

THE INTERNATIONAL AID WORKERS’ DILEMMA: NAVIGATING THE GRAY AREA BETWEEN INTERNATIONAL LAW AND CULTURAL RELATIVISM IN RESPONSE TO FEMALE GENITAL CUTTING

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I. INTRODUCTION

When the victim was seven, she was taken into the woods with the older women in her family. They made her lay down, encircled her, and forced her to stay still as they sliced off her inner lips, outer lips,

and clitoris with a razor blade. Looking back, maybe I didn't fight the good fight when it came to FGM, but I didn't feel I had the tools to do so.¹

International aid workers are ill equipped to address female genital cutting (FGC)² as a human rights violation against girls and women. FGC is a practice whereby girls and women are forcibly subjected to the cutting or removal of their genitalia, causing lifelong medical, psychological, sexual, and reproductive problems. FGC is estimated to affect at least two hundred million girls and women alive today,³ and three million girls are estimated to be at risk of undergoing the procedure every year.⁴ The practice takes place in over thirty countries where there are typically cultural and religious justifications.⁵ While these justifications vary by region and include a mix of sociocultural factors within families and communities, FGC is deeply rooted in inequality between the sexes and constitutes an extreme form of discrimination against girls and women. Due to the lack of consent of the girls and women who undergo this procedure and the health risks involved, FGC is a human rights violation.

International laws outlaw FGC as a human rights violation primarily because it violates the right to be free from violence on the basis of sex and

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1. E-mail from RPCV 1, Returned Volunteer, U.S. Peace Corps (Mar. 8, 2018) (on file with author).

2. Female genital cutting (FGC) is sometimes referred to as female genital mutilation (FGM), female surgical cutting, or female circumcision. It is the harmful practice of cutting or removing female genitalia without any known health benefit. I have chosen to use the term FGC for this article. While FGM is more commonly used, it confers a dehumanizing tone before the reader is fully informed. It is also not my place to label and stigmatize girls and women who have been cut by referring to them as "mutilated" and those who practice the tradition as "mutilators." Women must be free to choose the term that best describes their experience. Female surgical cutting is fairly accurate; however, the emphasis is on the individual performing the cutting and it is not always performed surgically. Female circumcision is an inaccurate and misleading description that conflates the practice with male circumcision. Thus, FGC will be used in this paper as a better starting place to promote a conversation surrounding advocacy to eradicate this harmful practice with a trauma-informed approach.

3. Press Release, UNICEF, New Statistical Report on Female Genital Mutilation Shows Harmful Practice Is a Global Concern—UNICEF, U.N. Press Release (Feb. 5, 2016), <https://www.unicef.org/turkey/en/press-releases/new-statistical-report-female-genital-mutilation-shows-harmful-practice-global>; see also WHO, Female Genital Mutilation (Feb. 3, 2020), <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

4. *Eliminating Female Genital Mutilation: An Interagency Statement*, WORLD HEALTH ORGANIZATION [WHO], at 1 (2008), https://www.unfpa.org/sites/default/files/pub-pdf/eliminating_fgm.pdf.

5. *Id.*; see also UNICEF, FEMALE GENITAL MUTILATION/CUTTING: A GLOBAL CONCERN (2016).

gender.⁶ Some international laws that address violence against girls and women are promulgated in the Universal Declaration of Human Rights (UNDHR), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Declaration on the Elimination of Violence Against Women (DEVAW), the Convention on the Rights of the Child (CRC), and the Covenant Against Torture (CAT). Many countries recognize FGC as a human rights violation against women and girls in their domestic laws as well. For example, in Burkina Faso, the practice is illegal and courts can impose custodial sentences up to twenty-one years and a fine between five hundred thousand and three million West African CFA francs (around 900 to 5,400 U.S. dollars).⁷ In the United States, violation of the federal law that outlaws FGC is punishable by up to ten years in prison, fines, or both.⁸ However, customary international law and domestic laws are not enough to assist in the movement to eradicate the harmful practice. There is a much more complex dialogue surrounding FGC that must take place and it begins with incorporating cultural relativism.

While FGC is in direct violation of international human rights laws due to the violence it imposes on girls and women, eradicating the practice is not possible without addressing cultural relativism. Article 27 of the UNDHR protects everyone's right to freely participate in the cultural life of their community.⁹ This is why cultural relativism is an important component to the discussion surrounding FGC; it holds no particular culture superior to another.¹⁰ It is the notion that all cultural beliefs are equally valid and any truth is relative, depending on the culture involved.¹¹ Thus, cultural relativism holds that all religious, ethical, and political beliefs are relative to an individual within a society of a particular culture. Because FGC is a cultural practice in many communities, the discussion must include cultural relativism as well.

