



Pan European Networks



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In 2014 governments, organisations and individuals from around the world came together to sign the Girl Summit charter on ending FGM and child, early and forced marriage c DFID – UK Department for International Development

Ending FGM

📅 27/10/17 🎓 Education

Lisa O'Leary, the End FGM European Network's communications officer, explains why female genital mutilation will only be eradicated by collaboration with grassroots activists

At least 200 million women and girls alive today have undergone female genital mutilation (FGM),¹ a specific kind of gender-based violence in which the female genital organs are deliberately altered, cut and/or injured for non-therapeutic purposes. FGM has no health benefits, and harms women and girls in serious and permanent ways. Its immediate consequences include excessive pain and bleeding, shock, infection, genital tissue swelling, and even death; in the long term, women and girls who undergo FGM are vulnerable to keloids, cysts, abscesses and genital ulcers; obstetric complications including an increased risk of caesarean section and postpartum haemorrhage; and pain during menstruation, urination and sex.

Anxiety disorders, depression, and PTSD have also been associated with the procedure, which has been denounced by much of the world as a form of child abuse and a gross violation of human rights.

Although highly concentrated in Africa, the Middle East, and Asia, FGM is also encountered in parts of the Western world,¹ including the EU, which is home to an estimated 500,000 women and girls who have already experienced FGM and an additional 180,000 who are at risk of being subjected to the practice.²

Against this background, in September the European Commission joined forces with the United Nations to announce the €500m Spotlight Initiative, a raft of measures aimed at eliminating, worldwide, all forms of violence against women and girls (VAWG), including female genital mutilation. It's the latest in a series of international efforts to tackle FGM, among them:

- Target 5.3 of the UN Sustainable Development Goals, which aims to abolish all harmful practices, including female genital mutilation, in pursuit of the broader goal of gender equality;
- The Istanbul Convention, a Council of Europe treaty which commits its signatories to take steps to prevent VAWG, protect survivors, and prosecute perpetrators, and was the first such agreement to acknowledge that FGM exists in Europe; and
- The 2013 communication 'Towards the elimination of female genital mutilation', the European Commission's first-ever action plan to stop FGM.

The End FGM European Network is working to ensure that commitments such as these translate to sustainable, co-ordinated and effective political action to bring about a lasting end to FGM, and to undo the traditions and cultural beliefs which underpin its continued practice.

Formed in 2014 upon the conclusion of Amnesty International's End FGM European campaign, the network is comprised of 19 NGOs from around Europe working together to raise awareness and increase understanding of FGM and VAWG in Europe; promote stronger protection mechanisms (including for asylum seekers) and better, more comprehensive services for all those affected or at risk; and empower women, girls and communities.

Here, communications officer Lisa O'Leary tells PEN more about the network's aims, reflects on the importance of collective action, and explains why FGM can only be defeated from the ground up.

The EU Institutions have denounced FGM as a violation of women's rights, integrity and dignity – to what extent is this rhetoric backed by political action, and how is the End FGM European Network working to ensure FGM remains high on the political agenda?

Since the close of Amnesty International's campaign, we've really been working hard to maintain and build on the momentum it achieved. Keeping FGM on the political agenda is quite difficult, but fortunately we have on our side the Istanbul Convention, which has been making good progress and is headed for EU accession.

An area we're particularly keen to promote at the moment is children's rights. We recently held a meeting at the European Parliament to mark International Day of the Girl Child, which was focused on doing more work within the EU Institutions to keep FGM on the agenda, specifically from a children's rights perspective.

Ending FGM is a long and difficult process, but having a presence in Brussels puts us right on the doorstep of the EU, which makes it easier for us to make sure that we're not being forgotten about and that we're not being pushed off any agendas.

How far has recent media interest in migration been helpful in keeping FGM on the political agenda?

FGM was happening in Europe long before the European migrant crisis in 2015 began to take hold of the continent, but media coverage tends to distort that fact and wrongly imply that recent migration is to blame for this 'new problem' in Europe. The migrant crisis has pushed the media to talk about FGM more, which in one respect is good because it keeps the conversation going and raises awareness, but in another respect that coverage can be misleading and spread misinformation.

