Migrant and Refugee Women, Scaremongering and Afterthoughts on Female Genital Mutilations

By Pietro Vulpiani, Senior Adviser on Migration, Public Administration, Italy

Abstract:

In the last decade European governments have formally committed to preventing female genital mutilation (FGM). These practices have been tackled with specific laws and projects, but scaremongering has also been rife. In Italy, prevention has partly relied on sensationalist and top-down approaches that don't help ethnic communities understand the problem. A survey involving migrant women revealed misunderstandings, conflicts and ambivalent attitudes towards the norms and values these practices are based on and the laws introduced to put an end to them. Women thus face an impossible choice (between their family or the host society), while both entities exploit similar bio-political processes to activate either social inclusion or exclusion policies. For the community to which they belong, a mutilated body guarantees identitarian acknowledgement, but the host country refuses it and holds their community responsible. If the abuse is reported or the practice rejected, one may be guaranteed international protection but will probably be ousted by one's family and community. Culturally targeted communication, based on tailor made and peer-mentoring exchanges can create bonds of trust between victims, institutions and services, helping women who share FGM values, beliefs and meanings to overcome these conflicting values they have to come to terms with.

Introduction

1 Since the late '90s in several European countries increasing attention has been paid to the diffusion of female genital mutilation (FGM), due to the growing number of immigrants landing in Europe from African countries where these harmful traditions are still practiced. And yet this painful tradition has been known and documented as having taken place as far back as 2000 years ago, when in A.D. 25 the Greek historian, philosopher and geographer Strabo, journeying to Egypt, wrote that: "this is a widely followed tradition [...] to circumcise males whilst cutting females" (Strabo 17.2.5; Morrone and Franco 78). And when, on February 6th of 2003, the First Lady of Nigeria, Mrs. Stella Obasanjo, made an official declaration in Africa regarding "Zero Tolerance of FGM", during a conference organized by the IAC, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, she remembered and emphasized the great commitment for the eradication of these practices at the local, regional, and international levels since the early 1930s (Feldman-Jacobs). Thanks to the efforts of the IAC, of several African and

International NGOs and women such as Mrs. Obasanjo, the UN Sub-Commission on Human Rights has adopted the 6th of February as its International Day of Zero Tolerance for FGM. Since this formal undertaking, ceremonies have been taking place around the world and in Europe on this particular day. And since 2001, the European Parliament has condemned female genital mutilations and called for specific legislation to be introduced in all EU Member States to tackle these practices. The European Parliamentary resolutions of March 24th, 2009 (2071/2008), June 14th, 2012 (2684/2012) and February 6th, 2014 (European Commission), call on Member States to tackle these harmful traditions with "the protection of women and girls and the identification of victims and in taking measures to ban gender-based violence including FGM" (European Parliament 3). At European level, several EU Directives[1]have been put in place that provide international protection against harmful practices such as FGM. Moreover, the Stockholm Programme (2010/C 115/01), adopted under the Swedish Presidency in December 2009, states that "Vulnerable groups in particularly exposed situations, such as women who are the victims of violence or of genital mutilation or persons who are harmed in a Member State of which they are not nationals or residents, are in need of greater protection, including legal protection" (European Council 10). Another relevant international tool that is improving the protection of asylum seekers at risk of FGM is the Istanbul Convention. "With its entry into force in 2014, the Istanbul Convention legally obliges State Parties to accelerate preventive measures to protect and support FGM-affected women and girls" (Petitpas and Nelles 83). The Istanbul Convention is the first treaty to recognise that female genital mutilation exists in Europe and makes it compulsory to offer protection and support to women and girls at risk (Coe). In Italy, Legislative Decree N. 142/2015 implements Directive 2013/33/EU that sets standards for the

[1]The most relevant Directives fostering protection asylum seekers by harmful practices are: the EU Council Directive laying down minimum standards for the reception of asylum seekers (2003/9/EC); EU Council Directive on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted (2004/83/EC); EU Council Directive on minimum standards on procedures in Member States for granting and withdrawing refugee status (2005/85/EC); Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted; Directive 2013/32/EU of the European parliament and of the Council of 26 June 2013 on Common procedures for granting and withdrawing international protection. The European Directive 2013/33/EU laying down standards for the reception of applicants for international protection, introduces gender specific reception conditions which will also apply to those fearing FGM, namely: i) the special needs of all vulnerable female applicants will need to be identified in a timely manner; ii) those subjected to serious acts of violence should have access to rehabilitation services to obtain the necessary psychological and medical support; and iii) accommodation facilities should be gender sensitive.

reception of asylum applicants and Directive 2013/32/EU on common procedures for the granting and revocation of international protection status. Its article 25 includes FGM victims among the most vulnerable people entitled to international protection. At international level, the ambitious goals outlined in the 2030 Agenda for Sustainable Development expect this practice to be eradicated by 2030.

