



Final Dissemination Conference

13-14 February 2023

RHCforFGC

Respectful Health Care to prevent and care for Female Genital Cutting





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Countries	Number of partners (N = 16)	Number of self-identified women	Number of self-identified men	Gender And Equity Perspective Across and Within Partner Countries
Belgium (PI) 	4	3	1	✓
France (PI) 	6	6	0	✓
Sweden (PI) 	2	2	0	✓
Spain (Coll.) 	1	1	0	✓
Switzerland (Coll.) 	3 (1 from the USA) 	3	0	✓



Canada		Number of partners (N = 81)	Number of self-identified women	Number of self-identified men	Gender And Equity Perspective Across and Within Partner Countries
British Columbia		10	10	0	✓
Manitoba		5	5	0	✓
Ontario		17	15	2	✓
Quebec		44	38	6	✓
Nova Scotia		5	4	1	✓

« Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons »

(OMS, UNICEF et UNFPA, 1997)



Presentations and Workshops (In-presence And Zoom) With Canadian And European Partners	31
Scientific Publications of Canadian and European Partners: Providing Support And Care To Women And Girls Who Have Undergone or At-risk Of FGM/C	16
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Informative Videos of Canadian and European Partners: Providing Support And Care To Women And Girls Who Have Undergone or At-risk Of FGM/C	10





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Bilkis Vissandjée, PhD
University of Montreal



  **KAP questionnaire in Belgium and France.**

**KAP questionnaire in Switzerland, developed in collaboration with the
World Health Organization (WHO) and the Arizona State University;**



Marea *et al.* *BMC Public Health* (2021) 21:1415
<https://doi.org/10.1186/s12889-021-11455-8>

BMC Public Health

RESEARCH ARTICLE

Open Access

Assessing the reliability and validity of attitudes and confidence scales for the care of women and girls affected by female genital mutilation/cutting



Christina X. Marea^{1,2*} , Nicole Warren², Nancy Glass², Crista Johnson-Agbakwu³ and Nancy Perrin²



Female Genital Cutting/Mutilation: a Challenge for Patients and Clinicians

Sophia Koukoui, PsyD/PhD, MSc

Division of Social and Transcultural Psychiatry, McGill University, Montréal, QC

(2017)

Canada takes great pride in its universal health care system, which stems from Canadian values of social justice and equity. However, our system has its shortcomings in terms of access to care and specific adaptation, notably for refugees and immigrant populations. Along the same lines—but also with its own set of challenges—the suboptimal care for women with FGC/M affects their health-seeking behaviour and can lead to disparities. Although the SOGC



(2021)

BRIEF COMMUNICATION • BRÈVES

Are Health Care Professionals Prepared to Provide Care for Patients Who Have Experienced Female Genital Cutting? A Cross-Sectional Survey of Canadian Health Care Providers



City of Calgary, Alberta

Angela Deane, MD;¹ Fiona Mattatall, MD;² Allison Brown, PhD^{2,3}

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**Review of Online
Resources and
Training Packages
in Canada
(n = 161)**

