02.2022) - <https://bit.ly/3HyfvbZ> -In Somalia, over 90 per cent or more of girls and women, have been subjected to female genital mutilation, or FGM. Despite the practice having devastating health ramifications for women and girls - including pain, bleeding, permanent disability and even death - discussion over how to end the harmful tradition, remains taboo.

The United Nations has called for collaboration at all levels, and across all sectors of society across the world, to protect millions at risk from FGM every year.

As the [**International Day of Zero Tolerance for Female Genital Mutilation**](#) is marked on 6 February, the UN sexual and reproductive health agency, [UNFPA](#), continues to lead the UN effort to end FGM.

Dear Daughters

Last fall, and in collaboration with the Ifrah Foundation, the UN agency launched the [Dear Daughter campaign](#), as part of the effort to end FGM once and for all. The idea is to get individual parents not to cut their daughters. Through letter-writing, they pledge instead, to protect them, and support their right to govern their own bodies.

'Dear Daughter' works towards ending FGM in Somalia, which has one of the highest prevalence rates of the practice in the world. To date, [100 Somali mothers have signed the pledge](#).

By targeting rural and urban individuals and communities, that are making an extraordinary commitment, to change the FGM narrative. For Nkiru I. Igbokwe, gender-based violence specialist at UNFPA in Somalia, it is "accelerating the voices of women and men alike, to end FGM in the country".

As part of the campaign, women living in an internally displaced persons (IDP) camp on the outskirts of the capital Mogadishu - home to 280 households that fled Danunay village nearly 250 kilometres away, due to insurgent violence - have been learning about the harmful effects of FGM.

Halima*, 50, a mother of five daughters and five sons, was among them. As a camp gatekeeper and a community member with influence, she was identified as someone who could advocate to help end the harmful practice that she and her first daughter had also endured.

Flashbacks

Like so many other women in her community, Halima underwent FGM as a child, subjecting her to lifelong health problems.

"The procedure was painful, with no anesthesia. I bled for days," she recalled. "I was in bed for more than three months and urinating was a problem".

When Halima reached adolescence, passing menstrual blood was also difficult, and as a newlywed, sex with her husband was a painful experience. When she became an expectant mother, childbirth was excruciating with labour lasting for days, putting her life at risk.

Despite her suffering, Halima allowed her first daughter to be cut, just like her mother had done.

'She felt the pain'

"My daughter underwent the Sunna [type](#) of FGM (removal of part or all of the clitoris), and she felt the pain I have been through," Halima said. But because it was not the more severe 'pharaonic' procedure (stitching the opening closed), people insulted them, she said, saying her daughter was unclean.

The **World Health Organization (WHO)** is [opposed to all types of FGM](#) and is opposed to health care providers performing FGM.

"Throughout the training course, I had flashback memories of how the practice has badly impacted my life," she said.

Three years ago, a young girl in the same camp died as a result of FGM, and Halima started galvanizing the community, to try and make sure the tragedy is never repeated.

Changing the future for Somali girls

The Ifrah Foundation, together with the Global Media Campaign to End FGM, distributed UNFPA-supplied radio transmitters to 100 households so residents could listen to awareness campaigns and information.

"It has been a long-standing dream of mine to work to save girls from the unnecessary pain and suffering I endured as a result of FGM," said survivor Ifrah Ahmed, founder of the foundation that bears her name. "Halima is an example of how we can change the future for all Somali girls", she added.

Halima's advocacy has expanded beyond FGM. She encourages pregnant and lactating mothers to visit health centres and raises awareness over sexual and gender-based violence.

She also notes that community members used to stay silent about rape due to fear of stigmatization, but now they seek help.

According to UNFPA, because of her leadership, almost 100 mothers have pledged not to practice female genital mutilation, sparing about 200 girls in the settlement.

"I don't want my other daughters and other young girls to go through the pain we have gone through," Halima said.

The numbers across the world

According to WHO, **more than 200 million girls and women alive today have undergone FGM in 30 countries in Africa, the Middle East and Asia, where FGM is practiced.**

Only in Somalia, based on the [2020 Somali Health and Demographic Survey](#), 99 per cent of women aged 15 to 49 in Somalia, have been subjected to FGM, the majority between ages five and nine. The survey also reports that 72 per cent of women believe it is an Islamic requirement, though some religious leaders have said Islam actually [condemns](#) it. In 2020, UNFPA [provided](#) 52,225 Somali women and girls protection, prevention or care services related to female genital mutilation. While there is no national legislation outlawing the practice, Puntland state [passed](#) a FGM Zero Tolerance Bill last year.

This year, WHO will [launch a training manual](#) on person-centered communication, a counselling approach that encourages health care providers to challenge their FGM-related attitudes, and build their communication skills to effectively provide FGM prevention counselling.

COVID-19 challenges

The [COVID-19](#) pandemic has increased the risk of female genital mutilation continuing unfettered, with the UN predicting that an additional two million girls will be victimized in the next ten years.

Prolonged school closures have provided cover for girls recovering from FGM. In addition, movement restrictions have prevented campaigners against FGM from accessing some villages.

SOMALIA: Somalia sees "massive" rise in FGM during lockdown and Ramadan

By Emma Batha

Thomson Reuters Foundation (18.05.2020) - <https://reut.rs/2LVFgrI> - Somalia's coronavirus lockdown has led to a huge increase in female genital mutilation (FGM), with circumcisers going door to door offering to cut girls stuck at home during the pandemic, a charity said on Monday.

Plan International said the crisis was undermining efforts to eradicate the practice in Somalia, which has the world's highest FGM rate, with about 98% of women having been cut.

"We've seen a massive increase in recent weeks," said Sadia Allin, Plan International's head of mission in Somalia. "We want the government to ensure FGM is included in all COVID responses."

She told the Thomson Reuters Foundation nurses across the country had also reported a surge in requests from parents wanting them to carry out FGM on their daughters while they were off school because of the lockdown.

FGM, which affects 200 million girls and women globally, involves the partial or total removal of the external genitalia. In Somalia the vaginal opening is also often sewn up - a practice called infibulation.

The United Nations Population Fund (UNFPA) has warned that the pandemic could lead to an extra two million girls worldwide being cut in the next decade as the crisis stymies global efforts to end the practice.

Allin said families in Somalia were taking advantage of school closures to carry out FGM so that the girls had time to recover from the ritual, which can take weeks.

The economic downturn caused by coronavirus has also spurred cutters to tout for more business, she said.

"The cutters have been knocking on doors, including mine, asking if there are young girls they can cut. I was so shocked," said Allin, who has two daughters aged five and nine.

She said restrictions on movement during the lockdown were making it harder to raise awareness of the dangers of FGM in communities.

"FGM is one of the most extreme manifestations of violence against girls and women," said Allin, who has been cut herself.

"It's a lifetime torture for girls. The pain continues ... until the girl goes to the grave. It impacts her education, ambition ... everything."

The UNFPA, which estimates 290,000 girls will be cut in Somalia in 2020, said the spike was also linked to Ramadan, which is a traditional time for girls to be cut.

UNFPA Somalia representative Anders Thomsen said the pandemic was shifting world attention and funding away from combatting FGM.

But he said there were also grounds for optimism, pointing to the recent criminalisation of FGM in neighbouring Sudan.

"There are glimmers of hope and we do hope and believe that may rub off on Somalia, which I would call ground zero for FGM," he said.

New data also shows families are beginning to switch to less severe forms of FGM with 46% of 15 to 19-year-olds having been infibulated compared to more than 80% of their mothers.

SOMALIA: Under renewed scrutiny over FGM after two more young girls die

Death of sisters aged 10 and 11 undermines hopes of change inspired by announcement of landmark prosecution

By Kate Hodal

The Guardian (17.09.2018) - <https://bit.ly/2xqSBRC> - Two more girls in Somalia have died after undergoing female genital mutilation, just weeks after a high-profile case prompted the attorney general to announce the first prosecution against the practice in the country's history.

Two sisters, aged 10 and 11, bled to death last week after they were cut in the remote pastoral village of Arawda North in Galdogob district, Puntland, said activist Hawa Aden Mohamed of the Galkayo Centre.

The deaths of Aasiyo and Khadijo Farah Abdi Warsame have come at a time of transition in Somalia, where 98% of all women and girls undergo FGM, the highest rate in the world. Most cases go unreported.

The case of Deeqa Dahir Nuur, 10, who haemorrhaged to death in July after she was operated on by a traditional cutter, prompted Somalia's attorney general Ahmed Ali Dahir to send a team of investigators to her remote village with the aim of prosecuting those involved in her death.

The move was heralded at the time as a "defining moment for Somalia" by Mahdi Mohammed Gulaid, the deputy prime minister, who said: "It is not acceptable that in the 21st century FGM is continuing in Somalia. It should not be part of our culture. It is definitely not part of the Islamic religion."

However, activists in the country say the death of the two sisters proves that the government is not moving quickly enough to prevent further incidents.

"It is shocking that, with the massive publicity of the Deeqa case and subsequent commitment by the Somali government to do more, on the ground change does not yet seem to be happening," said Brendan Wynne of Donor Direct Action, an international women's group that runs a fund to end FGM. "Girls continue to die from this devastating abuse while we wait for politicians to move."

FGM is technically illegal in Puntland, a semi-autonomous state in north-eastern Somalia, where lawmakers recently approved legislation outlawing the practice.

"Yet there seems to be reluctance in discussing and passing the anti-FGM law in Puntland, which was recently approved by the cabinet," said Mohamed.

"We hope that this will serve as a wake-up call for those responsible to see the need to have the law in place to protect girls from this heinous practice."

Most girls in Somalia undergo the most severe form of circumcision – during which external genitalia are removed or repositioned and the vaginal opening is sewn up, leaving only a small hole through which to pass menstrual blood – between the ages of five and nine. The operation is often performed by untrained midwives or healers using knives, razors or broken glass.

The two girls underwent the surgery on 10 September but bled continuously for 24 hours, said Mohamed. Their mother tried to take them to nearby Bursallah town to seek medical help but the girls died during the journey, according to Mohamed.

Somali-born FGM survivor and campaigner Ifrah Ahmed said the sisters' deaths were "very upsetting" given Puntland's professed interest in outlawing the practice.

"I'm still in shock after Deeqa's death and hearing this [news] is very upsetting, very sad, losing two little girls again to female genital mutilation," said Ahmed.

"Puntland has approved the anti-FGM bill and still young girls are losing their lives. Immediate action needs to be taken by international donors who support Somalia, and by the federal government of Somalia [itself]."

SOMALIA: First prosecution for female genital mutilation

By Emma Batha

Thomson Reuters Foundation (26.07.2018) - <https://tmsnrt.rs/2v4tfY4> - Somalia's Attorney General Ahmed Ali Dahir announced on Wednesday the country's first ever prosecution against female genital mutilation (FGM) following the death of a 10-year-old girl, an adviser to the government said.

Ifrah Ahmed, who advises Somalia on gender issues, said the attorney general was sending a team of investigators to find out more about the death of the girl, Deeqa, who suffered severe bleeding after her mother took her to a traditional cutter.

The announcement was made at a conference on FGM attended by officials, religious leaders and journalists, which was co-hosted in Mogadishu by the Global Media Campaign to End FGM and the Ifrah Foundation.

"We are ready to take it to court," the attorney general was quoted as saying on Twitter by the organisers.

Deeqa's death has prompted campaigners to renew calls for Somalia to pass a law on FGM, which affects 98 percent of women in the east African country - the highest rate in the world, according to U.N. data.

"This is really a defining moment for Somalia," Deputy Prime Minister Mahdi Mohamed Gulaid told the conference organisers in a video posted on Twitter on Thursday.

Somalia's constitution prohibits FGM, but efforts to pass legislation to punish offenders have been stalled by parliamentarians afraid of losing votes.

Ahmed confirmed news of the attorney general's announcement to the Thomson Reuters Foundation by phone from Mogadishu.

"He said they had opened the case in Mogadishu and that they would investigate and deal with the parents," said Ahmed, whose charity, the Ifrah Foundation, campaigns to end FGM in Somalia.

"He told the conference he would bring the family to justice."

Global campaigners against FGM, which affects around 200 million girls and women worldwide, welcomed the news.

"This is massive," said Nimco Ali, a prominent Somali-born British activist.

Somalia does not have a law against FGM, but campaign group 28 Too Many said offenders could still be prosecuted under the country's Penal Code, which makes it a criminal offence to cause hurt to another.

Many girls in Somalia undergo the most extreme form of the ancient ritual in which the external genitalia are removed and the vaginal opening is sewn up.

Deeqa was taken by her mother to a traditional circumciser on July 14 in central Somalia's Galmudug state and died in hospital two days later.

Her father was quoted by international media this week as defending the practice, saying he believed his daughter was "taken by Allah".

Many people believe the ritual is an important part of their tradition and a religious obligation, although it is not mentioned in the Koran.

Organisers said the attorney general had also urged Somalia's religious leaders to use radio and TV to speak out against FGM.

SUDAN: Sudan bans female genital mutilation, UNICEF vows to help support new law

The United Nations Children's Fund (UNICEF) welcomed the landmark move by Sudan's transitional government this week to criminalize female genital mutilation/cutting (FGM/C), with a three-year jail sentence for offenders.

UN News (02.05.2020) - <https://bit.ly/2W9jd6G> - "This practice is not only a violation of every girl child's rights, it is harmful and has serious consequences for a girl's physical and mental health," said Abdullah Fadil, UNICEF Representative in Sudan.

Sometimes called female circumcision, the traditional practice involves the partial or total removal of the external female genitalia for no medical reason.

"This is why governments and communities alike must take immediate action to put an end to this practice", he added.

The move comes following years of persistent and forceful advocacy, including by the National Council for Child Welfare, women and child advocates, UN agencies and international, national and community-based organizations.

Estimates show that more than 200 million girls and women alive today have undergone female genital mutilation in the countries where the practice is concentrated, according to the World Health Organization (WHO).

And Sudan is considered to have a very high FGM/C prevalence rate, which UNICEF's Multiple Indicator Cluster Surveys (MICS) revealed was at 86.6 per cent in 2014.

Rights violation

FGM/C has no benefits and not only poses immediate health risks, but also long-term complications to women's physical, mental and sexual health in addition to their well-being.

A reflection of deep-rooted inequality between the sexes, the practice is internationally recognized as a violation of human rights of girls and women and as an extreme form of gender discrimination.

Moreover, WHO points out that every year, before they turn 15 years old an estimated three million girls risk being cut without their consent, making the practice also a violation of the rights of children.

And when the procedure results in death, FGM/C violates rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life as well.

And as part of the Sustainable Development Goals (SDGs), the global community has set a target to abandon the practice by the year 2030.

Making it stick

UNICEF maintains that it needs to work very hard with communities to help enforce the new law.

"The intention is not to criminalize parents", flagged the UNICEF representative, "we need to exert more effort to raise awareness among the different groups, including midwives, health providers, parents, youth about the amendment and promote acceptance of it".

UNICEF is committed to eliminating all forms of FGM/C and will continue its focus on building a protective environment for children that safeguards them from abuse and exploitation.

SWITZERLAND: Court upholds a suspended eight-month prison sentence in a FGM case in 2019

By Willy Fautré

HRWF (10.05.2019) - On 11 February 2019, the Swiss Federal Court, the nation's highest court, confirmed the eight-month suspended jail sentence of a Somali woman, who had

her two daughters excised in her homeland in 2013 before immigrating to Switzerland in November 2015, through the family reunification framework. The case was initiated against the mother in Switzerland by the daughters' Somali father who had been living there since 2008.

The two daughters were excised at two different times: spring and September 2013.¹

The mother was first found guilty by the Police Court of Littoral and Val-de-Travers (Canton of Neuchâtel) on 12 July 2018 and received a suspended eight-month jail sentence with two-year probation.² She appealed the decision, arguing that the cutting occurred in the Somali capital Mogadishu at a time when she had no ties to Switzerland.³

On 14 December 2018, the Criminal Court in Neuchâtel rejected her appeal, arguing that FGM had been illegal in Switzerland since 2011 under Article 124 of the Swiss Criminal Code. The ban, that was tightened in 2012 by lawmakers to prevent people living in the country from taking their daughters abroad to be excised, applied in this case too, the court stated⁴. According to Swiss national news portal SRF⁵, Judge Nathalie Kocherhans said, "I do not think I can change things but perhaps this verdict will help eliminate the suffering of millions of girls."

Art. 124:3. Assault / Female genital mutilation⁶

Female genital mutilation

¹ Any person who mutilates the genitals of a female person, impairs their natural function seriously and permanently or damages them in some other way is liable to a custodial sentence not exceeding ten years or to a monetary penalty of no less than 180 daily penalty units.

² Any person who has committed the offence abroad but is now in Switzerland and is not extradited is liable to the foregoing penalties. Article 7 paragraphs 4 and 5 apply.

Source: <https://www.admin.ch/opc/en/classified-compilation/19370083/index.html#a124>

The Swiss Federal Court acknowledged that the mother, who is illiterate, was placed under considerable societal pressure to force her daughters to undergo female genital mutilation (FGM). The judge nevertheless deemed a prison sentence necessary. The appellant argued she was not aware that she had breached the Swiss law by having her daughters excised before immigrating to Switzerland but the Federal Court argued that according to the law, "anyone who commits the crime abroad is also liable in Switzerland." The Court also contended that, although the Somali penal code did not contain any provision criminalizing FGM, the 2012 Somali constitution had banned FGM. In this regard, the Court also stressed that during the hearings the mother had declared

¹ Full judgment of the Federal Court

https://www.bger.ch/ext/eurospider/live/fr/php/aza/http/index.php?lang=fr&type=show_document&highlight_docid=aza://11-02-2019-6B_77-2019&print=yes

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ <https://www.srf.ch/news/schweiz/bedingte-gefaengnisstrafe-erstes-schweizer-urteil-zu-genitalverstuemmelungen>

⁶ Text in French at <https://www.admin.ch/opc/fr/official-compilation/2012/2575.pdf>

she knew "excision is something wrong". "Despite her limited education level, she could have been aware that excision was not or not any more authorized in her country" the court decision stresses. Moreover, the fact that on two occasions she asked a person without any medical knowledge to excise her two daughters suggests she was aware of the clandestine and illegal character of her move. The Court also noted that "the appellant had not tried to get information from the authorities, what she could have done as she was living in the capital city of her country" and concluded that she could not have been unaware of the illegal nature of excision.⁷

Previous FGM proceedings

In November 2007, proceedings were opened concerning a case of female genital mutilation (FGM) in the canton of Zurich, which had been performed on a Somali girl 11 years earlier. It was the first case of its kind in Switzerland. The federal prosecutor invoked the offence of grievous bodily harm (Article 122 of the Swiss Criminal Code) in his lawsuit against the parents of a 13-year old Somalian girl.

Art. 122¹3. Assault / Serious assault

3. Assault

Serious assault

Any person who intentionally inflicts a life-threatening injury on another,

any person who intentionally inflicts serious injury on the person, or on an important organ or limb of another, makes an important organ or limb unusable, makes another permanently unfit for work, infirm or mentally ill, or who disfigures the face of another badly and permanently,

any person who intentionally causes any other serious damage to the person or to the physical or mental health of another,

is liable to a custodial sentence of at least six months and no more than ten years.²

¹ Amended by No I of the FA of 23 June 1989, in force since 1 Jan. 1990 (AS 1989 2449 2456; BBl 1985 II 1009).

² Penalties revised by No II 1 of the FA of 19 June 2015 (Amendment to the Law on Criminal Sanctions), in force since 1 Jan. 2018 (AS 2016 1249; BBl 2012 4721).

