Diaspora Change Makers in the Global Movement to End Female Genital Mutilation: Amplifying Their Voices, Experiences and Impact

Naana Otoo-Oyortey, Adwoa Kwateng Kluvitse and Owolabi Bjälkander

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ABOUT FORWARD

The Foundation for Women's Health Research and Development (FORWARD) is the pioneering diaspora led organisation for African women working to end multiple forms of violence against women and girls. We work to end child marriage, female genital mutilation (FGM), domestic and sexual violence, and associated harms.

At FORWARD, we focus on transforming responses to violence against African women and girls, providing specialist support on the ground through bringing together partners and communities, developing skills and knowledge, and nurturing resilient leaders to cascade change.

We work strategically with decision-makers and practitioners to conduct community research, build partnerships and create opportunities for gender justice and social transformation.

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The Spotlight Initiative is a global partnership, backed by a €500 million investment from the European Union (EU). It supports targeted interventions that will help to achieve the goal of ending all forms of violence against women and girls by 2030 (under Goal 5 of the UN SDGs). The initiative focused on:

- domestic and family violence;
- sexual and gender-based violence; and
- harmful practices, such as FGM, femicide, trafficking in human beings, and sexual or economic (labour) exploitation.

As a demonstration fund for action on the UN SDGs, the initiative supports activities that (a) have a strong impact; and (b) may show that a significant, concerted and comprehensive investment in gender equality and ending violence can make a transformative difference to the lives of women and girls.

This research would not have been possible without the exceptional enthusiasm, knowledge and time contributed by all the change makers who participated in this study and willingly shared their experiences, hopes, dreams, and recommendations for change. Their stories have been a huge source of inspiration, and their responses have been invaluable to this research. Their contributions cannot be overstated.

We also thank FORWARD staff for their foresight, guidance, cooperation and encouragement in conducting the research and completing this project. We are especially grateful to Naana Otoo-Oyortey, who kept this work going until it was complete; Adwoa Kwateng Kluvitse, the Project Lead; and Wossenyelesh Kifle and Amy Abdelshahid for their support in shaping the research and project work. We also thank Nardos Abebaw, Kolahta Ares Loab, Alexander Russell, Justina Ogunseitan, Dounia Khier and Nambi Kiyira, who helped to finalise this report by reviewing versions of the methodology, asking critical questions about the tools, data, interviews and subject matter, and supporting the editing and proofreading throughout.

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While we are especially grateful for the generosity, expertise, and insightful comments of all who have improved this study in numerous ways and saved us from many errors, those mistakes that inevitably remain are entirely the responsibility of the authors.

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DEDICATION

This publication is dedicated to the late **Efua Dorkenoo OBE**, the founder of FORWARD, who passed away on 18 October 2014. Affectionately called Mama Africa, Efua was a pioneering campaigner in the global movement to end female genital mutilation (FGM). For over three decades, she helped galvanise international, national and local leaders, campaigners and organisations to position FGM as a public health and human rights issue. Efua's legacy has continued to inspire many African diaspora change makers to speak up and take action, and to shape how they do this.

It is also dedicated to **Hanna Ahmed**, a well-loved member of Refugee Women of Bristol, a former trustee and a FORWARD Community Health Advocate who passed away in 2020. Hanna dedicated her short life to community service; energetic, feisty and committed to making a difference to the lives of community members. Hanna was an advocate and community pillar, a human rights champion who campaigned against Female Genital Mutilation and Violence against Women and Girls in Bristol. Hanna's legacy was the community. She was a tireless community activist, supporting safe spaces for women with multiple issues, setting up parenting support groups and enabling women and young people to understand the criminal system and mental health and visiting Somali young men in various prisons across the country.

Finally, we dedicate this publication to the 27 diaspora change makers who contributed to this study and shared their experiences and journeys. The depth of experience and determination to share their stories have made this publication historic. This is their legacy to the global movement.

> **"When I read the email about this project, I thought 'Wow!'**
>
> **I have never thought about being recognised. It just does not cross your mind. 'Oh my God! I have been called for a recognition!' I was happy, inside, strangely. 'They notice that I am doing something.'**
>
> **But [what we do] is something you do in your daily life. We as women do not promote our work; we just 'do'. This [research] project is important for all the women who [just] work and do not think about recognition.**
>
> **It is our natural African way – this is how we live, this is what we believe. You won't leave your sister just because it is 5pm. We don't look at the time."**
>
> **RESEARCHER 1, IN THE UK**

EXECUTIVE SUMMARY

This report analyses the views of Africans in the diaspora who are working to end female genital mutilation (FGM), who we refer to as "change makers".

In their own voices, it explores:

- what motivated them (and their organisations) to begin working to end FGM;
- what their roles are and what actions they are taking to end the practice; and
- their impact on the global movement to end FGM in Africa, Australia, Europe and North America.

In doing so, this report aims to:

- recognise the vital work these change makers are doing;
- document important evidence for the impact of their work;
- share knowledge on what characteristics make them so well positioned to support work to end FGM in their communities; and
- inspire others to work to end the practice.

Why was this research needed?

FORWARD commissioned the research set out in this report to document the motivations, actions, and impact of African people and organisations in the diaspora who are part of the movement to end FGM in Europe and Africa. This specific work has not been explored before.

We wanted to provide a more holistic understanding of change makers' efforts and of the societal and cultural landscapes that change makers must navigate in order to deliver this important advocacy work.

Our research objectives were to:

- explore what motivates diaspora change makers to actively engage in the movement to end FGM;
- examine their strategies and actions to deal with issues around FGM in their communities;
- analyse and record the concrete impacts that their initiatives might have had on ending FGM; and
- describe the challenges they encounter in their relentless efforts to fight FGM.

Female genital mutilation (FGM) is the practice of partly or fully removing the external female genitalia, or any other injury to the female genitals for non-medical reasons. It is a harmful but deep-rooted tradition that affects millions of women and girls all over the world. It happens in countries where it is a tradition and in countries where diaspora communities have settled.

Why is this report important?

This report is critical for several reasons. Firstly, it amplifies the voices of African change makers through documenting their perspectives in the diaspora and this project highlights the valuable contributions of individuals which are often overlooked in the global movement to end FGM. This report also drives change through cultural understanding since those in the diaspora have a nuanced understanding of the cultural, social, and familial dynamics surrounding the practice, ultimately making their interventions more effective and sustainable. Ultimately, this report helps to build proof for advocacy as this project offers critical evidence of the impact diaspora change makers have in advancing the fight against FGM.

Change makers and their crucial role

Change makers have been actively working to end FGM in diaspora communities since the 1980s. However, even today, little is known about their work and its impact. Although some anecdotal information is available, more often it goes undocumented, ignored, or overshadowed by the work carried out by non-Africans.

Over four decades, these change makers have persevered in circumstances that were often extremely challenging – for example, without laws to prohibit FGM, without adequate funding, and despite taboos on speaking about the practice in their communities. At great personal risk, they managed to get ending FGM on to local and national agendas.

The change makers we interviewed for this research told us that they now enjoy the trust and respect of their communities. This is essential for changing the behaviours and social norms in communities affected by FGM. These change makers – most of whom are women – are from communities that are affected by the practice, which means they create a different dynamic from those of other campaigners and organisations. Because of their backgrounds, they have a deeper understanding of the social norms and nuances surrounding FGM and those who are affected by it.

Our research

The qualitative research presented in this report is based on in-depth, one-to-one interviews with 27 change makers who agreed to take part. This approach allowed us to (a) accurately portray change makers' views on why and how they are working to end FGM in their communities; and (b) assess the impact of their activities.

Starting in October 2021, we spent three months interviewing the change makers. These participants represented 15 diaspora countries and 13 countries of origin where FGM is traditionally practised. We then analysed the data to identify common themes.

KEY FINDINGS

Theme 1

Change makers' motivations for working to end FGM

Change makers' motivations were due to:

- experiencing trauma – either from their own experiences of FGM or from seeing or hearing it happen to other girls;
- gaining new knowledge about FGM in their diaspora country; and
- hearing about the death of a relative or friend caused by FGM.

Theme 2

Change makers' activities

Change makers raised the visibility of FGM as a problem, protected girls from undergoing the practice, and supported women who were already living with FGM. Specific activities included:

- raising awareness among specific target groups;
- advocating for FGM to be considered in laws and policies;
- supporting women living with FGM; and
- generating evidence that can be used to encourage communities to abandon FGM.

Theme 3

The impact of change makers' activities

Multiple positive impacts of change makers' activities were:

- behaviour change at the individual, organisational and community level;
- influencing local, regional and national policy;
- improving the care and support for women living with FGM; and
- improving knowledge about FGM.

Theme 4

Challenges faced by change makers

The main challenges that the change makers have had to face are:

- "othering" and racism;
- a lack of funding for their activities;
- backlash and opposition from affected communities in their advocacy and awareness-raising work;
- being seen as victims, rather than survivors, of FGM – a perception that leads to funders considering them unsuitable for leading FGM abandonment activities;
- women affected by FGM not resonating with their experiences;
- their work not being recognised or rewarded, or being usurped or overshadowed by their white counterparts; and
- succession planning in their organisations to ensure a future free from FGM.

Recommendations

1 Change makers' motivations for working to end FGM

Generating evidence

- Support FGM change makers to develop and broaden their persuasive tactics so they become even more adept at persuading others to join the fight to end FGM.
- Establish international, national and community-based change maker networks that support individual change makers to learn from one another on best practice and professional strategies for resilience.
- Change makers should effectively address secondary traumatic stress within their organisations by providing staff with regular paid time to consult peers on challenging cases; adequate time and resources to do their work; adequate access to affordable therapeutic services; and a supportive, affirming working environment.
- Immigration services should provide information and services for women affected by FGM in a consistent, sensitive, non-judgemental way that does not further stigmatise or traumatise them.
- Support change makers to research FGM in their diaspora countries, so the evidence generated can be used to counter misunderstandings and myths about FGM in communities and convince other audiences about the need to support diaspora-led activities to end the practice.

2 Change makers' activities and their impact

Awareness-raising – and its impact

Change makers should do the following.

- Generate more evidence about the impact of their awareness-raising activities, especially the resulting behaviour change.
- During sessions with target groups in practising communities, actively encourage and equip audiences to share messages and information about ending FGM with their households and communities and then ask them to give feedback on the reactions they received.
- Adapt support and information to target groups' experiences and so that conversations about ending FGM can continue beyond awareness-raising activities, creating a multiplier effect.

Advocacy – and its impact

Change makers in diaspora countries should actively call for:

- mainstreaming FGM policies into existing child protection and women's rights policies; and
- embedding FGM into existing referral pathways that respond to abuse and violence against children and women.

Supporting women living with FGM – and its impact

- Change makers working in healthcare should provide gynaecological and obstetrical care that meets the needs of women who have type-1 or type-2 FGM and help them make the link between their health complications and FGM.
- Change makers should encourage pregnant women from communities that practice type-1 and type-2 FGM to tell health professionals about their FGM experience and ask for appropriate care plans during the pregnancy and birth.
- Change makers should use the available research evidence to reinforce the message that all types of FGM violate women's and girls' human rights that cause harm, trauma, and lasting psychological scars.
- All change makers should develop, or have access to, specialised services that can meet the psychological and emotional needs of girls and women living with FGM.

Learning and behaviour change – and their impact

Change makers should:

- work with their networks to standardise their teaching approach and materials on FGM, including tailored information for specific groups, such as health professionals, teachers, religious leaders, law-enforcement officers, social workers and men from practising communities;
- include a section on cultural competency in their training, to support frontline professionals who interact with affected communities; and
- include a section that explores FGM from different perspectives (such as gender-based violence, human rights, women's empowerment, and economics).

Generating evidence – and the impact of this

Change makers should do the following.

- Systematically generate and gather more evidence that they can use to:
    - give a voice to, and promote understanding of, their target groups' needs;
    - refine their approaches and activities;
    - demonstrate the impact of their work; and
    - inform and influence stakeholders.

- Involve their staff in action research to improve their strategies and services by:
  - critically reflecting on project objectives and outcomes, and how to measure them; and
  - demonstrating the impact of their activities by trying to understand if and how their target groups' and service users' situations have changed as a result.

3 Challenges

Othering and racism

Change makers should:

- reframe FGM as a global issue and remind host communities that FGM was practised in diaspora countries long before the "affected communities" arrived;
- emphasise that advocacy on ending FGM in diaspora countries is still needed, as intermarriage and migration can perpetuate the practice; and
- develop messaging that emphasises that FGM is still a practice whose underlying motivation is about controlling women and their bodies, whether it is carried out by Europeans or Africans.

