

# PATRIARCHAL INSCRIPTIONS

female bodies contested, invaded  
defended & owned

E-SYMPOSIA  
15 OCT-  
10 DEC  
2020

Convened by the new research programme  
'Female Bodies & Patriarchal Inscriptions  
across Cultural Contexts'

Arts & Humanities Research Institute

**KING'S**  
*College*  
**LONDON**

# ABOUT THE SYMPOSIA

Within a broad spectrum of historical and cross-cultural violence against women, the female body is subjected to patriarchal inscriptions which range from fashion-driven body modifications to brutal mutilation – related practices on a continuum of acceptance and repulsion which obscures commonalities and erases distinctions.

A proposal emerging at the Arts & Humanities Research Institute, King's College, University of London, aims to establish a tripartite programme scrutinizing patriarchal inscriptions on female bodies combining study, grounded theorizing and application (for uses in education and in outreach). Building on extensive scholarship and advocacy in the field of epistemic injustice and embodied gender performances, we will add new areas of interpretation and activism. This, the first in what we hope will be many symposia, links up with our on-going preparations for such a major research programme.

By inviting the wider community of scholars and professionals into debate surrounding issues over female-bodied texts and socio-political contexts, we pursue a two-fold aim: mapping the body singular and female, and mapping body politics as global and gendered. Only such cartography can facilitate in-depth intersectional and cross-cultural analyses of what we hold to be related interventions which encompass, moreover, highly contested FGM practices. We summon debates that address the urgency created by human rights abuses specifically, but not exclusively, related to FGM, an exigency linked to the wider systemic and normative unravelling of democratic governance at home and elsewhere, affecting all spheres of life.

When, as some intellectuals hold, the era of democracy and democratic accountability may be waning, what are the implications for associated regimes that shape identities? Will entitlements to rights and resources alter? How will an anticipated challenge to democratic body politics weaken the protocols, legislations, and policies serving to protect ever intensifying gender-based precarities? Faced with a corona virus pandemic, volatile global political environment and intensifying migration crises that exacerbate abuses of human and children's rights, we summon critical questions and insights from diverse disciplines and methodologies to enlighten complex linkages among emergence of newly masculinized ideologies, populist politics and prospects for creating and protecting context-sensitive human/women's rights-based cultures of bodily integrity.

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# BRIEF SCHEDULE OVERVIEW

**Hosted with support from the Arts & Humanities Research Institute, King's College London.**

With gratitude to *UnCUT VOICES Press* [<http://www.uncutvoices.wordpress.com>] for financial support of programme design by *Claire Peckham*, Creative Director, and many thanks for webinar coordination and management to *Taylor Annabell*.

## **Session 1: Democracy, populism, the corona virus pandemic & enduring patriarchal traditions**

### **15 October 2020**

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1:00- 1:05	Welcome  Professor Anna Reading
1:05- 1: 15	Welcome  The organisers: Comfort Momoh MBE, Maria Jaschok, Tobe Levin Freifrau (Baroness) von Gleichen & Diana Fox
1: 15- 1:35	Keynote  Hidden Scars, Breaking Cycles: The Power of Sisterhood  Leyla Hussein OBE
1:40-2:30	Panel  Mobilizing a Robust Global Narrative to Dismantle Socially & Politically Constructed Racial, Cultural, & Geographical Boundaries within FGM Discourse  1:40- 1:50 Mariya Taher 1:50-2: 10 Ghada Khan 2: 10-2: 15 Julia Antonova 2: 15-2:25 Habiba Al-Hinai 2:25-2:30 Chiara Cosentino
2:30-3:00	Discussion

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### **17 October 2020**

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1:05- 1:25	'This is not my fatherland.' Stories from the lives of Nigerian exiles  Annagrazia Faraca
1:25- 1:45	FGM in one of the world's richest countries: Singapore  John Chua

1:45-2:05 What makes an intervention effective? Giving the best & most sustainable outcomes to girls at risk of FGM

Cath Holland

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2:05-2:25 Breaking a spiral of girls' disempowerment among the Maasai in Kajiado County

Lester Linti

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2:25-3:00 Discussion

### **24 October 2020**

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1:05-2:05 Panel

Is it time for an FGM Commissioner? Practical responses to feminised issues

1:05- 1:25 Felicity Gerry

1:25- 1:45 Joseph Home

1:45-2:05 Charlotte Proudman

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2:05-2:45 A City in Turmoil, People at Risk, Somali Immigrants in Minneapolis, FGM, Covid- 19 & Black Lives Matter: inclusion of all voices in designing education programs

2:05-2:25 Michal Moskow

2:25-2:45 Fadumo Iido Mohamud

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2:45-3:00 Discussion

## **Session 2: Bodily inscriptions, ethical relativism, subjectivities, cultural contexts & the law**

### **31 October 2020**

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1:05- 1:15 *WAAFRICA 1 2 3. Kenya. 1992. Two Womyn Fall in Love* & what that means for state complicity in upholding gender binaries & sustaining FGM

Nick Hadikwa Mwaluko

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1:15- 1:30 Reflections on cultural & ethical relativism relating to the study of FGM

Farnoosh Rezaee Ahan

1:30- 1:45	How law is used to maintain patriarchal power: an application to FGM of experience in redress for sexual assault, domestic violence & access to abortion Severyna Magill
1:45-2:05	What did the judge say? A comparative analysis of selected FGM case law in high-income & low-income countries Isabella Micali Drossos, Paul Komba
2:05-2:25	'The law against Female Genital Mutilation can scare people away from performing FGM, but it doesn't change their attitudes.' Findings of a qualitative study in Leeds, UK Olayemi Babajide, Abimbola Babajide
2:25-2:40	FGM Is Not a Worthy Cultural Right That Merits Protection Lorraine Koonce
2:40-2:45	Respondent Luiza Parolin
2:45-3:00	Discussion

### **Session 3: Mothers & daughters: continuity, love, fear & belonging**

**7 November 2020**

1:05- 1:35	<i>In the Name of Your Daughter</i> & Maa Feew Giselle Portenier, Mariame Racine Sow
1:35-2:00	Mothers & daughters: continuity, love, fear & belonging – Marginalization of community voices in fighting FC/FGM/C Phyll Livaha
2:00-2:30	No more oversimplifying! FGM in African & African Diaspora Memoirs Tobe Levin von Gleichen, Pierrette Herzberger-Fofana MEP
2:30-2:40	Respondents Wangûi wa Goro, Alimatu Dimonikene
2:40-3:00	Discussion

## 14 November 2020

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1:05- 1:25	FGM/C & the Female Perpetrator: An Exploration of an Undertheorized Figure Daniela Hrzán
1:25- 1:45	Voices to End FGM/C: Using Storytelling to Shift Social Norms & Enhance Prevention Lara Kingstone
1:45-2: 10	Trends in Female Genital Mutilation/Cutting: a Qualitative Study Oluchukwu Loveth Obiora
2: 10-2:30	L'écriture de la douleur, construction de l'excision. Selected readings on mothers & daughters from her 1982 novel, <i>The Excised (L'excisée)</i> Evelyne Accad
2:30-3:00	Discussion

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## Session 4: The FGM 'Industry' & its critics

### 21 November 2020

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1:05-2: 10	Panel The HER Initiative: Innovative Approaches to FGM/C Research, Community Engagement & Care in Maine 1:05- 1: 15 Michelle Mitchell 1: 15- 1:25 Sarah Lewis 1:25- 1:40 Simane Ibrahim 1:40- 1:55 Alireza Geshnizjani 1:55-2: 10 Asha Ali
2: 10-2:20	De-Socialising to re-socialise: Negotiating Zero Tolerance to end cultural shackles of patriarchal inscription on African Women Adabisi Adebayo
2:20-2:40	Evaluation of a Female Genital Mutilation/Cutting (FGM/C)-Workshop in Liberia 2:20-2:30 Kim Nordmann 2:30-2:40 Guillermo Z. Martínez-Pérez
2:45-3:00	Discussion

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## Session 5: Circumcision: maketh the man, maketh the woman

28 November 2020

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1:05- 1:20	Circumcisions as Inscriptions of Gender: Implications of FGM Eradication or Sustenance  Mary Nyangweso
1:20-2: 10	Plastic Surgeons' Familiarity with Female Genital Mutilation & Cutting in the United States  Ava G Chappell MD, Mona Ascha MD, Rachita Sood MD MPH, Kathryn Fay MD, Melissa Simon MD MPH, John Y. Kim MD, Sumanas W. Jordan MD, Lori Post
2: 10-2:30	Female Genital Mutilation, Male Circumcision & other Genital Interventions as Markers of Collective &/or Individual Identity: Exploring Legal & Medical Approaches in the UK  Jeanise Dalli
2:30-2:45	Emotional & behavioral consequences of FGM/C among African immigrants in New York City: depression, anxiety, PTSD, but also coping & recommendations for clinicians  Mariama Diallo
2:45-3:00	Discussion

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## Session 6: Sexuality & pleasure, beauty & Pain: female genitalia as a site of ambiguity & intervention

5 December 2020

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1:05- 1:20	Is it truly easier to make a hole than to build a pole? Feminist reflection on a chapter of genital surgery on children with ambiguous genitalia  Dr. med. Marion Hulverscheidt
1:20- 1:35	The global quest for genital beauty: female genital mutilation/cutting vs female genital reshaping  Oluchukwu Loveth Obiora



1:35- 1:50	From Farafenni to Paris: Clitoral Restoration Neneh Bojang, Jeanie Kortum, Tobe Levin von Gleichen
1:50-2:05	FGM survivors' quest for wholeness: Pioneers of clitoris reconstruction Sebastian Krüger
2:05-2:20	The Right to Bodily Autonomy: Do women have a right to Choose FGM/C & FGCS? Annemarie Middelburg, Refaat Karim
2:20-2:35	Women, Girls & Self-Harm: Tragic, Increasing, Often Invisible Lois A. Herman
2:35-3:00	Discussion

## **Session 7: keynotes on racism, FGM studies & FGM in social media**

### **10 December 2020**

1:05- 1:20	Outcome of FGM pregnant women hospitalised with Covid- 19 exposes health inequalities Jacqueline Dunkley-Bent OBE
1:20- 1:40	Morbidity due to Female Genital Mutilation: A scoping review Ava G. Chappell MD, Rachita Sood MD MPH, Andrew Hu MD, Susan M. Folsom MD, Diana K. Bowen MD, Lori A. Post, Sumanas W. Jordan, MD
1:40-2:00	Surgical Management of Female Genital Mutilation-related Morbidity: A Scoping Review Ava G. Chappell MD, Mona Ascha MD, Rachita Sood MD MPH, Kathryn E. Fay MD, Melissa Simon MD MPH, John Y. Kim MD, Sumanas W. Jordan MD, Lori A. Post
2:00-2:20	Going solo, passing the buck or joining the dots? Why a multi-disciplinary curriculum is essential in professional training to eradicate female genital mutilation Hilary Burrage

2:20-2:40 Female Genital Mutilation & Social Media: Opportunities & Challenges  
Christina Julios

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2:40-3:00 Discussion & conclusion



# DEMOCRACY, POPULISM, THE CORONA VIRUS PANDEMIC & ENDURING PATRIARCHAL TRADITIONS

The persistence of practices of 'female circumcision' and their encoded cultural undergirding raise critical issues of systemic injustice in the body politics cross-culturally. Focusing in particular on critical disenchantment with the performance of democracies in this regard, what weaknesses have come to obstruct efforts to end FGM, rendering imperative problematization of the linkage between intensifying gender-based violence and democracy as it is presently under attack?

How have governments' mis/management of the pandemic exacerbated existing fault-lines of gender precarity?

How has progress in challenging and abolishing FGM practices been vitiated by widely applied government policies and measures that embrace lockdowns of large parts of public government services, curfews, household quarantine and mandatory individual isolation?

How has opposition among members of minority communities in western societies – when it comes to governments' FGM policies, deeply felt subtexts of prejudice and popular scapegoating – been appropriated and instrumentalized to serve populist exclusionary aims that demonize entire marginalized cultures?

What does failure of enforcement of anti-FGM legislation uncover about political will, identity politics, hierarchy of suffering and about inter-/national feminist ambivalences?

**15 October 2020**

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## **Welcome**

**Professor Anna Reading**, Director of the Arts & Humanities Research Institute, King's College London

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## **Welcome**

**Comfort Momoh MBE, MSc, BSc, RM, RN**, RCM Fellow, Founder of Global Comfort, Charity Organisation

**Maria H.A. Jaschok, PhD**, Visiting Professor, Arts & Humanities Research Institute, King's College London; Senior Research Associate, Contemporary China Studies Programme in the Oxford School of Global & Area Studies, & Supervisor & Tutor for Masters in Women's Studies, University of Oxford

**Tobe Levin Freifrau (Baroness) von Gleichen, PhD**, Visiting Professor, Arts & Humanities Research Institute, King's College London & Associate, the Hutchins Center for African & African American Research, Harvard University

**Diana Fox, PhD**, Professor & Chair, Department of Anthropology, Bridgewater State University & editor-in-chief, *Journal of International Women's Studies*

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## **Keynote**

### **Hidden Scars, Breaking Cycles: The Power of Sisterhood**

**Leyla Hussein OBE**, co-founder of the Dahlia project & Daughters of Eve

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## **Panel**

### **Mobilizing a Robust Global Narrative to Dismantle Socially and Politically Constructed Racial, Cultural, and Geographical Boundaries within FGM Discourse**

**Mariya Taher**, co-founder & U.S. executive director of Sahiyo (US/India)

**Ghada Khan**, former Network Director, U.S. EndFGM/C Network

**Julia Antonova**, Senior Lawyer, Project Justice Initiative (Russia)

**Habiba Al-Hinai**, Founder & Executive Director of the Omani Association for Human Rights (Oman)

**Chiara Cosentino**, Head of Policy & Advocacy, EndFGM European Network

In signing on to the Sustainable Development Goals, 193 countries have pledged to take action towards the eradication of FGM, a form of sexual and gender-based violence (SGBV), by the year 2030 as part of Goal #5 dedicated to achieving gender equality. However, research shows that slow progression towards expanding national

prevalence data and robust prevention initiatives beyond a select group of countries, mainly in Africa, has not only led to an underestimation of global prevalence, but has also sustained an overall preoccupation with the “othering” of this issue as a means to avert accountability for current and historical evidence of the practice, and in some countries, politicizes FGM to fuel racist and anti-immigrant sentiment. The research report *Female Genital Mutilation/Cutting: A Call for a Global Response* (March, 2020) utilized secondary data collection methods to present evidence on the practice of FGM in 92 countries, and aims to change the narrative around the fight to end FGM to one that is global, urgent, apolitical, and at its core, anti-racist. Utilizing this report as a platform for discussion, this panel session will highlight: Exoticism and the ‘othering’ of FGM as a cultural practice; Racial responses and survivor support within the context of migration; The role of ‘unusual suspects’ in dismantling perceived cultural, social and geographical boundaries in FGM discourse; The importance of robust FGM prevalence data within the wider discourse of, and responses to, SGBV (sexual and gender-based violence). Panelists will provide an overview of their initiatives and research, addressing FGM as a global issue.

**17 October 2020**

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**‘This is not my fatherland’: Stories from the lives of Nigerian exiles**

**Annagrazia Faraca**, Università per Stranieri di Perugia, Dept of Human & Social Sciences

The increase in migration flows from the African continent and the significant rise in the number of female migrants means that the phenomenon of genital cutting is now present in contexts of migration and settlement. It can no longer be regarded as a tradition to be analyzed solely in the cultural and social contexts of origin, but rather as a practice relocated outside this setting along with beliefs and attitudes related to Female Genital Mutilation/Cutting (FGM/C). This paper presents the results of the qualitative research conducted with fifteen women asylum seekers from southern Nigeria resident in the city of Perugia (Italy) who have undergone the practice of FGM/C. The study, using a transnational perspective and a gender-sensitive approach, explores the migration routes and lives of these women in order to understand how and if the migration process affects their system of opinions, attitudes and meanings in relations to FGM/C. For seven women the claims of international protection, according to various existing measures under the Geneva Convention, were positively accepted by the competent Italian authorities on the basis of the well-founded fear of persecution if repatriated as a result of “belonging to a particular social group identified by the unchangeable characteristic of being woman,” with particular reference to trafficking, sexual exploitation and the recognition of FGM/C as an act of persecution.

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## **FGM in one of the world's richest countries: Singapore.**

**John Chua**, writer, director, producer of *Cut. Exposing FGM Worldwide* with co-producer Mark Grasso [2017 Winner of PBS's To the Contrary. About Women & Girls Film Festival]

FGM is seldom discussed openly in Singapore, even among survivors, and insufficient research has been undertaken there. In 2016, I returned to my native Singapore to help organize the first-ever local FGM conference with NGO AWARE (Association of Women for Action & Research). Because I had read unsubstantiated claims that British citizens took daughters to Singapore to get cut, I wanted to verify this information.

