FGM: Building an International Response

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2 December 2014
Question 1

I know very well, more than anybody here, because my partner, my sisters and my mother and everybody was cut. It was normal. The problem here: I have two daughters. My first daughter will be ten years in two weeks. When she was born, she was born in London, in a hospital. The problem there is the nurses and the health visitor did not warn us and they did not say anything about the FGM (female genital mutilation). My partner also was cut and when she was visiting the GP and going through labour, and when they were checking and scanning her, nobody said anything. The first time I’ve seen we come across a health worker or a visitor was after four years, our next baby girl. The second health visitor told us about the law here and the consequences of performing FGM. But then we never heard anything about that. The problem is still going on and we have seen people who have been cut, in Africa and who have been here again. Now I’ve seen the campaign is going very well but at the community level, there is nothing there. Nobody is aware. My second problem is the government and the campaigners are only focusing on the legal side. They are not focusing on how to educate people about the risks. So I’ve seen all the time in the media, they talk about how to prosecute but they are not talking about how to help and how to educate people. If I ask myself, if I’m just worried about prison, I will stop. I quit UK and I cut, if I’m not morally convinced that this is not right. So that is another problem I would like to share.

Lynne Featherstone

You’ve raised an awful lot of issues, and I hoped in some of my opening remarks that I actually was trying to indicate that while the law is important, it is very important, the answer lies in behaviour change, which comes from actually understanding and knowledge within the communities. In terms of education, at the moment there is PSHE in schools. There is a growing movement, and in my local high school, Hornsey School for Girls, certainly there is a lot of work that goes on on FGM to educate the communities. But what I was saying, the secretary of state has written to every school to say that they need to raise awareness. There is community information. I was talking about the training of community champions. I actually went to Somalia and I raised it in Somalia, so working in both countries.

The challenge – you know, there is only one primary school in the whole country who has a FGM safeguarding policy. One of the challenges with the Somali community, as I understand it, is that for some women it is quite isolated. They don’t have that much connection. So getting information in, in a way that is understandable, has to come from community activists who actually can work within the community. That’s why the Home Office is funding the training of community champions to actually take knowledge in. So it’s through schools, through community champions. It’s no use saying it’s in the Evening Standard if you don’t read the Evening Standard. So there’s a whole set of issues there. But you’re quite right, and how great that you’re here.

Sue Lloyd-Roberts

Leyla, would you like to pick up here? As a member of the Somali community.
**Leyla Hussein**

One thing I didn’t mention earlier: for me, I never thought there was anything wrong with FGM. I didn’t. I was brought up in the west all my life, all the women in my family had gone through it. It was a health professional — they didn’t warn me about the law, but what they did was they took the time to teach me about the effects of FGM and helped me reconnect. They said: Leyla, the reason you were feeling like this during your pregnancy was –

**Sue Lloyd-Roberts**

But were you just lucky, or do members of the Somali community today in the UK have access to such people?

**Leyla Hussein**

But this is the problem. It’s not ‘such people’. The system in this country, unfortunately, FGM is still not compulsory in child protection training. Until that happens, there isn’t enough of me, Nimko and other women to go and teach the whole community. It needs to be in our schools – that’s what I was saying earlier, it needs to be in our schools. It needs to be in my GP. Would you believe, when I was registered, when I was pregnant with my daughter, they recorded this scar but they didn’t record my other scar. That’s for me, the question is – it’s easy to blame the community, but we also need to look at the system that’s supposed to protect our children. So until we fix that, we’re going to have this conversation in 20 years’ time.

**Lynne Featherstone**

But this work is beginning.

**Leyla Hussein**

Oh, absolutely. We are on the right path right now.

**Comfort Momoh**

It’s about raising awareness with professionals as well. It’s so shameful that 50 per cent of professionals out there don’t have any knowledge about FGM. It has to be part of the curriculum for everybody: social services, school nurses, everybody. Again, we did a recent survey looking at the knowledge base for all professionals. It’s so shameful. We’ve been talking about FGM, as Leyla mentioned, Efua Dorkenoo started work over 30 years ago. We’re still not training our professionals, which obviously the Department
of Health is looking into and the Home Office. We now have e-learning but people will argue and say, is e-learning the answer?