The tutelage office filed the complaint based on a medical report, which automatically set in motion an official investigation. The parents were put under custody during the investigation period. The person who carried out the excision could not be identified.

The *Neue Zürcher Zeitung* which revealed the facts⁸ mentioned that there had previously been another case in Geneva where a girl had been taken to Africa for her excision.⁹

In 2008, a couple of Somalis, parents of eight children born in Switzerland, who arrived in 1993 as asylum seekers, were convicted for FGM (type Ib, removal of the clitoris) of their elder daughter in 1996, aged two

⁷ Full judgment of the Federal Court

https://www.bger.ch/ext/eurospider/live/fr/php/aza/http/index.php?lang=fr&type=show_document&highlight_docid=aza://11-02-2019-6B_77-2019&print=yes

⁸ https://www.humanrights.ch/cms/upload/pdf/071117_NZZ_beschneidung.pdf

⁹ <https://www.nzz.ch/articleec4ai-1.53958>

when she was cut. It was performed by a Somali physician who was temporally in Switzerland. He was paid 250 Swiss francs and performed the procedure under local anaesthesia on the kitchen table. No post-surgical complications followed.

The cutting was desired by the mother. The father was against the complete removal of his daughter's external genitalia, arguing for a symbolic intervention. Therefore, they both agreed on (only) the removal of the clitoris. During an interview with the media, the father declared that, at that time, it felt 'normal' to them to let their daughter be cut.

The parents received a two-year suspended prison sentence by the Cantonal Court of Zurich for having encouraged FGM.¹⁰

Until Article 124 was added to the Criminal Code in 2012, only two cases of female genital mutilation (infibulation and excision) were prosecuted on the basis of Article 122.

About the anti-FGM legislation

Maria Roth Bernasconi, a member of the Socialist Party and of the National Council, was the catalyst for the Swiss government's involvement in the issue of female genital mutilation. Her fight against FGM started with a parliamentary initiative in 2005.¹¹ After years of debates about the possible criminalization of FGM, the Swiss Senate agreed in June 2011 to ask the government to amend the criminal law on this practice. On 30 September 2011, the National Council and the Council of State both agreed in their final votes to a ban and to an amendment of the Swiss Criminal Code by adding a new article: Article 124.¹² It entered into force on 1 July 2012.

The statutory period of limitation shall generally be 15 years. If victims are under 16 years of age, prosecution shall be possible to at least up to the age of 25.¹³

More reading:

<https://www.thelocal.ch/20180716/somali-mother-first-to-be-sentenced-under-new-law-in-switzerland-for-genital-mutilation-of-daughters>

<https://www.reuters.com/article/us-swiss-fgm-africa/swiss-court-upholds-sentence-in-genital-mutilation-case-idUSKCN1QB1IU>

<https://www.srf.ch/news/schweiz/bedingte-gefaengnisstrafe-erstes-schweizer-urteil-zu-genitalverstuemmungen>

<https://www.figo.org/news/switzerland-cracks-down-female-genital-mutilation-0012634>

<https://www.female-genital-cutting.ch/network/female-genital-cutting/situation-in-switzerland/>

<https://www.humanrights.ch/en/switzerland/internal-affairs/groups/children/criminal-procedure-fgm-switzerland>

¹⁰ <https://www.swissinfo.ch/eng/first-court-case-of-genital-mutilation/6256146>

¹¹ <https://www.sante-sexuelle.ch/fr/nos-activites/droits-sexuels/mutilations-genitales-feminines-fgm/>

¹² <https://www.sante-sexuelle.ch/fr/nos-activites/droits-sexuels/mutilations-genitales-feminines-fgm/>

¹³ <https://www.humanrights.ch/en/switzerland/internal-affairs/violence/fgm/swiss-parliament-explicit-ban-genital-mutilation>

TANZANIA: New project protects scores of girls from undergoing FGM in Serengeti

IPPMedia.com (28.01.2019) - <https://bit.ly/2G33gaw> - In 2018, a total of 1,471 girls aged between 9 and 19 fled their homes in protest of this cultural practice that has over the years led to some women and girls suffering health complications while others have died during or after the initiation.

But thanks to the FGM elimination project (Tokomeza Ukeketaji) supported through the Trust Fund to End Violence Against Women, and managed by UN Women, which resulted into a total of 96 traditional elders and six cutters in Serengeti district abandon the practice last year.

Through the project, the residents have committed to an alternative rites of passage ceremony that managed to protect 634 girls who were supposed to have suffered FGM in the district.

This turn of events represents a significant number of elders and cutters in the Serengeti district who no longer believe that the tradition of cutting girls has a role in modern society.

The Tanzania Demographic and Health Survey (2015/2016) indicates that an estimated 7.9 million women and girls have undergone FGM across the country.

In 2015, 10 percent of women age 15- 49 were circumcised, a decline from 18 percent in 1996. Mara region has a female genital prevalence rate of 39.9 percent, while among the Kurya tribe alone; it is estimated at 75 percent.

The government through local authorities works with community-based organisations in campaigns that reflect the dehumanizing nature and associated health risks of female genital mutilation.

The African Medical and Research Foundation (AMREF) in 2018 implemented the Tokomeza Ukeketaji project whereas the project manager, Godfrey Matumu, said as campaigns against the harmful practice had intensified awareness among women and girls.

The organization is collaborating with the police and the Legal Human Rights Centre to mobilise local communities in Mara region to end FGM and instead invest in the education of their girls.

"Many girls continue to run for their lives in the affected areas. We have a safe house in Serengeti where many of these girls are now staying," Matumu said.

In 2016, a total of 932 girls fled their homes and sought protection in the safe house. AMREF, working with some local authorities managed to reconcile 889 girls with their families, leaving 43 who are still staying in the safe house.

Last year UN Women through AMREF supported the girls in the safe house with 70 mattresses, sports items, food, sanitary pads and learning materials to support their education.

Speaking during an alternative passage of rites ceremony for the Ngoreme clan held in Borenga village recently, Serengeti district administrative secretary, Cosmas Qamara said communities still practicing FGM should re-think how they are injuring children.

"We must free our children from this inhumane practice, which is also a crime in Tanzania. It is important that as a progressive society we stick to issues relevant to our development, including protecting the girls and ensuring that they get a good education," Qamara said.

However, one of the unique achievements by the Tokomeza Ukeketaji project was its ability in 2018 to mobilise traditional elders to see the benefits of protecting girls from the practice and to stop the punishing of community members who condemned it.

The traditional elders are key decision makers in the ceremonies, making it critical for interventions to focus attention on changing their mindsets and making them champions that challenge the practice.

"The abhaghaka-bhiikimila (traditional elders) are key decision makers in this practice. The communities here believe that they communicate with the iresa (ancestral spirits), before they approve the cutting which is performed by old women called abhasaari (cutters)," Matumu said

He explained the strategy to target traditional elders in all six clans of Inchugu, Inchage, Ngoreme, Tatoga, Walenchoka and Wakenyehave resulted in key achievements causing the affected communities to stop the practice.

Matumu said: "As many brave girls resist the harmful practice after realizing the myths associated with cutting, the elders now see how through this practice they have also promoted child marriages and deprived their girls of good education and a bright future".

Speaking during one of the alternative passage of rites ceremonies for 200 girls held at Isenye grounds on 10 December last year, 72-year-old Amelia Nachilongo shed tears of joy as she celebrated change that came 60 years late for her.

"We heard that today is an important day," she said referring to the International Human Rights Day, "I am happy that this change has finally come in my lifetime. I believe we can be a better people without causing pain to girls. Over the years, we have suffered a culture of silence and many girls have died and cases never reported," she said.

She commended the UN Women funded programme for raising awareness, which in turn has empowered girls to stand up for their rights and helped to reshape how the traditional practice is now being performed in her community. She also marveled at the courage demonstrated by the girls now living at the safe house.

"They have been given a new lease of life because they are going to school. That is what is important. We hope the programme continues in 2019 to enable the process of reconciliation with their families and also to continue the good work of bringing knowledge to all the communities still harming girls," Nachilongo said.

UN Women Country Representative, Hodan Addou said there is need to continue rolling-out projects that will take a human-rights approach on the issue of female genital mutilation to end the practice and enhance the protection of girls against all harmful practices.

She said the agency is implementing a new strategic plan, which adopted five programmes, all aiming to support Tanzania to achieve gender equality, empower and protect women and girls.

"In our new strategic plan, we have repositioned ourselves to work through a number of interventions, looking at challenges including female genital mutilation, to further strengthen capacities to protect women and girls at various levels. This also includes our support towards engagements with the traditional elders in the Serengeti District," Addou said.

She said practices that harm women and girls in many African countries are imbedded within the social fabric of communities and institutions.

"We are continuing to support the government of Tanzania to address issues such as cultural practices that restrict the development of women and girls. We believe that, addressing these restrictions can go a long way in supporting the achievement of many strategic development goals in Tanzania", Addou said.

UGANDA: U.N. investigating 'surge' in female genital mutilation

By Nita Bhalla

Reuters (25.01.2019) - <https://reut.rs/2DDNIOF> - The United Nations said on Friday it had sent a fact-finding team to eastern Uganda to investigate a "surge" in the number of women and girls undergoing female genital mutilation (FGM).

The probe by the U.N. Population Fund (UNFPA) comes after Ugandan media reported this week that armed groups had been forcefully conducting FGM in Kween district near the eastern border with Kenya.

The reports sparked alarm across the east African nation, which has a strict anti-FGM law in place that has helped reduce the number of FGM cases in recent years.

"We have dispatched a fact-finding mission to Kween which will hopefully provide us with more background on this unexpected surge," Alain Sibenaler, UNFPA country director in Uganda told the Thomson Reuters Foundation by email.

"But what we know for sure is that FGM is being eliminated and therefore the recent incidents do not erase the achievements of the campaign," he said, referring to joint efforts since 2009 by authorities, charities and the U.N. to curb the practice.

About 200 million girls and women worldwide have undergone FGM, which usually involves the partial or total removal of the external genitalia, according to U.N. estimates.

Seen as necessary for social acceptance and increasing a woman's marriage prospects, FGM is prevalent across parts of Africa, Asia and the Middle East.

Performed by traditional cutters, often with unsterilized blades, girls can bleed to death or die from infections. FGM can also cause lifelong painful conditions such as fistula and fatal childbirth complications.

At least 100 girls and women in Kween were forced to undergo circumcision by groups led by elderly women and accompanied by men with machetes, Ugandan media reported.

The news reports triggered debate in the country's parliament and the government ministers vowed to take action against the "inhuman" practice.

Uganda criminalized FGM in 2010 with a maximum penalty of 10 years imprisonment. Compared to other African nations, prevalence rates are low with only 0.3 percent of women aged between 15 and 49 having been cut, according to government data.

However, in some communities in the east and northeastern parts of the country, prevalence rates are more than 90 percent, the U.N. said.

Campaigners said more public awareness campaigns are needed, and law enforcement should be stepped up in remote and rural areas where the tradition persists.

"The eastern part of Uganda had experienced long periods of violence and insecurity that made it difficult to enforce the law as effectively as it had ought to be," said Jean-Paul Murunga of campaign group Equality Now in Nairobi, Kenya.

"This is an opportunity for the government to take advantage of the current tranquility to reach the remotest areas and enforce the anti-FGM law to the fullest."

UGANDA: Police arrest 19 people over FGM gang attacks on women

Critics say police should have acted earlier on reports of forceful mutilation of more than 400 women in a month by armed groups

The Guardian (24.01.2019) - <https://bit.ly/2sLzXBw> - Sixteen men and three women have been arrested for allegedly aiding and abetting female genital mutilation (FGM) in eastern Uganda after reports of gangs attacking women in the region.

The suspects were taken into custody earlier this week after joint police and military operations in Kween district. The arrests followed local media reports of more than 400 women, some as young as 12, being mutilated by force by local gangs in the past month.

FGM was outlawed in Uganda in 2010, but campaigners say too little is being done to persuade people, especially in rural areas, to stamp out the practice.

The reported groups of up to about 100 people are led by elderly women, accompanied by men armed with machetes.

"We carried out an operation," said Polly Namaye, Uganda's deputy police spokesperson. "Some of the people we arrested include those who participate in the process, the people who cut, those who prepare the girls for circumcision, the ones who sing during the celebrations and all that."

"It [FGM] hurts the girls [and women], it makes them uncomfortable and fear for themselves. It's torture in itself."

"We encourage that this [practice] is not carried on. We encourage the women to stand up for themselves and refuse to take part in this ritual, which was made criminal by law."

Mercy Munduru, programme officer with the Uganda Association of Women Lawyers, said the police should have taken action earlier.

"FGM has no place in our society and should not be happening in 2019 under the watch of our security personnel. FGM violates the rights of women and girls to sexual and physical integrity," said Munduru.

"We strongly condemn the forceful and continued prevalence of FGM in eastern Uganda, which in essence is washing away the relevance of the FGM Act, a law we fought so hard for to avert such a gross violation of women's rights."

Livingstone Sewanyana, executive director of the Foundation for Human Rights Initiatives, said: "The biggest weakness with our legal system is inability to implement laws that have a bearing on individual dignity and integrity. The FGM Act is one such piece of legislation that has hardly been enforced, yet FGM is both dehumanising and degrading to those who are subjected to this inhuman act.

"What needs to be done to eradicate such a practice on a more sustainable basis, besides prosecution under the law, is to carry out intensive sensitisation of communities about the dangers of such an archaic practice to a person's health, bodily integrity and wellbeing.

"A collective public education campaign by state institutions and civil society organisations, alongside local leaders, would offer a more effective and deterrent solution to this problem."

Traditional beliefs in the Kween, Bukwo and Kapchorwa districts, in Sebei region, and Amudat and Moroto in semi-arid Karamoja region, make it hard to combat FGM.

Munduru said: "No single approach can eliminate FGM. Criminalising the practice only will not change people's behaviour. We recommend greater government involvement in the protection of women's rights. Tackle the secrecy that allows cutting to continue.

"It is time for advocates to invoke human rights standards and hold governments accountable for their inaction in response to FGM. So that girls and women no longer have to suffer in silence."

UGANDA: Married women now undergoing FGM

Monitor (19.01.2018) - <https://bit.ly/2mRoldO> - In Uganda, only 24 per cent of girls aged 10 to 14 have experienced some form of female genital mutilation. 76 per cent of women between 25 and 35 have undergone the procedure.

By DAVID MAFABI – January 19, 2018

KAMPALA - Faced with the new law against Female Genital Mutilation (FGM), traditionalists have now shifted to circumcising married women with the consent of their husbands.

Statistics released at the 2017 cultural day celebrations that focused on public health, reported that among more than 200 youth interviewed across Sebei sub-region (Kapchorwa, Kween and Bukwo districts), only 24 per cent of girls aged 10 to 14 have experienced some form of genital mutilation, while 76 per cent of women between 25 and 35 have undergone the procedure.

Speaking to Daily Monitor last week, the Reproductive Education and Community Health programme executive director, Ms Beatrice Chelangat, said although the practice of circumcising young girls is slowly declining in Sebei, the trend has changed to circumcising married women.

"And this is being done in houses with the knowledge of husbands, in the villages and in the bushes even across the borders to Kenya. Wives claim that they are visiting relatives in Kenya but cross with local surgeons," said Ms Chelangat.

The statistics reveal that uncircumcised married women are undergoing pressure from their husbands and society because they are not allowed to serve elders, get food from the granary and attend traditional meetings.

"The mothers-in-law abuse them, they are shunned," said Ms Chelangat.

While reading from the 2017 FGM survey in Sebei sub-region, she said REACH found that in spite of the ban, traditionalists are carrying out the practice unabated in the bushes, in the hills and in caves with most incidents happening in secret, sometimes unhygienic places - creating a big risk of infection.

Globally, it is estimated that 100 million to 140 million girls and women alive have undergone some form of female genital mutilation, according to the United Nations Population Fund.

UK: A closer look at the UK's only FGM conviction

By Elisa Van Ruiten, Human Rights Without Frontiers

HRWF (22.05.2019) - In February 2019, the mother of a young girl became the first person in the United Kingdom to be convicted of [female genital mutilation \(FGM\)](#) for cutting her three-year-old daughter in 2017.¹⁴ Her Ghanaian partner, who was also charged with the crime, was exonerated.¹⁵ Both had been living in the UK for several years.

The mother is originally from Uganda, where FGM is illegal and the estimated prevalence is around 1.4%. The practice has been concentrated in certain regions and ethnic groups.¹⁶ It is not known why the mother performed FGM on her daughter but authorities mentioned the possibility of a link to witchcraft.

The facts and prosecution

¹⁴ <https://www.cps.gov.uk/london-north/news/mother-first-be-convicted-female-genital-mutilation> and <https://www.nytimes.com/2019/02/01/world/europe/female-genital-mutilation-conviction-britain.html?module=inline>; To protect the identity of the child, there are reporting restrictions: no name is made public.

¹⁵ <https://www.theguardian.com/society/2019/mar/08/mother-of-three-year-old-is-first-in-uk-to-be-convicted-of-fgm>, Note: The father pled guilty to charges of being in possession of child pornography and bestiality images.

¹⁶ https://www.28toomany.org/static/media/uploads/Country%20Images/PDF/uganda_report_15jul13.pdf

See details about the ethnic groups and the regions in the executive summary, pp 9-12.

On 28 August 2017, the mother, who was living in East London, called the emergency services for an ambulance approximately 12 hours after the injury occurred, the girl having lost a large amount of blood. She claimed that the child had accidentally sustained an injury to her genitals after a fall on a kitchen cupboard. However, as the ambulance could not come quickly, the girl was taken to hospital in a taxi. At hospital, the mother told the medical staff again the same story. She maintained the same version with the police, the medical staff, the social services, and in court.¹⁷

This version of the facts was rejected by the jury as it was not supported by medical examiners and the prosecution brought forward evidence of 'witchcraft'.¹⁸

Both mother and father of the girl in this case were charged with two counts of FGM:

- **Count 1:** Female Genital Mutilation, contrary to section 1(1) of the Female Genital Mutilation Act 2003. Both defendants on 28 August 2017 excised, or otherwise mutilated, the whole or any part of the labia minora or clitoris of the complainant
- **Count 2:** Failing to protect a girl from the risk of genital mutilation, contrary to Section 3a of the Female Genital Mutilation Act 2003. Both defendants on 28 August 2017 had parental responsibility for the complainant, a girl under the age of 16 against whom an offence of female genital mutilation was committed.¹⁹

The father was acquitted of the FGM charges, but the mother, in addition to the two counts of FGM, was also convicted on other charges of possessing indecent images of children and extreme pornography. In March, she was sentenced to eleven years in prison for the FGM charges and two more years for the other charges.²⁰

The UK criminalised FGM in 1985 under the Prohibition of Female Circumcision Act 1985, which was superseded by the Female Genital Mutilation Act 2003.²¹

What led to conviction?

Although a few other alleged FGM cases had previously been brought forth, none ended in conviction. For example, in 2015, a gynaecologist was indicted on FGM charges for

¹⁷ <https://www.judiciary.uk/wp-content/uploads/2019/03/r-v-n-female-genital-mutilation-sentencing-remarks-whipple-j.pdf>

¹⁸ <https://www.theguardian.com/society/2019/mar/08/mother-of-three-year-old-is-first-in-uk-to-be-convicted-of-fgm> and <https://www.nytimes.com/2019/02/01/world/europe/female-genital-mutilation-conviction-britain.html?module=inline>

¹⁹ <https://www.cps.gov.uk/london-north/news/mother-first-be-convicted-female-genital-mutilation>

²⁰ <https://www.judiciary.uk/wp-content/uploads/2019/03/r-v-n-female-genital-mutilation-sentencing-remarks-whipple-j.pdf>

²¹ The Female Genital Mutilation Act 2003 came into effect "on 3 March 2004 and was amended by sections 70 to 75 Serious Crime Act 2015. Sections 70 to 72 which came into force on 3 May 2015, and which:

- extended the scope of extra-territorial offences
- granted victims of FGM lifelong anonymity; and
- introduced a new offence of failing to protect a girl from risk of FGM.

