FORWARD

END FGM
EUROPEAN NETWORK

FEMALE GENITAL MUTILATION IN EUROPE

Exploring young African diaspora women's views, experiences, and activism on FGM.

CONTENTS

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EXECUTIVE SUMMARY

This report analyses the views of young African diaspora women on several subjects related to Female Genital Mutilation (FGM). These notably include their perception of the current practices and attitudes towards FGM within their communities and among their peers. The study also explores young women's opinions and experiences of FGM-related support services and legal frameworks in the European country they live in. Finally, it seeks to understand the opportunities and challenges that young diaspora women face in engaging in activism related to FGM within their communities.

The research was conducted by young African diaspora women living in Europe who, at the time, were also participating in FORWARD's TuWezeshe Young Women's Leadership programme. This feminist fellowship training is part of FORWARD's "Accelerating African-Led Diaspora Change Makers" project. The research project also forms a part of the Spotlight Initiative, a global partnership between the European Union and the United Nations seeking to eliminate all forms of violence against women and girls.

The research used a peer approach, through which the TuWezeshe fellows conducted 23 interviews with individual young diaspora women living in the UK, Norway, Denmark, and Spain. In addition to the interviews, the young peer researchers co-developed the research tools, provided feedback on the final research findings and analysis, and took part in campaigning for the report. The participants interviewed included young women from multiple heritages, with a broad range of knowledge of and exposure to FGM. This research was carried out in collaboration between FORWARD and the End FGM European Network.

Results

The young women from African diaspora communities across Europe unanimously condemned the practice of FGM, detailing its physical, psychological and psychosocial impacts.

At the same time, many of the participants believed that FGM was no longer prevalent in their diaspora communities. Indeed, 12 of the 23 young women believed that FGM was no longer being carried out at all in their diaspora communities, or was unlikely to be carried out in them. Only five of the young women believed that FGM might well still be practiced in their diaspora community (the remaining six were unsure). In their countries of heritage, by contrast, the participants believed that the practice was still more common: 11 out of 23 believed that FGM was still regularly practiced there, and some had first-hand knowledge of this.

Many of the participants also emphasised, however, that FGM was not a commonly discussed subject in their diaspora communities. They believed this might simply be because FGM was no longer an issue in the countries where they lived, or due to the fact that FGM remained a taboo topic.

Connected to this, a lack of safe spaces to discuss FGM had heavily impacted and continued to affect many of the young women, especially those who were survivors of FGM. Among the young women interviewed, only five stated that they would feel comfortable talking about FGM among their peers or in their communities.

A change in attitudes towards FGM

The participants noted that a shift in attitudes towards FGM was taking place in their diaspora communities. Many of them felt that this was driven partly by differences in attitudes between older and younger generations. Participants highlighted how broad shifts in cultural influences, education, and life expectations across generations had led to a change in values among young people, making them more likely to speak out against FGM (and less likely to have been subjected to it). According to the study's participants, the younger generations' improved access to technology and information, as well as their exposure to other cultures, had led them to start challenging traditional expectations of women, including those relating to FGM. Furthermore, several participants noted that their mothers had played a role in choosing to oppose FGM, to protect their children and to stop the practice from being passed on.

Participants had a strong awareness of FGM's impacts on survivors

Whether through personal experience or general knowledge, the participants interviewed had a clear understanding of the physical and psychological impacts of FGM on survivors. The vast majority of the young diaspora women were aware of the long-term pain that it could cause, as well as the risk of infections and other potentially life-threatening consequences of the practice. They also generally knew about the negative impact that it could have on pregnancy and childbirth, as well as on women's sex lives.

In addition to the physical consequences of FGM, the participants – and especially the FGM survivors – also emphasised the psychological trauma of FGM, which could scar women for life. In their peer interviews, they mentioned feelings of shame, powerlessness, loneliness and the loss of trust that such a violent event could inflict on girls and women for many years afterwards.

Perceptions of FGM-related support services

A common theme of the interviews was the participants' lack of awareness of FGM-related support services. Several young women attributed this to the lack of open discussions around FGM. 17 out of 23 participants were thus not aware of any FGM support services available in their local area, or were unable to name specific service providers. In this regard, a number of participants also stressed that many young women living with FGM, or at risk of it, might not have the ability, safety, or courage to seek out support services, even if they were aware of them. In particular, the participants who were themselves survivors of FGM mentioned various, multi-faceted barriers that had made them reticent to seek help regarding its ongoing impacts. These notably included cultural shame, gender and racial bias.

Knowledge of FGM laws and policies

Most participants (21 out of 23) knew that FGM was illegal in their country of residence. Their range of knowledge varied significantly, however, with regard to the details of the laws and policies related to FGM. The majority of participants only had a general idea of what these policies and laws entailed in practice. For example, many of them knew that parents whose daughters underwent FGM could face prison. Some also knew that health and school staff had a duty to report suspected cases, or that official examinations were sometimes performed. They generally did not know further details of these laws and policies, however.

In terms of the information sources around FGM laws and policies, some participants had become aware of these through personal experiences, such as by witnessing investigations at school. Others had heard about FGM laws and policies from their families, or had learned about them through documentaries, awareness-raising campaigns in schools, or their own research.

Nevertheless, many of the young women went on to express their concern that the current laws and policies might be relatively ineffective, due to their design. In particular, participants worried that these laws often failed to grasp the cultural nuances and the complex contexts faced by FGM-affected communities – which, they felt, would reduce the policies' effectiveness.

Barriers to youth involvement in activism against FGM

The participants described several significant barriers that remained to young women's greater involvement in anti-FGM activism. These included cultural stigma around FGM and a lack of representation of young black women. As a result of these obstacles, very few of them (5 out of 23) had themselves engaged in FGM activism of some form, even though several expressed a desire to do so.

The young women also highlighted that, in their view, anti-FGM campaigns – and the charities behind them – were often run by individuals from outside the affected communities. Even in instances when FGM-affected communities were sufficiently represented in campaigns, several participants still felt that young diaspora women's voices specifically remained under-represented, as the campaigns were often led by older women.

INTRODUCTION AND BACKGROUND

The term "Female Genital Mutilation", or FGM[i], refers to traditional cultural practices in which parts of the female external genitalia are altered, injured, or removed for non-medical reasons[1]. FGM is a human rights violation and has the potential to cause devastating physical and psychological harm. In the worst cases, it can result in death.

FGM is typically carried out on young girls aged between infancy and 15 years of age[2]. The practice is most common in central Africa, in some parts of Asia and the Middle East, and among some diaspora communities worldwide[3]. According to UNICEF, an estimated 200 million girls and women alive today, across 30 countries, have undergone FGM[4].

The practice is believed to affect some diasporic communities across Europe. The European Union estimates that around 600,000 women and girls are living with the consequences of FGM in Europe[5]. In addition, it has been estimated that 190,000 girls living in Europe may be at risk of FGM[5]. However, the current data on how many girls are possibly at risk are not fully reliable[6]. Risk figures often assume, for instance, that all girls born to parents from FGM-risk counties are automatically at risk[7]. Yet, more and more evidence point towards a shift in attitudes, with a growing opposition to the practice observed among diaspora communities in Europe[8, 9, 10]. As such, caution should be exercised in assessing the prevalence of risk, with the need to take into account other factors, such as parents' beliefs[3, 11].

FGM is a crime in the UK and in all EU Member States, and those who take children abroad to undergo FGM can also be prosecuted, under the principle of extra-territoriality[3]. Over the past decade, some European countries, like the UK, Denmark, France and the Netherlands, have also introduced specific FGM safeguarding policies and guidelines to protect children from FGM[7]. These include, for example, stricter measures for reporting FGM cases to the police, risk assessments in healthcare and education, and regular border force checks[7]. Other countries have incorporated FGM into their existing child protection frameworks.

At the same time, however, evidence from around Europe shows that more community-centric approaches to FGM are needed in the development and implementation of these policies and practices[12]. In the UK, Sweden, Portugal and Spain, for example, FGM safeguarding has seemingly been hamstrung by biases and inflexibility, which have caused harm and stigmatisation for diaspora communities[7, 10, 13, 14]. Emerging evidence has also driven concerns over the inadequacy of the support services available to the women and girls already living with FGM[15]. Despite the relevant legislative obligations under the EU Victims' Rights Directive, few European countries provide specialised, culturally-sensitive services, trauma care and psychological support in relation to FGM. Such services are also believed to be concentrated in urban areas, resulting in an inequality of access[7].

[i] FGM is classified into four major types:

Type 1– Clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce.

Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type 4 – all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Involving communities in the response to FGM in Europe is especially critical to the success of FGM policies and interventions. This in particular concerns approaches that place young people and their needs at the centre. Young people play a critical role as advocates for change, and youth-led activism has huge potential. Young people represent the next generation of decision makers, and can bring new perspectives and energy into addressing current issues[16]. It is therefore important to involve them in policy decisions and in the design of national interventions, as well as in campaigns and activism against FGM at the community level[17].

