

FGM: Building an International Response

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Sue Lloyd-Roberts

Thank you so much for coming tonight for this important debate. My name is Sue Lloyd-Roberts, I'm a correspondent for the BBC. I think I've been asked to chair this debate because I've made no fewer than five films on FGM (female genital mutilation). My proudest moment as a correspondent for *Newsnight* was when they once ran a programme that normally lasts 45 minutes, and 44 minutes of it was devoted to FGM. We do try to take it seriously. You were on that panel, weren't you, Lynne, and you too, Comfort. I've been privileged to meet these ladies before on account of journalistic activities involving FGM.

Tonight's debate is on the record. People can comment via Twitter using #CHEvents.

We're very privileged tonight to have three eminent spokespersons on this subject. Lynne Featherstone, who first got involved when you were minister at the Department for International Development, and now you are minister of state for crime prevention. You've made it a personal campaign to try to eradicate FGM within a generation.

Comfort Momoh, from St Thomas', who I was privileged enough to meet when I first made a film on FGM in the UK. Comfort has done more than possibly any member of the NIH to draw attention to the scandal that is FGM in our country, and to educate health workers about it. Last time I saw you, Comfort, you were on your way to New York. You also lecture overseas on this subject.

Leyla Hussein, who is an extremely glamorous and effective campaigner for FGM, with her own NGO devoted to the task – and my rival, in that she made an extremely good film for Channel 4, 'The Cruel Cut'.

All of our speakers have got six or seven minutes to address the issue and then we open it to the floor for a question and answer session. Thank you. Lynne, if you could start.

Lynne Featherstone

Thank you. Good evening, everyone. Thank you very much for coming. It is a hugely important topic, and I have been led and I have learned from the campaigners and the survivors who have educated me.

First, I have to say that at the Home Office, when Nimko Ali and Daughters of Eve arrived to shake me by the collar and say: you have to realize, this is violence against women – and as I learned more about it, I then was reshuffled to the Department for International Development. I literally walked in there, virtually on the first day, and said: we have to make this a mission. We have to actually support what was then an African-led movement. Things had changed, in a way. It was very important that it was an African-led movement because our diaspora and the mother countries are intrinsically linked, and we can't end it here unless we are working to support what's going on in Africa.

I suppose the real change – two years ago, when I kicked off the campaign in government (these ladies were at it a long time before me), you didn't hear about FGM. People didn't know about FGM. Now you literally can't pick up the *Evening Standard* – it is everywhere. So there is a growing awareness. However, inside communities, that awareness is not at the same level as it is generally out there. That's one of the big challenges.

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In DFID, over a few years, I met many people in many countries, talking about ending FGM. Women in these countries, and men to an extent, want to see an end to the practice and we have to support them. In Senegal, I met an imam and a village chief. In fact, the village chief had lost his own daughter when she was aged five. He has dedicated his life to eradicating FGM in his community. In Kenya, I met a woman who was previously a cutter. Once cutters see the light, they become very zealous in terms of wanting to end FGM and actually eradicate their past, once they recognize the harms that it can do.

I am incredibly proud that the coalition government has been responsible for the largest-ever donor contribution towards ending FGM in the developing world. When I was at DFID, I oversaw – I see Jane [indiscernible] sitting over there who is so important to the FGM movement, who when I got there to DFID saying, I want to do something, she literally said: well, this is what I prepared earlier. It takes a minister and an official working together to really do the work that we've done.

So part of that is about working in communities and supporting the UN joint programme. Part of it, DFID is beginning a very big research programme where we actually examine what works, because Africa is not homogeneous. It's not one kind of approach. Also, part of it is launching the Girl Generation – I see Leyla is sporting the symbol and the badge of Girl Generation, which is the campaign. It's the social change movement which DFID is funding to take this out and campaign across the world.

Now I've suddenly got reshuffled. Nick rang me and said: I'm going to drop a bombshell on you, you're going back to the Home Office. No choice. But I still have my violence against [women] champion role internationally and now I hold the ring nationally in this country, from the Home Office. So I'm able to continue my work, thank goodness. I wouldn't have gone, it was my first requirement when Nick told me.