Lack of funding

Funders should:

- continuously check their assumptions, systems and practices for bias that could perpetuate inequities, and actively work to overcome it;
- "prioritise proximity" by recognising that change makers are invaluable assets with effective, distinctive approaches that stem from their knowledge and understanding of FGM and their role as community leaders; and
- shift their philanthropy from a "charity" to a "justice" angle, in order to reduce racial inequalities and address past patterns of discrimination – providing diaspora-led organisations with bigger grants for longer periods, and more unconditional funding to support their core operations.

Backlash, resistance and opposition

Change makers should work together in local and national networks to create strategies for managing backlash:

- Reframing strategies: talking about FGM in a different way – for example, as a global issue.
- Community-level strategies: building partnerships with other local organisations to align strategies for anticipating and dealing with backlash.
- Reflective teaching: choosing spaces and formats that support discussion during awareness-raising or engagement activities around FGM.

The need for succession planning

Change makers should develop a succession plan for their organisation. This does not need to be complicated or time-consuming, but should involve:

- identifying the skills, competences and capabilities that the organisation needs;
- assessing potential successors;
- discussing the plan with leadership and the board;
- reviewing the plan periodically and after any organisational changes to check that the successors and the plan are still on track.

The need for research

Change makers should:

- invest in evaluation research to measure the impact of their activities; and
- develop and use systematic and rigorous methods for collecting, analysing and documenting data from their key activities.

INTRODUCTION

What is FGM?

Female genital mutilation – FGM – is the partial or total removal of the external female genitalia, or any other injury to the female genital organs for non-medical reasons. It is a harmful, deep-rooted traditional practice that affects an estimated 200 million girls and women across 34 countries and their corresponding diaspora communities.[1, 2] Worldwide, 4 million girls are cut every year, and it is estimated that by 2030 there will be as many as 68 million girls at risk of undergoing FGM unless urgent action is taken to prevent it.[3, 4]

FGM is practised across 27 countries in Africa, in specific communities in Colombia, in India among the Dawoodi Bohras, in Malaysia, in Yemen, and among Kurdish communities in Iraq. FGM is also an issue in other world regions where people from these traditionally practising communities now live, including Australia, Europe and North America.

There are four main types of FGM[1]:

- **Type 1 – Clitoridectomy:** partly or completely removing the clitoris or, in very rare cases, only the prepuce.
- **Type 2 – Excision:** partly or completely removing the clitoris and the labia minora, with or without removing the labia majora.
- **Type 3 – Infibulation:** narrowing the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removing the clitoris.
- **Type 4 – All other harmful procedures to the female genitalia for non-medical purposes:** for example, pricking, piercing, incising, scraping or cauterising the genital area.

Why is FGM harmful?

FGM is a form of torture that goes against international human rights laws. Practising it denies girls and women their right to:[5]

- physical and mental integrity;
- freedom from violence;
- the highest attainable standard of health;
- freedom from discrimination based on sex;
- freedom from torture, cruel, inhuman and degrading treatments; and
- the right to life, as the procedure can result in death (sometimes years later – for example, during childbirth).

FGM carries the message that women and girls have a subordinate role in society. It reinforces women's subordination in the political, economic, social and cultural realms. The practice has no health benefits, but it does have harmful physical and psychological consequences. The more extensive the cutting and the more traumatic the circumstances in which FGM takes place, the higher the risk of medical complications and the greater the psychological harm.[6]

FGM can be a deeply traumatic experience because of the pain, the shock, the use of physical force, and (sometimes) the lack of anaesthesia or appropriate long-term aftercare. The psychological effects are difficult to measure, but emerging evidence shows that girls and women living with FGM are significantly more likely to experience anxiety, somatic disturbance, depression, and post-traumatic stress than other girls and women.[7, 8]

The practice can cause severe and immediate physical health complications. They include excruciating pain, shock, urine retention, excessive bleeding, ulceration of the genitals and injury to adjacent tissue, as well as life-threatening infections such as septicaemia.

Longer-term complications include chronic pain, pain during sex, recurring urinary, skin and genital infections, infertility, and serious complications during childbirth.[9] When pregnant, women living with FGM are at significantly higher risk of needing a Caesarean section and losing too much blood after the birth, which can lead to death. It can also obstruct labour, restricting the supply of oxygen and sometimes leading to the death of the newborn baby.[10]

There have been global calls to end FGM. In 2012, the United Nations (UN) General Assembly adopted a resolution to intensify efforts to end the practice.[11] In 2015, the UN Sustainable Development Goals (SDGs) adopted by that same Assembly included a target, under Goal 5, to eliminate all harmful gender-based practices – including FGM and child, early and forced marriage (CEFM) – by 2030.[12]

The devastating impact of the COVID-19 pandemic

The COVID-19 pandemic, which began in late 2019, affected communities worldwide. Many experienced restricted movement, school closures and disrupted health services. The impact on girls and women was devastating; there were reports of increased domestic violence and more reports of FGM and Child, Early and Forced Marriage (CEFM).[13] This increase was attributed to longer school closures, economic losses at the household level, and people staying at home for longer.[14]

In 2020, the World Bank and UN agencies estimated that over the next few years, as an indirect result of the pandemic, 2 million more girls would have undergone FGM, there would have been 15 million more unwanted (teenage) pregnancies, and there would have been the 10–13 million more child marriages. This would have been the consequence of:

- school closures;
- more poverty and food insecurity, with up to 150 million children expected to have suffered in poverty because of the pandemic;
- delaying programmes working to end FGM and CEFM; and
- cancelling information campaigns against FGM.[15]

During the peak of the lockdowns, up to 1.6 billion children (i.e., 91% of all learners) did not attend school. The majority of these students were in African countries.[15]

Researching the crucial work of diaspora change makers

Africans in the diaspora (who we refer to as "change makers" in this report) play a crucial role in the movement to end FGM. However, their work is under-researched, undocumented and overshadowed by the work done by non-Africans. This research helps to overcome these challenges by:

- documenting the motivations, challenges and actions of these change makers;
- documenting their impact on the movement to end FGM;
- adding to the information available about successful interventions for ending FGM; and
- inspiring other (especially young) activists and other members of affected communities to work to end the practice.

It is especially important to document and understand the work of diaspora change makers because they are in a unique position to support work to end FGM – in their home countries and in their diaspora communities. Their distinct characteristics include:

- specific cultural connections to, and understanding of, community sensitivities;
- cross-cultural knowledge and skills (for example, in code-switching and translation);
- the ability to communicate in local languages and identify and empathise more with local concerns.

These attributes allow diaspora change makers to find community-affirming solutions to community problems. In doing so, they bridge the gap between organisations working to end FGM and people who need protection and assistance.

Many diaspora communities rely on trusted, close-knit relationships, and members of the community often use social media as a direct link with communities in their home country. Change makers can therefore swiftly adapt their interventions in response to new information and suggestions gathered through these regular interactions with their home communities.

THE DIASPORA IN THE GLOBAL MOVEMENT TO END FGM

FGM in the diaspora: a brief history of efforts to end the practice

Terminology

Academics in Europe sometimes use the term "African diaspora communities" to refer to individual change makers, their collective agency in promoting change, and the concerns of various affected communities in the context of policy-making.[20]

However, in this report, we use the term "diaspora communities" to describe African communities who live in Europe and the West, and who share cultural and social norms and values.

FGM happens in diaspora countries where people from traditionally practising countries have settled.[16] Because it is a traditional practice, FGM is often seen as a marker of ethnic identity, so members of communities that traditionally practise it may keep doing so to distinguish themselves from other communities in their host country. In countries where integration is seen to be more difficult (for example, due to race), diaspora communities may also have a stronger need or wish to continue practising FGM.

Since the 1980s, African change makers and their organisations – such as the Group Against Sexual Mutilation (GAMS) in Belgium and France, and FORWARD in the UK – have played a pivotal role in the movement to end FGM.

In the late 1990s, more people migrated from FGM-practising countries to settle in Europe, Australia, Canada, New Zealand and the USA. This introduced the health sectors, social services, schools and law-enforcement agencies in these countries to a problem that they did not have readily available solutions to.

At the same time, discussions were taking place about setting up an anti-FGM network in non-practising countries outside Africa. Conferences and events on the topic included the Fourth Regional Conference of the Inter-African Committee on Harmful Traditional Practices in Senegal; the Second Study Conference on FGM in Sweden; and the FGM Expert Meeting in Belgium.

An outcome of these talks was that some international organisations began to focus on awareness-raising and advocacy around FGM. However, their activities often gave rise to racist responses from the wider public, while communities affected by FGM found the publicity morally offensive and judgemental. This created a need to re-shape the public discourse on FGM to include affected communities and raise awareness without using shaming or disparaging language. Meeting this need has become paramount to the work of FGM change makers.

In contrast to attracting publicity, diaspora activists have long advocated for focusing on three concrete areas of intervention:

1. Providing adequate services for women and girls affected by FGM.
2. Effectively protecting girls who are at risk from FGM.
3. Prevention programmes in key sectors, including education, social services, justice and the police.

Change makers have also consistently called for:

- better coordination between policies and strategies on FGM; and
- programmes that boost the relevant skills and cultural competency of frontline professionals, in key sectors, who may encounter FGM or interact with communities that are affected by it.[17, 18]

Diaspora engagement with FGM at the European level

The persistence of harmful practices like FGM is among the most pressing challenges for diaspora communities in Europe. Cultural integration often collides with traditional beliefs: communities often struggle with the complexity of maintaining their cultural identity while keeping to laws that forbid practices like FGM. This tension makes awareness-raising and education harder, because resistance often stems from deeply entrenched traditional beliefs and the fear of losing traditional values and identities.

On the other hand, diaspora communities also have a unique and nuanced understanding of legal systems and cultural practices, and this overlap holds immense potential for overcoming the challenges. Members of these communities are in a unique position to serve as influential advocates and change makers, as they can bridge cultural divides to raise awareness sensitively and tailor interventions. Diaspora leaders play a crucial role in fostering dialogue, advocating for more comprehensive legal frameworks and working with authorities to create culturally sensitive support networks. They can use their dual insights to navigate and ease these challenges.

Two European networks – EuroNet FGM and END FGM EU – are key examples of the valuable work that diaspora communities are doing to end FGM in different European countries.

The European Network for the Prevention of Harmful Traditional Practices (EuroNet FGM)

EuroNet FGM was created in 2002 by organisations from 10 European countries. By December 2004, the network had 25 members from 15 EU Member States: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Norway, Portugal, Spain, Sweden, the Netherlands, and the UK.[19] The diverse members included non-governmental organisations (NGOs), community-based organisations, health services and academic institutions.

These organisations all believed that a collaboration like EuroNet FGM was needed to:

- improve cooperation between organisations across Europe;
- lobby European politicians on eliminating harmful traditional practices; and
- empower NGOs in Europe that were already working to prevent these practices.

The key aims of EuroNet FGM were to improve the health of female immigrants in Europe, and to fight harmful traditional practices – FGM in particular – that were affecting the health of women and children.

To achieve these aims, the network pioneered a globally impactful strategy to ending FGM and coordinated lobbying to end the practice on all continents and in all world regions. It encouraged its members to share information, knowledge and experience. EuroNet FGM also established and maintained links with other networks and organisations around the world that were working to end harmful practices, such as the Inter-African Committee (IAC).

EuroNet FGM paved the way for a more strategic European campaign to end FGM and led to the creation of END FGM EU.

The END FGM European Network (END FGM EU)

END FGM EU began in 2009 as a European campaign led by Amnesty International Ireland. From the outset, it has been a partnership between 12 organisations, six of them diaspora-led. All partners are based in EU Member States, and they all share the aim of placing FGM high on the EU agenda. The initial campaign advocated for the EU to adopt a unified, comprehensive and coherent approach to ending FGM, especially focusing on data collection, health, asylum, violence against women and girls, and EU development cooperation.

In 2013, this first EU-wide campaign was successful in securing a "Communication" from the European institutions. This formal document was issued by the EU Commission and addressed to the European Parliament and the Council. Its title was "Towards the Elimination of Female Genital Mutilation", and it called for specific funding to address FGM in Europe.

In 2014, this collaboration between campaign partners became End FGM EU: a new, transnational European umbrella network. Today, End FGM EU has 32 European organisations from 15 European countries. It coordinates a diverse group of community-based organisations and European-level stakeholders, all working to end FGM in Europe.

The network has facilitated cross-border cooperation around Europe as well as engagement in the global movement to end FGM. To continue European action for ending FGM, the network:

- supports and encourages engagement, interaction and cooperation between its members through sharing knowledge and information; and
- connects anti-FGM advocates in different communities and countries affected by the practice, so they can expand and deepen their efforts.