While it is widely recognised that engaging young people is important in campaigns to eliminate FGM[18], little information currently exists on their perceptions, experiences, and knowledge of the practice. The paucity of research in this area makes it more difficult to engage with these young people, to develop appropriate strategies and to ensure that those affected by FGM receive effective support. For example, a peer study carried out in 2013 by FORWARD and the Create Youth Network found that young people in Europe had a desire to take part in efforts to end harmful practices such as FGM and were willing to question and critique elements of their culture[19]. Similarly, recent research conducted by Ali, S., de Viggiani, N., Abzhaparova, A. *et al.*[20] also provided valuable insights, exploring young people's views on FGM in the UK. This study notably observed diverging views towards FGM: while some youths did not relate to the tradition at all, others felt that a transition towards a safer form of FGM practice had taken place in diaspora communities, thanks to the advanced health services available to them.

To shed more light on this subject, the present research seeks to further explore young African diaspora women's perspectives on, and knowledge of, FGM in the UK and selected European countries. This research, which is partly funded by the UNFPA Global Spotlight Initiative, Comic Relief and the Schwab Charitable Fund, was carried out in collaboration between FORWARD and the End FGM European Network. It has the following aims: (1) to better understand young diaspora women's perceptions of FGM practices in Europe and of FGM's impacts; (2) to explore young diaspora women's knowledge and experiences of the laws and support services related to FGM in Europe; and (3) to understand the challenges and obstacles faced by young diaspora women in engaging in activism against FGM.

Disclaimer: It should be noted that this report uses language and descriptions that may be upsetting to some. The report is aligned with the END FGM Network's guidelines on promoting the abandonment of stigmatising language around FGM, to promote a better understanding of the practice.[21]

Images in this report were obtained through FORWARD's photography of young women during training, conferences and events. All images are used for illustrative purposes only, and any individuals depicted in them have no relationship to the specific content of the report.

METHODOLOGY

Peer research

A peer research approach was used to carry out qualitative, in-depth, conversational interviews with young diaspora women. The peer approach is a methodology that directly involves individuals from the communities and demographic groups being researched, and trains them to collect qualitative data.

This methodology was chosen in order to move away from conventional research approaches and, instead, to actively involve members of these communities in the research process. Peer not only allowed the research team to establish a more reciprocal relationship with the participants, but also helped to mitigate the potential power dynamics between them. FORWARD had already successfully pioneered the peer methodology with communities in Europe and Africa, demonstrating its potential for gaining insights into sensitive topics that are typically considered difficult to study in hard-to-reach communities[14, 22, 23, 24, 25].

The in-depth peer interviews were conducted in four European countries: The United Kingdom, Norway, Denmark and Spain. 11 young women worked as peer researchers, interviewing a total of 23 research participants from their networks in African diaspora communities.

The peer researchers in this study were all young diaspora women participating in FORWARD's TuWezeshe Young Women Leadership programme. This feminist training fellowship develops the leadership skills of a cohort of young African women change-makers, and enables them to shape the societal and political decisions made about their rights and freedoms. The young researchers also received training on research techniques, the interviewing process and safeguarding principles. They then co-developed the research tools and gave feedback on the final research findings and analysis. The data collection was carried out between January 2021 and May 2022.

Data analysis

The interviews were recorded and transcribed in accordance with GDPR guidelines. Interviews conducted in Spain were carried out in Spanish and later translated in this report. The qualitative data from the interviews were then analysed and coded, using a thematic approach . In order to protect the identity of interviewed participants, any personal identifying information was removed and the quotes used in the report have been anonymised.

Sample profile

The interviewed participants were all young women, with ages ranging from 19 to 35 years old and an average age of 26 years. All participants were members of African diaspora communities in Europe. The young women identified with countries of heritage from across East, Central, and West Africa. Almost all of the participants came from communities that are considered to be affected by FGM. The profiles of the 23 interviewed participants are summarised here.

Country of residence	Number of participants
UK	14
Spain	5
Denmark	2
Norway	2

Country of heritage	Number of participants
Somalia	8
Nigeria	5
The Gambia	3
Ghana	1
Ethiopia & Eritrea	1
UK	1
Equatorial Guinea	1
Guinea Conakry	1
Senegal	1
Senegal & Gambia	1

Religion	Number of participants
Muslim	15
Christian	4
None/Agnostic	3
Spiritual	1

Study limitations

The study has a clear exploratory purpose and does not purport to be representative of the views of all young diaspora women in Europe. There are known limitations to the research that should be considered when understanding the results. These primarily include its sample size and the sampling approach. The sample size constitutes 23 young women from across four European states, representing ten countries of heritage. It is therefore a small size from which to draw any conclusions on the views of the relevant diaspora communities, or on the prevalence of FGM in the participants' diaspora countries or countries of origin.

Additionally, due to the methods used (snowball and convenience sampling), the sample participants are skewed towards young women from the Somali and Nigerian diaspora, and towards young diaspora women based in the UK. This study should therefore not be used to draw any firm conclusions, but should instead be understood as an initial insight that can be expanded upon with future representative studies. Nevertheless, despite its small scale, the research presented here already provides unique insights into the attitudes and knowledge around FGM held by young African diaspora women, and that it can offer some initial recommendations on effective approaches to addressing the practice.

FINDINGS

Knowledge of FGM among young diaspora women

The study found that there was a general awareness of FGM among the interview participants, but that their knowledge varied with regard to the details of what the procedure entailed. Most participants (20 out of 23) had only a general understanding of FGM and knew that it affected the female genitalia (sometimes mentioned by the participants in other terms, such as *"clitoris"*, *"female sex organs"* and *"vagina lips"*). The remaining three participants stated that they had considerable knowledge of FGM or had been formally educated about it.

The participants had learned about the practice through a range of ways. Several participants remembered FGM being discussed at their schools. In these young women's words, they had been educated about FGM practices at a relatively young age during efforts to *"safeguard [them]"* (participant #11, UK) and to *"keep [them] informed of signs that somebody has gone through this"* (participant #10, UK). The discussions in UK schools seemed to have been more detailed than those in other European countries. One participant from Norway, for example, stated that in her country, *"there were no long discussions, ever"* about FGM (participant #18, Norway). It is worth noting, in this regard, that the UK's new guidance on Relationship and Sex Education, released in 2019, now expressly includes education on FGM. This guidance has made it compulsory for all secondary school students in the UK to learn about the practice[27], perhaps further widening the gap with other European countries.

Some young women had also learned about FGM through their own families or communities. The participants' mothers had notably played a key role in informing them about FGM. This had generally involved young women's mothers sharing their own childhood memories of FGM happening in their home countries, though not all the mothers had themselves experienced FGM. These young women had thus also formed an early awareness of the practice of FGM from their mothers' recollections.

Four participants, however, had first learned about FGM through their own first-hand experiences when undergoing FGM in their countries of heritage[ii]. Importantly, some of them had not initially known that these experiences even constituted FGM, only learning this many years later. For example, one of the young women stated during her interview that she had only been able to confirm in her mid-twenties that she had been subjected to FGM.

[ii]FGM practices were carried out either before they moved to their European country of residence, or by being brought back there for the procedure.

Several participants mentioned having first become aware of FGM by hearing about young women from outside their immediate connections who had experienced it. As one of them put it: *"Not people that I may know directly, but people that I know, who know [other] people who have experienced it"* (participant #12, UK).

A few other young women had first been exposed to knowledge of FGM through instances in which other girls had potentially been subjected to the practice. For one of them, this had occurred through her school's investigation of a potential FGM case. In her interview, the young woman recalled how this investigation had unfolded:

"The first time I got exposed to it is because a friend of mine's family got accused of coming back to Somalia and having it done. And at the time, I think a PE teacher in the school tried to accuse her family or her sister of having it done [to her]. So, the school did a whole investigation, social services were involved. And that was when I was literally first introduced to it." **(participant #13, UK)**

Young diaspora women's views on FGM

All participants strongly disapproved of FGM. The word clouds below, **in Figure 1**, capture the words they used in discussing their attitudes towards the practice, and its perceived medical, emotional and societal impacts. The size of the words represents the frequency with which they were mentioned.

As the word clouds show, the participants' disapproval of FGM centred around their views on its physical and emotional harm that (including the wider health and psychosocial impacts); the control exerted over women by the practice; and its violation of women's rights.

Figure 1.