Sections 73 came into force on 17 July 2015; section 74 came into force on 31 October 2015. These provisions introduced FGM Protection Orders and a mandatory duty for front line professionals to report FGM. Section 74 provides for issue of statutory guidance on FGM, this provision has not yet come into force." The crime carries a maximum prison sentence of 14 years. https://www.cps.gov.uk/legal-guidance/female-genital-mutilation-prosecution-guidance#_blank

having stitched a woman's genitals after she gave birth. However, he was later acquitted.²²

In the present case, there were several factors that contributed to the conviction; There was the evidence that the girl had in fact been cut; the medical examination at hospital concluded she had suffered a Type II cut²³ and there was the testimony from the victim herself who claimed she was cut by a "witch-lady".²⁴ In addition, the brother was also a witness, and bizarre evidence was found at the home relating to the incident that prosecutors deemed to have been something akin to 'witchcraft'.²⁵

In deciding upon the sentence length for the charge of FGM, Ms Justice Whipple took into account both aggravating and mitigating factors of the crime. Adding to the gravity of the act was that it had occurred at home, a place the defendant's daughter should have felt safe and protected. Furthermore, the defendant's son was present and witnessed the ordeal. On the other hand, the defendant was the primary caregiver of both children, who were now placed in foster care. In addition, the fact that the girl was not under a FGM protection order²⁶ and the defendant did eventually take her daughter to the hospital were both seen as slightly mitigating circumstances.²⁷

FGM protection orders in the UK

Under the [Serious Crime Act of 2015](#), an FGM Protection Order may be issued by a court to protect someone who is at risk of FGM or has already been subjected to FGM. Such protection orders may include travel prohibitions, the surrender of passports, in addition to other restrictions and requirements. It is a criminal offense to breach a protective order and if breached "is punishable on summary conviction with up to 12 months' imprisonment or a fine; or on conviction on indictment, with up to 5 years' imprisonment or a fine."²⁸

348 protective orders had been made in the UK as of December 2018.²⁹

More on FGM protection orders [here](#).

[Click here](#) for further information and resources about FGM in the UK.

²² <https://www.theguardian.com/society/2015/feb/04/doctor-not-guilty-fgm-dhanuson-dharmasena>

²³ TYPE II FGM by the World Health Organisation. See: <https://www.who.int/reproductivehealth/topics/fgm/overview/en/>

²⁴ "...the victim later told specially – trained officers she had been cut by a "witch"."
<https://www.theguardian.com/society/2019/mar/08/mother-of-three-year-old-is-first-in-uk-to-be-convicted-of-fgm>

²⁵ [Ibid.](#)

²⁶ [Ibid.](#)

²⁷ <https://www.judiciary.uk/wp-content/uploads/2019/03/r-v-n-female-genital-mutilation-sentencing-remarks-whipple-j.pdf>

²⁸ https://www.cps.gov.uk/legal-guidance/female-genital-mutilation-prosecution-guidance#_blank

²⁹ See page 11:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789792/FC_SQ_October_to_December_2018_-_final.pdf

UK: London mum gets 11 years in jail after first-ever FGM conviction

The jury heard she had sought help from a prophet to cleanse her daughter.

By Emma Batha

Global Citizen (08.03.2019) - <https://bit.ly/2WdEWrd> - The first person in Britain to be convicted of female genital mutilation was sentenced to 11 years on Friday for cutting her three-year-old daughter.

"Let's be clear: FGM is a form of child abuse," Justice Philippa Whipple told the Ugandan mother-of-two. "It is a barbaric practice and a serious crime."

The conviction last month came more than 30 years after the practice was outlawed.

Police and anti-FGM campaigners have said it will send a strong message that FGM will be prosecuted.

The maximum sentence for FGM is 14 years.

The judge told the woman, who cannot be named for legal reasons, there were "particularly sickening features" of the case, including that the cutting was done at the girl's home, where she should have felt safe.

"As (her) mother you betrayed her trust in you as her protector," the judge said, adding that the psychological impact could become a "significant and life-long burden".

Commenting on the sentence, Britain's interior minister Sajid Javid tweeted: "A welcome reminder, on #InternationalWomensDay, that we will never tolerate this barbaric medieval practice."

London's Central Criminal Court heard how police launched an investigation after the girl's parents rushed her to hospital on Aug. 28, 2017, following severe bleeding and doctors found three cuts to her genitalia.

The mother, 37, said her daughter had hurt herself falling from a kitchen worktop at their east London flat.

But the girl told police she had been held down and cut by a "witch".

Four doctors, including leading FGM experts, testified that the cuts had been made with a sharp implement and could not be explained by a fall.

Witchcraft

The jury heard how the mother turned to witchcraft to try to silence investigators and the director of public prosecutions.

Police found cows' tongues with nails embedded in them in her freezer and limes containing slips of paper bearing the names of people involved in the case and messages such as "I freeze your mouth".

The former care worker said she did not come from an ethnic group that practised FGM, and no motive was given in court.

However, the jury heard she had sought help from a "prophet" to "cleanse" her daughter, via an online contact in Nigeria.

The woman was also sentenced to two years to run consecutively after she admitted distributing pornographic videos, one involving children.

The girl's Ghanaian father was acquitted of FGM, but sentenced to 11 months for possession of pornography.

Police and prosecutors have faced mounting pressure to secure a conviction for FGM, which was outlawed in 1985. Two previous trials ended in acquittals.

The Crown Prosecution Service's Lynette Woodrow said outside court the sentence underlined that FGM was "an extremely serious form of child abuse".

She expressed hope the conviction would encourage others who have had FGM, or have suspicions about FGM offences, to come forward.

An estimated 137,000 women and girls in England and Wales have undergone FGM, which affects diaspora communities from many countries including Somalia, Sierra Leone, Eritrea and Sudan.

The internationally condemned practice typically involves the partial or total removal of the external genitalia.

Campaigners say the ritual - often justified for cultural or religious reasons - is underpinned by the desire to control female sexuality.

World leaders have pledged to end FGM, which affects at least 200 million girls and women, according to U.N. data.

UK: FGM 'increasingly performed on UK babies'

Female genital mutilation (FGM) is increasingly being performed on babies and infants in the UK, the Victoria Derbyshire programme has been told.

By Anna Collinson and Jessica Furst

BBC (04.02.2019) - <https://bbc.in/2RGpRfm> - FGM expert and barrister Dr Charlotte Proudman said it was "almost impossible to detect" as the girls were not in school or old enough to report it.

In one report, in Yorkshire, a victim was just one month old.

The National FGM Centre said it was "not surprised" that victims may be younger now.

Charity Barnardo's and the Local Government Association - which together run the centre - said its community engagement was "key to protecting girls".

Their comments follow the first UK conviction for FGM.

The mother of a three-year-old girl was found guilty at the Old Bailey on Friday of mutilating her daughter. Her partner was acquitted.

FGM includes the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.

Laws 'circumnavigated'

Dr Proudman said there was "a lot of anecdotal data which shows FGM is now being performed on babies.

"These girls are not at school, they are not at nursery, and so it's very difficult for any public authority to become aware," she added.

"By performing it at such a young age, they're evading the law."

In response to a Freedom of Information request, West Yorkshire Police said a quarter of its FGM reports (17) between 2015 and 2017 involved victims aged three or under.

The National FGM Centre said there was "anecdotal evidence from some communities that FGM laws can be circumnavigated by performing the procedure on girls at a much younger age".

"The girls are unable to report, the cut heals quicker and prosecution is much harder once evidence comes to light and the girl is older.

"There needs to be much greater recognition of this issue across different areas of the UK."

'Worried about being branded racist'

Experts say authorities need a more joined-up approach when dealing with FGM.

It is claimed children's services can be unsure when to intervene. Doctors are not always reporting it to the police - and even if they do, officers do not always know what to do.

"People are concerned about cultural sensitivities, worried about being branded racist, and it's being performed on a very private area," Dr Proudman said, explaining why it has taken many years for the first UK conviction to arrive.

Figures seen by the Victoria Derbyshire programme show that 939 calls were made to emergency services to report FGM between 2014 and 2018.

But the Crown Prosecution Service has only received 36 referrals for FGM from the police since 2010.

One 2015 report by City, University of London estimated 137,000 women and girls in England have been victims of FGM.

Lawyer Linda Weil-Curiel, whose work has led to more than 100 FGM convictions in France, told the Victoria Derbyshire programme the UK should follow the country's tougher stance.

In France, all children undergo regular genital checks until the age of six and doctors are expected to report any cases of physical abuse.

"In [the UK] system you need the victim to come and complain, but how can you expect a child to complain against her parents?," she asked.

"It's for society to protect children, to take the initiative as soon as mutilation is documented - and the only way that happens is to have a medical examination.

"There might be people horrified at the thought of their child undergoing a check. I don't understand that - we are talking about the health of children and babies," she added.

But the National FGM Centre said the key way to prevent instances of the abuse was to change "the views of affected communities" and to form "a huge cultural shift in groups where FGM is commonly practised".

It said it was helping to train professionals to be "aware of how to broach the topic, spot the signs and respond appropriately when there is a concern".

Home Secretary Sajid Javid said: "We will not tolerate FGM and not rest until perpetrators of this horrific crime are brought to justice.

He said the UK's first conviction for FGM came after "the government introduced tougher rules to criminalise this medieval practice."

Hibo's story

Hibo Wadere was six when she was forced to undergo FGM.

Some may find her words distressing.

Ms Wadere said she was told a special party was being thrown for her.

She described how that morning she was "held down, your legs yanked apart and your genitals being ripped apart.

"You saw the blood, you saw the cutter with blood on her hands," she added.

"She just kept on cutting as if it was normal for her to hear the screams.

"It was the cruellest thing for a child to experience.

"It stays with you for life. It's a life sentence."

UK: Mother guilty of genital mutilation of daughter

A woman who mutilated her three-year-old daughter has become the first person in the UK to be found guilty of female genital mutilation (FGM).

BBC (01.02.2019) - <https://bbc.in/2GdZMSK> - The 37-year-old mother from east London wept in the dock as she was convicted after a trial at the Old Bailey.

Spells and curses intended to deter police and social workers from investigating were found at the Ugandan woman's home, the trial heard.

Her 43-year-old partner was acquitted by the jury.

Prosecutors said the mother "coached" her daughter "to lie to the police so she wouldn't get caught".

The defendants, who cannot be identified for legal reasons, denied FGM and an alternative charge of failing to protect a girl from risk of genital mutilation.

Mrs Justice Whipple warned of a "lengthy" jail term as she remanded the woman into custody to be sentenced on 8 March.

FGM - intentionally altering or injuring the female external genitalia for non-medical reasons - carries a sentence of up to 14 years in jail.

During the trial, the woman claimed her daughter, then aged three, "fell on metal and it's ripped her private parts" after she had climbed to get a biscuit in August 2017.

Medics alerted police to the girl's injuries after they treated her at Whipps Cross Hospital, in Leytonstone.

She "lost a significant amount of blood as a result of the injuries they had delivered and inflicted on her", jurors were told.

'Sickening offence'

While the parents were on bail, police searched the mother's home and said they found evidence of "witchcraft".

Prosecutor Caroline Carberry QC said two cow tongues were "bound in wire with nails and a small blunt knife" embedded in them.

Forty limes and other fruit were found with pieces of paper with names written on them stuffed inside, including those of police officers and a social worker involved in the investigation.

"These people were to 'shut up' and 'freeze their mouths'," Ms Carberry said.

"There was a jar with a picture of a social worker in pepper found hidden behind the toilet in the bathroom," she added.

It is only the fourth FGM prosecution brought to court in the UK. The previous cases led to acquittals.

FGM campaigner Aneeta Prem, from Freedom Charity, said convictions were hard to secure because cuttings were "hidden in secrecy".

"People are scared to come forward, professionals are scared to come forward to report this," she told the BBC.

"The fact that we have a conviction today is a really historic moment."

Home Secretary Sajid Javid said FGM was a "medieval practice".

"We will not tolerate FGM and not rest until perpetrators of this horrific crime are brought to justice," he added.

Lynette Woodrow, from the Crown Prosecution Service (CPS), said the "sickening" offence had been committed against a victim with "no power to resist or fight back".

"We can only imagine how much pain this vulnerable young girl suffered and how terrified she was," she said.

"Her mother then coached her to lie to the police so she wouldn't get caught, but this ultimately failed."

Ms Woodrow said FGM victims were often affected physically and emotionally for "their entire life".

The mother was born in Uganda but has lived in the UK for a number of years. FGM is banned in both countries, the CPS said.

Mayor of London Sadiq Khan said the conviction sent "a clear message to those who practise this barbaric act".

"Every woman and girl should be safe and feel safe wherever they are in London, and we will continue our fight to end FGM with every power we have," he added.

UK: Mother of three-year-old is first person convicted of FGM in UK

Ugandan woman from east London was accused of mutilating daughter in 2017

By Hannah Summers and Rebecca Ratcliffe

The Guardian (01.02.2019) - <https://bit.ly/2SmcJQT> - The mother of a three-year-old girl has become the first person to be found guilty of female genital mutilation (FGM) in the UK in a landmark case welcomed by campaigners.

The Ugandan woman, 37, and her Ghanaian partner, 43, both from Walthamstow, east London, were accused of cutting their daughter over the 2017 summer bank holiday.

While the parents were on bail, police searched the mother's home and found evidence of witchcraft, including spells aimed at silencing professionals involved in the case. Police found spells written inside 40 frozen limes and two ox tongues with screws embedded in them with the apparent aim of keeping police, social workers and lawyers quiet.

The defendants, who cannot be identified for legal reasons, denied FGM and an alternative charge of failing to protect a girl from risk of genital mutilation. The mother cried in the dock as she was found guilty of FGM after the Old Bailey jury deliberated for less than a day. Her partner was cleared of all charges.

FGM was made illegal in the UK more than three decades ago but prosecutors have struggled to secure a conviction.

Lynette Woodrow, of the Crown Prosecution Service, said: "We can only imagine how much pain this vulnerable young girl suffered and how terrified she was. A three-year-old has no power to resist or fight back.

"Her mother then coached her to lie to the police so she wouldn't get caught but this ultimately failed. We will not hesitate to prosecute those who commit this sickening offence."

The National Police Chiefs' Council (NPCC) lead for FGM, Commander Ivan Balhatchet, said: "We have always been clear that prosecutions alone will not stop this abuse, however this guilty verdict sends a strong message that police will make every effort possible to pursue those committing this heinous crime."

Campaigners said they hoped the conviction would encourage other victims to report the crime.

Aneeta Prem, the founder of Freedom Charity, said: "It will give victims the confidence to come forward ... It will give police forces, social services, teachers, frontline midwives the expectation that something can finally succeed."

There have been three other trials involving FGM – two in London and one in Bristol – all of which ended in acquittals. The crime carries a maximum prison sentence of 14 years.

The judge, Philippa Whipple, warned of a "lengthy" jail term as she remanded the woman in custody to be sentenced on 8 March. She told her: "You have been found guilty of a serious offence against your daughter."

The two defendants were jointly accused of subjecting the girl to FGM by "deliberate cutting with a sharp instrument" at her mother's home in the presence of her father. Medics raised the alarm when the girl was taken to Whipps Cross hospital in north London with severe bleeding and a surgeon concluded the child had been cut with a scalpel.

The defendants claimed their daughter had been reaching for a biscuit when she fell and cut herself on the edge of a kitchen cupboard. Medical experts confirmed the cause of her injuries were consistent with cutting rather than a fall.

The victim later told specially trained officers during a series of video interviews played to the court that she had been cut by a "witch".

Leethen Bartholomew, the head of the National FGM Centre, said he hoped grassroots campaign groups would be given more support to train professionals.

"We know that FGM happens here in the UK and we didn't need a conviction to prove that," he said. "There is still a lack of services for survivors of FGM," he said, adding that the victim in the case must be given continual support.

Charlotte Proudman, a leading barrister who specialises in FGM, told the Guardian: "The conviction is hugely significant, securing justice for the girl but also in sending a strong message that this crime will not be tolerated."

She questioned if health workers were fulfilling their mandatory reporting duties, and highlighted a legal loophole that meant professionals only had to report cases in which children had already undergone FGM, rather than those also deemed to be at risk.

Leyla Hussein, a social activist and survivor of FGM, said she had mixed emotions about the conviction.

"We are sending out a strong message that children now come first," she said. "However, the sad thing is we could have helped that mother. That could have easily been me because 17 years ago I did not understand that FGM was wrong."

Hussein, who was born in Somalia and later emigrated to the UK, said it was not until she was 21 and her own daughter was two months old that a practice nurse raised the issue of her FGM.

"It's positive this girl got justice but as an FGM survivor I can't help thinking the system failed her. Her mother has committed a crime and we need to be honest about that. But she could have been informed about FGM through her GP or midwife."

She explained: "My daughter was at risk, I was that mother. But a brilliant health professional did her job so I made sure my daughter wasn't cut. So I'm blaming teachers, health professionals and the whole system which has failed this child who will live with FGM for the rest of her life."

There are an estimated 137,000 women and girls living with FGM in England and Wales according to City University. The Home Office has identified women from countries including Somalia, Kenya, Ethiopia and Nigeria as most at risk.

There have been 298 FGM protection orders issued since they were first introduced in 2015 to safeguard those at risk.

UK: Schoolgirls pressured into FGM, campaigner says

British schoolgirls have been pressured by their fellow students into having female genital mutilation, a campaigner against the practice has said.

BBC (07.09.2018) - <https://bbc.in/2wPHZfd> - Leyla Hussein said girls are vulnerable as some see it as a cultural practice despite it being a crime in the UK.

Her warning came as British and US agencies signed an agreement to step up co-operation in tackling FGM.

A police commander said intelligence has to date been "woeful" and the lack of a UK conviction was unacceptable.

Commander Ivan Balhatchet from the National Police Chiefs' Council is appealing to the public, support groups and those who work with children to pass information to police.

The proclamation between law enforcement agencies on both sides of the Atlantic - including the NPCC, the Metropolitan Police, Border Force, the FBI, and the US Department of Homeland Security - pledges to better share intelligence and best practice on identifying victims and prosecuting perpetrators.

It is hoped the new agreement will improve existing operations at airports including London Heathrow and JFK in New York and help spot victims as they are taken to parts of the world to be cut, such as North Africa and the Middle East.

'The pressure is still there'

Dr Hussein, a psychotherapist who had FGM in Somalia when she was aged seven, is backing the UK and US efforts.

She said: "The pressure is still there... some of my clients are 19-year-old girls now who were children or were born in this [country] and they will say to you they were pressured in a playground in a school in London to go and have it done."

Dr Hussein, who moved to the UK aged 12 but said she did not know FGM was wrong until years later, said "education plays a big part, in terms of prevention, because I said if I had some information in my school I might have said something".

She founded the north London-based Dahlia Project to raise awareness and support FGM victims.

NHS figures in England recorded between April 2015 and March 2018 show more than 16,000 women and girls have undergone FGM at some point in their lives.

The 6,195 cases recorded between April 2017 and March this year involved 150 people who were born in the UK and 1,715 born in eastern Africa.

