



END FGM EU

FGM, ANTIRACISM & INTERSECTIONALITY POSITION PAPER



End FGM
EUROPEAN NETWORK



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INTRODUCTION

This position paper reflects on the issue of racial discrimination with a focus on how it impacts the work of the anti-FGM sector. It aims at providing recommendations to different stakeholders within the sector to tackle racism and discrimination within the movement and beyond.

Throughout its work on the topic of Female Genital Mutilation in Europe and globally, the End FGM European Network has come to discover the broad diversity of people affected by the practice, from countries of origin, ethnicities and religions to sexualities and levels of education, to name a few. This diversity, as well as the realisation of how stigmatised FGM-affected communities are in Europe, has made it clear to us that we needed to broaden our scope of understanding on what impacts the lives of FGM Survivors and FGM affected communities. This position paper was developed in the aim of providing key stakeholders with guidance and effective strategies on how to tackle racism in relation to FGM.

Dedicated to being the driving force of the European movement, the Network is equally committed to promote and foster an environment that is fair, welcoming and fulfilling for all relevant actors in the field of FGM as well as for the communities we serve. If we are to achieve that purpose, the first fact we cannot overlook and must acknowledge is that racism is prevalent both outside and within the movement. Based on this awareness, we must reflect on how to overcome it. An intersectional approach is necessary to explore, analyse and define how multiple forms of discrimination, herein sexism and racism, can intersect. This approach has therefore guided our research on FGM, racism and anti-FGM activism.

Methodology

End FGM EU set up a working group on “Antiracism and Intersectionality” composed of End FGM EU members and ambassadors in order to review and contribute to the position paper, as well as to support general initiatives towards antiracism and intersectionality within the Network. Data was collected by an external consultant through desk research in addition to interviews conducted with End FGM EU members, ambassadors and contacts who are directly

affected by FGM. Moreover, the consultant organised three focus groups with members of the Antiracism & Intersectionality Working Group and other relevant representatives of the Network. The focus groups were divided in three sessions with three subgroups: a group of self-identified white people, a group of self-identified people of colour (POC) and a joint group with both white people and people of colour. The aim of the focus groups was to identify and analyse any possible differences in the perception of racism and antiracism in the anti-FGM movement by people whose relations to the topic are different. The sessions provided valuable testimonies that are quoted -anonymously- in the position paper.

This paper thus explores, through the lens of intersectionality, the impact of racism on the work to end FGM and support affected communities and Survivors. From such analysis, we pull out concrete principles and recommendations to ensure that racism is properly addressed both when advocating against the practice and when preventing and responding to it.



1

OVERVIEW OF THE MAIN REGIONAL LEGAL AND POLICY FRAMEWORK ON ANTIRACISM IN EUROPE

In Europe, the most relevant policy frameworks on antiracism are set by two main regional actors, the Council of Europe (CoE) and the European Union (EU).

In 1950, the CoE adopted the European Convention on Human Rights (ECHR), which is enforced by the European Court of Human Rights (ECtHR), and provides protection against discrimination under Article 14, further complemented by Article 1 of Protocol No. 12, which prohibits discrimination more generally, in the enjoyment of any right set forth by law¹. This protection includes the prohibition of discrimination on the grounds of race or ethnicity.

The Council of Europe has also used the Parliamentary Assembly to act against racism, notably the Committee on Equality and Non-Discrimination and its three subcommittees². This Committee considers and formulates proposals to tackle discriminations that are relevant to its mandate³. The CoE also set up the European Commission against Racism and Intolerance (ECRI) in 1994, which is described as “a unique human rights monitoring body which specialises in questions relating to the fight against racism, discrimination (on grounds of “race”, ethnic/national origin, colour, citizenship, religion, language, sexual orientation and gender identity), xenophobia, antisemitism and intolerance in Europe⁴.” The ECRI issues General Policy Recommendations, which are guidelines addressed to Member States on how to effectively tackle racism and intolerance.

Moreover, there have been other initiatives to tackle racism, for example in the form of campaigns. One of Europe’s biggest campaigns against racism in the last thirty years was launched by the Council of Europe in 1994 with the All Different - All Equal Youth campaign⁵. From 2006 to early 2008, the European Youth Summit ran another All Different-All Equal campaign⁶, seeking to bring young people together to combat intolerance in all its forms. However, these initiatives did not manage to engage many people affected by racism⁷. Furthermore, they had the flaw of overlooking the fact that racism is structural, which may have contributed to their lack of reach and impact. Scholar Alana Lentin explained (Lentin n.d.): “*constructing racism as a problem of insufficient cultural knowledge and challenging it through the encouragement of greater empathy ignored the roots of racist attitudes and behaviours which were seen as located in the individual, as were the solutions, thus ignoring its structural dimensions*⁸.”

The European Union started putting in place measures to combat racial and ethnic discrimination in 1997 with the amendment of article 13 of the Treaty of Amsterdam^{9,10}.

To name a few:

- In 2000, the Charter on Fundamental Rights was adopted, providing for equality (Title III) and non-discrimination (Art. 21) in the application of EU law. However, the Charter only became legally binding in 2009¹¹.
- The Race Equality Directive was also adopted in 2000 and introduced the principle of “equal treatment between persons irrespective of racial or ethnic origin in relation to not only employment and training, but also education, social protection and social advantages (including social security and healthcare), involvement in organisations of workers and employers and access to goods and services, including housing¹².”
- The Council Framework Decision 2008/913/JHA was adopted in 2008 to “combat certain forms and expressions of racism and xenophobia by means of criminal law”.
- The EU Anti-Racism Action Plan 2020-2025 was launched in 2020. Its particularity is that it is the first EU antiracist initiative that acknowledges that racism is structural and calls for an intersectional approach to combat it: “As the impact of structural racism can be as profound and harmful as individual racism, its existence needs to be acknowledged and it must be addressed through proactive policies. An intersectional perspective deepens understanding of structural racism and makes responses more effective¹³.” Furthermore, the action plan led to the appointment of the first ever EU Commission’s Coordinator for anti-racism¹⁴.

In December 2021, a legislative proposal that notably tackles racism and xenophobia was announced by the European Commission to turn hate speech and hate crime into Eurocrimes under Article 83 (1) of the Treaty on the Functioning of the EU (TFEU)¹⁵. The existing legally binding measures at the CoE and EU level have not proved sufficient to target racism within society. To face increasing challenges and new understandings of how to put in place anti-racism initiatives, the EU has resorted to the increasing use of soft law¹⁶. Adopting soft law is the EU’s way of acknowledging the need for a new measure while allowing Member States to devise their own individual strategies to implement it. Nonetheless, more progress is needed through the effective prioritisation and implementation of antiracism measures and understanding of the wide scope and impact of racial discriminations¹⁷. Meanwhile, in many Member States, movements calling out structural racism and organising on their own terms against it sometimes face hostility from institutions¹⁸. While some Member States are less reluctant than others, denouncing the damages done by colonialism and slavery is still overall viewed as sensitive and controversial^{19,20}. Such EU anti-racist initiatives should also have strong accountability mechanisms

¹ Guide on Article 14 of the European Convention on Human Rights and on Article 1 of Protocol No. 12 to the Convention. Accessed April 20, 2022. https://www.echr.coe.int/Documents/Guide_Art_14_Art_1_Protocol_12_ENG.pdf

² “Committee on Equality and Non-Discrimination.” 2013. Coe.int. 2013. <https://pace.coe.int/en/pages/committee-29/committee-on-equality-and-non-discrimination>.

³ “Committee on Equality and Non-Discrimination Mandate of the Sub-Committee on Gender Equality.” n.d. Accessed December 13, 2021. <https://assembly.coe.int/LifeRay/EGA/Pdf/DocsAndDecs/SubComMandates-EN.pdf>.

⁴ “ECRI European Commission against Racism and Intolerance.” n.d. <https://rm.coe.int/leaflet-ecri-2019/168094b101>.

⁵ “All Different -All Equal Campaign (1994 - 1996).” n.d. Combating Racism and Discrimination with Young People. Accessed December 12, 2021. <https://www.coe.int/en/web/all-different-all-equal/all-different-all-equal-campaign-1994-1996>.

⁶ “All Different -All Equal Campaign (2006 - 2007).” n.d. Combating Racism and Discrimination with Young People. Accessed December 12, 2021.