Attitude
NEGATIVE
AGAINST
NOT
DELIGHTFUL
NOT RIGHT
HATE
DON'T AGREE
DON'T SUPPORT
POINTLESS
WRONG
FIGHT AGAINST
SHOULDN'T EXIST
Health/emotional harm
PAINFUL
HORRIBLE
SCARY
SAD
VIOLENCE
BIZARRE
DEGRADING
HARMFUL
BRUTAL
SADDEN
DISTURBING
DEVASTATING
TROUBLE
DISGRACE
DISGUSTING
TERRIBLE
CAN'T IMAGINE
AGRESSIVE
DISEASE
DAUNTING
IMPACT
SUFFERING
BARBARITY
ABERRATION
AFFECT
HURT MY FEELINGS
Violation of women
ATTACK ON WOMEN'S FREEDOM
CONTROL
LIMIT WOMEN'S SEXUAL DESIRES
DONE WITHOUT WOMEN'S CONSENT
REPRESSIVE TOWARDS WOMEN
REINFORCE GENDER IMBALANCES
UNFAIR
A MEANS OF CONTROL
VIOLATION OF A WOMAN'S RIGHTS AS A HUMAN BEING
TAKE A WOMAN'S CHOICE AWAY FROM HER
A FORM OF CONTROL
TAKE AWAY THE RIGHTS OF WOMEN
CONTROL OF WOMEN'S BODIES
PATRIARCHAL
VIOLENCE
OVERRULING WOMEN AS PEOPLE

Some participants described FGM as *"barbaric"*, and *"quite outdated… [and] strange"* (participant #12, UK). One of them stated that *"it's something that I wouldn't choose for anyone else."* (participant #4, UK). Another young woman said: *"I just can't imagine how someone could do that to someone else. Or how ignorant someone must be to think that that's OK."* (participant #13, UK)

Several of the young diaspora women expressed a conviction that FGM was fundamentally wrong, irrespective of any history of cultural, traditional practices. One of them observed: *"I know that cultures change and go with the times, but I don't think it was ever a right thing to do."* (participant #6, UK)

Influence of participants' identities on their views of FGM

Several of the young women interviewed observed that their views on FGM were likely to be influenced by their identities. This included their gender, belonging to a diaspora, their religion and the cultural influence of their countries of origin. Participants also noted that being surrounded by people who disapproved of FGM – from family members and friends to their wider diaspora communities – might have contributed to their own disapproval:

***"Speaking for my mum, […] I think we already have the same views and she knows that. She knows that it wasn't the right decision that her mum did it, or her grandmother."* (participant #17, Norway)**

***"A lot of my friends are against it. I don't know anyone who's for it. So maybe that has impacted me."* (participant #16, Denmark)**

***"I think the fact that I am part of the diaspora and I don't live in Somalia, it almost gives me a privilege. So I'm able to say, 'I hate FGM, I think it's wrong, it's disgusting'."* (participant #1, UK)**

Some of the participants who had not been directly affected by FGM, or had not known of it taking place in their diaspora communities, felt that nonetheless, their identity as women shaped their opposition to it, in addition to enabling them to empathise with survivors of FGM.

***"As a woman myself […], that could have happened to me if I [had been] born into a certain environment. So, it definitely does [influence my views]."* (participant #10, UK)**

In addition, some participants' identities as mothers also appeared to influence their views. They described a strong desire to protect their children from these practices:

***"Having a daughter makes it [i.e., FGM] even hit closer to home, because the thought of someone doing this to my daughter is scary. I am very careful about who my daughter is around. I have heard stories of daughters who were taken against their will, even [from] parents who don't agree with the practice."* (participant #2, UK)**

> **I think diaspora boys are almost protected from [FGM], probably have not idea about it. So I don't really think they'll have an opinion."**
>
> (PARTICIPANT #1, UK)

Gender differences in views and knowledge of FGM

Many participants expressed the view that women disapproved of FGM to a greater degree than men did. Specifically, participants believed that women were better able to put themselves *"in another woman's shoes"*. They also believed that women discussed FGM more frequently and that more women than men were involved in activism related to it. Some participants also described a lack of clarity about men's views about FGM in their communities, due to the fact that the men rarely took part in the discourse around FGM. Several of them even thought that men and boys in their communities might not even get involved in decisions regarding FGM at all.

Several possible reasons were mentioned for the fact that men's voices did not seem to be heard often in this discussion. One factor was that men potentially felt ashamed to discuss women's 'private parts': *"they just felt like it wasn't something that they should speak about. It's not their issue, it's a woman's issue."* (participant #8, in the UK). And in the words of another participant: *"for men, probably, it's, like, shameful to talk about FGM out loud."* (participant #13, in the UK). Another suggested factor was that men were simply further removed from the discussion: *"I think diaspora boys are almost protected from it, probably have no idea about it. So I don't really think they'll have an opinion."* (participant #1, UK)

Likewise, several participants suspected that, while men were generally aware of FGM, they usually did not have any in-depth knowledge about it. They also noted that, for those men who were aware of FGM, their male privilege might alter their perception of how *"bad"* FGM was (participant #21, Spain). Another participant noted: *"I've heard a man say that 'they don't cut that much' and 'it is just an enhancement.'"* (participant #2, UK)

While participants emphasised the gender differences, many also remarked that the generational divide was a greater driver of views on FGM than gender. They argued that, among the older generation, both men and women would likely feel that *"it's acceptable to do this to young women,"* whereas in the younger generations, both genders were more likely to have reconsidered FGM and disapprove of it (participant #10, in the UK).

Awareness of FGM's impacts on women and girls

All the participants believed that FGM very negatively impacted the women and girls subjected to it in several ways, whether physically, psychologically and/or socially.

"Life-threatening" health impacts

Physical harm was the most commonly mentioned impact, with 21 out of 23 participants mentioning the physical health problems that could result from FGM. These ranged from the immediate complications that could occur during the FGM procedure (such as severe pain, infection, and sometimes even a risk of death) to the long-term problems that it could cause, particularly those related to urination, menstruation, sexual health and childbirth. The young women notably described FGM's immediate harms using terminologies like *"painful," "not very hygienic"* and *"life-threatening,"* while they descrived the potential long-term impacts as *"day-to-day pain"* and *"long-lasting damage."*

Impacts on childbirth, sexuality, relationships and marriages

The majority of participants recognised FGM's potential long-term implications on a woman's future pregnancies and childbirth, and the other long-term health difficulties that it could cause. One of the survivors confirmed her first-hand experience of the negative impact of FGM: *"when I was having a child, I went through this."* (participant #7, in the UK)

Several participants also specifically mentioned the negative effects that they perceived FGM could have on a woman's sex life. For example, they believed that *"sex will be painful"* as a result of FGM (participant #6, in the UK), that the women would *"feel like more of an object"* (participant #16, in Denmark), or that *"women would never have a healthy sex life"* (participant #15, in Denmark).

Participants, particularly the survivors of FGM, also observed that the impacts on women's sex life could have devastating impacts on their relationships and marriages. As one survivor explained: *"It's like a forced relationship, because you have to give [your partner] that 'normal' service, without enjoying it to a hundred percent"* (participant #22 in Spain). Another survivor mentioned the struggle from her personal experience: *"in terms of sexual satisfaction, I don't give it to my husband, and this affects my marriage somehow."* (participant #7, in the UK)

Psychological impact

Participants described the multi-faceted ways in which trauma caused by FGM could impact women psychologically. In particular, they mentioned feelings of powerlessness, a loss of trust, shame, loneliness, isolation and a lack of confidence. Indeed, one survivor revealed that she felt psychologically scarred by the experience. It appeared that she might still have been suffering from post-traumatic stress years later: *"From four sisters, I'm the only one that has memories of when it happened. I don't remember the pain, but it was a traumatic moment. To this day, I close my eyes and I still have that image."* (participant #21 in Spain).

The word *"pain"* in particular was mentioned 44 times in total across the 23 interviews. One of the participants stressed that the unbearable pain caused by FGM was not a one-off experience: it would be *"a constant reminder,"* which could *"lead to mental health problems down the line."* (participant #4, in the UK). Another young woman stated that this pain made women feel *"completely powerless"* and forever cast a shadow on their dignity (participant #8, in the UK).

Fundamentally, the participants also explained that, in their view, FGM was a violation of women's bodies and of their privacy, and that this would reinforce its psychological impact. One participant described the loss of a woman's bodily autonomy resulting from FGM as follows:

"My body is not my body; my body doesn't belong to me. I have no autonomy or control. My body is simply for [the] male gaze, male gratification. It's simply for society. Simply so that I can, you know, appease my family's community, for validation. I'll be seen as 'clean' and 'worthy'. And [so] it's almost like they 'own' my body." **(participant #9, in the UK)**

The psychological pain was also seen to be magnified by a sense of *"betrayal"* by family members, as they often played a part in the practice of FGM. *"How could a family member make me go through this?"*, asked one participant (participant #13, in the UK). Unsurprisingly, the young women stressed that, as a result, the experience of undergoing FGM could negatively affect a young woman's relationship with her family, causing feelings of distrust, anger and vulnerability/insecurity (feeling 'unsafe').

"From four sisters, I'm the only one that has memories of when it happened. I don't remember the pain, but it was a traumatic moment. To this day, I close my eyes and I still have that image."

(PARTICIPANT #21 IN SPAIN).

Furthermore, based on discussions with other survivors of FGM in their social circles, the participants believed that girls affected by FGM were often left feeling *"alone"* and *"isolated"* by their experiences, and usually *"dealt with it in silence"*.

The fact that they would often be suffering on their own could in turn, have an impact on FGM survivors' social skills. One participant, for example, noted that the experience would impact a girl's confidence and relationships, both while growing up and later in life (participant #11, in the UK). Another participant emphasised that a survivor's ensuing distrust of the people close to her could eventually lead to *"estranged relationships"* (participant #9, in the UK).

Community attitudes and practices of FGM

The following section explores in further detail the participants' perceptions regarding the current practices and attitudes around FGM in their communities, as well as the barriers to ending the practice.

Perceived practices of FGM in diaspora countries

The young African diaspora women's views varied as to whether FGM was still being practised within their diaspora communities. 12 out of the 23 participants believed that FGM was no longer being carried out in their communities, or was unlikely to be. These participants also named several reasons for the decrease in the practice, including the impact of anti-FGM laws in Europe and changing attitudes towards FGM in diaspora communities. While these participants generally still felt that it was difficult to be certain that FGM was no longer happening, they explained that they tended towards this view, partly because people around them rarely talked about it anymore: *"I've never heard there's been a practice around. If there is, I would be absolutely shocked."* (participant #13, in the UK).