6. Fisaha KG, *Female Genital Mutilation: A Violation of Human Rights*, 4 J. POL. SCI. & PUB. AFF. 1, 2 (2016).

7. *Burkina Faso: Urgent Need to Protect Girls from FGM and Forced Marriage*, AMNESTY INT'L (Oct. 10, 2018, 16:36 UTC), <https://www.amnesty.org/en/latest/news/2018/10/burkina-faso-urgent-need-to-protect-girls-from-and-forced-marriage/>.

8. STOP FGM Act of 2020, Pub. L. No. 116-309, 134 Stat. 4923 (2021) (codified as amended 18 U.S.C. § 116).

9. G.A. Res. 217 (III) A, Universal Declaration of Human Rights (Dec. 10, 1948) [hereinafter Universal Declaration of Hum. Rts.]

10. Felicity Menzies, *Ethnocentrism: The Cultural Superiority Complex*, INCLUDE-EMPOWER.COM, <https://cultureplusconsulting.com/2015/06/04/ethnocentrism/> (last visited Mar. 14, 2021).

11. *Id.*

When examining the practice of FGC, it must be done in a way that gives people the freedom to practice traditions in each society without imposing western beliefs and moral views on others. People must be treated equally in dignity and in right, with respect to traditional and cultural practices. Thus, the dialogue surrounding FGC requires advocates to navigate the complicated space between FGC as a human rights violation while respecting the fact that it is a historic practice in many communities throughout the world. Understanding this complicated subject is challenging. International laws outlaw FGC as a human rights violation though hundreds of millions of people continue to practice partial and total cutting of girls and women as a part of their culture, creating a complex gray area to navigate working towards eradicating FGC in an appropriate way.

There are several non-governmental organizations, international aid organizations, and professional organizations that have directives against FGC in accordance with customary international laws.¹² These organizations, present in hundreds of countries, attempt to assist and further policies serviced from international and domestic laws. They have aid workers living in countries where FGC is widespread, but these aid workers are not equipped with the necessary tools to assist in the dialogue surrounding FGC. And while non-governmental organizations and international aid organizations have issued policies against FGC, programmatically the limited projects, inadequate interventions, and lack of trauma-informed training have stagnated efforts to end FGC and left aid workers ill equipped to address it.

Because these international aid workers are involved in the dialogue surrounding the eradication of FGC, they must be trained on how to be trauma-informed and provide survivor centered discussions. Some organizations prohibit workers from talking about FGC, while others have not developed a clear plan of action to communicate the health risks and encourage behavior change. This is particularly concerning when women in communities where FGC is practiced want to talk about it with aid workers, who are accessible in villages and health clinics. Because of directives banning aid workers from addressing FGC and the lack of tools and resources available, aid workers remain silent, and the practice of FGC continues. This further creates a complicated gray area that international aid workers are attempting to navigate on their own—uninformed and unprepared to have these discussions.

12. E.g., *Ending Female Genital Mutilation: Red Cross and Red Crescent Experience*, INT'L FED'N RED CROSS & RED CRESCENT SOC'YS (Feb. 6, 2008), <https://www.ifrc.org/en/news-and-media/opinions-and-positions/speeches/2008/ending-female-genital-mutilation-red-cross-and-red-crescent-experience/> [hereinafter *Ending Female Genital Mutilation*].

The law alone is a limited instrument of social change. Implementing a clear practice allowing international aid workers to speak about FGC would clear up some of the discrepancies in the current policies. This paper proposes incorporating trauma-informed and survivor centered training for international aid workers to cultivate a dialogue that addresses girls' and women's right to be free from violence while balancing cultural relativism and empowering the people in communities seeking to have a more effective conversation about eradicating FGC. A trauma-informed approach will resolve the gray area that international aid workers are attempting to navigate at this time, by openly addressing the complicated discussions surrounding FGC. This approach also combats western paternalism as the appropriate method for eradication and instead centers on the voices of survivors of FGC.