A vital part of network is its diaspora community ambassadors and youth ambassadors. They campaign at the local level, within their communities, to bolster grassroots FGM activism.

The pioneering work of FORWARD

As a leader in promoting African women's and girls' reproductive and sexual health rights, FORWARD has long been a forerunner in developing the strategies, frameworks, and tools needed to hasten an end to FGM worldwide. We have also played a central role in placing FGM on international and government agendas as a violation of women's human rights.

At the beginning of our global campaign, our founders saw a need to focus solely on FGM as a strategic approach. In the last 20 years, however, our focus has broadened to include multiple forms of violence against African women and girls. This includes a new focus on child and forced marriage, domestic violence and sexual abuse.

Our history

How FORWARD began

In 1982, a project on FGM that was led by the Minority Rights Group (MRG), a charity, came to an end. The MRG primarily focused on research and information related to human rights, so it could not take the work needed on FGM any further. To keep the campaign alive, Efua Dorkenoo, who had been involved in the project, co-opted a small group of dedicated women based in the UK and in Africa, who were conversant in development issues, to form FORWARD – an international charity based in London. At first, we focused on promoting good health among African women and their children, in the UK and Africa. Later, FGM became a central pillar of our work.

FORWARD was founded in 1983 by Efua Dorkenoo, a biosocial scientist, researcher and trained nurse. In the early 1970s in Sheffield, while Efua was doing a short course in midwifery, she and her healthcare team attended to a young Somali mother facing difficulties in giving birth. The woman's vulva was badly scarred from undergoing FGM. The FGM and the resulting scar were so severe that the young woman could not give birth naturally, and she had to have a Caesarean section.

The healthcare team had never come across FGM before, and with no understanding of the practice, they lacked the necessary calmness, skill, and training to deliver the woman's child naturally. It was an experience that stayed with Efua, leading her to research the practice and eventually to take action towards eliminating it.

The FORWARD we know today evolved out of the Women's Action Group for Female Excision and Infibulation (WAGFEI), a group of UK-based women concerned about FGM. The group's first UK documentary on FGM was filmed in Sudan in 1982 for an episode of the BBC's *Forty Minutes* programme. The documentary gave the British public direct evidence – for the first time – of the health complications associated with severe forms of FGM. It generated significant interest among the public in Britain and internationally, and among members of the British House of Lords. Our first Patrons were members of the House of Lords, led by Lord Kennet, who showed great interest in the subject of FGM. Our first chair was Baroness Cox, who also served as our sponsor in parliamentary proceedings.

Influencing policy and legislation in the UK and internationally

FORWARD head becomes technical advisor to the World Health Organization (1994 –2001)

In 1994, the founder of FORWARD, Efua Dorkenoo, was appointed as Special Adviser to the World Health Organization (WHO) to facilitate the adoption of a resolution on Harmful Traditional Practices/FGM at the World Health Assembly. She remained in post in Geneva until 2001, and her work at the WHO put FGM firmly on the global health and human rights agenda. In this role, Efua shared FORWARD's technical expertise with many African governments, assisting them to develop national policies, strategic plans and other tools for implementing the World Health Assembly Resolution on FGM.

In the 1980s, the UK needed a national policy and direction on FGM. Lord Kennet took up this challenge by introducing a Private Member's Bill on FGM in the British Parliament. In 1985, this bill became the Female Circumcision Act.

This Act provided a legislative framework, legitimacy and direction for FGM-related work. It also positioned FGM as an issue of development and human rights. FORWARD led the debate on the new Act, and facilitated its dissemination and discussion in the UK, Europe and Africa. The Act later served as a point of reference for activists and policymakers in other countries, when lobbying for FGM-specific laws of their own.

Developing the UK policy response and child protection framework

Once the Female Circumcision Act had been introduced in the UK, there was a clear need for systems to apply this new law at the grassroots level. This work was vital because the people who were most at risk of FGM were girls under 10 years old, who were unlikely to report it to the law-enforcement agencies. Even if they did, the agencies at the time were sometimes reluctant to get involved in cases of FGM. This was because they considered FGM to be a "sensitive issue" and because FGM was not included in the definition of child abuse.

FORWARD led the way in putting the law in place at the local authority level by developing policy statements and procedures for assisting girls at risk of FGM. We also developed a manual for training frontline professionals in local authorities, entitled *Child Protection and FGM: Advice for Health, Education, and Social Work Professionals*.

Meanwhile, the UK's first African Well-Women Clinic opened at Northwick Hospital (near London) in 1993 to support women affected by FGM. The clinic, headed by Dr Harry Gordon, was funded by the Department of Health, and we provided technical insights and support. It was initially run by a female obstetrician who was trained in psychosexual counselling and sexual assault. We also funded the services of a female Somali translator at the clinic, because most of the patients were Somalis and some spoke limited English.

Protocols developed at this clinic for de-infibulation (the procedure whereby women with Type III FGM undergo dilation before sexual intercourse or at childbirth to allow the passage of the baby) paved the way for the creation of more African Well-Women Clinics around the UK. Today, the UK has over 20 African Well-Women Clinics specialising in treating women living with FGM run by the National Health Service.

Our legacy in shaping FGM change makers

FORWARD has long been working strategically, from multiple angles, to achieve the maximum impact on advancing an end to FGM in Africa and Europe. This has included nurturing numerous activists, change makers and FGM advocacy organisations, such as Daughters of Eve, the Orchid Project and 28 Too Many. We have often taken a collaborative approach to these partners, seeking ongoing opportunities to facilitate and nurture their activism and growth. In a similar vein, we co-founded the END FGM European Network.

Ground-breaking, collaborative work with the media: We have provided technical advice for many television documentaries, radio interviews, and articles in the print media and journals. This has helped bring information about FGM to a broader and more diverse global audience.

Pioneering, strategic work on FGM programmes designed for Africa and diaspora communities: We have initiated crucial strategic work to develop alternative rites of passage for girls and young women in partnership with the Programme for Appropriate Technology in Health (PATH) in Kenya and the Foundation for Research on Women's Health, Productivity and the Environment (BAFROW) in the Gambia. This approach is still being used today and continues to be seen as a model of good practice. Similarly, FORWARD was the diaspora partner in the Girl Generation Africa facing FGM Programme led by Options Consultancy from 2015 to 2020.

Efua Dorkenoo, the Founder of FORWARD, helped to shape the FGM policy of Equality Now, an international women's human rights organisation based in New York. The organisation continues to campaign globally on FGM and supports grassroots efforts to eliminate the practice in several countries in Africa.

RESEARCH METHODS

A qualitative design was used for this research so that we could explore individuals' experiences, perceptions, and behaviours, rather than focusing on quantities or amounts.[21] The results gave a more nuanced understanding of specific situations, of the participants, and highlighted pivotal moments that provided new and deeper insights into the topic.

Full details on the Research Methods can be found in Appendix 1.

Our research participants were members of the African diaspora living in Europe, North America or Australia and working to end FGM there.

We used in-depth, one-to-one interviews to gain insights into the participants' personal perspectives, feelings, opinions and experiences of their work. One to one interviews were preferable because FGM is a sensitive topic, participants were likely to have felt less able to talk openly in a group setting.

The depth of the interviews made it possible for the individual to tell their story in their own words, and for the interviewer to then explore what was meaningful to that participant – learning about their perspectives, personal feelings, opinions and experiences through that process.

Using qualitative content analysis, we were able to systematically analyse the textual material by assigning categories/themes to the text and by recording how frequently these themes occur.

FINDINGS

In this section, the research findings are presented under four main themes:

1. Change makers' motivations for working to end FGM
2. Change makers' activities
3. The impact of change makers' activities
4. Challenges faced by change makers

The themes and their subthemes are summarised on page 9.

Theme 1 – Change makers' motivations for working to end FGM

The main things that motivated our participants to start working to end FGM were:

- experiencing trauma – either from their own experiences of FGM or from seeing or hearing it happen to other girls;
- gaining new knowledge about FGM in their diaspora country; and
- hearing about the death of a relative or friend caused by FGM.

All of the participants said that they wanted to make sure no other girl or woman had to go through the same experience. In this way, they hoped to use their own negative, private experiences for positive, public change.

All the women reported that they had begun their activism by advising their close relatives against the practice and later decided to become active in more public forums.

Experiencing trauma

Many of the change makers were motivated to act by their own extremely traumatic experiences of FGM or by witnessing the experiences of others.

Several women talked about the *"bitterness and anger"* they felt towards their parents (mainly their mothers), who had arranged for them to undergo FGM. Because of their own difficult experiences, they had decided that their daughters should not undergo FGM – and that the best way to protect them would be to speak up against the practice.

"Once I had [given birth to] a daughter, I decided that my daughter was not going to experience FGM and started talking to my female relatives about not circumcising their daughters." **Activist 2, in Spain**

Another participant, who was living with type-3 FGM, reported that she had been accidentally *"torn open"* on her wedding night, which had caused her tremendous pain and trauma.

Gaining new knowledge

Some of the change makers had only fully understood the harmful consequences of FGM on health, and how it violates human rights, once they arrived in their diaspora country.

Several of the participants admitted that they had not realised that FGM was a harmful practice until they went through the asylum process, which sometimes included a medical examination, in their new country.

"I come from a country where FGM prevalence [was] over 87%. As a medical student, I never heard of FGM in my own country. I practised gynaecology, we never talked about FGM. We saw women in delivery rooms, they are closed, they are stitched, no one talked about it." Health Professional 2, in Austria

Often, FGM is not openly talked about in communities that are affected by it. Therefore, it is not surprising that some of the change makers were at first deeply shocked by the focus on it in their diaspora countries. Some initially found it incomprehensible that FGM might be dangerous to health or a violation of human rights. These women described their initial surprise, shock, and confusion.

> **"It was only when I arrived in [...] that I realised FGM is harmful and dangerous [... and] learnt also FGM was performed in other countries, not just mine. [... and that it was something that] many women in my [new diaspora] community were afraid of."**
>
> ACTIVIST 1, IN IRELAND

"The issue of FGM came [...] like a wake-up call when a member of our community here, the husband and herself, were arrested in Norway for having taken the youngest daughter, or some of their daughters to [Gambia] for circumcising them. And then that is when I knew that FGM was even illegal [...]. I've got a master's degree – and [laughing] with all my education, I've been circumcised, my mother's been circumcised, my grandmother's been circumcised. So, it's [run for] generations in our home. I didn't even know. It wasn't even an issue, even though I'm a gender activist and a political scientist, well-educated up to master's level. I didn't even know anything about the issue. It's a taboo topic that nobody ever spoke about." Activist 5, in Norway

Although the women unanimously disagreed with the practice, knowing that FGM was practised in other African countries, and not just theirs, had eased their minds. These women also mentioned that FGM had never been discussed in their families, neither by their mothers nor by other female relatives. One of the participants said that pregnancy was her entry point for talking about FGM with women from her diaspora community: many of them were afraid that they would be forced to have a Caesarean section during delivery.

The change makers talked about being *"shocked again, but in a different way"* when they heard that their FGM, which they had understood to be a valued marker of cultural identity and belonging, was viewed as a harmful practice. They described going on a journey of denial, anger, and eventually acceptance, before becoming a *"pioneer"* in their community.

"Yes, it was in Norway [...] about 15 years ago. And we invited people [...] to our first ever public sensitisation on FGM. And even then, there was a total denial with most of us, because some of the pictures that [...] was showing, we were saying, 'No, my vagina doesn't look like this', 'My circumcision doesn't look like this, it must be a lie'. So, there was a huge sense of denial.

Even though we were trying to wake up about it, [...] I would say that for the next two years, [I] was in denial before the anger set in – and then the acceptance, and then [I] became a pioneer. So, it was in that order. It was a period of denial, then acceptance and [...] anger: 'Why was this done to me?' And then the process of, 'Oh my God, I have to ***do something about this, because really, the people in my community don't know anything about this'"****.* Activist 5, in Norway

Hearing about a death caused by FGM

Some of the change makers were motivated to act by the death of a relative or close friend. One of the participants said that this had happened for her when, in her home country, she found out that her close friend's sister had died as a consequence of FGM.

During a lecture on FGM that the participant and her friend both attended, her friend experienced flashbacks. At first, the participant did not understand why her friend had reacted so strongly to the lecture. Even though the participant came from a practising community, she had never heard the term FGM. She then questioned her family about the practice. However, she did not get any answers until she migrated to her diaspora country, where she did her own research.

