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# Al-Nisa 14

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# FGM violates girls' and women's Fundamental Human Rights

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In this issue of Al-Nisa magazine we specifically focused on the issue of female genital mutilation/cutting (FGM/C) or female circumcision as one of the forms of gender-based violence perpetrated against women and girls.

FGM/C is defined by the World Health Organization (WHO), a specialised agency of the United Nations (UN) as any procedure involving partial or total removal of the external genitalia or causing other injury to the female child's genital organs for non-therapeutic reasons. When the procedure is performed on and with the consent of an adult it is generally called clitoridectomy or it may be part of the intersexual modification and 'vaginoplasty'.

The term female genital mutilation gained growing support in the late 1970s as a result of the World Health Organization's tireless efforts to end the practice by highlighting its long-term health consequences and in 1990 it was adopted at the third conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and children (IAC) in Addis Ababa. In 1991, WHO recommended that the UN adopt the term FGM to show the severity of the practice and its serious violations to human rights; especially that of the girls and women. However, the Women's World Conference in Beijing in 1995 succeeded in adding the brutal practice of FGM to the International Violence against Women Campaign. The UN declares February the 6<sup>th</sup> as an International Day against FGM.

Million women across the world are affected by FGM as it is still practiced in 28 African countries where the majority of the populations are non-Muslims. It also happens in Asia, Middle East, and amongst the migrating communities in Europe and America. In February 2008 the World Health Organisation estimated that between 100 and 140 million women suffered the procedure. It also says that 3 million girls face FGM every year (Al-Jazeera.net). In the UK, the latest research gives an estimate that 77,000 women and young girls have been mutilated, and around 24,000 young girls are at risk (Guardian 17.2.2010).

Although some reports argue that female genital mutilation is carried out for cultural and religious reasons. There is no single verse in the Muslim's Holy book (Al-Quran) to support FGM. This has been clearly said by many religious authorities including Dr. Yousef Al-Qaradawi. The practice became culturally rooted since it emerged a long time ago even before the birth of Christ. However, calling type 3 of FGM '*pharaohnic*' indicates its existence during the **Pharaohs'** rule of Egypt.

Women who are infibulated (*pharaohnic*) face a lot of difficulty during sexual intercourse and when delivering their children. They go through hell and endure severe tearing of the tissues and fetal death of baby or mother. However, there should be regular health monitoring during pregnancy to safely plan the childbirth. These women need an operation beforehand to undo the infibulations before having sex and while or before they are in labour.

Women who were interviewed in different occasions reported that their horrific FGM experience made them feel shocked, traumatised and left psychologically damaged. These women mentioned that, although they had experienced FGM in their early childhood, but they still have a strong memory of what exactly took place that day and will never forgive their mothers for not protecting them. They said they are still grieving the loss and mutilation of their sexual organs. Some report feeling deeply ashamed when meeting their perpetrators. They also inform that sexual intercourse is an unwelcome chore that they want to quit with it, because they do not enjoy it and their men don't seem bothered to communicate their concerns with them.

Men's education and knowledge about FGM need to be seriously addressed. We know that some men show empathy with women in opposing FGM, but lack the actual information of how the practice is done and how these women feel when they get intimate. The majority of the women and young girls, in numerous countries and from many different backgrounds, who were interviewed about their reasons of performing FGM report back "men won't marry uncircumcised girls!" This might be a myth, but we want to ensure the involvement of all parties in society. Although for decades the education of women and girls is in the heart of the national and international organisations' programmes to eradicate FGM, they have to reconsider a more holistic approach by raising awareness amongst the men too as part of the solution to the problem.

FGM is a serious human rights violation against girls and women. It is a grievous betrayal of the female child by her own family who is supposed to love her, provide for her and protect her from any harm.

Women and girls are extremely tired of the empty promises of equality that politicians make to them in their lengthy manifestos before every election. Governments of today or those politicians who are waiting to be elected must make women's issues in the heart of their executable plans. They must take a conscious lead in banning FGM now or immediately after their election. They have to be serious about drafting very effective powerful children laws/acts that protect children from all forms of harm including FGM. They must have legislations in place as how to implement these laws and punish those who condone and perpetuate the practice be the girl's family or a doctor. The culture of impunity must stop now. Girls and women must have control over their own lives and bodies.

8<sup>th</sup> March 2010 marks the 100<sup>th</sup> anniversary of the International Women's Day. We demand all governments to sign the international convention on the Eliminating of All Forms of Discrimination against Women (CEDAW) without reservations and making it operative by implementing its principles into all legislations that relate to women.

Kurdish and Middle Eastern Women's Organisation wishes all girls, women and men every success and prosperity where equality, justice and human rights govern us in all aspects of our everyday life.

## Interview with Sawsan Salim, Director of the Kurdish and Middle Eastern Women's Organisation, talks about Female Genital Mutilation (FGM) in Iraqi Kurdistan

**Al-Nisa:** Tell us about the situation regarding the emergence of female genital mutilation and its proliferation there. Can you give our readers an idea of what is happening there?

**Sawsan Salim:** Unfortunately, the situation is getting worse in Iraqi Kurdistan. During my last brief visit/ a short time ago to see my family I conducted many interviews. This gave me the opportunity to talk about the work of our organisation with Middle Eastern and Kurdish women.

Personally I was struck by the range of problems that women in Kurdistan face today. These problems, including murder, self-emolition, FGM, forced marriage are more numerous than they have been previously. Issues of spinsterness and the hijab threaten women's personal freedom. If they walk in the streets they are exposed to sexual harassment and hear comments which can lead them to withdraw into themselves and fear to go out of their homes. These comments, which are prompted simply by their wish to wear nice clothes or show their hair, can ruin their reputation and rob them of their confidence and their sense of self-worth. During my interviews I talked about these issues; the effects on the women who experience them and their subsequent treatment by society.

**In the street there is no evidence of men showing respect to women.** In fact, local and national cultures encourage them to regard women as inferior. All women, regardless of social class, education and profession are equally subject to insults and sexual harassment.

This takes place despite the growing number of seats for women in parliament and increasing competition to fill these seats. There are many campaigns which promise to defend the rights of women, but these show no evidence of actually improving the lives of women within Iraqi Kurdistan. Whilst women vie for seats in parliament, the situation for women within the country is getting steadily worse. After the stoning of Duaa Khalil, 16 women have been killed and reported in the media. The number of deaths that have gone unrecorded is thought to be much higher.

**Al-Nisa:** Amongst the women who came to the UK from Iraq, there is no evidence of FGM. However, as you have said previously, female genital mutilation is currently routinely practiced on young women. How has this practice come about and what are the reasons for doing it?