Lynne Featherstone

I don’t think e-learning is the answer. There's 8,000 who have contacted – there is an e-learning toolkit. In the short term, I think it is the fastest answer to be able to access the knowledge for those professionals who want. But ultimately, the training needs to be in the colleges and it needs to be for the cohort who are already practicing, training face-to-face days. That’s why I say the deputy prime minister announced at the Girl Summit that the training of front-line professionals would be mandatory. So that is now – it doesn’t start the day after you announce it, because there's a lot of work to do. But I think that is one of the key answers to your question.

Comfort Momoh

Also, the practical aspect has to be ongoing as well. I hear people saying: I trained the nurses and doctors in Liverpool. No, you can’t do a one-off training. Because of the turnover, it has to be ongoing. We really need to be aware of that.

Sue Lloyd-Roberts

Thank you very much for bringing up a really important issue.

Question 2

In terms of a global response, a lot of the issues you usually encounter with things like this are cultural sensitivity, especially trying to organize a response from the west. I wonder if you could say something about how best to temper our outrage at what is, I think, an objective wrong, in terms of cultural subjectivity globally.

Leyla Hussein

It’s quite tricky, this one. In one aspect, we need to come together as human beings, regardless of our background, but at the same time we need to pay attention to how we approach it and obviously – what you just brought up. For me, if I lived in Africa right now – because I was brought up in the west all my life – I would want someone that looks like me to come give me that message, because we can’t forget there is inequality in this world.

Again, going back to the Girl Generation programme, that’s a lot of the conversation we’ve had many times. That’s why it’s so important to any issue – I haven’t experienced domestic violence. I wouldn’t want
someone who hasn't experienced it to come and tell me how to run that work. So it's not that we can't be outraged – we should be outraged, not because I'm black or you're African. As human beings, we should be outraged. It's just how we approach it is different. I wouldn't go and speak to Sierra Leonean women because I'm not from Sierra Leone, because they practice it for different reasons than Somalis do.

Going back to the Girl Generation, that's why its first principle is it has to be Africa-led. When we say Africa-led, it means those countries that they're working with. So Comfort went to Nigeria, because Comfort's from Nigeria. I couldn't go to Somalia because of other issues – I couldn't go back, I wasn't allowed to. But I went somewhere close by, Kenya, where there's a lot of Somalis. It's very tricky because as human beings, we should be outraged.

Sue Lloyd-Roberts

Lynne, you must have come across this when you were in the Department for International Development. Certainly, as a journalist, I know when working in Africa, there is that kind of, it's neo-colonialism telling us how to behave.

Lynne Featherstone

Yes, that's why it's so important that this movement started in Africa and that we were asked to support this movement. Survivors came to me and said, please, do something about it. So to be honest, when it was put as a violence against women issue and a women’s rights issue, I am a woman and I do have the imagination and empathy to understand the level of pain and what it meant as a women's rights issue, to go in and say: I support you, you are my sisters. I don't feel that – I do feel the colonial issue is why I'm always very aware of saying, I am supporting the movement – because I have a position in the British government and people wanted the British government to take action, both in this country and our diaspora. It's intrinsically linked, there is no separation. In Haringey, I've got 180 languages. Someone sneezes somewhere in the world and you catch a cold in Haringey. So it's how you approach it.

I've only had, in all my time, one person say to me: get lost, you're not one of us. But only one. Really, it's too important to be worried about the one.

Comfort Momoh

For me, if you're calling it child abuse, if you're saying it's a violation of human rights, we all have a role to play in educating ourselves, in raising awareness and also in ending FGM.

Leyla Hussein

I think you're racist actually if you don't say anything, because you're saying it's okay for girls that look like you to suffer like that. That's always been my response to anyone who asks me that question.
Question 3

I’ve worked on FGM mainly in African countries, so I’m actually pretty ignorant of the situation in the UK, but working a lot in the Horn of Africa and with civil society organizations, and working with men. Often I find, and this is echoed by the people in the civil society organizations as well, that often men are actually more open to working against FGM and it’s often the women and the grandmothers, as you all know, who can be the people who are most resistant to change. I’d just be interested to know what, if anything, is going on in the UK as well about that aspect of working against FGM.