Five out of 23 participants, however, were convinced that FGM was still taking place in their diaspora communities in Europe. One of them, living in Spain, had herself experienced FGM as a child, travelling back to her country of heritage to undergo the procedure. Another participant, also from Spain, explicitly stated that she had *"several friends that have gone through this"* (participant #23, in Spain). One young woman in the UK noted that *"one of my mum's colleagues or friends, I think she's had the procedure done on one of her daughters."* (participant #9, in the UK)

The remaining six participants, meanwhile, suspected that FGM might still be practised in their diaspora communities, but were not sure of this. Although not citing any specific evidence, they felt that the culture and beliefs around FGM in their communities were still substantial, leading them to think that the practice might be continuing. In the words of one young woman:

"There's this thing of 'We want to preserve our culture, we want to live our culture, we want our children to know our culture, and our children's children, [and] so on' […]. There is this fear […]: 'our kids are becoming like English kids or Western kids'." **(participant #6, UK)**

Perceived practices of FGM in countries of heritage

In relation to the prevalence of FGM in their countries of heritage, on the other hand, almost none of the participants believed that the practice had ended. On the positive side, however, most of them felt that FGM might now be less prevalent there too than it had been in the past.

Many participants believed that FGM was still commonly practised in their countries of heritage, as part of the culture. One participant stated: *"it definitely is happening. That's where it originates from."* (participant #10, UK). Some participants, meanwhile, believed that FGM was now probably limited to certain, specific communities, such as within *"tribes,"* in *"Muslim communities,"* or among *"less educated"* communities. Only one participant felt confident that FGM no longer happened at all in her country of heritage, while a few participants did not feel able to express an opinion on its prevalence.

Change in attitudes towards FGM

The participants generally shared the belief that community attitudes towards FGM were shifting in their country of residence in Europe – and that they might also be in their countries of heritage. This shift was thought to be driven by several factors, including changing generational attitudes, an increasing awareness of FGM's impacts, the influence of anti-FGM activism, and changes to laws and policies.

In particular, many participants believed that the change in community attitudes was partly driven by differences between older and younger generations. Many of the young women also suggested that this was part of broader differences in views between the generations, such as differing attitudes held by younger and older women towards relationships and marriage. One participant pointed out, for instance, that the younger generations were reflecting on and redefining what it meant to be a woman:

"The gap is widening in terms of what is expected of women [and] young girls, the value of marriage and relationships, the hurry to get married, divorcing, virtue. […] You have this new generation of people who are rediscovering their own traditional religions and spirituality, who are rediscovering what it is to be a woman." **(participant #6, in the UK)**

Participants felt that young women were increasingly advocating for their own rights and autonomy, and that this was a stark contrast to beliefs commonly held among older generations, which focussed more on the importance of maintaining the communities' traditions. According to participants, this contrast in values only reinforced the negative views towards FGM held by many young people:

"Young women are trying to embrace themselves, like, wholly as women, in all aspects. Probably looking more at, like, body autonomy, pleasure, self-worth, that kind of thing. So I think for women nowadays, something like FGM would seem like an imposition on your body." **(participant #5, in the UK)**

"The gap is widening […] You have this new generation of people who are rediscovering their own traditional religions and spirituality, who are rediscovering what it is to be a woman."

(PARTICIPANT #6, IN THE UK)

Another factor seen to be contributing to changing community attitudes was the increased awareness of FGM's negative impacts. Several participants cited this as a factor, in terms of both the recognition of FGM's health implications and an understanding that FGM practices were contrary to the central tenets of Islam or Christianity.

Mothers' desires to protect their own children from the practice was also seen to have played a significant part in breaking the cycle of FGM. As one participant said, *"I will not let anything like this happen to my children"* (participant #7, in the UK). They observed that this personal resolve could have a wider impact on extended families and communities. One of the FGM survivors explained that her mother had started to work on anti-FGM projects later in life and had eventually helped their wider family to see that the practice was wrong. As a result, she said, *"I think this chapter is closed in my family and I don't have to worry about my nieces going through it."* (participant #21, in Spain)

Finally, a few participants noted that the change was also a result of globalisation and of the impact of modern technology. This, they said, had meant that many members of their communities were now more exposed to other cultures, and enjoyed better access to and exchange of information.

Barriers to discussions of FGM in diaspora communities

Despite the perceived positive shift in attitudes in diaspora communities, many participants believed that there still remained many constraints to community discussions about FGM.

Just over half the young women (13 out of 23) stated that FGM was not talked about at all in their communities. Various reasons were proposed for this. Some participants suggested that people in diaspora communities might simply believe that FGM was no longer an issue in the countries where they lived. Conversely, other participants felt that FGM was not up for discussion precisely due to the reality that the practice was still normalised, or because FGM remained a taboo topic. On the rare occasions when FGM was discussed, several participants also noted that this tended to take place in separate, closed groups – such as among women, among elders, or between survivors.

> **"I think this chapter is closed in my family and I don't have to worry about my nieces going through it."**
>
> (PARTICIPANT #21, IN SPAIN)

The participants also went into more detail regarding their own discomfort towards discussing FGM in their communities. Even among close friends, only five women stated that they would feel comfortable to talk openly about the subject. This discomfort was attributed to several factors. One was the fear associated with challenging their culture and members of their family: *"Before I was born, it happened to my parents, it happened to my grandparents. So who am I to confront?"* (participant #7, UK). Similarly, several young women described a feeling of shame associated with discussions around FGM: *"The community as well would just be like, 'Oh, why are you broadcasting this? You know, this is quite shameful. Keep it to yourself.'"* (participant #13, UK)

Some of the participants also explained that not speaking about FGM could be a strategy to protect oneself from dealing with the issue, or from being impacted by it. As one young woman stated: *"I think it's kind of a thing where 'if you don't mention it, we won't have to deal with it.' And perhaps, 'if we don't mention it, it won't happen to us.'"* (participant #6, UK)

For survivors, the discomfort regarding community discussions around FGM was exacerbated. One young woman stated: *"I think it's something that is quite personal and can be very hard to talk about if you've gone through it…"* (participant #5, UK). Additionally, one of the survivors explicitly spoke about the difficulty that she had encountered in finding people with whom she felt safe and comfortable to speak about her experience:

"I haven't been able to communicate [about FGM] too much with people in general. I have spoken more with people that are not from my community than people that are. It's not easy to speak about it and [to then] feel rejection from people [who] maybe haven't experienced it, or people who see it as something positive." **(participant #21, Spain)**

For survivors, speaking about their experiences of FGM could also cause secondary trauma. As described by the same participant: *"Sometimes I thought it was best to talk about it, but then it affected me psychologically. So, I spoke less and less about it."* She also stressed the important role that could be played by one's support network here, stating: *"[It particularly depends on] if you know people that might have gone through the same thing, [who] can empathise and lend the hand that you need."* (participant #21, Spain)

Another survivor explained that FGM survivors could feel further discouraged from opening up as a result of living in a *"very sexualised society"* in Europe, in which sexuality was openly discussed. She explained that FGM survivors could feel that they did not have the same *"'characteristics' as normal women, and can't enjoy their sexuality as [they] should"* (participant #22, Spain). She felt that there was not a lot of support available to help survivors overcome this issue.

At the same time, some participants also felt that a greater openness to talk about FGM could be partly attributed to living in European countries, where it's very open. *"If it happened to you, I think you could easily get help or advice."* (participant #17, in Norway)

In addition, despite the existing challenges, several young diaspora women, including some survivors, stated that they felt it was gradually becoming easier for young women to speak about FGM. They attributed this shift to the greater number of people overall who were now vocal about the practice. One participant thus suggested that there was a virtuous circle taking place, in which the first people to speak up and share evidence had emboldened many others:

***"A lot of people are talking about it because they're seeing numbers. They're seeing [a lot of], like, people that have opened the doors to speak about it. And they're just sort of continuing this discourse and dialogue."* (participant #3, UK)**

"A lot of people are talking about it because they're seeing numbers. They're seeing [...], people that have opened the doors to speak about it. And [...] continuing this discourse and dialogue."

(PARTICIPANT #3, UK)

Barriers and opportunities towards ending FGM

The study's participants listed a number of barriers that they believed still stood in the way of ending FGM. These could be broadly clustered into two categories: social or cultural barriers, and those related to the availability of information. In addition, many participants also suggested certain measures that, in their opinion, could help to overcome these barriers, in order to effectively prevent FGM from taking place.

Social and cultural barriers

Several participants considered the main barrier to ending FGM to be its deeply-rooted nature in the cultures of their communities. They felt that this was particularly true in their countries of heritage, where some believed it was still a largely unchallenged tradition: *"people don't really question [it there]"* (participant #8, in the UK). In their diaspora communities, meanwhile, a few participants felt that some families might also still be inclined to follow tradition, despite living in another country.