**Sawsan:** FGM was practised in the past on the older generations, but then the social and economic situation made the practice less



favourable and disappeared. The reappearance of the practice dated back to 1991, and the rise in power of Islamic and tribal movements in the villages. The phenomenon has now grown and spread to the cities, especially in the regions of Arbeel, Kirkuk and Rania.

A survey conducted in 2005 by the German organisation 'Wadi', 3188 of 3981 women and girls in the villages around Arbeel, Kirkuk and Al-Sulimaniya had been subjected to FGM. The survey concluded that 60-70% of the female population of the villages were victims of FGM. Other humanitarian organisations say that Kurdistan has the second highest number of FGM cases in the world outside Africa.

I heard from one of the women's movements in the Halabja area that sometimes the girls' schools are closed for the day and a "circumcision holiday" is an-

nounced to facilitate the practice of FGM.

As you know, FGM has serious consequences on the psychological and physiological wellbeing, as well as consequences on the physical health of the victim. Also, because of the way the practice is carried out, it can cause infections and illnesses. The women who are subjected to FGM bear the psychological scars of the procedure for the rest of their lives.

In Shorsh Hospital in the town of Sulimaniya, 15 circumcision operations have been performed, because some women ask the doctors to have the procedure after they have given birth, under the influence of their husbands. By preventing their wives from experiencing sexual sensations, these husbands exercise control over the relationship. The prevalent view in society is that to accept food or drink from the hands of an uncircumcised woman is dishonourable.

This problem is not only confined only to women and girls within

Kurdistan. In exiles, if a Kurdish man discovers that the young woman he is marrying is uncircumcised, she will be sent back to Kurdistan to have the procedure done to her before he can accept her as his wife.

The reasons behind the widespread of FGM are primarily political. After political changes took place in Kurdistan, religious powers and tribal culture grew in a country that is controlled by Kurdish nationalist parties that believe in tribalism. The phenomenon of FGM spread during this time as one facet of a wide attack on the rights of Kurdish women especially in the period after 1991.

However, those who encourage this practice and those who implement it can be strictly punished if the victim dies as a result of the procedure.

**Al-Nisa:** This is the situation in Kurdistan do you have any plans to work on campaigns to stop the practice of FGM in Britain?

**Sawsan:** Essentially, we work in organisations formed abroad to

end the violence against women in Kurdistan and the Middle East. This encompasses all kinds of violence including 'honour' killings, domestic violence and FGM. Even though our work and campaigning focuses on ending the killing of women, we are not aware of the true extent of the FGM problem in Iraqi Kurdistan. I have told the Stop FGM Campaign that we will put on the agenda working to end FGM. We would like to create a link between the campaigns inside Kurdistan and our work over here, and we would like to raise awareness of the threat of FGM and promote the status of Iraqi Kurdish women amongst international women's communities. What is needed is information about attempts to send women to Kurdistan for FGM procedures, so that we can file court injunctions against the men who are responsible for these attempts.

We want to organise workshops in the Kurdish and Iraqi communities about the physiological and psychological dangers of FGM.

It is important that we work closely with the Home Office and the UNHCR to stop the practice of FGM. We will do everything we can to protect any woman or girl who is at risk of FGM. The Geneva Convention on the Rights of Women considers FGM to be a form of torture against women.

**Al-Nisa:** How can we stop violence against women in Kurdistan?

**Sawsan:** The issue of women in Kurdistan is a political and social issue strongly linked to power, and the type of power in the



country, for example if the ruling powers are civil or tribal. Women's organisations and movements with clear programmes of defending women's rights are to be found in Kurdish society. However, it is clear that the situation for women is becoming worse because Kurdistan is not a country, or even *part* of a country and is ruled by militia groups, who do not see a link between women's and human rights. The issue of women has become a way of bargaining between the Kurdish nationalist parties and the Islamic parties. These parties see the question of women as a way to satisfy the tribal and religious parties, for example when Mahabad Abdullah was abducted and killed in 1998 and after two of her sisters were also abducted and one was killed. Following these crimes there was widespread resentment and anger against the Kurds and the government and the accused, Sala Muthali was sentenced to life imprisonment. However, Jalal Talabani from the ministry of justice demanded the punishment be overturned and the matter settled according to tribal law. Money was offered to the family of the victims Mahabad and Joanna and the accused was released. There must be a civil law, and a justice system committed to implementing that law regardless of tribal and religious customs. We must also support civil social organisations and work with them to ensure their growth and success.



## Supporting Women and Girls

By Naana Otoo-Oyorley

### Introduction

In the past decade female genital mutilation (FGM) has become a growing concern for many countries in Europe. Through migration from FGM practising countries, in particular from Africa and the Middle East, this ancient tradition poses a huge challenge for host countries and for women and girls living with FGM. FGM creates considerable strong views from those who support the practice and those who are against it. In the UK where this practice has become a major issue of concern, women who in their countries of origin accepted FGM as a valued social norm now find themselves in the minority. Women are often unable to disclose that they live with FGM, and often fail to access services due to their fear of being judged or stigmatized. This is made worse by sensational media reporting of FGM and lack of awareness and sensitivity among key health professionals. FGM is defined as a range of procedures which involve the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-medical reasons (WHO, 2008). There are four types of FGM, ranging from a symbolic prick or cutting of the clitoris to fairly extensive removal and narrowing of the vagina opening. Global estimates indicate that annually three million girls in Africa undergo FGM with over 100 million women and girls currently living with FGM.



### FGM in the UK

In the UK FGM has been illegal since 1985 and the amended FGM Act of 2003 includes a penalty of up to 14 years imprisonment. Additionally under the Children's Act 1989 Local Authorities can apply to the Courts for an Order to prevent a child being taken abroad if there is fear of the child being at risk of FGM. However, estimates of the prevalence of FGM in England and Wales indicates that 66,000 women are living with FGM and a further 24,000 girls under 15 years are at risk of FGM (FORWARD, 2007). The true extent of FGM is indeed difficult to assess due to the general lack of systematic data collection systems. At the same time it is important that data on the extent and trends of FGM in the UK is collated particularly within a health setting where women are more likely to seek specialist care.

Communities that are at most risk of FGM in the UK include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women and girls from the following coun-

tries could also be affected by FGM: Yemen, Iraq, Indonesia and Pakistan. It is unclear whether FGM is practiced in the UK. However, communities often agree that girls are taken outside the UK for this procedure.

Families often come under huge pressure from older relatives in the UK and back home to have their daughters cut. This is because people continue to uphold these strong social norms that govern identity, chastity, marriage and to some extent family honour. Because of these reasons education may not always be a barrier to stopping the practice. However, with the increase in inter-marriages there are severe challenges for many spouses.