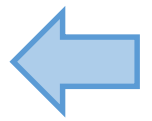
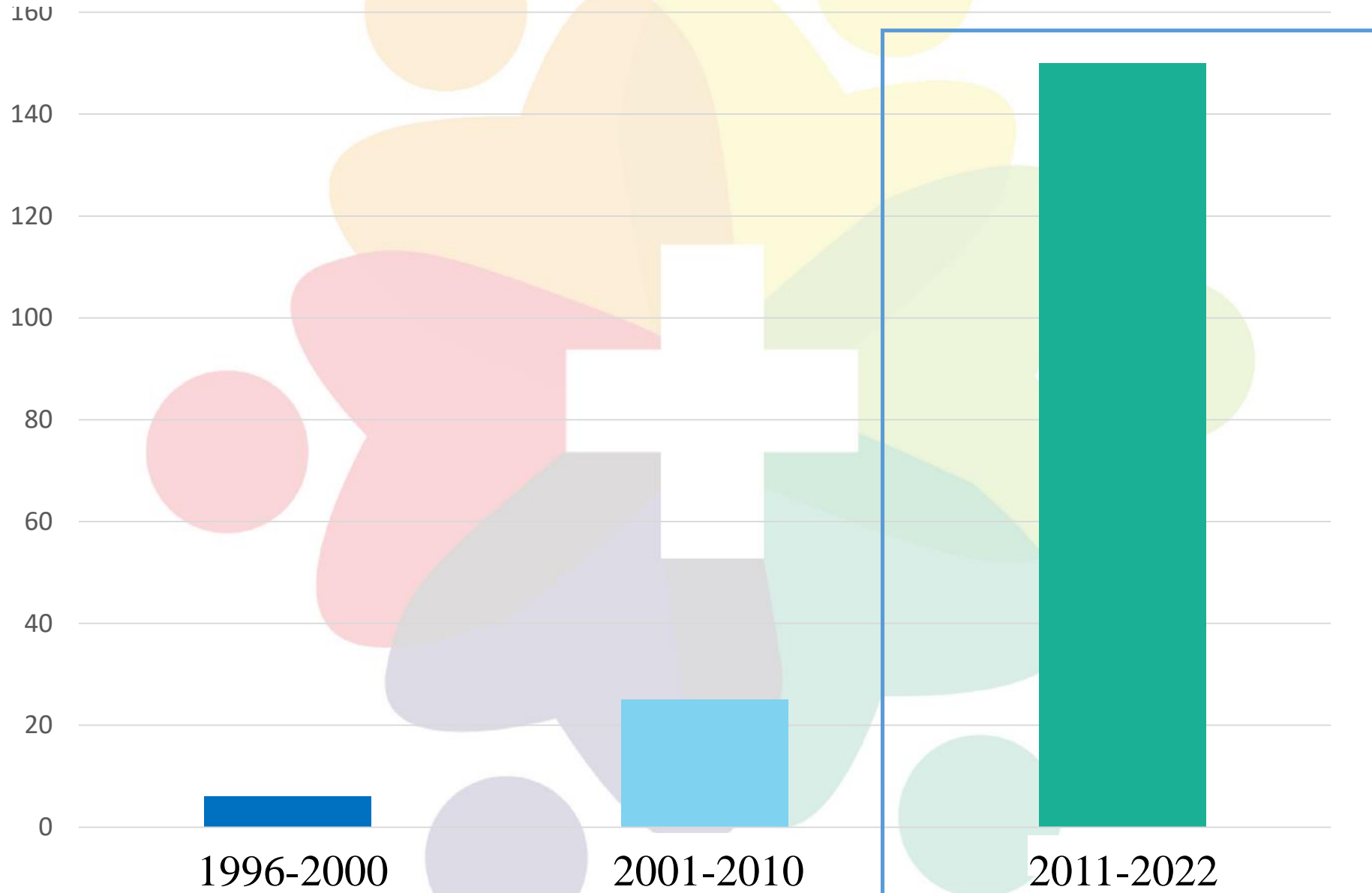
from

Websites of relevant
Professional Orders
in Quebec and Canada
(n = 9)

Websites of Government
organizations and NGOs offering
services to migrant women
(n = 69)

Websites of Colleges
and Universities
(n = 83)

Number of Resources and Training Packages Published Through the Years (n = 161)



Nine informative videos (in French) on FGM/C from a clinical, legal, and women's perspective:



- Élise Dubuc (OB/GYN - Clinique Sensolia):
 - https://youtu.be/8_U2vmwEy0A
 - <https://youtu.be/uPJC4ujsDS4>
- Rachel Chagnon (jurist and professor - University of Quebec in Montreal):
<https://youtu.be/vl9QG8fWuY4>
- Véronique Harvey (psychotherapist and social worker - RIVO Resilience (Réseau d'intervention auprès des personnes ayant subi la violence organisée)):
 - <https://youtu.be/v-ENDURqkzI>
 - https://youtu.be/Wik8Fpclt_Y
- Bilkis Vissandjée (professor - University of Montreal): <https://youtu.be/m8b6CN4-BbI>
- Members of RAFIQ:
 - <https://youtu.be/p84tNOeZ-Es>
 - <https://youtu.be/djkIIF-Vqj8>
 - <https://youtu.be/F6FwRH21BQM>

Scoping review of existing training packages on FGM/C for healthcare providers

Take away observations

- Limited consideration of the perspective of women who have undergone FGM/C;
- Majority of training packages refer to description of typologies of FGM/C: definition, classification, consequences or legal provisions with limited consideration of women and girls' trajectories and situations of vulnerability;