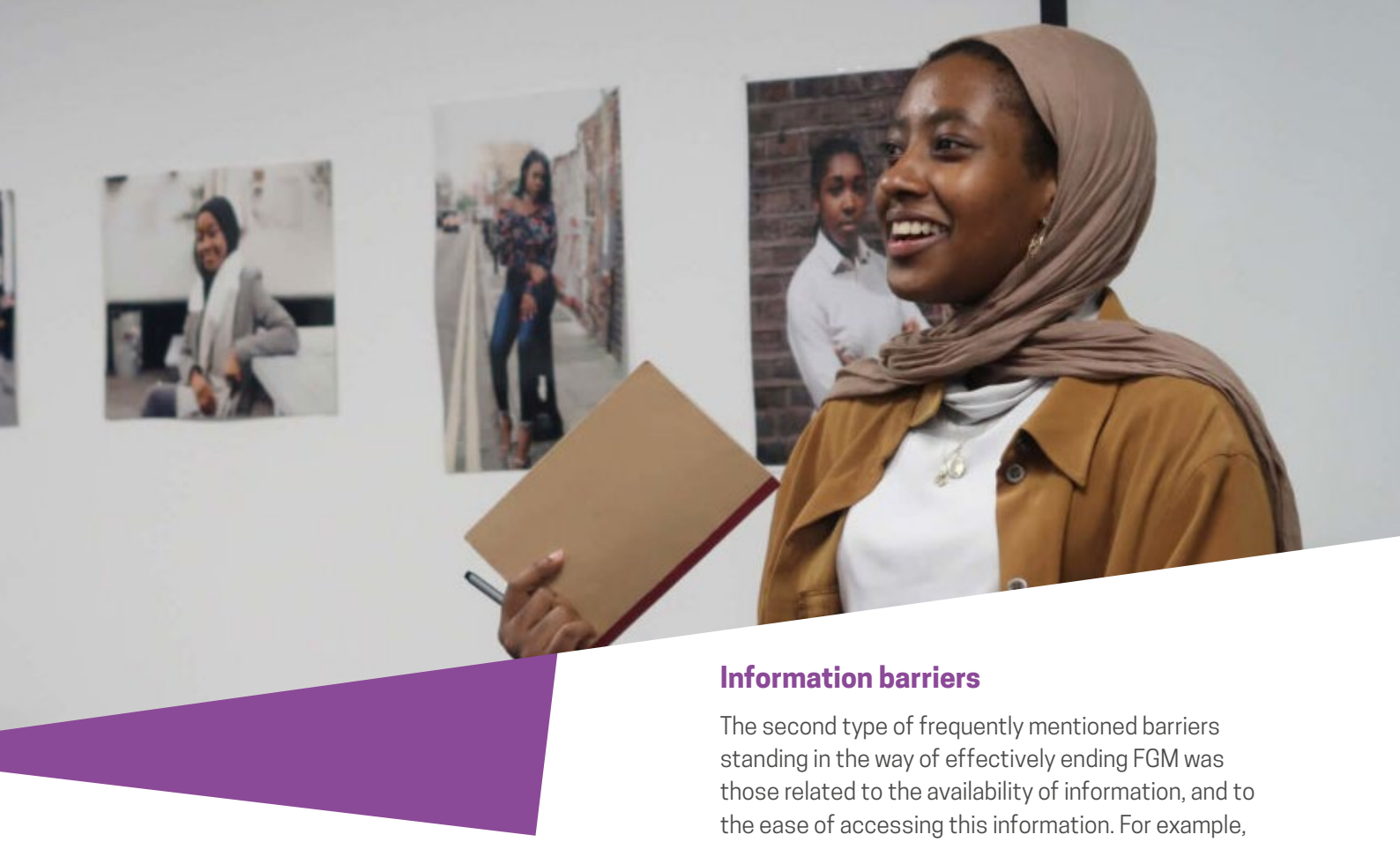
The importance of community, culture, and tradition, both in heritage nations and in diaspora countries, was also highlighted as a key factor. Some participants noted that community peer pressure alone could perpetuate the practice: *"Community is everything. And anything the community does and says, means that a lot of families will just fall into that. […] You don't want to be the only person [that] hasn't got it done in your community."* (participant #14, in the UK)

Women in the communities were also seen as possible agents of that pressure, being described by one participant as *"enablers of the culture."* (participant #6, in the UK)

For some communities, isolation was identified as another potential obstacle. Several participants explained that, especially in their countries of heritage, it could mean that some community members remained largely uninfluenced by alternative views from the wider world – or even by the policies of the country they were living in.

***"It's something that's so ingrained in culture that it's almost hard to unlearn. Where I come from in Somalia is incredibly rural. So, if you banned it in major cities, those laws probably won't affect where I live at all."* (participant #1, in the UK)**

Even in communities with a high level of education and awareness of the harm caused by FGM, a number of participants felt it was likely that some community members would still criticise the influence of 'Western' values on their cultures in any efforts to end FGM. As observed by one participant:



"I think [it's] a kind of allegiance to culture and tradition. […] Western interference can blur the lines. I think a lot of people will see it as an attack on their culture and their tradition. […] 'Oh, you've been influenced by the West and this is why you're asking us to stop doing this.' […] 'Well, this was done to me. My grandmother did this to me, so I'm going to do it to my child.' I think it's really hard to break tradition." **(participant #4, in the UK)**

Additionally, as already touched on in a previous section, another social barrier identified by the participants was the general absence of the men in their communities from the discourse around FGM. This was attributed to the fact that talking about sexual health, and especially female genitalia, could often be considered taboo and inappropriate for men.

"Another obstacle is perhaps men not doing more or not speaking out more. I think if they really did speak up more or said a lot more, then information would spread out more, and then I guess people would [oppose FGM]." **(participant #13, in the UK)**

Information barriers

The second type of frequently mentioned barriers standing in the way of effectively ending FGM was those related to the availability of information, and to the ease of accessing this information. For example, nine out of 23 participants expressed the view that people in their communities were not fully aware of FGM's medical, psychological, and psychosocial consequences for survivors.

In addition, a few participants specifically mentioned the lack of factual information about FGM as an obstacle. This included information on questions such as where FGM was most practised, why it was still practised, and what the practice actually entailed in each culture. They also stressed the importance of further research, to map out and understand the issue in all its complexity. As one participant emphasised: *"You have to know the problems before you can educate anyone."* (participant #17, in Norway)

Importantly, many of the participants believed that the lack of openness and of opportunities to speak about FGM in their communities – as mentioned above (under social and cultural barriers) – had a multiplying effect, reinforcing these barriers related to information. For example, one participant stressed that intergenerational conversations about FGM never took place. Others suggested that many members of the diaspora might mistakenly believe that FGM was simply not an issue anymore in their current country as a result of the lack of open discussions. (See also the section on "community attitudes" above.)

Opportunities for FGM prevention

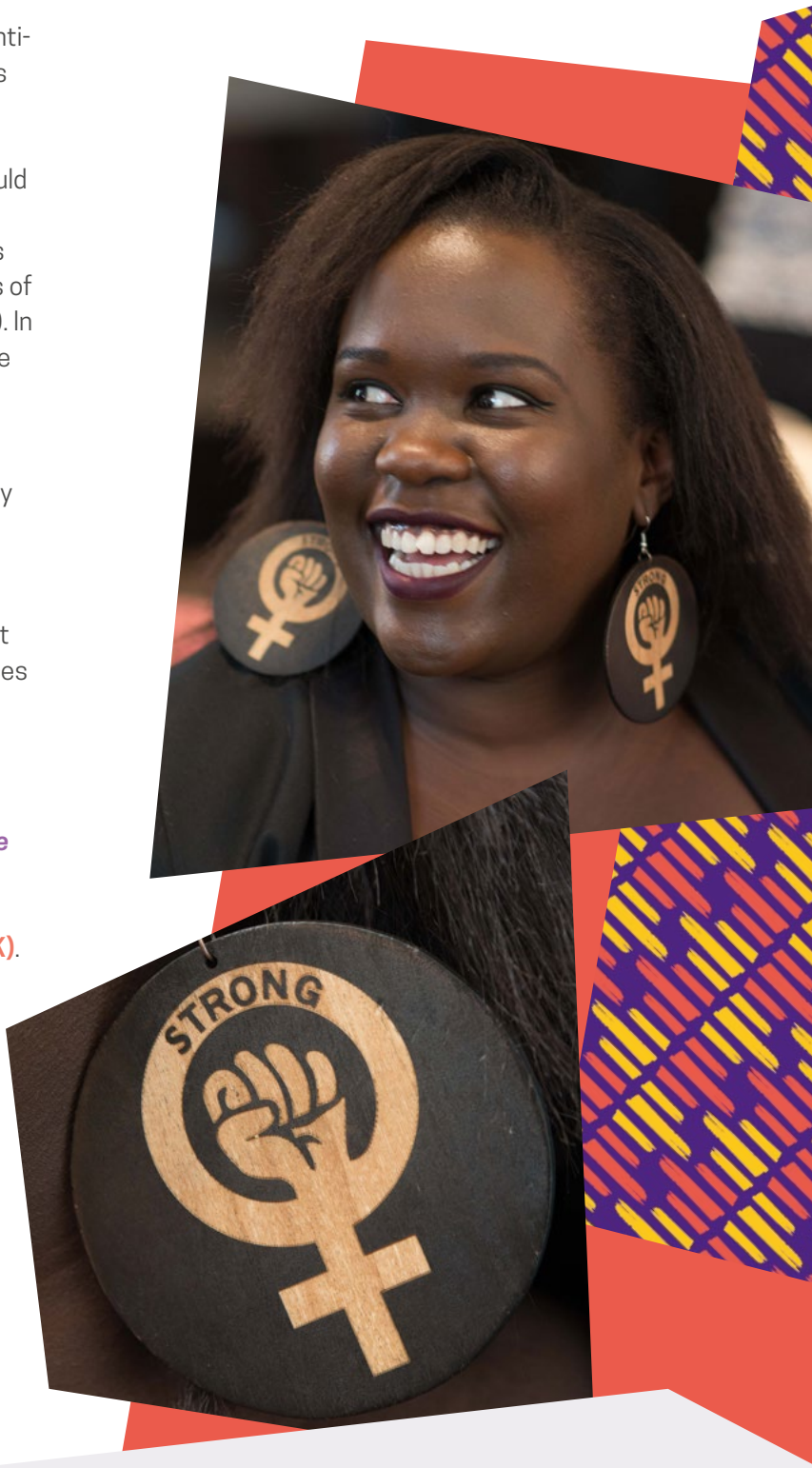
Education and awareness-raising efforts were the most frequently mentioned measures suggested in order to end FGM. Some participants also specifically highlighted a need to educate the older generations in their communities on FGM, and to improve their awareness of its adverse physical and psychological effects. Participants believed that this could be an effective way to address long-established attitudes around FGM.

