



THE IMPACT OF EMERGENCY SITUATIONS ON FEMALE GENITAL MUTILATION

28 Too Many Briefing Paper

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1. Introduction

- 1.1 Female genital mutilation (FGM) is widely recognised as a harmful traditional practice (HTP) which constitutes a grave violation to the human rights of girls and women. However, there has been limited research on the impact of emergency situations on FGM but clear implications arise from conflicts and other emergency scenarios. This briefing paper seeks to highlight this challenging area of emergency response and the implications emergency situations have for the practice of FGM.
- 1.2 28 Too Many has experience of working in refugee camps and fragile states in Africa and Asia and has extensively researched FGM. This briefing note will draw on this research, together with research from the wider international NGO community, to firmly situate the issue of FGM in emergency situations within the wider context of Violence against Women and Girls (VAWG). Ultimately, 28 Too Many seek to collaborate with governments and NGOs to establish effective programming to protect girls and women from FGM in complex emergencies, protracted conflicts and fragile regions.

2. Violence against Women and Girls in Emergencies

- 2.1 More than 1 billion children live in conflict zones or areas emerging from war, of whom approximately 18 million are internally displaced refugees, according to UN estimates. The repercussions of emergency situations such as wars, natural disasters and related situations of crisis, are intrinsically gendered. In such circumstances, both girls and boys are highly at risk of grave human rights violations, such as rape and prostitution, but girls and women are more likely to be the victim of such crimes.
- 2.2 Research has shown that emergency situations have significant implications for women and girls – creating environments in which VAWG in the form of sexual and gender-based violence, is endemic. VAWG is increasingly being reported as a large-scale, targeted and systematic strategy in conflicts and is used as a form of torture, to inflict injury, to extract information, to force a population to flee, to forcibly impregnate, to degrade and intimidate, and as a way of punishing both women and



their male relatives, for actual or alleged actions committed by women or their family members.

- 2.3 As a result of the physical, social and emotional upheaval associated with emergency situations, girls and women are especially exposed to acts of sexual violence and gender-based violence; the loss of support mechanisms and a general absence of reliable healthcare services. Moreover, the absence of legal and punitive mechanisms results in a failure to prosecute the perpetrators, which in itself constitutes a further violation to women's rights.
- 2.4 The UNHCR identifies five categories which fall under the umbrella of sexual and gender-based violence: sexual violence; physical violence; emotional and psychological violence; harmful traditional practices (HTPs); and socio-economic practices. FGM can be categorised as a Harmful Traditional Practice and, together with other HTPs such as early or forced marriage, infanticide or neglect, emergency situations create unique complications.
- 2.5 On 29 May 2012 by the British Foreign Secretary, William Hague launched the Preventing Sexual Violence Initiative (PSVI) in support of UN Security Council Resolutions on women, peace and security and with the aim to reinforce and support international efforts to respond to sexual violence in conflict. The Initiative aims to enhance the capacity of countries, institutions, communities to support survivors, to end impunity for perpetrators and to provide expertise in responding to sexual violence in conflict through the creation of a multidisciplinary Team of Experts (ToE). The ToE consists of more than 70 specialists in Gender Based Violence, Criminal Lawyers, Specialist Investigators, Sexual Offences Examiners, Psychosocial Specialists and Social Workers, as well as Retired Police Officers with experience in criminal investigations.
- 2.6 On 30 January 2013 William Hague also announced the implementation of the first dedicated team of diplomats working full time on preventing sexual violence in conflict. The announcement was made in order to support the UN's efforts and £1 million in funding has been provided to the UN Secretary General's Special Representative on Sexual Violence in Conflicts office, in order to help bolster efforts to build local capacity, facilitate legal reform, and secure political support for national governments.
- 2.7 In a further announcement on 25th November 2013, the Foreign Secretary said that "the largest summit ever staged" on PSVI will be hosted in the UK on 11th June 2014. The aim of the summit will be to create a consistent set of first response guidelines to ensure that victims of sexual violence in emergency situations receive consistent and sympathetic responses but also that information that is collected from them (physical and testimony) is taken and stored in a way that assists future prosecutions or other justice mechanisms.