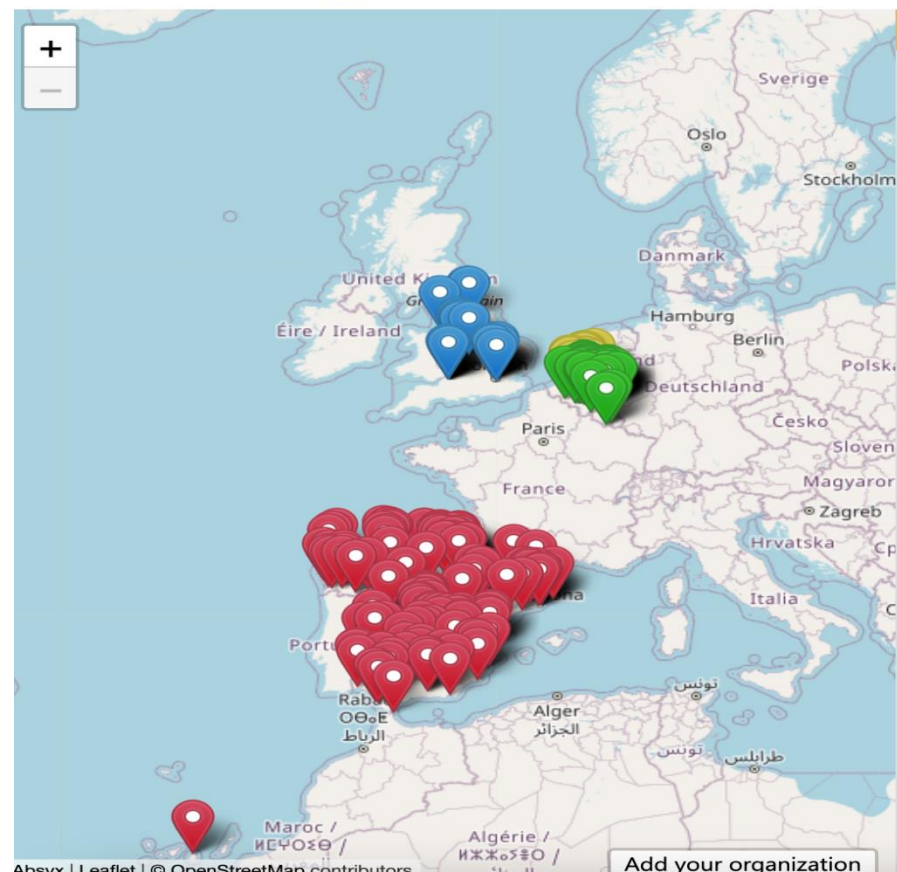


Interactive mapping of health and community services available for women and girls across Canada

Best Practice from Belgium



EN
English



Search

Country

Types of violence

Types of services

Your profile

Specific needs

Immigration status

Asylum seekers

Refugees or under subsidiary protection

Go! Reset

Interactive mapping of health and community services available for women and girls across Canada



WOMEN'S HEALTH
IN WOMEN'S HANDS
COMMUNITY HEALTH CENTRE
INCREASE • INNOVATE • IGNITE
FLOURISH 2.0

1. Services for women and girls in a general context of **immigration**;
2. Services for women and girls in a context of **gender-based violence**;
3. **Specific services for women and girls who have undergone FGM/C.**



A range of medical, psychosocial, legal, settlement and mental health services

Country / Countries	N	Year of Publication
United States of America	2	1997; 2016
France	2 (+ 1 ongoing)	2007; 2019; (ongoing : MSF-PREVAL)
Belgium	4	2004; 2011; 2019; 2022
Switzerland	1	2021
Netherlands	3	2013; 2020
Ireland	2	2008; 2013
Italy	2	2016; 2018
England & Wales	2	2007; 2014
Portugal	1	2016
Germany	1	2010
Norway	1	2016
Selected countries; European Union	3	2015; 2016; 2018
Spain	1	2016
Australia	1	2019

Review of estimates of prevalence reports N= 26 (+1 ongoing in France) in order to derive the first estimates of prevalence study in Canada





Health & Justice

Canada's Refugee Appeal System involving FGM-related Persecution Allegations concerning Nigerian Girls: An Analysis of the Contribution of Immigration Refugee Board's Chairperson Guidelines 3 and 4 --Manuscript Draft--

Manuscript Number:	
Full Title:	Canada's Refugee Appeal System involving FGM-related Persecution Allegations concerning Nigerian Girls: An Analysis of the Contribution of Immigration Refugee Board's Chairperson Guidelines 3 and 4
Article Type:	Research Article
Section/Category:	Regular Submissions