Experience has proven that legislation and government intervention have not been as influential in the reduction of this procedure as grassroots level efforts and collective decision making.¹³ Changes to this practice must come from collaborative work in the communities where FGC is practiced. Communities that have employed a process of collective decision making have been able to abandon the practice.¹⁴ That is why international aid workers in these communities can make a difference and should not be prohibited from speaking about FGC. Instead, they should be provided the tools necessary to participate in the dialogue and empower survivors to speak on the best way to eradicate FGC. There must be trauma-informed training in place to provide international aid workers with the tools they need to effectively communicate about the harms of FGC while addressing the importance of freedom of thought and culture. Once aid organizations have a clear plan of action and trauma-informed training in place, and not merely a declaratory position against FGC, international aid workers will have the tools to navigate the gray area between international law and cultural relativism in response to FGC.

II. BACKGROUND

Training international aid workers about the trauma is exigent since FGC is a human rights violation, which affects hundreds of millions of girls and women every day. These aid workers are involved in the dialogue but are unable to properly address the issue. Even with the number of girls and women affected by FGC, international aid organizations justify silencing and

13. Amanda Cardenas, *Female Circumcision: The Road to Change*, 26 SYRACUSE J. INT'L L. & COM. 291, 308 (1999).

14. See WHO, *supra* note 4.

disempowering their workers based on goals of cultural assimilation or institutional goals.

International aid primarily focuses on economic growth, agriculture, education, and health care. Aid workers in the health sector encounter FGC most often because of their work with girls and women at health facilities. Aid workers immersed in local communities worldwide who are addressing women's rights and gender equality are also familiar with the practice. FGC is a source of women's oppression in the private realm that causes physical and psychological harm, which is frequently addressed in the medical setting.¹⁵ Because international aid workers are inevitably going to be confronted by FGC either through their work or relationships in the community, they need to be trained on how to properly address it.

In general terms, FGC is a practice whereby girls and women are forcibly subjected to the cutting or removal of their genitalia. This results in many health complications for girls and women throughout their lives. The practice of FGC is widespread and there are several historical justifications including religion, sexuality, family honor, hygiene, and marriage.¹⁶ There is a social convention forcing girls and women to conform, because it is socially practiced and universally performed.¹⁷ It can also be motivated by beliefs regarding acceptable sexual behavior for girls and women, such as reducing a woman's libido and controlling her urge to commit extramarital sexual acts.¹⁸ Whatever the reason for performing FGC, these justifications ignore the lifelong trauma inflicted upon girls and women subjected to FGC. Understanding the complexities surrounding the practice of FGC requires a discussion of the health complications resulting from the practice.

A. *Health Complications Resulting from FGC*

FGC refers to a range of procedures of varying intrusiveness that remove parts of the female genitalia. FGC is defined as "all procedures involving partial or total removal of the external female genitalia whether for cultural

15. Preston D. Mitchum, *Slapping the Hand of Cultural Relativism: Female Genital Mutilation, Male Dominance, and Health as a Human Rights Framework*, 19 WM. & MARY J. WOMEN & L. 585, 592 (2013).

16. See EFUA DORKENNO & SCILLA ELWORTHY, MINORITY RTS. GRP., FEMALE GENITAL MUTILATION: PROPOSALS FOR CHANGE 13-15, (rev. ed. 1992), <https://minorityrights.org/wp-content/uploads/old-site-downloads/download-869-Download-full-report.pdf>.

17. *Fact Sheet: Female Genital Mutilation*, WHO (Jan. 21, 2022), <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation#:~:text=FGM%20is%20mostly%20carried%20out,righ%20of%20girls%20and%20omen>.

18. *Id.*

or other non-therapeutic reasons.”¹⁹ The practice is performed on girls ranging from newborn babies to adolescents, but it is typically performed on young girls between infancy and age fifteen.²⁰

While some sources disagree about the classifications of FGC, they are fairly consistent with the World Health Organization (WHO), which has identified four common classifications of FGC: (1) clitoridectomy, (2) excision, (3) infibulation, and (4) unclassified or introcision.²¹ With each of these procedures, there is physical pain that can result in immediate and long-term physical complications as well as psychological trauma. Health complications may occur during the procedure, immediately after it is performed, during sexual intercourse, while urinating, and at childbirth. Health risks include death, severe pain, bleeding, shock, infection, scarring, infertility, and painful urination from damage to the urethra.²² Risks increase with the severity of the type of procedure performed. Complications from FGC can “include severe pain, hemorrhage, tetanus, infection, infertility, cysts and abscesses, urinary incontinence, and psychological and sexual problems.”²³ The procedures pose serious mental and physical health risks. One guarantee is that the process will always be uncomfortable and is never fully consented to.