> ***"I remember I went home to ask my grandmother about FGM. She looked at me as if to say, 'What is she talking about?' It was later on that I realised that my paternal grandmother, who was from Ghana, did not practise FGM, so she didn't know what I was talking about. Because I did not get a favourable answer from her, I was disappointed, so I started asking questions and doing research by myself."*** **Health Professional – Midwife 1, in the UK**

Several participants had begun researching FGM because they wanted *"to increase the noise"* on abandoning the practice. They were striving to produce evidence that could be used when designing interventions and to build capacities for abandoning FGM. One researcher shared that seeing her own country's prevalence figures for FGM during her studies had inspired her to do research that could contribute to ending the practice. Another had started doing research to counter the arguments of members of her community for continuing FGM.

Theme 2 – Change makers' activities

The change makers each worked in a number of ways to raise the visibility of FGM as a problem, to protect girls from undergoing the practice, and to support women who were already living with it. Their activities included:

- raising awareness among specific target groups;
- advocating for FGM to be considered in laws and policies;
- supporting women living with FGM; and
- generating evidence that can be used to encourage communities to abandon FGM.

Awareness-raising and advocacy among target groups

Many of the change makers' organisations were open to meeting with all types of women's groups. However, they tended to be invited to talk about FGM to women's groups from within their own practising communities.

When delivering these sessions, the change makers raised awareness of FGM from two angles: (a) violence against women and girls, and (b) the impacts of FGM on health. This was to allow the women to understand what the procedure might do (or has already done) to their body and enable them to protect their daughters from the practice. None of the change makers we interviewed mentioned discussing FGM from a human rights perspective.

Many of the change makers provided advice and information to women living with FGM. They would often discuss the law around FGM (in countries where it exists) to help communities understand its provisions and talk about how to prevent their daughters from undergoing FGM.

In addition, many of the participants had created women's groups for those who were living with FGM or from communities that were likely to practise it. The intention was to create a safe space, in a neutral location, and appropriate to the community's cultural standards, where women could relax and connect with themselves and others.

> **"We not only raise awareness about FGM and its negative effects on sexual and reproductive health, but we also talk about other types of violence against women. We hold health and sexual health classes where we talk about menopause, conception, sexual transmitted diseases. Women living with FGM are trained on how to raise awareness of FGM and early marriage in their communities, how to detect and prevent these practices."**
>
> ACTIVIST 2, IN SPAIN

By showing respect and using accessible, inclusive, bias-free language, the change makers set the tone for building trust among women with different personalities and backgrounds, creating a space where everyone could speak freely. The women were supported and made to feel comfortable, which helped them to concentrate on and take part in the discussions. The groups owned their ground rules on mutual interaction and confidentiality. Time was devoted to building trust and relationships, creating opportunities for deep connections.

The change makers described using simple, judgement-free tools and methods to talk to the groups about power and control. One of the participants gave the example of using a body map exercise, in which the parts of the body were named and their functions described. She would ask the group, *"How would you feel if that part of your body was cut?"* until the vulva region was reached. The change makers could then introduce the discussion on FGM in a non-threatening way.

Psychological safety was an important aspect of these meetings. The change makers encouraged group members to devote their full attention to the person speaking, and each person speaking was given the time needed to complete her thoughts. The participants explained that this approach led to group members feeling listened to and treated with respect. They added that in safe spaces like these, members of the group were more likely to show vulnerability and say exactly what they were thinking.

One change maker's organisation distributed condoms to men. The male worker who distributed the condoms would usually talk to the men about FGM as they received the condoms. The men would usually ask him, *"Why are you telling us about women's issues?"* This type of question provided the perfect entry into a discussion where the male worker could explain how FGM harms health and why it violates human rights.

One of the participants organised information and sensitisation sessions on FGM, each including 12 sessions. She held separate classes for young women, young men[i], older women from practising countries, and specific religious groups. The participant also organised an annual seminar to bring together all these target groups to meet people from key authorities, such as the police, social services and health services.

At one of the information and sensitisation sessions, a participant shared the following:

"Some women had undergone FGM when they were five years of age. This was a very emotional time for the women, as for many of them, this was the first time they realised that 'what had been done to me in my vulva had not happened to every woman'. This process of awareness for [a] woman with FGM can take several sessions, as we talk about what has happened to them and we seek how best to help them." **Activist 8, in France**

Building the courage to start an organisation working to end FGM

"When I commuted between my home and my workplace by train, I would sit next to a total stranger and ask, 'Have you ever heard of something called FGM?' I received all kinds of different responses and reactions, but one thing that encouraged me is that nobody ever said, 'Go away, I am tired, I don't want to hear, I don't want to talk'. People were always interested in hearing what I had to say. And I realised that at the end of my commute every day, I had taught at least two people about FGM.

Some people said they had heard of FGM but said it does not happen any more. This response opened a door for conversation. When they said no, they had not heard of it, this opened the door for information sharing. Some people said it happened only in Africa. Usually, we would end up talking until either I or the person arrived at our destination. So, in this way, I was teaching people [about] FGM and raising awareness. These responses encouraged me to do more and [to] start my organisation in 2012." **Activist 3, in the USA**

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[i] Men between the ages of 18 and 25 years.

Policy advocacy – for FGM to be considered in laws and policies

Nearly all of the participants reported that their organisations were embedded in local, regional or national referral pathways and consultations on FGM. This meant that they would automatically be included in any discussion or consultation on FGM, and their position, opinion or advice would be sought.

At the European level, one of the participants had taken part in the END FGM European Network's "– Purple Chair –", a YouTube series of 12 videos on topics ranging from how FGM creates conflicts and tensions in women's sexuality to what advocacy could look like from a diaspora and African perspective. Another participant, in the USA, had begun her advocacy work against FGM at the State level when she received an invitation from the Department of Justice to speak on the topic to an audience of teachers, school administrators, and school nurses.

Another change maker reported that her biggest achievement was a successful campaign for a specific law against FGM in her diaspora country. This was doubly important for her because her advocacy experience gave her the opportunity to work alongside other activists working to prevent FGM.

Instituting a law against FGM in Virginia, USA (summarised)

I was approached by a senator from Virginia State who was working on a bill to criminalise FGM. He wanted to work with an individual or organisation that was already working on FGM to ensure the correct language for the Bill. He could accommodate only a misdemeanour as the law [initially], but he promised that if I worked with him and the Bill passed, then he would continue to work on strengthening the Bill to make it a felony.

…….

"I agreed. I testified at the Senate Committee, we were victorious, and the Bill was [passed] into law in July 2017 as a misdemeanour offence. The following year, we argued at the Senate Committee why the penalty should be changed from a misdemeanour to a felony. We succeeded once again and FGM in Virginia state is now a Class 2 felony that carries 25 years to life imprisonment and a $100,000 fine. This came into [force] in August 2018.
Activist 3, in the USA

Supporting women living with FGM

One of the biggest areas of need mentioned by all the participants was for continuing, high-quality and culturally appropriate treatment, care and support for women living with FGM.

Most of the change makers in healthcare professions had worked with pregnant women who feared that they would be forced to have a Caesarean section because of their FGM. Three of the diaspora health professionals we interviewed provided de-infibulation services for women with type-3 FGM. Before the de-infibulation procedure, they always shared information so the woman receiving treatment could make an informed choice. These three health professionals had also established and run African Well-Women Clinics that provided a range of services – including de-infibulation – for women living with FGM.

> **“Another activity [that we do] is to support [survivors globally] to reconstruct psychologically, socially, physically. And the goal is to liberate these women to develop [their] self-confidence and become leaders in future.”**
>
> ACTIVIST 10, IN FRANCE

“I enjoy what I am doing, it is not a burden. And I know it is tiring, but when you like something, at the end of the day, it is the reward of seeing women happy, someone coming and giving you a good end of [their] story, and you feel like you have won millions.

“You just feel happy because you are making other people happy. And [I] am a mother and wife: it’s about my social life, this is part of my social life. I can just thank God for giving me the strength to manage all of this.” **FGM Researcher & Health Professional, UK**

More than half of the change makers provided support groups for women living with FGM where they could receive counselling and reassurance. In particular, they helped young pregnant women to book health visits and gave them referrals for de-infibulation. Some support groups met every two weeks on average, while others met once a month.

Two of the change makers had supported FGM survivors to have FGM reconstruction surgery – financially and in other ways. A change maker had raised funds to sponsor the surgery and help pay for flights so that these women could go to France for the surgery.

To ensure that women with FGM received the care and support they needed, several change makers had developed new areas in their work. One of them, a mental health practitioner, had partnered with her local university to develop and implement a mental health and emotional well-being project for FGM survivors. Her project gave emotional support to pregnant FGM survivors as part of antenatal clinic services, and to children and their families during medical examinations for FGM. To sustain this work after the funding ended, the project trained volunteer mentors to continue with the activities. This participant’s organisation was also part of the referral pathway for girls at risk of FGM and women living with FGM from West Africa.

Lastly, women who have secured asylum in a diaspora country (including those who are living with FGM) tend to have to deal with many other issues and need help to orient themselves. This is why many of the change makers we interviewed also provided services to a broader group of women in their communities – to help them understand how the social, health, transport and accommodation systems worked in their diaspora country and to help with language classes. Some of the participants had also been able to connect these women to pro bono legal assistance with applying for asylum or for a work permit, or had given them referrals to help them find a job.

This participant shared that the women who attended appointments to find out about de-infibulation were often extremely anxious about the procedure. Many had never had a sexual experience, while those who were pregnant did not usually know exactly what the de-infibulation would involve, or what might happen to them afterwards. The clinic found that if the women went away, they were unlikely to return for de-infibulation. Also, some of the women had travelled from other parts of the country to attend the clinic, so the time and cost involved in returning for the operation at a later date could make it difficult for them. For these reasons, the women were often encouraged to have de-infibulation that same day.

Six weeks after the procedure, the clinic would check in with patients who had undergone de-infibulation to find out how they were coping with sexual intercourse, menstruation, and urination, and to provide further advice. The clinic's service was continually assessed, and the results were used to give women an improved, more holistic service.

Learning how best to care for women with FGM

"I had a 20-year-old young lady [in] for de-infibulation. She sat in the waiting area, and, as usual, I called her from [the] waiting area to come into the surgery room. As soon as we reached the door into the surgery area, she started shaking, sweating, almost collapsing. I called for others to come and help [me to get her] into the surgery room, at a loss about what was happening to the lady.

Once she recovered, I asked her what had triggered the anxiety episode. She explained, 'The label on the door to your surgery read, 'MINOR PROCEDURE ROOM'. In my country, FGM was performed on me at a hospital, and on the door where the procedure was performed, the sign was the same: MINOR PROCEDURE ROOM. When I saw the sign, I was immediately reminded of my FGM experience.' [After that incident] I removed the sign from the door whenever the Clinic was in session." **Health Professional 1, in the UK**

Generating evidence to encourage communities to abandon FGM

Some of the change makers we interviewed had research expertise and were using these skills to generate evidence around FGM.

Two of the participants had been inspired by their academic studies to do their own research on issues around violence against women, including FGM, and the inherent inequalities that women can face as a result. Their research results mainly benefited organisations working at the community level, but they were also sometimes used by larger programmes, policymakers and government ministries.

> **“My academic background gives me that open door to research [the] inequalities facing women, issues of violence against women, including FGM… I am convinced we need more evidence to make the case for work in this area. I believe I can use research as an advocacy tool to make this point.”**
>
> RESEARCHER 1, IN THE UK

“I am a researcher on FGM, empowering people and communities by producing evidence to design interventions and build capacities for FGM abandonment [...]. For me, it has been more about producing knowledge, its management and communication, through creating communities of practice. And ensuring that these data resources are available in a lay person’s terms, so that they [too] can understand and consume [the] information.” **Researcher 2, in Australia**

The researchers we interviewed stressed that it is important to do research on specific communities at the local level and then share the results in those communities: this informs practice and supports the design of interventions for ending FGM.

The researcher participants were constantly seeking new ways to communicate evidence that could help prevent FGM or encourage those who practise it to abandon it. This included:

- publishing simplified reports to inform policy and practice;
- creating materials like pamphlets to share the research results and data at the community level; and
- producing information kits to use for roleplay activities in a community setting.

The participants’ responses suggest that using evidence in awareness-raising material is key for:

- understanding FGM;
- educating target audiences (policymakers, community members and professionals) about the practice’s unseen aspects; and
- guiding local, national and international interventions to offer the best solutions for abandoning the practice.

The change makers we interviewed, and their organisations, were often community-based. Many of them had demonstrated, over several years, unwavering commitment, innovation, and persistence in educating and empowering their communities to take action against FGM. Because they were often essential in building bridges between their communities, service providers and policymakers, they tended to be highly valuable in relation to creating and using evidence for advocacy purposes.