In terms of migration itself, more women coming to Europe means more women's centres and more NGOs working with those women and talking about FGM. Thanks to that, we now have connections with grassroots communities and the protocols in place to effectively deal with women arriving from non-Western countries, which is a good thing. What we didn't know before we do know now, and that means we can act much faster.

Justifications for FGM vary between regions, ethnic groups and communities. How, then, can the sociocultural aspects underpinning its continued practice be effectively tackled?

FGM is very much a cultural issue underpinned by different taboos: one community might say that you can't give birth unless you are cut; another might say that having a clitoris past a certain age will make you sick. So the individual justifications might be different, but beneath all of them is a cultural taboo.

These taboos need to be broken down at the grassroots level. That's why much of our network members' work takes place with people from communities which have been directly affected by FGM – they might have undergone FGM personally, or they might have chosen not to cut their daughter and continue the tradition, and have since become an activist. It's through this work that we are able to have first-hand access to the

areas where these taboos exist, and we can then work by empowering community leaders – offering knowledge resources such as training and support. It's not always easy, and of course there can be cultural clashes, but it's from the ground up that we will achieve the most.

The network and some of its members are currently in the process of finishing up a programme called CHANGE Plus,³ which is designed to promote behaviour change towards the abandonment of FGM in communities across the EU. That's been led by organisations in Europe and in Africa, and has basically involved people working in their communities to change attitudes to FGM, as well as address some of the beliefs upholding it. Unfortunately, it's coming to an end after a short two-year period, and that's no good to us because we need projects like this to be long term if they are going to have any real effect.

When you're working against something that's rooted in culture and tradition, you're battling with a cultural attitude, and that's one of the hardest things to challenge in any circumstance. FGM won't be eradicated all at once – it's a process that will take time.

'Ending Female Genital Mutilation – A Strategy for the European Union Institutions' recognises that the 'active participation of rights holders in the development of policies affecting them and their communities is crucial to the success of any measures proposed at EU level'. How, then, can this participation best be achieved?

We're lucky in that as a network we have 19 organisations around Europe that we can work with, and a lot of those organisations were originally set up by people connected to survivors or by community representatives and rights activists. Really, then, finding new activists is a question of staying in touch with those people and the people they know in their communities.

We do get regularly contacted by people who are already doing work in their community and who would like to do more. In 2016 we launched the Ambassadors Programme, and we now have 12 volunteer ambassadors with personal links to FGM who build on their own experiences and activism to raise awareness, speak out against the practice, and contribute more widely to the work of the network.

So finding people is not as difficult as you might think, but it does have to be handled very, very carefully, and it does require the type of person who's going to be proactive, willing to challenge the cultural attitudes of their communities and have open dialogues with others on the issues surrounding FGM. Of course, it also requires funding for training programmes.

The End FGM European Network has adopted 'building bridges' as its theme for 2017 – how important is cross-border dialogue in the fight against FGM?

Our network is European-based, but FGM originated from countries in Africa, the Middle East, Asia and even some countries in South America, and we are contacted a lot by communities in those countries asking for help and support. That's why we've adopted the theme 'building bridges' for 2017 – because the fight against FGM is not an 'us versus them' situation. It isn't an issue from 'over there' that has nothing to do with us; it's something we all have to tackle together, with one united effort. I think that sometimes this message can get a little bit confused, but the more we're all on the same page, the more we can work collectively to end FGM.

How can we, as individuals and as organisations across Europe, better support the needs of survivors and at-risk women and girls?

In my experience, people are aware of FGM but they're not conscious of the various factors that are involved in it and there are a lot of misconceptions – that it's somehow tied up in religion, for example, when actually it was happening long before that particular taboo started to latch on. What I would say to people is do your research. There's a lot of information out there, on our website, on the World Health Organization's website,⁴ and finding it is easy.

In terms of supporting survivors, resources are always needed and it would of course be helpful if the clinics that are being closed down weren't closed down. We've only just begun to discover the formulas for how to clamp down on this; now what we need is the resources and the funding to be able to apply these formulas, and to keep applying them.

We've also recently launched a project called United to End FGM,⁵ which is an online platform offering free courses to professionals who might encounter cases of FGM – for instance, lawyers, health and social care workers, doctors, teachers, the media, etc. The courses are not long and they're not intensive.

Ultimately, what we need from communities if we're going to put a long-term end to FGM is for people to be more informed about it, and for young women to be made more aware of their human rights in all contexts.

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