2 In recent years, the efforts of non-governmental organisations, associations and many female activists from countries where traditional excision is still practiced, as well as those of many public administrations, has had a considerable impact on the prevention and eradication of FGM. This international commitment, alongside the productive collaboration between organisms and institutions both in the North and South of the world and the joint efforts to ratify the Maputo Protocol, the Charter of American Women's rights which since 2003 has reiterated the illegal nature of every form of mutilation on the body of women and the many awareness campaigns and international lobbying initiatives have helped develop the current legislative and regulatory measures designed to prevent and stop female genital mutilations in African countries like Burkina Faso, Ivory Coast, Egypt, Djibouti, Ghana, Guinea, Senegal, Tanzania and Togo. Clearly the introduction of a judicial instrument banning FGM is an essential step towards eradicating these practices, but the worrying extent to which excision and infibulation is still being practiced even in countries where it is banned make it even more crucial that these regulations be accompanied by educational and cultural awareness strategies that can reach out to the heart of these communities and undermine the symbolic value systems that grant a form of legitimacy to these operations performed on so many children and innocent women. In fact, while in countries such as Kenya, FGM practices already only concern 10% of potential victims and in Ghana now it is only 2%, the same drop has not been registered in Somalia, Djibouti, Egypt and Guinea, where the practice is still performed on 90% of female population. Other countries with no great decrease in FGM are Gambia, Guinea-Bissau, and Chad. The phenomenon has however halved in countries like the Central African Republic, Liberia, Nigeria, Iraq, and has dropped even further in Togo, Cameroon and Benin (Unicef 2014). Nowadays, the risk that a girl will face FGM is about one third of what it was around three decades ago (idem). However, the number and global ratio of girls born in the 29 countries in Africa and the Middle East where FGM is concentrated will continue to increase due to the rise in the demographic curve in these countries. For the same reason, European countries could see an increase in the number of girls migrating away from these countries which could have an impact on the number of FGM cases reported on the continent. This will be even harder to detect given the problems linked to under-reporting and

the difficulty in collecting reliable data within the communities where FGM is practiced. Reliable and comparable estimates on the dissemination of FGM in Europe has only been available very recently (Van Baelen et al.; Eige).

3 Even on the prevention front, in spite of the many excellent information and formative campaigns, institutional awareness of these issues in Italy is still very limited and communication failures have increased and not reduced the difficulties encountered when trying to understand the scope of the problem and making any headway in changing the cultural perception of these practices. This has led to an instrumental exploitation of the risks of FGM in racially prejudiced political rhetoric that has used this phenomenon in order to stigmatize entire foreign communities. Political and media sensationalism surrounding FGM, by highlighting such a complex problem without providing appropriate tools for its comprehension, has not helped the families involved to come to grips with these oppressive rituals. The ethnic communities have tended to react by closing themselves off to outside influences. A pamphlet sponsored by the Presidency of the Council of Minister's Equal Opportunity Department in 2004, which was handed out to FGM victims, was entitled "FGM: A barbarous and senseless practice" (De Luca). In it, the correct explanation of the possible medical and psychological complications that FGM can carry with it, was undermined from the outset by a title that contained an obviously asymmetric and Euro-centric bias. Another initiative which involved a toll-free number linked to the State Police and set up in 2009 within the context of Law no. 7/2006, through which people could report FGM cases, has not led to any significant results (Stella). Finally, Article 17 of the Legislative Decree no. 142 of 2015, has expanded protection for FGM victims, offering them the opportunity to be hosted by reception services in Italy. In spite of the very noble goal of protecting the victims, the lack of any culturally informed methods of communication and social inclusion has meant that any woman accepting the protection immediately loses all support from their family and community. In all these instances, the FGM victim is caught in between two incompatible universes, their traditional social context and the rule of law, which both mean to impose a form of political control over their mutilated body. The imposition of a form of bio-political control over the mutilated body leads to a perfect Catch-22 situation: the mutilation is the necessary condition to be accepted within one's own community as a woman/wife/mother, but it is also a required condition if one wishes to claim and obtain international protection from our host society that is intent of protecting FGM victims. As the woman/victim is invited to report her persecutor (her family and her traditional values) to the legal authority, she finds herself in a double bind: only by violating traditional rules can she comply with the laws of

her host country. This inner tension is clearly voiced in the interviews discussed below with women have been subjected to FGM. From their witness accounts, filled with misgivings and political claims, we can start to picture the social and cultural nature of this cruel identitarian practice, which is clearly very difficult to relinquish. Their words can be understood along the lines of Focault's (128) idea of biopolitics, that defines the power of institutions (in this case the family's and society's) to control individuals and collective groups even through their body and sexuality. FGM leads to an active exploitation of the mutilated female body, a subject that is subordinate and constrained by an externally controlling agent, and thus wittingly decides to put her daughters and grand-daughters at the mercy of the same agent. The body of the interviewed women is considered as a tool that incorporates and reproduce social roles and cultural signifiers, as a form of negotiation with the social context to which they belong or which has taken them in, through wounds/symbols that brand the female body (Lock and Scheper-Hughes 61-63). Furthermore, revising the Foucauldian theory of biopower, Giorgio Agamben's notion of 'bare life', biological life included in the political control and violence of sovereign power (Agamben), can enlarge the interpretation of FGM. Thus the body with mutilated genitals is transformed from a "bare life" without rights, into a political subjects with rights, both within the traditional community (in as far as the victim of FGM becomes marriable) and as deserving of international protection by the Rule of Law (as a refugee to be protected). As happens when a sans-papier immigrant acquires citizenship rights as a subject to be protected in that they are sick (Fassin), the FGM victim sees her citizenship right granted as a wounded woman deserving of protection. An understanding of the individual and emic meaning assigned to FGM in the West then becomes a key through which one can start an intercultural discussion, capable of challenging cultural and identitarian values and sowing the seed of doubt with regard to traditional dogma. If we can unravel the semantic value that these women assign to FGM, will can hope to understand how to shape a culturally based discussion and communication. In this way we will avoid all sterile media sensationalism, and promote meetings between people and communities from the bottom up, with the involvement of men and women, in order to achieve a truthful and lasting cultural shift that should lead to these harmful practices being abandoned.