Chairperson's Guideline 4: Gender Considerations in Proceedings Before the Immigration and Refugee Board

Effective date: July 18, 2022

Guidelines issued by the Chairperson pursuant to paragraph 159(1)(h) of the *Immigration and Refugee Protection Act*



Chairperson Guideline 3: Child Refugee Claimants: Procedural and Evidentiary Issues

Effective date: September 30, 1996

**Guidelines issued by the Chairperson
pursuant to Section 65(3) of the *Immigration Act***



Lessons learned from Belgium Perspective

- Sex no pre-discursive but socially constructed, just like gender
- Women's lived experiences in health system and society can affect their self-esteem and well-being.
- Online self-administered questionnaire with 24 questions including 3 case studies based on professional experience
 - Health-care professionals i.e. gynaecologists, paediatricians, midwives and nurses
 - Social care professionals i.e social-workers, psychologists, sexologists
- Although it is well known that social workers are at the frontline caring for women with FGC i.e. in cases of asylum, little is known about their knowledge on FGM/C

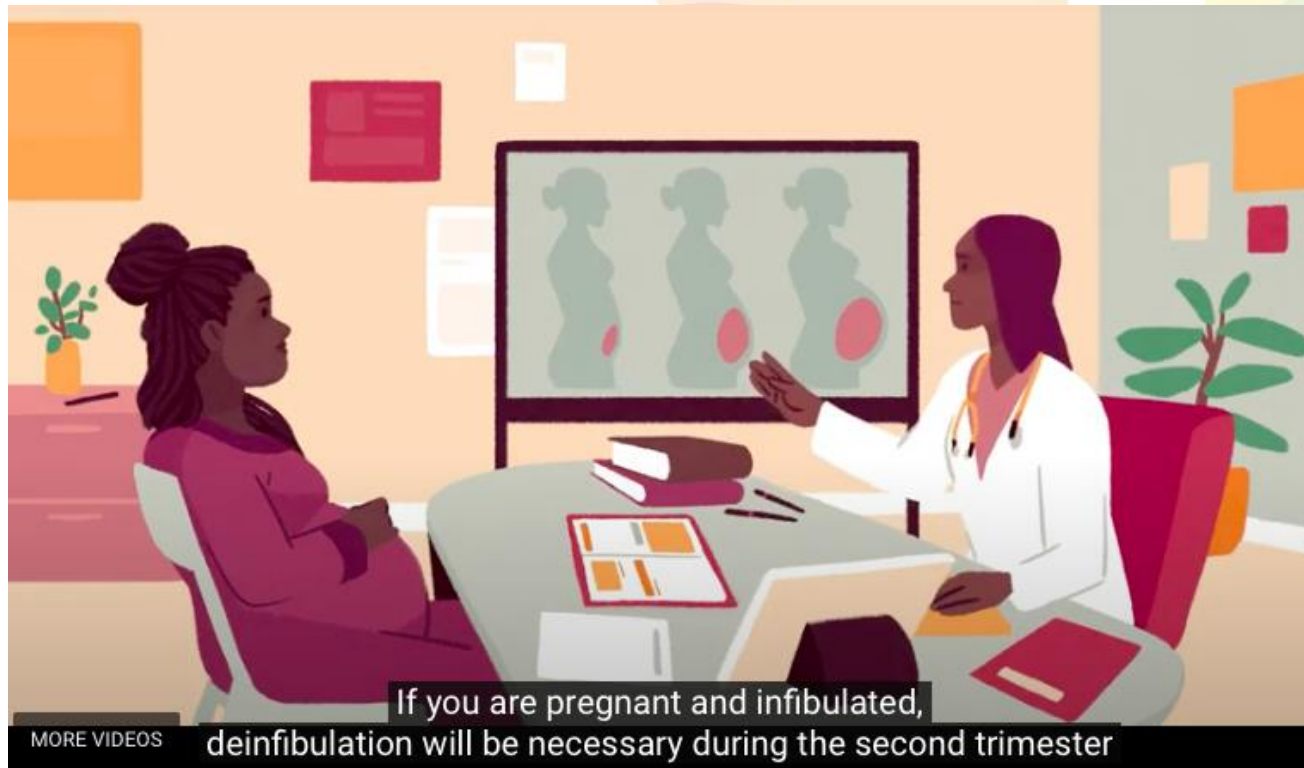


Key findings for Belgium (Brussels and Wallonia region)