My investigations included recording undercover videos of medical personnel who offered to cut my imaginary daughter. The cost of this cutting, which appears to be Type I or Type IA, was around \$12. When I presented this video to the British High Commission in Singapore, they were concerned about the possibility that British citizens went there to cut their daughters. However, they admitted they wouldn't persuade the Singapore government to outlaw the practice. I conducted a first-ever survey of FGM among Singapore's Muslim women. Results of 119 women surveyed show that 85 of these women are FGM survivors. 25% of survivors support continuing the cutting tradition with their daughters. However, several survivors interviewed disagreed with FGM. One interviewee reported that the Islamic Council supports the cutting of females. While Muslims are a minority in Singapore, the government funds the Islamic Council and also appoints the national Mufti who issues fatwas. Until 2014-15, the Islamic Council advocated for FGM on its website. They have since removed the proclamation. I also discovered that FGM likely impacted my extended family and people I've known most of my life.

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## **What makes an intervention effective? Giving the best & most sustainable outcomes to girls at risk of FGM**

**Cath Holland**, midwife & founder of Beyond FGM

Beyond FGM is a UK charity working with communities in remote villages in Pokot, Kenya, to end FGM. FGM rates in this community are often as high as 100% in the most remote villages. For girls in Pokot risk often intersects with practices of forced early child marriage (ECM) and other human rights abuses including abduction and rape. Over the last 10 years, Beyond FGM have empowered over 6000 girls to refuse FGM, working directly with the community and building long and sustained relationships with the villagers and their leaders. Drawing on this experience, the presentation addresses the question of what makes an intervention effective, giving the best and most sustainable outcomes for girls at risk of FGM. Although considerable investment

has been made it has not been focused on working models that are led and delivered by and within the communities themselves. The larger UN bodies often take a scattergun approach to FGM, whereby an organization spends a finite amount of time working with the community to end FGM, but once they leave, nothing sustainable is left behind and FGM practices re-emerge as things go 'back to normal'; the grassroots remain unchanged and communities are left with no financial, practical or moral support to continue.

This presentation will show that for effective and lasting change, any engagement must be community owned, democratic and organised at the grassroots, rather than a more colonialist model along the lines of a 'civilising mission' in which power relations are undemocratic and not owned by the people and community led. According to reports from our counterparts in Kenya, due to schools shutting because of Covid-19, an element of protection afforded to girls at risk of FGM has disappeared, making this already tragic situation even more urgent. As Sister Mercy, administrator of Ortum Mission Hospital, reported in a recent correspondence: "If rivers were flowing with FGM girls and teenage pregnancies during this Covid-19 pandemic, then those of West Pokot are flooded to break their banks."

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### **Breaking a spiral of girls' disempowerment among the Maasai in Kajiado County**

**Lester Linti**, Enkorika Secondary School, Kadjiado, Kenya & Project Coordinator, CAFGEM CBO, Kajiado County

Although harmful traditional practices have been declining, my Maasai community still measures 78% FGM prevalence that violates girls' sexual and reproductive health rights by impeding their education as they are married off immediately after undergoing the cut, thereby reinforcing a vicious circle of disempowerment. This contribution details my efforts to break the cycle. At first I met resistance from defenders of this deep-rooted cultural practice. For instance, in 2014, while volunteering at the Centre for Law and Research International (CLARION NGO) who advocate girls' education, I witnessed more than 3,500 women demonstrating against anti-FGM laws and campaigns, claiming that 'circumcision' had had no harmful effects. The protesters even came to my home, beat my wife, and forced her to join the demo because her husband—me—was opposed to the community's tradition. Facing the angry group, I was almost helpless, but this matter only strengthened my resolve. Therefore, in 2015, I volunteered with Amref Health Africa and became a Trainer of Trainees (TOT) on FGM, ECFM, sexual and reproductive health, and women's empowerment. I have since been a community facilitator sensitizing youths, elders, women, morans (young Maasai Warriors) and schoolgirls. Currently, with TABU INTERNATIONAL in Germany,



I'm setting up a community-based Rescue and Education Center as a safe haven for girls at risk of FGM and ECFM, to provide FGM health check-ups; advocate for our girls to complete education by seeking sponsorship for the needy (in possible partnership); (3) stop early marriages amongst the young girls; (4) do away with bad cultural practices like FGM; and (5) empower girls to have equal opportunity. This Center will identify villages where girls face considerable challenges; engage schools, community leaders and local administration; and conduct targeted sensitization for various groups. Important: we will also identify local traditional birth attendants (TBAs) who serve as circumcisers, train them, and engage them as anti-FGM advocates. To finance the centre, we plan self-help, income generating activities including promoting beading, especially among TBAs, and buying land to grow vegetables, keep poultry, and herd dairy goats.

**24 October 2020**

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## **Panel**

### **Why it is time for an FGM Commissioner? Practical Responses to Feminised Issues**

**Felicity Gerry QC**, International Queen's Council, Libertas Chambers, London & Crockett, Melbourne; Professor of Legal Practice, Deakin University. A decade of developing FGM law.

**Dr Joseph Home**, Honorary Research Fellow, University of Salford School of Health & Society, Medical Directors Leadership Fellow, Pennine Acute NHS Trust with expertise in medicolegal problems in clinical settings.

**Dr Charlotte Proudman**, Family & Immigration Barrister, Goldsmith Chambers, & Junior Research Fellow, Queens' College, Cambridge, whose PhD examined feminised aspects of FGM.

This panel will discuss the intersection between health and law and practical solutions to the eradication of FGM, including education and monitoring discriminatory approaches through the creation of an FGM Commissioner. In its 'Sustainable Development Goals', the UN set out to achieve gender equality by eradicating FGM. The UK commitment to ending FGM is embedded in the cross-Government Ending Violence against Women and Girls (VAWG) Strategy: 2016 to 2020. To date, Criminal and Family law has developed to the point that there has been a successful prosecution for FGM on a young child and a number of cases where Family Courts have made FGM Protection Orders (FGMPOs) to prevent a child being cut. However, our research has shown that FGM continues to occur, evaluation of data is lacking and concerns about discrimination continue, including apparently compulsory medical examinations when applying for asylum on grounds of FGM. Whilst it is important that child abuse in all its forms is prevented and when FGM is performed, prosecuted, the single prosecution seems to have been worryingly set in a context of witchcraft-or at least the

perceived motivation for the offence was witchcraft. This has not been seen since infanticide cases in the 19th century and, five years on, FGMPOs are not being utilised as much as was anticipated. So, together with education, what can be done to protect children and support families? This panel contends there is a need for an FGM Commissioner with sufficient powers to lead public health interventions to prevent FGM; to evaluate the effectiveness of FGMPOs as a preventive measure; and to ensure that laws are applied in a non-discriminatory way.

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### **A City in Turmoil, People at Risk, Somali Immigrants in Minneapolis, FGM, Covid-19 & Black Lives Matter: inclusion of all voices in designing education programs**

**Michal Moskow** PhD, Professor, Hamline University, Minnesota, USA; & Gothenburg University & Högskolan Väst, Sweden. Board member, Somali Family Services, Minneapolis  
**Fadumo Ido Mohamud**, Step Academy, St. Paul, Minnesota

Our presentation is based on research conducted with Somali immigrants in the Twin Cities area of Minnesota, USA, where many women underwent infibulation before immigration even as it continues in the U.S. In addition, we investigate how recent isolation due to Covid-19 and the demonstrations and riots in the Twin Cities protesting police violence against people of color affect women who have undergone FGM and their communities. We consider the political and medical context in which this research occurs, including how eastern African immigrants are reacting to the Black Lives Matter movement. The goal is to design education programs for use in the Twin Cities and in refugee camps in eastern Africa. The open-ended interviews were conducted using Zoom, giving us an opportunity to study how the virtual medium may affect interviews on highly personal issues. Interviews use a drawing by a young Somali woman to prompt participants' stories and then return to the drawing at the end of the interview to explore possible shifts in their perceptions. Participants include women and men from eastern Africa. Some of them have undergone FGM and some have not for ideological and other reasons. Some interviewees are members of the same family, allowing us to explore generational differences. While traditional ethnographic interviews are analyzed for broad themes, we will also look at individual responses which may differ. We feel strongly that it is important to consider all voices, both when there seems to be consensus and when opinions diverge to optimize our educational curricula.



# BODILY INSCRIPTIONS, ETHICAL RELATIVISM, SUBJECTIVITIES, CULTURAL CONTEXTS & THE LAW

Papers in this session foreground concepts of culture, patriarchal encodings, and sexual subjectivities framed by cross-cultural discourses on gender justice, social belonging and sources of transformation. The first presentation reflects on cultural relativism as applied to female genital mutilation and its implications for human rights as well as on a strengthening trend favouring abandonment of relativism in favour of a morality based on principles of justice and fairness. The author of the second presentation holds that ethical judgments of differing cultural practices, especially when based on deep understanding of lives, customs, and traditions, are indicative neither of ethnocentrism nor of intolerance. An intersectional analysis of the use of law as a tool of patriarchal power becomes the focus of the third presentation, its masculine lens considered failing a more gender-sensitive justice. This is followed by a cross-cultural analysis of high-income and low-income country contexts for strategies of prevention and prosecution of FGM through adoption of national legislations. The imperative for greater understanding of success, of failure and trends in domestic jurisprudence when it comes to prosecution and child protection agencies necessitates, so the author, in-depth analysis of case by case study. Enhancing this argument, the fifth presentation considers UK strategies for proactive community engagement, asking how such an approach can improve understanding of FGM and related issues, allowing for nuanced context-specific interventions. The concluding paper returns to the source of dispute, conflicting views of group versus individual rights, and comes down incontrovertibly in favour of the latter.

**31 October 2020**

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**WAAFRIKA 123. Kenya. 1992. *Two Womyn Fall in Love* & what that means for state complicity in upholding gender binaries & sustaining FGM**

**Nick Hadikwa Mwaluko.** Dramatist, Novelist, Author

*WAAFRIKA 123* (UnCUT/VOICES Press, 2016) is possibly the only play that includes FGM as a crucial theme penned by a trans FtM (female to male) author born in Tanzania, raised in Kenya, and now in California. Not about FGM per se, the drama shows clitoral amputation as a crowd's punishment of choice for challenging gender identity and gender roles. Like the murderous pack in *Moolaadé*, vigilantes understand a drought to result from celestial rage at a specific challenge to tradition. Just consider. Awino, the daughter of the Chief, has a female lover and in sex-play, imagines herself a male. As critic Michael V. Rodriguez, aware of his pronouns, has it, "Awino denounces their clitoris in favour of a penis." The globe itself is out of kilter. So, to set things right, a tribe, the Luo, which rarely practices clitoridectomy, excises the African princess by force – and gang rapes her white mate. Where is authority here? In heteronormative and patriarchal violence. The author will elaborate on gender, explain the dramatic decisions made, how they help the story unfold and how those artistic choices plow the emotional terrain, spewing up conditions that encourage FGM.

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**Reflections on cultural & ethical relativism relating to the study of FGM**

**Farnoosh Rezaee Ahan,** Graduate Student, Cultural Anthropology, Uppsala University

This paper reflects on cultural relativism applied to female genital mutilation and its implications for human rights. It discusses concepts such as culture, ethical and cultural relativism and compares various theoretical applications to FGM. Judging from cultural and ethical relativisms, anthropologists diverge on FGM. On the one hand, according to Merrilee H. Salmon (1997), anthropologists should work to eliminate the practice. Salmon argues that FGM violates the rights of the women and above all girls on whom it is performed. Also, she asserts that this operation facilitates men's control of women, assuring inequality. On the other hand, Elliott P. Skinner (1995) accuses abolitionist feminists of ethnocentrism because African women themselves desire the practice that they see as a counterpart to male initiation, transforming girls into adult women. Salmon disagrees, condemns cutting as immoral, and contends that anthropological calls for moral relativism for FGM are fundamentally ill-founded.

But disagreement doesn't stop there. In Skinner's view, feminists who argue that the cut exemplifies male power over women have got it wrong. On the contrary.

African women as well as men have supported FGM as a form of resistance to white domination. Now, Salmon (1997) concedes that anthropologists' determination to distance themselves from colonial and neo-colonial oppressors makes ethical relativism legible as a non-judgmental stance towards alien cultural practices. This tolerance avoids impugning the morality of traditional practices. But mutilation causes severe medical damage; failure to intervene can also be judged as indifference or neglect. Shouldn't relativism be replaced by a morality rooted in principles of justice and fairness? Ethical judgments of differing cultural practices, especially when based on a deep understanding of lives, customs, and traditions, are indicative neither of ethnocentrism nor of intolerance.

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### **How law is used to maintain patriarchal power: an application to FGM of experience in redress for sexual assault, domestic violence & access to abortion**

**Severyna Magill**, course coordinator for the Human Rights Law & Theory programme at Jindal Global Law School

I've taught human rights law for 8 years now (7 years of which were in India, where I have also done field work in rural and semi-rural areas, some of which was funded by UN Women) and have occasionally, in elective modules on women's human rights spoken about FGM/cutting. Most of my work, however, focuses on redress from sexual assault, domestic violence and access to abortion. I propose therefore to analyze selected Indian court judgments and to explore how law is used as a tool to maintain patriarchal power. We have many judgments that, by using a masculine lens to interpret legal provisions as 'just', fail to result in gender-sensitive justice for the petitioners. Particularly when women seek to exercise their legal rights, courts introduce terms to obfuscate and reject the credibility of those legally enshrined rights. When sexual assault is prosecuted, for example, additional, extra-legal burdens are often placed on the complainant. Thus, when trying to use patriarchal law, women are left rightless when provisions are legally enshrined and at times constitutionally guaranteed.

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### **What did the judge say? A comparative analysis of selected FGM case law in high-income & low-income countries**

**Isabella Micali Drossos**, Senior Counsel, World Bank, Washington

**Paul Komba**, Barrister, London & Senior Research Fellow, Northumbria University, UK

Female genital mutilation (FGM) is an example of how the female body is invaded and owned in violation of women's and girls' human rights. According to UNICEF, there are

worldwide over 200 million affected by FGM and many more who are at risk. A significant proportion of this population is in sub-Saharan Africa, but it affects countries in all continents. Eliminating the practice before 2030 has been one of the targets of the UN Sustainable Development Goals (SDG 5.3) and at the national level, public authorities have been using several strategies to respond to the public health threat posed by FGM. One powerful strategy of prevention and prosecution is the adoption of national legislations against FGM, which has increased substantially in the last 20 years. Nevertheless, the success, failure and trends in domestic jurisprudence used by prosecution and child protection agencies are not well understood and usually not well disseminated, with commentators often assuming that the law or judicial interventions are not an effective tool in responding to FGM.

What is our purpose? This paper will analyze domestic case law/jurisprudence involving FGM in high-income and low-income countries to ascertain the types of actions and results obtained. Have the courts developed effective responses? Should litigation in this field be encouraged to protect girls and women from the practice of FGM? What major trends can be identified?

What is our method? World Lii, a publicly available online law repository, will help identify domestic court cases involving FGM, while outcome data from LexisNexis, Westlaw and publicly available databases will identify appeals and trace case history. Other direct sources of information can also be used to find relevant case law/jurisprudence related to FGM.

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### **‘The law against Female Genital Mutilation (FGM) can scare people away from performing FGM, but it doesn’t change their attitudes’: Findings of a qualitative study in Leeds, UK**

**Olayemi Babajide**, MA in International Public Health, University of Leeds; MSc University of Copenhagen

**Abimbola Babajide**, MAC Clinical Research, UK

About 137,000 immigrant women residing in England and Wales are reported to have undergone Female Genital Mutilation (FGM); and about 60,000 girls born to them are at risk. The 2003 FGM Act was intended to prevent the practice in the UK, and some additional initiatives including Tackling Female Genital Mutilation were set up. However, between 2016 and 2017, the National Health Service reported about 112 new FGM cases in the nation, and in February 2019, charges were brought against a mother for excising her 3-year-old daughter. Our research therefore aimed to identify whether and why FGM practice persisted despite existing law and initiatives to prevent it in the country. We conducted in-depth qualitative interviews with 20 women aged 20 to 49 years, from Somalia (n=9), Ethiopia (n=4) and Eritrea (n=7) living in Leeds,

England. Respondents were purposively selected from countries where FGM is prevalent and for living in UK for over 3 years. Nine respondents were Muslim, 11 Christian, 18 had high school education while two had tertiary education. Only respondents with tertiary education understood the meaning of the term FGM and its interchangeability with female circumcision. Participants were unaware of ongoing FGM practice in Leeds but believed the law against FGM had not changed attitudes towards the practice. Strategies involving proactive community engagement can improve people's understanding of FGM, its equivalence with female circumcision and designing context-specific interventions for influencing attitudes and practice.

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### **FGM Is Not a Worthy Cultural Right That Merits Protection**

**Lorraine Koonce**, Esq., Solicitor of England & Wales, New York Attorney, & Senior Lecturer, University of Paris

Female genital mutilation (FGM) and its pervasive health risks and human rights violations have given rise to universal reprobation and a sustained chorus of international condemnation. This has spurred a global effort to expunge it. In the Zero Tolerance campaign to eradicate FGM, what has been noted is the arc of progress. Although encouraging, the reality is that FGM has not been reduced to zero per cent. Whilst much progress has been made, millions of girls are still at risk. Flourishing against this Zero Tolerance campaign to eradicate FGM are abysmal compromises, particularly the opinion that FGM is a worthy cultural rite and that cultural relativism demands its preservation to retain cultural identity. But what if aspects of that identity are truly counterproductive in terms of aspirations toward modernity, increased wealth, and improved longevity?

Yes, causes of FGM's tenacious hold on minds and behavior are complex and require multiple interpretive tools to bring the custom into line with emerging gender equality norms and human rights conventions.