Theme 3 – The impact of change makers' activities

The participants reported multiple positive impacts of their activities over the years. These included:

- behaviour change at the individual, organisational and community level;
- influencing local, regional and national policy;
- improving the care and support for women living with FGM; and
- improving knowledge about FGM (training and education)

Over the years, their impact has widened. As they have been called upon by policymakers, academics, health professionals and other sectors to lecture, present, train or advise on topics surrounding FGM, they have been able to reach a wider audience with valuable, appropriate information and messages about preventing FGM and supporting women who are living with its consequences.

Behaviour change

The change makers had seen their awareness-raising activities lead to a shift in behaviour. This was especially true in communities where FGM was not previously spoken about, where they noticed that women were speaking out more about choosing not to cut their daughters. In support groups for women already living with FGM, some of the women had once insisted that FGM was a cultural practice and part of their identity; yet over time and through discussions, awareness-raising and sensitisation sessions initiated by the change makers, these same women committed not to cut their daughters, and their adult daughters remained uncut.

"I am proud of how most of the African community now respects me and my work to end FGM. It is not everyone, but many people have come to believe in my campaign and my voice to end FGM." **FGM Advocate, in the UK**

They also recognised that changing social norms takes time and repeated engagement with communities. As one participant said:

"With FGM, it's not something that you see the change overnight, it takes so long… change has been slow in coming. Attitudes, you could see them changing, yes. It is possible to see something happening in [the] community, but it takes time for this effect to take root. It has been a long road, so change takes time." **Researcher 2, in Australia**

At the community level, participants talked about complications from FGM, and where to find the appropriate treatment and support for women living with FGM. These conversations in some instances inspired other community-based organisations to work on FGM.

> **"Often when we meet, they ask us, 'Do you have any work or projects that you want to do with us? We are ready to work with you.' So, this is encouraging."**
>
> ACTIVIST 7, IN FINLAND

The change makers' activities also had a positive impact at the individual level. In general, the feedback from women living with FGM was positive and encouraging; for example, many had told them, "Were it not for your organisation, I would not have known that FGM is harmful". Most of the women the change makers had worked with had committed to do everything in their power to make sure that no more girls are cut. In their groups, women living with FGM felt secure and confident enough to ask for help or advice (not always related to FGM) and how to protect their daughters from FGM as highlighted by Activist 1.

A girl saved from FGM

"A lady who had attended a presentation I made on FGM came up to me and told me that she knew FGM was taking place in the state. I asked her how she knew, and she recounted the following account/incident to me:

She was standing in front of her home one evening and a 12-year-old girl came racing down the street screaming, 'Somebody help me! My father wants to cut off my private parts!' Everybody else was ignoring this little girl but because she [the lady telling the story] had attended my presentation, she immediately realised what this girl was talking about and she sprang into action. She stood between the girl and the man chasing her and instructed her [own] daughter to call the police. The father had come chasing after the little girl brandishing a big knife but the lady stood her ground.

The man said to the lady, 'Out of my way, this is our culture and this is what we do in my country. And you have to let me do it.' The man was from Ethiopia. The lady said, 'It is not the culture here and you're not going to get to this girl'. The lady used her body to shield the girl. She was able to hold him off until the police arrived. The police knew nothing about FGM, but the lady was able to tell them about the practice and the danger the little girl was facing. There was no FGM law in the state, but the man was arrested on attempted malicious wounding, and the little girl was taken care of by Social Services.

This incident convinced my [the participant's organisation's] board that it was necessary to train frontline key workers in law enforcement, social services and schools about FGM, and this was how we began developing custom-made manuals for training law enforcement professionals, social services, teachers, and school nurses about FGM."

Activist 1, in the USA

Some of the participants were proud that now, after as many as 30 years of work in their diaspora country, they were seeing the affected communities embrace FGM as a topic and be ready to talk about it freely. One health professional was especially proud that now, thanks to awareness-raising efforts in her community, FGM survivors can talk openly about their experiences and all parts of the community openly support the campaign to abandon FGM.

"When I first started working on FGM in [the] UK in [the] mid-1980s, I would go to mosques – I remember particularly the one in Brixton – with women to raise awareness about FGM and also walking around in the community there. I remember stones and eggs being thrown at us as we talked about FGM. Women used to say to us, 'You should know better. You are from Africa. Why are you bringing our dirty linen out in public?'"
Health Professional – Midwife 1, in the UK

This shows it is crucial to recognise how much time is needed to change perspectives and behaviours around FGM in communities. Another participant stated:

"Change is a process, it [does not just] happen. Reflection action supports the women to internalise what they hear and translate this into small actions every day, so that it becomes part of their lives. They reflect on how FGM has affected them in a safe space, and ultimately, they change their opinion on and behaviour to the practice." **Activist 5, in Ireland**

The change makers had also had an impact on how women living with FGM are treated in the media. One of the participants was proud that she had got the media to understand that she was not a 'victim' of FGM, but a survivor. She had insisted that she did not want to be labelled a victim because, in her mind, that would mean she would always be a victim.

Most of the change makers were from the same communities as the women they worked with. Because of this, they could talk to the women about FGM frankly and from lived experience. In their community awareness-raising work, most of the participants approached the topic from the dual angles of violence against women and girls, and the health impacts of FGM. In this way, they were able to successfully protect girls from the practice while offering support to women living with FGM in relation to treatment and care.

Impact of awareness-raising and advocacy

The change makers gave examples of how their awareness-raising and advocacy activities have led to positive behaviour change at the individual, organisational and community levels. Their activities had also influenced policy at the local, regional and national levels.

Influencing local, regional, and national policy

Two of the change makers reported that because of their advocacy and awareness-raising work, their services were now recognised in regional and national FGM policies. These services had also been embedded in their regional referral pathway to provide emotional support to women and young girls affected by FGM.

In the UK, some of the participants had influenced public health policy by producing position papers on FGM. One of these was written for the Royal College of Midwifery (Position Paper 28, 1998). The paper provides guidelines on how midwives should treat and care for women with different types of FGM, with specific guidelines about childbirth, especially for women with type-3 FGM. The second paper was written for two of the UK's healthcare-related royal colleges: The Royal College of Nursing and the Royal College of Obstetricians and Gynaecology.

Another participant, a student, had launched an FGM campaign on her university campus. The launch event united around 50 students (undergraduates and postgraduates) from several UK universities, as well as lecturers, women's officers, and presidents of feminist societies. This change maker observed that for many students, the start of university life was the first time they felt sexually free and could start exploring their sexuality. Young women with FGM, however, were likely to experience difficulties with sex during their initial encounters, and also likely to need support, care, or even treatment in connection with this.

Impact of supporting women living with FGM

The change makers working in care observed that because of their activities, many more women living with FGM now know where to go for care, treatment, and support. They also believed that their work has improved awareness of general sexual health and related issues, on which the women they treated or supported had previously been silent.

One activist from the USA had started the only support group in France (as far as we are aware) that exclusively sponsors FGM survivors to have reconstruction surgery. This has made a tremendous difference to these women, as one might expect – not just physically and in their sex lives, but also psychologically.

"We have also started supporting survivors, financially and otherwise, to undergo reconstruction surgery. This has made a big impact in the lives of women, and it is not just their sex lives. People, when they hear of the surgery, assume that this is 'just surgery' to enhance [women's] sex lives – like cosmetic surgery. Women who have undergone FGM often have no clitoris, many no labia. Others are stitched up, infibulated. One lady told me that before the surgery, she could take up to 30 minutes to void* as she had type-3 FGM. […] Reconstruction surgery makes a vast difference in their everyday lives, not only physically but also psychologically. We are really proud of this group, because it benefits the women. And we continue to raise money to be able to sponsor their surgery." **Activist 3, in the USA**

**to void means to empty one's bladder*

Another participant, an African professional midwife who moved back to the UK, ran an open-access African Well-Women Clinic. Thanks to the holistic services provided by her clinic, more women living with FGM could:

- get information and reassurance about the treatment and support available for complications caused by their FGM;
- receive treatment, as they did not have to return for it on a separate date; and
- receive follow-up support and advice several weeks after their treatment.

To maximise its impact, the clinic continually assessed its service and used the results to make improvements.

Another change maker had designed a programme to address the mental and emotional well-being needs of women living with FGM. Her programme had been embedded into the local council's referral pathway – resulting in better care for women and girls affected by FGM and more support for their families.

Impact of training and education

One of the participants ran a peer mentoring programme that was making an impact on several levels. Each year, between 20 and 40 peer mentors – usually FGM survivors – received training through the programme and then returned to their communities to befriend and educate their peers. These young women would actively work with difficult cases in their communities, alongside families and their social workers. The women peer mentors were also encouraged to pursue their own education and personal development, which had led to some of them developing their own projects and a women's self-help group.

Several participants had developed training materials on how to talk to and work with practising communities about FGM, and how to encourage its prevention and abandonment. One of the participants had developed a self-care manual for FGM change makers like herself who were working in diaspora countries. Another change maker taught about harmful traditional practices at an international school and then assessed her students' projects on FGM for the International Baccalaureate Programme.

These activities provided accurate knowledge and raised awareness of FGM as an act of violence against women and how others, particularly women from non-practising communities, could support women living with the practice.

Theme 4 – Challenges faced by change makers

The main challenges that the change makers have had to face are:

- "othering" and racism;
- a lack of funding for change makers' activities;
- backlash and opposition from affected communities in their advocacy and awareness-raising work;
- change makers seen as victims, rather than survivors, of FGM – a perception that leads to funders considering them unsuitable for leading activities to encourage others to abandon the practice;
- need to connect with women affected by FGM;
- change makers' work not being recognised or rewarded, or being usurped or overshadowed by their white counterparts; and
- succession planning in their organisations to ensure a future free from FGM
- inability to present data and experiences as evidence for policymakers to take action

Othering and racism

The participants' experience was that in general, people in the diasporan community did not believe that FGM happened in their diaspora country. The change makers felt that there was a lack of awareness and understanding that FGM was in fact a global issue. They often had to remind those expressing this view that Europe also has a history of clitoridectomy (for example, in the UK), while intermarriage and migration are both likely to keep the practice going among diaspora communities.

One participant described having difficulty in finding work in the EU due to the amnesia in European communities about their own history of FGM. She explained that in general, European communities did not see FGM as a problem that concerned them – forgetting (or not knowing) that less than 100 years ago FGM was being performed on European women who had mental health issues or "abnormal" sexual desires. This participant felt that FGM in Europe had been about controlling women, just as it was in Africa. She described her frustration that this lack of awareness meant that the general public in Europe could express prejudiced, bigoted, and racist views during presentations or discussions around FGM.

Racism was the main reason the change makers gave for their difficulties in accessing funding. Many of the participants stated repeatedly that being a Black woman in a diaspora country affected their ability to raise funds and that funding for Black-led organisations was extremely difficult to obtain. They felt that as Black women change makers, they consistently:

- received less financial support;
- had smaller budgets;
- faced more challenges securing financial support;
- lacked access to funding sources when compared with their white women counterparts; and
- found it even more difficult to access unrestricted funding.

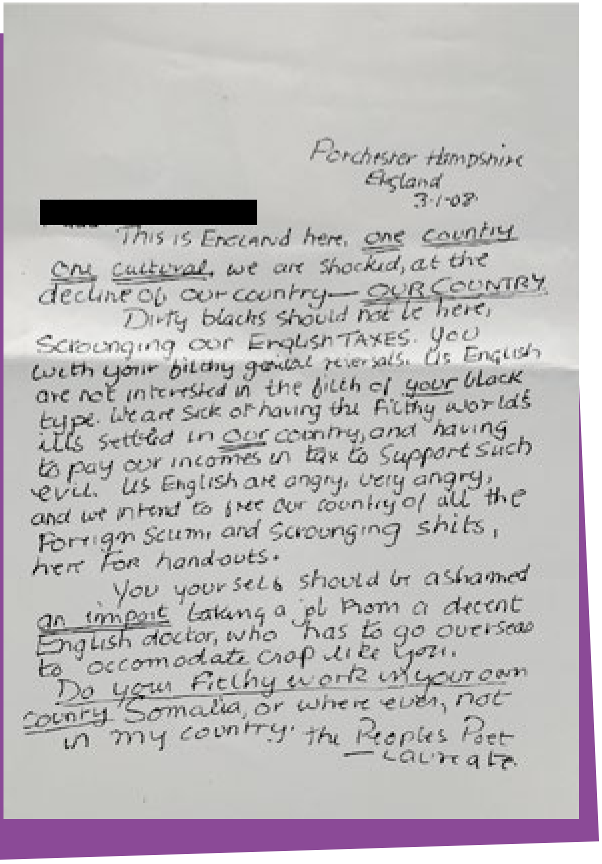
The women felt that the lack of funding for Black-led organisations in the diaspora was systemic. Even when start-up funds were available, Black women change makers faced barriers in maintaining support from funders as their organisations grew. The resulting frustration could make it difficult to keep going.