⁷ Lentin, Alana. n.d. “An Anti-Racism in Europe?” Combating Racism and Discrimination with Young People. Accessed December 12, 2021. <https://www.coe.int/en/web/all-different-all-equal/an-anti-racism-in-europe-16> “Soft Law.” 2013. Eurofound. 2013. <https://www.eurofound.europa.eu/observatories/eurwork/industrial-relations-dictionary/soft-law>. ¹⁷ Farkas, Lilla. n.d. “The EU, Segregation and Rule of Law Resilience in Hungary.” *Verfassungsblog*. Accessed December 13, 2021. <https://verfassungsblog.de/the-eu-segregation-and-rule-of-law-resilience-in-hungary/>.

¹⁸ Diallo, Rokhaya. 2021. “Opinion | What France Does Not Understand about Racism and Safe Spaces.” *Washington Post*, March 25, 2021. <https://www.washingtonpost.com/opinions/2021/03/25/what-france-does-not-understand-about-racism-safe-spaces/>.

¹⁹ McEachrane, Michael. n.d. “Will European Countries Ever Take Meaningful Steps to End Colonial Legacies?” *The Conversation*. Accessed December 13, 2021. <https://theconversation.com/will-european-countries-ever-take-meaningful-steps-to-end-colonial-legacies-148581>.

and sanctions regime for governments that target antiracist activists or do historical revisionism²¹.

The combat to end FGM evolves within this political and social climate, and since FGM affects primarily people of colour, it seemed crucial to put forward a position paper that analyses how these issues and contradictions affect the anti-FGM sector.

2 DEFINITIONS

Intersectionality Intersectionality is a concept first identified by the black feminist Bell Hooks²² and later coined by African American professor Kimberlé Crenshaw in 1989²³ to describe how race, class and gender “intersect” with one another and overlap.

Example: *A black woman migrates to Europe from an African country to seek asylum. This woman will face unique discriminations due to being black, a woman and a migrant seeking asylum. These three identity markers that determine her position in society cannot be separated from each other because they overlap. The challenges she will face will be different from the ones of a migrant woman of a different race and even from the ones of a migrant man of the same race. Misogyny and racism express themselves differently depending on gender and race. Similarly, class-based oppressions do not affect everyone in the same way depending on one's gender and race.*

The concept of intersectionality was developed by black feminists in the USA, in an effort to understand the particular oppressions faced by black women in their everyday life but also within the antiracist and feminist movements. At the time, feminist spaces were advocating for white women's interests and antiracist spaces were advocating for black men's interests. Intersectionality thus came from the necessity to have an analytical framework ready to understand women of colour's oppression no matter the time, place and context. Intersectionality offers a precious insight into how identity markers - which for the most part are predetermined - generate power imbalances in societies at large and also in interpersonal relationships. When using the word “intersectionality” it is important to acknowledge its origins referring to the intersection of race, class and gender. While recognising this, the Network has adopted a broader approach that includes intersections of other forms of discriminations²⁴. Intersectionality is a framework to help understand marginalised people's situation and challenges. If used only by itself, intersectionality has no power to lead to change. Therefore, while intersectionality is a good learning tool, it must

not be considered as a solution in itself. It is a crucial lens of understanding; but this understanding must be followed by actions to be effective.

Race is a social construct, with no biological truth²⁵, that divides people into groups based on differences in phenotypes. Our current global concept of race originates from the 18th century, when European white people in power defined it as a supposedly biological concept to justify the colonisation, massacre and enslavement of people who were not white European. These people were racialised, meaning that white Europeans assigned negative physical, cultural and psychological characteristics to the constructed race of non-white people, defining themselves by opposition as superior. The phrase “racialised people” can thus be used to qualify people of colour in relation to how they are affected by racism. The concept of racial hierarchies is pervasive globally, mainly due to European colonial empires, and there is not a single territory that has not assimilated it in some capacity²⁶. Processes of racialisation of non-white people thus still continue across Europe, and actively shape the relations and positioning of racialised people vis-à-vis State structures, authorities and institutions. Nowadays, the term “race” is used in sociology as a way to recognise and study differences between the lived experiences of different racial groups in order to better understand our social system.

Racism is the widespread conscious or unconscious belief that some individuals belonging to socially constructed racial categories are inferior to others, resulting in discourse, policies and behaviours that create and maintain their marginalisation from society. Our contemporary forms of racism stem from European colonialism and consequent theorisation of the hierarchy of races. No one can affirm that they are not racist since we all carry explicit and/or implicit biases²⁷ towards people of colour due to evolving in racist societies.

Racism manifests itself at different levels:

- **Interpersonal racism:** When an individual from the dominant racial group holds racial prejudices towards others, ranging from misconceptions to racial slurs and even physical acts of violence. People of colour can be racist among themselves however white people can never be victims of interpersonal racism. Indeed, white people constitute the dominant racial group at the global level due to European colonialism and thus move through a world where their race is seen as the default against which others are defined. Therefore, in this system, white people, while they can be the target

²¹ Diallo, Rokhaya. 2020. “Opinion | France's ideological wars have found a new battleground: Universities.” Washington Post, December 29, 2020. <https://www.washingtonpost.com/opinions/2020/12/29/france-academic-freedom-universities-backlash/>

²² bell hooks, *Feminism Is for Everybody* : Passionate Politics (London: Pluto Press, 2000).

²³ Kimberlé Crenshaw, “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics,” *The University of Chicago Legal Forum* 1989, no. 1 (1989), <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf>.

²⁴ For more information, refer to our 2021 Campaign <https://www.endfgm.eu/what-we-do/campaigns-end-fgm-eu/2021-endfgm4all-fgm-and-intersectionality-addressing-fgm-while-leaving-no-one-behind/>

²⁵ “Race | Definition, Ideologies, Constructions, & Facts.” n.d. Encyclopedia Britannica. <https://www.britannica.com/topic/race-human#ref234655>.

²⁶ BBC News. 2017. “Implicit Bias: Is Everyone Racist?,” June 5, 2017. <https://www.bbc.com/news/magazine-40124781>.

²⁷ Stafford, Tom. n.d. “This Map Shows What White Europeans Associate with Race – and It Makes for Uncomfortable Reading.” *The Conversation*. <https://theconversation.com/this-map-shows-what-white-europeans-associate-with-race-and-it-makes-for-uncomfortable-reading-76661>.

of prejudice (including based on ethnicity and country of origin), cannot be victims of interpersonal racism or any other form of racism as these require an imbalance of power based on race²⁸.

- **Institutional racism²⁹:** When a country's policies, laws and institutional practices either explicitly or implicitly favour the dominant racial groups- in Europe, white people- or are used to implicitly or explicitly target people of colour.

Example 1: For instance, some anti-racist activists perceive that laws around the ban of the hijab in public spaces are good examples of institutional racism. While these laws don't explicitly target any race, they stigmatise, exclude and marginalise Muslim women³⁰, who are mostly women of colour, under the pretence of preserving secularism.

Example 2: For instance, there is a disproportionate criminalisation of people of colour in Europe^{31 32} which demonstrates that police in all Member States have a tendency to apply a heightened surveillance on people of colour and geographical areas that are known to be predominantly composed of people of colour. As an example, a study in the UK has showed that black people are nine times more likely to be stopped and searched by the Police even though they represent only 3% of the national population³³ In France, Black and North African people are 20 times more likely to be stopped by police than white people³⁴.

Example 3: Another anecdotal example comes from Italy where in 2017, the mayor of Lodi, a city in the Northern region of Lombardy promulgated a controversial resolution that caused children of immigrants to lose their freight and school lunches allowances. Besides the usual documentation required for lunch and bus subsidies, the mayor asked parents to prove that they did not possess property, bank accounts or other forms of revenue both in Italy and in their countries of origin. Though not targeting black families overtly, the new edict resulted in a de facto exclusion and segregation of afro-descendant children, as it was impossible for many of their parents to get the necessary documentation from their countries of origin.³⁵

- **Systemic/Structural racism:** When racism remains unchallenged, and racist discourse is normalised, it also becomes systemic/structural: marginalised racial groups endure racial prejudice in all aspects of life. In Europe, a continent dominated by white people, racialised people are overrepresented in the underprivileged socio-economic backgrounds³⁶ due to both individuals and institutions not affording them equal rights

when it comes to accessing healthcare, education, employment and housing.

- For healthcare, an example of this could be medical staff considering that people of colour need less medical treatment because they are thought to be immune to feeling pain³⁷. For education, that can be preventing people of colour from pursuing further studies because they are not deemed intelligent enough in comparison to white people³⁸.
- Furthermore, with the increased use of automated systems and artificial intelligence in public administration, systemic racism infused in society is also reproduced by the very algorithms initially developed to ensure efficient and unbiased decision making. We have seen an example of this with Dutch algorithms for childcare benefits which resulted in automated racial profiling³⁹.
- Systemic racism completely relies on the dehumanisation of people of colour, which is why it works to reinforce people of colour's stigmatisation and negative stereotypes.