3. Implications for FGM

- 3.1 The 2009 UN Report to the UN General Assembly on The Girl Child succinctly summarised the direct relevance of FGM to the wider debate on tackling VAWG, stating that FGM ‘is perpetrated without a primary intention of violence but is de facto violent in nature’. Listed below are some of the primary complications emergency situations present in relation to the practice of FGM, and the capacity of the international community to tackle the issue.
- 3.2 **Population displacement and its impact for FGM** – The anti-FGM movement recognises that the most effective advocates for ending the practice of FGM are women and men within the practicing communities themselves. However, in emergency situations they may be few in number and difficult to track. A serious risk, therefore, is that although FGM is not a direct result of emergency settings, it is a cultural practice which will move with the displaced communities in which it is traditionally practiced. 28 Too Many is currently working in Mali where there is a large number of displaced people. The aid organisation Plan International discovered in their work in Mali that the daughters of displaced families from the North (where FGM is not traditionally practiced), but who are living amongst host communities in the South (where FGM is common), were being ostracized due to not being circumcised. This, in turn, led to families from the North feeling pressure to perform FGM on their daughters.
- 3.3 **FGM and other HTPs mutually reinforce one another in emergency situations** – FGM is often a prerequisite to marriage. In the tumultuous circumstances borne out of emergencies, families may be driven to subject their daughters to FGM in order to marry them, to protect the girls in uncertain times and to ensure security for her and her family. Such marriages will usually be early forced marriages. Moreover, where girls are orphaned or separated from family by an emergency, FGM may be forced on her by others and again be linked to an early forced marriage.
- 3.4 **Logistical difficulties for anti-FGM support workers** – Family separations, social disruption, health issues and poverty collectively combine to create an environment difficult for anti-FGM workers to penetrate during emergency situations. Furthermore, the displacement of people during emergency situations makes it difficult to track the practice.
- 3.5 **Lack of healthcare and psychosocial services** – Inadequate services and the subsequent failure to sufficiently protect the sexual and reproductive rights of women and girls is a profound issue in emergency situations. The lack of health support increases the risks for women FGM survivors who give birth during emergency situations. Maternal and prenatal death rates are higher for women who have had FGM, and this is exacerbated where there are no trained birth attendants or medical professionals. Decent quality public services are often weak or absent in fragile states

and conflict-affected areas, inhibiting girls' and women's access to assistance when FGM has taken place. Poor sanitation in emergency environments further complicates the issue. Moreover, poor girls and women are likely to face economic barriers to accessing services that require transport, and cultural barriers further hamper their ability to gain access. As an example of stretched services, when 28 Too Many visited the Dadaab refugee camp on the Kenya – Somali border in 2011, there were 3 trained psychologists to provide support to over 250,000 Somali refugees amongst whom there is a very high prevalence of FGM.

- 3.6 Consequences relating to other forms of VAWG** - FGM falls within the specific category of Harmful Traditional Practices (HTPs) but given the impact (physical and emotional) on girls and women who have had FGM other forms of sexual violence can have serious complications for FGM survivors. For example, research shows that incidences of rape increases in emergency situations and violent forced sex can be especially dangerous for women who have had FGM. When women has had Type III FGM (infibulation), forced penetrative sex can cause severe physical trauma, haemorrhage, shock and in some cases death. This risk is much worse as health support may be limited or non-existent in emergencies. Case studies recorded by 28 Too Many have illustrated the exaggerated complications associated with sexual violence against women and girls with FGM. In refugee camps in Sudan girls as young as ten were found pregnant as a result of rape, having undergone FGM as young children, almost dying in childbirth. There are obviously specific physical and psychological complications associated with pregnancy and childbirth in young girls, particularly for those who have undergone FGM. With occurrences of rape increasing during crisis situations, including the rape of young girls, there will be a corresponding increase in young mothers and childbirth complications associated with FGM. In further case studies from Nigeria, vulnerable and displaced women and girls reported being forced to have FGM to prepare them for prostitution which was their only means of survival.
- 3.7 FGM becomes a secondary concern in the eyes of the international community in times of crisis** - Despite evidence that the practice is rife in emergency situations; the urgent need for basic provisions (food, water, basic healthcare) takes precedent. The anti-FGM community focuses on a goal of shifting a social norm, a long process of working closely and patiently with local communities, and emergency situations present serious logistical difficulties in this regard due to the breakdown of community support structures. Therefore, it is unlikely that any interventions to tackle FGM will continue and it will be some time before there is stability and resources to restart previously formed programmes.
- 3.8 Disruption to the education of girls** – Research has shown a clear correlation between education and the practice of FGM. FGM rates are lower for girls who remain in education and educated women less likely to subject their daughters to FGM. In emergency situations girls are taken out of education and are more at risk from FGM. 28 Too Many's research into FGM in Ethiopia, for example, revealed a

definitive decrease in FGM in Ethiopia with the level of a woman's education; 18.7% of women with secondary education have a daughter who has undergone FGM, compared to 41.3% with no education. This evidence indicates that education has a positive impact on the choices women are making when considering FGM for their daughters and choosing to undergo the procedure for themselves. The disruption to structured systems of education means that for girls taken out of education there are limited opportunities to learn about the health risks associated with FGM. Similarly, in Kenya, proportions of women undergoing FGM have declined with age, indicating a decline in popularity amongst younger generations, primarily attributed to improvements made to education.

