TURNING A BLIND EYE

Or the Greek asylum service's disregard for Female Genital Mutilation Claims

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More than 200 million women alive today have been subjected to female genital mutila-tion (FGM), while more than 4 million women are estimated be at risk of FGM every year. Female genital mutilation is a practice taking place in western, eastern and north-eastern regions of Africa and some countries in the Middle East and Asia. It involves the removal of the external female genital organs for no medical purpose or health benefit, often causing irreversible damage.

Foreword: FGM, a deeply entrenched harmful practice, sanctioned by international law

FGM is usually first performed on women between infancy and the age of 15. It is sometimes performed when a girl is only a few days old, shortly before marriage, or before the birth of a woman's first child.[1]

FGM is carried out for a multitude of reasons, which can vary significantly from one region to another, and even evolve. These motivations are shaped by a complex interplay of socio-cultural factors within families and communities. In regions where FGM is a deeply rooted social convention, there is considerable social pressure to conform to established norms. This plays a key role in perpetuating the practice. In addition, FGM is often seen as an essential aspect of a woman's upbringing, serving as a means of preparing her for adulthood and marriage. In reality, it is exercising control over their sexuality to maintain premarital virginity and marital fidelity. While some people believe that FGM has religious backing, it is important to note that no religious text explicitly prescribes the practice. The practice is illegal in most countries around the world, including all European Union countries.

The practice not only lacks any therapeutic merit, but moreover poses significant health risks, leading to enduring pain throughout one's lifetime. The long list of adverse effects on women's health includes psychological trauma, childbirth complications, chronic kidney or bladder infections, menstrual problems, increased risk of HIV infection and even death. FGM continues to pose a persistent threat throughout a woman's existence because perpetrators often repeat the procedure again following the birth of each child. It should be added that women who have undergone FGM remain vulnerable targets for human traffickers throughout their lives.

1. World Health Organisation, fact sheets on female genital mutilation.

Under international law, FGM is considered a grave violation of human rights, infringing on health, physical and mental integrity, as well as equality, the right to maternity, and protection from torture. FGM is also considered as a form of violence against women and girls and a manifestation of unequal gender relations. It is strictly condemned by conventions such as the UN Women's Rights Convention, the European Convention on Human Rights [2] and the Istanbul Convention [3]. The practice is tantamount to torture or ill-treatment and constitutes a form of persecution confering the right to international protection [4]. Additionally, the principle of non-refoulement also applies, prohibiting the return of an individual to a place where their life is in real danger or where they face torture or inhuman or degrading treatment.

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Survivors of FGM are considered to be members of a particular social group under the 1951 Geneva Convention. As such, they should be granted international protection. However, in Greece, these women face many challenges during the refugee determination procedure.

CASE STUDY:
The systematic failure of the Greek asylum authorities and courts to properly meet the protection needs of survivors of FGM

Equal Legal Aid (ELA) is a non-profit organisation providing pro bono legal assistance and representation to asylum seekers in Greece. Oftentimes, lawyers from ELA provide support to persons considered vulnerable, such as victims of gender violence, victims of torture, victims of human trafficking and so on. Since 2022, ELA supported 346 asylum cases. In the following analysis, we will attempt to present the fundamentally incorrect assessment made by the asylum authorities, both at first instance and on appeal, in 8 cases of female genital mutilation that were represented by our team.

In the 8 selected cases defended by ELA, the women came from Somalia, Ivory Coast and Sierra Leone, countries with high rates of FGM [5]. Whether the applicants were granted protection or not, all cases examined hereafter demonstrate at best the abysmal ignorance of both the practice and the actors behind it, and at worst, the willful denial of FGM as a form of continuous persecution from both the asylum authorities and judges on appeal.

FGM: a credible claim, not worthy of protection

As a preliminary remark, it is worth noting that, in all the cases presented herein, the claim of female genital mutilation was explicitly brought up by the applicants themselves and examined by the caseworker during the asylum

2. Article 2, right to life, article 3, protection from torture and inhuman or degrading treatment.
3. Article 38, obligation to punish FGM.
4. European network for the prevention of female genital mutilation, How do we talk about FGM, 2018
5. Based on statistics from UNICEF, the rates of women who have been mutilated are as follows: in Somalia (98%), Sierra Leone(86%) and Ivory Coast (37%).