FGM has been illegal in the UK since 1985 and further legislation in 2003 and 2005 made it an offence to arrange FGM outside the country for British citizens or permanent residents. But there is yet to be a successful prosecution.

The government has put increasing efforts into tackling FGM in recent years and it is compulsory for family doctors, hospitals and mental health trusts to report any new cases in their patients.

UK/USA: UK and US border officials join forces in bid to tackle female genital mutilation

Information from airport interviews to be shared as part of Anglo-US drive to protect potential victims

By Rebecca Ratcliffe

The Guardian (07.09.2018) - <https://bit.ly/2It99Ng> - British police and border security will share intelligence on female genital mutilation with US counterparts as part of a drive to increase prosecutions and prevent abuse.

Information on flight paths and investigations will be shared between the UK authorities and US agencies, including the FBI and Department of Homeland Security.

"We do a lot of work with the US anyway in terms of serious and organised crime – it's one of the best relationships we have. If they [US agencies] have an investigation, intelligence, or tactics that they've used, we'll be able to share that," Ivan Balhatchet, National Police Chiefs' Council (NPCC) lead for FGM.

There are elements of organised crime involved in FGM, Balhatchet said, but under-reporting and a lack of intelligence are major barriers for security services.

"There are cutters, who are being paid," he said. "People are being paid to commit child abuse. In any other walk of life you would call that organised crime. It's not all like that – there's [also] inter-familial [abuse]."

In May, campaigners welcomed news of two forced marriage convictions in one week. But while FGM has been illegal in the UK for more than three decades, there has not yet been a successful prosecution.

Between January and March this year, there were 1,030 newly recorded cases of FGM in England, according to NHS figures. Figures from the NPCC show that FGM protection orders, which safeguard actual or potential victims under civil law, were granted 220 times between 2015, when they were introduced, to the end of March 2018.

A pilot project investigating how to improve the effectiveness of these orders, which until recently were not collated centrally, has been launched by the Ministry of Justice and the NPCC.

FGM is believed to be taking place both abroad and in the UK, with Border Force staff also tracking suspicious packages. "Sometimes you'll see beads used for ceremonies, razor blades, or different liquids, sometimes you might see sanitary towels," said Amanda Read, national operational lead for safeguarding at the Border Force, who said staff routinely look for indicators of FGM.

To mark the agreement with US agencies, officers held intelligence-gathering operations at airports across the UK, as well as JFK Airport in New York.

Teams from Operation Limelight, which aims to raise awareness at airports and is carried out by border officials, police and charities, targeted inbound flights from countries where FGM and forced marriage are prevalent.

Staff look for anything unusual – a person's demeanour, if they are uncomfortable walking, or if someone else is holding their passport.

During an operation at Heathrow on Thursday, specialist teams identified three people who might be at risk. Their names, addresses and school details will be forwarded to local agencies such as social services. A six-year-old girl's details were taken for referral after staff found that she couldn't or wouldn't speak to them.

Polly Harrar, founder of the Sharan Project, which supports survivors of forced marriages and "honour crimes", said that while teams will focus on particular flights, they approach all travellers so that no community feels they are being singled out.

Speaking from Heathrow, where she was assisting Operation Limelight, she said there should be a far greater focus on prevention. "Part of that is education, part of it is sustainable working within community, so that it's community-led, not dictated," she added.

One mother, Afuwa, who arrived in the UK with her family following a holiday in Uganda, said she welcomed efforts by agencies to raise awareness. She said she was aware of communities practising FGM in northern Uganda. "That's their culture," she said, although she added that it is not something her family believes in.

Dr Leyla Hussein, a trained psychotherapist and founder of the Dahlia project, a counselling service for FGM survivors, said survivors needed existing support was sporadic and needed to be greatly improved.

"We still don't have safe houses that girls can go to. They usually end up in hospital by themselves, extremely isolated, and they end up going back to their families anyway," said Hussein.

"The moment you go against parents you have gone against all your wider family. The battle will just get bigger. We need to ensure they have care."

UK: FGM: More than 5,000 newly-recorded cases in England

BBC (04.07.2017) - <http://bbc.in/2sIqsAK> - The NHS in England recorded 5,391 new cases of female genital mutilation (FGM) in the past year, data reveals.

Almost half involved women and girls living in London, NHS Digital found.

A third were women and girls born in Somalia, while 112 cases were UK-born nationals.

The practice is illegal in the UK and it is compulsory for family doctors, hospitals and mental health trusts to report any new cases in their patients.

FGM - intentionally altering or injuring the female external genitalia for non-medical reasons - carries a sentence of up to 14 years in jail.

It is the second time that NHS Digital has released annual FGM figures for England.

Most of the cases were spotted by midwives and doctors working in maternity and obstetric units.

The majority had originally had FGM done to them abroad and as a young child.

Funding concerns

The NSPCC says more should be done to end the practice: "FGM is child abuse. Despite being illegal for over 30 years, too many people are still being subjected to it and it is right that health services have started to properly record evidence of this horrendous practice.

"It takes courage to report concerns as many feel ashamed or worry they will betray friends and family. But we need to end the silence that surrounds FGM to better protect children."

The National FGM Centre, which is run by the children's charity Barnardo's and the Local Government Association (LGA), tries to prevent the practice, but its director Michelle Lee-Izu is warning it could be at risk of closure if government funding is withdrawn.

Cllr Simon Blackburn, from the LGA, said the government "must act now" to secure the National FGM Centre's "long-term future" by providing guaranteed funding.

He said: "Social work provision to girls and families affected by FGM has been quickly and significantly improved through the intervention of Centre social workers, embedded in council safeguarding teams, and hundreds of referrals have been received in areas that previously only recorded a handful of cases each year.

Mr Blackburn added that the government needed to back its commitment to ending FGM in the UK "with the long-term funding required to make that vision a reality".

Grassroots reporting

Anyone concerned about someone who has suffered, or is at risk of FGM, can contact the NSPCC FGM Helpline anonymously on 0800 028 3550 or visit nspcc.org.uk.

Wendy Preston, from the Royal College of Nursing, said: "Mandatory reporting and compulsory sex-and-relationships education are important weapons in the fight against FGM, and school nurses play a vital role in both educating children and young women, and spotting those who may be at risk.

"The government must act to attract and retain school nurses, to help address the problem at grassroots level, and maintain momentum in the fight to eradicate FGM."

A government spokesman said the start-up money for the centre came from the £200m Children's Social Care Innovation Programme, and was designed to lead to self-sustaining work, not ongoing core funding.

But he added: "Protecting women and girls from violence and supporting victims is a key priority for this government and a personal priority for the Minister for Women and Equalities, Justine Greening."

UK: No prosecutions for female genital mutilation in Britain, so what is the problem?

The first-ever medical documentation of female genital mutilation cases in England found at least 5,000 cases from April 2015 to March 2016. Despite strict laws in the country, no prosecution has succeeded so far.

By Rhona Scullion

Pass Blue (03.10.2016) - <http://bit.ly/2e9WfnB> - Female genital mutilation has been illegal in England and Wales since 1985. Scotland has similar but separate legislation. Much more comprehensive laws forbidding the practice were introduced in 2003 and again in 2015, creating additional safeguards and stringent punishments for those practicing FGM, as it is known. Yet no one in Britain has successfully been prosecuted for the crime, which suggests that programs to prevent the procedure are failing.

Many reasons account for the lack of prosecution, experts have explained, including the reluctance of family members to report on one another if the procedure is being practiced and the enduring cultural sensitivity of the topic. Globally, revised legal frameworks and growing political support to end FGM have not led to more successful prosecutions either, despite laws against the practice in 26 countries in Africa and the Middle East, as well as in 33 other countries with migrant populations from FGM-practicing countries.

In July 2016, the first-ever recorded figures for the number of FGM cases in England were released, showing that from April 2015 to March 2016, 5,702 cases were documented in England alone, according to NHS Digital, formerly known as the Health and Social Care Information Center, a government body. (Wales, Scotland and Northern

Ireland have not collected figures on rates of FGM separately.) The highest rate of FGM is occurring in London, according to a City University London report in 2015.

Most of the women and girls in the time frame of April 2015 to March 2016 were cut abroad, primarily in Africa, but 43 were born in Britain, with at least 18 cut inside the country. Government figures estimate that 170,000 girls and women living in Britain have undergone excision, as it is also called, and that 65,000 girls under age 13 risk being subjected to it.

Female genital mutilation is a cultural practice that has no medical basis. It is a procedure that intentionally alters or causes injury to female genital organs, according to the World Health Organization, and spans vast geographic areas and different religions and is not condoned by any holy book. It is most commonly carried out in about 29 countries of Africa, some nations in the Middle East and parts of Asia. Somalia, in east Africa, has the highest rate, accounting for a third of all new cases.

Diaspora groups from many of the countries where it is practiced are the most likely to practice FGM in Britain, the UN says, as well as in Australia, Canada and the United States. South America has recorded female circumcision activity in Colombia, Ecuador and Peru.

The World Health Organization describes four types of FGM, with degrees of severity, involving the partial or total removal of external female genitalia. The reasons given for the practice are generally related to ideas of purity and chastity, and it can be seen as a prerequisite for marriage in some cultures, ensuring a woman's virginity. Ignorance or dismissal of related health issues it creates — it can even kill in some circumstances — abounds in those who carry it out.

Yet despite greater social and political awareness of the problem and proof that it is inflicted on British citizens, perpetrators remain unpunished, a situation that has been condemned by advocates campaigning against the practice.

"It is shocking girls born in the UK are still subjected to FGM, despite the practice being illegal here for more than 30 years," said Celia Jeffreys, the head of the National FGM Center, a British public-private entity, to PassBlue.

The failure to produce a single prosecution has induced more government pressure on the Crown Prosecution Service, the principal prosecuting authority for England and Wales, acting independently in criminal cases investigated by the police and others. In 2014, four days before members of the British Parliament were due to question Alison Saunders, the director of public prosecutions as the head of the Crown Prosecution Service, the organization announced it was bringing the first ever charges of FGM against two men, one of whom was a medical doctor. In 2015, both men, however, were cleared of all charges within 30 minutes by jurors in a case that was later deemed a "show trial" by the media.

"There are a number of reasons which affect the prosecution of FGM cases, including the age and vulnerability of victims who may be too scared to report the offence or give evidence in court against their family," a spokesman for the Crown Prosecution Service told PassBlue. "The law has been strengthened to encourage victims to come forward, including giving them lifelong anonymity, being able to give evidence via video or from behind a screen and it is now mandatory for teachers and doctors to report instances of FGM in girls under 18."

The mandatory reporting requirement has been imposed on everyone working in regulated professions, such as teachers and health care workers, since 2015. The duty,

however, is narrow in scope and requires professionals only to notify the police about instances of FGM they “discover” on girls under age 18.

Mandatory reporting does not refer to cases where a girl might be at risk of FGM or where FGM has not yet been performed; it also does not apply to cases where a woman older than 18 undergoes female cutting. This gap, advocates say, is important, as these numbers may have a crucial impact on gathering data on those more likely to be at risk.

Jeffreys also pointed to the vulnerability of FGM victims as a crucial barrier to prosecution, saying: “Successful prosecutions of perpetrators are complex, as many of them are family members, making it even harder for survivors to come forward.”

Other barriers to successful prosecution can be found in the enduring misunderstanding of female genital cutting in both the public sphere and the specific communities in which it is condoned.

The Crown Prosecution Service noted that it could consider only a charge and prosecution after the police have investigated and referred a case of suspected FGM to the service. If the police do not have enough evidence or are not fully informed of the relevant signs to look for regarding excision, the likelihood of the police referring a case is greatly decreased.

Additionally, the prevailing focus of both anti-FGM campaigners and law enforcers now seems to have shifted to protection and prevention, rather than prosecution. Many activists think that punishment is actually a sign of failure of the national campaign against FGM and that prosecution comes too late.

Adwoa Kwateng-Kluyitse leads the partnerships and global advocacy program at Forward (Foundation for Women’s Health Research and Development), a British-based, African diaspora campaign and charity focused on gender equality and upholding the rights of African women and girls. She spoke with PassBlue about prosecution being a belated step.

“The lack of a successful prosecution doesn’t condone the practice,” Kwateng-Kluyitse said. “Getting to the point of prosecution means Forward has failed, the law has failed, as a girl has been subjected to FGM — something she will have to live with for the rest of her life.”

As to why there has not been a successful prosecution in Britain, Kwateng-Kluyitse responded by asking, “How many girls have been saved because of existing legislation?”

This question is particularly pertinent amid the new FGM protection orders that were introduced in the 2015 legislation, called the Serious Crime Act. These orders allow courts wide powers to protect those deemed at risk of undergoing FGM. Judges can revoke passports to prevent parents leaving the country and having their child cut abroad; and they can restrict access to the child or even order the child be taken into state care. Additionally, it is now an offense to fail to protect a girl from FGM if a person has parental responsibility of the child.

Jeffreys highlighted in a Guardian article that authorities needed to be “braver” and more proactive in using these new protections, given that only 18 FGM orders were used in the first three months of their being implemented. Jeffreys pointed to the need for better cooperation and education on the subject, saying, “Professionals working in education, health and social care need to be better at communicating with each other, to ensure girls at risk are spotted and those who’ve already been affected by FGM get the necessary support to bring perpetrators to justice.”

Several reasons for the hesitant response from many authorities have been suggested. First, there remains a stubborn ignorance of both FGM itself in British society and whether it even occurs. Second, the cultural nature of the practice presents a sensitivity aspect to the issue.

Valentine Nkoyo was a victim of FGM and now runs the Mojatu Foundation in Nottingham, England, which aims to empower women and girls through media, health and education. She told PassBlue, "I think there has been fear, especially among professionals, of not wanting to be seen as racists interfering with other people's 'culture.' "

Yet she was adamant that cultural sensitivities should not undermine the fight to eradicate the practice, saying, "I strongly feel if we all look at this as a purely form of child abuse that violates the rights of girls and women, we can confidently tackle FGM from that angle."

More emphasis is being placed on education and the importance of work in communities practicing FGM — most of which occurs in the country's largest cities, such as Manchester, Birmingham and London boroughs — with many campaigners thinking this is crucial to securing a successful prosecution. Nkoyo thinks that both education and prosecution are needed in equal measure to tackle FGM fully.

"Education and strong laws play a very important role if they go hand in hand, as there is a potential danger to push the issue underground by focusing only on prosecuting without trying to get communities on board," she said.

Kwateng-Kluytse noted, "More importantly, families and communities need to be made aware of the UK law on FGM, so that we do not end up prosecuting people who are practicing social norms in ignorance."

As to whether the law is effective enough, Kwateng-Kluytse said that not enough research has been done and that it would be useful to get information from social services, health departments and education departments if they were tracking FGM cases separately, she said.

Laws on FGM should focus, she said, "on the trauma the girl has gone through, looking at providing support and services to her" and not on merely securing a prosecution.

Echoing Nkoyo, she said, "It [FGM] is important because it is not a mainstream issue, so communities must be fully aware of UK position, but we should respond to it as we do to any other child abuse case."

USA: Top female GOP senators just introduced a bill to fight the abhorrent practice of female genital mutilation

By Andrea G. Bottner

Washington Examiner (28.06.2019) - <https://washex.am/2LalqKT> - Most Americans are shocked to hear that more than 200 million young women and girls around the world have been subjected to the barbaric practice of female genital mutilation. FGM is the cutting or removal of female genitalia for non-medical purposes: a practice that has no real health benefits yet brings lifelong physical and psychological consequences.

In 1996, the United States outlawed the practice, but — disturbingly — it still happens secretly here sometimes.

Last year, a U.S. district judge dismissed charges against two doctors who were charged with cutting or mutilating at least nine girls' genitalia. The judge's ruling wasn't because there was any doubt as to whether these girls, as young as age seven, were brought by their mothers to the Detroit area for a procedure which left them permanently injured and in excruciating pain. Rather, the judge concluded that Congress did not have the authority to pass the 1996 law against FGM, because it had no impact on interstate commerce.

Now Congress is working to right this wrong.

Sens. Marsha Blackburn, Martha McSally, Joni Ernst, Cindy Hyde-Smith, Shelley Moore Capito, and Deb Fisher introduced the [Federal Prohibition of Female Genital Mutilation Act of 2019](#) to amend federal law to make this practice a federal crime under several circumstances. This bill includes the requisite commerce clause language to address the district judge's concerns and pretext for dismissing the Michigan case.

Blackburn and her colleagues are making it clear that Americans will not tolerate this abuse against our young women and girls. For that, they deserve commendation. But this isn't the end of the fight against FGM.

Another way to further protect our young women and girls is by making certain all 50 states have laws on their books outlawing FGM. Currently, only 33 states have anti-FGM laws. There are still 17 states that need to recognize this violence and act to protect their young women and girls. Over the next several months, all 50 states should put anti-FGM laws in place or strengthen existing ones.

In addition to putting laws on the books, our state and federal leaders should identify education and outreach opportunities within at-risk communities. According to the Centers for Disease Control and Prevention, an estimated 513,000 women and girls in the United States have experienced or are at risk of FGM. Our legislators should make resources available to train medical and law enforcement representatives to recognize and prevent the practice.

Currently, the Violence Against Women Act is being considered in the Senate. Senators should make sure anti-FGM efforts are included in this important legislation and that VAWA's funding is available to those who seek to end this practice, which is unquestionably a form of violence against women.

There is much to do, but today, Blackburn began that work and stood up for vulnerable young women and girls. Her colleagues from both sides of the aisle should join her and take this important step to protect young women and girls from a practice that should have no place in this country.

USA: U.S. woman says strict Christian parents subjected her to FGM

By Emma Batha

Reuters (01.04.2019) - <https://reut.rs/2UUmJ62> - An American woman from a strict white Christian community has told how her parents forced her to undergo female genital

mutilation (FGM) as a child - a highly unusual case which activists said could lead to similar stories coming to light.

Jennifer said she had decided to tell her story after launching a campaign to press her home state of Kentucky to outlaw FGM.

The internationally condemned ritual, which typically involves the partial or total removal of the external genitalia, is most often associated with a swathe of African countries.

More than half a million girls and women from diaspora communities in the United States have undergone or are at risk of FGM, according to U.S. government data.

But anti-FGM campaigners say Jennifer's story suggests the secretive practice may also happen in some conservative white communities.

Jennifer, who asked that her full name not be used, grew up in a conservative evangelical church where her father was a minister.

"We were taught men were the leaders and God made women to be submissive," she told the Thomson Reuters Foundation by phone.

"Many things were considered a sin. For a woman to be sexual was seen as a sin, for her to have pleasure was a sin."

Now in her early 40s, Jennifer described how she was cut with her older sister when she was five.

"We were sent on a long trip. Mum and dad told us we were going somewhere special. It felt like an adventure," she said.

But the excitement quickly turned to terror.

"I remember my arms and legs being held down and somebody covered my eyes. It was awful. I think I blacked out and when I came to they had tied my legs together," she said.

"On the trip home I knew we had both gone through something terrible. When we got home my mum told us we weren't ever to talk about what had happened."

For much of her life, Jennifer believed most women had gone through the same ordeal. She only realized this was not the case when she studied reproductive health at nursing school, but she did not confide in anyone for many years.

"I thought it was a sin to talk about it. Religion can be a powerful tool for keeping someone silent," she said.

Flashbacks

An estimated 200 million girls and women worldwide have undergone FGM, according to U.N. data.

It is practiced in at least 29 African countries and parts of the Middle East and Asia, but has also been reported in pockets of Latin America and Eastern Europe.

Jennifer is the second white American woman from a strict religious background to talk publicly about undergoing FGM.