- 3.9 Impact of prolonged conflict and disruption** – In order to take steps towards combating sexual violence against women and children in conflict situations is important to use participatory and responsive strategies that cover multiple and specific community needs. In Somalia, very few systematically designed, multi-year and goal-oriented anti-FGM projects have been implemented. Most agencies are involved in a series of activities targeting multiple audiences in multiple sites (i.e. urban centres, camps for internally displaced persons, nomadic and rural communities) and a lack of resources along with disruption caused through conflict has resulted in activities remaining ad hoc and limited. A prevalence rate survey carried out in 1993 in Somalia's five major cities showed that 98 percent of women have been subjected to FGM and that up to 90 percent had undergone infibulation. It is clear that a lack of stability within Somalia and sparse resources has a negative impact on efforts to stop FGM. Amongst more stable countries like Tanzania it has been shown that a prolonged and consistent, multifaceted approach undertaken within communities has been successful in the decline in the prevalence of FGM, including raising awareness and changing attitudes towards the practice. Tanzania's Demographic Health Survey in 2010 found that 14.6 per cent of females aged 15 to 49 had undergone FGM and that 84 per cent of females and 79 per cent of males believe that FGM should be stopped in the communities where it is practiced.

4. Recommendations

- 4.1 FGM is a Harmful Tradition Practice and a form of sexual violence which constitutes a major concern within the wider VAWG debate.** As with other forms of VAWG, the risk of FGM increases in emergency situations where there is often a breakdown in law and order and no protection systems from the state, and the consequences of the practice proliferate. The above briefing notes have highlighted numerous issues which need to be addressed by the anti-FGM community in order to better safeguard girls and women in emergency situations.

- 4.2 Anti-FGM programming should be explicitly incorporated into all areas of emergency – preparedness, response and recovery. That is to say, efforts to protect the rights of the girl must take into account the pre-emergency, emergency and post-emergency environments, thus providing a holistic approach encompassing prevention, advocacy, rehabilitation and counselling.
- 4.3 Policy makers and those responsible for programming in emergency situations need to formulate plans to address violence against women in crisis situations which consider the needs of those who have undergone FGM or are at risk. The approach to this challenging area of work should also take into account the following:
- 4.3.1 Additional measures relating to FGM and other HTPs are needed when operating in emergency settings – Fully integrated services must be made available to girls and women in refugee camps. The need to coordinate efforts among international and local partners working in conflict zones and emergency situations. The provision of a comprehensive range of services – health, psychosocial support and counselling, education.
- 4.3.2 Increased monitoring – The need to focus on promoting the end of FGM in communities into which refugee (or IDP) girls and women integrate. If not, this could see the spread of FGM into neighbouring countries – which will create further logistical challenges in terms of accessing affected and at-risk girls.
- 4.3.3 Capacity building for governments and INGOs who respond to emergency situations will prove to be integral – Staff tend to be experienced in aid, relief, medical and humanitarian work. They may not be trained on gender issues, violence against women and traditional harmful practices such as FGM. General awareness, capacity building and availability of specialist support is critical. For example, nurses and doctors must have knowledge of FGM and other harmful traditional practices and be fully trained to deal with the full range of physical and emotional complications. In addition, to ensure an effective transition from relief to sustainable development, it is vital that experts who go to a region as part of an emergency aid team train local support workers to provide ongoing care.
- 4.3.4 The importance of education – A primary focus of the anti-FGM campaign must remain improving girls and women's access to education, particularly in emergency-prone regions. Approaches which educate women and girls about their human rights and legal rights, and support them to claim these rights, will prove crucial to the long-term goal of eradicating the practice. 28 Too Many's experience has shown that improving the social and economic status of women enables them to make choices more independently for themselves and their daughters, increasing the likelihood of a move away from FGM and other HTPs.
- 4.3.5 Include host and displaced populations in anti-FGM programmes – In the context of displacement, it is important to ensure that both host communities and displaced communities are targeted with programming work to support the



abandonment of FGM, sexual violence against women and girls and other harmful traditional practices.

5. Conclusion

5.1 The British Government's Initiative is working to replace the culture of impunity for sexual violence committed in conflict with one of deterrence by increasing the number of perpetrators brought to justice, by strengthening international efforts and coordination to prevent and respond to sexual violence, and by supporting states to build their national capacity. The Initiative provides an opportunity for those working to eradicate FGM to ensure that the implications for FGM are factored into this important work.

6. References

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