Alarmism and scarce research

4 Firstly, the vast media and political attention paid in the 2000s in Italy to the phenomenon of FGM has not always been matched by accurate statistical and epidemiological analyses, or by comparisons of the data on the dissemination of FGM in the

countries where it is still practiced. Generally speaking a lack of serious research and the false social alarms resulting from biased media reporting, have resulted in a very distorted image of how by migrant families feel about FGM and how actually widespread it is. In various European countries there have been reiterated public claims that thousands of young girls are at risk of excision and infibulations every year. Politicians and journalists make comments to the press that mingle a thrilling fear of the exotic with elements of voyeuristic amazement and value judgements that deform reality and simply foster stereotypes and stigmatise entire migrant and refugee communities. The distortion of reality undermines intercultural communication or attempts to understand the true extent of the phenomenon and the cultural changes that are taking place. Furthermore, focalising on the dangers these defenceless children face certainly garners a quick emotional response from the public, but it completely overlooks the serious and much less media-grabbing problems of the medical complications caused by the mutilation of female genitals, both for the young and old who have suffered these practices in their country of origin.

5 In Italy, where FGM was banned with Law N. 7 of 2006, policymakers and institutions, have formally committed to fighting these practices with a specific law and by providing funding for prevention projects. Unfortunately, overestimated figures of FGM and the fear of a spread of FGM due to the scale of the landings of migrants and refugees on the European coasts, have often amplified the phenomenon unduly, stigmatizing entire groups of asylum seekers. This alarmism has been growing since the 2000s. In March 2001, during the presentation of the International Forum against female genital mutilation, the main newspapers estimated that there were 50,000 infibulated women in Italy, a figure that was growing at a clip of 6,000 young girls a year (Vulpiani 51). “Infibulation, this barbarous practice now reaches the Italian shores”, was the title that was being bandied about by the Italian press at the time (*La Nazione* 21). These figures have been dredged back up every year, particularly as the February 6th celebrations approach. Even in February 2017 the *La Stampa* newspaper announced that there are “around 57,000 women in Italy with mutilated genitals” (Parlangeli). These are worrying figures that would seem to indicate that many young girls who are now fully integrated within our Western societies are at risk. However, the collective representation of the spread of the phenomenon is clearly at odds with the in-depth analyses carried out in various countries. In Sweden and Great Britain, for example, there have been no documented cases of excised or infibulated children, as all judiciary police enquiries have not come up against any such violence on minors. Sara Johnsdotter (2004 78-79) has underlined these critical aspects by analysing the limited literature available on the

issue and suggesting a new approach to the problem that might combine a constant vigilance to ensure that these violent practices are not reiterated, with a healthy dose of scepticism regarding all the sensationalist coverage that is not backed by serious and painstaking analysis.

6 But getting back to the alarming Italian figures, what is a realistic figure of the women and girls who are at risk of being subjected to FGM practices? A survey by the Piepoli Institute, a major polling company, published in 2010, covering the six regions with the greatest number of women from countries where excision is practiced, has come up with a map of the risk starting from those regions that are home to 85% of women from FGM risk countries (Lombardy, Veneto, Emilia Romagna, Lazio, Piedmont, Tuscany). The total number of the target population was 110,000 people, of which 35,000 were women who could have been subjected to FGM practices. The calculation was based on approximately 4,600 young and adolescent girls below the age of 17 from at risk countries, of which approximately 22% could have potentially been subjected to FGM practices (a percentage estimated based on the incidence and fall off of FGM in the countries of origin and the migration effect): this means that the potential victims of these practices in the coming years among young and adolescent African girls living in Italy are approximately 1,000.Clearly even if just one single little girl was at risk of being subjected to FGM procedures one would still have to confront the problem and find judicial tools to remove the risk. But does it make sense to discuss these issues with the public at large when only specific sectors of the population are affected? Furthermore, though we have no wish to underestimate the need for constant and caring action aimed at preventing and combating FGM, it is nevertheless essential to clear the deck of any prejudices and stigmatizations, so that a culturally oriented approach can take into account the roles, meanings and cultural changes affecting these ritual practices. This is the only way we can hope to come up with effective information models and educational measures.

7 When reading media news and documents published by associations and organisations engaged in fighting FGM, we are constantly reminded of the danger for so many young daughters of women who have emigrated from countries where these practices are performed, that they too may have to suffer these practices in Europe or when they go back to the country of origin on holiday. The reproach and anxiety resulting from horrific actions performed on defenceless young girls, presents a very emotional backdrop, often with an ideological slant, that makes it that much harder to analyse the data and engage in a rational scientific debate to assess the true extent to which these cruel practices are shared by the immigrant and refugee

communities in Europe. According to Melissa Parker (507-509), many European and North American investigations of the medical complications and social aspects of FGM are strongly affected by these strong emotional distortions, influenced by sensationalist press strategies and false social alarms designed to bolster the undisputed authority of a number of associations and organisms operating in the field of reproductive healthcare in Europe. Intense emotions underlying this concern are often tainted by biased ideological moralism that views the evil exoticism of these practices as a challenge to be won at all costs to ward off the new barbarianism introduced to the West by immigration (Johnsdotter 2002). The most widespread position here is that an excessive protection of cultural prerogatives and diversity could justify serious forms of physical and psychological violence. In this climate of moral reproach, all attempts to understand the true epidemiological and semantic boundaries of the FGM phenomenon in Europe is disdainfully labelled as a relativist and complicit attitude that justifies violence against young defenceless children, without being given a chance to argue its case. The fact that a practice makes sense within a cultural context cannot be taken as a valid justification, yet one cannot avoid addressing the profound significance that these social entities assign to such practices (Augé 96) if we want to see changes in regulations, values and ideas.