Sue Lloyd-Roberts

I remember interviewing a group of Somali men in [indiscernible] Glasgow and they said their mothers wouldn’t let them marry the woman unless she’d been cut. Boys blaming their mothers.

Leyla Hussein

Again, it’s easy to blame it on the women, because it’s a fact that FGM is done for men. That’s a fact. But I do agree, when I worked with men and women, men were more actually accepting of ending FGM. But what I found really interesting, especially with fathers who say, oh, it wasn’t me who did this, it was the mother – it’s easy to blame the mother in that situation. For me, challenging men is a key part of the work that we all do, because too many times I felt men sat on the fences when it comes to FGM. So now it’s been actually – number one, you are a parent, like you, a father who knew – I’m assuming you’re very involved in your daughter’s safeguarding, like you would any other parent. So for me, this idea of men trying to kind of stay away from it, it’s quite dangerous in a way, but what we’re doing is blaming the mothers even though it’s the patriarchal system that pushed them to go and do that to their daughters in the first place.

So we need to challenge men when they say that to us. I remember one man who said to me: Leyla, I didn’t do this, her mother did this to her. I’m actually mad at her for doing it. I said: who picked your daughter’s name? He goes: me. Who picked her school? Me. I go: who picked when she got married? He goes: me. I said: well, that day you were not conveniently available for some reason. Because deep down, there is a deep-rooted idea of oppression – because this comes back to oppressing women. I’ve seen many times where men have said, men from different parts of Africa have said: I don’t want to marry a woman who hasn’t gone through FGM, especially if she’s from the west. Girls in the diaspora are more at risk, I think, than girls in Africa because there is this idea if you live in the west, you could be more promiscuous.

Comfort Momoh

For me, it’s about mobilizing everybody really. The men, they need to make a bold stand and say: yes, we need to end FGM. I hear this many times at my clinic. Also, the work I have done in some African countries, men always say it’s got nothing to do with us. But it’s got everything to do with men. Women
are performing FGM to save girls’ marriageability, to save girls’ virginity. So if men are bold enough, because as an African myself, we see the men as the head of the family, so what they say goes. So I don’t know why they always hide behind and say it’s got nothing to do with me, when we know it’s got everything to do with them. So we need many men alongside the campaign, definitely.

Leyla Hussein

And it’s starting to, I’m not going to say [indiscernible]. Where I work now in north London, at the Manor Gardens, for the first time we’ve recruited six men. Before, when we had one man, we used to celebrate. Look at how many men are here tonight.

Lynne Featherstone

One of the things that Efua used to say was that this was about a woman’s sexual pleasure, which is often not raised as an issue, but it’s also about men’s sexual pleasure. I think a way through is to say this will improve your love lives.

Question 4

We have a problem, of course, in Sudan of female genital mutilation, but there are lessons from what happened in Sudan. Two points. The first, in the 1940s, the wife of the British district commissioner said to him: you must outlaw female genital mutilation. So the next morning he went to the office and outlawed female genital mutilation immediately. As a result, the whole town rose up against him and there was almost a revolt. Some people died and they said: the British are controlling us with their army and now they want to control our reproduction also and our girls and our women. So I don’t know what happened to the district commissioner, he was probably punished or removed. But the colonial administration after that kept quiet about this. Now, there is more progress because our women’s union have established an organization called Salima, which means ‘whole’ or ‘complete’. This organization challenges the clerics who claim that Islam has got something to do with it. They challenge them and they challenge the references. They have got some clerics on their side also. They campaign among women and in the villages. The law is there also, of course, but the law alone is not enough. So I agree with the panel and I am grateful to Chatham House for organizing this. But success is possible and improvement is possible, because now in our family, in our neighbours, all the young girls are uncut. So it’s worthwhile.

Lynne Featherstone

Good, excellent.
Question 5

I just wanted to raise a slight concern. I was reading a government document which was produced in July for front-line staff. On page 9, it says something about ‘these countries have also been documented’, where FGM is being carried out. So I think it’s very important to have proper statistical evidence. I heard the speakers say earlier that’s one thing you’re looking into, because I came to know about this 15 years ago when I worked as a health adviser for the community health council in Ealing, which was predominantly of the Somali population. So I worked very closely with the maternity services liaison committee and the midwives there. I can just remember how horrified they were. I was horrified when I learned about it first. So I’m just concerned that this document that’s going out as a child protection document, we don’t want people to start making assumptions about which other countries it’s carried out in. Sorry, we know it’s Africa, but it said ‘other countries’, for example, Pakistan. It’s very unheard of, even in the remotest villages. So if that can be corrected with proper figures.