Diversity, Equity and Inclusion (DEI) encompasses the efforts that an organisation puts in place to create and foster a diverse, equitable and inclusive environment (e.g. programmes, policies, strategies and practices).

- **Diversity:** The presence of differences that include, but are not limited to, race, colour, ethnicity, nationality, religion, socioeconomic status, education, language, age, gender, gender expression, gender identity, sexual orientation, mental or physical ability, and learning styles;
- **Equity:** The guarantee of justice, fair treatment and equal access for all, while acknowledging and addressing the root causes of inequalities;
- **Inclusion:** An approach that ensures the active engagement and participation of underrepresented groups, by creating the conditions for their full involvement and effective influencing power in the decision-making processes.



²⁸ "Myth of Reverse Racism." n.d. Alberta Civil Liberties Research Centre. <https://www.aclrc.com/myth-of-reverse-racism>.

²⁹ End FGM EU, and ENAR. n.d. "FGM and Racism." End FGM EU. https://www.endfgm.eu/editor/0/March_Infographic.pdf.

³⁰ "The Shape of Contemporary Islamophobia and Its Specific Effects on Young Muslims Political and Associative Life." n.d. Combating Racism and Discrimination with Young People. <https://www.coe.int/en/web/all-different-all-equal/the-shape-of-contemporary-islamophobia-and-its-specific-effects-on-young-muslims-political-and-associative-life>.

³¹ Ozkan, Esra, and Sanne Stevens. 2021. "Policing in Europe: The Nexus between Structural Racism and Surveillance Economies | Media@LSE." London School of Economics. February 18, 2021. <https://blogs.lse.ac.uk/medialse/2021/02/18/policing-in-europe-the-nexus-between-structural-racism-and-surveillance-economies/>.

³² BBC News. 2018. "Racism against Black People in EU 'Widespread and Entrenched.'" November 28, 2018. <https://www.bbc.com/news/world-europe-46369046>.

³³ "Discriminatory Policing in the UK: How Coronavirus Made Existing Inequalities Even Worse." n.d. Liberty. <https://www.libertyhumanrights.org.uk/issue/discriminatory-policing-in-the-uk-how-coronavirus-made-existing-inequalities-even-worse/>.

³⁴ Nwabuzo, Ojeaku. 2021. "The Sharp Edge of Violence: Police Brutality and Community Resistance of Racialised Groups." European Network Against Racism. https://www.enar-eu.org/IMG/pdf/enar_report_-_the_sharp_edge_of_violence-2.pdf.

³⁵ Horowitz, Jason. 2018 "Italy's tough line on immigrants reaches a school cafeteria". The New York Times, October 22, 2018. <https://www.nytimes.com/2018/10/22/world/europe/italy-schools-league.html>

³⁶ "Segregated Immigrants?" 2016. Cogito. March 12, 2016. <https://www.sciencespo.fr/research/cogito/home/segregated-immigrants/?lang=en>.

³⁷ Hoffman, Kelly M., Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver. 2016. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites." Proceedings of the National Academy of Sciences 113 (16): 4296–4301. <https://doi.org/10.1073/pnas.1516047113>.

³⁸ "Europe's Roma Do Not Have Equal Education." n.d. VOA. <https://learningenglish.voanews.com/a/europes-roma-still-struggle-to-get-good-education/4108678.html>.

³⁹ "Xenophobic machines" 2021, Amnesty International. October 2021 <https://www.amnesty.org/fr/documents/eur35/4686/2021/en/>

3 WHY IS IT IMPORTANT TO UNDERSTAND RACISM WHEN WORKING TO END FGM?

a) Who is affected by FGM?

It is estimated that 200 million girls and women, in 30 countries around the world, are Survivors of FGM⁴⁰. FGM is a worldwide phenomenon that primarily affects people from low-income countries or some migrant communities in middle to high income countries. While some African countries are deeply affected by FGM, this is not only an African practice but exists in at least 90 countries across all continents except Antarctica⁴¹. Sometimes, it only affects smaller communities within a country or continent, like in some indigenous communities in South America (e.g the Embera community in Colombia and Peru), in West Asia (e.g. in some Kurdish communities in Iraq and Syria) or South Asia (e.g the Bohra community in India). It is estimated that around 600.000 women are living with the consequences of FGM in Europe. However, it is difficult to gather data⁴² on the actual number of affected people in the continent partly due to the stigmatisation of people affected by FGM who may not dare mention they have been subjected to the practice as it is illegal and socially condemned. Furthermore, FGM survivors may also be unwilling to handle the consequences of naming members of their family or community as their perpetrator because they want to protect them or out of fear of retaliation in cases of family and/or community violence. In Europe, around 190.000 girls are estimated to be at risk of FGM in 17 countries alone⁴³ and the UNHCR estimates that over 24 000 women and girls⁴⁴ who applied for asylum in Europe in 2017 might have already been affected by FGM by the time of their application⁴⁵.

b) How are people affected by racism and FGM?

FGM is part of a continuum of gender-based violence. In fact, many FGM Survivors that the End FGM EU member organisations meet in their work have also undergone other types of violence, including for instance forced marriage, sexual abuse and domestic violence. As a result, people from affected communities may carry several traumas which further complicates their willingness to share these sensitive parts of their lives and ask for support.

Then, in addition to FGM-related matters, affected people must deal with being racialised. Structural racism affects all people of colour's access to healthcare,

social care, housing, and so on, which in return negatively impacts their material and financial prospects. There is also a direct link between financial security and health, and poverty is listed as a major cause of ill-health⁴⁶.

Consequently, there is a discrepancy between the financial security of people of colour in general, and migrant people of colour in particular, in comparison to white people's⁴⁷. Rather than being an issue of education, this is caused by people of colour being awarded less opportunity of employment and career progression⁴⁸. This results in people of colour being overrepresented in lower-paid positions and the situation only worsens if a person of colour did not go through higher education⁴⁹. Asylum seekers and refugees face additional challenges in that aspect. Firstly, not all of them were educated in their country of origin and for those who were, they are often unable to prove it when they arrive in Europe as many asylum seekers and refugees either leave their country of origin without taking their degree certificate with them or lose it during their journey to Europe⁵⁰. While there are schemes to help refugees prove their qualifications⁵¹, some may feel obligated to earn a European degree as many host countries do not recognise refugees' prior education⁵². However, the cost of studying and the language barrier deter many from applying or completing their studies⁵³. Moreover, the situation remains generally worse for women due to gender-based discrimination that might prevent them from being able to study, such as being responsible for care work, or gender norms that do not allow them to pursue studies⁵⁴.

For FGM affected people who are also asylum seekers or refugees, there is the added issue of having less rights due to not being granted full citizenship, which causes an uncertainty that also affects their mental and physical health. Furthermore, asylum seekers commonly suffer from health conditions⁵⁵ such as malnutrition, obstetrical and gynaecological issues (with a heightened risk for people who underwent FGM due to physical complications caused by the practice), chronic illnesses (diabetes, hypertension, etc.), mental health issues (depression, PTSD, etc.) and sexually transmitted diseases, to mention a few. These medical issues are often deepened by the precarious living conditions of many asylum seekers since most Member States do not provide accommodation to all of them⁵⁶⁵⁷. This situation forces asylum seekers to look for alternative solutions that are often short-lived and inadequate or results in them living in the streets for periods of time⁵⁸.

When it comes to asylum processes, the great psychological toll of being affected by FGM is further amplified by the scrutiny imposed on asylum seekers as part of the asylum-seeking process. Indeed, Survivors are asked to describe how FGM has affected them physically and psychologically with no guarantee that their

40 UNICEF. 2018. "Female Genital Mutilation - UNICEF DATA." UNICEF DATA. 2018. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.

41 End FGM EU. n.d. "FGM/C: A Call for a Global Response - Global Report (2020)." End FGM. Accessed December 13, 2021. 42 "Estimation of Girls at Risk of Female Genital Mutilation in the European Union - Report." n.d. European Institute for Gender Equality. <https://eige.europa.eu/publications/estimation-girls-risk-female-genital-mutilation-european-union-report-0>. 43 End FGM EU. FGM in Europe. PDF file. https://www.endfgm.eu/editor/0/FGM_carte.pdf.