8 So, scaremongering notwithstanding, there is an urgent need to take action against the medical, psychological and sexual complications these female genital mutilations carry with them. These actions must also involve the medical professions, which come into closest contact with these phenomena, and must be provided with the appropriate tools to discuss it with their patients. This will only be possible if procedures related to FGM are somehow developed by seeding an understanding of the medical complications in the target population. Families need to be supported in their rejection of practices that are so damaging to a child's physical and psychic health, but many health professionals currently claim they have little knowledge of FGM and are rightly asking for appropriate training to confront a phenomenon that up to a few years ago was unknown in doctors' offices and hospitals (Thierfelder et al.; Morrone and Sannella; Caroppo et al).

Harmful traditions, migration and cultural change

9 In recent years, significant cultural changes have led to a drop in FGM practices in countries where they were historically more widespread. From 2014 onwards, updated reports on the prevalence of FGM in several African countries, showed a decline of these practices among girls aged 0 to 14, suggesting that fewer women and girls were subjected to the

procedure when compared to data from surveys carried out between 2003 and 2011. Unicef and Unfpa in their updated data sheets found that in one-third of those nations half as many young women aged 15 to 19 had undergone FGM compared to older women, aged 45 to 49. While in general terms, improved surveys and reports have raised estimates of the total number of women subjected to FGM practices worldwide, partly as a result of a more detailed analysis of the phenomenon in Indonesia, the 2017 update of the new Population Reference Bureau Wallchart (PRB) on data and trends, shows that countries such as Burkina Faso and other African countries registered the steepest decline in female cuttings. In Burkina Faso, for example, 14 % of girls aged 5 to 9 and 5 percent of girls aged 5 and under suffered FGM, compared to 90 percent of women in their 40s. This decline is higher still within migration flows.

10 People who emigrate may have inclination to abandon traditionally held norms. All this is evident in Europe in the social integration process of families from countries where FGM is performed. Emigration and inclusion within a new cultural context mean that immigrants tend to engage in an unwitting renegotiation of their own original cultural values which they necessarily compare to the one they now find themselves in. For this reason, the culture of each individual should not be considered as an independent and uniform set of values, norms and symbols that are statically passed on from generation to generation, but should instead be viewed as a magmatic and somewhat opaque collective product, in which the dialectic nature of each individual's relationship with society helps to sow doubts and contradictions that are the basis of the tensions that afflict every cultural reality. This means that, in studying FGM in Europe, a strategy designed to take into account the subjective meanings that each individual (and not every abstract 'culture') assigns to genital mutilation practices, will inevitably shift awareness from a stereotyped cultural fossilization, whereby infibulated victims are often considered the future infibulators, and accept that people can interact with the own world of values, which are often contradictory, to find new ways of freeing themselves from the cultural models imposed by tradition. All this causes the kind of ambivalence towards FGM that can be found in many immigrant and refugee men and women in Europe, an ambivalence that can best be perceived by comparing the country of origin with the host country. According to Gerry Mackie (2000), the decision to continue or reject the practice of FGM falls within a strategy that is perfectly normal among mothers, who like every other parent want the best for their children. The mothers that reach this decision do so to guarantee their daughters a future, for example by ensuring that through infibulation they will be virgins at the time of marrying and will find an appropriate husband to marry, in

contexts where the non-infibulated woman is considered 'socially dead'. The same mothers chose not to have the operation performed on their daughters, in a context where not being excised or infibulated guarantees a better life and avoids stigmatisation, as happens in a number of European immigration contexts. Emigration and integration in a different social and cultural context has certainly had a strong impact on the tendency to review traditional cultural models, catalysing processes that lead to reassessments and cultural change that often juxtapose first and second-generation immigrant women European research has revealed a strong sense of critical awareness among second generation immigrants regarding the need to reject every form of FGM. In research conducted on the Somali community in Sweden (Johnsdotter 2002), it has become apparent that the gradual phasing out of arranged marriages, the fear of stigmatisation by the host culture, and the risks pursuant to the laws introduced against these crimes have led to a gradual rejection of infibulation. This rejection has also been made possible thanks to Islam's position against infibulation, a practice that is considered prohibited by God or *haram*. The refusal of infibulation does not however coincide with the loss of value of virginity, even in the Swedish society in which virginity may no longer be viewed as a positive attribute (Johnsdotter 2002; 2009). In Sweden, virginity for Somali girls is now being associated with the trust relationship with one's freely chosen partner, and the need to maintain one's chastity up until marriage (ibid). The values associated to genital modification such as pride, purity, aesthetics and faithfulness, are acknowledged even without the need to resort to excision and infibulation practices, and many of the girls interviewed opt for alternative methods of symbolic legitimization of their social standing, such as the symbolic *Sunna*, an alternative practice that consists in a pricking of the outer membrane that covers the clitoris with a pin or a thin needle (Vulpiani, Focus Group 3). The symbolic *sunna* is an alternative symbolic rite proposal discussed among Somali women in Florence, and formally presented in 2004 by dr. Abdulcadir Omar Hussen and dr. Lucrezia Catania of the Regional Center for Preventing and Curing FGM and its Complications at Carreggi Public Hospitals of Florence. The idea opened a controversial public discussion involving media, NGOs and policy makers, that ran out in 2005 with the final withdraw of the proposal (Catania and Hussen).