Two years ago, Renee Bergstrom, now in her 70s, revealed she had been cut at a church clinic when she was three because her mother thought she was touching herself.

In the nineteenth century some doctors in the United States performed clitoral cutting to treat masturbation and other perceived sexual problems. Medical historians say the practice died out in the early to mid-twentieth century.

"Jennifer's story is a new face to FGM, but we expect she's not the only one - it's possible it could still be happening in communities like hers," said Shelby Quast, Americas director at Equality Now, a global group working to end FGM.

"What we do know is that wherever it happens, FGM is always used to control women and girls and their sexuality - and there is often strong pressure on them to remain silent."

Jennifer said she had endured chronic pain, repeated urinary tract infections and excruciating periods as a result of FGM. Sex was always painful and her injuries were so severe she could not give birth naturally.

"It was a life of pain," she said, adding that she had also suffered depression, flashbacks and nightmares.

"FGM takes away any chance of having a 'normal' life. It takes away the ability to have intimacy or relationships. It just changes every part of you. It was hard for me to trust anyone."

Jennifer thinks there are other women like her hidden in conservative church communities scattered throughout the United States.

"I can't be sure, but it would be hard to believe I'm the only one," she said.

She hopes her story will encourage others like her to break their silence and get support.

FGM trial

Jennifer has launched an online petition calling for a law against FGM in Kentucky, one of 21 states that does not criminalize the practice.

Her campaign follows the collapse of a high-profile FGM trial in Michigan involving two doctors accused of performing FGM on nine girls.

The prosecution was the first to be brought under a 1996 federal law banning FGM, but the judge dismissed the case in November, ruling that the power to criminalize the practice belonged to individual states.

"This decision has empowered communities that practice FGM and put girls in jeopardy," Jennifer said.

"It's also alarming because so many states don't have laws. I don't want Kentucky to be somewhere girls can be brought for FGM just because we don't have a law."

USA: Idaho lawmakers introduce bill to outlaw genital mutilation of children

By Ruth Brown

East Idaho News (10.02.2019) - <https://goo.gl/GLyXsd> - Two Republican lawmakers on Thursday introduced a bill in the Idaho Legislature that would outlaw all genital mutilation of children.

A federal law passed in 1996 outlawing female genital mutilation nationwide, but it did not provide any enforcement mechanism, said Rep. Priscilla Giddings, R-White Bird, during the House Judiciary, Rules and Administration Committee.

A federal judge in Michigan last year found that the federal law was unconstitutional, ruling that Congress did not have the authority to pass the law. The court determined that it must be up to the states to regulate the practice, according to a report from The New York Times.

The judge's decision voided the convictions of two Michigan doctors accused of mutilating several girls whose families were from a small sect of Shiite Muslims who enabled the ritual.

The bill introduced Thursday would make it a felony to commit the act in Idaho. Rep. Caroline Nilsson Troy, R-Genesee, co-sponsored the bill with Giddings, who said that there are now 28 states with anti-female genital mutilation laws.

Giddings said the bill mimics the federal law but extends the statute of limitations to three years after the victim speaks to law enforcement, rather than three years after the act occurred.

Troy noted that this was important because sometimes parents are involved in the genital mutilation and the victim may not be an adult within three years of the time the mutilation occurred.

The bill was unanimously moved forward to the House floor for a reading.

USA: Connecticut renews push to ban female genital mutilation

By Susan Haigh

Local 12 (05.02.2019) - <https://bit.ly/2Bj137R> - Connecticut lawmakers are considering legislation that would ban female genital mutilation, partly because of a U.S. District Court judge's ruling last fall that determined a federal prohibition was unconstitutional.

The General Assembly's Public Health Committee heard testimony Monday on one of several bills proposed this session barring the procedure known as female circumcision or cutting. Advocates said 28 states have enacted laws to combat it, and Connecticut needs to join them.

The mutilation of girls' external genitals for non- medical reasons is practiced in some two dozen African countries and parts of the Middle East and Asia. It also affects many immigrant and refugee communities in Europe and the U.S.

"This barbaric practice, which operates mainly in secrecy, must be stopped," said Dorothy Cutter, a resident of Somers who testified at the public hearing. She urged committee members to pass a bill with stiff penalties that prohibits transporting girls across the state border to perform what she called "child abuse at its worst."

Advocates warned after the judge's ruling in Michigan that states like Connecticut, without laws on the books, could now become "destination states" for the practice. Legislation was proposed last year in Connecticut to make the practice a class D felony, punishable by up to five years in prison. That bill, however, didn't move beyond a committee vote.

Last November, U.S. District Judge Bernard Friedman threw out genital mutilation charges against a Michigan doctor, arguing the federal law that bans female genital mutilation was unconstitutional because Congress didn't have the power to regulate it. Eight people were charged in that case. The government accused Dr. Jumana Nagarwala of performing genital mutilation on nine girls from Illinois, Michigan and Minnesota at a suburban Detroit clinic.

She denies she committed any crime and says she performed a religious custom on girls from her Muslim sect. Federal prosecutors are seeking to reinstate the charges.

A wide range of interest groups submitted testimony supporting Connecticut's legislation this year. But in testimony submitted by Planned Parenthood of Southern New England, Susan Yolen, vice president of public policy and advocacy, warned it's "hard to know" if female genital mutilation is being practiced at all in Connecticut. She said creating a criminal penalty for those responsible could be a "difficult if not impossible burden for a young girl to bear."

While Planned Parenthood opposes the practice, Yolen said the organization also recognizes the "unique challenges faced by immigrant women" and believes criminalizing the ritual "may only further isolate those who, now that they are in the U.S., can and should become more fully integrated into our way of life."

She urged Connecticut lawmakers to consider "a different approach to the issue" and instead enlist public health students or professionals to study the practice in Connecticut and identify "public health interventions" that could be used to mitigate or eliminate the procedure.

USA: Every state needs a law against FGM!

Tell Governors to Support Anti-FGM Legislation in Each State

Equality Now (2019) - <https://bit.ly/2RLtK2D> - Female Genital Mutilation (FGM) is a human rights violation, constituting torture and an extreme form of discrimination against women and girls. The reasons underlying its practice are numerous and varied, and ultimately serve to control women and girls' sexuality. FGM has no health benefits, it only causes harm.

You've probably heard about many cases of FGM in other countries, but you might be surprised to know that this harmful practice happens in the U.S. as well, across religious, cultural, and socioeconomic groups. According to the Center for Disease Control and Prevention, it is estimated that over half a million girls and women in the United States

have experienced or are at risk of FGM. Yet little more than half of U.S. states have laws against FGM.

When some states have strong laws and others don't, the result is that girls can be taken across state lines to have FGM performed in a state without an anti-FGM law. To ensure this can't happen, we need to urge ALL states to have strong, well-enforced laws against FGM.

Take action: If you're from a state that has a law, please tell your Governor you support the law, and urge its effective implementation, including a budget for education, training and prevention. . If you're from a state without a law, please tell your Governor to support anti-FGM legislation in your state, and pledge to sign it into law when passed. The action form to the right will automatically detect which category your state is in when you enter your information. If you are from Massachusetts, there is a bill pending right now - take action here!

Learn more: Check out our information page about FGM in the US, and read about the laws state-by-state in more detail.

Do More: Equality Now serves on the inaugural steering committee member of the brand new U.S. End FGM/C Network, and the Network is accepting applications for membership. If you or your organization would like to learn more, you can find an application here.

USA: Ohio legislature passes ban on female genital mutilation

By Jim Siegel

The Columbus Dispatch (19.12.2018) - <https://bit.ly/2FdjqyE> - Ohio is on its way to joining 27 other states in prohibiting female genital mutilation of a minor one month after a federal judge in Michigan struck down the federal law banning the procedure, which critics call gender-based violence and a violation of fundamental human rights.

"Ohio is one of the few states in the Midwest that does not prohibit this," said Sen. Lou Terhar, R-Cincinnati, a prime sponsor of Senate Bill 214, which the Senate passed unanimously Wednesday and sent to Gov. John Kasich for his signature.

The AHA Foundation, a New York-based nonprofit that advocates for the end of female genital mutilation, forced marriages and honor killings, told Ohio legislators that of the estimated 513,000 women or girls who are at risk of or have undergone mutilation, more than 24,000 live in Ohio.

With the nation's second-largest Somali population, the Columbus metro area ranks seventh among the nation's metro areas in the number of girls at risk, according to AHA. The Ohio Department of Public Safety publishes a Guide to Somali Culture that dedicates four pages to female genital mutilation.

"This legislation will provide protections for girls in the state and will send a strong message that Ohio stands against FGM as a form of gender-based violence," AHA wrote to legislators.

In November, U.S. District Judge Bernard Friedman struck down the 1996 federal law outlawing female genital mutilation, ruling that although the procedure is "essentially a

criminal assault," Congress does not have the power to regulate it under the Constitution's Commerce Clause.

Under the Ohio bill, a person who performs female genital mutilation on a minor would face a second-degree felony punishable by eight years in prison and a \$15,000 fine. It would not allow cultural necessity or the consent of the minor or a parent as a defense. It also would prohibit an Ohioan from taking a girl out of state to have the procedure performed.

A separate provision added to the bill would exempt videos, photos or digital images of victims of sex crimes from Ohio's public-records law.

In other business, the Senate:

- Voted 24-8 for Senate Bill 255, which would set up a state process for allowing an individual convicted of a criminal offense to request a professional license. It also requires annual legislative reviews of state professional licensing boards to determine whether they should continue to operate or be revised. The bill goes to Kasich for his signature.
- Voted unanimously for House Bill 66, which would require schools to attempt to contact a parent or guardian within two hours if a student is absent without a legitimate excuse.

Sen. Sandra Williams, D-Cleveland, said the proposal was developed after 14-year-old Alianna DeFreeze went missing in January 2017 after boarding a public bus to go to school in Cleveland. Her mother was not notified by the school of Alianna's absence until 4 p.m. that day, Williams said.

USA: Maine Democrats quash bill to criminalize FGM

By Meira Svirsky

Clarion Project (24.04.2018) - <https://bit.ly/2qXIu32> - A bill to criminalize female genital mutilation (FGM) in Maine was squashed by House Democrats due to political correctness and misplaced concerns about Islamophobia.

The vote ironically came during the "Week of the Young Child."

The bill would have held the mutilator, consenting parents and/or guardians and the transporters accountable for their part in perpetrating the FGM and exacted penalties from each of these parties.

Instead of passing the bill, all the House Democrats save for one, voted against the bill amid ad hominem cries against one of the bill's sponsors, Republican legislator Rep. Heather Sirocki. Specifically, the Southern Poverty Law Center published emails between Sirocki and a Maine member of ACT for America, which the law center bogusly claims is "the largest anti-Muslim hate group in the United States."

During testimony regarding the bill, Leftist activists questioned why a white woman was fighting so hard to defend immigrant girls and accused the sponsors of the bill of being racists, anti-Muslim and anti-immigrant. Listen to the accusations by clicking [here](#)

Legislators also heard heart breaking testimony from an FGM survivor, yet they were not moved.

But the story doesn't end here. Last week, House Democrats passed a toothless bill that appears to ban FGM but in fact does not. That bill removed all penalties for those involved with the crime. In addition, the word "mutilation" was removed from the definition of the barbaric practice. (House Republicans rightly rejected that bill.)

The bill was then sent back to the Senate, which re-inserted the penalties for all those connected to the crime. The bill passed the Senate 30-5, with the dissenters hailing from Far-Left parties.

Why this legislation is needed

One may wonder why state legislation criminalizing FGM is needed since FGM has been illegal in the U.S. on a federal level since 1996. This reason is that, until a recent case in Michigan, federal legislation has been insufficient to stopping FGM since prosecutors usually defer to state law when charging a crime.

In practical terms, what this has meant is that in states that do not have their own laws criminalizing the practice, perpetrators are usually charged with child abuse, assault or the like, which results in lesser sentences.

In fact, the on-going case in Michigan is the very first instance of a federal FGM prosecution since the federal legislation was passed 22 years ago.

"That's one reason that state legislation is important," said Ayaan Hirsi Ali Foundation Senior Director Amanda Parker in an interview with Mic. "It gives prosecutors the tools that they need to really fight this."

FGM is a barbaric practice commonly found in (but not limited to) Muslim countries across the world that involves either cutting off part of or the entire clitoris, removing the labia, narrowing the vaginal opening and/or executing other painful alterations to a woman's genitals for no medical purpose, according to the World Health Organization.

It involves intense pain, shock, sometimes even death. Survivors are plagued with a lifetime of emotional trauma as well as severe physical effects ranging from decreased or lack of sexual response to painful intercourse and childbirth, at best.

The Centers for Disease Control estimates that approximately 513,000 girls are at risk of FGM in the United States.

There are literally no words to describe the audacity of these Maine lawmakers who have, by their actions, condemned innumerable women and girls to a lifetime of avoidable pain and suffering. Their suggestion that it is "racist" for a white woman to advocate for the basic human rights of a non-white woman is not only an outrageous proposition but falls squarely in the very definition of racism.

What is the future for a country that has devolved into making the sexual mutilation of women and girls into a partisan issue?

USA: FGM in Michigan — Get the facts

By Meira Svirsky

TIMELINE: FGM COURT CASE IN MICHIGAN

Dr. Jumana Nagarwala was charged with performing FGM (female genital mutilation) on two seven-year-old girls from Minnesota who were brought to Nagarwala's clinic in Livonia, Michigan for the procedure in February. She was arrested trying to board a flight to Kenya. She was denied bail by the FBI.



April 4, 2017



Nagarwala's lawyers planned to invoke freedom of religion. The defense wanted to claim the girls were not cut, but scraped for religious reasons (despite evidence to the contrary). Also charged in the case are Dr. Fakhruddin Attar, 53, who is accused of letting Nagarwala use his clinic to carry out the cuttings and Farida Attar, 50, Fakhruddin's wife, who is accused of holding the hands of at least two victims during the cutting procedures to comfort them.

May 4, 2017

Attorney Cynthia Nunez alleged that the doctor's mosque paid for the procedures. The doctor's husband is the treasurer of the mosque. The state discovered six more girls in addition to the original two. At the time, the state was moving to take parental rights away from the doctor as well the girls' parents.

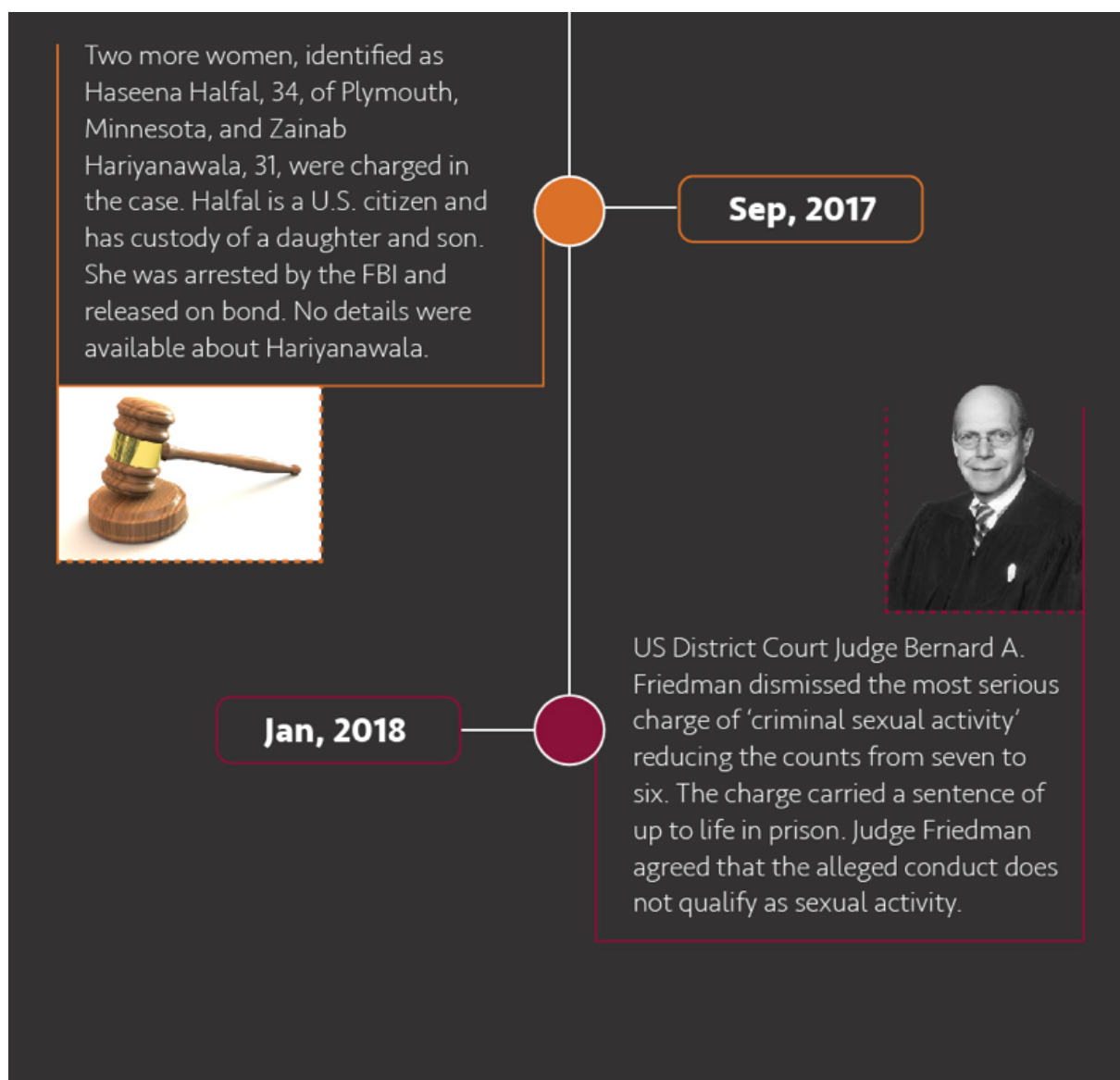


June 6, 2017



Two mothers were arrested in the case. They are not American citizens, but rather hold Indian passports and are part of the Dawoodi Bahra Muslim Indian community which is under investigation in the ongoing case. The two women, Farida Arif and Fatema Dahodwala, both from Oakland County, Michigan, were released on \$10,000 unsecured bonds and must wear GPS bracelets.

July, 2017



USA: Michigan mosque paid for FGM, lawyer alleges

By Meira Svirsky

Clarion Project (15.06.2017) - <http://bit.ly/2nCLwb5> - A lawyer involved in the ongoing case against the Michigan doctor charged with performing female genital mutilation (FGM) on young girls alleged in court that the doctor's mosque had paid for the barbaric and illegal procedures.

Dr. Juama Nargarwala, 44, an emergency room doctor, is accused of performing FGM on two young girls from Minnesota, although prosecutors said in court that she may have cut up to 100 girls over the past 12 years.

Nargarwala is part of a sect of Muslims from India called the Dawoodi Bohra. She was arrested in April trying to board a flight to Kenya after the FBI received a tip in the case and was denied bail. Also charged in the case are two other members of the Dawoodi Bohra sect: Dr. Fakhruddin Attar, 53, accused of letting Nargarwala use his clinic in

Livonia to carry out the procedures and his wife, Farida Attar, 50, who is charged with holding the girls' hands during the painful cutting.

Cynthia Nunez, the attorney who made the allegation and who was assigned by the court to look out for the best interests of Nargarwala's children, also stated that Nargarwala's husband is the treasurer of the mosque and could face criminal charges over the allegations that the mosque was paying for cutting.