*The names have been changed.

interview. In most cases, the credibility of the applicant and plausibility of the claim are not disputed. Yet, in all cases examined, the claim of FGM was not sufficiently addressed at the refugee status determination stage. If addressed at all.

Except for Marian's*, all FGM accounts were deemed credible by the authorities.

For Marian*, a 22 year old woman from Sierra Leone, however, the claim was deemed non credible by the asylum authorities, which summarily dismissed her protection claim. In the decision of the asylum authority, there are only 2 sentences commenting on her FGM claim:

> *"The applicant's claim regarding having undergone clitoridectomy at the age of 5 by her mother, lacks of a personal narration; nor did the applicant detailed the consequences of this incident in her life and whether it was a ground for further persecution."* [6]

As mentioned above, in the majority of cases, the FGM claim is not taken into account at all when assessing the claim of persecution. In the minority of cases where the claim does get considered during the refugee status determination phase, it is incorrectly assessed, caseworkers relying on specific poorly substantiated arguments (as described below). Out of the 8 cases presented, 6 applications were rejected by the asylum or appeal authorities, while 2 applications were granted protection on different grounds (one received refugee status, and the other subsidiary protection).

To put it bluntly, none of these 8 cases were granted protection on the grounds of the FGM claim. Worst, 6 of them were rejected, in spite of it.

The examination of these cases, the analysis of interview transcripts and the review of decisions by the authorities reveal a clear pattern of malpractice in relation to FGM claims and non-compliance with international and EU standards regarding the assessment of international and subsidiary protection claims.

Failure to address the risk of recurrence of FGM

The primary shortcoming noted in all following cases is the failure to acknowledge the possibility of recurring mutilation as a form of persecution by asylum authorities, despite the existence of numerous credible sources and applicants' testimonies corroborating this risk.

The majority of decisions indicate that the applicant has no well-founded fear of persecution upon returning to their country of origin. The asylum authorities argue that the risk of the applicants being subjected to FGM again is low due to their prior mutilation. But this assertion is both factually incorrect and deeply disturbing. International sources from Somalia, Sierra Leone, and Ivory Coast contradict this statement and demonstrate that the practice of FGM can occur several times and in different forms throughout a woman's life. This is especially prevalent among women who have given birth, as they are at risk of undergoing a different type of FGM each time. In the cultural and religious context of all three countries, women are expected to marry and bear children. As a result, it is improbable that they will undergo mutilation only once in their lifetime.

Despite clear evidence to the contrary and the personal accounts of the applicants, asylum authorities have arbitrarily concluded that a woman can only undergo mutilation once in a lifetime. They have therefore rejected their claims in breach of international law and jurisprudence, as well as the Geneva Convention.

For instance, Asha*, a 29-year-old woman from Somalia, underwent infibulation [7] when she was 7 years old, as is clearly stated in the medical report (with clinical examination) she submitted to the asylum authorities in support of her claim. The following excerpt is from her interview with the authorities:

> Interviewer: *What kind of problems can you face in the future due to the clitoridectomy (sic)?*
> Asha: *It's a cause only of troubles.*
> Interviewer: *Can you tell us today how it has affected your health?*
> Asha: *It's a source of big pain, all the time.*
> Interviewer: *You have given birth twice. What happened after the childrens' births?*
> Asha: *After giving birth, they do it again.*

No follow-up questions were asked after this last statement from Asha. A few months later, the asylum authorities rejected her asylum application [8]:

> *"The fact that the applicant has already undergone a clitoridectomy only once and it has not been repeated again after each pregnancy, as is the case in her country of origin, makes it unfounded and unjustified."*

The case of Florence*, a woman from the Ivory Coast who underwent a clitoridectomy at the age of 10, is equally topical. During her asylum interview, Florence was asked why she had fled her country of origin. She recounted the