### **FGM a violation of the right to health**

There are many proven physical and mental health risks associated with FGM. The immediate health complications include severe pain and shock, infection, excessive bleeding, urine retention, hemorrhaging, and even death. However, it is the long-term health complications which are more likely to be presented by women and girls living with FGM in the UK. These may include chronic pain, infection, cysts and abscesses, problems with menstruation. Additionally other reproductive health complications women experience, are associated with infertility, pregnancy and childbirth and sexual dysfunction.

A large scale study published in 2006 by the World Health Organization provided enough evidence about complications during delivery. This is much higher among women with FGM. The study also found that FGM is harmful to babies of mothers who have undergone the practice and does result



in an extra one to two to infant deaths per 100 deliveries.

New community research conducted by FORWARD in London and Bristol provided information on how FGM affects women's health, mental health and sexuality.

*"Most women see the emotional and psychological effect as the harshest effect on women. As the woman is a victim twice in her lifetime, once from her family when they circumcised her, without seeing what she wanted and without giving her any say. The second time she is a victim comes from the husband as he does not accept their marital life as he thinks it is from one side only 'the husband' as she, i.e. the woman is like a frozen ice pack, which affects their relationship."*

*"One woman who still experiences panic attacks and fear related to the experience of being circumcised, but yet is not able to speak out about it, as culture prevents her seeking help."*

Addressing the mental health needs of women and girls living with FGM is very patchy in the UK. It is evident that mental health issues linked with FGM may actually be made worse for many refugees, asylum seekers and immigrant women and girls. This is because often policies for

resettling refugees to areas which do not have services makes it impossible to access needed specialist FGM services.

### **Access to specialist services and care**

Women living with FGM are likely to come into contact with a number of health professionals, including GPs, health visitors, midwives, sexual health specialists and gynaecologists and obstetricians. However many women feel they are unable to disclose and share problems with their GPs. A lack of understanding of women's 'situation' or sensitivity to their needs often leads to women feeling further ostracised and worsens feelings of 'abnormality'.

Some of the comments from the community research confirm these barriers women face:

*"Sometimes when circumcised women go to the hospital, the nurses call each other to come see the circumcised woman. This is an unhappy experience for many women. The nurses ask a lot of questions and they stare."*

*"There is this woman who has Pharaonic type circumcission. When she went to the hospital, the trainee doctor who was*

*treating her was very surprised when he saw her. He asked her if she had an accident and what happened to her. She told him she was circumcised and explained everything to him. He started to cry and she ended up feeling sorry for herself. It was the first time she felt she had a problem."*

There are 15 FGM specialist health clinics in the UK, 11 of these services are located in London alone and provide a range of services to women affected by FGM. This includes de-infibulation services for women who have experienced the more severe form of FGM and require to be opened up. While these specialist services vary in terms of the range of services they provide, what is increasingly missing is a specialist focus on needs of young women.

1. World Health Organisation (WHO), 2008

There is acknowledgement that (in London particularly) the situation is starting to improve. A number of women are now having more positive experiences. Some hospitals or health centres are now known to have knowledge of FGM. Also some have very positive comments about health visitors and doctors and midwives knowing what to do, and others perceive that they have 'no problems at all' with regard to services. However it is often the barriers and the problems that stay longer with women. One woman mentioned that:

*Going to the GP people face problems finding an interpreter. Sometimes they are asked to bring a friend to interpret even in private and confidential or personal matters. At the GP's there is an advert that there is an interpreter but that is not true.*

In comparison to maternity services, very few mentioned other

types of health services such as mental health services, counselling, or sex therapists. There is a general lack of awareness of services to support emotional and psychological needs, of women. However, women often view accessing mental health services as 'not normal', due to fear and social stigma.

### Conclusion

FGM does affect the physical and mental health of women and girls. It is important that those living with FGM access the services they need to enable them to attain a reasonable level of well-being. New medical developments make it possible for women who have undergone the more severe forms of FGM to have access to reconstructive surgery in parts of Europe. However, where specialist services exist, there is need for better communication with FGM practising communities, to address barriers to services and information. Ultimately what is required now is more dialogue and discussion on this subject to support communities to abandon this practice for good.

**Naana Otoo-Oyortey is the Executive Director for FORWARD - an African Diaspora campaign and support organisation based in the UK.**

**FORWARD works to end FGM and safeguard health, dignity and rights of African women and girls: <http://>**



*There is a general lack of awareness of services to support emotional and psychological needs, of women. However, women often view accessing mental health services as 'not normal', due to fear and social stigma*

# Vaginoplasty and Female Genital Cutting Exposed

By: Jessica Silverstone

Female genital cutting is a cultural phenomenon that affects all societies across the globe. In the West, female genital cutting is known as vaginoplasty. Like women in the other parts of the world, women in the West submit themselves to genital surgeries in order to conform to cultural ideals of authentic 'femininity' and the genital aesthetic aspired to by many women in the West is mirrored by their contemporaries in other parts of the world.

In her analysis of the female genital cutting among the Muslim community in Sudan, Dareer argues that female genital cutting is preformed for hygiene and aesthetic reasons and to ensure a woman/girls marriagability. A woman who has not been cut will not be considered to be an 'authentic' woman, she will not have passed an important rite of passage and consequently she will not be marriageable. This is very important in a society where the only career move for a woman is marriage and motherhood. Genital cutting carries with it a promise of sexual purity and also a guarantee of a family's commitment to their daughter's subjugation into her 'proper' gender role.

With that goes the assumption that a woman or girl who has been cut will not be sexually active before marriage, will not have actively constructed her own sexual identity and therefore the purity of the male blood line and the integrity of a man's honour and his future boy-child's identity is secured. While genital cutting is not carried out explicitly for these reasons in the West. The integrity of a child's genetic identity is also essential to the stability of the family and the community in the West and consequently her sexual conduct and identity are subject to intense scrutiny and regulation.

What is more, the trend Dareer notes among urbanites in Sudan to re-infibulate after the birth of a second or third child is increasingly catching on in the West. Dareer argues that in Sudan this cultural phenomenon is a product of the association of a tight orifice with virginity which is considered more pleasurable for the male partner. Vaginoplasty in the West is carried out for very similar reasons and many women who subject themselves to vaginoplasty report that they did so to narrow their vaginal passages after childbirth.

The phenomenon of female genital cutting then is global

and affects all women who must retain the sexual interest and therefore the economic support of men in order to secure their own and their children's well-being. Without economic independence women will always wherever they are in the world conform to male notions of female beauty and sexual purity regardless of the risks in order to ensure that they can belong to a community of authentic women whose lives will not only be liveable but perhaps will even be enriched by the economic support men.