Other members of the sect and their daughters have been told to keep quiet about the FGM procedures according to the charges against the doctor and her alleged accomplices. So far, the state has discovered that in addition to the two girls from Minnesota, six more girls are known to have been mutilated.

Medical examinations have shown that the girls' genitals were altered and not just symbolically "scraped" as Naragarwala claimed. Writing in Mother Jones, a victim of FGM from the same sect, describes her horrific memories of the procedure that was carried out on her as a child and how wide-spread the practice is among the Dawoodi Bohra.

The state has been moving to take parental rights away from Naragawala as well as parents who have taken their daughters to be cut. In the case of Nargarwala, the children's father agreed to move out of the house to avoid having the children put into foster care. The children are currently being taken care of by their grandparents.

Although the state requested the father's visits to the children be made only with supervision, the judge ruled that for the time being, he is allowed to visit his children freely and without supervision.

USA: Michigan doctor accused of performing FGM to claim freedom of religion defense

By Meira Svirsky

Clarion Project (29.05.2017) - <http://bit.ly/2nASAVE> - Lawyers for Jumana Nagarwala, the Michigan emergency-room doctor accused of performing genital mutilation on young girls, plan to invoke a defense based on freedom of religion, the Detroit Free Press reported.

While the law, enacted in 1996, is clear that cutting a girl's genitals is illegal, the defense will claim the girls in question were not actually cut, but rather scraped for religious reasons. Thus, they will propose that not only was no harm was done, but the defendants themselves are victims of religious persecution by the U.S. government.

The case involves two seven-year-old girls from Minnesota who were brought to Nagarwala's clinic in Livonia, Michigan for the procedure. Also charged in the case are Dr. Fakhruddin Attar, 53, who is accused of letting Nagarwala use his clinic to carry out the cuttings and Farida Attar, 50, Fakhruddin's wife, who is accused of holding the hands of at least two victims during the cutting procedures to comfort them.

According to court documents, a medical examination showed the girls had scarring and other abnormalities on their clitorises and labia minora that would indicate actual cutting took place. In addition, the government says there are many other young victims of FGM

performed by Nagarwala who were told to remain silent or lie about the procedure to authorities, itself a crime.

Even if the procedure involved “just” scraping, “There are experts who contend that even the most mild procedure is still harmful,” said Brad Dacus, an attorney and expert on First Amendment rights and president of the Pacific Justice Institute, as quoted in the Detroit Free Press.

FGM includes all procedures involving partial or complete removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Short-term complications can include hemorrhaging, pain, shock, and even death, while long-term complications include formation of cysts, problems with sexual intercourse and giving birth, chronic pelvic infection and sterility.

The trauma of FGM often lasts a lifetime and can cause depression and anxiety, among other psychological problems. FGM reduces or eliminates sexual pleasure for the victim. It has been illegal in the United States since 1996.

“It is hard for me to imagine any court accepting the religious freedom defense given the harm that’s being dealt in this case,” said Dean of University of California Irvine Law School Erwin Chemerinsky, one of the nation’s leading constitutional law scholars and an First Amendment expert, as quoted in the Free Press.

All the defendants are Muslims from India and members of the Dawoodi Bohra sect.

Chemerinsky noted other instances where parents consistently lost cases trying to defend their choice to deny their children medical care based on their religious beliefs, thus showing there is “no absolute right” to freedom of religion in the U.S.

Both Chemerinsky and Dacus say the case will come down to medical facts — namely, whether or not the procedure inflicted upon the girls creates lifelong harm.

In addition to a medical examination of the girls, a court filing submitted by a Homeland Security investigations special agent states, “According to some members of the community who have spoken out against the practice, the purpose of this cutting is to suppress female sexuality in an attempt to reduce sexual pleasure and promiscuity.”

This statement also supports the argument that permanent harm was done, since a symbolic scrape would presumably not permanently alter the girl’s future sexual function.

Defense lawyers also plan to base their defense on the fact that since the law allows male circumcision, not allowing this type of FGM on the girls – which they term a “very minor religious procedure” – violates the constitution’s clause that mandates men and women be protected equally.

However, constitutional lawyer Robert Sedler from Wayne State University said the equal protection clause was not valid in this case since male circumcision has positive health benefits, is not considered harmful by the medical community and does not affect a man’s sexual function.

WORLD: Global report - FGM/C: A call for a global response

End FGM European Network (17.03.2020) - <https://bit.ly/3afJQvc> - Female Genital Mutilation or Cutting (FGM/C) is happening in far more countries around the world than

widely acknowledged, and the number of women and girls who are affected is being woefully underestimated, finds a new global report.

FGM/C is occurring in at least 92 countries, but only 51 (55%) have specific legislation against the practice, leaving millions without adequate legal protection.

The End FGM European Network, the US Network to End FGM/C, and Equality Now have partnered to produce the report '[Female Genital Mutilation/Cutting: A Call for a Global Response](#)', bringing together for the first time wide-ranging information on the practise and pervasiveness of FGM/C in countries not currently included in official global data.

According to figures released by UNICEF in February 2020, at least 200 million women and girls have undergone FGM/C in 31 countries worldwide. This figure only includes states where there is available data from large-scale representative surveys, incorporating 27 countries from the African continent, together with Iraq, Yemen, the Maldives, and Indonesia.

Our research has now identified at least 60 other countries where the practice of FGM/C has been documented either through indirect estimates, small-scale studies, anecdotal evidence, and media reports.

The growing body of evidence featured in our report reveals that FGM/C is taking place in Asia, the Middle East, Latin America, Europe, and North America. It also highlights key gaps in data availability and anti-FGM legislation.

FGM/C involves the partial or complete removal of external female genitalia for non-medical reasons, thereby interfering with the natural functions of girls' and women's bodies.

There are various types of FGM/C. It includes clitoridectomy, which is the partial or total removal of the clitoris, and excision, which involves the removal of the entire clitoris and the cutting of the labia minor.

In another form, known as infibulation, all external genitalia is removed and the two sides of the vulva are stitched together to leave only a small hole. Other procedures involve pricking, nicking, or in other ways damaging the female genitalia.

The procedure itself can be fatal, and data on the total number of deaths each year is unavailable. The practice has no health benefits and can have serious lifelong physical and psychological harm.

It is typically carried out on girls between infancy and age 18, with women occasionally subjected. While it is often done without anaesthetic, it is increasingly happening in medical settings performed by healthcare professionals.

Although the type and justifications for FGM/C can vary somewhat within different cultures, it is deeply rooted in gender inequality and often is a reflection of the patriarchal desire to control the sexuality of women and girls.

Despite mounting evidence demonstrating the global pervasiveness of FGM/C, levels of awareness and acknowledgement amongst government authorities and the general public remain unacceptably low.

The dearth of accurate data is enabling governments reluctant to tackle FGM/C to ignore the issue. Better statistical information is invaluable because it can help put pressure on

states to take action and provides a baseline from which the scale and effectiveness of interventions can be measured.

Governments need to strengthen investment for evidence-based research and enact and enforce comprehensive laws and policies. There is also an urgent need to improve the wellbeing of survivors by providing critical support and services.

The international community and donors should bolster their global political commitment by increasing resources and investment into the provision of assistance to survivors and the empowerment of women and girls.

Dr. Ghada Khan, Network Coordinator of US End FGM/C Network said: "The global relevance of FGM/C, as highlighted in the findings of the report, once again calls for the collection and dissemination of reliable data on FGM/C prevalence across all regions, countries, and contexts in order to support FGM/C prevention efforts, and provide care and services to all women and girls who have undergone the practice worldwide."

Accurate data also assists grassroots organizations and researchers to attract funding as a lack of financial backing is a major problem hampering the work of women's rights activists.

Flavia Mwangovya, Global Lead at Equality Now said: "The stories shared by brave survivors and activists demonstrate how women across the world are uniting in their commitment to end this harmful practice, irrespective of the type of FGM involved or where it occurs. We owe it to survivors and those at risk to ensure that political commitments made by governments to end FGM are finally fulfilled."

FGM/C is recognized as a human rights violation under international human rights law. In 2012, the United Nations General Assembly adopted a resolution to eliminate FGM/C, and in 2015, the 193 countries unanimously agreed to a new global target within the Sustainable Development Goals for the elimination of FGM/C by 2030 (SDG5).

Fiona Coyle, Director at the End FGM European Network said: "FGM must be recognized as a global issue that needs global prioritization. With only ten years to go to achieve the goal of zero girls undergoing FGM, we have no more time to waste. We need to work across communities, countries, and continents.

Everyone everywhere is called to substantially increase efforts towards the abandonment of FGM. We need increased political will, stronger laws and policies, increased community engagement, and increased investment to truly end this practice."

WORLD: Female genital mutilation policy polemic

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Polemic

Time-honoured divides are sometimes so embedded that reconciliation between different perspectives looks to be impossible.

Female genital mutilation (FGM) provides one example of this divide, both because of the nature of the practice itself – anything which concerns sex or gendered beliefs can become a minefield – and because of the diametrically opposing perspectives held by its traditional proponents and those who in modern times have sought to eradicate it.

What is FGM?

In physical terms FGM comprises cutting, excision or other intentional damage to the (mostly external) female sexual organs.^[1] The labia majora and/or minora may be reduced or removed, the visible parts of the clitoris^[2] may be cut or excised, the vagina may be partially or almost entirely closed (infibulated), or other harm may be inflicted. The instruments to inflict this injury are anything from a finger nail or shell to a razor blade or scissors. Infibulation may be achieved using thread, thorns or anything else that enables sewing up; all of which are likely unsterile, and often extremely unhygienic, leading to a very high risk of infection and sometimes even death.

But most immediately, FGM is often performed on young girls, even babies, without any form of anaesthesia. Of course there are many variations on how and when FGM is done. Stereotypically the child may be told she will attend a party to celebrate her coming of age (at around age 7 to 10); but when she arrives she is forcefully held down by women – or occasionally men – who assist the main operator, sometimes muting her cries with a cloth thrust into her mouth, and sometimes breaking her bones by the violence of the constraint.

It is thought that around 200 million women and girls alive today have undergone FGM; and another 30 million will join them annually for decades to come. Programmes to eradicate FGM are having some success, but the relevant population – girls and young women – is currently growing at a faster rate than the impact of the various programmes.^[3]

The facts of FGM are in plain sight;^[4] but understandings of them remain a matter of serious controversy.

But isn't FGM normally just a nick, like male circumcision? Both harmless really?

Aren't female and male circumcision both mostly just a harmless way of expressing membership of a group? Parents wouldn't permit this 'genital cutting' if it was as bad as you suggest.

No, neither female nor male 'cutting' / genital mutilation (F/MGM) is harmless. Both carry risks of infection, shock and even death, especially in the hands of inexperienced operators who cause very serious damage.^[5] For women the longer term danger is that she will have ongoing problems with her monthly periods, and more difficulty giving birth, perhaps causing obstetric fistula which is a devastating condition.^[6] For males, increasingly the rationale for clinical circumcision is the prevention of HIV, but the evidence to justify this remains selective,^[7] and considerable numbers of young men in Africa die as a result of botched tribal circumcisions in their teen years.^[8]

The debate about whether female and male 'circumcision' can be seen as parallel issues will probably roll on for decades yet. Perhaps there can be agreement that MGM in normal circumstances affects the health and well being 'only' of the male concerned, whilst FGM often affects not just the girl / woman concerned, but also children to whom she gives birth. And, as many 'intactivists'^[9] – those who oppose genital cutting / mutilation – will insist loudly, FGM is prohibited by many nations, whilst MGM is not.

That however is not all we need to know about genital 'cutting'....

FGM does harm to as yet unborn children, and the harm continues as they grow up. One of the additional tragedies of FGM is that it causes harm not 'only' to the girl or woman who undergoes it, but also quite frequently to her children, who are at greater risk of danger when they are born; and the risk remains higher throughout infancy and childhood that these children will suffer as a result of the continuing FGM-induced ill-health, or perhaps even death, of their mother.^[10]

This harm arises in several other ways, alongside the hazards of giving birth after FGM. There seems at present to be little consideration of the reduced capacity to conduct everyday business of any woman who has infections, very painful periods, probably anaemia, perhaps permanently mis-shapen or broken bones, etc. With FGM almost all women may be affected, and the impacts both on family life and on the local economy may be severe.

There is also considerable evidence that such practices may engender serious, perhaps life-long, psychological damage.^[11] In communities where FGM and MGM are widespread, it must surely be that the behaviour of the whole group, as well as of the individuals personally concerned, is affected.^[12]

Extraordinarily, however, the impact on communities of genital mutilation trauma across groups of individuals is barely ever acknowledged, even as a possibility. In traditional settings this may be because notions such as 'psychological damage' are not part of that community's collective understanding. And in some western societies, whilst the concepts and discipline of psychology are an accepted element in rational thinking, the given norm has been that men are circumcised, so few people are likely to recognise the potential in that practice for psychological pain.

And in both cases, men and women, who would want to believe that their parent/s permitted the imposition of a hurtful and useless procedure on their own children?

So why is FGM done?

Don't the women who impose FGM on their daughters know, as previous victims of the act themselves, that it is a nightmarish experience which should never be perpetrated on anyone, let alone ever on a child who was led to expect a party or treat?

Answers to this question are as variable as the practice itself, demonstrating the massive divide between traditional understandings of FGM and those of modern commentators, whether such commentators reside in traditionally practising countries or in western ones.

For traditionalists FGM is a non-negotiable requirement, demanded by the spirits of the ancestors whose will must be unquestioningly obeyed, and without which a girl may not 'become a woman', or marry, or perhaps own land. It is the entry ticket to full adult membership of her community. FGM in this context is proof of 'purity', the essential precursor to being transferred, with due payment, from ownership by a father to ownership by a husband.^[13]

To many western or western-oriented/western-educated observers however FGM is the ultimate cruelty, an assault on the body and psyche of girls and women, designed specifically to destroy female sexual pleasure and keep women subservient to men.^[14]

For most of us in the West the only possible response to FGM is to seek to eradicate it; it is not a custom to be honoured but a harmful tradition to be stopped. For this reason

amongst others many of us insist on the avoidance of euphemisms. The act in formal contexts must be named 'female genital mutilation'.^[15]

So what about 'female cutting' or 'female circumcision'? Aren't they all the same?

Why, people often ask, insist on the term 'mutilation'? Isn't it better to use the words 'cutting' or 'circumcision', the terms frequently adopted by traditional communities? Isn't this different tag, 'mutilation', disrespectful and unhelpful?

The strongly argued positions behind this debate arise once more from different takes on the practice. Of course, both to ease communication and as a courtesy, familiar terms will often be used in personal conversation with those directly involved, if survivors (initially victims) prefer a more comfortable term, or in practising communities.

The World Health Organisation, UNFPA and others recommend however that in formal debate FGM be described as what it is: an act which harms and damages the female genital organs, ie genital mutilation. In every field of medicine from cardiology via psychiatry to obstetrics clinicians use euphemisms with patients who prefer that, but in formal discourse all doctors use precise and explicit terminology.

Nonetheless, some western observers, researchers and analysts persist with naming FGM as, eg, 'cutting' (or 'FGM/C'). Survivors apart, the term 'cutting' may indicate that the observer, most likely an anthropologist,^[16] has adopted a relativist perspective; theirs is an 'insiders' view' – absolutely critical to understanding why FGM occurs, but less helpful when it comes to traction for eradication in modern political or policy mode.

The FGC contingent claims that in order to end FGM we must consistently present matters through the lens of proponents and perpetrators. For them the distinctions between formal and informal usage are not so critical. The language of empathy in order to engage with those who practice and uphold FGM outstrips other observers' concern to speak coldly (at least in formal contexts) about a brutal act so that, as that truth gains traction, fewer children will experience it.

The debate here is about whether to employ explicit terms in dialogue with western influencers and policy makers whose attention must be gained if FGM is to stop, but who always also have many other demands on their time and resources.

Culture or tradition?

Campaigners who refer to 'FGM' are clear that human rights is the most fundamental issue. For them a person's right to autonomy, including bodily autonomy, is more important than 'respect' for historical practices. Some who avoid euphemisms about mutilation also insist that FGM is not 'culture', but rather it is 'tradition'. This is the position, for instance, of Dr Morissanda Kouyaté,^[17] the director of the Inter-African Committee on Harmful Traditional Practices,^[18] who insists that 'cultures' are positive, but 'traditions' may not be.

This distinction between customs (to be respected) and traditions (which may need to be abandoned) is helpful in the fight against FGM.

So what special contributions can anthropologists make to FGM eradication?

Firstly, it is the anthropologists who can guide us – whether working alongside activists in that community or approaching the issues more formally from the 'outside' - on what

aspects of a community's customs and traditions require particularly sensitive handling, whilst we challenge FGM.

And secondly there is a huge gap in our knowledge, as those seeking to impose laws around eradication acknowledge, when it comes to specific practices in specific contexts.^[19] This applies both in respect of prevention and, where necessary, in the courts of law, when alleged practitioners or commissioners of FGM are put on trial. The interpretation of physical evidence and of social activity is difficult because there are so many different ways in which FGM can be imposed or may be going to be imposed.

The current western / formal understandings of how FGM comes about are stereotypical. In real life physicians may be unsure what they are looking for or may have seen when patients (especially small children?) are examined. And then, if protection orders or prosecutions are sought, standard methodologies for recording and interpreting any observations for the courts have yet to emerge.^[20]

A better knowledge of the nuanced detail of different FGM practices is something which anthropological studies can provide. The scope for studies by medical anthropologists is wide.

FGM is a Muslim religious practice; it happens in Africa, not in western societies, so why are we talking about it?

The often heard and connected claims that FGM is a Muslim practice observed only 'in Africa' conflates several myths about the practice.

Firstly, FGM is older than any established religion, and it now has practitioners in all of them, as well as in animist and other belief system communities. Yes, it is prevalent in some Muslim societies, but in fact more people who follow Islam don't practise FGM than do, and there are many Muslims who don't even know what FGM is.

Secondly, as we have seen, FGM is defined by history and tradition, rather than religion or faith. It is attached to the identities of various groupings or tribes, eg crossing national borders in the sub-Saharan belt across the continent of Africa; and it is also performed, often in less publicly, in parts of the Middle East, Asia, South America and Australia.

But FGM doesn't happen in modern western countries, right?

Sadly, not right. Given the directions in which the African diaspora has moved, FGM now features significantly in Europe and North America, both of which are estimated to have half a million girls and women who have undergone or are at significant risk of FGM.^[21]

There are numerous 'reasons' why FGM continues even after people leave their country of origin. (Whether it occurs most frequently in the country of origin or of the diaspora is often unclear; every year some children will be sent 'home' to be 'cut'.) Sometimes the practice persists simply because the girls' new community is closed to new, outside ideas; and, as in the originating communities, sometimes FGM actually becomes resurgent because it is seen as a marker of heritage and identity. Sometimes FGM is 'required' at the point of marriage, and sometimes girls may be forced or kidnapped by relatives in the country of origin to undergo this harm whilst on a visit not intended by their parent/s to be for that purpose.