The other thing I wanted to say is I’m the project coordinator for an international project. We’ve actually called it FGM: Not in the Name of Islam. We clearly say that there’s absolutely no scriptural evidence in our most holy book, the Holy Quran. I authored this leaflet. I know the picture looks quite horrifying but for those that have gone through it, it represents the burning pain and the suffering. That’s why we clearly say beside it: Not in the Name of Islam. This is a project that we’re launching now internationally. We have communities across the world, in Africa and all countries. Men and women, united they stand. I think Leyla met some of our members who came to the Girl Summit in July. Thank you.

Lynne Featherstone

I’m not quite sure whether it’s the guidance for front-line – I’ll go back and look, if there’s some area, then I’m sorry I don’t know about it. What I would say though is that I’m very glad, it’s fantastic to see the sort of project that you’re doing with Not in the Name of Islam. To that end, as you know, there’s a declaration by faith leaders that has been signed by over 300 faith leaders across all faiths, that this cutting has no part of Islam.

I would say there is an issue though, because I’ve been up to – I think it was Birmingham, to meet some of the scholars on the Quran. Some of them still do argue that one part of Pharaohic law in one [indiscernible] and somehow sunna is okay, and sunna is not defined anyway. It’s kind of a bit like a get-out clause in one little part of the Islamic law. So the more you can do to actually push back on that, the better. For all of those modern clerics, if you like, it has no part in Islam at all.

Question 5

We’ve actually done a lot of research on the original sources, and the part of the sunna that people endorse to say it is an Islamic practice is actually an unauthentic sunna.
Lynne Featherstone

I know, but what we were saying is the influence that imams have, or in Africa, some of the community leaders, customary chiefs. That’s why we have to work through men. That point is very right, that they’re not authentic, but how do you stop their influence? Because their influence is still there.

Question 5

It’s about empowering and educating the community so they learn themselves, and this is what we aim to do.

Question 6

You are all taking what I would call a culturally sensitive approach to this, and community-based. In France they take a much more prescriptive approach. Which do you think is the more effective?

Sue Lloyd-Roberts

In France, for those of you who may not know, there have been 100 prosecutions against cutters and parents who have allowed young girls to be cut. Not a single one in the UK. Well, one is pending.

Lynne Featherstone

It’s coming to the courts in January. I would say on that, in the last era there was quite an inhibition from people going into communities. It wasn’t just on FGM, it was on a whole range of things. I come from the borough that had Baby Peter and Victoria Climbie. Victoria Climbie was a trafficked child but you shouldn’t say anything and... I think there was this whole period where cultural eggshells stopped anything in this country from happening, prosecution-wise. Then this has changed under the coalition. Those cultural eggshells aren’t there. We are culturally sensitive, I think – it’s not even culturally sensitive, it’s about a human being who’s been through an experience that is traumatic and has consequences and has been part of their whole life. It’s about thinking about other people. I remember on Newsnight actually, there was an issue about – because the French genitally examine girl children between 0 and 6, which I think is not a great idea myself. I absolutely don’t.

Also, when I met with the French minister for women, I said: how do they do it? Because I’m sure there would be a terrible outcry in this country if all girls were examine genitally, but is it a good thing? She said: we just have a little look when they’re at the doctors. It was very hazy to get hold of the actual detail of what was happening in France. I met the women who was the first French prosecutor and she is convinced that that way is right. I’m convinced if we can get there through education and strong messages through the law, we will end up in a much better place than France is.
Sue Lloyd-Roberts

Comfort, why are doctors not reporting it more readily? You say, and I’ve spoken to other doctors in gynaecology and obstetrics who say they see it routinely.