Health complications can arise at different points in times, stemming from health issues when the cutting itself is done to later in life when a woman gives birth. Health risks at the time of the cutting can occur because the person designated to do the procedure is often a traditional ceremonial circumciser, religious leader, elder, or sometimes a medical professional acting illegally.²⁴ Traditional practitioners wield influence and command respect for health issues in the community. In countries where the practice is illegal, health professionals are prosecuted more fiercely than traditional practitioners.²⁵ Leading health organizations are against health care experts performing the ceremony, even if it is safer than when performed by traditional practitioners. Health professionals owe a duty to safeguard the health of people, but it is important to note that medicalizing FGC does not

19. WHO, *supra* note 17.

20. *Id.*

21. MINORITY RTS. GRP., *supra* note 16, at 7.

22. *Id.* at 8-10.

23. Mitchum, *supra* note 15, at 592.

24. See Halima Embarek Warzazi (Chairman-Rapporteur), Econ. & Soc. Council, Comm. On Hum. Rts., Report of the Working Group on International on Traditional Practices Affecting the Health of Women and Children, at 20, U.N. Doc. E/CN.4/1986/42 (1986).

25. Els Leye et al., *Debating Medicalization of Female Genital Mutilation/Cutting (FGM/C): Learning from (Policy) Experiences Across Countries*. 16 REPROD. HEALTH (2019), <https://doi.org/10.1186/s12978-019-0817-3>.

reduce the harm of the procedure. The WHO is opposed to all forms of FGC and is emphatically against the practice being carried out by health care providers because of the various health risks.²⁶

There are also vast complications later in life when a woman has sex or gives birth. Women subjected to FGC are significantly more likely to have complications during labor deliveries like postpartum hemorrhage and prolonged hospitalization, than women who did not undergo FGC.²⁷ The rates of infant resuscitation and prenatal death are higher among women who underwent the procedure, than women who have not.²⁸ The death rates among infants during and immediately after birth are higher to mothers who have experienced FGC (depending on the type of procedure done) ranging up to fifty-five percent higher death rates than women who did not have FGC done to them.²⁹

Despite the growing recognition of health complications and risks to girls and women, it takes more than awareness of the harms to eradicate the practice. That is because it is a longstanding social norm and changing it will take interventions from people within the communities, outside support, and a readiness to accept the change. Because it is so deeply rooted within traditional practices, the discussion regarding eradicating FGC must include cultural relativism as well.

B. *Cultural Realities*

Changes to this practice must come from collaborative work in the communities where FGC is practiced, because it is deeply entrenched in culture and tradition. Efforts to end FGC must bring together many sectors including, but not limited to, the international community, government sectors, medical workers, aid organizations, educators, community leaders, and most importantly, FGC survivors. Amongst those included in the effort to eradicate FGC are international aid workers. This is not because it is necessary for them to be a part of the movement to eradicate FGC. Instead, they should be educated and trained by FGC survivors and those within the communities and cultures that practice the tradition, and not be prohibited from participating or left in the field to address it without any adequate training.

26. *Id.* at 16.

27. *Reproductive Health and Research Policy Brief: Effects of Female Genital Mutilation on Childbirth in Africa*, WHO (2008), https://www.who.int/reproductivehealth/publications/fgm/effect_of_fgm_on_childbirth_africa.pdf.

28. *Id.*

29. *Id.*

FGC is widely practiced in thirty countries, and two million girls and women have been subjected to the practice today, according to the estimates.³⁰ Some of the countries that continue the practice are Burkina Faso, Somalia, Senegal, Mali, the United Arab Emirates, Indonesia, Malaysia, Oman, and South Yemen.³¹ There are many countries in other African regions and in the Middle East where FGC is frequently practiced such as Sudan, Egypt, Chad, and Mauritania.³² In South America, there are communities known to practice FGC in Columbia, Ecuador, Panama, and Peru.³³ The practice is also present in the United States and the United Kingdom,³⁴ though it is less pervasive. Many of these countries where FGC is frequently practiced also accept international aid and have foreign national workers working in these communities.