This paper takes a human rights perspective to address cultural relativism as a concept and argues that the relativist position shamelessly ignores and sweeps aside even the smallest rudiments of human rights protection, thereby providing fuel for FGM's proponents.





# MOTHERS & DAUGHTERS: CONTINUITY, LOVE, FEAR & BELONGING

Feminism has made exploration of relations between mothers and daughters central to its project. How are these considered fraught, damaged, broken, or, in the eyes of FGM-supporters, strengthened by clitoridectomy? (The impairment, understood as universal to womanhood, is implicated no matter whether 'rites of passage' are explicitly celebrated). Given most nation's adherence to global governance, human rights conventions, and attainment of Sustainable Development Goals, how is FGM antithetical to macro-political aims by impeding women's solidarity and smiting them with a range of debilities (negative health consequences)? How does FGM compare to other abuses women endure that fracture their inclination to identify and support one another, instead becoming invested in, or complicit with, systemic injustice?

**7 November 2020**

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### ***In the Name of Your Daughter & Maa Feew***

**Giselle Portenier**, Broadcast journalist, Cineaste, Producer, Director focusing mainly on women's human rights

**Mariame Racine Sow**, PhD in education, Managing Director, FORWARD for Women (Registered Charity) & Ma Feew Project

Her film introduced in Parliament by Janet Fyle in 2018, Giselle Portenier will present the trailer to *In the Name of Your Daughter*, a prize-winning documentary about a SAFE HOUSE/ refuge for girls fleeing FGM in Tanzania, showing that Lester Linti's project, though not without pitfalls, has a history of success. Commenting on a similar approach, Dr Mariame Racine Sow, managing director of FORWARD for Women, a Frankfurt-based charity whose founding in 1998 was encouraged by Efua Dorkenoo OBE, will introduce a project in Podor, Senegal, called Maa Feew – Fulani for 'everything will be all right'. Maa Feew combines community construction of a health centre with a school and library as well as a shelter for excision escapees, all under the holistic concept of empowering girls to resist.

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### **Mothers & daughters: continuity, love, fear & belonging – Marginalization of community voices in fighting FC/FGM/C**

**Phyll Livaha**, Senior Lecturer at Erasmus University College, Rotterdam (Netherlands) teaching international relations & international law

Female Circumcision, also known as female genital mutilation or female genital cutting (FC/FGM/C), has long been a women's rights issue among Western feminists, who have in turn put it on the agenda of human rights organizations. This led to the framing of the practice as a violation of women's and girls' rights or an expression of gender inequality that enforces gender discrimination as well as the oppression and subordination of women and girls. The practice varies widely from aggressive procedures that are imposed on women to benign cosmetic piercings that many women embrace, yet all activities characterized as FC/FGM/C have traditionally been treated as violations of women's rights – even as other feminists begin to acknowledge diverse ethnicities, social locations, cultural factors, contexts, and multitudes of intersectionality that women experience. This paper will focus on the reflections of unequal power relations internationally when it comes to dealing with these practices. Through participatory action research in Kisii, Kenya, I learned that some communities have their own strategies of overcoming FC/FGM/C, along with other issues that they face

daily. The practice is integrally linked to economic, political and social realities of everyday life. The strategies, which involve lived experiences, generate real world impact through overturning the power relations that underpin the structural violence against women and contribute to sustainable solutions. They are, however, not included in the current intellectual debates because the “intelligibility gap” still reinforces certain ways of being and knowing in the world as more legitimate or acceptable than others.

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### **No more oversimplifying! FGM in African & African Diaspora Memoirs**

**Tobe Levin von Gleichen**, PhD in comparative literature, Visiting Professor, King’s College London & Associate, Hutchins Center for African & African American Research, Harvard University

**Pierrette Herzberger-Fofana**, DPhil in literature, MEP (Member of the European Parliament, Green Party, Germany); formerly Erlangen City Councilwoman, President of DaMigra & President of FORWARD-Germany, e.V.

In Nigerian Dymphna Ugwu-Oju’s *What Would My Mother Say?* a Biafran refugee describes how “a tribal African girl comes of age in America” by confronting contradictions challenging motherhood, girl- and womanhood. As in Obioma Nnaemeka’s negotiated feminism, the narrator arcs between conflicted gender definitions that include FGM *intended to enhance* a woman’s life but that in reality undermine realization of equal rights. Displacement as a gender/culture clash features for instance eleven-year-old Delia romping with her brothers; her émigré father berates her, not for wrestling but for neglecting chores. When asked why she is assigned more work than they, he responds, “Because they’re boys and you’re a girl, and it’s time you learned that.” Yet mother Dymphna defends daughter Delia. “This is California, not Nigeria,” she says. “She’s American...[and] girl or not, [can] accomplish whatever she wants” (3). Achieving equality in marriage, plus freedom from customary or ritual abuses, is the unfinished agenda not only in Ugwu-Oju but also in Khady’s *Mutilée*; Lawrelynd Bowin’s *Swimming in a Red Sea*; Katoucha’s *Dans ma chair*, Diaryatou Bah’s *On m’a volé mon enfance* and A. Maïga Kâ’s *La Voie du salut*. We will examine human rights denied under the cultural prescription for ablating female sexual pleasure while celebrating triumph over forces intended to silence authors who nonetheless claim their due.

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### **Respondents**

**Wangûi wa Goro**, Visiting Professor LSE, translator, editor & author

**Alimatu Dimonekene**, anti-FGM activist, survivor & public speaker

**14 November 2020**

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## **FGM/C & the Female Perpetrator: An Exploration of an Undertheorized Figure**

**Daniela Hrzán**, Humboldt-Universität zu Berlin/Officer for the Strategic Management of Gender Balance at Weihenstephan-Triesdorf University of Applied Sciences

While discourses and policies on FGM/C have rightfully focused on the victims of such practices, the figure of the perpetrator has received less attention. Apart from some early feminist theorizing (e.g. Mary Daly, Andrea Dworkin), the role of circumcisers as perpetrators has mainly been discussed in criminal law cases as well as in advocacy and eradication efforts. Generating alternative income-opportunities for circumcisers in several African countries has resulted in some success, yet the sustainability of such efforts is usually not guaranteed. Likewise, literary depictions of FGM/C have not focused on the figure of the perpetrator. This is especially true for life stories which feature the circumciser as a recurring trope at the beginning of a highly structured narrative plot, while emphasizing survival strategies of the former victim and its development into a human rights subject. As far as fiction is concerned, Alice Walker's 1992 novel *Possessing the Secret of Joy* is the best-known example of a novel presenting the circumciser as a more complex literary character. Integrating the story of M'lissa into her narrative, Walker succeeds in presenting M'lissa as a figure who survived her own mutilation, partly carried out by her own mother, and who accepted and embraced the role of circumciser as one of the few roads to autonomy in a society otherwise hostile to women. M'lissa's positive identification with her mother brings mother-daughter relationships into the spotlight. The paper will therefore also examine the role of mothers as accomplices in practices of genital mutilation (and other harmful cultural traditions) and discuss what mechanisms make these practices so enduring and difficult to abolish.

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## **Voices to End FGM/C: Using Storytelling to Shift Social Norms & Enhance Prevention**

**Lara Kingstone**, Communications Coordinator, Sahiyo

Voices to End FGM/C offers participatory-style storytelling and media-making workshops that serve as a unique methodology for surfacing personal stories by women who have gone through or been affected by FGM/C. It positions these stories as key tools in shifting social norms and gathers advocates from around the world to craft personal stories pointing to the insidious nature of the attitudes and norms that perpetuate FGM/C and identifying moments of change.

Being cut by a trusted family member can have long-lasting impacts on familial ties and relationships. Many storytellers in this project speak to the impact FGM/C has on their mother-daughter relationships and their capacity to form trusting relationships. In the workshops, many survivors have created stories that highlight how FGM/C continues to harm them throughout their lives, physically and emotionally.<sup>1</sup> By speaking publicly about the nuance and confusion many survivors experience, the project is shedding a light on an oft-ignored dimension of the practice—its effects on interpersonal relationships. Voices’ stories articulate the powerful emotions that can arise between survivors and their mothers, or other female family members who led them to be cut.

These feelings range from anger that one who shares the experience of womanhood could inflict violence in such a way, to recognition that often continuing the cycle of cutting has much to do with a mother’s unhealed trauma of her own.

The project furthers the conversation on mother/daughter relationships, and digs into contradictory feelings survivors may have.

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## **Trends in Female Genital Mutilation/Cutting: a Qualitative Study**

**Oluchukwu Loveth Obiora**, RPHN Hillel Friedland Postdoctoral Research Fellow, University of the Witwatersrand, Johannesburg, South Africa

*Background:* Globalization has immensely impacted age-long cultural practices and beliefs. Consequently, many traditions are being questioned, compared, modified, or abandoned. Among these, female genital mutilation/cutting (FGM/C), though ongoing, may have undergone certain types of alteration whose evidence could inform policy and guide further research.

*Objective:* To investigate the trends and influencers of FGM/C practices in South-Eastern Nigeria.

*Method:* A qualitative descriptive study was conducted in communities with high prevalence. In-depth interviews were conducted with 18 volunteering mothers of genitally mutilated girls. Their ages ranged from 25 to 56 years, with a mean age of 37.8 (SD ± 9.9). Data obtained were analysed using the qualitative content analysis method.

*Results:* Two themes – trends and perceptions of continuation -- and six sub-themes emerged from the interviews. In a bid to avoid health consequences, a non-cutting variant, referred to as a new method, was promoted by some participants. An increase in early-age circumcision of girl-children was also reported. Factors such as culture, perceived benefits about FGM/C, the influence of relatives, and the

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<sup>1</sup> See digital stories - [Loyalty, Shame, Forgiveness](#) and [A Daughter’s Questions](#)

perceived consequences of refusing FGM/C favoured continuation of the practice.

*Conclusion:* In these communities over the years, the practice has altered but, for various reasons, most participants supported its continuation.

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### **L'écriture de la douleur: construction de l'excision. Selected readings on mothers & daughters from her 1982 novel, *The Excised (L'excisée)***

**Evelyne Accad** (Abstract Trans. Tobe Levin)

Since discussion began in the 1970s, I've been engaged in debates around excision. Lately, the sexual mutilation of women has met with near-universal rejection, but early campaigns undertaken by feminists to abolish it erupted in considerable controversy, and I was partially involved. I'd like to invoke here the process by which genital mutilation has been construed/ constructed as a social issue.

One particular event unleashed strong emotion in me, putting its stamp on the development of my writing, one moment of crystallisation that would determine its centre and aim : in 1971 I read a book about excision, infibulation, and the multiple sexual injuries visited upon millions of women around the world but in particular in Africa and the Arabian Gulf. At the time I was preparing my doctoral dissertation at the University of Indiana. The book that had opened my eyes to a practice that had been entirely unknown to me was called *Le Drame sexuel de la femme dans l'Orient arabe*, published in French by Laffont in 1962 but it had appeared in Arabic ten years earlier. It was authored by an Egyptian physician, Youssef El-Masry.

That was the first time I'd ever heard of FGM. Naturally I'd been aware of multiple practices oppressive to Arab women, because it was in part due to them that I'd left my native country, Lebanon. But excision surpassed anything I could have imagined. I was ill for weeks following this discovery, and my dissertation took off in a new direction. I'd also hit upon the title of my first novel: it would be called *L'Excisée* (The Excised Woman).

Because the real subject is the suffering. What Elaine Scarry wrote about pain as a story taking shape through creativity became reality for me. I experienced excision as though it had touched me personally and I transformed the anguish by writing and singing about it, creating a narrative with a political edge. My individual awareness transformed itself into a political act disseminated to my students and my readers.

Thanks to de Beauvoir, I understood that I wasn't the only woman who expressed and theorised what she *felt*, and that thousands more throughout the world lived under oppressive conditions that led them to revolt. The era also witnessed sexual liberation, e.g. May 1968. Women discovered their bodies crying out for liberty and thirsting for justice.

# THE FGM 'INDUSTRY' & ITS CRITICS

How do NGOs, working in various environments to end FGM, differ or resemble other voluntary associations dedicated to ending comparable forms of abuse? (For clarity, the US Domestic Violence Movement convention included, at least once, a panel on FGM.) Which have been notable successes of NGO involvement and what explains their relative impact if compared to NGOs considered by critics both ideologically dubious and, when it comes to FGM survivors' needs, ineffectual? The question to be explored: why have we continued calls for more effective intervention to prevent FGM and penalize perpetrators when, in some critics' eyes, the past decade has witnessed considerable political will and financial support for an abolition 'industry'? Has the criticism concerning 'dubious' ideology of certain NGOs been dealt with successfully? Which innovative organizational forms have sprung up in response to local contexts and demands for collaborative support and action?



**21 November 2020**

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## **Panel**

### **The HER Initiative: Innovative Approaches to FGM/C Research, Community Engagement & Care in Maine**

**Michelle Mitchell**, Executive Director, Partnerships For Health

**Sarah Lewis**, Project Director, HER Initiative

**Simane Ibrahim**, Program Assistant at Maine Access Immigrant Network & member of the HER Initiative

**Alireza Geshnizjani**, tenured Associated Professor of Community Health at the University of Maine (Farmington)

**Asha Ali**, Community Health Worker, Maine Access Immigrant Network

This panel will use the HER Initiative as an example of equal partnership in engagement of researchers and community members through an initiative aimed to prevent Female Genital Mutilation / Cutting (FGM/C) as well as increase access to quality, culturally appropriate health care.

Leadership of the HER Initiative - Honor our bodies, Educate our communities, Respect our heritage - was provided by two agencies: Maine Access Immigrant Network (MAIN) and Partnerships For Health (PFH). MAIN is an ethnic-based community organization serving as a bridge and cultural broker for multilingual access to health and social services for immigrants, refugees, and asylees living in Maine. PFH is a public health consulting firm that promotes evidence-based social justice through partnerships to facilitate data-driven decision making.

Five papers will be presented:

- 1.0 The HER Initiative sets the stage for future discussions by describing the origins of the HER Initiative as well as the strategies and activities that were undertaken over a period of 5 years in Maine, USA.
- 2.0 Community as a Catalyst for Public Policy Change discusses the ways in which the HER Initiative enabled community members to engage with legislators and federal researchers.
- 3.0 Emerging Principles of Engagement discusses the underlying theory of change as well as the guiding principles that emerged.
- 4.0 Co-Creating Knowledge: an Alternate Research Methodology discusses the challenges using typical research methodologies and presents an alternate framework.
- 5.0 The concluding presentation summarizes the findings that emerged from the research.

Three distinct findings will be presented that emerged from the Initiative: (1) Findings that provide a description of intergenerational and communal approaches to being a woman; quantify community knowledge and attitudes on FGM/C; and propose proxy indicators of prevalence of FGM/C across generations. (2) Findings that elucidate gaps in clinical knowledge about FGM/C and actions taken to address these gaps. (3) Changes in birthing experiences among women who have undergone FGM/C. These findings were triangulated and used to model factors impacting clinical care for women who have experienced FGM/C and emerging public health best practices.

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### **De-Socialising to re-socialise: Negotiating Zero Tolerance to end cultural shackles of patriarchal inscription on African Women**

**Adabisi Adebayo**, PhD & Chief, Liaison Office of the Inter-African Committee, Geneva, Switzerland

Female Genital Mutilation, practiced in 30 countries across Africa and elsewhere in the world, has already affected more than 125 million girls. Why? Two motives among many stand out: in some practicing communities, FGM not only marks a girl's body with a patriarchal sign, but also transports her, an 'initiate', from one defined status to another within a societal hierarchy considered static. Some activists who favor FGM and oppose its abolition claim that human rights guarantee them the freedom to cut, and refusing it infringes on their civil liberties. In my view, they are merely manipulating the human rights framework resulting in division and deceleration in efforts toward zero tolerance subscribed to by international NGOs and governments. This paper will contribute to debates within a human rights framework to further understand the nexus between human rights, gender equality and the obsolescence of patriarchal marks. FGM is a form of systemic violence against women and girls, deeply rooted in gender inequality, and this paper argues that condemning the practice is insufficient. It cannot eliminate the practice because strongholds of cultural hegemony are immune to arguments from human rights unless they have begun to own them. In other words, it is more important to address root causes while framing all actions within a rights - based approach with meaningful engagement of whole communities. Discriminatory social and gender norms should be the first focus and changing them the aim for long term normative and social progress to emerge. The paper would also explore community-led abandonment as well as provide a critical analysis of the strength of public will. It will provide a conclusion that ending FGM, a human rights violation, is essential to achieving shared gender equality goals. That is, the international community has voiced its commitment to women's empowerment relative to men; to reach THIS aim, FGM must end.

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## **Evaluation of a Female Genital Mutilation/Cutting Workshop in Liberia**

**Kim Nordmann**, RWTH Aachen University, Germany

**Guillermo Z. Martínez-Pérez**, African Women's Research Observatory, Spain

Despite the widespread practice of FGM/C in Liberia, in-depth education on the care of excised women is not embedded in healthcare workers' training. Therefore, an integrated obstetric and psychosocial care workshop (IOPCW) based on WHO guidelines was designed. We aimed to explore the utility of training to improve the knowledge, skills and confidence of Liberian clinicians whose clientele hails from practicing groups.