**Many women who subject themselves to vaginoplasty report that they did so to narrow their vaginal passages after childbirth.**



## "Throughout my childhood and teenage years I thought that girls are dirty creatures and that is the reason why girls have FGM"

Interview with FGM survivors Surma Hamid

### **Al-Nisa: Can you please tell us about yourself?**

My name is Surma Hamid, I came from North Iraq and I was actively involved in women's rights issues since 1994. I fled Iraq in 1998 and continued my activism in women's rights since then. I have launched many awareness raising campaigns in support of Iraqi women, such as the campaign against FGM, 'honour' killing and domestic violence. Currently, I am working with Eaves Women's Aid, where I offer help and support to women who flee domestic violence.

### **Al-Nisa: At what age did you experience FGM? What's it like? Do you remember what happened on that day? Is it a positive experience and why?**

I was six or seven years old. I still remember being taken for a bath and two women came in and cut me twice with a razor without any Anaesthetics. One of them was my mother. I cried, but my sister put her hand over my mouth. For weeks, I was in pain and bleeding. My Family said they would give me a toy if I stopped crying. But they never gave me anything. The practice is mostly carried out by traditional circumcisers. FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissues, and interferes with the natural functions of girls' and women's bodies. I had urinary infection they washed my wound with my urine for disinfection, for a week and there was no treatment for that they would

keep you in bed or sitting naked most of the time, but it did not worked it was getting worse and worse; that is why it took me nearly a month for my wound to heal. Women have no sex desire because of this cutting. It is very hard to for women to have an orgasm, and this can cause psychological problems too. Some women come to hate having sex. Now whenever I remember the operation I feel so sad and angry that part of my body was being taken away just because I am a woman. It is an extreme form of discrimination against women. I feel I have been mutilated for the rest of my life.

### **Al-Nisa: What was your childhood like after your FGM? Do you think your childhood would have been different and in what way?**

First I felt ashamed because all the neighbourhood's children were making fun of me. I remembered I did not go outside for quite a while. Throughout my childhood and teenage years I thought that girls are dirty creatures and that is the reason why girls have FGM, to make them become good. And I also thought that we are born just to please men's sexual pleasures, because there is a saying that Muslim men will not marry women who have not had Female genital mutilation. The most important one is after you had Female genital mutilation psychological and emotionally you will never be the same again, suddenly you feel you grow up so much and your body does not belong to you any more, it belongs to others, they can mutilate



you and take the most important part of your body and you have no control over your body at all. You are hopeless you scream and scream and nobody can save you. I still have these nightmares of old women coming and mutilating me.

I think if I did not have the FGM I would live like any normal girl that doesn't feel shy to be naked in front of other girls, I won't be having nightmares and I would be free and adventurous just like before I had FGM.

### **Al-Nisa: Why do you think your family chose to put you through that experience? Was it because of tradition or religion?**

This practice is widely common in Iraq. My family put me through this experience because of both tradition and religion. The causes of female genital mutilation include a mixture of culture and religion. FGM is believed to reduce a woman's libido and help her resist "illicit" sexual acts. This is definitely provides a justification for men to marry four women at the same time. Practicing acts and ideology of religion soon become tradition in the society. If

you look back to the history of Iraqi Kurdistan where I came from FGM was practiced before Islam, but then Islam did not condemn it, but instead supported it and soon practicing FGM becomes a tradition. Until now there is no law to condemn practising FGM in Iraq.

**Al-Nisa: As an activist: What was your involvement in Kurdistan? Why do you think you were involved in women's issues in Kurdistan? Is it because of your FGM experience?**

My involvement with women and women's rights activities was due to the frequency and brutality of 'honour' killings, mutilation and house imprisonment of women, which have increased after the uprising of 1991, and during civil war between 1994 and 1998. My family had experienced an 'honour' killing in 1989. Also I was 11 when my father died in a car accident. In accordance to Islamic tradition, my uncles took control of our family because my brothers were too young to take the family's responsibility. When I was 14 years old I was forced to accept an arrange marriage. All of these reasons made me to join the women's rights activism.

**Al-Nisa: As a circumcised woman how do you feel is missing from your life? What**

**was your experience like when having a child?**

I still feel strong anger inside me when I think about what I have been through by having FGM. Sometimes it makes me cry. The most painful thing is because you had FGM and you cannot reach orgasm like any normal human being. This is a constant emotional and psychological pain that lives with me for the rest of my life. Having FGM is causing many complications in pregnancy and child birth, it was very painful particularly during giving birth to my son, it was like a whole of your body ripping all over again and again. Now I am terrified of having another child because of that.

**Al-Nisa: When you came to the UK what did you do and with which organisations in terms of raising awareness about FGM?**

I joined Independent Women's Organisation in Iraq in 1994. And I both nationally and internationally organised many campaigns against female genital mutilation. We stopped many parents of doing FGM to their daughters. Our campaigns were based on raising awareness about the impact of FGM on women and children in the communities. When I went outside Iraq I was actively working with Committee in Defence of Women's Rights in Iraq. This is the sister organisation to Inde-

pendent Women's Organisation inside Iraq. I participated in many campaigns since then to raise awareness about FGM, I have attended schools' and universities' seminars. I have given speeches in many local community centres in different languages. I have written many articles including a Book Called (The Moon Rise after Sunset) that I have written about my experience of having FGM.

**Al-Nisa: Do you have anything to say to a woman who is thinking of circumcising her daughter? Or a daughter who has just experienced FGM?**

I would say do not mutilate your daughter for cultural sake. Culture is not a stone it cannot be moved, we can change culture that condemn human property. One reason for the persistence of FGM is that women and girls are widely regarded as objects and property that their male relatives possess. Raising the awareness inside the communities and especially among the women themselves is crucial to end female genital mutilation. Laws must be enacted against female genital mutilation and the guilty must be prosecuted and punished.

**Al-Nisa: Why do you think the Iraqi government is not making FGM a crime to stop it?**

The Iraqi family law in Iraq based on shariah law. It gives men permission to kill their wives, daughter, and sisters. It is not in the benefit of the ruling party to change the law as these two parties rule and system based on male chauvinism and reactionary traditions. The immediate alternative is to separate religion from the state and replace with secular law that women would be treated as human beings not as second class citizens. By having a restrict law and with educational awareness FGM can be eradicated.



**Al-Nisa: Given the fact that FGM as an issue is growing in Kurdistan are you willing to campaign against it in Kurdistan or the UK?**

I have been and always will campaign against FGM on both national and international level. Women who experienced FGM need to speak out, and break the silence that culture and religion impose on them. This act of brutality needs to end.