And it is probable that, like the Aboriginals in Australia, some North American and European indigenous peoples may have practised FGM at various points in their histories. Indeed, clitoridectomy – also termed 'female circumcision' – continued to be carried out

(as a 'treatment' for masturbation) on white Christian girls in the USA and UK, by white physicians, until at least the mid-1960s.^[22]

Surely trained clinicians – doctor, midwives, nurses and others – would never do FGM? In fact, they would, and do. It is thought that about a quarter of all FGM victims / survivors world-wide are now 'cut' by clinically trained personnel – a trend which has produced fierce debate.^[23]

Just as traditional birth attendants have for hundreds of years also offered FGM to supplement their income, so do professionally trained clinicians in modern times.^[24]

Especially in parts of the world where the salaries of medical professionals are low (if actually paid at all), they can persuade parents – and themselves – that the 'procedure' will be safer and less painful in the hands of health practitioners.^[25]

FGM medicalization is now the norm in some African countries such as Egypt,^[26] Sudan, and various parts of Kenya^[27] and Nigeria, as well as, often very discretely, in some middle-eastern states. Sadly there have been several recent global news reports of girls dying even after medicalized FGM. Perhaps such news stories complicate things even more, driving the practice underground whether done by clinicians or not.

Is the answer to make 'just a nick' medicalized FGM legal, to keep it safe?

This idea has gained some supporters who claim that it is possible both to 'respect' traditions and make FGM available. Amongst those organisations which sought to legitimize this position, for a time in 2010 at least, was the American Association of Pediatrics (AAP),^[28] but the global medical consensus in both the developing^[29] and the first world is now firmly coalesced against the 'nick' proposal.^[30]

The UNFPA regards the increasing medicalization of FGM as a very serious matter because it is an assault on human rights (and so a breach of medical ethics) and because it appears to give legitimacy to the practice – which in turn can suggest that it has no health hazards and that traditional cutters can also continue with their trade.^[31]

Why does male circumcision (MGM) continue, when FGM is so illegal?

This is a good question.

Some anti-FGM activists argue that FGM is a very different matter from MGM, in particular because in some forms FGM are so severe; but MGM can also be lethal. More to the point however, FGM puts at risk the health of as yet unborn babies, as well as that of the individual who undergoes the original procedure. (Also, there are probably a few women anti-FGM activists who resent the what-about-ery of some male inactivists, especially in the USA, who protest vigorously that MGM is overlooked for FGM...)

Nonetheless, although MGM is ostensibly 'legal' in many countries where FGM is forbidden, this does not negate the obvious fact that both are an assault on a child (who cannot give consent) and, as we have seen, both can cause grave ill-health, even death.

More recently however numbers of Stop FGM campaigners^[32] have become more direct in speaking out against all genital mutilation – whilst also pointing out that prohibition campaigns must necessarily be different because currently the law is different for MGM and FGM.

It is important to note that male circumcision is, like FGM, a global phenomenon, part of the tradition of both specific religious faiths (Islam and Judaism) and of communities with

various belief sets probably going back millennia. What is different is that MGM was in the twentieth century also a customary practice in Christian societies. Particularly, until a few decades ago most men in the USA were circumcised. Whilst circumcision became much less common in Europe some while ago (in the UK the National Health Service is reluctant to fund it unless clinically required) it is only recently that fewer than half the male infant population in the USA were routinely cut.

Two observations might arise from this situation. One is that in places where almost all clinical procedures are conducted as business activity (the customer pays the practitioner direct) there is a clear incentive for said practitioners to recommend any surgery which commands a fee; although even then some practitioners will not offer procedures that they consider potentially harmful or unethical.

The other observation is that in most western countries the senior males who decide the law and policies of their nation have still probably been circumcised. We might therefore be unsurprised that most of them see no necessity to change legislation; and most likely it also colours their perceptions of at least the less invasive forms of FGM, perhaps throwing some light on the reluctance in some instances to pursue such cases through the courts.

Even cases which reach the courts tolerant reference has occasionally been made to male circumcision as a comparison with FGM.^[33] Should all judges and jurors, one might ponder, be asked to bear in mind the potential for any inadvertent bias as a result of their own bodily status, intact or otherwise?

There must be 'reasons' why FGM continues. Can't we just show those reasons are invalid?

Explanations for FGM, everywhere across the globe, vary by time and place; they are rationales for the practice which accommodates different circumstances, usually handed down only by word of mouth, and often in communities where women (and maybe men) cannot read – which enables pretexts to change quite rapidly. For those directly involved the primary issue is generally that girls must be 'pure' (so they can marry with a good bride price), and often ancestors have decreed, with dire threats for any who disobey, that FGM is the proof of that purity.

Whilst such rationales can be challenged by modern western thinking, these challenges will have little leverage in communities where every woman – even if she is actually a young girl – goes through FGM to become marriageable, as the only way to gain the status of an adult. The persuasive nature of this position has been called a 'belief trap'.^[34] Who would risk the wrath of the ancestors, or the risk of alienation from one's community, by not upholding millennia of tradition?

There is a certain irony, it might be said, in the observation that without proactive interventions some girls at risk of FGM are less well served in modern western societies than in traditional locales where properly considered programmes are being introduced to end FGM. In the west some 'cut' young women from the diasporas are likely to end up put aside, essentially anomic, as part of an underclass with little influence or control over their lives.^[35]

Alternative Rites of Passage (ARPs) are however increasingly gaining favour as ways to empower girls as they progress towards maturity in traditionally practising communities. ARP programmes^[36] seem to work best when there is clarity about the dangers of FGM – respect for persons, but no euphemisms or apologies for the practice – set in the context of bringing the whole community onside. To be effective, endorsement from group leaders, including the men, must be secured. The message must be that

women do not need to marry early, and that education rather than premature motherhood will bring better economic and social status returns in the long term.

As yet ARPs are touching just the tip of the iceberg, but slowly the message is getting through in some neighbourhoods. ARPs, allied with newer initiatives to train young journalists (such as the Global Media Campaign to End FGM^[37]) are also helping to raise awareness by policy makers at community and national levels of the need to end FGM. It is easier for politicians to support eradication interventions when the community has a good knowledge of why that intervention is required.

Nonetheless, in both traditional and western settings, programmes to end FGM are in need of more support at the local level. National policies are more important than some activists on the ground may think, but the converse also applies. There can be considerable resentment (and suboptimal efficacy) if those striving to end FGM within local communities are not supported and, importantly, heard, as they should be by people with influence who hold the purse-strings.^[38]

This is hypocrisy. You let western women have labiaplasty, but you've made FGM illegal.

This might be a good point, but there are two things which weaken this oft-heard criticism:

First, already in some countries labiaplasty and other female genital 'cosmetic' – ie not clinically required – surgery (FGCS) can only be performed on consenting adults. Yes, there are instances in, eg, the UK, of surgery on teenage girls, but it is becoming increasingly clear that this should only be performed in cases of extreme physical or psychological need – and the same requirement or doubts about legitimacy are also often now applied to irreversible transgender surgeries on juveniles. (In all these contexts the term 'children' should ideally reference all people under age 18 regardless of the age of majority in any given country, as at least until this age genitals are in the process of development to their adult form.)

In 2013 the UK Royal College of Obstetricians and Gynaecologists published an ethical opinion paper^[39] which explores issues around FGCS and makes recommendations, but it is clear that more research is required before the evidence on the impacts of FGCS are fully understood. The paper also considers suggested parallels with FGM, and concludes that all surgeons must proceed with great care and ample documentary evidence of informed consent, remaining aware that this is legally an unresolved matter. These areas of legal ambiguity around FGM, FGCS and specifically juveniles have also been considered in respect of labial surgery in the United States^[40] as well as in Australia and doubtless other countries too.

Secondly, and aligned with the position above, FGM is usually performed on young girls who, whatever they say, cannot give legal consent because they are underage; and even those adult women who agree often give their consent under duress (if at all, and they were not kidnapped or whatever). Thus, FGM is different from FGCS in that the former is normally enforced, and the latter may only be done by qualified surgeons after they have obtained in writing informed consent – although even then it may FGCS is regarded by some professionals as unethical or downright illicit.

A quasi-feasible case could be made by protagonists for permitting FGM and FGCS on adults after fully informed and freely given genuine consent (although this would be extremely difficult in many instances of FGM to establish), but even then the near-universal injunction on clinicians to 'Do no harm' raises important questions in regard to what the operator, however skilled, does to her/his patient.^[41]

Meanwhile, the 'accusation' that FGM is banned hypocritically whilst FGCS is accepted in the West is considerably weakened by the current move in many places towards making FGCS available only under very strictly controlled and/or clinically required conditions.

Nonetheless, professional bodies such as the British Medical Association are clear that more needs to be done about both the legal and the clinical aspects of cosmetic surgery.^[42] Until a number of questions around these issues have been resolved, some uncertainties will remain.

You mention mental health in regard to genital cosmetic surgery, but what about FGM?

In western societies a very small percentage – how many, no-one knows – of those who seek FGCS do actually reach the bar for surgical intervention because of psychiatric conditions (eg resulting from body dysmorphia) which are severe enough to justify genital surgery.

But the proportion of women and girls whose mental health suffers following FGM is probably much higher. This assault on a young person can be seen as a massive breach of trust by those the child depends on in good faith most of all. If her mother won't protect her, who will?

The presentation of this distrust is likely to vary by context. In traditional communities the idea of mental health may not even exist; the well-being of the group eclipses any concern for individuals, but that does not mean no harm has been done; for instance, the condition post-traumatic stress disorder may have as one outcome the formation of tight, inward-looking groups of survivors who find it very difficult to move on from their bonding as people who have experienced something distressing.

This bonding in turn may be an element in the formation of women's 'societies' such as the long tradition of Sande Societies^[43] in parts of West Africa, which are predicated on having experienced FGM, and which produce the next generation of cutters and those who run the FGM preparation inductions.^[44] The strength of this bonding means it is still very difficult in some locations to dissent from this 'obligatory' practice.^[45] In such circumstances it is obviously challenging to find ways to help individuals to move forward, even if they should themselves feel the need, and even if resources to support them are available.^[46]

In most western contexts however psychological damage is more readily understood. Girls and women with FGM anywhere in the world may have a range of psycho-sexual and social difficulties arising from their experience,^[47] and in locations with mental health facilities these can at least in theory be addressed. Awareness of this requirement is nonetheless very limited, and much work remains to be done in providing adequate health care, especially psychological, to those who have experienced FGM and need it.

Of course medical care is essential for survivors, but we've got laws so can't we just consign FGM – and child marriage – to history right now?

If only it were that straightforward. Almost everyone agrees that, whilst medical care is critical, the aim must be to prevent FGM, not just treat it after it's been done. The contexts in which FGM occurs are however very difficult to unpick.

The law, whilst critical, cannot be enforced without the active consent of a significant proportion of the community wanting it to have effect. As we have seen, this will is often not the case in regard to eradicating FGM. There is much still to be done to ensure that

people in practising communities understand both the hazards of FGM, and the opportunities for girls as they reach adulthood uncut.

Child marriage and FGM are closely intertwined in some places, and the idea that there might be other ways than FGM and marriage by which girls can emerge into womanhood is strange, or even threatening, to people in practising communities.^[48] There is little or no understanding of the damage which FGM and child / early marriage inflicts, and no notion of womanhood independent of married status. Laws against FGM alone therefore have little impact.

Further, whether in the first world or in developing countries, there remains a big challenge in terms of vocabulary and dialogue in reference to matters genital and sexual. Generally speaking, these matters are not discussed in polite society, and certainly not by men. A lot of groundwork is required before law enforcers (usually male) may feel comfortable talking, or even just carefully considering, 'delicate' issues such as young girls' forthcoming sexuality – and this also holds true across the board for many social workers, teachers and others with responsibility for safeguarding.^[49] There are many obstacles at ground level to effective policing and prevention.^[50]

There are also frequently difficulties around cross-border issues. Traditional communities may claim to have abandoned FGM, only to go to the next village, across a state boundary, to cut with impunity. Likewise, in western societies, international and inter-state vigilance is required. This applies whether in Europe (where the probably forthcoming Brexit situation makes things even more complicated) or in eg the United States, where federal enforcement has a different status than state administrations.

We do however know that when the courts find cutters guilty this can have an impact on practising communities. One example of this is France, where the barrister Linda Weil-Curiel and her colleagues have insisted that trials be conducted in the highest courts, and that penalties are significant.^[51]

Clearly men are important re law enforcement, but otherwise isn't FGM a 'women's problem'?

It's understandable that observers conclude that, because women usually do the actual FGM cutting, stopping FGM must be up to the women. This belief does not however bear up under scrutiny.

Research in many places has revealed the complex traditions guiding financial considerations around FGM in local economies, and for families. Often, the practice is timetabled for harvest time and the ceremonies cost a lot of money. The expenses are likely to be the responsibility of the girls' fathers, who expect that their investment (in the ceremony and in bring the girl up) will be repaid in bride price or dowry when local suitors select their post-FGM bride. Men effect, and sometimes genuinely have, little knowledge of exactly what happens in FGM, but they are the ones who likely will gain money from it afterwards.

Further, senior men (often especially clerics) in the community are the ones who make most of the rules. If they cannot be persuaded that FGM must stop, it probably will not. FGM and other harmful traditional practices will only cease when everyone in the community, men and women, girls and boys, recognises that it must do so. Education, health care, legal enforcement and (to ensure people know about public health and court decisions) the media, all have a part to play in ending FGM.

What's the cost of all this?

There are many kinds of 'cost' associated with FGM.^[52]

Most obviously the costs of this tradition impinge on the girls and women who experience it.

For some these costs are the pain and fear of the cutting, and then discomfort until the wounds heal, thereafter to whatever extent compensated by the new status gained – albeit a child of, say, ten may be at greater risk if she has 'adult' autonomies conferred on her as a 'married' woman, than if she continues to have the status only of a minor... and that is even before the risks attached to premature pregnancies and difficult deliveries arise.

For other girls and women however the cost of FGM may be a life foreshortened or even precipitately ended. FGM is sometimes almost immediately lethal, and often the harbinger of prolonged or life-long ill-health, with all the hazards that sub-optimal health can bring – both to the woman herself and to any children she bears.^[53]

Beyond these personal tragedies there are also however wider costs to the families and communities which continue to practice FGM.^[54] Women in poor physical and / or psychological health cannot conduct their affairs as effectively as those who are well. Marriages impaired by painful sexual relationships will not thrive. Children who have had difficult deliveries and early lives will be at a disadvantage as they grow and learn. Local economies dependent on the labour of unwell workers will not function optimally; and so it goes on.

When these real costs are considered it becomes clear that the eradication of FGM is not 'only' a matter of personal suffering and human rights, but also a critical economic issue.^[55] At all levels of socio-economic activity from the micro to the macro, families to nation states, FGM causes damage.

FGM is deeply rooted in the economy and economics. It will only stop when there are other ways to provide women 'cutters' with income and status,^[56] and when, just as with human trafficking etc^[57], the costs to all who do it outweigh the profits of those who practise it.

Meanwhile the negative impacts of FGM (and similar harmful traditional practices) on the wider community, though acknowledged in some academic research,^[58] remain largely unseen. It's time for the economists to step up properly.

Patriarchy incarnate

The evidence is clear: FGM is a particularly toxic form of patriarchy incarnate;^[59] it is imposed quite literally on the bodies of girls and women as a way to subjugate women to the will and even whims of some – of course not all – men. Like some other harmful traditional practices it reduces female human beings to chattels, items to be sold and bought according to their 'value' (read: so-called 'purity', defined by FGM) by men.

FGM is intended to reduce the sexual desires and activity of women – though whether it does so in reality is another matter – so they will remain under the control of the men who bought them (often underage) as 'wives'. It usually brings about termination of any formal western-style schooling, thereby rendering the girl-woman essentially dependent on her purchaser as she reaches adulthood. Even the ownership of any resources such as land may be predicated on 'cut' status. Without FGM a woman may be doomed by her community leaders (mostly male) to perpetual child status – even though with it she may even suffer fistula and subsequent estrangement from her group.^[60]

Ultimately FGM benefits no-one, neither those who are harmed, nor those who inflict it, nor the communities in which it is practised. But it does serve the more immediate interests of powerful men who expect, as of right, to maintain their advantaged status. FGM is a key element in upholding the status of powerful men in some traditional communities; and it is carved into the bodies of girls and women. FGM is patriarchy incarnate.

So what else do we need to know?

The essential message is that FGM is a tradition which harms both individuals and the communities on which it impinges.

Politically, it is essential that a senior minister in government is the person who carries the can for eradicating FGM and other harmful practices. The pretence that a number of ministers can be equally responsible for policy and service delivery means that true accountability is avoided.^[61]

There is also a need to streamline decisions and operations in practical terms. Many will have a part to play in this, but public health is the discipline and agency which can best bring together all the elements and tools of eradication.^[62]

Whether the challenge is sexual abuse, knife crime, early or forced 'marriage', or FGM, public health has the potential to synchronise and deliver the required elements of prevention, legal, educational, clinical, community and so forth.

The drama of the high court is one critical aspect of making FGM stop, and the cerebral endeavour of legislators is another, but the day-to-day efforts of public health workers, from many disciplines and with many different contacts and skills, are what will create the momentum to make FGM history in communities everywhere.

Footnotes:

[1] See WHO for an overview of what FGM comprises: <http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

[2] The clitoris is actually quite a large wishbone-shaped organ which surrounds the vagina, but only the front 'button' is visible. An interesting exploration of misunderstandings of the clitoris, and of the patriarchal intent behind its excision, can be found

here: https://www.researchgate.net/publication/319382653_The_Clitoris_Anatomical_and_Psychological_Issues

[3] <https://www.unfpa.org/press/nearly-70-million-girls-face-genital-mutilation-2030-unfpa-warns>

[4] <https://hilaryburrage.com/2016/04/01/female-genital-mutilation-an-introduction-to-the-issues-and-suggested-reading/>

[5] See http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/ and <http://www.cirp.org/>

[6] The main causes of obstetric fistula are very young ages to have children, and obstructed, mostly unsupervised childbirth in non-clinical settings. The evidence that FGM causes some fistulae is still disputed <http://www.endfistula.org/what-fistula> but increasingly some researchers insist that there is sometimes a direct connection https://www.popcouncil.org/uploads/pdfs/2017RH_FGMC-Fistula.pdf. It has been suggested that disputes about FGM as potential causation may on occasion relate more to political considerations than to medical ones.

[7] <http://www.who.int/bulletin/volumes/86/9/08-051482/en/>

[8] See <https://www.jstor.org/stable/10.7722/j.ctt6wp8c1> (and critique: <http://thecircumcisiondecision.com/circumcision-death/>)

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[9] See eg <http://www.intactamerica.org/>

[10] An infant or child in a traditional community whose mother dies may be in particular peril, see

eg <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4423767/> and <https://www.researchgate.net/publication/279062829> The Effects of Maternal Mortality on Infant and Child Survival in Rural Tanzania A Cohort Study

[11] See eg <https://www.28toomany.org/blog/2016/may/16/the-psychological-effects-of-female-genital-mutilation-research-blog-by-serene-chung/> and <https://ratical.org/ratville/MGMprimer.html>

[12] <https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf>

[13] who may well already have other wives amongst whom there is a pecking order

[14] For this reason I have coined the term 'patriarchy incarnate' – the literal infliction of their will by some men on the bodies of women – to characterise the acts of FGM, forced and early marriage, and other harmful traditional practices: <https://hilaryburrage.com/2016/03/05/patriarchy-incarnate-the-horrifying-practice-of-female-genital-mutilation>

[15] See eg <https://statementonfgm.com/>

[16] Tobe Levin von Gleichen has named these relativist anthropologists as 'anthr/apologists'.

