JULY

5

13.00 - 14.30

NAWO

Connecting Women

FGM/C: A HUMAN RIGHTS ISSUE

Room XXIII Palais Nation UN Geneva

Chair: Zarin Hainsworth OBE Chair NAWO
Speakers: Caroline Ouaffo Wafang (Adviser on Women's Rights OHCHR); Khadra Haji Cisman (Survivor); Zubeda Abdi Dahir (Survivor); Sean Callaghan (Operations Manager 28 Too Many); Dr Adebisi Adebayo (Chief, IAC Geneva Liaison Office), Bethel Terefe Tafesse (Founder Hidden Scars Project); Grace Spencer (NAWO YWA); Megan Wheatley (NAWO YWA)
Rapporteur, Sama Tanhai

Panel with survivors and activists from around the world looking at best practice to support survivors and stop FGM/C. Interactive session with discussion, films and call to action.

rsvp;admin@nawo.org.uk

Register (if you do not have a UN pass)
Register
HRC

28 TOO MANY

THE GATHERING GROUND

ebbf

WRI Widows' Rights International Charity Number 1069142

Advance

PROGRAMME

13.00 - PROMPT START
Welcome: Zarin Hainsworth OBE - NAWO Chair

Khadra Haji Cisman, Survivor

Caroline Ouaffo Watang, Adviser on Women's Rights OHCHR
“Achievements and challenges regarding FGM/C”

Grace Spencer, NAWO YWA
“Cultural Relativism and Human Rights: Striking the balance between cultural sensitivity and harmful silence”

Sean Callaghan, Operations Manager 28 Too Many
“Changing the law to make substantive positive change”

Bethel Terefe Tafesse, Founder Hidden Scars Project
“Breaking Taboos”

Megan Wheatley, NAWO YWA
"How can the UK improve preventative measures regarding FGM/C”

Dr Adebisi Adebayo, Chief, IAC Geneva Liaison Office
“Examples of Best Practice”

Zubeda Abdi Dahir, Survivor

Discussion, Q&A, Final comments

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Register (if you do not have a UN pass)
Register HRC

Biographies

Grace Spencer
She is a 17-year-old student from Gloucestershire, in the U.K, and is extremely grateful to NAWO Young Women's Alliance for enabling her to attend the United Nations and to be a panellist at this event. She feels that the inclusion of young people's voices in such events is of paramount importance, to ensure that ideas and perspectives put forward can represent a wide range of people. Researching for her presentation at this event has been enriching, inspiring, and moving in equal measures; she feels privileged to be able to lend her voice to such a worthy and important cause.

Megan Wheatley
Megan is a NAWO Young Women's Alliance delegate who in this debate presented her ideas on how the UK can improve its preventative and protective measures for girls at risk from FGM in the UK. She is full of gratitude for NAWO, in particular Zarin and Soroush, for allowing her the opportunity to speak at this amazing event alongside some incredibly brave and powerful women. She hopes that the event will make a difference to the UN's stance on FGM and provide a platform for the further prevention of FGM in countries round the world.

Khadra Haji Cisman
Khadra is a survivor of FGM/C who works for the a Northampton group campaigning to end FGM in all its forms.

Zubeda Abdi Dahir
Zubeda has been campaigning to end FGM for a long time, having been through it herself at the tender age of 8. She is very happy to encourage anyone who shares her passion to come and join them on this journey. Her mum is from Ethiopia, her dad is from Somalia and her grandmother is from Yemen.

Bethel Terefe Tadesse
Bethel Tadesse, founder and director of Hidden Scars and Lead outreach worker for Integrate UK.

Sean Callaghan
Sean brings over 25 years' experience in international development, including a decade in coaching social entrepreneurs and facilitating leadership development. He has consulted for numerous businesses and not-for-profit organisations across Africa and the Middle East, the UK and the United States. Sean has a diverse and comprehensive background, along with expertise in coaching, mentoring, facilitating and training.