Values and ambivalence towards FGM

11 FGM is declining in several countries (Unicef), and in Italy associations and migrant activists, who have easier access to migrant and refugee women, are contributing to the rejection of these practices. With their support, training courses and culturally focused

projects of sensitization, based on tailor made and peer-mentoring exchange, could help to overcome the lingering doubts in migrant and refugee women that still, consciously or subconsciously, share FGM values, beliefs and meanings. In general, whether cultural attitudes are very much against FGM, training courses, interviews and focus groups carried out with cultural mediators and migrant and refugee women of countries with prevalence of FGM, showed misunderstandings and ambivalent attitudes towards norms and values that justify these practices. These ambivalent meanings and feelings have been investigated through a survey involving migrant and refugee women in the 2000s.

12 Through a series of interviews, carried out in 2003-2004 with 30 women who were subjected to FGM[2] and thanks to 5 focus groups held in five Italian cities in 2010 (Rome, Florence, Turin, Palermo, Lecce) with 25 cultural mediators from countries with excision customs who attended training sessions that provided tools to counter FGM, I had the chance to discuss a few symbolic and semantic reformulations of the excision and infibulation practices that have been noted in women who have emigrated to Italy. The women involved were from Mali, Eritrea, Somalia, Nigeria, Ethiopia, Sierra Leone, Algeria, Cameroon and Egypt and were aged between 16 and 50 approximately. They had been living in Italy between 5 and 25 years and spoke good Italian. A few of them had already been involved in cultural mediation in a health/sanitary context. The focus group participants were never of the same nationality, because they had reported that they had never had the opportunity to discuss FGM among their friends or family, seeing as any discussion of it with parents and/or relatives was considered taboo. Many of them felt embarrassed discussing these topics, particularly with women of their own nationality, for fear of being criticised and becoming a subject of gossip. For this reason, they preferred not to have people of the same nationality or ethnic group within the same focus group. Many of the women interviewed had no idea how widespread the practice was in their own country of origin, while they only fully understood once they were in Italy that these were illegal practices, that were not shared by all women of their community and came to realise the existence of other forms of FGM to the ones they had experienced or encountered.

13 “What are you waiting for… for her to get married?” (Vulpiani, Focus Group 1). As agreed by several participants during focus groups, these were the words young women who had immigrated to Italy from countries where FGM was practiced often heard from their

[2] The interviews had been carried out by the author as part of the Daphne “Stop female genital mutilation: a European strategy” project coordinated by the Rome Council, Department XVIII Security; the 5 focus groups had been carried out in the framework of a consultancy with the Rome’s National Institute for Health, Migration and Poverty (NIHMP).

grandparents still living in their country of origin. Faced with social and family pressure to subject their young girls to FGM, many women have a hard time standing up to mothers and mothers-in-law. But the awareness that they must find a way of putting these traditions behind them is also summed up by a sentence often quoted in the interviews: “I understand my mother, but I’d never do it to my daughter” (Vulpiani, Interviewee 12). The interviews and focus groups, regardless of whether FGM was considered negatively or positively or its legitimacy, were mainly focused on explaining what we believed to be the reasons, causes, belief and value systems that had led to these practices taking root. Even when faced with similar points of view, there was a great variety of representations of FGM within the imagination of those who experience them within their community, and vary from person to person rather than based on cultural affinity. Meanings of FGM were repeatedly mentioned in interviews and focus groups. Some of them are here underlined: The protection of a woman’s virginity before marriage, a way of ensuring there are no pregnancies out of wedlock, also imbued with associations of cleanliness, aesthetics, emblematic of femininity often synonymous with fertility and improved chances of having children, the will of God, which implies religious compliance, and so on. There are many lines of reasoning that can be brought to bear to justify or even just understand the age-old practice that has been passed on within many ethnic communities. These are emic explanations, that are internal and legitimate within community, that we can easily access by speaking to people from countries where excision is a traditional practice; small clues that can lead us to understand the many cultural values that are assigned to FGM but that never access the common structural root underpinning cultural gender differences.

14 Seeking control over a woman's sexual and reproductive potential is a broadly shared explanation of how infibulation practices have become a way of protecting a woman's virginity prior to marriage and ensuring that a girl does not become pregnant out of wedlock. As a Somali interviewee pointed out, such a woman would be “socially dead” (Vulpiani, Interview 8), deprived of any social support from her family or clan, and the *wacal* (fatherless) child would grow up without any protection in the future, as he/she would be deprived of the social and cultural legitimacy that only affiliation with his father’s clan can guarantee. One young Somali girl mentioned that one of her family’s mottos was: “Marry who you know, and you will give birth to something known” (Vulpiani, Interview 7). This entails that the woman’s role is to get married into her community and to accept the mutilation of daughters at an early age in order to fulfil symbolic protocols that guarantee and protect the woman and her reproductive potential within a future marriage that is the basis of

the social structure. Emigration to Western countries, effectively produces a very profound revision of the cultural contexts that legitimate FGM; but migrants and refugees can still retain significant points of contact with the symbolic representations shared with their country of origin. The opportunity to share and discuss these issues during the focus groups provided the opportunity to voice other cultural justifications on these issues, that still highlight the importance of FGM as a rite of passage. Another Somali woman during her interview said: "Hey, I have to guarantee a future for my daughter, I can't just leave her with her shameful parts and dump her in the middle of the street; no one will want to marry her then." (Vulpiani, Interview 18)