The prevalence of FGC around the world is high. The primary source of nationally representative data on FGC comes from household surveys.³⁵ The majority of people in countries with data believe that the practice should end.³⁶ The justifications for performing FGC vary by country and region. The most often cited justifications for this practice include religion, sexuality, family honor, hygiene, and marriage.³⁷ There are also ceremonial and superstitious reasons to continue the practice. For example, “the legend in cultures like those of the Mossi of Burkina Faso and the Bambara and the Dogon in Mali, believe that if the first-born baby’s head touches the clitoris during childbirth, the child will die or it will cause symbolic or spiritual injury to the baby.”³⁸ In regions where FGC is practiced in Ethiopia, Egypt, Sudan, and Somalia there is a belief that female genitals are dirty and the procedure makes a woman cleaner.³⁹

30. Press Release, UNICEF, New Statistical Report on Female Genital Mutilation Shows Harmful Practice Is a Global Concern – UNICEF (Feb. 5, 2016), <https://www.unicef.org/turkey/en/press-releases/new-statistical-report-female-genital-mutilation-shows-harmful-practice-global>.

31. *Female Genital Mutilation/Cutting: A Global Concern*, UNICEF (Feb. 2016), <https://data.unicef.org/resources/female-genital-mutilationcutting-global-concern/> (download the full brochure for further detail).

32. *Id.*

33. *Female Genital Mutilation (FGM) Frequently Asked Questions*, UNITED NATIONS POPULATION FUND (Feb. 2022), <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>

34. *See id.*; Sharon Dixon et al., *Female Genital Mutilation in the UK - Where Are We, Where Do We Go Next? Involving Communities in Setting the Research Agenda*, 4 RSCH. INVOLVEMENT & ENGAGEMENT (2018), <https://doi.org/10.1186/s40900-018-0103-5>.

35. *Id.*

36. *Id.*

37. Press Release, UNICEF, *supra* note 30.

38. Cardenas, *supra* note 13, at 298.

39. *Id.* at 299.

Like other forms of gender-based violence, FGC is a manifestation of power and a means of controlling the sexuality of girls and women. It is not mandated by law or by religion. It is a cultural practice that is not bound by geography and not restricted by socioeconomic class. It has been handed down for generations. Justifications for abuse against women range from forced sterilization, abortions, sexual mutilation, and official indifferences to violence against women. FGC is certainly included in that category. International aid organizations that are indifferent to FGC by forbidding workers from discussing it, are part of the problem and contribute to the reason why the practice continues. Having international aid workers absent from the dialogue surrounding the eradication of FGC permits the practice to continue.

Many international aid workers work with people in communities that practice FGC. This includes living with people in villages for several years and working alongside many friends and colleagues that practice the tradition. Because many aid workers culturally assimilate to local environments, community members are comfortable enough to initiate a conversation about FGC and inquire into the practices of the countries that the workers come from. Cultural exchange is often a secondary focus of the international aid work. Accounting for cultural practices and traditions is a necessary component in successful development work. Because of this assimilation, it is ineffective for organizations to merely tell aid workers to remain silent and dismiss the practice of FGC when young girls and women are being harmed and may initiate discussions. A dialogue that is inclusive of culture and trauma-informed should be had.

Organizations need to shift their perspectives to permit aid workers to join the conversation about FGC instead of sending untrained individuals into villages without the tools to talk about it, or, even worse, telling them not to. Traditions are difficult to change—but no one in the human rights community disagrees that this one is violent and has no medical value. While the practice is widespread and deeply rooted in tradition, it grossly violates human rights and international law, covenants, and declarations.

III. A GLOBALLY RECOGNIZED HUMAN RIGHTS VIOLATION

International aid organizations should implement policies to properly address human rights violations by including trauma-informed training for their workers in the field as soon as possible in order to help eradicate FGC. Recognizing FGC as a human rights issue and implementing policies to protect women from the practice has been a long and ongoing process. The United Nations (UN) has made it clear that violence against girls and women is a violation of basic human rights. It has promulgated treaties,

recommendations, and declarations addressing the rights of girls and women, and there are a number of human rights instruments that define the norms and standards of protections for women.⁴⁰ While there have been many achievements along the way, the process is still not complete. If there is going to be actual change regarding violence against women, then international law, domestic policies, criminalization, and aid organizations enacting policies are not enough. All the pieces seem to be in place to make changes, but one part is missing—well-prepared international aid workers that are in unique position to work with local community members.