Another recommendation emerging from the interviews was to revisit the ways in which public anti-FGM conversations were framed. A few participants highlighted that anti-FGM communications and measures often lacked cultural sensitivity. One of them pointed out that the 'End FGM' movement could sometimes seem to suffer from a *'white saviour-ism'* mentality (i.e., a pattern in which white persons aspired to 'help' or 'rescue' persons or communities of colour with a preconceived, oversimplified solution). In doing so, they said, it sometimes failed to recognise the nuances of the issue in different communities.

In addition, one participant also specifically noted that the policies and support services in her country of residence needed reform in this regard, if they were to effectively prevent more cases of FGM. In her view, the complexity of the culture around FGM tended not to be recognised or understood. She felt that reflecting the cultural contexts of FGM practices more fully in these policies would go a long way towards ending FGM for good:

"The racist nature of this country: we're stuck in very difficult positions, because the services, the police, prisons, justice system, can't see beyond their own, 'English', lens of what is 'meant to happen in your culture'." **(participant #6, in the UK)**.

At the same time, many participants emphasised that it would simply take time, as well as effective collaboration between a diversity of stakeholders, in order to challenge the ideas around FGM that were so deeply rooted in their communities' cultures – and to enable spaces to form in which the much-needed, culturally sensitive conversations could take place. The **"Spotlight"** below (see text box) highlights the lived experience of an FGM survivor in relation to this.



SPOTLIGHT

A SURVIVOR'S STORY

Speaking Up and Breaking the Cycle

One of the young women, living in the UK, shared her views on FGM and the influences that had shaped them. As a survivor of FGM, she felt that she was now more "free to open up to people" and to talk about her experience than she had been in the past.

She explained that when she was younger, she had not felt able to open up, feeling **"scared," "judged"** and **"in fear."** Eventually, as she became a young adult, she had started to feel safer to talk about it. This had especially been the case with her European friends, whom she feels saw FGM in a **"different way"** to members of her own community. With these friends, she had felt free enough to discuss various aspects of her experience, including FGM's impact on her sexual desires and her sexuality.

Within her community, meanwhile, she felt that attitudes to FGM had also been gradually changing since her childhood. She observed, for example, that she had heard others say, **"No, my child will not go through this situation that I have been through."** On this basis, she felt that some parents were becoming more protective of their children regarding FGM. Nevertheless, she felt that these conversations could still be difficult within families. Notably for younger family members, she cited the cultural norms around not confronting or questioning one's parents and elders.

In the participant's own family, her mother had also gone through FGM in her youth. But unlike her mother, she said, she intended to make sure that her children would never go through the same experience as her.

She had eventually found the courage to confront her mother, even though it had been difficult, saying to her, **"OK, mum. This has happened to me because of your belief [...]. But now I'm a different woman. I have travelled. I'm educated and I understand. I understand about these things, so I don't want it to happen to my children."**

She felt optimistic that gradual changes in attitudes were happening, influenced by the fact that young people now felt safer to speak out about FGM, and by the deterrent effect of the legislation. She also believed that other factors were contributing to this shift, including improved education among parents and in schools, the positive influence of the internet, the impact of anti-FGM campaigns, and the work of institutions like the World Health Organization. In addition, in the Gambia, her country of heritage, she said that a prominent activist called Jaha Dukureh had also played a role, especially in raising children's awareness of FGM.

In conclusion, she said, **"we're empowering each other to bring that awareness, so that we don't become victims of this kind of situation... Without these campaigns and awareness, I do believe the existence [of FGM] would [still be] high."**

Perceptions & experiences of FGM support services

Due to the many aspects of women's lives that can be negatively impacted by FGM, a broad range of support services can be relevant and valuable. Sadly, however, several participants felt that most FGM survivors would not currently feel safe to open up about their experiences, or to seek support from the services that are available. A number of reasons were given for this, as discussed in the following paragraphs.

Lack of awareness of support services

The majority of participants (17 of the 23) were not aware of any FGM-specific support services in their local area or city. Indeed, two participants did not believe such support services existed at all. The other young women generally thought that some services of this kind must exist, but did not know anything about them. A few of them described a general idea of where someone might ask for help in relation to FGM, mentioning schools, health professionals like GPs, or school nurses.

Only six participants knew of and were able to name support services. The two most frequently mentioned types of support were healthcare providers (such as individual professionals, specialised FGM clinics and hospitals), and charities or support groups.

Even among these participants, most did not have any personal experience of using these services, and had not heard from peers who had used them. Two of the survivors interviewed, both of them living in Spain, had accessed support services in relation to FGM, such as psychological support in hospital, and attending a support group for FGM survivors. One UK participant mentioned having recommended FGM support services to another young person.

Perceptions of the effectiveness of support services

Given the participants' general lack of knowledge and experience in relation to FGM support services, limited insights could be gained from their interviews regarding the effectiveness of these services. Overall, many of the participants did not feel they had enough knowledge to comment on this question. Furthermore, even the two young women who had accessed services felt that their experience was too recent to properly assess its impact.

Nevertheless, generally speaking, participants thought that the existence of such services could be valuable: *"I feel like [these support services] would be effective, because they do hold events, and they do educate people on the issue and stuff"* (participant #13, in the UK). Crucially, however, several participants also emphasised that even if young women living with FGM, or at risk of it, were aware of the support services available – which was itself not a given – they might not have the ability, safety or courage to seek them out.

In particular, for young school girls, the participants pointed out that service providers might be required to obtain their parents' consent. They believed that many young women would be afraid to let their parents know that they were seeking support for FGM. Several also believed that these girls might not always have the independence to seek out such services on their own. This dilemma was summarised by one participant:

"Because a lot of survivors are usually still in school. So, if they want to go to these FGM clinics behind their parents' backs (which is usually the case), [...] there's just a lot of barriers, in terms of missing school, [...]. A lot of times [the services] have to contact their parents. So I've had actually a couple of young people who have initially been like, 'I really wanna go to an FGM support clinic', [...] and then have backed away quickly." **(participant #4, in the UK)**

Adding to the obstacles in accessing support services at all, one FGM survivor described the complexity of asking for and receiving support as a member of an ethnic minority: *"I consider that, being a racialised person, I can't be helped by anybody"*. Indeed, this had caused her to delay seeking support for many years (participant #21, in Spain). Consequently, the same participant stressed how valuable it could be if FGM survivors were supported by professionals who were themselves from an ethnic minority background. She felt that it would allow the professionals to understand them better: *"it's not the colour: it's the way of living and of seeing things"*. (participant #21, in Spain)

Furthermore, the same participant identified another, separate reason why she had refrained from seeking help for a long time. She had long feared that if she accessed support services for her FGM, she would feel pitied, or seen as a victim. In her view, when people reacted in such ways, it could have a real, negative impact on the healing process (participant #21, in Spain).

> **"I feel like [these support services] would be effective, because they do hold events, and they do educate people on the issue and stuff"**
>
> (PARTICIPANT #13, IN THE UK)

All these elements need to be considered when support services are being developed and provided to FGM survivors. It is also crucial to understand that FGM survivors are not a monolith, but come from diverse diaspora communities, and may thus have quite different practical and psychosocial needs.

Knowledge & views of FGM laws and policies

As is clear from the previous sections, the participants generally agreed that laws and policies seeking to protect women and girls from FGM had the potential to contribute to the prevention of FGM. Nevertheless, some also expressed concern over the inadequacy of some of the current approaches, which they notably felt had failed to adequately address FGM's cultural context. In the next sections, we will discuss the participants' knowledge, views and experiences of these laws and policies, their implementation and their effectiveness.

Knowledge of laws and policies on FGM

Most participants (21 out of 23) knew that FGM was illegal in their European home country. Beyond this, however, their range of knowledge regarding FGM-related laws and policies varied significantly. Overall, the findings suggest that young African diaspora women of their age might rarely receive detailed, formal information about the legal and policy framework around FGM, instead gaining a basic awareness of its existence through various channels and life experiences.