**Methods:** In 2019 six IOPCWs were carried out in three counties of Liberia with 20 certified midwives, 48 registered nurses, 7 physician assistants and 43 trained traditional midwives participating. Knowledge acquisition, as well as self-perceived skills and confidence were evaluated through pre-workshop and post-workshop questionnaires.

**Results:** Statistical analysis of the pre-workshop and post-workshop questionnaires revealed a post-workshop improvement of 1.69 points (8.5%) in FGM/C-knowledge. Concerning the knowledge about FGM/C-specific complications in obstetric care, an improvement of 0.97 points (10.8%) was visible. After the workshop, participants reported increased confidence (mean = 4.38 of 5.00) and skills (mean = 4.30 of 5.00) to deliver care to women who have undergone FGM/C.

**Conclusion:** The IOPCW improved knowledge on FGM/C care and demonstrated willingness of healthcare workers to apply the knowledge gained in the clinical setting. The IOPCW if continued and extended to other regions has the potential to improve the quality of care received by girls and women who have undergone FGM/C.

# CIRCUMCISION: MAKETH THE MAN, MAKETH THE WOMAN

If as Simone de Beauvoir stated, women are made, not born and, by extension, clitoral amputation produces them, circumcision similarly makes the man. Although the aims of clitoridectomy and removal of the foreskin are incomparable, the belief in their equivalence plays a role in the longevity of the former. And given that human and children's rights are increasingly influential in discussion of both customs, avoidance of the 'circumcision' debate for anti-FGM campaigns is increasingly untenable. Therefore, contributions are invited that explore issues surrounding circumcision; consider circumcision in comparison to FGM; analyze efforts to sustain and/or abolish both; examine circumcision/FGM as enhancements/ detriments to sexual development or fulfilment; looks at each in relation to gender identities; takes into account personal narrative (memoirs) as well as creative writing (fiction); mines the shafts (pardon the pun) of ethnographic history concerning circumcision rites; historical and contemporary religious debates, and the like.

**28 November 2020**

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### **Circumcisions as Incriptions of Gender: Implications of FGM Eradication or Sustenance**

**Mary Nyangweso**, PhD, Associate Professor & J. Woolard & Helen Peel distinguished chair in Religious Studies at East Carolina University

Circumcision—as a term applied to both male and female interventions—has been described as a significant aspect of gender inscription because it is part of a social structure that aligns it with other cultural practices such as polygamy, early and arranged marriage of girls, bride price, and widow inheritance, all designed to limit women’s self-realization and enjoyment of life. For this reason, any discussion of the practice in isolation from cultural values and traditions that link it to a web of events in which males and females have set roles overlooks its contextual implications. In this paper, I will discuss ‘circumcision’—the term used in English in particular African venues by both males and females—as inscriptions of gender. I will argue that the individuation process is tied to communities’ customary genital alterations, and, therefore, to debate eradication or sustenance is necessarily to examine the socially defined meanings of gender. Drawing from intersectionality as a framework, I will argue that circumcision must be seen in a larger context of the socialization process and that on its own, the values embedded in this practice may not be understood. As an inscription of gender, circumcision should be interrogated as a piece in the broader complex web of socially-assigned, policed, or imposed behaviors and roles. Efforts to change attitudes and behavior must recognize the social and moral implications of sustaining or eradicating the practice. In other words, if we are to negotiate successfully for change, we’ve got to enter the frame of reference of sustainers. After all, we must convince them to relinquish certain privileges they associate with patriarchal notions of appropriate, distinct behaviors assigned on the basis of socially constructed gender.

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### **Plastic Surgeons’ Familiarity with Female Genital Mutilation & Cutting in the United States**

**Ava G Chappell, MD**, Division of Plastic & Reconstructive Surgery, Institute for Global Health, & the Buehler Center for Health Policy & Economics, Northwestern University Feinberg School of Medicine

**Mona Ascha, MD**, Division of Plastic & Reconstructive Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

**Rachita Sood, MD, MPH**, Division of Plastic & Reconstructive Surgery, Northwestern University Feinberg School of Medicine

**Kathryn E. Fay, MD**, Department of Obstetrics & Gynecology, Northwestern University Feinberg School of Medicine

**Melissa Simon, MD, MPH**, Department of Obstetrics & Gynecology, Northwestern University Feinberg School of Medicine

**John Y. Kim, MD**, Division of Plastic & Reconstructive Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

**Sumanas W. Jordan, MD**, Division of Plastic & Reconstructive Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

**Lori A. Post**, PhD, Buehler Center for Health Policy & Economics, Department of Emergency Medicine, & the Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine

*Background:* Female Genital Mutilation/Cutting (FGM/C) is a harmful practice that threatens girls and women across the globe. Recently, there has been increased awareness of the presence of FGM/C in the United States, with an estimated over half a million females at risk. The morbidity due to FGM/C may be acute and/or chronic, with a range of severity and diverse presentations. Despite evidence of women suffering from the sequelae of FGM/C, there remain insufficient education and training in appropriate care. This study aims to assess the knowledge of plastic surgeons, and plastic surgeons in training, in the US regarding FGM.

*Methods:* In collaboration with the American Society of Plastic Surgeons (ASPS), a 33-question survey instrument was developed and deployed to 3628 active ASPS members. The survey was sent 6 times over a 5-month period in 2020. A comparison was conducted to both the only prior existing survey of this nature and a survey distributed to OBGYNs in the US. Demographic data is presented as frequencies and percentages, with chi-square and t-tests performed when appropriate. Univariate and multivariate regression was performed for outcomes and predictors of interest.

*Results:* 364 total ASPS members responded, resulting in a 10% response rate. Of the total respondents, 238 (238/2551) were Attendings and 126 (126/1077) were Residents/Fellows. 17.3% of respondents reported prior education on FGM/C. 84.5% were unfamiliar with the WHO classification system for FGM/C. 94.4% were uncertain of any existing clinical management guidelines at the hospital, national or international levels. 6.3% reported experience caring for a patient with FGM/C. 81.5% believe that plastic and reconstructive surgeons can significantly treat surgical morbidities associated with FGM/C.

*Conclusion:* Similar to prior surveys of healthcare providers in the US regarding FGM/C, our results demonstrate a lack of knowledge and training in FGM/C care for plastic surgeons in the US. Plastic surgeons' expertise in genital reconstruction, aesthetics, and scar management, may be helpful in improving care for FGM/C related morbidity.

Further education in FGM/C is needed for plastic surgeons to become engaged in caring for these patients.

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## **Female Genital Mutilation, Male Circumcision & other Genital Interventions as Markers of Collective &/or Individual Identity: Exploring Legal & Medical Approaches in the UK**

**Jeanise Dalli**, Ph.D. Candidate, Department of Law & Anthropology at the Max Planck Institute for Social Anthropology in Halle

The most common characteristic of the genital practices known as “female genital mutilation” (FGM), “male circumcision” and gender/sex assignment and reassignment, is that these practices involve interventions on the external genital organs of men and women. At the same time, these bodily procedures may be perceived and, indeed, are often practised and celebrated as markers of collective and/or individual identity, thereby affirming or re-affirming the gender and/or sexual identity of an individual within a particular group or community.

This paper compares legal and medical regulatory approaches towards so-called “traditional” forms of genital alterations, namely FGM and male circumcision, in the UK, with reference to a few other European countries. More specifically, the paper does this by looking at British cases, including criminal court cases and medical cases on these “traditional” practices. Furthermore, it considers the approaches towards these procedures in comparison to social, legal and medical attitudes towards other “non-traditional” forms of genital interventions, focusing in particular, on surgical procedures for the purpose of gender assignment (in cases concerning persons with intersex conditions) and of reassignment (in cases of individuals identifying as transgender). The aim of the paper is to shed light on the challenges faced by legislators and decision-makers, within the legal and medical fields, when it comes to regulating, dealing with and deciding upon bodily practices which are deemed as “harmful” and which are performed and/or supported by minority communities. These challenges tend to be reflected in a number of inconsistencies in the regulatory approaches towards “traditional” and “non-traditional” genital practices.

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## **Emotional & behavioral consequences of FGM/C among African immigrants in NYC: depression, anxiety, PTSD, but also coping & recommendations for clinicians**

**Mariama Diallo**, Program Director, African Initiative

In 2016, it was estimated that about 200 million women worldwide had experienced FGM, and survivors suffer from significant physical and psychological consequences. Although numerous studies address the somatic effects, investigation of psychological sequelae are limited. I conducted a pilot qualitative study to examine the emotional and behavioural aftermath among African women living in the US. A purposive

sampling was used to recruit participants throughout New York City. Furthermore, semi-structured interviews were conducted with eight first generation women immigrants from Africa. Data emerges from a thematic analysis approach.

Findings indicated that participants experienced symptoms of depression, anxiety, and Post Traumatic Stress Disorder (PTSD). Nevertheless, not only had they developed ways of coping with these symptoms but also offered recommendations to clinicians.





# SEXUALITY & PLEASURE, BEAUTY & PAIN: FEMALE GENITALIA AS A SITE OF AMBIGUITY & INTERVENTION

Since 1988, when Dr. Pierre Foldes uncovered how to restore the clitoris, the relatively simple, 20-30 minute operation has been celebrated by beneficiaries, distrusted by FGM's opponents, and vehemently opposed by guardians of the status quo, one of whom, a male nurse in the Burkinabe hospital where the joyful after-effects of removing the clitoral scar were reported, threatened the clinician. "You can treat pain" - with which the patient had presented - but "not that," Foldes was told. Yet, once he had been thanked by the former victim whose renewed clitoral sensation gave her pleasure, the doctor persisted, perfecting a technique from which, today, more than 5000 women have benefited. The census of trained surgeons able to perform clitoral restoration remains small, however, relative to the number of victims. Why? What efforts have been made in various venues to introduce discussion of sexual pleasure? What explicit impediments arise? How has the medical profession dealt with the pioneering technique? What protocols are followed? What do beneficiaries say about their newly-won status? How and where can FGM survivors find medical help and each other, in order to share stories? And how does the fact of restoration affect abolition?

**5 December 2020**

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**Is it truly easier to make a hole than to build a pole? Feminist reflection on a chapter of genital surgery on children with ambiguous genitalia**

**Dr. Med. Marion Hulverscheidt**, Kassel University, Department of History

Not only female bodies are invaded, but surgical alteration – for their own good – of children’s bodies with ambiguous genitalia was and partially is part of medical practice. Those subjected to these operations perceive the treatment they received as genital mutilation and claimed it a violation of human rights. In this contribution I will try to follow the sentence “it is easier to make a hole than to build a pole” in medical and psychological literature of the second half of the 20th century. I will probe into why it was assumed that it is easier to ‘make’ a girl than a boy, who held this opinion, the action and decisions it led to and their outcomes. I will also include a brief sketch of the medical history on the development of intersex diagnosis, esp. on the diagnosis CAH, severe hypospadias and micropenis and treatment recommendations with time frame. In the center of this debate stood John Money, together with his colleagues John and Joan Hampson and Anke Erhardt, who greatly influenced the debate in the United States and elsewhere with their ‘Hopkins recommendation’ which included early operation of the external genitalia until the second birthday, and their belief in the decisive role of education and rearing. Critical discussion on the difference of child and prospective adult, so of girl and woman, will conclude the contribution.

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**The global quest for genital beauty: female genital mutilation/cutting vs female genital reshaping**

**Oluchukwu Loveth Obiora**, RPHN Hillel Friedland Postdoctoral Research Fellow, University of the Witwatersrand, Johannesburg, South Africa

Globally, cultural, patriarchal, and media ideals have continued to exert influence on how a female relates to her body and how people in the society may perceive and treat her. Depictions of a type of child-like female genitalia with no visible labia minora are becoming increasingly common. Female genital mutilation/cutting (FGM/C) and female genital reshaping (FGR) – also known as female genital cosmetic surgery (FGCS) – could be argued as parallel practices prevalent in different socio-economic contexts for varying reasons. Factors that promote the practice of FGM/C are cultural dictates, silent patriarchal endorsement and the opinions of circumcised mothers, peers, relatives, and healthcare practitioners, that create ignorance and confusion. The practice of FGM/C in South-Eastern Nigeria revealed “a quest for genital beauty”

among the participants. Juxtaposing these findings with published evidence on FGR, where demand is on the increase, caused deep contemplation related to the possibility of a global quest for genital beauty as a reason for FGM/C and FGR, the silent patriarchal endorsement, and the global politics being played around them. This paper argues that both FGM/C and FGR meet at the “junction” of transforming genitals deemed socially unattractive by creating and defining an ideal female body. Shouldn’t we be asking, “Are FGM/C and FGR manifestations of a global quest for female genital beauty?” The discussion is underpinned by theories of ethical relativism and self-perception.

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### **From Farafenni to Paris: Clitoral Restoration**

**Neneh Bojang**, MA in political science, founding director of the Inter-African Committee in Norway, & radio & TV talk show host

**Jeanie Kortum**, artist & novelist, author of *Stones* (SheWritesPress/UnCUT/VOICES Press, 2017) & founding executive director of A Home Away from Homelessness.

**Tobe Levin von Gleichen**, Visiting professor, King’s College London & Associate, Hutchins Center for African & African American Research, Harvard University

Neneh hadn’t even known she had been cut. She describes the horrific moment when she realized [it]. “I had taken it for granted that my genitals were normal but then an activist came to talk to a group of us. She was also a Gambian who had been circumcised. And when she started singing the [cutting] songs, the hairs on my body rose. I sat up and listened. Then I said, ‘Oh my god! This woman knows where I am coming from.’ In that instant, I awoke. I went home, took a mirror, and, for the first time, started studying my genitals, comparing them to pictures of vaginas that had never known the blade. I said, ‘Oh my god. My mom got it wrong, my grandmother got it wrong, her mom got it wrong, her mom’s mom got it wrong. Generations got it wrong. This has to stop. I was brought into this world with a full clitoris and someone snatched it away.”

Jeanie Kortum and Tobe Levin accompanied Neneh Bojang when she underwent clitoral restoration surgery in September 2014. In two separate accounts by Jeanie and Neneh,<sup>1</sup> the witness and the agent of her own healing describe the events and emotions evoked in two moving literary texts whose stance contrasts starkly with the peer-reviewed scientific scepticism in articles such as “Clitoral Reconstruction after female genital mutilation/cutting: a review of surgical techniques and ethical debate”<sup>2</sup>

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1 See Jeanie Kortum. “30 Years.” <https://sanfranciscobookreview.com/30-years/>; see also Neneh Bojang. *From Farafenni to Paris. The Homeward Journey of My Clitoris* (working title; forthcoming from UnCUT/VOICES Press).

2 Sharif Mohamed, F., Wild, V., Earp, B D., Johnson-Agbakwu, C. & Abdulcadir, J. (2020). Clitoral

(2020) and a number of other technical discussions. Pre-empting critique of their article—“[it is] not a systematic review,” Sharif Mohamed et al nonetheless emphasize the “limited evidence regarding the risks and efficacy of CR [clitoral reconstruction],” claiming “we did not find any peer-reviewed reports focused on ethical implications to date.” Missing from their literature list are two key works in another genre, literary and anecdotal, presenting in women’s own words the unique joy clitoral restoration has given them. Neither Hubert Prolongeau, *Undoing FGM. Pierre Foldes the Surgeon who Restores the Clitoris* (Trans. and Afterword Tobe Levin) 2011; original *Victoire sur l’excision. Pierre Foldes, le chirurgien qui redonne l’espoir aux femmes mutilées*, 2006), nor Marie-Noël Arras, *Entière ou La réparation de l’excision* (2008) are cited, yet both books derive power from interviews with women after restoration, many of whom claim, like Neneh, that their lives have been returned to them—a marvelous gift of confidence and self-love that allowed Neneh to publish “Adult Content. Neneh Bojang on orgasm and men delivering in the bedroom.”

Disciplines dependent on narrative more than statistics—literature and the humanities—provide an alternative view of FGM and restoration as it renews the patient’s feeling of integrity, somatic and ideal. It also enshrines the sovereignty and clout associated with the organ that ‘justifies’ its destruction in the first place. Just having landed at Charles de Gaulle on the way from Norway to Foldes’ clinic, Neneh remarks, “Oh my god, how vast is the distance between Paris and Farafenni where my clitoris was cut and buried, so long ago, in Africa.”

When asked why the organ was chucked, she replied, “Because it’s alive, and it IS interred, not merely discarded. Normally, you’d toss a chunk of meat onto the ground, but burial is better for a lively, living part of you.” Emotion linked to this perception tells us why a successful operation elicits such joy and gratitude to the surgeon responsible for renewed integrity.<sup>3</sup>

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## **FGM survivors’ quest for wholeness: On making a film about the pioneers of clitoris reconstruction**

**Sebastian Krüger**, filmmaker, Krueger Productions

In Saint Germain-en-Laye, a Parisian suburb, Dr. Pierre Foldes and Dr. Frédérique Martz treat women who have undergone FGM. They manage Women Safe, a one-of-a-kind institution in the world. While as a surgeon, Pierre focuses primarily on the body,

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reconstruction after female genital mutilation/cutting: a review of surgical techniques and ethical debate. *Journal of Sexual Medicine*, 17(3), 531-542.