44 UNHCR. FGM Genital Mutilation & Asylum in the European Union. PDF file. <https://www.unhcr.org/531880249.pdf>. 45 UNHCR. "Too Much Pain" FGM Genital Mutilation & Asylum in the European Union (A statistical update 2018). PDF file. <https://reliefweb.int/sites/reliefweb.int/files/resources/65299.pdf>. 46 The World Bank. 2014. "Poverty and Health." World Bank. 2014. <https://www.worldbank.org/en/topic/health/brief/poverty-health>. 47 "Migrant Integration Statistics - at Risk of Poverty and Social Exclusion." n.d. Ec.europa.eu. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Migrant_integration_statistics_-_at_risk_of_poverty_and_social_exclusion. 48 "Racism and Discrimination in Employment in Europe: ENAR Shadow Report 2013-2017." 2018. European Network Against Racism. https://www.enar.eu.org/IMG/pdf/shadowreport_2016x2017_long_final_lowres.pdf. 49 Longhi, Simonetta. 2017. "Racial Wage Differentials in Developed Countries." IZA World of Labor. <https://doi.org/10.15185/izawol.365>. 50 "Policy Paper: What a Waste: Ensure Migrants and Refugees' Qualifications and Prior Learning Are Recognized." 2018. <https://educationaboveall.org/uploads/library/file/9b0d2a1516.pdf>. 51 Peace, Fergus. 2018. "Cannot Fetch Article." Apolitical. May 29, 2018. <https://apolitical.co/solution-articles/en/thousands-of-refugees-cant-prove-they-have-degrees-this-scheme-could-help>. 52 "Tertiary Education: Out of Reach." n.d. Stepping Up: Refugee Education in Crisis - UNHCR. <https://www.unhcr.org/steppingup/tertiary-education-out-of-reach/>. 53 "Stepping Up: Refugee Education in Crisis." 2018. Stepping Up: Refugee Education in Crisis - UNHCR. <https://www.unhcr.org/steppingup/tertiary-education-out-of-reach/>. 54 Weiss, C., S. Leonardo, R.L. Bubbico, S. Bernabè, and P. de Lima. 2016. "Migration and the EU: Challenges, Opportunities, the Role of EIB." European Investment Bank. EIB Economics Department. https://www.eib.org/attachments/migration_and_the_eu_en.pdf. 55 "Unique Health Challenges for Refugees and Asylum Seekers - Refugee and Asylum Seeker Patient Health Toolkit - BMA." n.d. The British Medical Association. <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers>. 56 "An Overview of Reception Conditions for Asylum Seekers across European Countries - Vues D'Europe." n.d. <https://www.vuesdeurope.eu/en/brief/an-overview-of-reception-conditions-for-asylum-seekers-across-european-countries/>. 57 Asylum Information Database. Housing out of reach? The reception of refugees and asylum seekers in Europe. PDF file. https://asylumineurope.org/wp-content/uploads/2020/11/aida_housing_out_of_reach.pdf. 58 "What's behind the Housing Crisis for Asylum Seekers in France?" 2021. The New Humanitarian. April 27, 2021. <https://www.thenewhumanitarian.org/news-feature/behind-the-housing-crisis-for-asylum-seekers-in-france>.

application will go through regardless. In Greece, Belgium, Italy and France for instance, medical certificates may be required to prove that someone still suffers from the psychological and physical consequences of FGM⁵⁹. While not compulsory in theory, it is generally significantly easier to move the applications forward if a medical certificate is provided and in some countries such as Belgium the medical certificate is required in practice. Thus, with most people affected by FGM being also affected by racism as people of colour, we see that this added layer of challenges has significant impacts on their access to support and wellbeing.

c) The consequences of the hegemony of the West in the anti-FGM movement

FGM is a harmful practice that is often conceived as external to European culture, present in Europe only within migrant communities. However, there are records of FGM being practised in 19th century Europe and the United States⁶⁰ by surgeons who believed that altering women's anatomy would prevent them from having sexual agency, "heal" them from "mental disorders" (such as "hysteria"), ensure their heterosexuality and provide more sexual pleasure to men during intercourse⁶¹.

Nowadays, there are still other harmful practices prevalent in Western countries that are not officially categorised as FGM but are extremely akin to it. For instance, some women from Europe and North America have spoken out about being subjected to the "Husband's stitch" after an episiotomy, i.e. "an extra stitch given during the repair process after a vaginal birth, supposedly to tighten the vagina for increased pleasure of a male sexual partner⁶²." Evidence of that practice is still scarce⁶³ but the fact that it is being allegedly perpetuated, coupled with the events of the 19th century, are proof that FGM also has roots in Europe and North America. Similarly, episiotomies are being criticised for being practised excessively and sometimes without the patient's consent. The complications following an episiotomy have been recorded since the 1970's in Europe and it is proven that they can seriously damage women's physical and mental health for years (perineal pain, incontinence, painful intercourse, etc.). Yet, non-consensual episiotomies are not considered to be FGM and are still practiced at various rates in Europe despite medical guidelines recommending restricting their use. Unlike FGM, and despite activists' efforts, non-consensual episiotomies are in fact hardly even recognised as gender-based violence and they are certainly not viewed as a cultural practice. Additionally, most European countries also allow the practice of what is called "gender-normalising surgery" on intersex people without their consent - and sometimes not even with their parents' consent - when they are babies⁶⁴.

Like all the afore-mentioned practices, FGM is first and foremost a gender-based violence but it is often predominantly perceived as a cultural one which seems to increase the attention drawn to it. The West, first started to combat FGM during European colonialism. Some colonial regimes instigated a ban on FGM, and these bans were seen by colonised countries as one of the many other racist restrictions imposed by colonial empires. As a result, multiple communities fought to keep FGM alive as a way to resist colonial regimes, like in Sudan in 1949 for instance⁶⁵. Meanwhile, the first grassroots opposition against FGM actually happened in the 1920's when the Egyptian Physicians Association called for a ban on FGM due to its impact on health⁶⁶. Senior scholars and physicians working for the Ministry of Health supported the association's view and in 1958 the practice was effectively banned in Egypt state-run facilities though it continued to be performed illegally by other means.

While originating in a country with a high prevalence, anti-FGM advocacy was eventually reappropriated by bigger organisations in western countries, thus risking the overshadowing of the existence and strength of the advocacy led in grassroots organisations. One concern that is often reported is that small or grassroots organisations may face increased burdens, for example reporting duties, and obstacles in accessing funding, which is more easily available to bigger international and western-led organisations⁶⁷.

All in all, despite the development sector's strategy towards empowerment, there is still little room given for people of colour and, most importantly, people directly affected, to lead the anti-FGM movement. As a consequence, European NGOs working in high-prevalence countries cannot overlook the fact that some people from these countries may believe that European involvement on anti-FGM policy is a remnant of colonialism.

The hegemony of the West in the movement is also reinforced by the lack of racial diversity among donors and what is called "the white gaze". The white gaze is looking and judging people of colour according to norms that are rooted in what white societies have deemed moral and acceptable⁶⁸. In the European development sector, we see the impact of that thought process with the low number of people of colour hired in the movement, and even lower number of them being employed in higher positions. In the UK for example, people of colour make up 14% of the population and around 40% in London, where most NGOs are based. However, it is reported that only 3% of British charity executives are people of colour⁶⁹. The result in the anti-FGM sector is that although people of colour are the ones who are directly affected, it is white people who are decision-makers⁷⁰. Indeed, when it comes to NGO governing Boards, the elected bodies in charge of strategic leadership,

58 "What's behind the Housing Crisis for Asylum Seekers in France?" 2021. The New Humanitarian. April 27, 2021. <https://www.thenewhumanitarian.org/news-feature/behind-the-housing-crisis-for-asylum-seekers-in-france>. 59 End FGM EU. The impact of asylum laws, policies and practices on FGM-affected women and girls in Europe. PDF file. https://www.endfgm.eu/content/documents/reports/EndFGMEU_Asylum-Report-in-7-EU-countries.pdf.

60 Elchalal, Uriel; Ben-Ami, B.; Gillis, R.; Brzezinski, A. (October 1997). "Ritualistic female genital mutilation: current status and future outlook". *Obstetrical & Gynecological Survey*. 52 (10): 643–651. 61 Cutner, Lawrence P. (July 1985). "Female genital mutilation". *Obstetrical & Gynecological Survey*. 40 (7): 437–443.