15 How can we not approve the words of this Somali woman who wants to ensure her child has a best future, if it were not for the fact that by shameful parts she is referring to the clitoris and minor labia of her innocent new-born child. In the mother's eyes, and in that of her community, ensuring that her child has a future as a wife depends on a readiness to deface that person's body, so that it may comply with the symbolic dictates of a social body which requires an imperfect nature to be modified. For the mother, the cutting of the child's genitals becomes a symbolic, albeit cruel, acknowledgement of the need for social protection of the future woman/wife and the child they bear. It is way of ensuring that the mother and child will be respected within society and any offspring will receive the community's support. The interviews and focus groups often brought to light the dichotomy between 'open' and 'closed' women. Apparently the 'closing' of the labia minora of the little girl engaged in this rite of passage has a great symbolic value in terms of the child's identity, as a way of showing the individual's acceptance of values shared with the community and its institutions. The 'closed' woman is fully acknowledged by the entire community, enjoys respect and is guaranteed an honourable future, compared to a less deserving 'open' woman, who is constantly at risk of being marginalised and social excluded, when not subjected to sexual molestation. Furthermore, as some interviewed women explain, the event is awaited and experienced as a *very special moment* by the young girls that are still not undergone FGM, and who anxiously await the moment when they can become women, wives and mothers and have full membership of the community they belong to (Vulpiani, Focus Group 3). The social importance of the act is further revealed by the enigmatic paradox of the young girl who is suffering the pains of the cutting and the festive family, outside the home, that is celebrating the great event with the entire community.

Attitudes, contradictions and new meanings of FGM in the host countries

16 By emigrating one subconsciously becomes subject to many pressures stemming from the encounter and adoption of cultural values and behavioural models that were previously unknown: these are cultural dynamics that even for FGM victims may lead to new contradictory cultural meanings and a forced alteration of ritual practices. Changes affect the system of symbolic values with which these practices are imbued, through syncretic merging with the traditions and values pertaining to the host countries.

Given the complexity of the problem and the adaptive responses of migrants and refugees, the new attitudes and behaviour surrounding FGM may lead to formal changes that are designed to conceal the phenomenon to our eyes, or substantial ones, which should be capable of modifying the symbolic representations and values assigned to the practice. In other words, a formal behavioural change is the lowering of the age of FGM (Creighton and Hodes 267). Over the past 15 years, Unicef worked to standardize survey questions on FGM, in order to prove how many girls and women are undergone FGM before the age of 15 and often in infancy or early childhood (2013, 7). FGM is shifted away from the major events of puberty and a woman's social development such as the first menstruation or marriage, and is instead brought forward to the early days of a young girl's life. The change, that has already taken hold in the countries where FGM originated, with excision and infibulation rituals performed in early infancy[3] , on arrival in a European country leads to a very sudden lowering of the age range, particularly when with FGM one risks being reported and jailed (Creighton and Hodes 267). Furthermore, by lowering the age one reduces the risk of resistance or reporting by the young girls involved. In this case the change in the ritual practice, or the shift from infibulation to excision, are functional responses to a change context and do not alter the ideology or the symbolic representations that underpin the act of mutilation, nor the legitimization of these practices by those who are not in a position to carry them out due to a lack of means or because they have no daughters. An emblematic case, mentioned during a focus group, was provided by an Ethiopian woman who was assisted by an Italian operator in Sicily for a gynaecological problem; during an extended period in which the woman was in touch with the operator, the woman had always shown a very strong and outspoken refusal of all mutilation practices; subsequently, when one of her sons was about to be married, she who had only had male offspring, would only approve of her son marrying a 'closed' daughter in

[3] From the first days after birth to 3-4 years of age for female circumcision to between 8 and 10 years for infibulation of young girls.

law, justifying her position with a very clear explanation: “but that’s my son, he would certainly not marry one of those open women” (Vulpiani, Focus Group 4).

17 The woman felt there was no contradiction compared to what she had stated in the previous months: In fact, she constantly reiterated her approval of our system protecting little girls from the risks of being subjected to FGM, showing formal acknowledgement of the rights of women and her firm belief in her claim that she was against female mutilation in Italy. Her acknowledgement regarding the need to fight FGM was just formal and not matched on a practical level by a will to actually forsake said practices, which she instead considered an essential yardstick when assessing the marriage potential of an aspiring wife for her son. These contradictions are fairly common and may also depend on a lack of competence in the Italian language, and difficulties in effective communication and finding a shared cultural horizon. An extreme case in point relates to a Nigerian wet nurse who had enrolled in a training course on prevention of FGM in Turin: she believed that the course was going to teach her how to better practice excision of the labia and clitoris. Only her questions during the course did her mates realise the extent of the misunderstanding (Vulpiani, Focus Group 2).