<sup>3</sup> <http://www.whatson-gambia.com/index.php/lifestyle/674-adult-content-neneh-bojang-on-orgasm-and-men-delivering-in-the-bedroom> Accessed 1 August 2020. <http://www.gambiadaily.co.uk/>

psychologist Frédérique addresses the mind. Pierre and Frédérique are the two pillars of Women Safe. Since its founding in 2012, the two have accompanied and cared for 2240 women who sought them out. Among victims of violence against women, all of whom are welcome, the institute is at present working with 600 FGM survivors from France and elsewhere in Europe. To date, Pierre has counselled more than 10,000 women and operated on 6000. Aiming to prevent excision in the first place, Pierre and Frédérique offer continuing education in France, Europe and Africa. Their institute is a prototype for others.

The film will show how this holistic approach succeeds with Women Safe patients. Their liberation. How they rebuild their female identities. But we also want to document how, today, increased attention is due efforts to eradicate FGM. How its cultural roots respond to modest incremental steps. Significant initiatives and campaigns are carried out by Women Safe in cooperation with other organizations. In France, in Germany but also in Africa.

Our documentary weaves together two narrative strands: the holistic, personal journey toward recovery of patients in the Women Safe space and the social and political context, especially in France, Germany and an African nation of our choice. At the center stands the Women Safe institute. As our cameras accompany Pierre, Frédérique and their patients, we trace a path from lack of awareness to knowledge. We show how the courage and engagement of individuals can end this tragic ritual. This is already clear in portraits of women who have healed; their photos deck the center's corridors, bearing witness to the rebirth of women enabled to celebrate their renewed bodily integrity.

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## **The Right to Bodily Autonomy: Do women have a right to Choose FGM/C & FGCS?**

**Annemarie Middelburg**, Research Master's in Law, Tilburg University Law School, & Founder, Middelburg Human Rights Consultancy

**Refaat Karim, MD**, Plastic surgeon, Founder & director of Liniek Amstelveen & expert in post-FGM reconstruction

Over the past decades, the discourse on the elimination of Female Genital Mutilation/Cutting (FGM/C) has been positioned within the scope of human rights law. FGM/C is classified as a form of Violence Against Women and a human rights violation. At the same time, Female Genital Cosmetic Surgery (FGCS) is generally accepted in Western societies. Some authors have therefore argued that "perplexing contradictions arise"<sup>4</sup> from qualifying FGM/C as a human rights violation while upholding permissive

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4 S. Kimani, B. Shell-Duncan, *Medicalized Female Genital Mutilation/Cutting: Contentious Practices and Persistent Debates*, *Current Sexual Health Reports*, Volume 10, 2018, p. 31.

NB: We will focus on adult women, because minors cannot give free, informed and meaningful consent.

standards regarding FGCS. In this interdisciplinary paper, the similarities and differences between FGM/C and FGCS will be analysed. Inspiration is drawn from the current pro-FGM/C grassroots movement 'All Women are Free to Choose' in Sierra Leone, Kenya and Liberia, which claims that women have the right to make choices regarding their bodies, cultural practices and lived experiences, including FGM/C. We will put the right to bodily autonomy and bodily integrity of adult women at the center of attention. A thoughtful analysis of the human rights framework will be provided, while focusing on the concepts of 'informed consent,' 'choice' and 'agency.' In addition, similarities and differences between both procedures in terms of reasons for performing the practice (e.g. social pressure, coercion) as well as medical consequences and/or potential benefits will be discussed.

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### **Women, Girls & Self-Harm—Tragic, Increasing, Often Invisible**

**Lois A. Herman**, Managing Director, WUNRN

WUNRN-Women's UN Report Network will focus our Symposium presentation on the tragic and increasingly prevalent forms of physical and mental harm self-inflicted on women's and girls' bodies. Some view the self-harm as a way to numb other pain. Examples of self-harm are self-cutting, eating disorders such as anorexia and obesity, overdosing on drugs like opioids, hand-pulling out one's hair, harmful behaviors on social media as intentional personal pornography, acid burning, self-battering and intentional bruising, even suicide attempts.

Research has said that poverty and debt may be driving forces for female self-harm. Further analysis shows broader ranging factors for self-harm as family violence, low self-esteem, failed relationships, berated body image, beauty fixation and stereotypes, poor mental health, physical issues as disease and disabilities, academic pressures, homelessness, criminal justice engagement, prostitution and human trafficking, alcohol over-consumption, depression and desperation, and overall insecurity. The self-harm may additionally be involved with a male person, and an example is a pimp insisting that a prostitute have his specific symbol tattoo.

Self-harm may be intersectional, and compounded. Self-harm can occur regardless of geographical location, generation, racial diversity, sexuality, and other societal factors.

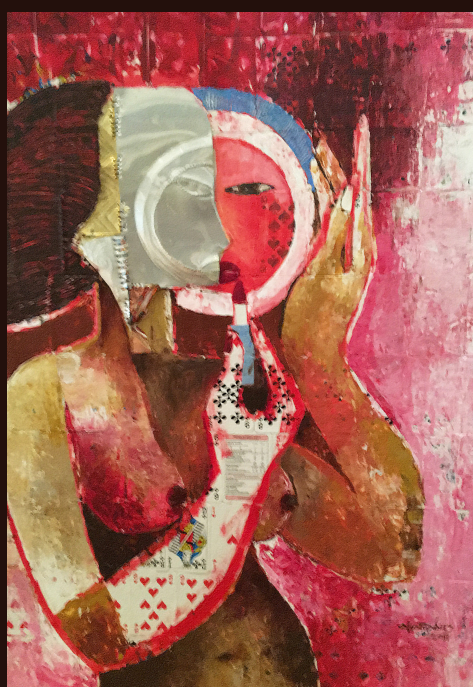
It is known that the Covid-19 pandemic and subsequent Lock-Downs have increased violence against women and girls, and also raised the threshold of female anxiety and depression. Infections and/or isolation can trigger or intensify self-harm. Though poverty and debt leading to self-harm have been studied, there is no specific data set on women and girls and self-harm. The reality that self-harm by females is often hidden and misunderstood, keeps treatment, sensitivity, and support afar.

# ON RACISM; FGM STUDIES; FGM & SOCIAL MEDIA



Top: *The Scourge* (2008), Olobunmi Temitope Oyesanya

Bottom: *Labia* (2019), Godfrey Williams-Okorodus





**10 December 2020**

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## **Pregnancy Outcomes for excised women hospitalised with Covid-19 expose health inequalities**

**Jacqueline Dunkley-Bent OBE**, First Chief Midwifery Officer for England & Professor of Midwifery at King's & London South Bank University

A specialist midwife in public health, Professor Jacqueline Dunkley-Bent OBE has treated and written about domestic violence, rape, sexual assault, and traumatic childbirth as part of the midwife's portfolio. As Chief Midwifery Officer with the NHS, she has significant experience aiding parturient women, especially those who have been infibulated, through to a positive birthing experience. Her talk will share some of the insights gained during her decades of engagement with excised patients.

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## **Morbidity due to Female Genital Mutilation (FGM): A Scoping Review**

**Ava G. Chappell, MD**, Division of Plastic & Reconstructive Surgery, Institute for Global Health, & the Buehler Center for Health Policy & Economics, Northwestern University Feinberg School of Medicine

**Abbas Hassan, BS**, Division of Plastic Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

**Daniel C. Sasson, BA**, Division of Plastic Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

**Yufan Yan, BS**, Division of Plastic Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

**Annie. B. Wescott, MLIS**, Galter Health Sciences Library, Northwestern University Feinberg School of Medicine

**Melissa Simon, MD, MPH**, Department of Obstetrics & Gynecology, Northwestern University Feinberg School of Medicine

**Sumanas W. Jordan, MD**, Division of Plastic & Reconstructive Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

**Lori A. Post, PhD**, Buehler Center for Health Policy & Economics, Department of Emergency Medicine, & the Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine

*Background:* Over 200 million women and girls worldwide are estimated to suffer from Female Genital Mutilation (FGM). FGM involves removal of part or all of the female external genitalia, or other injury to the female genital organs, for non-medical reasons. Efforts to both support the prevention of this harmful practice and to increase awareness of the unique healthcare needs of females with FGM have reported on a variety of deleterious consequences.

*Objectives:* To provide the first systematic scoping review of the existing primary source FGM literature on all physical and mental health related morbidity, with particular focus on the characteristics of the literature, including the study designs, the most commonly reported clinical presentations, and the specialty of the researchers reporting these complications.

*Search strategy:* A systematic search of 8 electronic databases from date of inception to November 2019 was conducted. Two independent reviewers screened articles and extracted data using standardized methods.

*Selection criteria:* Published, English-language primary source journal articles on any FGM related morbidity were included.

*Data collection and analysis:* Of the 6529 articles captured by the search strategy, 257 met inclusion criteria. A descriptive summary organized by themes of FGM related morbidity (psychological/emotional or physiological), clinical presentations (symptoms) and author affiliations is presented.

*Main results:* 257 studies met inclusion criteria (118 were excluded due to being reviews, summaries or editorials). Physical morbidities were reported most frequently (192, 75%), with emotional morbidity reported least frequently (27, 11%). Long term complications were the most represented (211, 82%) and short-term complications found in 6% (15) articles. The most reported physical health complications were obstetric (80, 31.1%), sexual dysfunction (59, 23%), cyst (49, 19.1%), urologic dysfunction (44, 17.1%), bleeding (42, 16.3%) and infection (40, 15.6%).

There were no eligible level 1 or 2 studies, and descriptive, observational studies were the majority included in this review.

Nigeria (37, 14.4%), the United States (35, 13.6%), Egypt (23, 8.9%), Sudan (13, 5.1%) and the United Kingdom (13, 5.1%) were the most frequent countries of literature origin. The most represented specialty affiliations were OB GYN (125, 48.6%), Public/population health (23, 8.9%), Psychiatry/psychology (13, 5.1%) and nursing/midwifery (12, 4.7%).

*Conclusion:* FGM related morbidity spans emotional and physical health from the inciting event and persists throughout a female's life. This first synthesis of all primary source reported health concerns related to FGM strongly supports the need for a specialized, multidisciplinary approach for these patients.

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## **Surgical Management of Female Genital Mutilation-Related Morbidity: A Scoping Review**

**Ava G. Chappell, MD**, Division of Plastic & Reconstructive Surgery, Institute for Global Health, & the Buehler Center for Health Policy & Economics, Northwestern University Feinberg School of Medicine

**Rachita Sood, MD, MPH**, Division of Plastic & Reconstructive Surgery, Northwestern University

Feinberg School of Medicine

**Andrew Hu, MD**, Department of Surgery, Northwestern University Feinberg School of Medicine

**Susan M. Folsom, MD**, Department of Obstetrics & Gynecology, Northwestern University Feinberg School of Medicine

**Diana K. Bowen, MD**, Department of Urology, Northwestern University Feinberg School of Medicine

**Lori A. Post**, PhD, Buehler Center for Health Policy & Economics, Department of Emergency Medicine, & the Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine

**Sumanas W. Jordan, MD**, Division of Plastic & Reconstructive Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine

Over half a million excised individuals reside in the United States. Girls who survive acute complications of FGM, including sepsis, bleeding, or death from the initial cutting, may present later in life with significant adverse physical, sexual, and psychological sequelae. While legislative and human rights efforts continue to work towards the end of FGM, surgeons must be able to recognize and care for those patients who present with FGM-related morbidity and complications. This is the first study to examine the scope of the literature on surgical management of FGM-related morbidity.

*Observations:* A systematic literature search of five major research citation databases was conducted according to PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines. Two independent reviewers screened titles and abstracts, followed by full texts that met inclusion criteria. Reference lists were reviewed for additional articles. One hundred and ninety articles were included. Of these, 145 (76%) were primary source articles and 45 (24%) were non-primary sources. Most articles (71%) came from the obstetrics and gynecology literature. Reported procedures were de-infibulation, excision of cysts, clitoral and vulvar reconstruction, urologic reconstruction, peripartum procedures, labial adhesion release, and re-infibulation.

*Conclusions and Relevance:* FGM-related morbidity includes physical, psychological and sexual disability. Surgical treatments for the variety of conditions spans multiple specialties, suggesting potential benefit from multidisciplinary collaboration. This scoping review identified a paucity of high-quality evidence with respect to functional quality of life outcomes and long-term follow-up.

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### **Going solo, passing the buck or joining the dots? Why a multi-disciplinary curriculum is essential in professional training to eradicate female genital mutilation**

**Hilary Burrage**, Adjunct Professor, Northwestern University, consultant sociologist & author of *Eradicating Female Genital Mutilation: A UK Perspective* (Routledge 2015) & *Female Mutilation: The truth behind the horrifying global practice of female genital mutilation* (New Holland 2016)

FGM is not addressed coherently in professional and vocational training across the board. There remains unresolved contestation about who should 'lead' the way in eradicating FGM and supporting those who want to do this. Regrettably, it can be argued that such contests leave comfortably on the side-lines those responsible at top level for public health and legal policies. The fundamental reason behind this incoherence is that, still, there is no real 'subject' called 'FGM studies'. Many other socio-economic and health challenges have their own interdisciplinary status as 'subjects'. FGM does not. ...We have too few economic studies; a dearth of psychological studies and very few epidemiological/ sociological such as vector-style investigations of eradication efforts. Proper instruments to measure programme impact are rare. And sadly, even women's studies are almost entirely missing as well as research on patriarchy's role in general concerning harmful traditional practices such as FGM. One additional challenge when survivor-activists are so central to eradication is that most of them are poorly equipped (for very understandable reasons) to take a wider view; it's of secondary if any interest against the realities that drive them. Hence, we may have quite a lot of data - though not enough - but no models or paradigm to provide coherence!

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## **Female Genital Mutilation & Social Media: Opportunities & Challenges**

**Christina Julios**, Honorary Associate, The Open University

In her book *Female Genital Mutilation and Social Media* (Routledge 2019), Christina Julios explores social media activism designed to end FGM as it has developed on Twitter, Facebook and YouTube. As the study is described, "drawing from twenty-one fieldwork interviews with anti-FGM activists, frontline practitioners and survivors, the volume investigates opportunities and challenges inherent to cyberspace. These include online FGM bans as well as practices such as 'cyber-misogyny' and 'click-tivism'." Familiar with activities on the UN's International Day of Zero Tolerance for FGM, Julios will highlight major players: WHO's Sexual and Reproductive Health Programme, The Girl Generation, the Guardian-initiated End FGM Global Media Campaign and more, evaluating benefits and risk associated with innovative electronic media.



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### **Aarefa Johari**

Aarefa Johari is a journalist based in Mumbai, India. She has four years of experience as a reporter and feature writer with Hindustan Times, a national daily, and currently works with Scroll.in, an online publication. She reports on communities, gender, human rights, urban development and culture. She is an alumna of the 2013 batch of the International Visitor Leadership Programme, conducted by the United States Department of State.

<https://sahiyo.com/about-us/cofounders/>

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### **Abbas Hassan**

Abbas Hassan, BS, medical student, Division of Plastic Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine. He co-authored the study "Morbidity due to Female Genital Mutilation (FGM): A Scoping Review."

[https://www.researchgate.net/profile/Abbas\\_Hassan17](https://www.researchgate.net/profile/Abbas_Hassan17)

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### **Abimbola Babajide**

A clinical research physician, Abimbola Babajide derives her clinical experience mainly from Nigeria, West Africa, where FGM remains prevalent. She understands patriarchal society and its impact on children's and women's rights and the damage done to body and mind by FGM. She is keen on promoting child and reproductive health.

<https://www.linkedin.com/in/abimbola-babajide-38538055/?originalSubdomain=ng>

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### **Adebisi Adebayo**

Dr. Bisi Adebayo, Director of Gender and Children's Affairs within the Afro-European Medical Research Network, holds a Ph.D. in Population Studies from the University of Liverpool, UK; MSc from the University of Nairobi, Kenya and a BSc in Political Science from the University of Ilorin in Nigeria. A consultant for WHO, UNAIDS, and UNEP, she heads the Liaison Office of the Inter-African Committee on Traditional Practices affecting the Health of Women and Girls (IAC) in Geneva. Since Zero Tolerance to FGM Day was launched in 2003, Dr. Adebayo has organized major events on February 6th, one favored venue being the Palais des Nations in Geneva.

<https://aemrnetwork.ch/team/dr-adebisi-adebayo/>

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### **Alimatu Dimonekene**

An FGM prevention trainer in East London, Alimatu Dimonekene is a motivational speaker in demand at conferences seeking to end harmful tradition practices like excision. Originally from Sierra Leone, she shares her story with an international audience, for instance, via the Thomas Reuters Trust. In Operation Limelight, when British police patrolled airports to prevent girls being flown back to their parents' homelands for so-called 'vacation' cutting, Alimatu accompanied the officers to explain why the voyagers were being detained.

<https://news.trust.org/item/20140720201748-ysowg>

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### **Alireza Geshnizjani**

Alireza Geshnizjani PhD, MPH, MS is Associate Professor of Community Health at the University of Maine (Farmington). With an interdisciplinary educational background, his fields embrace biology and public health with concentrations in statistics and health behavior theories. He has presented at several state and national conferences such as American Public Health Association and Indiana Public Health Association and published in several public health journals.

<https://www.umf.maine.edu/about/faculty-staff/alireza-geshnizjani/>

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**Andrew Hu**

Co-author of the study “Morbidity due to Female Genital Mutilation: A Scoping Review,” Andrew Hu, MD, is a resident in pediatric surgery at Northwestern University Feinberg School of medicine. He holds a doctorate from the University of Sheffield, UK.