Three out of 23 participants, all living in the UK, were able to mention some general policies, with few details. For example, one of them referred to *"safeguarding policies […] to ensure that children are kept safe […] trying to spot the signs of FGM"* (participant #11, in the UK). A few also knew about the FGM Mandatory Reporting Duty[iii] of school or health staff when they identify cases of FGM. A small number of the interviewees in the UK and Spain were also aware of the existence of official check-ups at airports when travelling to FGM-affected countries (participant #13, in the UK; participant #21, in Spain).

Participants had often gained their knowledge of FGM policies through a combination of school classes in PSHE (Personal, Social and Health Education), documentary films and/or awareness-raising posters in airports.

> **"The laws are all fine, but I think the problem is that a lot [of] these services, these structures, fail to understand that these things happen behind closed doors."**
>
> (PARTICIPANT #6, IN THE UK)

[iii]The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either: (1) are informed by a girl under 18 that an act of FGM has been carried out on her; or (2) observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.

Perceived impact of FGM laws and policies

More than half of participants (13 out of 23) believed that anti-FGM laws deterred the practice, or made it harder for people to keep practising FGM. They believed, for instance, that people who still wished to carry out FGM would be *"less willing to do so, because they know that there are consequences"* (participant #8, in the UK). Others simply mentioned that *"it would act as a deterrent"* (participant #4 in the UK), or that *"no one wants to go to jail […], [and maybe] get their kids taken from them"* (participant #16, in Denmark). These participants also expressed their approval for the existence of such laws, as FGM was inherently 'wrong': *"[it] should be seen as criminal act"* (participant #16, in Denmark).

Nonetheless, five of these 13 participants still believed that the current laws and policies may not be a sufficient deterrent in some cases. In particular, they highlighted that if FGM was still considered 'necessary' in a community, then people in that community would endeavour to continue practising it, despite the existence of laws: *"Illegality doesn't really mean stopping. If it's something that you think needs to happen, most likely you will find a way to make it happen"* (participant #5, in the UK). These young women held the view that the current laws may have little to no impact, because FGM would simply be pushed underground by them:

***"The laws are all fine, but I think the problem is that a lot [of] these services, these structures, fail to understand that these things happen behind closed doors."* (participant #6, in the UK)**

Some participants also mentioned that people might still be taking girls back to their countries of heritage to carry out FGM, as the legal consequences there would be less severe: *"they would want to take someone to Somalia, or wherever else they're from, and […] to do this back home where there's less accountability or consequences for their actions."* (participant #8, in the UK)

Moreover, some participants felt that the current legal approaches failed to grasp the dilemma faced by children, who would not want to see their family members sanctioned. *"It's a very personal thing, because no one wants to put their parents in jail"* (participant #14, in the UK). They cautioned that the laws could even make child survivors reticent to seek assistance from teachers or other service providers:

***"[the] laws make the whole situation more taboo for the kids. Because if someone has experienced that and then goes to school, maybe they won't talk to the teachers about it. Because they're scared that their parents will go to jail."* (participant #16, in Denmark)**

Another recurring topic in the interviews was these laws' failure to grasp cultural nuances, and the need to challenge culturally insensitive policy approaches and interventions. Many participants stressed the importance of recognising the differences between the various cultures practising FGM, as well as enabling people from communities potentially affected by FGM to contribute to policies and interventions. In the words of one participant:

***"Governmental bodies can [ensure] that the policies they're making are effective in the sense that [they speak] to multiple stakeholders and that they're thoroughly, actually looking out for the interests of the people who are basically victims in this situation."* (participant #11, in the UK)**

SPOTLIGHT

‘THE INTERSECTIONALITY OF IT ALL’

The need for Black female voices

One of the participants had first learned about FGM when she was writing her dissertation about gendered violence against Black women in the UK. She had then continued her research on the issue.

She believed that there was a need for diaspora communities to look critically inwards, rather than relying on interventions by people from ‘outside’. Change had to come from within, she said, as external restrictions or judgements would only drive the practice further underground.

“We need to be able [to say], with voices from the current generation and the next generation, ‘No. This practice actually causes harm’. We need to change our ideas of what makes a woman virtuous. We need to do that away from [the] Western perspective, or someone from the West [...], not knowing the obstacles that I know [I], as a woman, would experience in my community. And [we need to] make our own evaluations.”

Racism in particular, she felt, was a strong obstacle to creating an environment in which diaspora women could challenge these traditional practices from within. **“Because of the racist hostility of this country, [...] it’s very difficult to seek out help without feeling like you’re either betraying your culture, or [...] going to an ‘enemy’ who isn’t going to understand. Who isn’t going to help you.”**

She added to this that institutions and services, such as the police or the justice system, often struggled to see beyond their own lens: **“They lack empathy, they lack knowledge, they lack understanding [...], [and] the ability to communicate [effectively with ethnic minorities]”.**

Moreover, she denounced the poor representation of Black women in FGM campaigns – and more generally in charities working on violence against women and girls. These were often **“run by white people, or people who are not from the cultures where it’s happening”**. This was especially true outside London, she thought: **“aside from, like, Sisters Uncut, Southall Sisters, I’m yet to meet an organisation specifically for FGM that is run by people [...] from the culture where it occurs.”** This lack of representation was also reflected by her own experience in activism: **“[in] all the volunteering youth stuff I’ve done [...], I’m usually the only Black person in the room.”**

She believed that this wider environment precluded many African diaspora women from taking control of their own situation and having the agency to seek help, or to lead change.

Youth involvement in activism against FGM

Only four participants in the study had directly taken part in anti-FGM activism, while a fifth had contributed by writing articles. The majority (18 out of 23), however, had not yet been actively involved in campaigns. Many of them had not even been exposed to anti-FGM campaigns at all.

Despite this, the participants were united in emphasising the importance of young women's involvement in anti-FGM campaigns and in having their voices represented. As one of the participants explained: *"This is something that is happening to women, so I hope their perspectives and their voice is reflected in campaigns, to really bring light to what's happening."* (participant #10, in the UK)

Participants also highlighted that increasing young women's representation might help to change long-held attitudes about the taboo nature of this discussion:

***"It's something that people or young girls our age have grown up with […]. I think it's something that our generation kind of hungers for… We kind of want to break with these taboos."* (participant #15, in Denmark)**

Participants expressed a range of views as to how well-represented young diaspora women were currently in campaigns around FGM. While a few young women were unsure – due in part to their lack of exposure to such campaigns – many felt the current representation of young diaspora women was inadequate. For instance, some noted that most of the activists seemed to be *"in their 30s or late 30s"* (participant #8, in the UK), and not specifically representing *"…the younger women's voice."* (participant #11, in the UK), while others observed a general absence of diaspora communities from FGM activism altogether.

On this last point, several participants observed that the anti-FGM campaigns they had seen tended to be culturally insensitive and exclusionary of diaspora communities, including young women. They felt that these campaigns were often run by white people, or people from outside the communities where FGM was practised. As one participant put it, *"a lot of white saviour complex"* in the campaigns could make young diaspora women feel that they were not *"in control of the help we seek."* (participant #6, in the UK)

In this regard, several of the participants specifically pointed out that better representation in terms of age and/or ethnicity could be an effective way to increase the sensitivity of the messaging. One participant stated that she had appreciated some of the campaigns from grassroots organisations, including FORWARD, for this reason – because they specifically sought to start conversations with young women around FGM. Another participant suggested that if the campaigns were seen to be led by women from diaspora communities, this could effectively address some of the cultural barriers in the way of ending FGM and would potentially lead to greater impact:

"As a Somali woman, it would be much more, like, powerful for a Somali woman to be running an organisation or a campaign against FGM. […] A lot of campaigns against FGM, they talk about the impact, they talk about issues with health, and the Taliban. But I don't think they really touch on the fact that FGM is about […] purity culture, and how it's about controlling the sexual lives of women and girls." (participant #1, in the UK)

Importantly, however, many participants emphasised that campaigns aside, young diaspora women also needed to be better represented at the decision-making level. As one participant put it: *"I'm seeing a lot of people that are engaging the youth. That's effective […]. [But] are they [i.e., the young women] staying [at] the table when it comes down to policy-making?"* (participant #3, in the UK)

Obstacles to young diaspora women's involvement in activism

Several participants expressed a desire to be involved (or more involved) in anti-FGM activism. However, many of them also identified significant obstacles to taking part in activism on this subject, as young diaspora women. The barriers mentioned included the stigma around speaking out, biases that remained in relation to their age, gender and race, and the limitations around using social media to amplify FGM campaigns, due to the sensitive nature of the subject matter.

The stigma of speaking out

The most frequently mentioned barrier, perhaps not surprisingly, was FGM's taboo nature and the stigma that would consequently result from participating in activism around it. The participants explained that this stigma could affect young diaspora women in many different ways.