Adebisi Adebayo
Dr. (Mrs) Bisi Adebayo is the Chief Focal Point at the Liaison Office of the Inter African Committee on Practices Affecting the Health of women and Girls which is headquartered in Addis Ababa, Ethiopia with National Committees in 29 countries in Africa and 13 Affiliates in non African countries all over the world working to promote the health of women and girls. Dr. Adebayo holds a PhD in Population Studies from the University of Liverpool, United Kingdom. She has a sustained interest in human rights issues, youth, gender and women's health with accumulated diverse experiences internationally from different countries both in Europe and Africa. She has carried out a lot of research and written severally on the root causes of the status of women as well as on different socio-economic issues".

Caroline Ouaffo Wafang

Caroline is Adviser on Women's Rights within the Women Rights and Gender Section of the High Commissioner's Office of Human Rights (OHCHR) in Geneva. Prior to joining OHCHR Geneva she was Regional Gender Adviser for West Africa OHCHR based in Senegal, where she interalia worked on violence against women, including harmful practices, and other issues pertaining to gender and peace education. Ms Caroline Ouaffo Wafang has combined qualifications in Law, International Relations and Human Rights.

Summary

Grace Spencer

- FGM/C is a traditional but harmful practise
- One FGM/C case reported every hour in the UK
- USA saw its first arrest in April 2017
- There should be increased and lengthened equality training in identifying individuals within communities
- The survivors are agents of change
- The practise goes underground if you persecute those carrying it out
- There has been a 37.5% decrease in Burkina Faso
- Cultures need to work cohesively
- We need increased intercultural dialogue

Megan Wheatley

- Viol de Femme scheme is an effective NGO scheme
- It includes training facilities and increased education for vulnerable girls in Burkina Faso
- Teaching about FGM/C in a medical context is not facilitated at undergraduate level
- Doctors claim they receive no education or training on how to deal with FGM/C
- Vulernable girls slip through the net of the protection order
- There has been no development in persecution of those who carry out FGM/C

Khadra Haji Cisman

- Her mother did not want her to be cut like her older sisters
- She would pressure her mum to let her do it; her friends and cousins would tease her for not having been cut
- The cutter used butcher's tools
- She nearly went unconscious and could not even get up to help clean the house 3 days later
- Some stitches had come out - the cutter said she should have it sewn again because her future husband would think she had already lost her virginity but her mother refused

- It took 3 months to recover, but she still showed off with pride to her friends
- There is a strong community belief that FGM/C should occur
- Police and social services went into a girl's house, took her passport and her father into custody - this incurred a big psychological cost and they eventually discovered the family was not at risk of FGM/C
- The police, professionals and survivors need to work together

Zubeda Abdi Dahir

- She was 8 years old when she was cut
- She could hear her cousin's screams and she was so scared she ran away; the boys chased her down and brought her back
- The floor was covered in blood and unclean razor blades
- Her pelvic bones were damaged so she needed 3 caesarean sections
- Her husband's penetration was forceful and painful
- She started a community in Southampton (FGM Conversations)
- Policies don't work unless they engage with survivors of FGM/C
- Sometimes children are taken from their mothers at very young ages if there is suspicion of FGM/C occurring
- The female cutters are not at fault - the blame lies with the men and their expectations
- Authorities need to learn from survivors
- We need to talk about FGM/C

Bethel Terefe Tadesse

- FGM/C is an intergenerational issue
- It is hugely important to have men in the conversation
- Conversations about it should come from a place of love and understanding not anger
- Qualitative data is more informative and powerful
- FGM/C is deeply rooted in many cultures
- Mutual cooperation will be required to end FGM/C

Sean Callaghan

- 28 Too Many is a research organisation
- 21 out of 28 African countries actually have laws that outlaw FGM/C
- 55 million girls live in these 28 countries and are under threat of FGM/C
- There is a deep need for community dialogue

- There are too many loopholes in legislation that girls fall through
- Penalties of cutters range from $5 to $3700 fines, and from a couple of weeks to 20 years in jail
- Countries that have highest prevalence of FGM/C also have the lowest fines

Adebisi Adebayo

- National laws aren't implemented because governments are scared
- People need to be encouraged to report FGM/C
- Criminalisation would only drive the practise underground
- A woman that hasn't been cut in these communities has no voice in society and faces stigma

Caroline Ouaffo Wafang

- It is important to see the human faces of FGM/C
- The HRC adopted a resolution on FGM/C without a vote
- We need to address FGM/C at different levels (international, regional)
- We need to work at grassroots and community levels
- She condemns the medicalisation of FGM/C
- We need to speak about it and report on it
- "Be the voice of the voiceless"
- It is important to work with the UPR (Universal Periodic Review) HRC mechanisms
- Getting civil society involved would be effective
- Resolutions should reflect the ideas had at local and regional levels

"All of us can be active agents in changing the world with what we do."