<https://www.surgery.northwestern.edu/education/residency/general-surgery/current-residents-2020-2021.html>

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**Anna Reading**

Professor Anna Reading is Director of the Arts and Humanities Research Institute and innovative REACH space leading socially engaged, interdisciplinary research across 13 research centres and in the Faculty of Arts & Humanities. Anna Reading has played a leading role in developing the field of Media Memory Studies. She is the author and editor of six books, including *Gender and Memory in the Global Age*; *The Social Inheritance of the Holocaust: Gender, Memory and Culture* and *Cultural Memories of Nonviolent Struggles*.

<https://www.kcl.ac.uk/hr/diversity/meettheprofessors/artshums/reading>

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**Annagrazia Faraca**

Annagrazia Faraca, faculty member at the Università per Stranieri di Perugia, Dept of Human and Social Sciences, specializes in FGM studies in the context of migration. She has presented at two FGM workshops at Lady Margaret Hall, University of Oxford.

<https://eurogender.eige.europa.eu/users/annagrazia-faraca>

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**Annemarie Middelburg**

Founder and Director of the Middleburg Human Rights Law Consultancy, Dr. Annemarie Middelburg has unique expertise in women’s rights and Female Genital Mutilation/Cutting (FGM/C). With a background in International Public Law & Human Rights, she obtained her PhD from Tilburg University with a dissertation entitled *Empty Promises? Compliance with the Human Rights Framework in relation to Female Genital Mutilation/Cutting in Senegal*. UN agencies, civil society organizations and universities are among her clients.

<https://www.annemariemiddelburg.com>

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**Annie B. Wescott**

Annie B. Wescott is a supportive librarian for the research team at Northwestern University Feinberg School of Medicine.

<https://www.linkedin.com/in/annie-wescott-39534755/>

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**Asha Ali**

Born and raised in Mogadishu, Somalia, Asha Ali moved with her family, when she was thirteen, to Islamabad, Pakistan, fleeing from the war in her homeland. In 2000, the family resettled in Portland, Maine, where Asha currently resides with her husband and four children. In Portland, Asha works at Maine Access Immigrant Network as a Community Health Worker supporting the Somali and English-speaking communities striving toward equal access to health and social services. The HER initiative is one of many public health projects at MAIN for which Asha serves as a trusted and respected community leader.

<http://maine.org/our-team/asha/>

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**Ava G. Chappell**

With a specialty in plastic surgery, Dr. Ava G. Chappell serves with the Division of Plastic and Reconstructive Surgery, Northwestern University Feinberg School of Medicine, Chicago, IL and is the lead author of the study "Plastic Surgeons' Familiarity with Female Genital Mutilation and Cutting in the US."

<https://www.surgery.northwestern.edu/education/residency/plastic-surgery/current-residents.html>

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**Bassey Ebenso**

A Lecturer at the Leeds Institute of Health Sciences, Bassey Ebenso has over 25 years' experience in global health focusing on health policy and systems strengthening in low- and middle-income contexts. His areas of expertise include health-related stigmatization, mother and child health, sexual and reproductive health, and realist evaluation of complex applied health interventions.

<https://medicinehealth.leeds.ac.uk/research-nuffield-centre-international-health-development/staff/299/dr-bassey-ebenso>

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**Cath Holland**

A midwife and FGM campaigner from Grange-Over-Sands, Morecambe Bay, Cath Holland founded Beyond FGM whose vision is a world free from genital mutilation. The association's mission is to work with African midwives, young girls and their families, to help empower and educate all those involved in female genital mutilation, to help change their views and thereby improve the future of young women. Beyond FGM is a UK registered charity working at grass roots with Kepsteno Rotwo, a community based organisation in Pokot, Kenya, that aims to eradicate FGM.

<https://www.thegirlgeneration.org/organisations/beyond-fgm>

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**Charlotte Proudman**

Family and immigration barrister, Dr Charlotte Proudman serves at Goldsmith Chambers & as a Junior Research Fellow, Queens' College, Cambridge. Her PhD examined the feminised aspects of FGM. In 2015, Charlotte was an affiliated Visiting Researcher at Harvard University Law School.

<https://cap.law.harvard.edu/?s=Charlotte+Proudman>

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**Chiara Cosentino**

With an MA in Cultural Anthropology from the University of Rome and another in Human Rights and Democratisation from the European Inter-University Centre (EIUC), Chiara Cosentino, Head of Policy & Advocacy, EndFGM European Network, monitors policy at national, EU, and international levels by working with decision-makers in relevant governmental and NGO institutions. Previous experience includes action in the fields of Sexual and Reproductive Health, and the current mandate involves ensuring that commitments regarding ending FGM are honored. An advocate for human rights, she was engaged by the Brussels office of the World Organization against Torture (OMCT) and came to advocate against FGM through volunteering with the END FGM campaign run by AIDOS for the Italian section of Amnesty International.

<http://www.endfgm.eu>

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**Christina Julios**

Honorary associate at the Open University, Christina Julios is also a Fellow of the Higher Education Academy and had been Director of Policy and External Affairs at the Ethnic Minority Foundation. Students at Queen Mary, University of London, enjoyed her teaching there. In addition to *Female Genital Mutilation and Social Media* (Routledge 2019), she has authored *Forced Marriage and Honour Killings in Britain: Private Lives, Community Crimes and Public Policy Perspectives* (Ashgate, 2015).

<http://www.open.ac.uk/people/cj3549#tab1>



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**Daniel C. Sasson**

Daniel C. Sasson, MD, is a graduate of Emory University and a medical student at Northwestern University's Feinberg School of Medicine. He co-authored *My Doctor said What?! A Patient's Guide to Medicine* (2019).  
<https://www.amazon.com/My-Doctor-Said-What-Patients/dp/1095075225>

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**Daniela Hrzán**

A graduate of Alexander von Humbolt University in Berlin, Dr. Daniela Hrzán serves as the Officer for the Strategic Management of Gender Balance at Weihenstephan-Triesdorf University of Applied Sciences. She wrote her dissertation on *Diskurse über Female Genital Cutting (FGC) in den USA: Feministische, ethnologische, literarische und juristische Perspektiven* and enjoyed a DAAD research fellowship at New York University in 2007. She specialized in American Studies and Journalism at the University of Leipzig and has held teaching and research positions at the University of Konstanz and Eberhard Karls University in Tübingen.  
<https://www.hswt.de/person/daniela-hrzan.html>

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**Diana Fox**

Founder and editor-in-chief of the electronic peer-reviewed Journal of International Women's Studies (JIWS), Dr. Diana Fox has invited King's symposium submissions for a special issue of the publication dedicated to Patriarchal Inscriptions on Women's Bodies. A cultural and applied anthropologist, scholar-activist and documentary film producer, Professor Fox chairs the department of Anthropology at Bridgewater State University. Because she is especially interested in forging collaborations with the communities she studies, her educational and activist films were produced to serve their goals, while educating the wider public.  
<https://vc.bridgew.edu/jiws/>

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**Diana K. Bowen**

An Assistant Professor of Pediatric, Adolescent, Transitional and Adult Urology at Northwestern University Feinberg School of medicine, Dr. Bowen provides care at both Ann & Robert H. Lurie Children's Hospital in the multidisciplinary spina bifida clinic, as well as at Northwestern Memorial Hospital and the adult spina bifida clinic at Shirley Ryan Ability Lab (formerly RIC). She is also a principal founding member and surgeon in Northwestern's multidisciplinary program for Transgender Care and Gender-Affirmation Surgery. After obtaining a Bachelor of Arts in Biologic Anthropology from Harvard College in Cambridge, Massachusetts, she attended the University of Michigan Medical School and completed residency in Urologic Surgery at Northwestern Memorial Hospital in Chicago. She then underwent further training with a two-year fellowship in Pediatric Urology at The Children's Hospital of Philadelphia.  
<https://www.feinberg.northwestern.edu/sites/urology/faculty/profile.html?xid=42765>

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**Divya Srinivasan**

With a BA and LLB (hons) from National Law University in New Delhi and LL.M from Harvard Law School, Divya Srinivasan, Human Rights Lawyer-South Asia, has served Equality Now since 2017 as South East Asia Consultant. Divya is a licensed attorney in India with a background in women's rights, including work on sexual harassment in the workplace and sexual violence against women. She was an associate in labor and employment law at Trilegal, one of India's leading law firms.  
[https://www.equalitynow.org/divya\\_srinivasan](https://www.equalitynow.org/divya_srinivasan)

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**Evelyne Accad**

Daughter of a Swiss mother (Suzanne Steudler) and a father of Lebanese and Egyptian descent (Fouad Accad), Evelyne Accad grew up in Lebanon and came to the United States in the early 1960s. She received a PhD in comparative literature from Indiana University Bloomington, taught at Beirut University College in 1978 and 1984 and at Northwestern University in 1991. She is Professor Emerita in Francophone, Arabophone, African, Middle East, Women's Studies and Comparative Literature at the University of Illinois at Urbana-Champaign and Lebanese American University in Beirut. She published her first novel *L'Excisée* in 1982; it was translated into English as *The Excised* in 1989. This narrative stages a reckoning with female genital mutilation, excision in both the physical and metaphorical sense.

<https://experts.illinois.edu/en/persons/evelyne-accad>

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**Fadumo lido Mohamud**

My name is Fadumo lido Mohamud. I was born and raised in a small refugee camp in Ethiopia. My parents moved to Ethiopia because of the war in Somalia. My 7 siblings, my cousin, and I all used to share one room with no mattress of any kind. I know what it's like to not have access to education, and I believe the best way to build a better future is to educate the young. My current project aims to incorporate teaching about FGM into my work.

<https://stepacademymn.org/staff/fadumo-mohamud/>

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**Farnoosh Rezaee Ahan**

Farnoosh Rezaee Ahan, a graduate student in Cultural Anthropology at Uppsala University, has authored papers on *Theories in Female Genital Mutilation* (2011) and, for her International Master of Science in Social Work at the University of Göteborg, *Female Genital Mutilation: Experiences of Somali Women Living in Sweden* (2013). She is now living and doing research on FGM in Germany.

<https://gupea.ub.gu.se/handle/2077/34889>

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**Fatima Awil**

With a BA in Law and Human Rights and an MA in International Law and International Relations, Fatima Awil, Policy & Advocacy Officer, EndFGM European Network, focuses on gender-based violence, particularly FGM, domestic violence and CEFM. She began advocating against FGM as an associate of FORWARD (UK) and co-founder in 2014 of Youth For Change, a global youth-led network.

<https://www.endfgm.eu/who-we-are/team/fatima-awil/>

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**Felicity Gerry**

Professor Felicity Gerry QC is an international Queen's Counsel at Carmelite Chamber, London and Crockett Chambers, Melbourne, largely defending in serious and complex criminal trials and appeals, often with an international element, recently defending three major terrorism trials including the Christmas Day bomb plot in Melbourne. Admitted to the list of counsel for the International Criminal Court (ICC) and the Kosovo Specialist Chambers in The Hague and in England & Wales and in Australia (Victoria and the High Court Roll), she has had ad hoc admission in Hong Kong and Gibraltar. Felicity is also Professor of Legal Practice at Deakin University where she lectures in Contemporary International Legal Challenges—including Modern Slavery, Terrorism, War Crimes and Climate Change law and is involved in the clinical programs. She has a long history of cases and research on human trafficking/modern slavery. Her current PhD candidature is on the topic of transnational feminisms and technological process to combat human trafficking in organised crime.

<https://www.felicitygerry.com>

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### **Flavia Mwangovya**

Formerly Program Manager for the Network of African National Human Rights Institutions (NANHRI), Flavia Mwangovya, presently the Global Lead-End Harmful Practices, Equality Now, served in the Secretariat of the Solidarity for African Women's Rights (SOAWR) Coalition. Flavia holds an M.A. in Gender Studies from the University of Geneva, Switzerland, and a B.A. in Political Science from the University of Nairobi.

[https://www.equalitynow.org/flavia\\_mwangovya](https://www.equalitynow.org/flavia_mwangovya)

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### **Ghada Khan**

With a PhD in Public Health, Ghada Khan, former Director, U.S. End FGM/C Network, was associated with the George Washington University Milken Institute School of Public Health. Her research embraces Maternal and Child Health, Breastfeeding, Reproductive Health, Nutrition and Dietetics, Pediatrics and Public Health. She has also focused on 'Understanding the Health Care and Social Service Needs of Women in the US with Female Genital Mutilation or Cutting (FGM/C)' and authored a technical report, *Female Genital Mutilation/Cutting: A Call for a Global Response*.

<https://philanthropywomen.org/feminist-philanthropy/its-all-about-health-for-women-and-girls-ghada-khan-on-ending-fgm/>

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### **Giselle Portenier**

The first CanWest Global visiting professor at the School of Journalism at the University of British Columbia who in 2014 received an honorary Doctor of Laws from Carleton University, Giselle Portenier has consistently focused on the human rights of women and children. Her ground-breaking films have received numerous international awards including two Peabody awards. Beginning as a reporter and anchor at BCTV News in Vancouver, she then worked as foreign editor for ABC News and as an Associate Producer for CBS 60 Minutes in London, England, before joining the BBC in 1986. During her time there, she produced and directed dozens of documentaries, including *Murder in Purdah* about honour killings in Pakistan; *Condemned to Live*, about torture and rape during the Rwandan genocide; *The Slave Children*, about child slavery in West Africa; *The Disposables*, about the murder of homeless people, petty thieves, and homosexuals in Colombia; *Dying for Sex*, about sex trafficking in Thailand, and *Let Her Die*, about the murder of baby girls and the huge numbers of female fetuses aborted in India. She also wrote about the plight of thousands of survivors of FGM (female genital mutilation) living in Canada. Her latest documentary, *In the Name of Your Daughter*, gives a voice to young girls in Tanzania who risk their lives to escape FGM and child marriage.

<https://inthenameofyourdaughterfilm.com>

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### **Guillermo Z. Martínez-Pérez**

Assistant professor, Department of Physiatics and Nursing, University of Zaragoza, Guillermo Z. Martínez-Pérez is a historian and nurse-podiatrist who has, since 2009, engaged in numerous international cooperative scientific and humanitarian projects in SubSaharan Africa. He is President of the African Women's Research Observatory, a Catalanian-registered NGO dedicated to social and gender research in health that provides mentoring and financial aid to young African women scientists.

<https://eurogender.eige.europa.eu/users/quillermo-mart%C3%ADnez-p%C3%A9rez>

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### **Habiba Al-Hinai**

An Oman women's rights activist, Habiba Al Hinai is the founder and executive director of the Omani Association for Human Rights (OHR). She authored *Female Genital Mutilation in the Sultanate of Oman* (2014).

<http://Habiba-Hinai.blogspot.com>

<https://en.omanhr.org/%d9%90fgm-study-in-oman-shows-high-prevalence-all-over-the-country/>

<http://linkedin.com/in/habeeba-al-hinai-1b2793130>

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### **Hilary Burrage**

A consultant sociologist, journalist, activist against FGM, MSc in the Sociology of Science, and Adjunct Professor at Northwestern University, Buehler Center for Health Policy and Economics, Feinberg School of Medicine, Hilary Burrage has written an exemplary textbook, *Eradicating Female Genital Mutilation. A UK Perspective* (Ashgate 2015) and *Female Mutilation. The Truth Behind the Horrifying Global Practice of Female Genital Mutilation* (New Holland 2016). Hilary was instrumental in advising the Guardian's Global Campaign against FGM, has been a college Senior Lecturer, and a former AFS (American Field Service) Scholar. She is also a Fellow of the Royal Society of the Arts and lectures widely on FGM, including at the University of Oxford.

<https://hilaryburrage.com>

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### **Isabella Micali Drossos**

Isabella Micali Drossos, Brazilian and French, is Senior Counsel, World Bank, in Washington, DC.

<http://www.institut-idef.org/MICALI-DROSSOS-Isabella.369r.html>

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### **Jacqueline Dunkley-Bent**

Jacqueline Dunkley-Bent OBE is First Chief Midwifery Officer for England and Professor of Midwifery at King's and London South Bank University. In spring 2019 she was appointed the first Chief Midwifery Officer in the NHS, making her the most senior midwife in England. In 2015 Dunkley-Bent won the Health Services Journal BME Pioneers award and received an OBE in 2017.

<https://www.england.nhs.uk/author/professor-jacqueline-dunkley-bent/>

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### **Jeanie Kortum**

Jeanie Kortum is an award-winning author, journalist, and humanitarian. In partnership with the National Park System, she founded and directed A Home Away From Homelessness for nearly twenty years. Her philanthropic work has been widely recognized by a long list of awards, some of which include the San Francisco Foundation's Community Award, the Commission on Women Making History Award, the Jefferson Award, the Espiritu Award from the Isabel Allende Foundation and a Lifetime Achievement Award from the San Francisco Urban Research Association. She has been the subject of two CBS national news profiles and rights to her life story have been sold to Warner Brothers. Kortum's award-winning first novel *Ghost Vision* is loosely based on her experiences dogsledding to a Greenland village at the top of the world. She researched *Stones* by living with a hunter/gatherer tribe in Africa, during which time she witnessed a clitoridectomy. This experience compelled her to bring awareness to the danger of Female Genital Mutilation (FGM).