The Girl Summit in July, on the 22nd of July – the prime minister hosted this summit. The commitments that were made there were really outstanding and startling in their way. Right across strengthening the law enforcement response, supporting front-line professionals – I think the announcement that it would be mandatory to train front-line professionals (teachers, health workers, social workers and police) in what to do, because whilst the days of cultural eggshells and tippy-toeing around are over – there is no excuse for child abuse and it is breaking the law – nevertheless this is a very sensitive area. I think it's very difficult for front-line professionals to actually know where to refer, to know how to handle; to know if they do spot something, what do I do next?

Also, I have to say, the changes in the – for the first time – if Jane Ellison were here, who was another great trooper on this agenda, as Comfort knows anyway. But getting the health data for the first time in October, we got that first thing. We know that there were 455 girls reported in October alone, 217 of whom are in London. The Home Office has part-funded a prevalence study on FGM, so we're seeking to update the figures from 2007, which are clearly unrepresentative. That information, together with the NHS data, is going to be able to be provided to local areas so they can prioritize FGM. In fact, I'm holding a conference in February in Haringey – because I think the other part of my influence is I come from Haringey. It is happening in Haringey. I have 180 languages, I have a huge number of communities. This is really trying to bring all of the agencies, communities and front-line professionals together with communities, because that's the link, and have a sort of awareness-raising and educating thing in London.

We're also strengthening laws. The Serious Crime Bill is going through. We're introducing lifelong anonymity to victims – or survivors, I prefer to say – of FGM, because I think it's very important they don't feel that it's public. How private is this matter, in terms of your own personal body? Extraterritorial jurisdiction. We're also doing civil protection orders so that if someone suspects a girl is at risk, a civil

protection order would do something like their passport could be taken away to prevent them being taken back and out of the country.

We're working with local areas to strengthen local policies and practices, and most importantly working with local communities. The Department for Communities and Local Government is providing £270,000 of funding on FGM. The Home Office is doing £100,000, in ten groups of £10,000. I went to see one of the ten groups, it was Katherine Low Settlement, last week. They're training 12 community champions who will hold 100 workshops. These women are amazing. These are the women who are the change factor. It's not going to be me, as the Home Office minister, saying this is a harmful and extreme practice, it should end. It's going to be people from within the community who actually can explain on own terms and be trusted by the community to actually effect behaviour change.

In the end, we need the laws. We need the prosecutions. We need all of those things. But more than anything, we need behaviour change. Thank you.

Leyla Hussein

If I can quickly tell you how I got involved in this campaign – actually, Channel 4 recently gave me the best title. I was the 'accidental campaigner'. Really, that's what it was for me. It came from a place of being a survivor myself and not knowing the effects FGM has actually had on me. It was just after I gave birth to my daughter I realized that I didn't want her to go through what I went through as a child. So for me, protecting her from FGM really led me to be sitting in this chair right now. So that's how I got involved, and obviously realizing there was nothing in our schools, there was nothing in my GP, there was nothing with my practice nurse. There was nothing for me to go and look into.

For me, it was really important that women survivors (I like to use as well) played a really important role in galvanizing the message to actually recognize FGM as a form of child abuse. For many years, women from the community never had the chance to actually call it child abuse. You have to remember, FGM is considered to be a normal practice. If every woman in your life, in your world, has gone through this, you think it's normal. So for me, it was really important to give women that space.

This led me to my work. I ended up training as a psychotherapist. What I ended up doing was – I obviously had to go for therapy myself, because I realized I had loads of issues. You can understand, going through something like that, you do have a lot of issues. So yeah, my anger is what I use to campaign now. That was the first time I had any space where I could actually say: wait a minute, I was actually violated as a child. Because you know, we constantly talk about the women – we're talking about children. It's really important to remember we are talking about the safety of children, safeguarding children who don't actually have a say.