6. Appeals Authority 37549/20-01-2023.
7. Infibulation, (type III FGM) consists in the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.
8. Nikea Asylum Unit 489642/24-08-2022

mutilations she suffered as a child. The asylum caseworker, suddenly struck by amnesia, forgot to further investigate the FGM claim:

> **Florence:** *The only thing I remember is that, when I was 10 years old, they made me [have a clitoridectomy] and I was given to someone to marry.*
> **Interviewer:** *We will come back to this in a moment in the main part of the interview.*
> **Florence**: *When I had a clitoridectomy, I had a lot of bleeding and I was sick that day.*

No further questions were asked about the FGM allegations for the remainder of the interview. Subsequently, her asylum claim was rejected, and the decision rejecting her claim did not mention her genital mutilation.

The examples above highlights blatant malpractice on the part of the asylum authorities, as any persecution claim hinted and deemed credible, should be adequately addressed during the refugee status determination phase. The cases of Asha and Florence exemplify the avoidance tactics adopted by asylum caseworkers, which has been observed in a number of similar cases: despite the applicants' reports of FGM, asylum caseworkers conveniently proceed with the interview, without further investigating a claim that, alone, would warrant protection.

Failure to recognise FGM as a form of continuous persecution

Although survivors may not be at risk of further mutilation, undergoing female genital mutilation (FGM) is considered a form of continuous persecution that affects them for the rest of their lives. Indeed, the physical and psychological impacts of FGM creates a living condition that amounts to persecution. Consequently, women who have undergone FGM retain their status as belonging to a vulnerable group under international law. Nevertheless, in practice, asylum authorities consistently fail to recognise FGM as such.

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For instance, in the case of Teneh*, a 23-year-old woman from Sierra Leone who underwent clitoridectomy at the age of 12, the asylum authorities rejected the claim, considering that:

> "Finally, in view of the above-mentioned facts and the applicants' submissions, it does not follow that they would be in danger of being subjected to torture or inhuman and degrading treatment if they were to be returned to their country of origin".[9]

The long-lasting harmful effects of FGM were also described by Fourdousa*, a 29-year-old woman from Somalia, during her asylum interview [10]. Despite the testimony she provided, clearly demonstrated how FGM constitutes a form of continuous persecution, as well as the medical report drafted after clinical examination that Fourdousa submitted to the asylum authorities, her asylum claim was rejected. The rejecting decision does not mention the FGM she suffered.

Another key aspect of this type of persecution is its prevalence in societies. It should be noted that state entities are not the only perpetrators: private individuals, including family members and those belonging to the same ethnic groups, are also engaging in such acts oftentimes without facing any consequences. Women are especially vulnerable to peer and social pressure to undergo mutilation in order to fit in. Nevertheless, these factors were not considered by the asylum authorities in the cases under examination.

The story of Aminata*, a 36-year-old woman from the Ivory Coast, provides a clear example of how community pressure led to her clitoridectomy at the age of 19. This case underscores the adverse effects of societal and familial pressure on women, perpetuating a practice prohibited by state law. Aminata comprehensively and explicitly testifies to the social mechanisms and peer pressure that led to her mutilation, as well as the mutilating process itself [11].

9. Regional Asylum Office of Lesvos 237274/26-04-2023.
10. See her testimony in annex.
11. See her testimony in annex.

The applicant was denied international protection status by the asylum service since there is no reasonable likelihood that she would be subjected to the practice a second time, as it is prohibited by state law:

> "Also with regard to clitoridectomy, the applicant stated that she has been subjected to it and there is no reasonable likelihood that she will be subjected to this procedure again. It was also found in external sources that the law prohibits female genital mutilation and provides for sanctions (...)" [12]

Evidently, the asylum authorities fail to consider that the laws in question are only enforceable in theory and not put into practice. This is evidenced by the fact that the applicant underwent FGM without any protection from the state.

Incorrect assumption that women can object FGM

The asylum service, misinterpreting the very meaning of persecution, concludes that a woman is able to refuse to undergo the practice of mutilation if it is contrary to her personal beliefs.