- Zarin Hainsworth

"When it comes to FGM, we might not have it all together, but together we have it all"

- Bethel Terefe Tadesse

Q and A Session

The Q and A session brought up some very interesting discussion topics, beginning with a story by a French doctor who found the medical practise of FGM an unbelievable, gender based violation.

A second round of questions brought up ideas of vague legislation, strengthening ministries or women and the relationship between Islam and FGM. Sean began by offering some insight into the variety of definitions of FGM in legislation and the issues this ambiguity causes. Megan then introduced the idea of separating Islam and the practise of FGM, seeing as the abusive surgery is not mentioned in any religious text; Zubeda and Khadra went on to reaffirm this concept and emphasised how FGM is cultural not religious. Finally, Grace added that the association of FGM with religion can lead to governments feeling they cannot intervene due to fear of inhibiting religious freedoms.

Caroline agreed with Bethel in that men must be included in the conversations, but Zubeda also highlighted how the community of women can be strengthened once women themselves speak up within their own communities.

A third round of questions from Zarin included themes of societal attitudes, alternative forms of income and strengthening international instruments. Education was brought up by khadra, using technological advances like social media to mobilise large groups of people, an idea that Megan also mentioned in terms of connecting those that have progressed in terms of FGM and those that haven't. Zubeda made a strong plea for the education to be focused on the youth, seeing as they are our future, and Bethel encouraged intergenerational conversations to ensure the eradication of FGM.

Sean looked at the issue of FGM in societal terms, especially the patriarchy and how FGM is a part of ingrained sexism and therefore must be looked at in relation to this. Furthermore, Khadra introduced an economic perspective, suggesting the introduction of alternative forms of income for cutters (an idea Naserian has carried out), with Grace reiterating the need to not demonise the cutters themselves.

Another theme brought up in these answers was that of transition and ideas of alternative ceremonies to signify transitioning from childhood to womanhood. Sean added how it is important to shift what is seen as best for their little girls from FGM to something safer, healthier and more respectful.
To finish, Adebisi talked of how important it is to give more funding to the organisations that can help, Bethel highlighted the complexity of the issue and Zarin reminded the audience that "all of us can be active agents in changing the world with what we do."

Full Speech Transcripts/Notes

Grace Spencer

Today, globalisation and increased migration mean that many countries, particularly in the Global North, are facing a unique ethical problem. That is, the difficulty of exercising respect for cultural minorities, while still stepping in and effectively putting an end to practices such as FGM, which, although traditional, is a violation of Human Rights. So, having limited experience in handling such a sensitive issue as FGM, how should countries to which it is not a traditional practice go about ensuring that this human rights abuse does not continue? And in doing this, how do they avoid risking the alienation or aggravation of the people who they are trying to help?

I'd like to first explore the issue at hand - In the UK, there is one FGM case reported every hour, and It's estimated that cases in America have tripled since 1990. However, the UK has never convicted on FGM charges, and the USA saw its first arrest in April 2017, despite legislation dating back to the eighties and nineties in each case. So, why don't prosecutions and instances match up? What is preventing countries such as these, self-proclaimed defenders of the human rights of their citizens, from carrying out real, concrete action to target this human rights abuse?

The answer, put simply, is fear. There is a reported fear, on behalf of politicians, health workers, and teachers, of appearing racist or culturally insensitive if they take action over suspected cases of FGM. This concern is perhaps understandable, given that anti-FGM campaigns worldwide strongly stress the importance of cultural sensitivity and understanding when dealing with such a complex and ingrained issue as FGM. The well-meaning concern of these teachers and health workers is reported to feel intrusive on behalf of minority communities quite often - but under the right circumstances, and with the right resources, this doesn't need to be the case.