62 Murphy, Carrie. 2018. "The Husband Stitch Isn't Just a Horrifying Childbirth Myth." *Healthline*. January 24, 2018. <https://www.healthline.com/health-news/husband-stitch-is-not-just-myth>. 63 Murphy, Carrie. 2018. "The Husband Stitch Isn't Just a Horrifying Childbirth Myth." *Healthline*. January 24, 2018. <https://www.healthline.com/health-news/husband-stitch-is-not-just-myth>. 64 Ghattas, Dan Christian. 2019. "Protecting Intersex People in Europe: A Toolkit for Law and Policymakers | ILGA-Europe." *www.ilga-Europe.org*. May 2019. https://oieurope.org/wp-content/uploads/2019/05/Protecting_intersex_in_Europe_toolkit.pdf.

65 Proudman, Charlotte Rachael. 2017. "The Impact of Criminalisation on Female Genital Mutilation in England." Thesis, King's college. <https://www.repository.cam.ac.uk/bitstream/handle/1810/267733/FINAL.Proudman%20CR%20thesis.pdf?sequence=1>.

66 Abolfotouh, Mostafa A., Sherif Abolfotouh, and Ahmed Zakaria. 2015. "Awareness and Predictors of Female Genital Mutilation/Cutting among Young Health Advocates." *International Journal of Women's Health*, February, 259. <https://doi.org/10.2147/ijwh.s78664>. 67 End FGM EU, AIDOS, GAMS Belgique. *International Stakeholders Dialogue - Gender Transformative Approaches to Ending FGM*. 2021. https://www.endfgm.eu/content/documents/reports/ISD-2021-Report_Gender-Transformative-Approaches-to-Ending-FGM.pdf. 20 68 "Time to Decolonise Aid." 2021. *Peace Direct*. https://www.peacedirect.org/wp-content/uploads/2021/05/PD-Decolonising-Aid_Second-Edition.pdf.

statistics show that 66% of Board members are of European ethnicity⁷¹. Most of these organisations work on issues affecting populations that are predominantly non-European, and the FGM sector is no exception. Having white people as leaders of the movement reinforces the idea that white people initiated the fight to end FGM despite it not being historically accurate. Boards are in charge of the strategic vision and direction of organisations and also usually involved hiring processes of senior management, so they constitute a particularly relevant driver of change. Promoting diversity within Boards can result in an overall evolution in the composition of the sector as a whole.

Reflecting on donors' requirements and NGOs compliance with them would be another way to lead to change: "[...]we should critically examine how requests for proposals may reinforce inequities and push back on donor requirements that do so. For example, prioritising candidates with 15 years of overseas senior management experience significantly limits the pool of potential outstanding and more diverse candidates⁷²."

Local activists and community-based organisations often do not have the know-how or capacities to deal with the administrative burden required by institutional funding. Building these capacities and reaching out to these types of organisations requires more investment in terms of outreach as well as support throughout the implementation of the project - something which is not systematically integrated in institutional donors programmes. At the same time, donors tend to be risk averse and refrain from lowering the administrative thresholds thus leaving these organisations out of these opportunities. Therefore, this dynamic helps to support the cycle of funding going to bigger well-established organisations. As a consequence, this also helps perpetuate systemic racism because bigger organisations, as well as major donor institutions have been historically led by white people⁷³. Donors and institutions should use the great influence that they have on the development sector not only to foster more community leadership, but also to recognise their responsibility in promoting and exemplifying a greater diversity within the actors of the movement in Europe.



69 "What Does Ethnic Diversity Really Look like in the Charity Sector?" 2018. CharityJob. March 13, 2018. <https://www.charityjob.co.uk/careeradvice/ethnic-diversity-charity-sector/>.

70Anonymous. 2020. "The Aid Sector Must Do More to Tackle Its White Supremacy Problem." The Guardian, June 15, 2020, sec. Global development. <https://www.theguardian.com/global-development/2020/jun/15/the-aid-sector-must-do-more-to-tackle-its-white-supremacy-problem>.

71 El Tom, Fairouz. 2013. "Diversity and inclusion on NGO boards: what the stats say" <https://www.theguardian.com/global-development-professionals-network/2013/apr/29/diversity-inclusion-ngo-board>

72"What Development Organisations Need to Do about Systemic Racism." 2020. The New Humanitarian. June 17, 2020. <https://www.thenewhumanitarian.org/opinion/2020/06/17/diversity-inclusion-aid-agency-reform-black-lives-matter>.

73 Tomkin, Anastasia Reesa. 2020. "How White People Conquered the Nonprofit Industry." Non Profit News | Nonprofit Quarterly. May 26, 2020. <https://nonprofitquarterly.org/how-white-people-conquered-the-nonprofit-industry/>.

4 CURRENT CHALLENGES AND OPPORTUNITIES TO TACKLE FGM AND RACISM.

a) How does racism manifest itself in the FGM sector?

It can be useful to dissect the different manifestations of racism. Indeed, what people consider racism can vary between individuals based on their own experience with racism. Categorising sometimes proves helpful to recognise everyone's encounter with racism, but categories should not be used to create a hierarchical order within experiences of racism.

Interpersonal racism is usually what people envision when they think about racism. In the field of human rights, it is however not the form we expect to see the most due to the implication of being a human rights advocate. For that reason, it can be difficult for human rights advocates to open up to the fact that interpersonal racism is a reality in the sector too. Interpersonal racism is more complicated than it appears. It can be verbal attacks using racist slurs, but it can just as well be a difference in attitudes and perceptions when interacting with a person of colour.

FGM Survivors testify to it: "I was visiting a refugee centre with my manager to give a training to professionals on FGM. When I went down to the reception desk to ask for the location of the toilets, the receptionist asked me if I knew that this floor was reserved for professionals. She thought I was an asylum seeker. Fortunately, my manager arrived and explained that I was the trainer."

In this instance, the receptionist did not use any racist slur, yet the fact that she felt the need to check this woman's right to be there demonstrates how in her mind, a black woman in this field cannot be a professional, she can only be an asylum seeker. Furthermore, it is very telling that the situation was defused by the white director's intervention. Indeed, very often, there's distrust with people of colour, who are perceived as liars or unable to understand the rules in place.

Interpersonal racism when it comes to FGM also happens when one asks intimate questions about the practice or a Survivor's sexual life. Part of it might be explained by the fact that the FGM sector has for a very long time relied on Survivors' testimonies of the day they went through the procedure. Many NGOs and charities devised that these testimonies would shock and move people, prompting them to donate or act. However, it can also be imputed to the racist belief that people of colour are less fragile so they do not need to be sheltered. As a consequence, there is less respect for FGM Survivors' right to privacy regarding retelling their traumas. A Survivor narrated that while she was giving training on FGM at a university, she

was suddenly asked by students if she was "cut". This woman was not treated with the distance that we would expect from students interacting with a professor, she was only seen as a victim that must make herself available to satisfy the students' curiosity. These students, perhaps unknowingly, were following the pattern of dehumanisation of people of colour. They were not concerned with the fact that they were asking a deeply intrusive and personal question that might hurt her. Generally, people of colour interviewed have testified to a feeling of unease in work settings because they are often the only professional of colour and experience has shown them that they are not given the same level of respect as their white counterparts.

Regarding FGM, **institutional racism** is usually linked to the policies that affect migrant communities. First generation migrants, refugees and asylum seekers are particularly under the spotlight when it comes to tracking FGM prevalence in Europe, as Member States closely monitor them in relation to their status or citizenship. While stressing the need for preventive and protective measures, critics have questioned the ways in which anti-FGM policy can sometimes be misused in some European countries to target migrant communities.

In Sweden, suspected cases of FGM are often reported under the Social Services Act, a measure that encourages all citizens to report suspected mistreatment of children. Authorities are also allowed to take a child suspected to be at risk of FGM into state custody under the Care of Young Persons (Special Provisions) Act. In addition, the Act Regarding Special Representative of a Child makes it legal for authorities to perform a gynaecological examination on a child without the consent or information of their legal guardians if it is considered that they are at risk of FGM.⁷⁴ While these legal acts are in accordance with the commitment to end and prevent FGM, they also have the risk of being used to needlessly target and stigmatise affected communities. In Sweden, these measures are denounced by some activists as targeting Somali communities, in which FGM is very prevalent. In the UK, there is a procedure called FGM safeguarding⁷⁵, a necessary preventive measure that allows professionals to report to the police any concern they could have about a child being at risk or having undergone FGM. However, the country also has multiple allegations of targeting migrant communities under the pretence of wanting to protect children at risk of FGM. People from the British Somali community report feeling targeted regarding their ethnicity only: "I thought that safeguarding was when a child is in danger. But for us it was just because we were Somali⁷⁶." Some of the FGM safeguarding measures can be traumatic if they are deemed unwarranted by families, as they allow police and social workers to visit or inspect a household at any time without prior notice, and to separately interrogate family members⁷⁷.