[17] See the Preface to *Female Mutilation* (Burrage, New Holland Publishers, 2016) http://uk.newhollandpublishers.com/fm_preview.pdf

[18] <http://www.soawr.org/content/inter-african-committee-harmful-traditional-practices-iac>

[19] See eg <https://www.secularism.org.uk/news/2015/01/fgm-court-judgement-raises-questions-about-fgm-and-male-circumcision-in-the-uk>

[20] See eg <https://www.independent.co.uk/news/uk/home-news/female-genital-mutilation-fgm-england-wales-statistics-crime-prevent-a8558221.html>

[21] <http://www.europarl.europa.eu/news/en/headlines/society/20180122STO92230/female-genital-mutilation-the-scourge-affecting-half-a-million-women-in-the-eu> and <https://www.npr.org/sections/goatsandsoda/2015/07/21/424984178/female-genital-mutilation-is-a-u-s-problem-too?t=1538170094551>

[22] This is one first-hand account: <https://www.theguardian.com/us-news/2016/dec/02/fgm-happened-to-me-in-white-midwest-america>

[23] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5840226/>

[24] [https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Medicalisation/medicalisation of fgm \(april 2016\).pdf](https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Medicalisation/medicalisation%20of%20fgm%20(april%202016).pdf)

[25] <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0306-5>

[26] <https://www.egyptindependent.com/cut-secret-medicalization-fgm-egypt/>

[27] <https://www.nation.co.ke/health/Emerging-trends-in-FGM-Cross-border-cutting-and-medicalisation/3476990-4583890-gffermz/index.html>

[28] And more recently for instance some Boston USA physicians

[29] <https://www.sciencedirect.com/science/article/pii/S1110570413000271>

[30] https://www.popcouncil.org/uploads/pdfs/2017RH_MedicalizationFGMC.pdf

[31] <https://www.unfpa.org/resources/brief-medicalization-female-genital-mutilation>

[32] such as Dr Tobe Levin von Gleichen

[33] See eg <https://ukhumanrightsblog.com/2015/01/18/male-circumcision-can-be-part-of-reasonable-parenting-but-no-form-of-fgm-is-acceptable-family-court/>

[34] See Gerry McKie: https://www.jstor.org/stable/2096305?seq=1#page_scan_tab_contents for further discussion of this 'belief trap' – though the parallels between ending FGM and ending footbinding are to some observers less convincing.

[35] <https://hilaryburrage.com/2014/04/24/does-female-genital-mutilation-fgm-in-western-societies-create-an-underclass/>

[36] Eg <https://pastoralistchildfoundation.org/>

- [37] Of which this writer is a non-executive director: <https://www.facebook.com/gmcendfgm/>
- [38] <https://hilaryburrage.com/2017/07/18/ending-female-genital-mutilation-fgm-requires-support-for-community-activists/>
- [39] <https://www.rcog.org.uk/globalassets/documents/guidelines/ethics-issues-and-resources/rcog-fgcs-ethical-opinion-paper.pdf>
- [40] <http://news.trust.org/item/20160526125209-vxc3f>
- [41] <https://www.hispacultur.org/book/534979206/download-of-the-epidemics-hippocrates.pdf>
- [42] https://www.gmc-uk.org/-/media/documents/guidance-for-all-doctors-who-offer-cosmetic-interventions---published-version_pdf-69113414.pdf
- [43] <http://www.refworld.org/docid/58cff6114.html>
- [44] A description from 1949 of the Sande (women) and Poro (male) societies in Sierra Leone gives a good idea of how important these organisations have been in the communities in which they exist: <https://anthrosource.onlinelibrary.wiley.com/doi/pdf/10.1525/aa.1949.51.2.02a00020>
- [45] <https://www.theguardian.com/global-development/2015/aug/24/sierra-leone-female-genital-mutilation-soweis-secret-societies-fear>
- [46] <https://www.tandfonline.com/doi/full/10.1080/23311886.2017.1295549>
- [47] <https://www.28toomany.org/blog/2016/may/16/the-psychological-effects-of-female-genital-mutilation-research-blog-by-serene-chung/>
- [48] The 'necessity' for women to attain married status, whilst remaining under the control of their husbands, may also explain some of the vehement objection to homosexuality in many traditional communities; being openly gay would be a threat to the *status quo*.
- [49] <https://hilaryburrage.com/2016/11/25/white-ribbon-day-and-what-we-can-learn-from-men-who-challenge-fgm/>
- [50] <https://hilaryburrage.com/2016/06/08/policing-issues-in-regard-to-female-genital-mutilation-in-the-uk/>
- [51] <https://hilaryburrage.com/2012/11/28/the-uk-can-learn-from-france-on-fgm-prosecutions/>
- [52] <https://hilaryburrage.com/2018/04/24/the-many-es-of-fgm-eradication-and-why-they-all-lead-via-economics-and-epidemics-to-public-health/>
- [54] <http://www.medinstgenderstudies.org/wp-content/uploads/endFGM-factsheet-EN-online4.pdf>
- [55] <https://hilaryburrage.com/2017/11/23/economics-is-why-fgm-persists-oxford-seminar-on-the-elephants-in-the-room/>
- [56] <https://edition.cnn.com/2017/12/04/opinions/stopping-female-genital-mutilation-opinion-lemmon/index.html>
- [57] See eg *Ten Types of Human* (Dexter.Dias, 2017), William Heinemann / Penguin
- [58] .. and in Chapter 2 of *Eradicating Female Genital Mutilation* (Burrage, 2015)
- [59] <http://resyst.lshtm.ac.uk/news-and-blogs/patriarchy-incarnate-horrifying-practice-female-genital-mutilation>
- [60] <http://www.endfistula.org/what-fistula#>
- [61] <https://hilaryburrage.com/2012/10/01/cross-disciplinary-cross-purpose-the-muddles-of-multi-agency-working/>
- [62] <https://hilaryburrage.com/2018/04/24/the-many-es-of-fgm-eradication-and-why-they-all-lead-via-economics-and-epidemics-to-public-health/>
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WORLD: 'Religious freedom' claims used to defend FGM in courts in four countries

Cases come as rights advocates warn such arguments are increasingly being 'weaponised' against women's and LGBT equality.

By Nandini Archer and Claire Provost

OpenDemocracy.net (12.02.2019) - <https://bit.ly/2GNjHYK> - Doctors and lawyers in at least four countries have recently argued in court that bans on female genital mutilation (FGM) violate 'religious freedom'.

Three of these cases – in India, the US and Australia – involved members of the Dawoodi Bohra community, a sect within Shia Islam with about a million followers, primarily in Gujarat, India and the diaspora.

Around 75% of girls in this community have experienced khafz – removing the 'hood' of the clitoris of seven-year-old girls – according to the survivor-led organisation WeSpeakOut.

The fourth case involves a doctor in Kenya who filed a petition last year to legalise FGM, claiming that her country's 2011 ban breaches constitutional rights to "freedom of conscience, religion, belief and opinion".

The cases come as rights advocates warn that freedom of belief claims are increasingly 'weaponised' against women's and LGBT equality.

A small group of US and UK Christian right 'legal advocacy' organisations have supported dozens of cases using such arguments to defend opponents of abortion, contraception and same-sex marriage.

The FGM cases echo their arguments though there is no evidence of collaboration between those involved and these Christian right groups.

FGM, which involves cutting the genitalia of women or girls, is most common in parts of Africa but is also practised in Asia and the Middle East, and among members of some diaspora communities.

Several human rights bodies condemn FGM. Dozens of countries have passed specific laws against it, but there have been few convictions.

Religious leaders have also denounced FGM, including via fatwas from Somaliland's ministry of religious affairs last year, and the Dar al-Ifta in Egypt.

Zainah Anwar, executive director of Musawah, a global Muslim women's rights movement, told 50.50 that religious freedom arguments cannot be used since "FGM is a cultural, not religious, practice".

"It has been proven to be harmful to women and girls", she added, "and is therefore an un-Islamic practice" that is "deeply entrenched in the patriarchal need to control women's bodies and sexualities".

The 'Religious freedom' cases

In August 2018, a group called the Dawoodi Bohra Women's Association for Religious Freedom (DBWRF) celebrated overturning Australia's first FGM conviction against three community members in 2015.

A spokesperson said they "exercise their right to religious freedom by practicing khafz on their daughters", while public opinion "is intent on denying women their right to practise their religious observance".

In November, a US judge ruled that a law banning FGM was unconstitutional. This case involved members of the Dawoodi Bohra community in the northeastern city of Detroit, accused of 'cutting' nine girls.

The defence team of the accused doctor in this case, Jumana Nagarwala, also argued that her prosecution violated her religious freedom.

The judge dismissed the charges and said "Congress overstepped its bounds by legislating to prohibit [FGM]" – that this was an issue for states to regulate.

He dropped other charges against another doctor, two surgery assistants and four mothers who bought their daughters to the clinic. The US government is expected to appeal this decision this spring.

In an ongoing FGM court case in India, members of the Dawoodi Bohra community claim they face persecution for performing khafz.

There is no specific law against FGM in India, but the Attorney General said FGM is still a crime under other legislation and urged the Supreme Court last April to "step in and issue directions on the issue".

Dawoodi Bohra lawyers claim their practice of khafz is "an essential aspect of Islam" that "cannot be subjected to judicial scrutiny". They say it is protected under the constitution via religious freedom.

Judges pushed back, describing FGM as a violation of "the bodily integrity of a girl child". But they have referred the case to another five-judge bench.

Masooma Ranalvi, founder of the WeSpeakOut survivors' campaign, criticised this as "an attempt to re-frame the issue... to continue this discriminatory practice under the garb of religious freedom".

She said it seemed "clearly aimed at delaying the verdict in this case".

50.50 received no response to requests for DBWRF comment on the cases.

Recently, Samina Kaanchwala, DBWRF's secretary, told The Hindu: "Khafz, as practiced by the Dawoodi Bohras, is very different from FGM". She called it "a harmless religious practice" that "has been completely medicalised".

Ranalvi, from WeSpeakOut, responded: "Saying khafz is not FGM is clearly an attempt to obfuscate the main issue. ... The nature of the practice is offensive, oppressive, harmful and not religious at all".

This month WeSpeakOut called for FGM to be an issue in Indian political parties' campaigns for the upcoming 2019 elections.

"A lot of political parties talk about women's rights and saving the girl child. We want to ask them what is their take on FGM? Will they end it? Will they support a ban on it? If yes, they deserve our vote", they said.

Kenya's FGM case is also ongoing and it's unclear when it will come to trial.

A doctor filed a petition to Kenya's High Court to legalise FGM claiming that under the ban women "are denied their inherent right and fundamental freedom of choice to pursue their cultural or religious destinies".

In Europe, such religious freedom arguments do not appear to have been made in the countless FGM court cases filed so far.

In the UK, where a 2003 law imposes penalties of up to 14 years in prison for offenders, the fourth-ever FGM prosecution succeeded this month.

France's experience contrasts with that of many other countries; while it has no specific FGM laws, about 100 people have been convicted under laws against grievous bodily harm and violence against children.

WORLD: We have to stop blaming 'backward' culture for FGM and child marriage

These issues have received increased global attention. But simple attacks on 'tradition and culture' just fuel the backlash to women's rights.

Open Democracy (06.02.2019) - <https://bit.ly/2Sau0x7> - Campaigns to end female genital mutilation (FGM) and child marriage have received renewed support and funding from diverse global actors over the last five years. Despite commendable progress towards ending these harmful practices, challenges remain.

For instance, many countries with high rates of FGM and child marriage still do not have laws banning these practices, including Somalia, Sudan, Liberia, Mali and Sierra Leone. Even in countries with these laws, a backlash has hampered efforts to eliminate them. In the past year, religious freedom arguments have been invoked in US and Indian courts to defend the practice of FGM.

In January 2018, a Kenyan doctor filed a case seeking to legalise FGM, claiming that her country's ban on the practice since 2011 is unconstitutional. She argues that adult women in particular should be allowed to do what they want with their bodies and that banning FGM is tantamount to embracing Western culture and casting local practices as inferior. This case is ongoing.

Meanwhile, many in the West still seem to engage with FGM in particular as a 'white woman's burden', whereby African girls need to be rescued from 'backward culture.' Though not all communities in Africa practice FGM and are culture and tradition really the main drivers of such harmful practices?

Too often, culture and tradition are invoked to perpetuate human rights violations, as many shy away from attacking other peoples' cultures and traditions. This leaves fertile ground for abuses to continue unpunished.

At the same time, arguments resting on culture and tradition provide a moral ground for others to claim their actions are aimed at 'saving poor girls and women' from 'backward'

cultural and traditional practices of their communities. This, of course, has neo-imperialist undertones.

What's too rarely acknowledged is that harmful practices like FGM and child marriage are deeply rooted in the unequal social and economic relationships between men and women: a system that subjugates women and girls, while privileging men and boys simply referred to as patriarchy.

Culture is not static. The cultures of diverse groups have changed over time, adapting and reforming certain hazardous aspects without giving up other harmless, positive and meaningful ones.

The global attention FGM and child marriage are now receiving will only transform unequal power relations between women and men if we apply the antidote to patriarchy: a human rights approach.

Harmful practices are violations of human rights to dignity and health, including sexual and reproductive health; personal security and physical integrity; and freedom from torture, and cruel, inhuman or degrading treatment. Girls subjected to them are often denied rights to education and forced to drop out of school, contributing further to women's social and economic powerlessness.

FGM and child marriage are forms of discrimination and violence against women under universal human rights. This perspective overcomes the perception that interventions to end harmful practices are 'neo-imperialist' attacks on particular cultures. It also places responsibility on governments who have duties to ensure the human rights of all persons in their jurisdictions.

Crucially, aims to challenge harmful practices must be situated firmly within the context of broader efforts to address the social and economic injustices women and girls face the world over. These must not be isolated single-issue struggles.

Adequate resources are needed for prevention, protection, and provision of services, as well as partnerships and prosecutions where required. Protection services can support high-risk girls, including through shelters or alternative care and telephone hotlines staffed by trained counsellors.

Education, information, life skills and livelihood training and health service programmes can meanwhile empower girls and women to assert their rights and make informed decisions. Public education and awareness-raising can transform underlying patriarchal social norms, attitudes and beliefs.

Laws and policies banning FGM and child marriage send an important, clear message that states will not condone harmful practices. States must guarantee girls and women equal protection under the law, including access to legal remedies and possible reparations, while strengthening the ability of state and non-governmental agencies to protect those at-risk.

Adequate resources and training for professionals in health, education, social work, judiciary, police and other sectors is vital to transmit accurate information about sexual and reproductive health, better implement legislation and punish perpetrators, and increase support for survivors to access remedies and services including medical, psychosocial and livelihood assistance.

States must be held to account on their international obligations to protect women and girls from all forms of violence and discrimination. Diverse groups must be targeted and

mobilised to end harmful practices, including, but not limited to: women, men, boys and girls of all ages, traditional and religious leaders, civil society, health professionals, universities, media and practitioners.

In particular we must support those running prevention and protection programmes at the grassroots level where the transformation of social norms is critical to ending FGM and child marriage.

A joined-up, comprehensive approach, based on human rights is the only way we can challenge the patriarchal structures that are the key drivers of such harmful practices. A simple attack on culture and tradition only fuels the fire of the backlash to women's and girls' rights globally.

WORLD: Women's testimonial videos about FGM – Female Genital Mutilation

WUNRN (11.08.2018) - <http://www.wunrn.com> - Since 1999, StoryCenter's Silence Speaks initiative has fostered healing for individuals, solidarity building within communities, and training and advocacy for public health and human rights promotion. Through intensive, hands-on participatory media workshops, we support people in sharing first-person stories from their own lives, in the form of videos, radio pieces, and photo essays. We work with our partners to carry out thoughtful and impactful approaches to story distribution. Our efforts have shown that with the support of our highly skilled facilitators, stories by individuals can bring attention to the structural roots of poverty, gender oppression, and violence, in ways that demand accountability and change at community, institutional, and government levels.
<https://www.storycenter.org/ss-about>

Sahiyo Stories brought together women from across the United States to create personalized digital stories that narrate experiences of female genital mutilation/cutting (FGM/C). Women are often reluctant to speak up about FGM/C, for fear of being ostracized from their communities, being labeled as victims, or getting loved ones in trouble. These courageous women, who differ in race/ethnicity, age, and citizenship/residency status, each shared a unique story. Some only recently discovered they had undergone FGM/C and were grappling with its emotional and physical impacts, while others are deeply invested in advocacy efforts to prevent it from happening to other girls. Sahiyo Stories hopes these videos will build a critical mass of voices from within FGM/C-practicing communities, calling for abandonment of this harmful practice.

Website with multiple testimonial stories:

<https://www.youtube.com/playlist?list=PL2zMrq22-Y2udK5OfdSvNksirvFoibP4r>

Right click on titles below, and then click on Open Hyperlink, to access videos.

[Shame - by Leena Khandwala](#)

[A Daughter's Questions - by Maryah Haidery](#)

[Tradition - by Severina Lemachokoti](#)

WORLD: Why 'Medicalization' of FGM is a serious threat to women

By Emma Batha

Global Citizen (06.02.2017) - <http://glblctzn.me/2k5UsXE> - A growing trend for midwives and nurses to carry out female genital mutilation (FGM) is undermining global efforts to eradicate the internationally condemned practice, experts have warned.

Morissanda Kouyate head of the Inter-African Committee on Traditional Practices called for courts to get tough on health workers convicted of carrying out FGM.

He also urged professional medical and health associations to expel members who repeatedly perform FGM.

"Medicalization is one of the biggest threats against the program to eliminate FGM," Kouyate told the Thomson Reuters Foundation by phone from Rome ahead of international FGM awareness day on Monday.

He called for countries to revise their laws on FGM to make clear that health professionals convicted of offences should face the maximum sentences allowed under the legislation.

An estimated 200 million girls and women worldwide have undergone FGM, which usually involves the partial or total removal of the female genitalia and can cause a host of serious health problems.

Speaking at a global conference on FGM in Rome last week, Kouyate said medicalization was an unfortunate result of early efforts to tackle FGM, which had focused on the health risks.

The ancient ritual – practiced in at least 27 African countries and parts of Asia and the Middle East – is usually carried out by traditional cutters, often using unsterilized blades or knives.

In some cases, girls can bleed to death or die from infections. Later on, FGM can cause fatal childbirth complications.

Kouyate said growing awareness of the risks had lead parents to take their daughters to clinics.

The trend had been encouraged by "the open arms approach" of many health workers who saw FGM as a source of income.

Medicalization is widespread in Egypt, Sudan, Guinea, Kenya, Nigeria and Yemen, according to U.N. data. In Egypt and Sudan, FGM is also carried out by doctors, Kouyate said.

Laws flouted

Campaigners and officials at the conference repeatedly voiced concerns over medicalization which they said served to legitimize the practice.

Kouyate, a doctor from Guinea where FGM is almost universal, described FGM as "the greatest violation of a woman's rights".

"The time has come to call a spade a spade – it is mutilation," he told the conference.

Unlike traditional cutters, he said health workers fully understood the implications of cutting the genitals.

"Whatever the size of the cut it's wrong. It has to be stopped and it has to be prosecuted," he added.

Most African countries affected by FGM have banned the ritual but laws are usually poorly enforced.

"We have a law, but everything else is missing," Senegalese parliamentarian Aminata Diallo said. "The problem is nobody reports the situation."

She said she was pushing for a law that would make it a crime to fail to report FGM.

Many judges were scared of handling FGM cases, Diallo said, following a trial in 2004 in which a judge was attacked and left paralyzed.

Campaigners said families often circumvented laws by crossing borders to have their girls cut.

Parents were also carrying out the ritual in secret late at night and increasingly getting their daughters cut as babies or toddlers to minimize the risk of detection.

The head of Kenya's FGM prosecution unit, Christine Nanjala, said they had handled 76 cases since 2014.

But she said there were ethical dilemmas, particularly where adult women had asked to undergo FGM. "Do you treat them as victims or criminals?" she asked.