The solution to this issue is twofold, and comes from both enabling these health workers, teachers and politicians to feel more comfortable in creating a dialogue about FGM, and destroying the taboo surrounding it in the minority communities themselves. Increased and lengthened Equality and Diversity Training in businesses is one approach which has been proven to result in professionals understanding the real risks involved with FGM, and feeling more confident and able to deal with it. But the main solution to this fear of being insensitive, while still making much-needed positive progress, lies in identifying the individuals in the minority communities themselves who will be the most powerful agents of change. Intervening via outside influence, or attempting to 'solve' the problem of FGM by sending in specially appointed officials, who may not be well-versed in the customs of the minority community, is likely to only worsen the problem - World Vision has reported that this approach leads to the practice being driven underground, and overall alienation of the community.

We have seen worldwide that the success stories come when the community in which FGM is taking place is respected, and not seen as something unable to guide itself, or something without morals. For example, in Burkina Faso, the approach of engaging with trusted civil society, through involving medical professionals, teachers, and youth organisations, among others, has resulted in a 27.5% reduction in FGM, according to the Demographic and Health Surveys Program. Here, we see that true change can only come from within a community, and cannot be imposed upon it. The success of these thoughtfully executed programmes worldwide should encourage countries in the Global North struggling with this issue that change is possible.

To conclude, the hesitation and fear of addressing FGM in the Global North is dangerous to all citizens, whether it presents a direct risk to their safety and the upholding of their Human Rights, or robs them of their power to change things they see as unjust. We must not let fear hold us back from trying to tackle this complex and distressing issue. We should work together to create societies in which people feel confident and capable to challenge or overcome FGM, and where cultures are given the means to work together, cohesively. This may include measures such as enhanced Equality and Diversity training, for example, but must include increased intercultural dialogue, so that cultures are able to understand each other, rather than becoming more divided and fragmented. In the words of Kofi Annan - “Tolerance, inter-cultural dialogue and respect for diversity are more essential than ever in a world where peoples are becoming more and more closely interconnected.”

Megan Wheatley

Once upon a time, in a land not so far away, a little girl packed her bag for her holidays. Her and her mother were going on an exciting trip all the way to a foreign land to see her aunt. She had never met her family in her homeland before, but her mother assured her that they were waiting to meet her with a special ceremony. What she didn’t know was that her adventurer’s voyage to an unknown place would leave her with hidden scars that would last her whole life.

Every year thousands of girls take this trip from their homes in the UK to countries across the globe to be abused by their families and those they place their trust in. The NHS reports that from April 2016 to March 2017 there were 9,179 attendances reported at NHS trusts and GP practices where FGM/C was identified or a procedure for FGM/C was undertaken. Even with the further implementation of legislation across the UK, making the carrying of girls to foreign countries to be cut illegal, there is still a desperate need for more to be done to help the estimated 144,000 girls living with the risk of FGM/C being used and the 137,00 girls who are though to have also been affected by the disgusting practise of Female Genital Mutilation.

Perhaps the first place to start with preventing UK girls and young women from being affected by FGM/C is with education. Even now when schools across the UK become increasingly aware of pupil wellbeing and mental health, it is shocking that students are not required to learn about FGM/C and both the psychological and physical consequences it can have on a young girl. Within the PSHE curriculum of the UK, it is not compulsory for FGM/C to be taught to students, even those living in areas where FGM/C is practised the most. Although the PSHE association recommends the teaching of FGM/C to KS2, KS3 and KS5 in different levels of detail and contexts, to allow the appropriate amount of education and knowledge on the illegality of the practise of FGM/C to reach the most vulnerable of girls. Albeit some girls may have already been subject to abuse in the form of FGM/C by the time they are educated on its illegality, there are many ways in which victims can get help both with the ongoing impacts of FGM on their mental and physical health. Nevertheless, a change in the government’s position on FGM education and educational outreach in prolific communities with a firmer stance on the necessity of young girls being made aware of their rights surrounding abuse and the ways in which they can prevent themselves from being mutilated in the UK and in other countries.