Hani*, a Somali woman who suffered infibulation at a very young age, was asked during her interview if she could be forced to undergo FGM, in case of return to her country of origin. She answered:

> "It happens when you are young. When you grow up they cannot force you to do it again. This is what I believe."

It is noteworthy that Hani submitted a medical report following a clinical examination to substantiate her claim of FGM.

Based on this answer, the asylum authorities rejected her claim, stating that [13]:

> "The applicant holds views contrary to the traditional practices of clitoridectomy and argued that she would not be forced to undergo the procedure again. Furthermore, she comes from an urban area, she has received an adequate level of education and has previously had a steady job through which she has earned a living. She comes from a race which does not face problems and discrimination and does not get involved in conflicts between the more powerful race as the applicant claimed."

The asylum service disregards the fact that women who undergo FGM are not doing so of their own accord. These practices are imposed on infants and children, without their consent, or women who have just given birth, under intense pressure from their social environment and family. Opposing viewpoints, such as the one quoted above, are voiced in a secure setting, but may be overturned under social and peer pressure upon return to their country of origin.

It is also striking that asylum authorities, in all the cases examined, use certain characteristics of the applicant's profile (supportive network, education, professional skills) as justification for denying international protection. This approach evades the core elements of the FGM claim and focuses on elements that only play a secondary role in the refugee status determination process.

The case of Fowsio*, a single woman from Somalia who was subjected to infibulation at a very young age, is particularly poignant in demonstrating this faulty reasoning in action: The asylum authorities first acknowledged that FGM had occurred, proceeded with the verification of the risk element, and appeared to recognize the risk of re-exposing a woman to mutilation if she were to return to her country of origin. However, the authorities swiftly backtracked, claiming that the applicant in question did not express such a fear, based on the individualised assessment of her asylum application, supported by subjective personal circumstances. This particular reasoning, which was inwardly flawed, led the asylum authorities to deny the FGM claim, as they concluded that the fear of persecution was not well-founded.

There are clearly many shortcomings in the reasoning that leads to the denial of international protection to survivors of FGM. More surprisingly perhaps, the reasoning behind positive decisions is equally problematic. ELA encountered two such decisions of the appeals authority regarding appeals made by applicants from Somalia. The first decision granted international protection in the form of refugee status; the second decision granted subsidiary protection. The reasoning for the second decision (the only one available) refers to the generally subordinate position of women in Somalia, but makes no specific reference to the fact that the applicant was forced to undergo FGM. The appeal authority lists numerous details about the applicant's story, but omits the most compelling one: her claim of having undergone FGM.

12. Regional Asylum Office of Lesvos 475548/22-12-2021.
13. Nikea Asylum Unit 618165/18-10-2022.

The following is an extract from the justification of the decision of the appeal authorities which granted Fowsio* subsidiary protection status in accordance with article 15b of Directive 2011/95/EU.[14]

> "The applicant is a Somali woman, without family and a supportive network, without education, unemployed and lacking an adequate supportive environment, since she has not met her father, she does not know where her mother lives and her sister now resides in Yemen. Moreover, Somalia maintains a situation hostile to women, which makes it particularly difficult for the applicant with the above profile to survive with dignity. (...) In the light of the above, the Commission considers that the applicant is in danger of being subjected to inhumane living conditions in Somalia. Taking into account the circumstances which the applicant will have to face, combined with the absence of an adequate legislative system for equal treatment between the sexes, the lack of measures to counter discrimination and the absence of an effective system for the protection and integration of women of the applicant's profile, namely unemployed women with no family or supportive network, lacking education and professional skills, the applicant, due to her vulnerable position and lacking supportive network, is in danger of facing inhuman or degrading treatment. (Article 14 of Law 4939/2022)." [15]

Failure to recognise FGM as an act of torture

Although the Council of Europe has classified FGM as torture and it should therefore be considered a justifiable ground for granting temporary or subsidiary protection, none of the cases examined led to the recognition of FGM as an act of torture.

Specifically, subsidiary protection is a form of international protection granted to individuals who do not qualify as refugees, but who still face serious harm or threat in their home country, providing a complementary safeguard to the asylum system[16]. FGM being recognised internationally as an act of torture, it should be assessed as a valid ground for granting subsidiary protection, if international protection is denied.