**Al-Nisa: What help, advice or practical support should the NHS or women's organisations; such as FORWARD, give to circumcised/cut women who are pregnant or who want to have children, but scared or traumatised by the thought of being cut again?**

As I described it in one of my previous points, women who had FGM are more likely to experience significant tearing and bleeding after labour and even the death of their babies. These problems can be overcome by Caesarean delivery. However, women who had FGM can have surgery called "Clitoralplasty" or "female circumcision reversals". It is a pioneering surgical technique which helps reconstruct female genitalia. Hundreds of women done it until now, it takes place in France and America. It is a relatively new procedure, it reshapes the anatomy and, in 80 percent of patients, restores pleasurable sensation and victims say the therapy has improved their physical and mental well-being too. I was called last year to do this surgery in France for free, unfortunately because of some personal issues during that time I could not go and have the surgery done. According to statistics a lot of women could not do this surgery because of the cost involved. It is very expensive for women to do the surgery as private patients. My advice for women's organisations is to put pressure on the NHS to introduce this surgery and make it available under the NHS expense or contribute towards some of the cost and to recognise FGM as a factor in causing some health problems to some women in the UK. Every woman who had FGM should be given the right to access the Clitoralplasty surgery for free and encourage women to come forward for this surgery.

**"Mama tied a blindfold over my eyes. The next thing I felt my flesh was being cut away. I heard the blade sawing back and forth through my skin."**

*Waris Dirie*



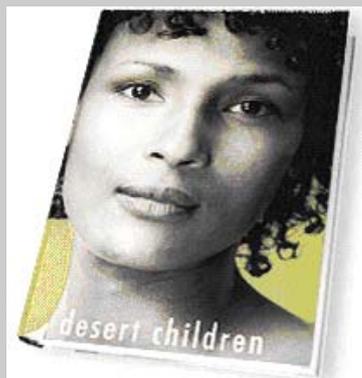
### Interview with Waris Dirie

Waris Dirie was born in Somalia. She fled Somalia to escape an arranged marriage when she was 13 years old and came to live in London. She worked as a model. She wrote 5 books and one of her books 'The Desert Flower' has been produced as a film to be shown in the cinemas all over the world soon. She appeared on some films. She worked hard before she became a model. She was the UNFPA's special ambassador and spokesperson on FGM between 1997 and 2003. She currently lives in Austria and runs Waris Dirie Foundation. E-Mail: waris@utanet.at

**Al-Nisa: You left your modeling career to campaign against FGM, why?**

Waris: Shortly after this horrible crime was done to me as a little girl, I knew that this was wrong and that I would one day fight against this practice. I just did not know when, where and how. One day, I just decided to talk about it because I felt strong enough.

**Al-Nisa: You have become an activist against FGM**



since

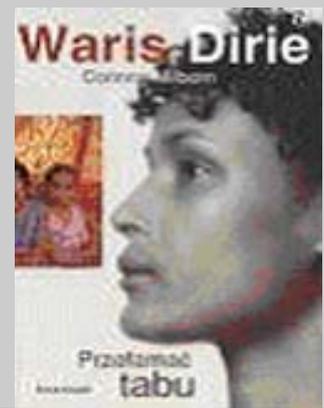
**1997 can you take us through your journey until now? What are the successes? Were there challenges?**

Waris: This journey is described in my books and would take up far more space than this interview provides for.

But my successes are that FGM has now been abolished in many countries, many NGOs and politicians now talk about this crime, campaign against it and educate people. The challenge is to educate illiterate people and to change the minds of ignorant people.

**Al-Nisa: Why do you think FGM is widely spread in Africa and some parts of the Arab world?**

Waris: FGM is spread all over the world and has been practiced even in the US and Europe in the 1920s to "cure" girls from hysteria or lesbian behaviour. Millions of women



became victims. Today, it is spread mainly in Africa, Arab countries, Asia and in the immigrant communities in Europe and North America. But even indigenous tribes in the jungle of South America perform FGM. FGM is still a problem, because it is a means to suppress women. Genitally mutilated girls always become victims of forced marriages, cannot go to school, and are supposed to be slaves to men. This has to be changed. Empower women, and this crime will stop!

**Al-Nisa: How do you describe your exile experience? Do you think campaigning about FGM from Western countries easier than when you campaign inside your own country?**

Waris: My goal is to tell the world about this crime. I receive many emails, also from Africa, since the internet is now widely spread. A lot of young people, who have access to the internet through internet cafés write to me. African women will not stay silent on this crime for much longer. This, I can guarantee.

**Al-Nisa: What kind of support do you offer girls or young women whom inform you their families are going to take them abroad do the operation to them?**

Waris: In such as case, we contact the social services of the country in question without telling

the parents, so that they can interfere and protect the children. This way, many girls have been saved from mutilation.

**Al-Nisa: What kind of support do you offer girls or young women who experienced FGM?**

Waris: We are talking about 150 million victims here. The only way to help them is to make their problem known, so that they can talk about it and get medical help. Unfortunately, many doctors still do not know how to help these girls while preserving their dignity. This is scandalous.

**Al-Nisa: What advice would you have given to a woman who is thinking of circumcising her daughter?**

Waris: I would tell the mother that her child is perfect the way it is, and that there is no reason to change this.

**Al-Nisa: What advice do you give to a young woman/girl who has just experienced FGM?**

Waris: I often receive emails from girls who have experienced FGM or are threatened by FGM. The most important goal must be to convince these women, not to continue this practice and to break this circle of passing on FGM to the next generation. In France, in the US, and in some African states, surgeries to rebuild the vagina and even the clitoris are performed. Doctors who perform

these surgeries have told me, that there are great successes, and that these women can develop normal sexual feelings after the surgery. I myself do not support these kinds of surgeries because I think a surgery cannot heal the psychological trauma of undergoing FGM.

**Al-Nisa: What's the main message of your books/film?**

Waris: The main message is RESPECT AND LOVE. My books deal with human dignity.

**Al-Nisa: What are your future plans for your campaign on FGM or for women's issues in general?**

Waris: In 2010, I will start projects in Africa to provide women who are affected by domestic violence with free access to the legal system. I will also start a big agricultural project in Africa, working with women who will be paid fairly. Without the empowerment of women, who are the backbone of Africa, this continent will never heal.



To make donations visit: [www.waris-dirie-foundation.com](http://www.waris-dirie-foundation.com)

**Every 10 seconds a girl becomes a victim to FGM. They suffer for the rest of their lives from physical and psychological pain, many of them die.**

# Interviews with Sudanese women about FGM in Sudan:

By Wahab Himmat [wahimmat@yahoo.com](mailto:wahimmat@yahoo.com)

Women's struggle for equality and human rights is as old as life itself. Across historiography women fought unwinnable battles; that some were honestly reported and the rest were simply ignored and veiled.

The severe type of circumcision, the 'pharaonic'; which was taken from the Egyptian word 'pharos'; which means kings/queens, stands as a witness of how some people could play a role in imposing a custody over women and their rights, at the same time it also showed there were people who stood with them and supported them in their just issues.

circumcision is actually a massacre against women and girls, that might appear small, its little details might start in early age, a stubborn start for some, but its mental and health effects hit a girl whatever her age and it continues throughout her life, for others they were circumcised after their marriage.