Another element of education that seems to be missing from the current UK system is that currently, the teaching of FGM and its practicalities in a medical context are not taught to undergraduate med students, only occasionally to those choosing specialisms in gynaecology and obstetrics. In 2015, the first case against an alleged perpetrator of FGM was brought against Dr Dhanuson Dharmasena, a registrar in Obstetrics and Gynaecology at the Whittington Hospital who was accused of performing female genital mutilation (FGM) on a young Somali woman under

his care. The case was fought in only 30 minutes, with Dr Dharmasena reportedly claiming that he had received no training on FGM either as a medical student, or as a qualified doctor. This example only demonstrates the evident need for FGM in medical school modules, an issue also brought forward by Junior Medics who at the annual BMA medical students conference in 2014, voted in support of a motion calling to 'Ensure doctors are aware of the short and long-term effects of FGM through comprehensive medical school teaching.' If the medical branches of civil society are unaware of an issue affecting so many, it can be easy for many defenceless girls to slip through the net of local authorities. If those protecting our health are unaware of FGM and its frequency throughout the country – what hope can those who have already been subject to FGM have of finding solace in rehabilitation and finding a way in which to prevent further pain and medical issues in their future?

When one approaches the issue of FGM in the UK it is also impossible to ignore the fact that only one arrest and zero persecutions have been made on grounds of the perpetration of FGM or allowing a child to undergo it. Even with further amendments to the UK legislation made as part of the Serious Crimes Act of 2015, there have been no developments in the targeting and persecution of those who facilitate and enact the practise. The UK government tried to make a concerted effort to further the prevention of FGM in the UK and to UK citizens by implementing FGM Protection Orders, were designed to provide a civil alternative to criminal prosecutions. These Protection Orders have been described as putting "protective bubble wrap" around a child. They contain conditions like surrendering a passport to prevent the person deemed at risk from being taken abroad to undergo FGM. Although this new legislation in theory would be effective in protecting young girls from being exported out of the country and thus being subject to abuse, the latest data (up to 31 March 2107) showed that only 137 applications were made, and 113 orders granted. The idea of the Protection Order only works if there is a responsible adult who is aware of the risks that the girl is facing and therefore can act on it. Law and Order forces across the UK need to be acting in a more investigative and action-based manner rather than implementing new legislation which theoretically would be of great assistance to those in need, however in reality provides little help to the thousands of girls born into the UK every day who one day will be snatched to an unknown place and leave with a life changing mutation.

Our government can implement as many laws as it would like but the true call to action needs to be at a grass roots level, with intervention earlier on in these girl's lives, with teachers, doctors and youth support staff who have the knowledge and training to assist them in preventing FGM from being perpetuated or allow them a safe space and aid in recovering from the FGM abuse that has already been enacted. None of this can be done without sufficient government funding and therefore perhaps the beginning of the end to FGM can commence with the government's full investment of time, energy and money into the cause.

Sean Callaghan

18 months research – worked with Reuters TrustLaw and 7 global law firms and local counsel,

NGOs and activists in all 28 countries.

1. National Laws

22 countries have national legislation in place – 6 currently without laws. (Chad, Liberia, Mali,

Sierra Leone, Somali, Sudan)

Approx. 55m girls (aged 0-14) at risk of FGM across the 28 countries:

- 50% of them are in 3 countries that have laws (Egypt/Ethiopia/Nigeria)

- 30% of them are in 6 countries without laws (and all these have either laws drafted and still waiting to be passed or have expressed intention to draft a law)

2. International Treaties

ALL countries (except Somalia) have signed or signed & ratified one or more of the following which create a legal requirement for them to have FGM laws – CEDAW / Maputo Protocol / Cairo Declaration.

5 out of the 6 'no law' countries have signed the Cairo Declaration.

3. Failure to Report FGM

Of 22 countries with laws, 50% have a specific requirement to report FGM.

We recognise a distinction between:

Collective responsibility – general responsibility of community to report.

Positional responsibility – specific responsibility of teachers, health professionals, etc.