While it is essential to ensure sufficient prevention measures and that professionals

⁷⁴Johnsdotter, Sara. 2019. "Meaning Well While Doing Harm: Compulsory Genital Examinations in Swedish African Girls." *Sexual and Reproductive Health Matters* 27 (2): 87–99. <https://doi.org/10.1080/26410397.2019.1586817>.

⁷⁵Department of Health and Social Care. 2015. "Safeguarding Women and Girls at Risk of FGM." GOV.UK. March 27, 2015. <https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>. ⁷⁶Pantazis, Christina, Magda Mogilnicka, Natasha Carver, and Saffron Karlsen. n.d. "British Somalis and FGM: 'Everybody Is a Suspect – You Are Guilty until Proven Innocent.'" *The Conversation*. Accessed December 13, 2021. <https://theconversation.com/british-somalis-and-fgm-everybody-is-a-suspect-you-are-guilty-until-proven-innocent-129827>.

⁷⁷Pantazis, Christina, Magda Mogilnicka, Natasha Carver, and Saffron Karlsen. n.d. "British Somalis and FGM: 'Everybody Is a Suspect – You Are Guilty until Proven

Innocent.'" *The Conversation*. Accessed December 13, 2021. <https://theconversation.com/british-somalis-and-fgm-everybody-is-a-suspect-you-are-guilty-until-proven-innocent-129827>.

know to refer potential FGM cases to the support they require, it is important to recognise that these measures, if not implemented carefully, can create an added layer of discrimination for communities that have a high prevalence of FGM. Some professionals may assume that members of these communities are automatically in favour of the practice when it does not correspond to the statistical data gathered on immigrants and their views on FGM. Studies conducted in Norway and the UK indeed show that Somali immigrants tend to largely abandon the practice after migrating. Indeed, being in an environment that does not condone FGM allows them to reflect more freely on the harm brought about by the practice^{78 79}.

These studies also show that the younger affected people are when they migrate to Europe, the more likely they are to condemn FGM⁸⁰ as their views on FGM can be more easily bended. However, the assumptions about their attitudes towards FGM lead authorities to monitor them, as well as second-generation immigrants despite being born there, which is why affected communities believe these procedures are rooted in racism⁸¹. This kind of scrutiny instils the damaging belief that people from affected communities are not to be considered as normal citizens. Besides, this puts an unnecessary burden on families from affected communities to behave as “model parents” to try and avoid being targeted. Nonetheless, even if migrants have an easier time abandoning the practice of FGM when they arrive in Europe, a Swedish study conducted in the Somali community showed that 78% wished to see all form of FGM abolished, leaving 22% still in support of various forms of the practice⁸². This is not an inconsequential number and procedures should be in place to protect children at risk. These necessary preventive measures must however consider the existing climate surrounding people from migrant backgrounds.

For comparison with another type of gender-based violence, all studies conducted on the prevalence of rape and sexual assault in the EU demonstrate that men are the primary perpetrators, whether the victims are male or female. In 2015, police data showed that in EU Member States, 99% of convicted rapists were men and 9 in 10 rape victims as well as 8 in 10 sexual assault victims were girls and women⁸³. Similarly, a Europe-wide study on gender-based violence in the EU exposed that more than a quarter of Europeans believe that “sexual intercourse without consent” can be justified under certain circumstances, with for instance 40% of Belgian respondents and 31% of French respondents sharing this opinion⁸⁴. Despite these statistics, the EU and Member States have not implemented specific and intrusive preventive legal measures against rape by targeting all men around Europe, as well as the Belgian and French diasporas living in Member States. This is not to say FGM measures are excessive, on the contrary they are often insufficient, still, this comparison makes us reflect on the racial bias and prejudices that may be present

behind the disproportionate hyper-policing on FGM and FGM affected populations.

In the same vein, FGM can also be used by politicians and partisans to target migrant communities. Some politicians have indeed used the prevalence of FGM in some communities as an argument against immigration. One meaningful example is what happened in 2020 when the European Parliament voted in favour of a resolution for “an EU strategy to put an end to female genital mutilation around the world”, supported by all political groups.⁸⁵ To counter this motion for a resolution, Members of the Non-Attached Group at the European Parliament proposed a text for a counter-resolution (“Motion for a resolution on an EU Strategy to Put an End to Female Genital Mutilation around the World” n.d.) on the same topic, which included clear Islamophobic, anti-migrant and stigmatising language. While this resolution did not pass, this example gives an understanding of the increasingly worrying political climate in the EU linked to racist and xenophobic groups ready to exploit the topic of FGM to perpetuate a divisive stance and move forward an anti-immigration agenda.

General asylum policies are further occasions for institutional racism to take place, as they require asylum seekers to prove their rights to protection and applying on grounds of FGM is no exception. These administrative procedures are complex, extensive, and often have little regard for asylum seekers’ mental health and right to privacy. Furthermore, requiring that people of colour show complete vulnerability and submissiveness in order to be granted entry in Europe is part of the racist belief that non-white people are untrustworthy. To prove they can be trusted, asylum seekers are essentially required to repeatedly lay themselves bare in front of authorities, effectively victimising them and stripping them of their agency. An anti-FGM advocate recalled, a refugee woman in Belgium who did not speak French nor Flemish had to visit the doctor as part of her obligations as an asylum seeker and brought her adult son along with her because they had no available interpreter: “*This woman had contracted HIV during her long trip to Europe and in order to be granted asylum she felt she couldn’t refuse to have her son as an interpreter even though she never wanted him to know about it*”. The pressure put on this woman by institutions regarding her status as an asylum seeker was so strong that she assumed she had no choice but to disclose her medical status and trauma to her son if she wanted to remain in Europe. This is the consequence of the restrictive policies impacting asylum seekers, policies that emanate from racist biases against people of colour.

One of the main explanations for EU policies being racially biased is the fact that EU institutions are essentially composed of white people⁸⁶. In 2018, all European Commissioners were white⁸⁷ and only three Members of the European Parliament (MEPs) out of 751 were black⁸⁸, whereas they should have been 22 if MEPs were

78 Love, Jane, and Diane Norton. 2015. “The Effect of Migration on the Attitudes of Circumcised Women to Female Genital Mutilation.” *Journal of Health Visiting* 3 (12): 666–75.

<https://doi.org/10.12968/johv.2015.3.12.666>. 79 Gele, Abdi A., Bernadette Kumar, Karin Hjelde, and Johanne Sundby. 2012. “Attitudes toward Female Circumcision among Somali Immigrants in Oslo: A Qualitative Study.” *International Journal of Women’s Health*, January, 7. <https://doi.org/10.2147/ijwh.s27577>.

80 Morison, Linda A., Ahmed Dirir, Sada Elmi, Jama Warsame, and Shamis Dirir. 2004. “How Experiences and Attitudes Relating to Female Circumcision Vary according to Age on Arrival in Britain: A Study among Young Somalis in London.” *Ethnicity & Health* 9 (1): 75–100. <https://doi.org/10.1080/1355785042000202763>.

81 Pantazis et al. n.d. 82 Wahlberg, Anna, Sara Johnsdotter, Katarina Ekholm Selling, Carina Kälestäl, and Birgitta Essén. 2017. “Factors Associated with the Support of Pricking (Female Genital Cutting Type IV) among Somali Immigrants – a Cross-Sectional Study in Sweden.” *Reproductive Health* 14 (1). <https://doi.org/10.1186/s12978-017-0351-0>. 83 “Violent Sexual Crimes Recorded in the EU.” n.d. <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/EDN-20171123-1>. 84 Welle (www.dw.com), Deutsche. n.d. “More than a Quarter of Europeans Say Rape Can Be Justified | DW | 02.12.2016.” <https://www.dw.com/en/more-than-a-quarter-of-europeans-say-rape-can-be-justified/a-36591603>.

85 “MOTION for a RESOLUTION on an EU Strategy to Put an End to Female Genital Mutilation around the World.” n.d. www.europarl.europa.eu. Accessed December 13, 2021. https://www.europarl.europa.eu/doceo/document/B-9-2020-0090_EN.html.

86 “Representation of People of Colour in EU Elections Is ‘Abysmal’, Says Anti-Racism Group.” 2020. *The Parliament Magazine*. June 29, 2020. <https://www.theparliamentmagazine.eu/news/article/representation-of-people-of-colour-in-eu-elections-is-abysmal-says-antiracism-group>.