The human development in some areas does not include this part in the elites' thoughts. The most important thing is that the practice doesn't connect to any religion, but still continued and the danger is that it extended to new areas such as Kurdistan.

There are countries that stopped this massacre with a piece of legislation where punishments are in place for perpetrators whether a man or woman, because on the state's shoulders fall the protections of the children responsibility

from any kind of deformation or direct violations to their rights. The government that does not put a clear law against FGM undoubtedly violates the children's rights as far as the international law dictates.

We tried through questioning some women on their thoughts on what was proposed and then opposed by the Sudanese government in regards to the child protection Act. We asked about if they think culture or religion is behind the spread of FGM. What are they going to do about the enlightenment of the women who still perform FGM? What do they think of the removal of Article 13; which states prosecuting FGM perpetrators? As received from them, here are their answers:

### Hiba:

One of the main reasons why female genital mutilation still exists is because of its link to chastity and peoples' religious beliefs.

The state has the important responsibility of raising awareness amongst future generations through the departments of health, media, and culture and social organisations.

Students also have an important role to play in putting pressure on these organisations to enforce laws put in place to deter this cruel practice even if they are mothers, doctors and midwives.

If religious leaders are made to understand the full extent of the crime which is carried out in the name of chastity and purity, they also have an important role to



play.

Young people have the opportunity to exploit media platforms and enlightened religious leaders can organise campaigns to raise awareness within the curriculum at different stages. However, the biggest role in raising awareness is played by those inside the family. Above all, mothers and sisters must be made aware of the dangerous and destructive consequences of FGM.

FGM is a form of oppression veiled by safety and fear, because it launches a physical and mental assault on the rights of girls and young women under unfounded and crude claims.

Suad:

It is believed that one of the reasons for the persistence of the practice of FGM is its connection with chastity in the minds of people, because there is no religious justification for the practice. Indeed, FGM is not mentioned in any Islamic verse or text, and at the time of the birth of Islam, the

practice was not carried out in the region.

We must establish what is needed to end these violations of women's rights and to educate women about the consequences of FGM. However, nothing can happen unless the state is willing to play a decisive role in the fight. It is clear that if the state does not take a clear stance on FGM it will be extremely difficult to eliminate this practice.

One of the most effective ways to end FGM is to educate young girls about their right to refuse FGM. Parents also need to be better informed about the practice, and religious leaders can be highly influential in counter-acting the negative views of those who refuse to be circumcised.

People involved in the practice of FGM must face harsh punishments, especially doctors or parents. Parents are ultimately responsible for the health and well-being of their child, and doctors have a professional and ethical obligation to prevent the practice of FGM, as does the state.

By fighting against infibulation, or Pharaonic circumcision (the practice of partially closing the entrance of the vagina) states could save themselves millions of pounds spent treating women suffering from urinary fistula (tissue damage resulting in incontinence) and other complications, as well as the thousands of women who die every year as a result of complications of circumcision.

### **Amina:**

Pharaonic circumcision, as the name suggests, is thought to originate from the time of pharaohs in Egypt. At this time men

were considered to be innately good, and women innately evil, and FGM was used as a way to keep women chaste and prevent infidelity.

I agree completely with the necessity of bringing to justice all those who aid or carry out the practice of FGM including families, doctors and relatives. And I am part of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW)

Sadly the practice of FGM continues in several states because of a total ignorance and lack of awareness in society, for example amongst religious leaders who adhere to existing judgements on the matter.

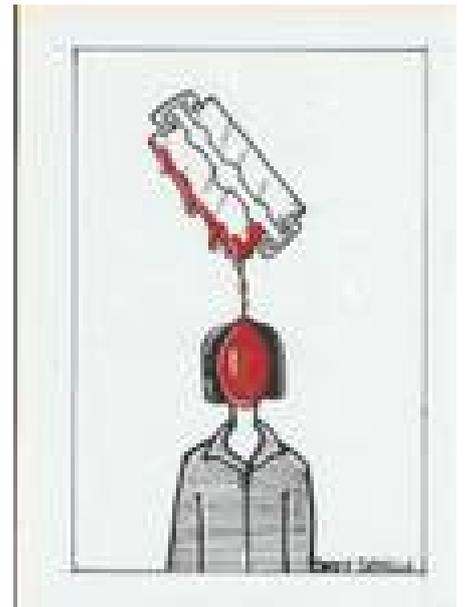
Young men and women must work to educate people about FGM through seminars, radio programmes and the inclusion of the subject in school curricula.

Midwives also play a big role in the issue of FGM because they are highly aware of the practice and routinely witness the risks of the practice during childbirth and in the urology wards.

If we want to educate women about the practice we can start by proving to them that none of the revealed religions call for or encourage the practice of FGM because it is a flagrant violation of women's rights.

### **Fatima:**

FGM is usually the result of inherited social tradition influenced by deep-rooted culture found in African countries and regions. The practice is ancient and originated in Central Africa, bearing no relations to religions such as Islam or Christianity, or indeed to the Pharaonic era.



It is a cruel and violent practice carried out on young girls and women. However knowledge of the violence of the practice is not widespread in the communities in which it is carried out, such as Sudan where FGM is performed before the onset of puberty, on girls between the ages of three and seven.

What helps this custom continue and spread is false beliefs and motives in societies which see this practice as a way to protect young girls from perversion and as a guarantee of good morals and chastity, and as a way to complete their so-called purification.

### **Zeinab:**

FGM is illegal and can be tried under the categories of physical abuse, indecent assault and medical practice without a license.

I support Article 13 which allows for criminalization of the practice and I see it as a representative deterrent to stop the practice of FGM. I call on women in these countries to eradicate this harmful practice and its devastating consequences on the girls of today

and the women of the future. I also want to note that is women who ultimately pay the price of the procedure in their health and feel the effects on their physical and mental growth.

I propose that in order to raise awareness of the dangers of FGM an article on the subject is included in the school curriculum to educate students about the dangers of and damage caused by FGM.

We can also educate people through the media, using radio and television programmes and other media outlets such as newspapers and magazines.

We must enact laws which punish those who carry out FGM.

Young girls today are the women of the future and my message to them is that promoting awareness has to happen in every feminine environment; in homes and schools, at weddings and funerals and over cups of tea or coffee.

My last message is to men, who play a very negative role at the moment in the issue of FGM because they don't prevent their wives from circumcising their daughters. They must stand up and play a positive role to help end the practice of FGM.

I for my part stand strongly in support of article 13 and demand that the government and Sudanese Minister of Health Dr. Thabita Boutrus uphold this article in working to protect the rights of women.