4. Medicalised FGM

10 out of the 22 countries with laws criminalise medicalised FGM. Sentences include double sentences/maximum penalty/unable to practice for specified period.

In 5 countries where medicalisation is an issue, only 2 specifically criminalise it in laws:

Guinea / Kenya - YES

Egypt / Nigeria / Sudan – NO

5. Cross-border FGM

Only 3 countries specifically criminalise and punish cross-border FGM.

ECOWAS has looked at the issue / IGAD and AU need to look at it.

- AU / ECOWAS / IGAD need to refer to EAC Act and put in place similar regional laws to tackle cross-border FGM.

6. Penalties

Comprise fines and/or imprisonment, but sentences to date lenient.

- Sentences for performing FGM range from 2 months to 20 years.
- Fines for performing FGM range from US $5.50 to US $3,717.

7. National strategies to end FGM

5 out of the 6 'no law' countries do not have any discernible national strategy in place (this shows a lack of political will to tackle the practice) and this is putting 16 million girls at risk in these countries.

8. Closing the implementation gap

Key themes:

a) Laws are a statement of intent - lack of a law is also a strong statement!
b) Not about prosecution – about prevention
c) Community activists need a law to point to as showing FGM is 'wrong'/'Illegal'
d) Need to widen knowledge of the law

Adebisi Adebayo

- FGM is deeply rooted cultural belief tightly held on to by people, passed on from generation to generation for several reasons. For those in the diaspora it is both a source of identity and sometimes carried out to preserve the purity and virginity of the girls. Unfortunately, perpetuated by women, specifically older women.
- As far as FGM is concerned can anyone action be considered a best practice or are all actions best practices or for want of a better word, 'good practice'.
- I believe any action that saves even just one girl is a good practice.
- FGM is a multi-stakeholder phenomenon, with different actors all significant in the circle of ensuring zero Tolerance. Thus, different entry points are required to adequately target the different players.
- It is for this reason that the IAC work with a mélange – a potpourri of actions. All focused-on education and persuasive strategies became the way out. I believe **this** is the 'better practice'. We discovered that it is important to show understanding, that this practice wasn't carried out to unduly hurt the girls/babies but was carried out with good intentions and in the understanding of the parents to be the best interest of the child.
- Legislations are important and they provide the basis of foundation for all work done on ensuring abandonment. Criminalization however, will drive and has been driving down the practice. This is the reason for the very low persecutions ever made in the Western World. For starters, loyalty to family ties would prevent anyone from making a report. This leaves the decisions to medical personnel some of whom, are actually the perpetrators.
- Medicalization rose up as an excuse to reduce pain, carry out the operation under hygienic medical conditions with Anastasia to reduce the pain. Still we have heard about deaths even on the operating tables of doctors. Patients have bled to death.
- Among the Bondo Society of Liberia and Sierra Leone, FGM is sustained because it is linked to the status of women in the society. Thus, justified by the stratification excuse. Uncut Women are pushed to the bottom of the society and have no voice, cannot be called upon in important gatherings. The shame and labeling, name calling makes it a desirable operation.
- We use different strategies to target different actors and address the most justifiable driver as far as the target group is concerned. For instance, Women and the stratification system that cause some women to actually submit themselves for the exercise. likewise the shaming and name calling. There is also the age long believe that the hood must not touch txhe head of a baby during child birth otherwise the child would die.
- At the same time we need actions that target men too, because in some societies, FGM makes the women marriageable. There are also sexual connotations to it all benefitting the men.
- Need to target community and religious leaders because of their influence in the societies.
- Law makers also have their role to play, enforcement agencies, Government officials including the First Ladies. these are strategies that are working for IAC.
- I must mention the process getting the Summit of African Heads of State leading up to the UNGA Resolution, this has remained a noteworthy action.
- We also have the activities here in Geneva and at the HRC - the cooperation of State parties, Civil Societies, UN and other UN agencies
- The greatest challenge remains implementation and enforcement. That genuine political will for that long-lasting haul.

Contacts

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Websites

www.fgmconversations.com
https://www.hiddenscarsproject.co.uk/
https://www.28toomany.org/

Report
Grace Spencer