- 39 % of medical doctors, 81% midwives and 55% non medical professionals have already provided care for women with FGM/C
- KAP showed a large number of medical and social care professionals never bring up the practice during their consultations (47% of medical doctors, 20% of midwives, 26% of non-medical professionals)
- 75% of professionals stated that they would like further training on FGM/C
- More than 70% desired training on relational aspects and care for women whose FGM/C status has recently been discovered
- More than 60% were interested in legal aspects and how to identify risk in a child as well as prevention



De-infibulation video for affected women explaining the procedure in 7 languages



- Procedure is necessary before child-birth to reduce obstetric complications & in EU often recommended to young infibulated women before .
- Often procedure not explained properly to women, no translator available
- Big physical change for women
- Co-creation of video with women from practicing communities.
- Needs identified based on FGD
- Each step of video validated by women



Addressing FGM/C in France

- A pioneer country in the fight against FGM/C
 - History of steady migrant flows since the 1980s from countries in Africa where the practice happens
 - History of exposure to a large array of actions from prevention to repression



France - Prevalence estimates

- Implementation of an innovative protocol to measure prevalence estimates on a transnational basis to better define the areas in which women and girls are more at risk of FGM/C
- Inspired by the prevalence study conducted in Belgium
 - Unequal distribution on the French territory: prevalence estimates vary between 0.7% and 7.2%
 - Participation bias
 - Exploring replicability in Canada
 - Direct prevalence estimates require significant resources



- Highlights:

- Participation bias : 78% of participants were **women**, 55% were **ob/gyn or midwives**
- Variability in needs and depth in regards to training and support
- Development of innovative healthcare provider training packages incorporating the voices of women who have been subjected to FGM/C, through focus groups
- Unequal access to specialized social and health services
- Methodological biases and limitations in data collection
- Limited institutional recognition
- Lack of studies evaluating the impact of interventions



Lessons learned from Sweden Perspective

The best interest of the child? One Genital but Two Judgments in court?

Birgitta Essén

Senior Consultant ObGyn, Akademiska Hospital

Professor in Maternal & Reproductive Health,

WHO Collaborating Center for Migration & Health Data

Uppsala University



RHCforFGC Gender-Net
Sharing Actions and Strategies for
Respectful and Equitable Health Care for
Women with FGC

How was sex and gender addressed in reproductive health research?
How is research results -on sex and gender- addressed in policy & practice?

Hypotheses:

FGM Policy is more inspired by activism than evidence based results

Practice is more inspired by increasing FGM court cases than present evidence based medical certificates in court

Case 1. The dynamic of gender norms and cultural change after migration.

Is it reflected in policy?

Case 2. The medical certificate, a forensic affidavit, at the core of the process from suspected FGM to a possible verdict in criminal court.

Is it misused in practice?

How was sex and gender addressed in reproductive health research?

How is research results -on sex and gender- addressed in policy?

Hypothesis 1: Policy is more inspired by activist agenda than evidence based results

Gender norms before and after migration: Somalis in Somalia

- Circumcision of boys & girls
- Women and men are, by nature, appropriate for certain tasks
- Women shall have the main responsibility for children and upbringing
- This is no gender oppression: "right" gender shall do the "right" things



How was sex and gender addressed in reproductive health research?

How is research results -on sex and gender- addressed in policy?

Hypothesis 1: Policy is more inspired by activist agenda than evidence based results

Gender norms before and after migration: : **Somalis in Sweden**

- Circumcision of boys but not girls
- A transition from motherhood to parenthood



How was sex and gender addressed in reproductive health research?
How is research results -on sex and gender- addressed in practice?

Hypothesis 2: Practice is more inspired by increasing court cases than present evidence based medical certificates in court

There is a scarcity of identified illegal cases of FGM/C in Europe, and, consequently, relatively few FGM criminal court cases.

This number is surprisingly small, given that hundreds of thousands of immigrants from FGM-practicing countries are residents in EU

For decades now, there have been calls for intensified efforts to identify more illegal cases (*European Commission 2013, 2016*)

Case 2. The medical certificate, a forensic affidavit, at the core of the process from suspected FGM to a possible verdict in criminal court.

LA GACETA

DIARIO DE INFORMACIÓN Y ANÁLISIS DE INTERECONOMÍA
EN UNA ESCUELA DE PRIMARIA

21 juni 2014

Mutilación genital en un colegio de Suecia

merkur-online.de

Artikel publiziert am: 20.06.2014

Ärzte bei Untersuchung entsetzt

Schulklasse mit 30 Mädchen intim verstümmelt

Norrköping - Ihre Untersuchungen sollen die grausame Praktik verhindern - doch Ärzte mussten entsetzt feststellen: Alle 30 Schülerinnen einer Mädchenklasse in Schweden waren an den Genitalien verstümmelt.