However, in practice, asylum authorities do not take FGM claims into account when deciding whether or not to grant subsidiary protection. In none of the concerned case did the decision-making authorities examine the FGM claim under the basis of torture or degrading/ inhuman treatment. Consequently, the applications for subsidiary protection were also rejected.

For instance, in the case of Fatmata*, a 24-year-old woman from Sierra Leone mentioned earlier, the asylum authorities rejected her protection claim without considering her experience of undergoing clitoridectomy as a child. They solely assessed the general situation in the country with reference to terrorist groups and armed conflict before summarily dismissing the application.

Similarly, when cases were dismissed at first instance and on appeal, and a judicial appeal was lodged with the administrative courts, the same problem was observed. Even when granting interim measures (i.e. offering reception conditions and the right to stay until a final decision is issued regarding the request for annulment), the administrative court does not refer to the risk of torture that the applicants face in case of return or the fact that the applicants have suffered FGM, even if the fear of repetition was mentioned as a ground for suspension by the applicant.

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14. This article was transposed into Greek law by article 14b of Law 4939/2022.
15. Appeals Authority 306432/14-06-2023.
16. Based on Directive 2004/83/EC, transposed in by Greek law n. 4939/2022.

CONCLUSION

In all cases examined, whether protection was granted or rejected, the decision-making authorities - including the asylum service, appeal authorities, and administrative courts - do not recognise FGM as a form of persecution or torture. Despite the wealth of legal documents available as a potent instrument for decision-makers and an abundance of international jurisprudence, it is evident that the Greek authorities are failing to enforce the law correctly. In cases of negative decisions, they refuse to acknowledge FGM as an ongoing form of persecution and torture. Positive decisions are also flawed as the authorities deliberately omit any reference to FGM as a means of persecution in their reasoning, only citing secondary elements. By doing so, a valuable body of jurisprudence on the matter for future cases of a comparable nature is being circumvented.

The assessment of applications from survivors of FGM generally needs to be carried out in a context of increased safety and confidentiality. FGM survivors are very often reluctant to speak out, or if they do, they may be ashamed to talk about their experience and its consequences. This situation arises because they have not been given an opportunity to critically analyse the practice and its purported justification. The interview and examination of the claim should be conducted with appropriate sensitivity and care. Ideally, female caseworkers and interpreters, adequately trained, should carry out the interview.

In order to protect women who have already been survivors and to protect girls who were either born in Greece or arrived at a very young age, the risk of FGM must be highlighted during the asylum procedure. Even if applicants do not explicitly express this fear of persecution for themselves or their daughters, the Asylum Service must investigate it. This is particularly applicable for women from countries where FGM is prevalent. Subsequently, a woman who has undergone FGM or claims a well-founded and justified fear of persecution because of it should be considered a refugee without questioning this fear.

Rejecting the asylum claims of women who have been subjected to FGM, or who fear that they will be subjected to FGM, means tolerating and even condoning this harmful practice, which violates a number of fundamental rights. The protection of the right to life, health, the prohibition of torture, inhuman and degrading treatment, dignity, private and family life and the rights of the child require asylum authorities to strongly condemn this practice and to protect its survivors or those who fear for their daughters.

Excerpts of asylum interviews
(by order of appearance):

All names have been changed.

Asha, Somalia:

Interviewer : What kind of problems can you face in the future due to the clitoridectomy (sic)?
Asha : It's a cause only of troubles.
Interviewer : Can you tell us today how it has affected your health?
Asha : It's a source of big pain, all the time.
Interviewer : You have given birth twice. What happened after the childrens' births?
Asha : After giving birth, they do it again.

Florence, Ivory Coast:

Florence : The only thing I remember is that when I was 10 years old they made me and I was given to someone to marry.
Interviewer : We will come back to this in a moment in the main part of the interview.
Florence : When I had a clitoridectomy, I had a lot of bleeding and I was sick that day.