"Being a Black woman in Spain is also an issue and because the organisation is Black-led, funding is very hard to obtain. A friend once advised me to put a white Spanish CEO so that we would more readily receive funding. I told her, 'Over my dead body! I would rather sell samosas in the street before I do this'. The authorities do not take us seriously because the organisation is made and run by Black women. This can be quite frustrating.

[…] sometimes it is so difficult that I ask myself why I am fighting like this and I should just forget work on FGM, because I have only one daughter and she is safe from FGM, so it is OK." Activist 2, in Spain

Racism was a common challenge for change makers working in the diaspora, especially when speaking to the public. They had received comments such as, *"These migrant women are bringing these problems such as FGM to us", "They are uncivilized, barbaric"* and *"It is not a problem that belongs to [our country]"*.

Figure 1. Letter received by a health professional change maker.



Porchester Hampshire
England
3-1-08

[redacted]

This is England here. one country
one cultural, we are shocked, at the
decline of our country — OUR COUNTRY
Dirty blacks should not be here,
Scrounging our English TAXES. You
with your filthy genital reversals. Us English
are not interested in the filth of your black
type. We are sick of having the filthy worlds
ills settled in our country, and having
to pay our incomes in tax to support such
evil. Us English are angry, very angry,
and we intend to free our country of all the
Foreign scum and scrounging shits,
here for handouts.
You yourselfs should be ashamed
an import taking a job from a decent
English doctor, who has to go overseas
to accomodate crap like you.
Do your filthy work in your own
country Somalia, or where ever, not
in my country. the Peoples Poet
— Laureate

On the other hand, the change makers reported that members of the public could sometimes be so energised by a talk about FGM that they would offer to support the change maker's organisation. One participant shared that after attending her awareness-raising meetings, a group of schoolchildren had raised funds to prevent their peers from undergoing FGM, and another group had raised funds to provide counselling services for girls and women living with FGM.

Lack of funding for change makers' activities

The most common challenge mentioned in the interviews was the lack of funding for work focused on ending FGM in diaspora countries. One of the participants pointed out the irony that despite UN agencies describing FGM as a global issue that affects millions of girls, those same agencies made it harder to address the practice as a global issue by segregating funding by region and not coordinating it by activity. In this participant's eyes, very few organisations were encouraging work across borders; one rare example she knew of was Comic Relief, through the TuWezeshe Akina Dada (Empowering our Sisters) project led by FORWARD.

When funding was available, it was often insecure. Several participants mentioned that no secure funding or dedicated budgets were available for services for women living with FGM, and medical care and treatment for FGM survivors were not given the funding they deserved. One of the health professionals, who had run an African Well-Women Clinic for over 30 years, stated that she had never received secure funding or a dedicated budget for her clinic. Her clinic had also been the first service earmarked for budget cuts, and every year she had been forced to justify the clinic's existence. She reflected that this might have been because FGM was a minority issue at best, and a Black issue at worst.

Backlash, resistance and opposition from affected communities

Nearly all the participants reported that they had faced backlash – sometimes severe – from their communities when they started speaking out against FGM. They had been told that FGM was a cultural and a religious practice, despite it not being required by any religion. This assertion creates a very powerful tie between the harmful practice of FGM and one's cultural identity and perceived religious requirements.

The strongest opposition had come from communities who had told the change makers that they should not be speaking out against FGM at all. When the participants had continued to speak out, some of them had been called offensive names by people in the community and even had their lives threatened. The following excerpts illustrate this.

"When the FGM Bill was passed, I got a lot of backlash from the community. They would call me and say all sorts of scary things to me over the phone. For example, they would say, 'Watch your back' or 'You are not going to live. You will die.' Things like that." **Activist 1, in Ireland**

> **“The biggest challenge came from the community, which say that I should not be speaking out against FGM. It was very hard when I started to work on FGM in the community. I was called names. I was told, ‘You are this, you are that’ – not very nice names. Sometimes it became very scary, and I felt that I could not continue my activism and almost wanted to give up.”**
>
> ACTIVIST 9, IN FRANCE

“You become extremely unpopular in your communities, and people don’t really want their wives and their families to associate with you. [Due to the] little funding that you get, you are seen as if you are preaching the white people’s agenda, and that it’s an anti-Muslim agenda. So, it took a lot [...]. Yeah, your reputation is soiled. You are seen as a bad person and an outcast in your own community. It’s been a huge challenge, at a huge personal cost. Definitely.” Activist 11, in France

When the participants were asked how they dealt with these situations, one of them answered:

“What do you personally do when you face challenges in your work to end FGM?
I buy ice cream and eat! Ya!” Activist 7, Finland

This response powerfully demonstrates the role of joy in strengthening one’s resilience and making time for self-care in the face of adversity. Being able to practise kindness towards themselves despite their dire, underfunded and life-threatening positions is an example of the positive, healthy coping strategies that enable change makers to continue their work without losing or harming themselves in the process. This practice of self-care – a tenet of Black feminism – enables change makers to continue fighting the good fight.

Change makers seen as victims, not survivors

The change makers who were themselves survivors of FGM and were working to end the practice reported that policymakers, the media and the wider public often viewed them solely as victims, rather than as serious activists whose work could make a significant difference. In the words of one participant, “they have the habit of considering [FGM] survivors as victims and not as experts.” Another change maker explained that even though she was an FGM survivor, she was not regarded as a “specialist” – someone who was knowledgeable about FGM – and this had made it difficult to secure funding.

Need to connect with women affected by FGM

Some of the change makers said that their negative experiences of FGM did not always resonate with other women in affected communities. This was especially true of those women who had never experienced any of the immediate, negative physical consequences of FGM or had not connected the practice with their ongoing sexual and reproductive health problems. For example, some of the change makers explained that even though many women with type-1 or type-2 FGM had experienced difficulties during childbirth, they had not linked these problems to the practice.

Change makers are an invaluable advocacy resource. However, when it comes to FGM, advocacy can still be a slow process of unlearning and awareness-raising – even when the advocacy is done by FGM-affected women for FGM-affected women. This is because it takes time for the women to understand:

- their general health;
- their sexual and reproductive health;
- what FGM is;
- that FGM has happened to them; and
- the link between FGM and their sexual, reproductive, general and mental health and well-being.

> **“They do not take me seriously, and yet, it is because I exist, I who have been cut, that these others have become specialists and are recognised. If these specialists have studied about FGM and then become specialists over my vagina, it is because of the information they got from us who have been cut. I think my cut vagina is all the specialism that I need.”**
>
> ACTIVIST 2, IN SPAIN

Change makers’ work not being recognised or rewarded

The change makers we interviewed said that their work to tackle FGM gave them a sense of purpose. Yet some also lamented the lack of external recognition and reward for their work. They said that their contributions often appeared to go unrecognised. In their experience, the actions and voices of their more articulate (often, white) female colleagues took precedence over their own work and lived experience.

Succession planning: securing a future free from FGM

Only one of the participants had given thought to succession planning. In our experience, succession planning is paramount for an organisation's future because, among many other benefits, it protects change makers from reaching burnout. Although many of the change makers were deeply passionate about and committed to their work, they might not be able to continue their activities over an extended period because of:

- the challenges of under-funding and racism;
- the traumatic subject matter; and
- the need to balance other demands – a significant proportion of change makers are of childbearing and/or working age.

Change makers may want or need to take a career break for their own health or well-being, to start a family or to move into a career that is more financially sustainable. And as communities and policies change, the issues for communities affected by FGM will also change – so the work of advocacy has to stay dynamic, current and engaged. This can be difficult when activists are exhausted or unsupported.

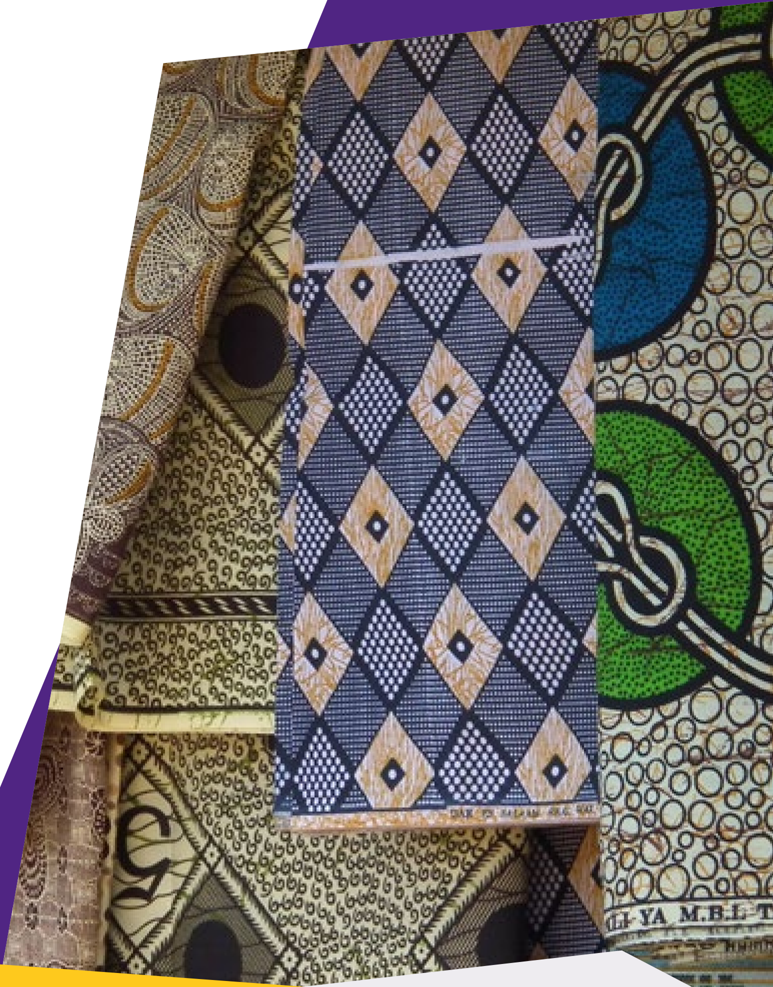
Succession planning helps an organisation to manage change proactively, rather than reactively. It also allows a satisfactory transition to take place if someone decides to change jobs quickly. Even if the transition is not as smooth as one might like, it is often better than having no plan at all. By investing in – and proactively developing – future leaders who understand the organisation's values and activities, change makers can:

- continue to deliver their work to a high standard, irrespective of staff changes;
- actively seek new voices with different perspectives, experiences and solutions, and include them in the organisation's strategies and activities;
- better understand their human resource talent and make sure they have people ready to fill key positions; and
- create a self-sustaining process that eventually needs little input from leaders.

The nature of campaigning and activism is also changing. Social media is being used more in activism, work patterns are changing, and younger change makers who may not be first-generation immigrants are getting involved. With these changes comes a need for more reflection on expectations about succession, activism and sustaining the work to end FGM.

Inability to present data and experiences as evidence for policymakers to take action

A significant challenge faced by the change makers was the inability to present the large volumes of data they had generated in an appropriate, clear, concise and accessible format that would allow policymakers to pick out the specific details of their research – that is, the challenges and solutions – as actionable points. The main issues that have created this challenge are insufficient funding and a lack of collaboration with academics.



SUMMARY AND RECOMMENDATIONS

Theme 1 – Change makers' motivations for working to end FGM

Diaspora change makers show great determination, passion and resilience in their activities to end FGM. They keep going in the face of opposition, prejudice and backlash – even from their own communities – because of their deep, life-changing awareness of the harmful consequences and injustice of FGM. They know how important education and awareness-raising are among women and communities who are affected by FGM.

All but one of the change makers either came from or had connections with a country in which FGM was traditionally practised. They all had some experience of FGM – most had experienced it themselves, and some had close relatives or friends who had undergone the practice. These characteristics gave them valuable authenticity, authority and authorisation when speaking about FGM in their own communities.

The change makers had chosen to use their negative experiences of FGM for a greater common good. This was empowering. Nevertheless, for most of them, especially those who had already undergone FGM, their activism was not about "saving themselves". There was an altruistic "red thread"[ii] in their narratives that said, "*I don't want this to happen to any girl!*"

Nevertheless, all diaspora change makers need psychological care, whether dealing with their own extremely traumatic experiences of FGM or, dealing with hearing about or witnessing the traumatic first-hand experiences of others[iii]. This is important for reducing their distress, enhancing their coping mechanisms, and improving their quality of life and their capacity to continue advocating for an end to the practice.