## Policies & Changes in the Law

### **In your time of need:** **By Debbie Boote, Lone Parent Adviser, JCP**

Domestic Violence touches on every aspect of your life.

It changes how you see yourself and can destroy your confidence.

If you have suffered from Domestic Violence and are rebuilding your life it is a time when you need as much support as possible.

You are getting support from the DVIP and KMEWO but it might be a time when you are ready to build on your options in work and training. If you have children, are unemployed and are not with a partner then you should be receiving Income Support. You can get support from a New Deal Lone Parent Adviser in your local area. Jobcentre Plus work very closely with local Schools & Children Centres and you may be able to meet your Adviser there. We can give you advice regarding benefit entitlement, benefits you are entitled to if you return to work but also we can support you in building on your self-confidence and motivation by identifying your skills and building on your skills through training opportunities. Many local courses are taken up by other Mums in similar circumstances. We are here to assist you towards becoming financially secure and increasing your families income but it is even more important to learn to value yourself and your abilities.

There are many benefits available to Lone parents in and out of employment and it is a daunting system. Get support and advice from your Lone Parent Adviser who can talk you through and make sure you are getting what you are entitled to.

Finding the right job can give you a sense of pride, you will meet new people, you will be valued and you will have a better income.

We can do calculations to show you the benefits you will get each week once working.

I have worked for Jobcentre Plus for 9 years and returned to work as a Lone Parent following the break up of an abusive, violent relationship. My job, my colleagues and supporting others who are also bringing up children by themselves has been so rewarding and pleasurable. Jobcentre Plus, like many organisations, gives me the flexibility to work around my childcare commitments and I can adjust between full time and part time hours.

You may be aware that there are changes to Income Support. Income Support used to be paid to parents until their youngest child turned 16 years old. This has been reduced to 10 years old and from October 2010 will come down to 7 years old. Parents will then be moved onto Job Seekers Allowance and will need to look for suitable work. This is a positive change to help you towards employment & an increased income but get the support and training available to help you move into the career you have always wanted.

Make the change work for you.

Domestic Violence effects 1 in 5 women. It is an experience that can have a massive impact on your life but do not let it take over your life.

**Contact your local Jobcentre and ask for an appointment with your New Deal Lone Parent Adviser.**

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Go to [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk) to find out where your nearest office is.

## 'Honour' Killings in the UK: How many more?

### The case of Tulay Goren of London

Honour Killing Case in Woodford Green, North London Tulay Goren was 15 when she fell in love with a man 15 years older than her. Halil Unal Tulay met Mr Halil Unal, who was a supervisor at Techron Trading clothing factory, in Feltstead Street, Hackney in 1998 while she was on a summer job there. Her mother, Hanim, works there too. Mr Unal then started collecting Tulay from the school she attended.

Tulay's father, Mehmet Goren, an ethnic Kurd, who follows the Eleri branch of Islam, disapproved of the relationship due to religious differences, because Mr Unal is a Sunni Muslim, and the fact that he was much older than her.

Mehmet Goren went to the factory and confronted Halil about picking up his daughter, Tulay, from the school. Then he grabbed him around the collar and slapped him with his hand. However, Tulay insisted in seeing and phoning Halil on several occasions. All these incidents made Mr Goren to badly beat Tulay up. After that Tulay ran away from home and began living with her boyfriend in Hackney.

Some representatives of Mr Unal came to the Goren family and suggested that they should get married. But Hackney Town Hall refused to conduct the marriage, because Tulay was only 15 and legally too young.

Tulay's parents brought her to the family home in Woodford

Green from Unal's house on 6 January 1999. Her father tied her up from her hands and feet with a washing line in her bedroom upstairs to prevent her from running away again.

On 7 January after breakfast Mr Goren asked his wife Hanim to take the children and leave him with Tulay because he wants to speak with her, but he instructed his 8 year old son to kiss Tulay and said "this will be the last time you see each other." Mrs Goren took the children and went out of the house.

Tulay disappeared and was feared murdered by her father on that same day the 7 January 1999. In February her mother said untrue things to the police because her husband warned her that he will blame her and her family for Tulay's disappearance. In March she was arrested for perverting the course of justice and murder, but was released without charge and she asked to speak to the police again one month later.

When arrested on suspicion of murder on 23 March 1999, along with her husband, Tulay's mother, Hanim, retracted a statement she had initially given saying Tulay had run away and told police she believed Mehmet had "disappeared"/ "swallowed" their daughter. A year later, police felt they had enough evidence to charge him, but the Crown Prosecution Service said it could not rule out the possibility that the 15-year-old was alive somewhere, so a decision was taken not to go ahead.

Police believe Tulay's body was buried temporarily in the back garden of the family home, and



then moved, but her remains have never been recovered.

During the trial at the Old Bailey Hanim Goren said to her husband Mehmet Goren "Look at my face. What did you do to Tulay?" She also said that after Tulay's disappearance Mr Goren told his wife not to mention their daughter's name and photos of Tulay, her Turkish identity card and birth certificate were torn up.

On 17 December 09, a decade after Tulay's disappearance, her father was charged with her murder and has been jailed for a minimum of 22 years after being found guilty of murdering her in a so-called "honour killing" or '*namus*'.



Poem

### Female Genital Mutilation

by:

[Abdi-Noor Haji Mohamed](#)