87 Kuhnke, Alice B., Herzberger-Fofana, Pierrette, “Black MEPs: Why no non-white EU commissioners?”, <https://euobserver.com/opinion/148603>

88 ENAR, Ethnic Minorities in the New European Parliament: https://www.enar-eu.org/wp-content/uploads/2019_06_racial_diversity_eu_parliament_elected_meps_final.pdf;

89 Rankin, Jennifer. 2018. “The EU Is Too White – and Brexit Likely to Make It Worse, MEPs and Staff Say.” *The Guardian*, August 29, 2018, sec. World news. <https://www.theguardian.com/world/2018/aug/29/eu-is-too-white-brexit-likely-to-make-it-worse>. com. September 17, 2020. <https://www.medicalnewstoday.com/articles/racism-in-healthcare>.

statistically representative of Europe's black population⁸⁹.

Likewise, there are also few people of colour in middle-to-high positions in the anti-FGM sector. This is the result of **systemic/structural racism**, which refrains people of colour from accessing higher-paid roles. Due to structural racism, people of colour are overall more likely to be from a lower socioeconomic background and experience poverty, which has been documented to be a cause of ill-health. For refugees and asylum seekers, ill-health is reinforced by the administrative requirements necessary to access healthcare in some countries (proof of identification, proof of address, valid legal status in the country of residence, etc.) as well as healthcare professionals' confusion regarding asylum seekers' eligibility to treatment⁹⁰. Moreover, racism itself also has consequences on physical and mental health. Indeed, people of colour experience racism their entire life and it creates racial trauma that may frequently develop into PTSD and depression. Physical afflictions are also most likely to remain insufficiently treated because of low resources and medical racism⁹¹, which refers to the way that white health professionals tend to not believe that people of colour are capable of feeling pain as much as white people do⁹², leading to misdiagnosis and an aggravation of their medical condition.

Therefore, people of colour enter the development sector while already carrying the huge burden of systemic racism. This form of racism, infused in society, may manifest itself around their professional activities. For example, End FGM EU has recorded cases of racialised collaborators being subjected to extra and unnecessary border controls when travelling for work, contrary to their white colleagues. This shows that despite efforts to create safe spaces internally, NGO racialised staff will still be facing systemic racism in their work. Moreover, unfortunately, they may also be subjected to racism within the movement as, similarly to the rest of society, it too is not devoid from racism, despite its commitment to social justice, and remains disproportionately white-led. This remains true in spite people of colour in Europe being highly qualified. Indeed, a study⁹³ conducted in the 25-55 European age group shows that in 2014, 36.2 % second-generation immigrants of non-EU origin⁹⁴ were tertiary graduates versus 33% for native-born EU citizens. Yet, in the European human rights and development sector, second-generation immigrants are rare. A person of colour working in the FGM sector said: "I would say that the people of colour I know have at least 3 Masters. Even I, I have three masters and to find a job it was very hard, and it is not a unique situation". According to the above-mentioned study, 29,4% of first-generation immigrants of non-EU origin⁹⁵ are tertiary graduates. They are more likely to be recruited as volunteers, a status that demands free labour and greatly limits the possibilities of empowerment. Within the anti-FGM movement, people affected by the practice are often relegated to the background or to unpaid

representation work, not reflecting the availability of educated potential candidates from these communities.

When all these obstacles are not recognised, people of colour can become discouraged from remaining in the sector as ignorance about racism makes them feel like they have to constantly police their co-workers: "*Being a POC also [comes with] a burden, the burden of education, we have to say that 'this is racist, we should not say that.' But it is exhausting*".

NGOs, as the main promoters of equality, should acknowledge racism and its effects both externally and internally, as failing to do so is maintaining the status quo and creating barriers for people of colour to enter the sector. The anti-FGM movement, given its characteristics and its daily work with racialised people, has the possibility of being a pioneer in this effort.

b) Examples and limitations of antiracism initiatives in the FGM sector

Many antiracist initiatives among NGOs are deployed through Diversity, Equity and Inclusion (DEI) strategies. In 2020, Bond⁹⁶, launched a survey⁹⁷ on diversity, equality and inclusion towards 150 not for profit UK organisations showed that 73% reported having diversity and inclusion policies in place. Prompted by the events of the Black Lives Matter movement in Summer 2020, a lot of NGOs have indeed expanded their pre-existing Diversity and Inclusion policy in order to combat racism with more intersectionality. A questionnaire launched by the news agency The New Humanitarian⁹⁸ to nine aid agencies and their employees corroborated that NGOs have introduced new policies regarding DEI since 2020 and made it central to their work. For instance, some Save the Children UK employees from under-represented groups give reverse mentoring to their colleagues and International Planned Parenthood Federation (IPPF) is also launching a safeguarding strategy against racism.

It is too soon to evaluate the impact of these strategies however some studies already report mixed results. Indeed, according to the questionnaire, 85 % of employees in the aid sector declare that they have not felt any particular improvement despite these new policies. Employees note that DEI strategies are subpar and tend to focus on diversity rather than inclusion. This is problematic because diversity without inclusion does not fix the issue of the leadership of organisations and does not tackle the effects of structural racism.

90 European Union Agency for Fundamental Rights. Inequalities and multiple discriminations in access to and equality of healthcare. PDF file. 91 Bhopal, R. S. 2007. "Racism in Health and Health Care in Europe: Reality or Mirage?" The European Journal of Public Health 17 (3): 238–41. <https://doi.org/10.1093/eurpub/ckm039>. 92 Rees, Mathieu. 2020. "Racism in Healthcare: Statistics and Examples." www.medicalnewstoday.com. 93 "First and Second-Generation Immigrants - Statistics on Education and Skills." n.d. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=First_and_second-generation_immigrants_-_statistics_on_education_and_skills.

94 Second-generation immigrants of non-EU origin (native-born with both parents born outside the EU)

95 First-generation immigrants born outside the EU

96 The UK Network for Organisations Working in International Development, see www.bond.org.uk

97 "Racism, Power and Truth: Experiences of People of Colour in Development." n.d.

https://www.bond.org.uk/sites/default/files/resource-documents/bond_racism_power_and_truth.pdf 98 "Aid Agencies Report Progress on Diversity and Racial Justice, but Do Aid Workers Agree?" 2021. The New Humanitarian. October 13, 2021. <https://www.thenewhumanitarian.org/news/2021/10/13/aid-agencies-action-on-racial-justice-diversity-inadequate>.

Current DEI initiatives in the FGM sector and the human rights/development sector are overall perceived by employees of colour as mostly talk with no potential to lead to systemic transformation.

Besides, many people of colour in the development sector still feel they cannot challenge white people on these topics. An anti-FGM activist of colour declared: *“A lot of white people working on FGM, sometimes have very offensive behaviour, but you cannot tell them anything because they have been working on it for years. There is this power imbalance in anti-FGM spaces.”* Even worse, some employees ascertain that many DEI strategies are lip service and employees of colour claim that they are sometimes threatened by white executives to not report instances of racism at personal or organisational level. According to multiple surveys conducted with many employees of colour, most of the leadership in NGOs has shown reluctance towards self-reflection⁹⁹.

However, there are some organisations that use an intersectional approach to tackle discriminations. For instance, some create resources and give training¹⁰⁰ about the hardships encountered by refugee women and asylum seekers that are affected by FGM. Since lots of them are racialised, the issue of racial discrimination may also come up as well as everything that comes with it such as class disparities, access to employment, healthcare, etc. This approach is less upfront, so it is usually more likely to be accepted in the sector. Nonetheless, because these approaches don't openly claim to be antiracist, they don't quite fill the void created by the absence of trainings on antiracism in the anti-FGM movement. Therefore, while intersectionality is a good learning tool, it must not be considered as a solution. It is a crucial lens of understanding; but this understanding must be followed by actions to be effective.

5 PRINCIPLES

Following the analysis carried out so far, the End FGM European Network identified the following 5 Principles to tackle racism in the anti-FGM movement:

Understand and acknowledge the challenges faced by people of colour and FGM affected communities

Educate yourself on structural racism and its effects on racialised people, do not expect people affected by racism to teach you, as it is not their role. However, when or if people of colour point out racist biases within institutions, organisations or someone's behaviour, listen to them and focus on actively supporting them.

Recognise the expertise of those directly affected

Acknowledge survivors' and community members' expertise by referring to them as experts and hiring them as experts. Oftentimes FGM Survivors are reduced to that one aspect of their life when, in reality, they may also have years of experience advocating against FGM in their country of origin or in their host country. Even when it is not the case, they at least have lived experiences that are valuable beyond the point of “offering testimonies” or becoming volunteers.