<http://Jeaniekortum.com>

<http://www.homeaway.org>

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### **Jeanise Dalli**

A PhD candidate at the Faculty of Law, Martin-Luther-Universität Halle-Wittenberg, Jeanise Dalli is writing a dissertation on *Legal and Medical Approaches to Genital Modifications and Implications for Human Rights* (Working title). She is a pro bono legal adviser at the Migrant Women's Association, Malta, and has been admitted to the bar as an Advocate in Malta. From 2013-2016 she practiced mainly in Asylum Law and Family Law and was awarded her Doctor of Laws (LL.D.) with distinction by the University of Malta in 2015. Her thesis: *Regulating Female Genital 'Mutilation' in Malta*.

<https://www.eth.mpg.de/dalli>

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**John Chua**

Formerly an associate Professor at Richmond, the American International University in London and now living in France, Dr. John Chua is a writer, director, and producer of *Cut. Exposing FGM Worldwide* (with co-producer Mark Grasso). 2017 Winner of PBS's To the Contrary About Women and Girls Film Festival, the documentary records a years-long journey to uncover FGM in 92 different nations. An academic, journalist and explorer John Chua became the first to research and document the existence of female genital mutilation as an indigenous practice across all inhabitable continents, exposing an irrational and often secret tradition. He traveled globally for this project, including the Russian Caucasus, Middle East conflict zones, Southeast Asia, South America, and the American Midwest to gather interviews with FGM survivors, cutters, doctors and experts. The resulting documentary shows conclusively that for centuries FGM has existed across religions and races. John Chua has also produced documentaries for the BBC, PBS, and Guardian News.

<https://www.cutexposingfgm.com/about>

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**John Y. Kim**

Professor of plastic and reconstructive surgery with a clinical focus on aesthetic and breast cancer, Dr. Kim grew up in Toronto, Canada, and went to Harvard to study English and American Literature but, after a pause spent writing, he enrolled in Stanford Medical School as a Howard Hughes Research Fellow working on gene therapeutics. Dr. Kim graduated from Stanford in 1997 with his MD and a concurrent Master of Arts in English Literature. Dr. Kim has been on faculty at Northwestern University, Feinberg School of Medicine since 2004. Author of more than 180 peer reviewed articles, he holds 11 patents on novel medical devices and is the developer of the Breast Reconstruction Risk Assessment (BRA) Score. Dr. Kim lectures widely on novel techniques and technologies in plastic surgery, and sits on the Editorial Board as Associate Editor of the main specialty journal, *Plastic and Reconstructive Surgery*.

<https://www.feinberg.northwestern.edu/faculty-profiles/az/profile.html?xid=17035>

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**Joseph Home**

Honorary Research Fellow at the University of Salford School of Health and Society, Dr. Joseph Home is also the Medical Directors' Leadership Fellow, Pennine Acute NHS Trust who has expertise in the application of medicolegal problems in the clinical workplace.

<https://orcid.org/orcid-search/search?searchQuery=Joseph%20Home>

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**Julia Antonova**

On the Law Faculty of MESI University and director of the Gender Justice Program at the Russian Justice Initiative, Julia Antonova has authored 'The practice of female genital mutilation in North Caucasus: strategies for its elimination. Report based on the results of a qualitative sociological study in the Republic of Dagestan, the Republic of Ingushetia and the Republic of Chechnya'. Her research interest embraces women's rights, gender equality and violence against women.

<http://linkedin.com/in/julia-antonova-3a528319>

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**Kathryn E. Fay**

A graduate of Northwestern University Feinberg School of Medicine, Dr. Kathryn E. Fay is presently an Ob/GYN in residence at McGaw Medical Center of Northwestern University. An undergraduate at Dartmouth College, she majored in Women's and Gender Studies.

<https://healthcare.utah.edu/fad/mddetail.php?physicianID=u6024515#tabAcademic>

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### **Kim Nordmann**

Kim Nordmann holds a master's degree in Global Health and is currently studying medicine at the RWTH Aachen University, Germany. She is engaged in research projects concerning maternal and child health, as well as digital health in Sub-Saharan Africa.

[https://www.researchgate.net/profile/Kim\\_Nordmann](https://www.researchgate.net/profile/Kim_Nordmann)

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### **Lara Kingstone**

Communications Manager for Sahiyo, Lara Kingstone joined the NGO in 2018. In the UK, she began her career in community organizing focusing on integrating and empowering youth in London, encouraging active citizenship. She earned a BA in Political Communications at IDC Herzliya in Israel while reporting for The Culture Trip as a journalist. She taught in a program helping Palestinian and Israeli youth learn English together, becoming acquainted as peers and partners in peace. Graduation saw her volunteer at the Thai-Lao border at the Child Rights and Protection Center that aimed to prevent trafficking and gender-based violence as well as provide shelter for at-risk young women. On moving to Boston, she interned with Big Sister and then worked at Silver Lining Mentoring as an Outreach Coordinator before coming to Sahiyo.

<https://sahiyo.com/2019/03/17/sahiyo-staff-spotlight-lara-kingstone/>

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### **Lester Moitai Metui Linti**

A community anti-FGM Maasai activist in Kajiado County, Kenya, Lester Moitai Metui Linti is 38 years old, married, and blessed with 4 children (1 boy and 3 girls). He holds a Diploma in Community Health and Development and currently serves as Project Coordinator for CAFGEM CBO in Kajiado County. He is passionate about holistic approaches to improving community welfare and has for many years advocated against FGM and other harmful cultural practices such as Early, Child and Forced Marriages (ECFM) that undermine the rights and well-being of girls. Following a course offered by Amref Health Africa, he became a Trainer-of-Trainers (TOT) on FGM, ECFM, sexual and reproductive health, and women's empowerment matters and has since been a community facilitator engaging and sensitizing various community groups such as youths, elders, women, morans (young Maasai Warriors) and schoolgirls. He networks with partners including women's and youth groups, religious leaders and NGOs such as Plan, Tabu International (Germany) and the Malkia Foundation.

<http://www.verrein-tabu.de>

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### **Leyla Hussein**

Psychotherapist and founder of The Dahlia Project, Dr Leyla Hussein OBE is an innovator in the global movement to end FGM. A consultant on well-being at She Decides, Leyla serves as chief executive of Hawa's Haven and as a Global Ambassador for the Girl Generation, brainchild of the late Efuia Dorkenoo. Former advisor to the END FGM-European campaign supported by Amnesty International, Leyla is in high demand as a speaker on FGM. She has also appeared in *The Cruel Cut* (2013), aired on BBC 4 and nominated for a BAFTA. Featured in Jason Ashwood's 'Face of Defiance' photographic project, she has received numerous awards for her work and was 'appointed Officer of the Order of the British Empire (OBE) in the 2019 Birthday Honours for services to tackling female genital mutilation and gender equality'.

[https://en.wikipedia.org/wiki/Leyla\\_Hussein](https://en.wikipedia.org/wiki/Leyla_Hussein)

<http://linkedin.com/in/dr-leyla-hussein-obe-86143978>

<http://leylahussein.com>

<http://hawashaven.wordpress.com>

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**Lois A. Herman**

Founder and managing director of the WUNRN (Women's UN Report Network), Lois A. Herman addresses the human rights, oppression, and empowerment of women and girls all over the globe as a poet and administrator. The WUNRN ListServe, considered one of the most expansive and active Gender ListServe's in the world, goes throughout the UN System, to Governments, Academia, NGOs, Foundations, and more. A Researcher and Gender Specialist, Lois has an extensive professional history in corporate management, including international. WUNRN has organized over 30 UN Panels on issues of women and girls: Geneva (UN Human Rights Council), NYC (UN CSW & General Assembly) & Rome (UN FAO). In 2015 Lois A. Herman received the Spirit of the United Nations Award for Upholding the Founding Spirit of the UN. A speaker at the SVRI-Sexual Violence Research Initiative in Cape Town, October 2019, she has traveled through much of the world creating bonds and endearing WUNRN to women and girls everywhere. A widow, Lois has raised four children, including an adopted foreign orphan.

<http://www.wunrn.com>

<https://bdgaps.org/team/lois-a-herman/>

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**Lori A. Post**

Director, Institute for Public Health and Medicine (IPHAM) - Buehler Center for Health Policy and Economics and Buehler Professor of Geriatric Medicine at Northwestern University's Feinberg School of Medicine, Dr. Lori Post is Buehler Professor of Emergency Medicine and Medical Social Sciences. The inaugural Director of the Buehler Center for Health Policy and Economics, she moved from Michigan State (Assistant Prof and Research Dean), Yale University (Associate Prof and Research Director, Research Section Chief), and now full professor and center director at Northwestern University. She did her dissertation (Applied Demography) indirectly estimating the invisible population of elderly women being abused and exploited, funded by CDC. She was funded by the Center for Medicare to develop a background check system to vet the healthcare workforce for persons in long-term care. Dr. Post has been working in information technology or Informatics and violence prevention/intervention for the past 20 years including the first sexual assault surveillance system and a community based violence intervention—both funded by CDC. Dr. Post is a seasoned researcher who utilizes unique mixed methods studies to address complex problems. Furthermore, she works on a line of research to mobilize Public Will to align with Political Will to reduce violence. She has been a conference speaker on female genital mutilation including at the University of Oxford.

<https://www.feinberg.northwestern.edu/sites/health-policy/members/profile.html?xid=37032>

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**Lorraine Koonce**

Lorraine Koonce is a US Attorney at Law admitted to the Bar in NY, and a Solicitor of the Supreme Court of England & Wales. She teaches as an Associate Professor at the Université de Cergy-Pontoise (Paris), and has contributed her expertise in five FGM workshops at the University of Oxford

<https://scholarworks.arcadia.edu/agsjournal/vol2/iss1/6/>

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**Luiza Parolin**

At George Mason University School of Law, Luiza Parolin is an LL.M. candidate whose interest lies in FGM and asylum.

<https://www.linkedin.com/in/luiza-parolin-13598760/>

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**Mariama Diallo**

A licensed clinical social worker (LCSW) in New York City, Mariama Diallo received her Masters of Science in Social Work (MSW) from Columbia University and is currently a candidate at Rutgers University for the DSW. Program Director at Sanctuary for Families, she provides clinical supervision to counsellors and offers trauma-informed individual and group therapy to survivors of gender-based violence, including FGM and sexual violence. She runs research projects, develops curricula and other training materials, and conducts community outreach/education on issues surrounding FGM, forced marriage, and domestic violence through professional trainings addressed to doctors, nurses, social workers and school teachers.

<https://sanctuaryforfamilies.org>

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**Mariame Racine Sow**

Dr. Mariame Racine Sow is a co-founder and present Managing Director of FORWARD for Women (formerly FORWARD-Germany, so named at the suggestion of Efua Dorkenoo who encouraged the launch in 1998). Mariame holds a doctorate in education from Goethe University, Frankfurt; taught sex education and AIDs-Prevention in Senegal with the Evangelischer Entwicklungsdienst (Protestant Overseas Aid); appeared in the 3Sat film produced by Denise Dismer, "Vulva und Vagina. Neue Einblicke in die weibliche Lust" [Vulva and Vagina. Novel Insights into Female Desire] broadcast on 14 May 2020, and directed numerous projects for FORWARD-Germany including AWET, SARABA serving men and women in immigrant communities from FGM prevalence countries in Germany, and presently Maa Feew, a holistic health and education project in Podor, Senegal including a shelter for girls escaping FGM. She was awarded Frankfurt's Integration Prize in 2018.

<https://forwardforwomen.org>

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**Marion Hulverscheidt**

Physician, medical historian and lecturer at the University of Kassel, Dr. med. Marion Hulverscheidt, has authored *Weibliche Genitalverstümmelung. Diskussion und Praxis in der Medizin während des 19. Jahrhunderts im deutschsprachigen Raum* (Mabuse Verlag 2002), in other words, *Female Genital Mutilation. Discussion and Practice in Clinical Settings during the 19<sup>th</sup> century in German-speaking countries*. She is a leader in research on FGM in the 19<sup>th</sup> century in Europe as a therapy approved by so-called respectable medical professionals who subjected Western women and girls to clitoridectomies to 'cure' hysteria, masturbation, and other feminine 'ills'. She completed her medical education at the universities of Kiel and Göttingen, received a Heinrich-Böll Fellowship and was visiting scholar at the Max-Planck Institute in Berlin. She has been active for decades against FGM with Terre des Femmes.

<https://www.uni-kassel.de/fbo5/fachgruppen/geschichte/neuere-und-neueste-geschichte/dr-med-marion-hulverscheidt.html>

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**Mariya Taher**

A co-founder of SAHIYO with a Master of Social Work (MSW) from San Francisco State University, Mariya Taher has confronted issues of domestic violence at W.O.M.A.N., Inc.; Asian Women's Shelter; and Saheli, Support and Friendship for South Asian Women and Families. In association with the Massachusetts Women's Bar Association she worked to successfully pass state legislation to criminalize excision. She serves on the steering committee for the U.S. Network to End FGM/C. The Manhattan Young Democrats named her a 2017 Engendering Progress honoree and she was named one of the 6 female genital cutting 'experts to watch' by NewsDeeply.com.

<https://sahiyo.com/>



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**Mary Nyangweso**

Associate Professor and J. Woolard and Helen Peel distinguished chair in Religious Studies at East Carolina University, Greenville, North Carolina, Mary Nyangweso specializes in religion, human rights, and gender. She earned her Ph.D. in the sociology of religion at Drew University and has published extensively on domestic violence, female genital cutting, and HIV/AIDS. She has authored two books, *Female Genital Cutting in Industrialized Countries: Mutilation or Cultural Tradition?* (Praeger, 2014) and *Female Circumcision: The Interplay between Religion, Gender and Culture in Kenya* (Orbis, 2007). Nyangweso also directs a non-profit- Women's Interfaith Support Organization (WISO) - which advocates against the abuse of children's and women's rights and raises funds for scholarships awarded to needy children from abusive families.

<https://religionprogram.ecu.edu/dr-mary-nyangweso/>

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**Melissa Simon**

Vice Chair for Research, Department of Obstetrics and Gynecology at the Feinberg School of Medicine, Northwestern University, Melissa A Simon, MD, MPH is the Director, Institute for Public Health and Medicine (IPHAM) - Center for Health Equity Transformation. Additionally, she is the George H. Gardner, MD, Professor of Clinical Gynecology, Professor of Obstetrics and Gynecology (General Obstetrics and Gynecology)/Preventive Medicine and Medical Social Sciences. Dr. Simon promotes health equity to eliminate disparities among low income, medically underserved women. Community-based participatory research is a hallmark of her approach. She also has a strong portfolio of workforce development programs including the world's first healthcare pipeline development free massive open online course, "Career 911: Your Future Job in Medicine and Healthcare" on the Coursera platform. She is the founding director of the Center for Health Equity Transformation and the Chicago Cancer Health Equity Collaborative. Finally, she serves as a member of the US Preventive Services Task Force (USPSTF) and the National Academy of Medicine's Roundtable for the Promotion of Health Equity.

<https://www.feinberg.northwestern.edu/faculty-profiles/az/profile.html?xid=16856>

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**Michal Moskow**

Professor at Metropolitan State University, St. Paul, Minnesota, Dr. Michal Moskow is a graduate adjunct faculty member at Hamline University. She also remains docent at Gothenburg University and Högskolan Väst, Sweden. In addition to working with FGM, she has managed research projects on refugees and immigrants in Minnesota and has been a volunteer immigration court monitor. Moreover, dedication to ending FGM brought her to a term on the board of Somali Family Services in the Twin Cities. In recent years she has shared her expertise at workshops on FGM at the University of Oxford.

<https://www.metrostate.edu/about/directory/michal-moskow>

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**Michelle Mitchell**

Michelle Mitchell, MScSc. is the principal investigator for the HER Initiative. She is the founder and Executive Director of Partnerships For Health. As a trained clinical psychologist, Michelle's career in public health began while working in rural HIV/AIDS clinical trials settings in South Africa. As an Evaluator, she has lead 80+ evaluations and 100+ participatory research projects. Skilled in qualitative research, Michelle offers expertise in developmental evaluation, community-based participatory research, collaborative and empowerment evaluation frameworks, and the use of innovative approaches.

<https://partnershipsforhealth.org/who-we-are/>

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**Mona Ascha**

Mona Ascha, MD, is associated with the Feinberg School of Medicine, Northwestern University and a co-author of the paper "Plastic Surgeons' Familiarity with Female Genital Mutilation and Cutting in the US."

<https://www.linkedin.com/in/mona-ascha-56069b1b/>

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**Neneh Bojang**

Talk show host and TV personality, Neneh Bojang founded the Inter-African Committee – Norway and serves as managing director. She was also president of the EuroNet-FGM in 2012 and, on a regular basis, organizes events for the Gambian expatriate community in Oslo. Known as an ambassador for multi-culturalism and diversity in Norway, she has a successful career in Banjul and was named best TV presenter in 2015. The Mamos TV Neneh Show is due to begin filming once Covid-19 allows freer movement. While maintaining residence in Europe she is managing director of Jobs Consulting Gambia where she has served as staff trainer at the Department of Labour.