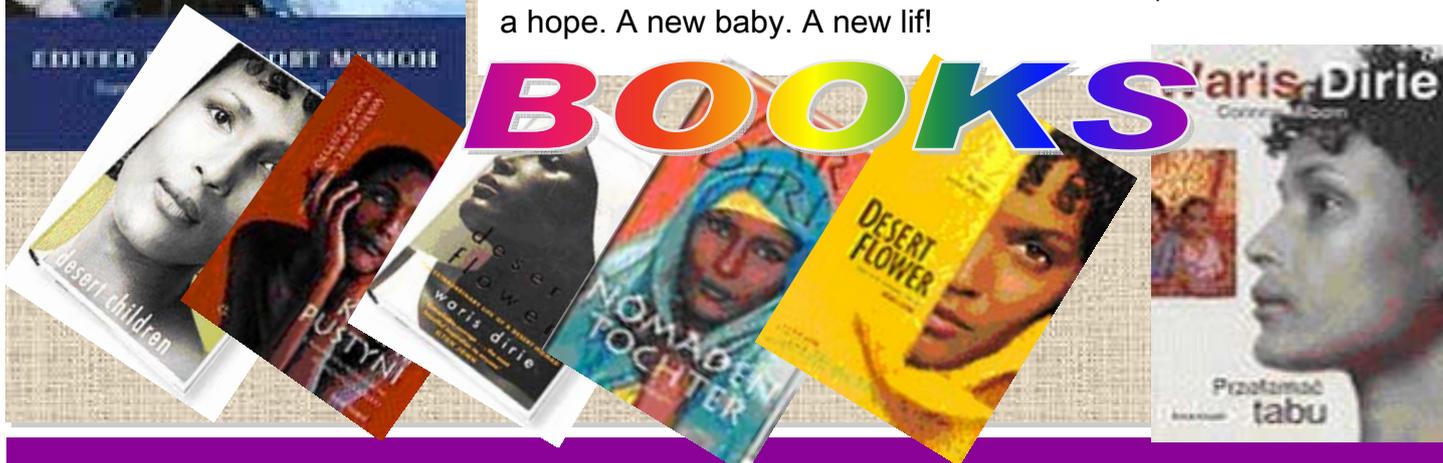
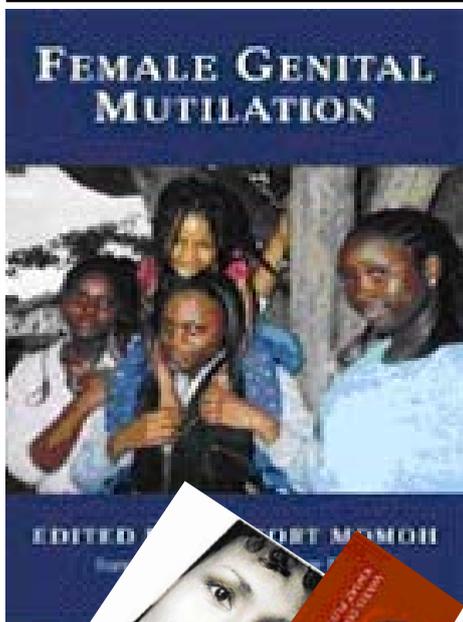
Stop Female Genital mutilation.  
 Stop FGM Please. Stop it now  
 Legs pulled apart  
 Knife went straight  
 Into my private parts  
 It cut across painfully  
 Cruel hands stitched me  
 Infibulated me ruthlessly  
 Blood drained in the summer heat  
 Disappeared into the waiting sand  
 Leaving me potentially impaired  
 Denying me to be a total woman

### Three Feminine Sorrows:

And if I may speak of my wedding night:  
 I had expected caresses.  
 Sweet kisses. Hugging and love.  
 No. Never.  
 Awaiting me was pain. Suffering and sadness.  
 I lay in my wedding bed, groaning like a wounded animal, a victim of feminine pain  
 At dawn, ridicule awaited me.  
 My mother announced: Yes she is a virgin.  
 When fear gets hold of me.  
 When anger seizes my body.  
 When hate becomes my companion, then I get feminine advice, because it is only feminine pain  
 And I am told feminine pain perishes like all feminine things.  
 The journey continues. Or the struggle continues.  
 As modern historians say, as the good tie of marriage matures.  
 As I submit and sorrow subsides, my belly becomes like a balloon.  
 A glimpse of happiness shows, a hope. A new baby. A new life!

But a new life endangers my life.  
 A baby 's birth is death and destruction for me!  
 It is what my grandmother called the three feminine sorrows.  
 She said the day of circumcision; the wedding night and the birth of a baby are the triple feminine sorrows.  
 As the birth bursts, I cry for help, when the battered flesh tears.  
 No mercy. Push! They say. It is only feminine pain!  
 And now I appeal: I appeal for love lost, for dearms broken, for the right to live as a whole human being.  
 I appeal to all peace loving people to protect, to support and give a hand to innocent little girls who do not do harm. Obedient to their parents and elders, all they know is only smiles.  
 Initiate them to the world of love, not the world of feminine sorrows  
 Poem by a woman of courage in Somalia  
 ( Her name has been withheld to protect her anonymity )

From Momoh, Comfort



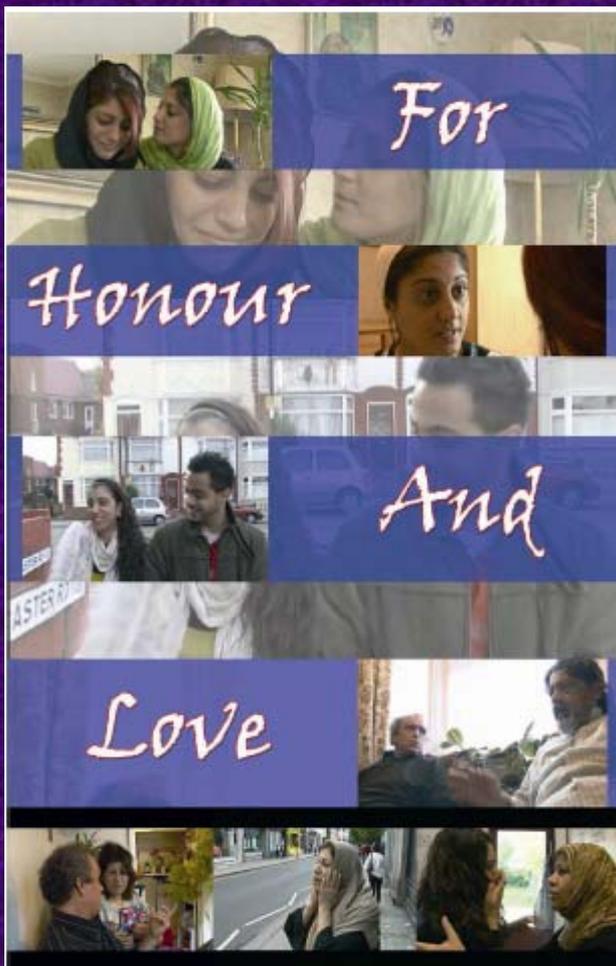
# For Honour and Love' London Launch

Friday 26 March 2010  
3pm – 6pm

Amnesty International UK  
The Human Rights Action Centre  
17-25 New Inn Yard  
London EC2A 3EA

Please email completed booking form to [info@kmewo.org](mailto:info@kmewo.org)  
or post to KMEWO, Caxton House, 129 St John's Way, Islington, London N19 3RQ

For further information please phone Jess on 020 7263 1027



## Our Speakers are:

Jean Lambert MEP - London's Green Party

Sawsan Salim – Director, KMEWO

Irene Clarke – 18 & Under

Ferida Baycan – Training Manual consultant

## Our Panel Members are:

Heather Harvey - EAW Campaign Manager, Amnesty International UK

Gerry Campbell - Detective Chief Inspector, Violent Crime Directorate,  
Metropolitan Police

Dr Comfort Monoh - FGM Specialist, St. Thomas's Hospital

Roxanna Whittaker – Caseworker, Forced Marriage Unit

RSVP to Jess at [info@kmewo.org](mailto:info@kmewo.org) tel. 020 7263 1027