Encourage community engagement

A major drawback to the anti-FGM movement becoming antiracist is that it is led by people who are not from affected communities. If you have the means, be supportive of community engagement by providing funding or training. Use your access to resources to give affected communities the tools they need to organise and have ownership of their initiatives. As donors and policy-makers, make sure to invest in reaching out to communities affected and provide them with opportunities to meaningfully participate and be part of the decision-making in the processes that impact them.

Hold people accountable for racism

Racism is a violence as it is born out of the denial of people's humanity. Therefore, it cannot be treated as an opinion or a misunderstanding between individuals. Racism must be systematically called out and held accountable regardless of who does it and their position. In order to combat racism, we must implement methods of accountability and refer to them no matter the situation.

Recognise that racism is systemic and pervasive

We all live under systemic racism, which is why no one can claim that they are not racist. Actively working to uproot racism wherever it appears is essential and it can only be done by listening to people of colour and their experiences. Indeed, we cannot dismantle the system if we do not listen to the people who are marginalised by it. Their criticism is invaluable in highlighting realities that have so far been ignored. While it is not the responsibility of those affected to educate others, there are actually many resources created by them which include guidance on how to best support them and challenge racism.

⁹⁹“Aid Agencies Report Progress on Diversity and Racial Justice, but Do Aid Workers Agree?” 2021. The New Humanitarian. October 13, 2021. <https://www.thenewhumanitarian.org/news/2021/10/13/aid-agencies-action-on-racial-justice-diversity-inadequate>.

¹⁰⁰“GAMS.” n.d. GAMS. Accessed December 13, 2021. <https://gams.be/en/training/>.

Conclusion: End FGM EU's Position on FGM and Racism

End FGM EU affirms that it is paramount to meaningfully and effectively implement an antiracist strategy in any decision, policy, activity, action or service having an impact on people of colour affected by FGM. This means shaping programmes, activities, policies and service provision not only “for” people of colour, but most importantly “with” people of colour, by actively and meaningfully involving them in every step of the process.

In order to ensure an effective service provided to communities, it is crucial to acknowledge the unbalanced racial dynamic that is prevalent in the anti-FGM movement and therefore tailor actions towards reaching real equality and inclusion. Finally, engaging on the path to combat racism is a delicate matter and requires the need to analyse and manage obstacles and risk factors, both from the perspective of people of colour and from the organisational and institutional point of view.

End FGM EU identified the following 5 Principles which need to be taken into consideration for an effective antiracist engagement:

- **Understand and acknowledge the challenges faced by people of colour and affected communities;**
- **Recognise the expertise of those directly affected;**
- **Encourage community engagement;**
- **Make racism accountable;**
- **Recognise that racism is systemic.**

End FGM EU adopts the aforementioned 5 Principles as its own principles for antiracism, commits to ensure that its Members uphold them, and calls upon other European and national organisations, institutions and individuals involved in efforts to end FGM and providing care to Survivors to do the same.

RECOMMENDATIONS

To other organisations and relevant stakeholders

- **Design an internal procedure within organisations on how to identify racism and bias, and then provide ways to prevent and address it by providing guidance on how to report racist behaviour and ensure accountability.**
- **Provide for your employees' mental health according to their needs. Keep in mind that people of colour endure racism both inside and outside the workplace and it generates trauma that affects their mental health. Organisations must recognise the impact of racism on mental health and seek to support those affected to the best of their ability. For instance, organisations could plan team and individual supervision sessions with a psychologist on a periodic basis, as is done in some anti-FGM organisations¹⁰¹, but with a focus on racism.**
- **Support FGM Survivors' education and training. Many Survivors of FGM are also migrants with no European university degrees, which often bars them from being hired in anti-FGM organisations. You can be part of the change by offering them corporate training, language courses and supporting their application to higher education degrees.**
- **Adopt inclusive hiring strategies¹⁰² to be representative of the communities you serve and work with by taking into account the multi-layered discriminations faced by people of colour. In order to hire more people of colour, it is also important to revise usual selection criteria, for example by adopting more comprehensive assessment grids that include the recognition of relevant non-formal education, informal learning and relevant experiences, e.g. internships, relevant certificates, voluntary work. This will, on the one hand, provide for a more accurate evaluation of candidates' skills and competencies and, on the other hand, alleviate some of the barriers that marginalised people like asylum seekers or refugees may face.**
- **Guarantee equal opportunities of advancement within organisations, thus also ensuring diversity and inclusion in key decision-making bodies (e.g. governing Boards) as well as the executive and management level of organisations.**

- Ensure that people from affected communities are involved in the design of projects. Communities must be involved in writing projects which will directly impact them. Having the contribution of people who have direct links with communities can also make the project more impactful.
- Support FGM-affected community members in their applications for funding and provide them with the resources and knowledge necessary

To the EU and its Member States

- Ensure the full implementation at national level of the EU Anti-racism Action Plan 2020-2025, notably through the adoption and implementation of National Action Plans on Anti-Racism by all EU member states, including a consideration on harmful practices (such as FGM) and how their elimination can be hindered by structural and institutional racism.
- Ensure full implementation, including through strengthened monitoring and evaluation, of integration policies such as the Action Plan on Integration and Inclusion for 2021-2024.
- Establish permanent participatory structures to ensure consistent and regular involvement of communities in policy development, with built-in monitoring and accountability mechanisms
- Adopt and implement inclusive hiring policies and remove barriers to employment such as specific administrative requirements to apply for a job, in the public (in particular education, migration, and health) as well as non-profit and private sectors.
- Ensure holistic training of asylum professionals to ensure freedom from racial discrimination and avoid racial bias. Systematically train relevant professionals on specific vulnerabilities, such as FGM, and how to best interact with and provide full support to asylum seekers and migrants that are likely to face multiple forms of discrimination.
- Include modules and training for teachers and students about gender, racism and intersectionality, including awareness raising on FGM as a form of GBV in formal education.

- Develop awareness-raising campaigns in collaboration with civil society to challenge the myths and misconceptions surrounding FGM-affected communities, including racist stigma.
- Increase financing available to organisations working with migrants and asylum seekers, specifically on education and integration and reach out to organisations working with migrants, refugees and asylum seekers to create bridges towards education and employment.
- Establish a screening process of the implementation of laws and policies related to FGM in order to evaluate their potential indirect discrimination of a particular group is prevented
- Create accountability mechanisms to prevent and punish racial discrimination, ensuring that harmful practices such as FGM are not instrumentalised to stigmatise racialised affected communities.
- Support community leadership by funding affected communities' anti-FGM actions ensuring that the time and scale of the funding provided is adequate, meaning funding longer, more flexible and broader programmes, with less administrative and reporting burden.
- Fund research and data collection to gather knowledge on the impact of racism on FGM-affected populations and ensure that the data is disaggregated (citizenship and documentation status, education, socio-economic background, age, gender...) Boards) as well as the executive and management level of organisations.
- Always ensure that you have a person's consent to use their testimony and do not ask intimate questions about a Survivor's story without their consent to talk about it. On this subject, End FGM EU has provided a helpful guideline on how to avoid stigmatising Survivors when talking about FGM¹⁰⁴.

¹⁰¹ For example, GAMS Belgium.

¹⁰² Fuller, Joseph, Manjari Raman, Eva Sage-Gavin, Kristen Hines, Ladan Davarzani, Sarah Berger, Jonathan Thomas, et al. n.d. "How Leaders Can Improve Hiring Practices to Uncover Missed Talent Pools, Close Skills Gaps, and Improve Diversity." <https://www.hbs.edu/managing-the-future-of-work/Documents/research/hiddenworkers09032021.pdf>.

¹⁰⁴ "How to Talk about FGM: Using Respectful & Non-Stigmatising Language." n.d. End FGM. Accessed December 13, 2021. <https://www.endfgm.eu/resources/end-fgm-network/how-to-talk-about-fgm-using-respectful-and-non-stigmatising-language/>.

To End FGM EU and its Members

- Represent the change you are willing to make by systematically upholding these principles in any action carried out to end FGM and provide support to Survivors.
- Engage in finding and implementing better data collection systems and indicators within the Network, to monitor diversity.



ABOUT END FGM EU:

The End FGM European Network (End FGM EU) is an umbrella network of 32 national organisations working in 15 European countries. End FGM EU operates as a meeting ground for communities, civil society organisations, decision-makers and other relevant actors at European level to interact, cooperate and join forces to end all forms of Female Genital Mutilation (FGM) in Europe and beyond.

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