Comfort Momoh

I guess it’s lack of awareness, which we have been saying, and lack of education. Some of the doctors don’t know what they’re looking for. An example is last week I had a call from a surgeon from Hertfordshire, who called and said: I saw a nine-year-old on Saturday, brought to accident and emergency with cysts around the clitoral area. He incised the area, drained the hematoma and all that, and that was it. On the Monday – the nine-year-old was on admission – somebody came, another professional came in, knew about FGM, raised the concern. They were told: call Guy’s and St Thomas’. This surgeon called me and went: I was told to call you. Narrated the case. I asked three questions, like: do you know what country the child’s parents are from? He didn’t have a clue. Second question. The third question, I said: you know what, stop there. Go and find out all this information before I can help you. It shows lack of knowledge, definitely. On Friday I’m going to this particular hospital to assess this child with a paediatrician, and also to have more information. Again, we are not having dialogue with the parents because the professionals themselves don’t know how to address the issue.

Leyla Hussein

I agree awareness needs to be raised among professionals but for me – I’m not a doctor. If a part of my body was missing, you would think that’s their job to ask, especially when a woman can’t – some women are so closed, they can’t urinate properly, they can’t have their menstrual cycle. For me, wouldn’t you ask? So for me, sometimes it's not necessarily about giving awareness. As a doctor, you were trained to look after the anatomy of my body, right?

Comfort Momoh

As a professional myself, you can ask the question only if you know about FGM. Because for example, FGM Type 1 or 2 is so easy to miss.

Leyla Hussein

That’s different. What I’m saying is, the majority of the women these hospitals see are women who have experienced FGM Type 3. I can talk about it from my own experience. I clearly have a scar but nobody asks. So for me, I’m talking about my own anger, okay. I’m still pissed off, as you can see. But for me, we have to question who these professionals actually are. It’s like going to a dentist and saying: I don’t know what that molar looks like.
Lynne Featherstone

When you're bringing change like this, there's this kind of culture of denial. It's like: I don't really want to know what I'm seeing. I think there's an element of that.

Leyla Hussein

Yes, because it's easy to blame the community again. Because if this woman thinks this is normal, you as a professional are there, are trained for seven years, to tell me if something is wrong with my body. So I think we also need to challenge those attitudes.

Question 7

Can I address some of the issues regarding statistics outside Africa? I'm an academic but I've also worked with WADI for many years. WADI is one of the first organizations outside Africa that documented FGM outside Africa, mostly in the Middle East and now in Southeast Asia. For some reason, it's not widely acknowledged – there's some resistance in acknowledging that these kind of things exist outside Africa for some reason. I'm not discounting any of the terrific work you're doing, but although there are several types of FGM and Type 3 doesn't really exist in the Middle East and Southeast Asia that much, the numbers are terrifying actually. When you think about Indonesia, Malaysia, where I was just working there, and also I've been working in Iraq. I produced a piece in the Guardian last year about FGM in Kurdistan. I was the producer of that piece as well as a BBC Arabic piece. When we tried to get other British media, English-language media, to use those videos, they were not that interested for some reason. Channel 4 told me right off: there's no British content in this piece. Newsnight didn't want to show it, although BBC Arabic showed it, BBC World Service showed it. BBC 1 just passed on it. I don't know why. There must be some answers to why – is the public not that interested in this issue? Because that was a BBC product but then BBC 1 and 2 turned away.

Leyla Hussein

Those of us who work in this field, we obviously always mention a place like Indonesia and Malaysia. If not, we tend to forget about that part of the world and it's absolutely important that we do bring it in. But for me, even as African women, we struggled for the world to hear Africa is having this problem. So for me, the only time the world will pay attention is until we get an actual survivor from that part of the world who speaks out. I'm just talking about from my own experience. I remember, because I've got a London accent, the media was never interested in me, because they didn't want a girl who sounded very London to have gone through FGM, because it was unacceptable. So for me, until that happens – because I can't speak for Malaysian and Indonesian women but I can speak on their behalf by saying this happens in that part of the world. But we still haven't had campaigners who came to the forefront. I understand why they wouldn't, because they can't put their lives at risk to speak out like this. You are potentially putting yourself on the firing line. So until that happens – maybe, hopefully, from the recent global movement, it will have an effect. That's really what I'm hoping for. But I do agree.
Question 7
On the Iraqi piece, we had several women say that – they showed us [indiscernible].