Mädchenklasse in Schweden genitalverstümmelt

28 der 30 Mädchen seien der krasssten Beschneidungsform ausgesetzt worden, erklären Schulärzte.

THE TIMES OF INDIA

Swedish school where every girl in one class was subjected to genital mutilation

FGM in Sweden: School where every single girl in one class underwent procedure exposed

THE INDEPENDENT



extreme kind of FGM

60 cases of female genital mutilation discovered in Swedish school

Published time: June 20, 2014 15:19
Edited time: June 20, 2014 16:40

Get short URL



Reuters/Stringer

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Up to 60 cases of genital mutilation among elementary school girls have been discovered in Norrköping in eastern Sweden since March, local media reported. Among the cases, 28 girls were subjected to the most severe form of genital mutilation.

Tags
Children, EU, Human rights, Medicine, Scandal, Sex, Violence

Reuters
20 juni 2014

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NEWS

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World Africa Asia Australia Europe Latin America Middle East US & C

FGM: Dublin couple jailed over genital mutilation of daughter

27 January 2020

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The DAILY NEWS

Swedish health authorities discover every girl in one class had undergone genital mutilation: report

Sixty cases were found in an eastern Sweden school, according to newspaper report. Nearly half had suffered the most extreme type of mutilation.

The New Zealand Herald

Search keywords...

National Video Opinion Business Technology World Sport Entertainment

Shocking extent of genital mutilation in Sweden



One Genital but Two Judgments

Why do “expert witnesses” draw different conclusions in suspected cases of illegal cutting of girls’ genitals?

Dr. A does not see a clitoris, but Dr. B does.

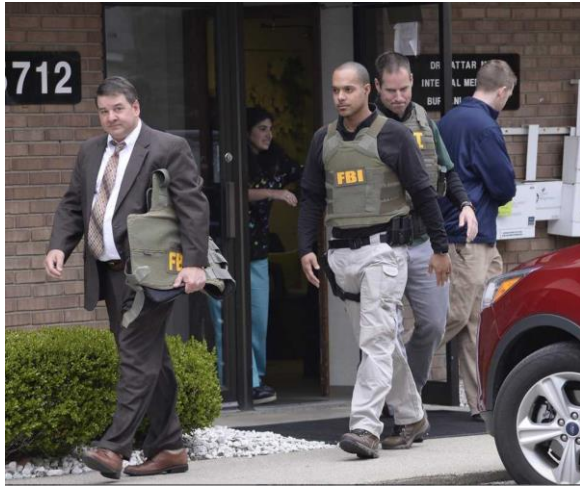
Dr. C identifies scars, but Dr. B sees physiological skin folds.

Dr. D describes normal anatomy, but at the same time concludes that ‘it is most likely mutilation.’

Dr. E sees asymmetric labia minora and judges it as cut labia, but Dr. B assesses it as part of normal variations of anatomy

Essén, B. (2020). One genital, two judgments: Why do “expert witnesses” draw different conclusions in suspected cases of illegal cutting of girls’ genitals? In (S. Johnsdotter, ed.) Female Genital Cutting: The Global North and South, pp. 259–287. Malmö: Centre for Sexology and Sexuality Studies, Malmö University.

Dare to see and handle the facts with respect



- Parents are accused
- Parents are sent to court
- Parents are in jail
- Parent have lost custody

What is the best interest of the child?

Essén, B. (2020). Professionalism & practice: Safeguarding of best practices of genital examinations and equality before the law.

Journal of Obstetrics and Gynaecology Canada, 42, 2, e20-e21. doi: 10.1016/j.jogc.2019.11.038.

Some of the references

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- Hanberger A, Essén B, Wahlberg W. (2021) **Attitudes towards comparison of male and female genital cutting in a Swedish Somali population.** *Acta Obstet Gynecol Scand,*
- Essén B, Mosselmans L. (2021). **How to ensure policies and interventions rely on strong supporting facts to improve women’s health: the case of Female Genital Cutting, using Rosling’s Factfulness approach.** *Acta Obstet Gynecol Scand.*





RHCforFGC

**Need to Untangle Gendered Responses for
Respectful Health Care for Women and Girls with Female Genital Cutting**