Teneh, Sierra Leone:

Teneh : I was just cut off, not sewn.
Interviewer : Do you remember anything after the procedure?
Teneh : Yes.
Interviewer : What do you remember?
Teneh : When they cut my clitoris, I fainted and blood came out and it wasn't easy for me.
Interviewer : Who made the decision for you to undergo something like that?
Teneh : My stepmother, who raised me.
Interviewer : Who gave you the incision? Do you remember?
Teneh : I can't remember because they blindfold you when you go.
Interviewer : Did you ever experience health problems or are you experiencing health problems today because of the incision?
Teneh : Yes.
Interviewer : How so?
Teneh : It hurts when I pee. It hurts a lot with all those sheets they had put there, it hurts me.

Fourdousa, Somalia:

Interviewer : I would now like to ask you the following : there are countries where a practice called genital mutilation happen, and it means that the girls have undergone cutting in the genital area. Have you had any experience of what I'm talking about?
Fourdousa : Yes, it happened to me very badly. I was told that it is part of our culture.
Interviewer : How old were you at the time?
Fourdousa : 10 years old.
Interviewer : Did you realize then what happened?
Fourdousa : When it happened, I don't remember much because I was unconscious but I knew it happened because of the problems I had afterwards.
Interviewer : Where were you when this procedure took place?
Fourdousa : Burao.
Interviewer : Do you remember anything about that day?
Fourdousa : No, I was young.
Interviewer : Do you remember if a ceremony took place?
Fourdousa : I think, because this is something we're forced to do, people are happy and they pay the woman who does the procedure.
Interviewer : What do you remember after the procedure?

Fourdousa : I just remember the pain more and how painful the next few days were.
Interviewer : Did the procedure you underwent have a specific name?
Fourdousa : Pharaonic.
nterviewer : Are you all right?
Fourdousa : Yes.
Interviewer : Can we continue?
Fourdousa : Yes.
Interviewer : You told me you knew it happened because of the problems you encountered afterwards.Tell me about the problems you faced afterwards.
Fourdousa : Some of the problems that occurred are, for example, when you get married the pain you feel during sexual intercourse and also when I went to the doctor, after the pain I felt I was told that I was swollen over there.
Interviewer : Are you currently experiencing a health problem because of the process in which you underwent back then?
Fourdousa : Yes, I feel pain all over my abdomen, when I go to the toilet, during intercourse. (the applicant cries)
Interviewer : Thank you. Take your time.
Fourdousa : I'm okay.

Aminata, Ivory Coast:

In the west of the region and in our culture, we do clitoridectomy. Normally it starts at the age of 7, 8, 9, 10 years old. Many times the moment they remove the clitoris can be at 14, 16 years old. Others reach 18, 19 years old. It depends on the individual and the parents. It can go beyond that age, but the circumstances force you to do it. It can take many years but that's the basis.

In my case, I left the village, where I was living with my mother who couldn't afford to do that for me. My father was not in the village, he was away, so they didn't do it to me early. When I arrived in Baha*, I stayed for three years. Then one day, my mother's neighbour called Awa* (my mother and my neighbour belong to the same ethnic tribe) told my mother to give me a clitoridectomy and if she doesn't have the courage to do it herself, then [Awa*] could do it. So my mother told me about it. I refused. I told her I didn't want to do it and so my mother left me for a year to go like that. This lady, Awa*, had sent her daughter Fanta* to a village [in the west]. The lady who makes the clitoridectomies is called Maimouna*. So this lady came back to us.

When you refuse to do the clitoridectomy, because our people respect the customs, they consider you different. They consider you dirty. It's like you become marginalised, like you cannot hang out with other people, like you're a stranger. There are things in our customs that you can't, that you're not supposed to know. When you haven't had a clitoridectomy, [people] from the same ethnic group where we have the same customs, when you approach them and they talk, they stop. You can't expect them to talk to you if you haven't done it because you are considered unclean.

In February in [the village] I made Maimouna* give me a clitoridectomy. I accepted to do it because I was forced to, by custom. I was also pushed by the daughter of Awa*, Aya*. [...]. Aya's* husband who belonged to the same ethnic group as we, returned to the family and demanded his wife to have a clitoridectomy according to our customs. [...] in this society if you don't do it there is a disappointment of society on you.