<http://whatson-gambia.com/index.php/news/1306-neneh-bojang-is-most-admired-gambian-woman-online>

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**Nick Hadikwa Mwaluko**

Nick Hadikwa Mwaluko was raised mostly in East and central Africa and lives in the United States. Nick is trans, queer, nb, etc. Nick is a nominated member of the nationally-accredited Playwright Foundations' RPI, Resident Playwright Initiative. Nick was a member of The Public Theater's (New York City) Emerging Writers' Group (EWG), Crowded Fire Writers' Lab (San Francisco), and countless other residencies. Nick has also dramaturged for the National Conservatory Theater Center (San Francisco). Nick graduated Magna Cum Laude from Columbia University (B.A.) and was a Point Scholar during Nick's entire MFA at Columbia University. Nick's award-winning plays include *Waafrika*, *Waafrika 1-2-3*, *They/Them*, *Asymmetrical We*, *Blueprint for a Lesbian Planet*, *Brotherly Love*, *Trailer Park Tundra*, *Once A Man Always A Man*, *Mama Afrika*, *Queering MacBeth*, *Life Is About the Kill*, *Homeless in the Afterlife*, *Ata, 37*, *S.T.A.R: Marsha P. Johnson*, *Jizz*, and others. Nick's plays have been produced in New York City, New Jersey, Florida, Berkeley, San Francisco, Wisconsin, Paris, South Africa, Italy and other countries.

<https://newplayexchange.org/users/169/nick-hadikwa-mwaluko>

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**Olayemi Babajide**

An international health consultant, Olayemi Babjide focuses on informing and strengthening policies and intervention programmes with evidence to improve health outcomes. She identifies herself as a migrant from communities in the UK affected by Female Genital Mutilation (FGM). This prompted her to undertake research into barriers to ending and facilitators favouring continuation in the host country. She holds a MSc in International Public Health from the University of Leeds.

[https://www.researchgate.net/profile/Olayemi\\_Babajide](https://www.researchgate.net/profile/Olayemi_Babajide)

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**Oluchukwu Loveth Obiora**

Hillel Friedland Postdoctoral Fellow (Faculty of Health Sciences) Department of Nursing Education, University of the Witwatersrand, Oluchukwu Loveth Obiora is a public health researcher with a special interest in women and children. Registered with the Nursing and Midwifery Council of Nigeria (NMCN), as a Nurse, Midwife, and Public Health Nursing Officer, she worked as a nurse-midwife in various hospitals before joining academia in 2013. Her focus on FGM has found expression in several research projects, one of which describes the publication output on FGM/C conducted in Africa over a period of 10 years and identifies trends and gaps to guide future research.

<https://orcid.org/0000-0002-2372-3645>

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### **Paul Komba**

Employed by Northumbria University, Dr Paul Komba joined the Department of Engineering and Environment as a senior research fellow in May 2018. He previously worked as a Research Associate at the University of Cambridge Centre of African Studies. Among other things, he was involved in generating statistical data to address the right to health for victims of conflict-based gender violence and assists in the targeting of policy interventions in Sub-Saharan Africa. Dr Komba's interests include Global Health, international development empirical health law and human rights. He is the author of *Female Genital Mutilation Around the World: Medical Aspects, Law and Practice* (Springer, 2018), which he co-wrote with Professor Ngianga-Bakwin Kandala.

<https://www.northumbria.ac.uk/about-us/our-staff/k/paul-komba/>

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### **Phyll Livaha**

Senior Lecturer at Erasmus University College, Rotterdam (Netherlands), Phyll Livaha teaches international relations and international law. She has a background in political science and law. Prior to joining EUC, she was a lecturer at Maastricht University Faculty of Law and University College Maastricht. In addition to her work at EUC, she also does research on women's rights, and is currently taking part in an Erasmus plus project titled 'Peace Dialogue Campus Network: Fostering Positive Attitudes between Migrants and Youth in Hosting Societies.'

<https://www.eur.nl/people/phyllis-livaha>

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### **Pierrette Herzberger-Fofana**

Author and professor emerita who taught French literature and culture, Dr. Pierrette Herzberger-Fofana, MEP, was formerly president of DaMigra (umbrella organization for immigrant women in Germany) and FORWARD-Germany, e.V. She studied German sociolinguistics in Paris, obtained an MA from the University of Trier and earned her doctorate at the University of Erlangen-Nuremberg with a dissertation on women's literature in francophone sub-Saharan Africa. In 2005, Herzberger-Fofana was first elected to Erlangen's city council and was honored with a 2009 Helene-Weber Prize awarded to women engaged in municipal politics. On the Alliance 90 / The Greens list in 2019, Herzberger-Fofana was elected to the European parliament and has since been serving on the Committee on Development as well as the Parliament's delegations for relations with the Pan-African Parliament and the CARI-FORUM-EU Parliamentary Committee. Having published on female genital mutilation and research on Afro-Germans, she co-chairs the European Parliament Anti-Racism and Diversity Intergroup. The President of Senegal awarded her the Chevalier d'Honneur.

[https://www.europarl.europa.eu/meps/en/197459/PIERRETTE\\_HERZBERGER-FOFANA/home](https://www.europarl.europa.eu/meps/en/197459/PIERRETTE_HERZBERGER-FOFANA/home)

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### **Rachita Sood**

A graduate of the University of Miami Miller School of Medicine, Rachita Sood, MD, is a Resident in Plastic and Reconstructive Surgery at the University of Chicago. As a postdoctoral research fellow at Northwestern University from 2018-2020, she associated with a team focusing on FGM.

[https://www.researchgate.net/profile/Rachita\\_Sood](https://www.researchgate.net/profile/Rachita_Sood)

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### **Refaat Karim**

A plastic surgeon whose expertise lies in reconstructive, cosmetic and hand surgery, Dr. Refaat B. Karim practices mainly in the Netherlands and Spain, opening his career at the Amsterdam VUmc hospital where he specialized in 'transsexual vaginoplasty'. He then worked at the Slotervaart Hospital, Onze Lieve Vrouwe Gasthuis and was founder and director of Kliniek Amstelveen. He lectures worldwide on post-circumcision/female genital mutilation (FGM) reconstruction and is one of the few surgeons in the world who can perform this type of surgery. At the age of eight, Refaat Karim moved from Bangladesh to the Netherlands with his family.

<https://dokterkarim.nl/en/over-doctor-karim/>

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**Sarah Lewis**

A media expert, Sarah Lewis serves with the HER Initiative, Maine Access Immigrant Network. MAIN serves as a bridge and cultural broker for multilingual access to health and social services for immigrants, refugees, and asylees in our community. Among issues it addresses is FGM.

<http://main1.org/?s=Access+Immigrant+Network>

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**Sebastian Krüger**

Sebastian Krueger is founder and CEO of Krueger Productions, an international production company for documentary films and journalistic TV reports based in Wiesbaden, Germany with offices in Lucca, Italy and London, England. Krueger is currently working on a film about Dr. Pierre Foldes, Frédérique Martz and the Women Safe clinic in St. Germaine-en-Laye.

<https://www.krueger productions/home/>

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**Severyna Magill**

Course coordinator for the Human Rights Law and Theory programme at Jindal Global Law School, Severyna Magill completed her Masters in International Law from SOAS in 2009. Her research interests cover reproductive rights, domestic violence, sexual violence and sexual harassment laws within the UK and India. She has extensive experience in research, as an academic, and field work, as a project manager/project coordinator for NGOs. Severyna has provided consultancy services on sexual harassment at the workplace to Action Aid, India, and the Department of Social Security, and Women and Children's Development, Punjab. She was responsible for drafting and implementing all aspects of Jindal Global Law School's policy against sexual harassment. She also teaches elective courses in Women's Bodies and the Law, Feminist Thought, and Feminist Jurisprudence. Previously, she was employed by NGOs funded by UN Women, the European Commission, and the UK Home Office both in India and in London, UK.

<https://jgu.edu.in/jgls/faculty/severyna-magill/>

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**Simane Ibrahim**

Simane Ibrahim is the Program Assistant at Maine Access Immigrant Network and a member of the HER Initiative implementation team. Simane's work in public health began in her home country of Djibouti while volunteering for the International Red Cross (IRC). While at the IRC, she provided preventative health and chronic disease management outreach and education in Somali, French, and Arabic throughout Djibouti's rural communities. In this role, Simane worked closely with community leaders and the IRC team to help educate families on the health risks of FGM/C, while respecting cultural heritage. As someone who has experienced circumcision, Simane understands the importance of cultural humility when educating communities on this sensitive topic.

<http://main1.org/?s=Access+Immigrant+Network>

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**Sumanas W. Jordan**

Sumanas W. Jordan, MD, PhD, is assistant professor of plastic surgery at Northwestern University, Feinberg School of Medicine. She earned her PhD and MD from Emory University (2010), and was a Fellow at Ohio State University Medical Center in Reconstructive Microsurgery (June 2018). She is a co-author of the paper on 'Plastic Surgeons' Familiarity with Female Genital Mutilation & Cutting in the United States'.

<https://www.feinberg.northwestern.edu/faculty-profiles/az/profile.html?xid=41686>

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**Susan M. Folsom**

Specializing in obstetrics & gynecology, Susan M. Folsom, MD, is a resident at the Feinberg School of Medicine at Northwestern University. She is a co-author of the research paper 'Morbidity due to Female Genital Mutilation: A Scoping Review'.

<https://www.feinberg.northwestern.edu/sites/obgyn/education/residency/current-residents.html>

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**Tobe Levin von Gleichen**

Professor emerita (University of Maryland Global Campus), Tobe Levin von Gleichen (PhD Cornell University) is a Visiting Professor, Arts and Humanities Research Institute, King's College London and, since 1977, an international scholar and activist against female genital mutilation. Since 2006 she has been an associate of the Hutchins Center for African and African American Research, Harvard University. In 2009 she launched UnCUT/VOICES Press specializing in books on FGM and co-founded FORWARD (in Germany) in 1998. Tobe's contributions to the literature of FGM can be found in dozens of peer-reviewed articles and three edited volumes. She is the author/ editor of *Kiminta. A Maasai's Fight against FGM*. UnCUT/VOICES 2015; *Waging Empathy. Alice Walker, Possessing the Secret of Joy and the Global Movement to Ban FGM*. UnCUT/VOICES 2014; and (with Augustine Asaah) *Empathy and Rage. Female Genital Mutilation in African Literature*. Ayebia, 2009. She is also the editor of *Violence: 'Mercurial Gestalt'*. Amsterdam: Rodopi, 2008, containing her chapter on excision. As editor-in-chief and translator, she brought out a special issue of *Feminist Europa. Review of Books* covering an exhaustive reservoir of FGM studies in multiple languages published prior to 2010.

<https://uncutvoices.com>

[http://www.ddv-verlag.de/issn\\_1570\\_0038\\_FE%2009\\_2010.pdf](http://www.ddv-verlag.de/issn_1570_0038_FE%2009_2010.pdf)

<http://alicewalkersgarden.com/2015/09/>

[waging-empathy-alice-walker-possessing-the-secret-of-joy-and-the-global-movement-to-ban-fgm/](http://waging-empathy-alice-walker-possessing-the-secret-of-joy-and-the-global-movement-to-ban-fgm/)

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**Wangûi wa Goro**

Professor of translation at SOAS, Dr Wangûi wa Goro is a Kenyan academic, social critic, researcher, translator and writer based in the UK. As a public intellectual she has an interest in the development of African languages and literatures, as well as being consistently involved with the promotion of literary translation internationally, regularly speaking and writing on the subject. With a PhD in Translation Studies from Middlesex University, she has lectured and lived in various parts of the world including the UK, USA, Germany and South Africa. Her career embraces work in local government as well as in the humanities as an academic and in international development contexts.

[https://en.wikipedia.org/wiki/Wangui\\_wa\\_Goro](https://en.wikipedia.org/wiki/Wangui_wa_Goro)

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**Yufan Yan**

Yufan Yan, BS, is a student at the Feinberg School of Medicine, Department of Plastic Surgery, at Northwestern University. He is co-author of the paper "Morbidity due to Female Genital Mutilation (FGM): A Scoping Review"

<https://www.pubfacts.com/author/Yufan+Yan>

## ABOUT THE ORGANISERS

Patriarchal Inscriptions is made possible with the support of its many moderators, contributors, and the following experts.

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### **Claire Peckham**

Claire Peckham is an artist-writer from Seattle, US. She earned her BA in English and BFA in Photomedia from the University of Washington in 2015, and her MFA in Fine Art from the Ruskin School of Art, University of Oxford in 2018. Claire's work explores negative space and how it operates within the contexts of language, history, gender, landscape, and relationship. Her work has been exhibited and published widely, including at the Jacob Lawrence and 4Culture galleries, and *Outskirts: feminisms along the edge*. A passionate feminist and advocate for compassionate inclusivity, Claire has worked as a communications coordinator at the *Oxford Feminist E-Press*, and Caruso St John Architects, and currently lives in Seattle.

<http://clairepeckham.com>

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### **Comfort Iyabo Amah Momoh**

FGM Consultant/Public Health Specialist with extensive experience of holistic women-centred care and 35 years' experience working for the National Health Service (NHS), Comfort Momoh MBE researches women's health and campaigns with vehemence against domestic violence, for women's and children's rights, and to eradicate FGM. With an MA and BSc from King's College, University of London, in Women's Health and Health Promotion, Comfort began her nursing career at the Lagos University Teaching Hospital in 1981 and then joined the staff at The Addenbrookes Hospital in England, serving from 1985 to 1986. In 1987 she embarked on midwifery training at London's Middlesex University where, upon graduation, she worked for ten years. Her interest in FGM emerged while treating patients affected by the harmful tradition. Opposition proved difficult, however, as excision was accepted as the cultural norm. Yet a growing awareness of what nursing friends and their families had been through compelled her to dedicate her professional life to the issue. At Guy's and St. Thomas' hospital, she founded and managed the African Well Woman's Clinic from 1997 to 2017, providing advice, information, counseling and remedial surgical procedures for excised women, including hundreds of deinfibulations during this period. As the first FGM specialist midwife in the country to undertake reversal operations, she remains one of only a few autonomous practitioners. A pioneer of the movement against FGM in the UK, Comfort shaped the emerging political commitment by acting as an expert witness for the All-Party Parliamentary Hearing on Female Genital Mutilation for England and Wales in 2000 and for Scotland in 2005. She represented the World Health Organisation at the World Congress of Gynaecology and Obstetrics (FIGO) and Women Deliver. In 2008, she was honored for her expertise and dedication by HRH Queen Elizabeth II who made her a Member of the British Empire (MBE) and by Middlesex University who awarded her an Honorary Doctorate. Widely published, Comfort has lectured at Melbourne Women's Hospital (2013); keynoted at Australia's National Summit on FGM (April 2013) and benefited from The Florence Nightingale Foundation Trust scholarship to study FGM in the USA where her field research took her to Arizona, New York, Washington DC, Maryland, and Chicago. Her edited volume, *Female Genital Mutilation*, was published in 2005.

[https://en.wikipedia.org/wiki/Comfort\\_Momoh](https://en.wikipedia.org/wiki/Comfort_Momoh)

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### **Maria H.A. Jaschok**

Professor Maria H.A. Jaschok (Ph.D. London/SOAS) formerly Director of the International Gender Studies Centre at Lady Margaret Hall, Oxford (2000-2018), is currently a Senior Research Associate of the Contemporary China Studies Programme in the Oxford School of Global and Area Studies, and Supervisor and Tutor for Masters in Women's Studies. She is holding a Visiting Professorship with King's College, London, 2019-2021.

<https://www.area-studies.ox.ac.uk/people/test-0>

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**Taylor Annabell**

Taylor Annabell is a PhD candidate at King's College London in the Department of Culture, Media and Creative Industries. Her research examines the performance of digital memory work by young women on, with and through Facebook and Instagram as well as the ways in which platforms steer the activities of individuals in particular directions and resurface past digital traces as 'memories' for users.

<https://kclpure.kcl.ac.uk/portal/taylor.annabell.html>

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**Tobe Levin von Gleichen**

Professor emerita (University of Maryland Global Campus), Tobe Levin von Gleichen (PhD Cornell University) is a Visiting Professor, Arts and Humanities Research Institute, King's College London and, since 1977, an international scholar and activist against female genital mutilation. Since 2006 she has been an associate of the Hutchins Center for African and African American Research, Harvard University. In 2009 she launched UnCUT/VOICES Press specializing in books on FGM and co-founded FORWARD (in Germany) in 1998. Tobe's contributions to the literature of FGM can be found in dozens of peer-reviewed articles and three edited volumes. She is the author/ editor of *Kiminta. A Maasai's Fight against FGM*. UnCUT/VOICES 2015; *Waging Empathy. Alice Walker, Possessing the Secret of Joy and the Global Movement to Ban FGM*. UnCUT/VOICES 2014; and (with Augustine Asaah) *Empathy and Rage. Female Genital Mutilation in African Literature*. Ayebia, 2009. She is also the editor of *Violence: 'Mercurial Gestalt'*. Amsterdam: Rodopi, 2008, containing her chapter on excision. As editor-in-chief and translator, she brought out a special issue of *Feminist Europa. Review of Books* covering an exhaustive reservoir of FGM studies in multiple languages published prior to 2010.

<https://uncutvoices.com>

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<http://alicewalkersgarden.com/2015/09/>

[waging-empathy-alice-walker-possessing-the-secret-of-joy-and-the-global-movement-to-ban-fgm/](http://waging-empathy-alice-walker-possessing-the-secret-of-joy-and-the-global-movement-to-ban-fgm/)