Firstly, some participants mentioned the perceived shame that would be associated with a woman talking about sexual health. They also noted the courage that was required to speak out in this way, when *"it's something that's not really celebrated for women to do [in these cultures]"* (participant #4, in the UK). Others referred to the criticism that young activists could expect to receive from their families, as well as the tension of knowing that one was *"putting your community in a place of discomfort."* (participant #14 in the UK)

One participant explained that, in light of the backlash that was likely to come from their communities if they voiced their opinions, young diaspora women could even feel overwhelmed just from thinking about striking up conversations about FGM: *"if you speak about one bad thing in culture, they equate it to, like, seeing the entire culture as bad and barbaric."* (participant #1, in the UK)

Age, gender and racial bias

Participants perceived their age, gender and race to be compounding the pressures that they faced in relation to activism. They explained, for instance, that the mere fact that they were women made it more challenging to engage in activism, as, in their communities, women *"are socialised not to do 'that' [i.e., to be vocal] as much."* (participant #4, in the UK). Additionally, as young diaspora women, the participants reported that they often did not feel listened to in their communities. One participant stated: *"because we're young women… our voices aren't really respected that much in our community. […] Some from our community might 'shut us down'."* (participant #14, in the UK)

Some participants explained that being Black added another layer of complexity. In the words of one participant: *"I just think it's sad, but we [Black women] are not really listened to. So, I just think that willingness to, kind of, campaign, to put [ourselves] out there, to vocalise any grievances, is kind of lessened."* (participant #9, in the UK)

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(PARTICIPANT #9, IN THE UK)

Social media barriers

The participants generally felt that FGM campaigns had not yet seemed to gain much traction on social media.

"We see things with the Black Lives Matter movement and MeToo. These are conversations that [have now] been had on social media and amongst peers. But FGM – like, [the] vagina being cut (sorry to be so blunt!) – isn't something that's had [a conversation yet]." **(participant #9, in the UK)**

In this context, several participants explained that, as young women, being visible in FGM activism through social media could be very stressful, especially at a time when FGM was still *"not being taken seriously [enough], not getting enough coverage; also, people not even knowing of the problem in the first place."* (participant #10, in the UK)

Moreover, the participants felt that, due to the very sensitive nature of the subject matter, using social media might not be straightforward. The good intention of trying to get a message to go viral on social media could have complicated outcomes in FGM-affected communities, where one is not conventionally allowed to speak openly about subjects related to sex.

Finally, some participants thought that the subject matter and language would itself also be problematic on social media:

"In a lot of social media where [FGM activists] may have their platform, there [are] a lot of issues with censorship. There're so many words that they can't say, like 'vagina' or 'sex', which could lead [to] their content being hidden, or shadow-banned. And I think that's another issue that women might face. It's just the fact that it's going to be incredibly difficult to build a platform that will help as many people as possible." **(participant #1, in the UK)**

SPOTLIGHT

A YOUTH ACTIVIST'S VIEWS ON HOW TO END FGM

"Youth activism is a very big word [for it], but in Sixth Form, I was doing charity events, raising money. And letting friends and family know about it."

This young diaspora woman, herself an anti-FGM advocate, explained that she had grown up learning about FGM through her mother, who had done a lot of awareness-raising work in the early 2000s. Her mother's activism had been informed by personal experiences of FGM, and she had done this work with a group of other women, mainly within the Somali community.

Despite the work done by people like her mother, the young activist thought that there was still a long way to go before FGM would fully come to an end. And she believed that until it was truly ended, the fight needed to continue: **"even if it's happening to one person, one girl, I think it's still something that we should all be fighting against!"**

CONCLUSIONS AND RECOMMENDATIONS

Throughout this study, the young women from multiple African heritages and diaspora communities across Europe made their objections to FGM clear. Many of the participants had been directly or indirectly impacted by FGM, including some who were themselves survivors of FGM. All the participants were united in condemning FGM, irrespective of their cultural backgrounds or personal experiences, and in detailing its physical, psychological, and psychosocial impacts.

Overall, the participants believed that the practice was no longer common in their diaspora communities. In their countries of heritage, however, most felt that the practice was probably currently still more common, with some participants having first-hand knowledge that it was still happening there.

The young women noted that a shift in attitudes towards FGM had been taking place in their diaspora communities, driven partly by differences in attitudes between older and younger generations. Many of the participants highlighted how broad shifts in cultural influences, education, and life aspirations across the generations were leading to a change in values among younger people. This made them more likely to advocate against FGM (and less likely to have been subjected to it). Participants also highlighted the role played by mothers in abandoning the practice and breaking the cycle of FGM.

Many participants also emphasised that the men in their communities were mostly still absent from the conversations surrounding FGM. It was generally felt by the participants that the men were culturally dissuaded from discussing the subject matter, but also that, when it did come up, they were likely to dismiss or downplay the impacts. Several participants identified engaging men more on FGM as a necessary step to affect change in their communities.

At the same time, the young women stressed the importance of making anti-FGM communications and campaigns more culturally sensitive. They believed that grasping the complexity of differing contexts within the communities affected by FGM would help to move these campaigns away from the pitfalls of 'white saviour-ism'. Participants also highlighted the importance of better representation in campaigns, noting that when these were led by people who were not from impacted communities, it hindered both the overall messages and their own involvement as young diaspora women.

The need for a community-centric approach was also reiterated in relation to FGM-related laws, policies and support services. Although most of the participants were aware that FGM was illegal in their diaspora countries, and generally agreed that this made the practice more difficult, many felt that a gap still needed to be addressed in the provision of effective support to FGM-affected communities.

And finally, with regard to activism against FGM, the participants described several significant barriers that stood in the way of young diaspora women becoming more involved. These notably included their young age, cultural stigma, racial bias and the lack of representation. Several participants observed that empowering the younger generation of diaspora women, who represented the shift in mindsets necessary to end FGM, was an enormous opportunity to promote a culturally sensitive, effective, and generational response to the practice.

Recommendations

As a small-scale study examining the perceptions and experiences of young African diaspora women in Europe, this research provides a unique insight into the attitudes around FGM and the most effective approaches to addressing it. Consequently, a number of clear recommendations can be deduced from the preceding discussion regarding FGM-related laws, policies and activism across Europe.

1 Adopt structural mechanisms that enable the more systematic involvement of, and inputs by, FGM-affected diaspora women.

The voices of diaspora women should be championed in law, policy and practice. As the population group most directly impacted by FGM, and arguably also best positioned to affect change, their views must be sought out and considered. In any practices related to FGM (whether NGO- or government-led, support services or other areas), the voices of diaspora women should be a central tenet.

2 Establish public sector funds to adequately equip and support young women-led activism on ending FGM.

The increased participation and representation of young diaspora women in anti-FGM campaigns has been identified as a potential solution for making these campaigns more culturally sensitive. This study, however, has found that young diaspora women continue to face significant cultural, personal and societal barriers to engaging in anti-FGM activism. They must be supported to address or overcome these barriers, and to ensure that they enjoy the platforms, safety and confidence needed to advocate for the end of FGM within their communities.

3 Create widely accessible information regarding the available support services

This research suggests that young African diaspora women often have little information about FGM support services in their country. Information regarding FGM-related support services should be increased and made more widely available, particularly in school settings. It also needs to be more culturally sensitive and better targeted, ensuring that it really reaches those who are impacted by FGM. Innovative ways to spread information among young people, such as through social media, should be considered.

4 **Ensure that support services are centred on young diaspora women's real needs and take account of the barriers to access that they face.**

In addition to highlighting the widespread lack of awareness of the existence of FGM support services, this study's participants also stressed that many young women and girls might not currently have the ability, safety or courage to seek these services out, even if they were aware of them. Several multi-faceted barriers, such as cultural shame, young age and racial bias, meant that survivors of FGM could feel reticent to seek help. Addressing these barriers, as well as ensuring that services are culturally sensitive, will be essential if we are to ensure that young women are effectively able to access vital support.

5 **Place the voices of diaspora communities at the centre of any campaigns around FGM.**

To be effective, any discussions regarding FGM must make efforts to include the diverse cultural realities of the diaspora communities affected by the practice. The participants in this research stressed the importance of making anti-FGM campaigns more culturally sensitive, especially by grasping the complexity of differing contexts in FGM-affected communities, and thus moving away from the pitfalls of 'white saviour-ism'. They also suggested that when campaigns were led by individuals who were not from the impacted communities, it could hinder both the overall messages and their own involvement and representation as young diaspora women.

6 **Engage men and boys from diaspora communities more in anti-FGM campaigns.**

Men and boys should be engaged more and their voices included, in order to strengthen the collective voices calling for FGM to end. The participants highlighted that men and boys were currently mostly absent from conversations surrounding FGM, including those taking place within their communities, and that they would be culturally dissuaded from discussing the subject. Moreover, when the subject did come up, many participants felt that men would tend to dismiss or downplay FGM's impacts. Learnings from programmes such as the EU's "Men Speak Out Project"[28] should be scaled up in order to engage more young men, too.

7 Fund programmes that focus on inter-generational dialogue

Inter-generational exchange plays a critical role in increasing discussions and awareness around sensitive issues that would not otherwise be brought up. It should therefore be an integral part of national strategies to tackle FGM. As emphasised by the young women in this research, the differences in attitudes between older and younger generations are often substantial. Promoting more integrational dialogue, particularly between generations, could help to break the silence around FGM – and open up more opportunities for change.

8 Fund more research into FGM practices and attitudes across Europe.

This study represents one of the first insights in Europe regarding young diaspora women's attitudes and knowledge around FGM. Considering the current paucity of evidence and research on the subject, further investigation is urgently needed, ideally coming from a diversity of stakeholders and institutions to perform rigorous and representative studies on the attitudes and practices surrounding FGM in Europe's diaspora communities.

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