The number of declarations and covenants recognizing FGC as a women's rights issue and human rights violation is important, but there are problems in solely using international law to address FGC. It was not until the late twentieth century that women's rights became a concern to the international community.⁴¹ By the time FGC was addressed, it was set aside by international organizations in order to avoid being culturally imperialistic. There still are international aid organizations that use the same justification to shun it aside and ban workers from speaking about FGC, even though it is widely recognized as a human rights violation.

Women's rights were not something that was recognized by international communities for a long time. Between 1975 and 1985, advocacy for women's rights increased with a focus on domestic violence, human trafficking, and sexual exploitation. Resolutions on violence later expanded to protect children and women during armed conflicts. In 1979, the Convention on the Elimination of all Forms of Discrimination Against Women⁴² (CEDAW) was adopted. The original Convention did not explicitly mention violence against women and girls, but it was later clarified through General Recommendations. In 1993, the Declaration on the Elimination of Violence against Women⁴³ (DEVAW) was adopted to provide framework for analysis and action at national and international levels in conjunction with a call for the appointment of a Special Rapporteur on violence against women (appointed in 1994).⁴⁴ Later, in 2003, the Protocol to the African Charter on

40. *E.g., infra* p. 107-08.

41. *Id.*

42. Convention on the Elimination of All Forms of Discrimination against Women, Dec. 18, 1979, 1249 U.N.T.S. 13.

43. G.A. Res. 48/104, Declaration on the Elimination of Violence against Women (Dec. 20, 1993).

44. *Special Rapporteur on Violence Against Women, Its Causes and Consequences*, OFF. HIGH COMM'R FOR HUM. RTS. [OHCHR], <https://www.ohchr.org/en/issues/women/srwomen/pages/srwomenindex.aspx> (last visited Feb. 27, 2022).

Human and Peoples' Rights on the Rights of Women in Africa⁴⁵ was adopted. Article 4 of the Protocol is dedicated to violence against women. These human rights treaties are largely where the authority to characterize FGC as a human rights violation comes from.

Today, there is much stronger support for the protection of girls and women in many international and regional human rights treaties. There is the Convention Against Torture⁴⁶ (CAT), the International Covenant on Civil and Political Rights⁴⁷ (ICCPR), and the International Covenant on Economic, Social and Cultural Rights⁴⁸ (ICESCR) that generally address violence against human beings and recognize FGC as a form of physical torture and violence against women and children. Regionally, there is the African Charter on the Rights and Welfare of the Child, European Convention for the Protection of Human Rights and Fundamental Freedoms, and Beijing Declaration and Platform of Action for the Fourth World Conference on Women, among others.⁴⁹

The expectations of the global community are recorded in the covenants and declarations, which are binding on signatories. Still, some countries decline to follow the treaties. And while international aid organizations are not explicitly bound by international laws, any agency advocating for healthcare and human rights should act in accordance with human rights laws and protections for girls and women. These organizations have policies campaigning against FGC, and they have workers and volunteers living in countries where FGC is widespread.⁵⁰ But these workers and volunteers are not trained to assist in the dialogue surrounding FGC, and so, despite international condemnation, FGC continues.

45. African Charter on Human and Peoples' Rights, June 27, 1981, 1520 U.N.T.S. 217.

46. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Dec. 10, 1984, 1465 U.N.T.S. 85.

47. International Covenant on Civil and Political Rights, Dec. 16, 1966, 999 U.N.T.S. 171.

48. International Covenant on Economic, Social and Cultural Rights, Dec. 16, 1966, 993 U.N.T.S. 3.

49. WHO, WHO GUIDELINES ON THE MANAGEMENT OF HEALTH COMPLICATIONS FROM FEMALE GENITAL MUTILATION 41-42 (2016), https://apps.who.int/iris/bitstream/handle/10665/206437/9789241549646_eng.pdf?/

50. See *Fast Facts*, PEACE CORPS (Sept. 30, 2019), <https://www.peacecorps.gov/news/fast-facts/> (showing which countries Peace Corps volunteers serve in); *Countries, DRS. WITHOUT BORDERS*, <https://www.doctorswithoutborders.org/what-we-do/countries> (last visited Feb. 26, 2022) (showing which countries Médecins San Frontières serves in); *Where We Work*, INT'L COMM. RED CROSS, <https://www.icrc.org/en/where-we-work> (last visited Feb. 26, 2022) (showing which countries International Red Cross serves in).