18 The interviews and focus groups also led to extensive questioning of FGM, even though the values involved were considered paramount by the family of origin, and there had clearly been a distancing from the traditions and actual rejection of the reasoning that lent legitimacy to these practices. In this case these were substantial changes, capable of producing a collective and community based reassessment of FGM practices as they were performed in the emigrant’s country of origin. The emotional involvement and the allocation of meanings to the excision practices thus lose their shared community basis that can more easily be pursued in a village context. The practices encounter direct pressure through personal and family experience of integration or marginalisation within the host society. The migratory project has its bearing on this change of attitude: the readiness to integrate within the society into which one has emigrated or a very reclusive attitude that points to yearning to return to one's country of origin clearly affect the decision to refuse or impose the violent traditional markings of the bodies of daughters. By the same token, marginalisation or acceptance by the country to which one emigrates can increase the likelihood of either a rejection or the embracing of a value system that does not accept excision or infibulation. The risk of a whole range of responses is apparent within second generations, who while striving to move ahead also heed their traditions just in case they are denied an acceptable future; or systematically rejected by the host society or if no social and economic mobility is also forthcoming; or

when faced with constant stigmatization or criminalisation of the reference community. It is the case of an 18 years old Somali girl living in Florence, deeply depressed for her marginalization by Italian peers, who decided to come back to Somalia to be infibulated, against the opinion of her family and the cultural mediators that were unable to persuade her[4].

19 Based on the interviews and focus groups we could say that in Italy we still have to deal with a considerable clash of world views, one that considers these practices acceptable while the other openly condemns them. This juxtaposition comes to the fore every time we start to engage in honest discussions among women, whether or not they belong to countries with a tradition of excision. In a very heated discussion between a Rumenian cultural mediator who viewed the practice of violating a small girl's genitals as barbarous and a woman from Sierra Leone, the latter forcefully reiterated the symbolic role of mutilation in no uncertain terms:

> Don't you realise that culture is everything? It's a whole, it's our entire identity. If you don't see things as you would if you were part of the community you can't hope to understand, from within it's not so terrible; you see it from outside and you don't understand. It's not right that a practice that we consider normal should be banished… […] and I don't see why these practices should be banned, people in our country do them, it doesn't hurt and nothing gets shut off, nothing is removed and one is beautiful, those useless things are removed. (Vulpiani, Focus group 1)

The tradition and the communities' beliefs are replaced by an anthropological concept of culture ("You don't realise: culture is everything") but the explanatory concepts and models of the operation are functional to those of much ethnographic literature. And thus, the need to mutilate is once again invoked to match traditional assessments of beauty, cleanliness and hygiene, a dominating aesthetic value, that can overcome the limits and imperfections of a thankless nature ("those useless things" or "those shameful parts". A woman from Togo during an interview proudly stated the aesthetic value of the excision she has been subjected to: "Then you are finally beautiful, as beautiful as a doll." (Vulpiani, Interview 23). These statements, which try to lend legitimacy to excision as an extreme yet essential mode of overcoming the limitations of nature itself, are often reiterated in order to use cultural considerations to re-establish the boundaries between male and female, discarding what is not needed and that nature has absent-mindedly left behind, leading to nothing but chaos in the couple and in the community. The excision of the clitoris and the labia majora leave no

[4]Example described after focus group 3 in 2010 by Lucrezia Catania, a Specialist in Gynaecology, Obstetrics and Sexuology at the Hospital Careggi, in Florence.

shadow of doubt in the family and the community, redefining in irreversible fashion the boundaries between the sexes and removing any sexual ambiguity between penis and vagina.

20 Evidence of bio-medical consequences and complications of FGM was widely discussed during focus groups, also with unexpected arguments by some migrants. A young Congolese woman stated: "But it's not as painful as you claim and one has to be careful to do it properly… and in any case one doesn't feel much because pain thresholds differ and pain is not felt." (Vulpiani, Interview 16). The firm belief and the absence of valid cultural alternatives could then lead to belittle even the unmistakeable pain of an invasive operation that is irreversibly mortifying for a woman's body, reducing the impact of medical complications in relation to which the institutions and the associations carry out a regular and essential job of providing appropriate information and awareness-building. Even the ideology behind human rights and the right of the young girl/woman's right to a healthy life and psychological and physical integrity, which is perfectly acceptable by those who share the founding social and cultural constructs and paradigms, is not devoid of misunderstandings or worse, semantic reversals. An instance of this was provided by a cultural mediator of Mali, who according to her understanding of human rights, claimed during the interview that mutilation was a right, a cultural right that everyone could claim:

> In Italy you keep talking about universal rights… and you believe diversity to be a resource… that immigration is a resource and that cultures are a right and a resource… and if we don't want to be open don't we have the right to choose? This is our diversity and we have the right to uphold it… it's a right granted to us by our customs. (Vulpiani, Interview 28).

In this statement we can notice that the education to human rights may be accepted with contradictory ambiguity. The oxymoron proclaimed when stating a 'right to mutilation' clearly undermines a form or rhetoric used in discussing rights that is at times hard to accept or acknowledge outside its own particular historical and cultural context. Rights that are constitutionally ratified and protected by our legal institutions are merged with rhetoric referring to ideal rights, brought into play to claim rights that are believed to be legitimate, set up a very perilous contradiction in terms that could be detrimental to the very important rights granted and protected by our laws. Thus, in a dangerous misunderstanding of fundamental rights, the right to cultural diversity, as right to FGM, is used in an attempt to take over the right to protect the little girls that risk mutilation, and who are effectively denied the right to their own health and psychological/physical integrity.