When he came to my mother and told her that he went to Aya's* house to ask to have a clitoridectomy, my mother asked me, "Why don't you accept our customs?" I agreed to do it out of a need to submit to our customs. I accepted because I was obliged to do so given the way they treat women who haven't had a clitoridectomy. They had put me aside. I was marginalized. I was not allowed to participate in conversations. I accepted to do it.

[...] On 2008, I went with Awa's* daughter, Aya* and Amani*, Akissi* , me and Djeneba* and so we then went to the [village]. What happened next was planned by my mother's friend, to do the clitoridectomy [in this village]. In the whole region, this lady is the only one who performs clitoridectomy because she belongs to the same ethnic group. The ones who belonged to the same ethnic group didn't know her very well. She was hiding. She did it in secret so they couldn't report her to the police. She didn't want to be reported to the police. Her house was isolated. [This district] has three villages, her house was in the third. The lady didn't have electricity and only had a lamp. When we arrived we were greeted by a lady. We arrived in the evening and stayed with a friend of Awa* who is a friend of my mother. When it was now 9 o'clock, we went out to get some air near the woods. There were women there singing, drinking, there was liquor, singing and there were lamps there, lights. So we were [...] five people.

[...] There was a fat lady there. There were five of them. One was holding one hand, one holding the other hand, one holding the leg and one holding the other leg and the fat lady sits on her belly so you can't move. This lady had a knife made by blacksmiths and she showed it to us. It was like a hook or something and she took it and cut Amanis* clitoris,who was first. Akissi* second, Aya* third, fourth me and fifth Djeneba*. It was the same knife. She had a cloth, she wiped it off and kept going and when she finished she first poured alcohol on us. It was burning and then we fell asleep in the room. The next morning I had to go and pee. The wound was fresh and I started screaming. The pain was intense, I fell down unconscious. So we decided to go back. We took the vehicles and we came back from where we came. I stayed at home for months because I wasn't getting medication from the hospital. I stayed home to take care of it. You can't go to the pharmacy or the hospital with that wound. I stayed home to take care of it. My mother would come with leaves from the forest and she'd give them to me to drink or put juice directly on the wound until it healed. Me and the other girls, Amani*, Akissi*, Aya* stayed home to take care of the wound. Her mother was a neighbour and friend of my mother and Djeneba* stayed home as well to take care of the wound.

In our traditions in my own ethnicity on the Ivory Coast, clitoridectomy has no age. It is good to do it at an early age, but if you're over 14 and older, you have to decide to do it yourself. The others encourage you to do it. You can refuse at first, but if you find a man from the same ethnic group, he will ask you to do it even in secret.

Fatmata, Sierra Leone:

Interviewer : As you said, you have been submitted to circumcision. When did that happen?
Fatmata : When I was little and I had an infection because of that.
Interviewer : At which age?
Fatmata : I was 10 years old, that's what I remember.
Interviewer : The circumcision type differs from person to person. Do you know the type that you have done?
Fatmata : They cut the clitoris.
Interviewer : Who made the decision for you?
Fatmata : My mother because my father was not aware, because men do not go there.
Interviewer : Describe to me your experience, not the procedure, but how you felt during and after this.
Fatmata : It was strange for me and after I was circumcised, I felt that they put the herbs, something like pepper, black soap and later I started to feel itchy.
Interviewer : Where did that happen?
Fatmata : In [...].
Interviewer : Do you face any issues because of this?
Fatmata : Yes, only itching and the infection.
Interviewer : During your pregnancies and the births, did you face any issues because of this?
Fatmata : I could not give birth naturally. I had an operation for both pregnancies.
Interviewer : Could a girl refuse to be subjected to it?
Fatmata : If you are an adult, you can refuse but if you are a minor, there is no way that you can refuse because it is legal in our country. I have seen my mother circumcising a baby like mine.
Interviewer : What happens if a girl refuses?
Fatmata : I have not seen a girl that has refused before. [...]