Leyla Hussein
Yes. That’s what I’m saying.

Question 8
What are your next steps for ending FGM? I know the Girl Generation did so well globally. I was at the UN General Assembly in New York and one thing I was shocked about: no one knew what FGM was, there was a question about it and the ministers, PMs –

Leyla Hussein
I’m not surprised.

Question 8
I was actually genuinely shocked.

Sue Lloyd-Roberts
They banned it worldwide, you know.

Question 8
Education is obviously the key and I think FGM needs to be compulsory in schools. Many people, I know my nieces, they don’t know what FGM is and I’m from Somalia as well, so I was a bit shocked. So again, what are your next steps individually for ending FGM?
Leyla Hussein

Me personally, obviously being involved in the Girl Generation is one part of my work, but for me personally one of the areas I’m going to focus on is psychological support for FGM survivors. We now have the first-ever clinic in the whole of Europe. My aim is to develop this nationally and then internationally, hopefully. Because again, without having those safe spaces, I wouldn’t speak out, the others wouldn’t have spoken out. So if we’re going to actually see some dramatic change, we need to give women survivors a safe space where they can actually finally acknowledge what has happened to them, and we can go from there. So for me personally, that’s how I’m going to – and that space has always been not just helping them unpack the violence they’ve experienced as children, but one thing I’ve noticed over the months, it’s also become a prevention work, because the women come back with us by saying: I’ve talked about this with my sisters for the first time and we talked about not cutting our children. So just seeing the women in the therapy group and the one-to-one sessions, we’re not just supporting women psychologically but they’re actually doing prevention work.

It goes back to your point about giving people the right information. You don’t need to convince them to step away from FGM, they will do it themselves.

Lynne Featherstone

Well, carrying on in all directions, moving forward. I’m well known for being on the record of agreeing with you about the necessity for it to be taught in schools, particularly in areas of high prevalence. I think when you look to the manifestos of the various parties coming up to the election, I’m sure you’ll find it in my party’s manifesto. That is absolutely crucial, in my view, because it is in some of those areas where there is high prevalence that it has been some challenge to get into those schools with those messages, because head teachers and parents don’t always want that education. There’s a two-way thing on that. So I’m very keen on that direction.

My other mission, apart from everything I do at the Home Office, which is a number of strands of the FGM agenda, is to do my bit locally. Having worked on supporting the Africa-led movement and having worked on what’s happening in the United Kingdom, I feel it very keenly that all of us – and that goes for all MPs, there are 650 of us – in our own constituencies, we can do a lot of work on the ground with our communities and take that forward. Hence the conference that I’ll be holding in February.

Comfort Momoh

I guess for me it’s to continue what I’m doing, reaching out to the community, supporting the women and girls that I see at the clinic. I guess what I want to see is a holistic approach to FGM rather than just looking at the French system or the UK system. We all need to have a holistic approach.

Secondly, I want to see or hold Africans, especially as an African myself, hold African governments and politicians responsible. Typical example was when we went to Nigeria, with the late Auntie Efua, and went to the ministry of health, went to other places. I was really shocked and – well, not shocked. We saw this minister of health, a man, and we went there and were talking about women’s issues. We were talking about FGM and this guy was distracting. Each time we say something important, he goes, oh, and started
reflecting on his son who is misbehaving in school. Auntie Efua would look at me, I would look at her. We didn’t come here to talk to you about – so, again, the seriousness, the commitment, is not there from our leaders, from our politicians. Again, I would like to see the UK government working very closely, especially with African governments.

Lynne Featherstone

Comfort, can I just come back on that? I have raised it with every prime minister and president and minister right across Africa, everywhere I went.

Comfort Momoh

I know that, sure.

Lynne Featherstone

But the difference is now in Somalia, which is one of the most challenging countries, the highest men in the land were talking FGM. So there is progress.

Leyla Hussein

There were big billboards in the middle of Mogadishu that people messaged me about – it was my picture actually they used. So it's changing.

Comfort Momoh

It is changing, excellent.

Sue Lloyd-Roberts

I want to say thank you very much to our panellists. I hope all of you here feel as better informed and inspired about this issue as I do. Thank you very much indeed.