My message as a woman who's from the practicing community, who's a professional, for me it was really important to constantly, any time we did any work with any of the women from my community, or men, to remind them that actually FGM is violating my basic human rights. It's one of the worst forms of violence a woman or a child would ever endure. You will have to live with that consequence. In the therapy work, we don't fix the women, we teach them skills on how they can cope with having that scar for the rest of their lives. So that's part of the work that I do.

But I had to work with young people as well, so I worked as a youth outreach for many years. Actually one thing I've learnt with young people is their response was like: okay Leyla, can you keep it real? Stop using big words with me. And I realized that even when I go to any meetings – so now I've got into the frame of mind of, okay, I need to speak in a language where from my five-year-old nephew to my grandmother can understand. Actually, while making 'The Cruel Cut', I remember telling the guy who did the animation for us, I need both of those groups to understand it. So for me, communicating a message really was so important to different generations and people from different backgrounds.

When I asked to be involved in the Girl Generation programme, and obviously working in communication, for me that was really key input that I could bring into that programme. We launched in Nairobi in October. Also, before I go to the next bit, I really want to acknowledge someone really important to this campaign. None of us right now would be in this chair if it wasn't for Efua Dorkenoo. Efua Dorkenoo is the reason why the UK and internationally – which leads up to the question of this whole discussion, because it took one woman who refused to give up. Let me tell you, one of the things I learned about Efua was she never took no for an answer. People shut many doors on her but she never ever gave up. So for us, I think it's important to continue with those doors that she's knocked on. Sadly, we lost Efua on October 18th. Her loss is a big loss. A lot of her colleagues are still grieving, I would say, including myself.

Going back to why it was so important for survivors to be at the forefront – again, one of the things I realized, being a campaigner, a survivor and as a therapist who works with FGM survivors, I kept asking: why has this been such a silence around it? Especially in the UK. It was because race is something we don't like to talk about in this country. Gender, we don't like talking about in this country. We don't like talking about sex in this country.

And you cannot discuss FGM without discussing those three aspects, because FGM, the majority of the children it affects are black children, number one. Many times we've been told: well, isn't that what your people do? Actually, no, because as a child we didn't have a say, and FGM is violence. Gender because, let me tell you, the reason myself and 140 million other women were cut was because we were born females, full stop. Why did it happen? Because it was to control our sexuality. So those are three subjects we really shy away from as British people, so for myself and Nimko and other campaigners, we really have been ranting and screaming and shouting: this is why it happens and we need to have these frank discussions.

This has kind of now been incorporated into the Girl Generation programme. The first principle of the programme has to be Africa-led. The reason we had such success in the UK, and I think it really kicked off the global campaign now – there's a big campaign happening in the US by Jaha, one of our colleagues. It had a lot to do with what we did here in the UK. I think we really need to be proud of ourselves for doing that. The Girl Generation will be making sure that African women are leading this programme.

Our second principle is to do no harm to any of the women, because in the past, let's be honest, certain campaigns actually exploited women and anyone who was involved in those campaigns.

It recognizes FGM as violating their basic human rights and I think finally we are using the right language. For me, language is absolutely key when we are working on this issue. Like I said before, FGM is violence, and it's one of the worst violence a woman or child would ever endure. Some of us have to live with it so now we don't have any excuses.

There is hope because in my family we broke the cycle. My 12-year-old daughter has never been cut. There are many more, we just need to make sure that we don't tolerate this kind of practice ever again. Thank you.

Sue Lloyd-Roberts

Comfort, our medical expert from the coal face of the NHS.

Comfort Momoh

Thank you, Sue. Following up from Leyla, why do we shy away from talking about vaginas? I don't know. Why? Exactly. I guess what I will say is to touch on the work that we do at Guy's and St Thomas', the women we see, what they present with.