[ii] *Taken from the Swedish expression "röd tråd" (literally "red thread") which is used to describe something that follows a theme. The expression originates from Greek mythology, in which King Theseus found his way out of the Minotaur's labyrinth by following a red thread.

[iii] Trauma resulting from an indirect experience (when an individual hears or witnesses the first-hand trauma experiences of another person) is known as secondary traumatic stress (STS). STS can lead to intense feelings of guilt, anger, sleep problems, difficulty concentrating, exhaustion, and an impaired immune system.

Recommendations

- Support FGM change makers to develop and broaden their persuasive tactics so they become even more adept at persuading others to join the fight to end FGM. This includes being able to demonstrate their credibility to different audiences – especially in settings where that credibility might hinge more on sound, rational arguments than on personal commitment, passion and energy.
- Establish international, national and community-based change-maker networks that support individual change makers to learn from one another – especially about best practice and professional strategies for resilience, which can include:
    - detachment – learning to disengage from their work, the suffering of survivors, and the suffering that comes with being a survivor;
    - setting boundaries – creating limits around interactions with survivors, and being conscious of how many commitments and caseloads they take on;
    - peer consultation – regularly engaging with peers to discuss challenging cases, receive support and share new perspectives; and
    - being intentionally mindful of moments of satisfaction and fulfilment in their work.

Networks of this kind can also provide other strategies for resilience (such as education) and opportunities for safe and respectful discussion about secondary traumatic stress.

- Change makers should effectively address secondary traumatic stress within their organisations by providing staff with:
    - paid time off to consult their peers about challenging cases;
    - adequate time and resources to do their work;
    - adequate access to affordable therapeutic services; and
    - a supportive, affirming working environment in which they feel appreciated for their work.
- Immigration services should provide information and services for women affected by FGM in a consistent, sensitive, non-judgemental way that does not further stigmatise or traumatise them. For example, asylum services in diaspora countries should:
    - share details of the laws around FGM, tools for sharing new knowledge with family members, information on where to seek treatment and care for FGM-related complications, and advice on how to protect one's daughters from FGM;
    - share information in a language and format that asylum seekers can easily understand; and
    - provide or refer affected women to psychosocial support and counselling, to help them process the new knowledge on FGM.
- Support change makers to research FGM in their diaspora countries so the evidence generated can be used to counter misunderstandings and myths about FGM in communities and convince other audiences about the need to support diaspora-led activities to end the practice. Support can include:
    - funding;
    - affordable operational space;
    - mentoring; and
    - access to resources and other systems.

When change makers are recognised and rewarded for their contributions:

- they feel ownership, pride and a sense of achievement, because others have taken notice;
- they are even more likely to continue to work hard and to elevate their performance and engagement; and
- it helps to counter exhaustion from work and the harm to well-being due to backlash from their communities.

Themes 2 and 3 – Change makers' activities and their impact

Awareness-raising

Every change maker in the study had engaged in some form of awareness-raising activity in the communities that they came from. Most had done so among women in those communities, but many had also worked with young men, and some had worked with religious leaders and within practising communities. This is a good starting point.

Recommendations

Change makers should do the following.

- Generate more evidence about the impact of their awareness-raising activities, especially the resulting behaviour change. Most of the participants still measured their impact only by the number of people attending awareness-raising activities or the number of activities held.
- When running multiple sessions with target groups in practising communities, actively encourage and equip their audiences to share messages and information about ending FGM with their households and communities. They should then ask their audiences questions about the reactions they received – for example:
    - Who did you share the information with? What was the response?
    - What did you do? What was the consequence of your action?
    - What measures have you taken to prevent FGM in your family or community?
- Adapt support and information to target groups' experiences so that conversations about ending FGM can continue beyond awareness-raising activities, creating a multiplier effect.

Advocacy

Several participants had been invited to take part in national or state-wide advocacy groups lobbying for specific laws against FGM in their diaspora countries. Diaspora change makers' involvement in developing these laws adds authenticity to the law-making process and lends legitimacy to activities seeking to end FGM.

Recommendations

Change makers in diaspora countries should actively call for:

- mainstreaming FGM policies into existing child protection and women's rights policies; and
- embedding FGM into existing referral pathways that respond to abuse and violence against children and women.

Supporting women living with FGM

Among the change makers working in healthcare, most of them focused on providing care and support for women living with type-3 FGM. This is understandable, given that this form of FGM is the most extensive and causes the most damage. However, several participants with type-2 FGM had also experienced difficulties when giving birth in diaspora countries. It was nonetheless more difficult to convince a community that practised type-1 or type-2 FGM of the related health complications than to convince a community that practised type-3 FGM.

Many of the change makers talked about the denial they had encountered in affected communities on explaining that FGM was a practice that harmed health and violated women's and girls' human rights. Indeed, many of the participants had themselves initially denied that FGM was a problem; they then felt anger, before accepting, often slowly, that there was a problem with the practice. In connection with this, a few of them described providing a "*walk beside*" service for affected women who were going through this process of denial, anger, and sometimes depression, before finally accepting that "their" FGM had negative health consequences and was a practice that ought to be abandoned.

Recommendations

- Change makers working in healthcare should provide gynaecological and obstetrical care that meets the needs of women who have type-1 or type-2 FGM and help them make the link between their health complications and FGM.
- Change makers should encourage pregnant women from communities that practise type-1 and type-2 FGM to tell health professionals about their FGM and ask for appropriate care plans during the pregnancy and birth.
- Change makers should use the available research evidence to reinforce the message that all types of FGM violate women's and girls' human rights that cause harm, trauma, and lasting psychological scars.
- All change makers should develop, or have access to, specialised services that can meet the psychological and emotional needs of girls and women living with FGM.

Learning and behaviour change

One change maker talked about how her "success" in giving lectures, training and talks on FGM had increasingly led to further requests for talks and training, to the point where she had been unable to meet this increased demand – as an "unintended" outcome of her teaching and training activities.

Recommendations

Change makers should:

- work with their networks to standardise their teaching approach and materials on FGM, including tailored information for specific groups, such as health professionals, teachers, religious leaders, law-enforcement officers, social workers, or men from practising communities;
- include a section on cultural competency in their training, to support frontline professionals who interact with affected communities; and
- include a section that explores FGM from different perspectives (such as gender-based violence, human rights, women's empowerment, and economics).

Generating evidence

More evidence is needed to inform efforts to end FGM. The evidence that is available is limited, and ongoing and emerging initiatives are often not evaluated. Often, even the published and peer-reviewed research on efforts to end FGM often cannot be generalised to other groups, contexts, and timeframes. This makes it difficult to find evidence that can be used to support decision-making.

Recommendations

Change makers should do the following.

- Systematically generate and gather more evidence that they can use to:
  - give a voice to, and promote understanding of, their target groups' needs;
  - refine their approaches and activities;
  - demonstrate the impact of their work; and
  - inform and influence stakeholders.
- Involve their staff in action research to improve their strategies and services by:
  - critically reflecting on their project objectives and intended outcomes, and how to measure these before and after the work; and
  - demonstrating the impact of their activities by trying to understand if and how their target groups' and service users' situations have changed as a result.

In addition, future research that is led by, or involves, change makers should pay more explicit attention to:

- critiquing current policies and practices;
- providing alternative solutions;
- demonstrating that other options have been considered; and
- where possible, supporting policymakers' decision-making processes.

The research can also give scenarios and include data on the "opportunity costs" of taking no action on the issue being researched – for example, how failing to act might affect services, communities, and the women and girls that policies are seeking to support.

The research done by the change makers we interviewed has provided many insights into FGM survivors' experiences and struggles – for example, around pregnancy and mental health. However, to influence policies on violence against women and girls, more research is needed to explore how current policies are failing to adequately support women and communities who are affected by FGM. Evidence from research into lived experiences can also be used to feed into high-level data for policymakers; in this way, community change makers can have a real influence on policy changes and make a wider impact through their work.

Theme 4 – Challenges faced by change makers

Othering and racism

Sometimes, communities in a host country can attribute negative characteristics to communities affected by FGM. This "others" these communities and even partly negates their humanity, leading to them being treated with less dignity and respect. Often racist in nature, "othering" can create an invisible barrier that keeps "outsiders" from being accepted and accessing opportunities. Our interviews with change makers indicated that a lack of personal knowledge and contact with people from affected communities led host country communities to perceive the affected communities as very different, possibly even less human, than themselves.

Sometimes subtle and unconscious, the othering around FGM can lead to systemic discrimination through policies that view the affected communities as "different" and less deserving. Othering is harmful and damaging at the individual level, but systemic and structural othering is even more destructive, because it can lead to even greater inequality.

Recommendations

Change makers should:

- reframe FGM as a global issue and remind host communities that FGM was practised in diaspora countries long before the "affected communities" arrived;
- emphasise that advocacy on ending FGM in diaspora countries is still needed, as intermarriage and migration can perpetuate the practice; and
- develop messaging that emphasises that FGM is still a practice whose underlying motivation is about controlling women and their bodies, whether it is carried out by Europeans or Africans.

Lack of funding for change makers' activities

Our findings suggest that organisations led by non-white change makers in the diaspora receive less funding than those led by white individuals. Ironically, this reinforces the very social inequities that such philanthropy often seeks to address. Frank conversations have yet to take place around race and access to funding for activities that aim to end FGM. Indeed, many of the change makers interviewed expressed the view that real change in these dynamics cannot occur until donors understand the role that racism could play in their philanthropy.

Several participants also emphasised that Black women change makers did not have access to the same social networks and connections that white women had, and so they were often excluded from informal gatherings where potential funders met the individuals leading projects and relationships were built.

The interviews showed that diaspora change makers drew from their cultural knowledge and expertise to develop innovative ways of advocating for an end to FGM in their communities. However, many of the participants felt that because funders often rely on their own understanding of the issues, culturally appropriate and relevant approaches did not always resonate with funders who did not have a deep understanding of the affected community.

Also, the funders primarily rely on approaches, strategies and evaluation methods that are familiar to them, which might not always be culturally appropriate when working with communities on a sensitive issue like FGM. If a euro-centric funder has unilaterally defined priorities and ways of measuring progress, it can therefore be difficult for diaspora change makers to secure funding.

Crucially, some participants described feeling trapped in a vicious cycle: funders told them that they had not been allocated funds because their organisations did not appear to have evidence for the effectiveness of their approaches or because they seemed to lack the capacity to deliver their planned activities. Yet the reason they did not have this evidence was that they did not have the funding to measure effectiveness and build capacity.

In addition, all the change makers we interviewed spoke about facing difficulties with persuading decision-makers and stakeholders outside their own communities to see FGM as a serious issue that deserves attention and funding. They talked about "*FGM not being given the attention it deserved*" and felt that it was often not considered a global issue.

Recommendations

Funders should:

- continuously check their assumptions, systems and practices for bias that could perpetuate inequities, and actively work to overcome it;
- "prioritise proximity" by recognising that change makers are invaluable assets with effective, distinctive approaches that stem from their knowledge and understanding of FGM and their role as community leaders; and
- shift their philanthropy from a "charity" angle to a "justice" angle, in order to reduce racial inequalities and address past patterns of discrimination – providing diaspora-led organisations with bigger grants for longer periods, and more unconditional funding to support their core operations.

Backlash and opposition from affected communities

The actions and messages of diaspora change makers disrupt the status quo, challenge gender and power hierarchies, and threaten to shift norms and behaviours. It is therefore no surprise that they can come up against substantial resistance, denial, and backlash. From minimising the problems raised to aggressive opposition, all types of backlash can seriously harm change makers' health and well-being.

Recommendation

Change makers should work together in local and national networks to create strategies for managing backlash.

- Reframing strategies: talking about FGM in a different way – for example, as a global issue.
- Community-level strategies: building partnerships with other local organisations to align strategies for anticipating and dealing with backlash.
- Reflective teaching: choosing spaces and formats that support discussion during awareness-raising or engagement activities around FGM.

Change makers seen as victims rather than survivors

- The challenge in recognising the value of the lived experience and activism of FGM survivors needs to be addressed so that change makers can be more confident and feel appreciated in the work they do.
- Evidence would help to address this challenge, but most change makers do not document their work. Paying more attention to this would allow them to capture their experiences and learning and share them more widely.'

Need to connect with women affected by FGM

Change makers need to bring more than their own experiences if they are to connect with women and communities affected by FGM and, over time, raise their awareness. This is even more important if the community does not at first see the change maker as "one of them" or as having experienced the same thing as them.