Bridging the gap between sensationalism and intercultural communication

21 Having delved into the multi-faceted nature and the many meanings that FGM can have, one must necessarily review the communication strategies developed by governmental institutions combating FGM and NGOs that work towards preventing these practices. Sensationalism and the information provided to the public at large only seem to divide social groups, increasing stigmatisation and closing women off into even greater community isolation, thus becoming victims on two different levels: of the traditions, they would like to avoid and the host society that condemns them without hearing them out. Perhaps, in order to set in motion bidirectional communication, one must first cast aside the rhetorical component of FGM prevention, when it is reduced to empty statements on indictments of their victims. Indignation and accusation may reassure us but all too often distance and cloister the women victims of FGM in their own community, putting them in a position of having to reject any doubt or questioning of the traditions in which they believe. Furthermore, we must try and avoid language that is open to misunderstanding, particularly in the arguments put forward by politicians and associations, which pretend to agree with an out and out condemnation of the practices (in meetings between institutions, associations, communities, community leaders and immigrant families), in order to avoid conflicts or legal repercussions, though by so doing they remove any chance of a truly symmetric discussion and a possible revision of the cultural paradigms on which mutilations are based. In this way, we end up raising the awareness of those who already approve our out and out condemnation, while leaving behind for good those who would like to embrace a future safe from genital mutilation.

22 Other reactions leading to families and communities closing off are produced by sensationalistic media campaigns that focus their generalist communication strategy exclusively on indignation and condemnation, foregoing any attempt at true communication with the persons directly involved in these issues. The lack of communications which attempt to attract those directly involved through requests for meetings based on a shared context of meanings and values, on elements that can be objectively compared (such as psychological and bio-medical complications as a result of FGM, the condemnation of these practices by the main universal religions or the existence of actual criminal responsibility resulting out of the performance of said practices), increases the likelihood of an emotional and disdainful rejection both within the host society and by the population affected by these practices. These kinds of communication only end up fostering the stigmatisation of entire foreign communities, leading to an increasingly closed off attitude and a falling back on traditional

family identities for many women and men who would otherwise be ready to give up these practices.

23 In conclusion, once we have got rid of the tendency to make easy claims, if we want to effectively eradicate genital mutilation, we must address the processes that lead to the construction of gender identities along with the material and symbolic aspects that lead up to them in many communities where excision is practiced, in order to have an impact on how social discourses and categories that have now become obsolete and dysfunctional to the new social and cultural context of the host society can be communicated. Explaining that genital mutilations are a crime that carries a jail sentence is very important, but the information must be supported by the construction of individual and collective roles and discourses (carried out with the reference community and their community and religious authorities) that must be functional to daily life; strong arguments must be put forward (which might include bio-medical complications, the femininity and aesthetic value of non-violation, the uselessness of FGM to marriage, the risk of losing parental control over the children if reported, the lack of any religious justification for FGM, etc.).

24 Introducing change means adopting a listening stance, a temporary suspension of judgement in order to understand the individual's value system and thus the extent of their problem; to understand what can be culturally conceived and what cannot. In other words, it is essential to understand whether the mutilation practices are conceivable or not by the person we have before us, whether the woman alone with her daughters believes that this practice could be included among the obligations that tradition imposes, among the possibilities that must be practiced or whether the seed of doubt and uncertainty have been sown in her mind, a first step towards a possible rejection of excision and infibulation practices.

25 If we want to understand how things can change and how excision and infibulation practices can be rejected in a specific context, we must be clear about the space between the social significance assigned to FGM by the foreign family or community, in its territorial and temporal context, and the presumed increase of the power of choice that allows the individual the chance to express their freedom to act in opposition to cultural traditions; and I am referring to the 'individual' as there is a shared responsibility of both men and woman with regard to the liberation of the woman's body from the coercive power of culture. For every given context, in every ‘here and now’ in which we operate, if we want to build a path towards communication we must have a clear understanding of the cultural context in which the individual operates. In that symbolic space of what is conceivable, what according to a

mother and father is socially and culturally acceptable and actionable, this is the area we must address, in order to expand and broaden the options open to the individual.

26 The proposal I feel it is my duty to put forward is that one should always start out from specific spatial and temporal contexts, to set in motion preliminary analyses of meaning and significance assigned to female genital mutilation by whoever we have before us (be it an individual and/or a family and/or a specific community), according to a situational and contextual analysis based on the development of customised forms of communication. With this in mind, a culturally structured approach to communication, information and awareness represents an unavoidable choice if one hopes to interfere with a person's possible life choices: what is allowed and what is not, what values, beliefs and practices cannot be sacrificed in order to retain a social and cultural equilibrium. A communication model of this kind must be introduced in a space where dialogue and confrontation are based on reciprocal understandings, in which the presence of the rights and duties, social rules and moral imperatives of the host society (the inviolable nature of young girls, the self-determination of women regarding their own body and sexuality); a place where opposing tensions are allowed to interact, in which discussions on how foreign value structures can be ferried over and embrace these undeniable principles. To achieve this one must set up an alliance between national and local institutions, associations, ethnic and religious communities; an alliance based on symmetrical relations and true participation, assisted by cultural mediation as a tool for community integration, according to a bottom-up approach and not a top-down one. Such an approach must primarily be based on the acknowledgement of the Other, an essential pre-requisite to allow the identification of shared objectives, targets, messages, communication strategies with the communities, relying on a systemic approach that can merge knowledge and representations of FGM with their impact on thought patterns. This will necessarily require the involvement of both the cognitive and the emotional spheres, to be achieved by providing the appropriate balance between correct information and an equivalent capacity to receive the message. Ultimately, this will necessarily have to involve the men of the community. In this way one can hope to take both the individual and their family on board, by affecting attitudes and behavioural models, through bottom up communication that will allow a critical revision of values, practices and community obligations.

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