Guy's and St Thomas' started the second clinic in the whole UK, which started in 1997, due to an increasing number of women presenting to different parts of the hospital – the family planning clinic, sexual health and gynaecology. I guess then nobody knew what to do, weren't well informed. Nobody had an answer in terms of how to holistically care for women and girls who have been through FGM. A multidisciplinary group was set up in 1995 within LSL (Lambeth, Southwark and Lewisham), where I work, to look at the needs of women and girls, which was really good because they made lots of recommendations. One of the recommendations was to set up this support service for women and girls. Hence, I came in.

We see pregnant and non-pregnant women. With the pregnant women obviously, I'll talk you through their journey. It's very clear and very important that we identify women earlier on in pregnancy so that we can have support for women. This is very key because as we know, some of those women might be asylum seekers. They might be new in the country. They might not even have a GP, they don't know how to access the healthcare system. So it's very key, as professionals, that we look out for women, we look out for girls out there, so that we can signpost them to the right support (i.e., to Leyla's support) in terms of looking at the psychological wellbeing, which is very important.

So it's very key to identify all pregnant women to provide support as well as having an agreed plan of action for labour, delivery and post-delivery, especially now that we have the Department of Health prevalence dataset. It's important and very key, as professionals, that we know what our roles and responsibilities are.

Also, in terms of looking at the safeguarding issues, we did a recent survey looking at information given, the communication that we, as professionals, give to the women or the survivors. It's sad to say, we are lacking in some aspects, in terms of using the right interpreter – we've had so many cases where we got things wrong. The key factor for me is, as professionals and somebody working in maternity, we as midwives, as obstetricians, we need to be able to pass information to health visitors, to social services, in terms of ongoing support for the women and their families. Because I know we have the law here in the UK about safeguarding issues, but at the same time it's about reaching out to the community. It's about reaching out to the families, giving them the necessary tools and the necessary information, empowering

them to be able to say no to FGM. Empowering them to be able to come out and also giving them a safe environment for them to feel safe, to come out and seek help.

We see non-pregnant women as well. With the non-pregnant women, they self-refer to the clinic, i.e., because they have recurrent urinary tract infection, vaginal infection or because they're getting married. Especially if they've had FGM Type 3 (I'm assuming you all know the different types), we do what we call deinfibulation (or sometimes it's called reversal). I try hard not to call it reversal because it implies that you're putting everything back to normal, which is not the case. I have young people, teenagers, coming to the clinic and saying: Comfort, can you put my clitoris back? Comfort, can you put my labia back? When you show them diagrams and you explain things to them, they feel really angry that you can't put things back together. It's very important to support them also, because as we know the consequences of FGM, unfortunately, last a lifetime for some of the women and the girls: the physical, the psychological, the emotional consequences.

So I do an average of one or two reversals or deinfibulations at the clinic every week. We have a one-stop clinic which is very unique to my clinic at Guy's and St Thomas', where a woman can call the same day, have counselling, have support, have information and have the deinfibulation the same day.

In terms of actions already taken here in the UK, which previous speakers have mentioned, I guess I would like to even say a big thanks to media support, especially the *Evening Standard*, like you said. Survivors speaking out has been very great. I started working around FGM over 25 years ago. We know then how secretly things were, how hushed up. You can't even talk about it. I remember then I used to have a colleague who was a midwife and she was pro-FGM, definitely, because she was from Sierra Leone and she definitely was for FGM. We always had big arguments. Then you're looking and thinking: you, as a professional, you know the consequences, you know what women and girls go through, why are you supporting it? You have to be aware that FGM is very complex. You need to be aware of the complexity about FGM, the social and economic factors for the circumcisions and also other issues within the family setting as well, the dynamics within the family setting.

The global movement, which Leyla has talked about, especially the launch of the Girl Generation – I will say FGM has no place in modern society. We all need to work together. We all need to do what we are able to do, as professionals, as community members – and the public, we all need to do what we can to safeguard girls and women who might be at risk of FGM. I'll say women as well because I've seen lots of women who have been forced to have FGM against their wishes and also I've seen a 37-year-old woman that has been through FGM. So it's very important that we put all our efforts collectively to end FGM.