Networks such as END FGM EU are useful for overcoming this, because they give change makers new strategies for connection. Training for change makers (for example, from FORWARD) is also invaluable, as it can equip them with:

- a medical understanding;
- a legal understanding;
- an understanding of sexual and reproductive health care; and
- community-orientated strategies to help them raise awareness in a variety of settings with a variety of experiences.

Change makers' work not recognised or rewarded

Acknowledging change makers' achievements is important for their morale and performance. When recognised and rewarded for their contributions:

- they feel ownership, pride and a sense of achievement, because others have taken notice;
- they are even more likely to continue to work hard and to elevate their performance and engagement; and
- it helps to counter their exhaustion from their work and the harm to their well-being done by backlash from their communities.

Succession planning

It takes time – sometimes, several generations – for cultural change to happen, and for new practices and traditions to emerge that protect women's and girls' dignity and well-being. Therefore, change makers' work is a long-term mission that requires succession planning.

Through succession planning, change makers can make sure their organisation's advocacy work will be sustainable in the long term by:

- proactively recruiting people with the skills the organisation needs; and
- better understanding their current talent to ensure that people in the organisation are ready to fill key positions if needed.

Succession planning can eventually sustain itself, with little input needed from leaders. Every organisation needs strong and stable senior leadership, so change makers need to balance driving positive change with ensuring organisational stability in the face of early departures, retirements and new vacancies.

Change makers should first look for internal candidates who could occupy future roles, because they already have valuable knowledge: they understand the organisation, its target groups, and other staff members, and they share the organisation's values. Promoting internal employees will also help motivate and retain them, as well as strengthening their engagement and commitment, as they appreciate being recognised for their hard work and skills. Organisations should target candidates who have the right desire, skills, and values and who may be interested in taking on critical roles.

After identifying candidates, change makers should assess their suitability through rigorous reviews. This process should be transparent and open, providing feedback to the candidates and clarity for the rest of the organisation. Organisations can then begin to develop their chosen candidates by giving them coaching, mentoring and more advanced responsibilities so they can acquire the skills and experience they need in good time to be able to perform well in their future roles.

Recommendation

Change makers should develop a succession plan for their organisation. This does not need to be complicated or time-consuming, but should involve the following steps:

1. Identify the skills, competencies, and capabilities that the organisation needs.
2. Assess potential successors.
3. Discuss the plan with leadership and the board.
4. Review the plan periodically and after any organisational changes to check that potential candidates and the plan itself are still on track.

Inability to present data and experiences as evidence for policymakers to take action

Research is needed to explore what works best to end FGM in the diaspora. There is a great need to evaluate the effectiveness of different interventions and approaches. Evidence will help change makers to assess if the money, time and effort spent on their activities is truly supporting girls and women living with FGM and helping to end the practice.

Recommendations

Change makers should:

- invest in evaluation research to measure the impact of their activities; and
- develop and use systematic and rigorous methods for collecting, analysing and documenting data from their key activities.

CONCLUSION

This report has set out the significant ways in which diaspora change makers are contributing to the campaign to end FGM in Europe and Africa – in their own voices and their own words. To the best of our knowledge, this is the first time these change makers' views and contributions have been documented.

The research findings serve as a comprehensive map of the grassroots activism, community dialogues, and culturally sensitive interventions carried out by change makers. These activities are a crucial and effective influence in the movement to end FGM. Their initiatives are generally long running and sustainable, harnessing the power of community engagement to dismantle deeply ingrained norms surrounding the practice.

The qualitative research presented in this report delved into the unique dynamics of diaspora communities and unveiled a profound narrative shaped by the change makers' direct connection to their home countries. Aside from their commitment to ending FGM and advocating for better practices in their communities, the uniqueness of these change makers resides in:

- their role as a bridge between communities in the diaspora and their home countries;
- their understanding of the culture and societal beliefs; and
- their fluency in the native languages.

Their activities greatly benefit girls and women from affected communities, as well as promoting community development and empowerment, building capacity, and developing social networks and trust (social capital).

Sharing the crucial contributions of change makers through their own narratives and in their own voices is important. This has added substantial new information and perspectives on diaspora-led efforts to end FGM. We hope that this will inspire younger activists from affected communities to develop new and innovative ways to push for abandoning the harmful practice.

Our participants should be lauded for taking the time to share their stories of struggle in the work to end FGM in their diaspora countries. They have boldly shared their vulnerability, pain, frustration, worries and fears. In their work, they have taken great risks and overcome barriers to succeed, showing tremendous courage, strength, dedication and perseverance – an inspiration for us all to do better. This report therefore calls for a global audience to recognise and celebrate the invaluable contributions made by diaspora change makers. Their huge potential for impact stems from their unique position, their commitment to pushing for change at the local level, and their readiness to get the need to end FGM on to national, international and global agendas.

This report stresses the vital importance of listening to the voices of community change makers in the fight against FGM – both in the diaspora and in countries of origin. Their experiences and invaluable insights have shaped the actionable recommendations of this report, which are pertinent for researchers, donors, activists, policymakers and decision-makers.

These recommendations provide a roadmap to actively and effectively end FGM. This roadmap unites all the affected communities and stakeholders in a shared commitment to end the practice, while upholding the cultural and societal beliefs, and the linguistic richness, of the communities.

REFERENCES

1 UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO (2008). *Eliminating female genital mutilation: An interagency statement. World Health Organization.* **https://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/**

2 Weny K, Silva R, Snow R, Legesse B, Diop N (2020). Towards the elimination of FGM by 2030: A statistical assessment. *PLoS ONE* 15(10):e0238782. **https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0238782**

3 Female genital mutilation (FGM) **https://data.unicef.org/topic/child-protection/female-genital-mutilation/**

4 UNFPA Exhibition to highlight the continued prevalence of female genital mutilation. **https://www.unfpa.org/press/unfpa-exhibition-highlight-continued-prevalence-female-genital-mutilation**

5 UNFPA (2014). *Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation.* **https://www.unfpa.org/sites/default/files/pub-pdf/FGMC-humanrights.pdf.**

6 Obermeyer CM (2005). The consequences of female circumcision for health and sexuality: an update of the evidence. *Culture, Health and Sexuality* 7:443–61.

7 Behrendt A, Moritz S (2005). Post-traumatic stress disorder and memory problems after female genital mutilation. *American Journal of Psychiatry* 162(5):1000–1002.

8 Vloeberghs E, van der Kwaak A, Knipscheer J, van den Muijsenbergh M (2012). Coping and chronic psychosocial consequences of female genital mutilation in the Netherlands. *Ethnicity & Health* 17(6):677–695.

9 Klein E, Helzner E, Shayowitz M, Kohlhoff S, Smith-Norowitz TA (2018). Female genital mutilation: Health consequences and complications—a short literature review. *Obstetrics and Gynecology International*, article ID 7365715. **https://doi.org/10.1155/2018/7365715**

10 WHO Study Group on Female Genital Mutilation and Obstetric Outcome (2006). Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *Lancet* 367:1835–1841.

11 UN General Assembly (2022). *Intensifying global efforts for the elimination of female genital mutilation. Report of the United Nations Secretary-General.* **https://www.unwomen.org/sites/default/files/2022-10/A-77-312-SG-report-FGM-en.pdf.**

12 United Nations (no date). Goal 5: Achieve gender equality and empower all women and girls. **https://www.un.org/sustainabledevelopment/gender-equality/**

13 United Nations (2020). *Policy brief: The impact of COVID-19 on women.* **https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-The-impact-of-COVID-19-on-women-en.pdf**

14 AMREF Health Africa (no date). *Evidence on the effects of COVID-19 pandemic on female genital mutilation/cutting (FGM/C) and child, early and forced marriages (CEFM) in Kenya.* **https://amref.org/kenya/wp-content/uploads/sites/2/2020/11/Evidence-Brief.pdf**

15 UNFPA (2020). *Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage.* https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital

16 European Institute for Gender Equality (2013). *Study to map the current situation and trends on FGM – Country reports.* https://eige.europa.eu/publications/study-map-current-situation-and-trends-fgm-country-reports

17 Resources from GAMS Federation. https://federationgams.org/ressources-complementaires/

18 Resources from FORWARD UK. https://www.forwarduk.org.uk/publications/

19 Leye E (2008). *Female genital mutilation – A study of health services and legislation in some countries of the European Union.* Doctoral thesis, Ghent University. https://www.researchgate.net/publication/245023567_Female_Genital_Mutilation_A_study_of_health_services_and_legislation_in_some_countries_of_the_European_Union

20 Rastas, A, Nikunen, K (2019). Introduction: Contemporary African and Black diasporic spaces in Europe. *Open Cultural Studies* 3:207-218. https://www.researchgate.net/publication/333318898_Introduction_Contemporary_African_and_Black_Diasporic_Spaces_in_Europe

21 Tenny S, Brannan JM, Brannan GD (2022). *Qualitative Study*. Available through StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK470395/

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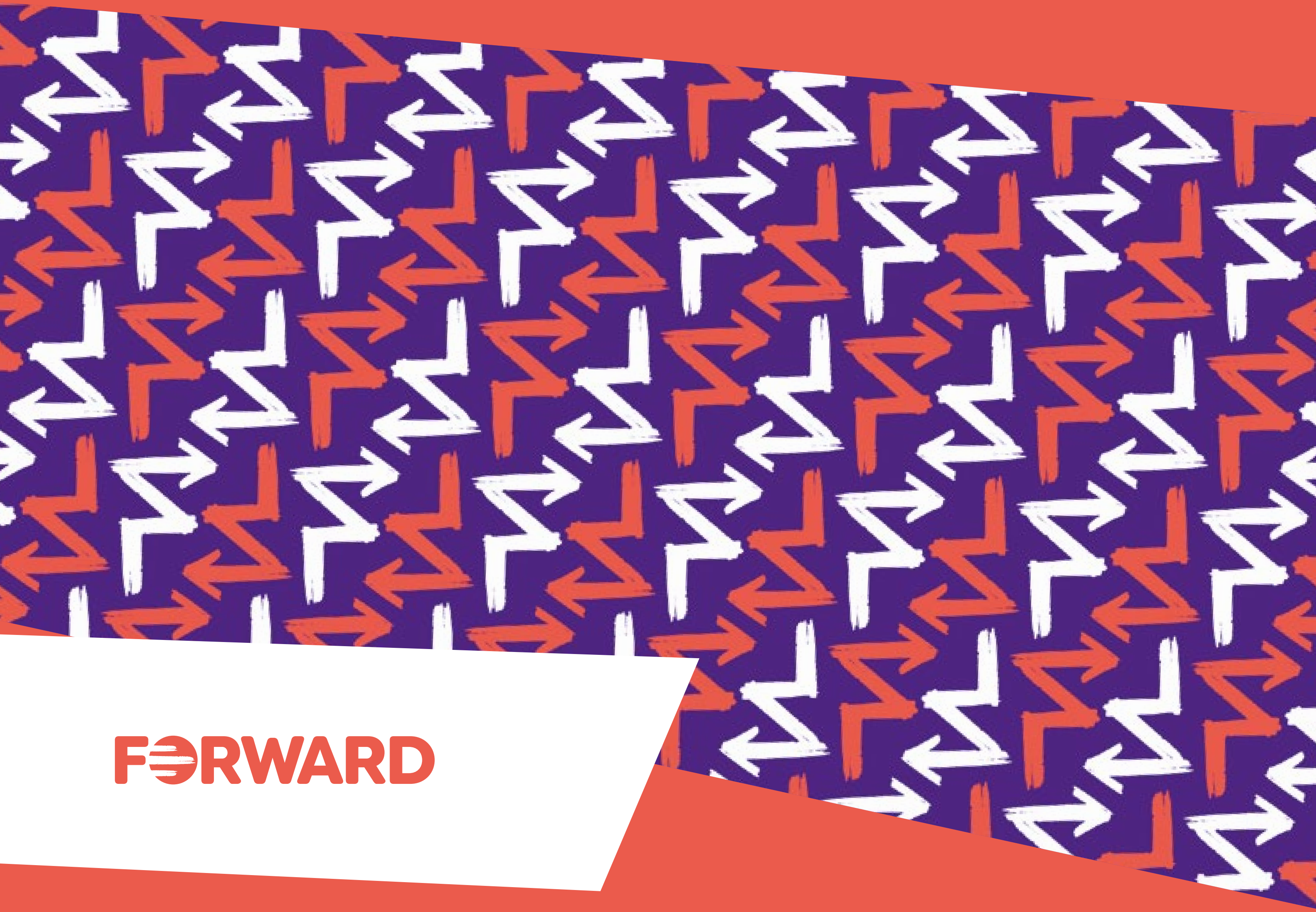

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