FGC of any kind has been recognized as a harmful practice and a violation of the human rights of girls and women.⁵¹ It is considered a human rights violation because it violates women's right to live free of violence and their right to healthcare.⁵² These rights are violated due to the health complications arising from the practice, which could result in death.⁵³ At the same time, many international covenants and declarations were being ratified, and many aid organizations shifted their focus to women's rights issues. The international community has made great progress in recognizing violence against women as a human rights violation. However, there are limitations in solely recognizing how women should be treated in the global community and signing on to declarations and covenants. While the laws are binding, they are not enforceable. The declarations can provide a powerful rhetoric to fuel grassroots efforts in countries that practice FGC. In order to harness the persuasive powers of aid workers, organizations should not silence their workers, but instead need to promote a unified approach and implement clear guidelines to navigate between the gray area of international law and cultural relativism, by training workers with a trauma-informed approach to address FGC.

IV. CULTURAL RELATIVISM

While FGC is in direct violation of international human rights laws due to the violence it imposes on girls and women, eradicating this practice is not possible without addressing cultural relativism. People have the right to freely participate in the culture of their countries and communities.⁵⁴ That is why cultural relativism must be addressed in the discussion surrounding FGC. There are many articles addressing the balance between universalism and cultural relativism as it pertains to FGC. Each article highlights the many complex issues about human rights and cultural relativism including concerns about western paternalism and xenophobia.⁵⁵

Cultural relativism holds that no particular culture is superior to another.⁵⁶ It emphasizes that all religious, ethical, and political beliefs are relative to

51. See WHO, *supra* note 4.

52. Minority Health Improvement Act of 1994, H.R. 103-501, 103d Cong. § 603 (1994) (noting that FGM is a dangerous practice because women and girls often experience immediate physical complications following the operation).

53. International Covenant on Economic, Social and Cultural Rights, Dec. 16, 1966, 993 U.N.T.S. 3.

54. Universal Declaration of Hum. Rts., *supra* note 9.

55. Isabelle R. Gunning, *Female Genital Surgeries and Multicultural Feminism: The Ties That Bind; The Differences That Distance*, 13 THIRD WORLD LEGAL STUD. 17, 19-20 (1994).

56. Menzies, *supra* note 10.

an individual within a society of a particular culture. Under this premise, all cultural beliefs are equally valid. Thus, because FGC is a cultural practice in many communities, the discussion must include cultural relativism as well.

Most of the time, human rights and cultural relativism are compatible. FGC is one of those instances where both declarations on human rights to end the violence against girls and women are in place as well as the rights to cultural practices and beliefs. When examining the practice of FGC, it must be done in a way that gives people the freedom to practice traditions in each society, without imposing western beliefs and moral views on others.

Notably, culture is not monolithic and unchanging. While people must be treated equally with respect to tradition, it is difficult to give cultural relativism equal weight in the context of FGC. People can continue to practice their chosen cultural traditions while rejecting other beliefs. It is clear under the UNDHR, that people must be treated equally in dignity and in rights with respect to their cultural practices, and in many regions, those practices include FGC. However, the dangerous health complications and psychological trauma that FGC inflicts upon girls and women is an overwhelming reason for eradicating FGC instead of continuing the harmful practice in order to preserve tradition. FGC inherently violates a woman's right to be free from violence. The infringement on a person's health and risk of death should receive heightened attention and are reasons for a cultural shift.

International laws outlaw FGC as a human rights violation, though hundreds of millions of people continue to practice partial and total cutting of girls and women as a part of their culture, creating a complex gray area to navigate the work towards eradicating FGC in the appropriate way.

V. INTERNATIONAL AID WORKERS DILEMMA

International aid workers need to receive trauma-informed training to properly assist with the movement of FGC eradication. This eradication should be survivor centered and follow an empowerment model. The problem is that aid workers are either prohibited from speaking about FGC, poorly informed, untrained, or lack trauma-informed training, specifically. Because international aid workers are in the field working with individuals who have been impacted by FGC and in communities that continue the practice, the involvement of international aid workers in the dialogue surrounding FGC is inevitable. Thus, aid workers must be trauma-informed before they are sent into the field. Otherwise, they are at risk of causing harm, instead of offering assistance to the movement away from FGC.

International organizations and countries have advanced efforts to outlaw and criminalize FGC. This is an important step but only one aspect of

combatting the human rights violation. The law alone is not enough to change social behaviors, especially something deeply entrenched in tradition. Historically, permanent social change is only accomplished through something more than laws alone. Change must come from a collaborative effort and should include the governments, non-government organizations, local community leaders, and survivors of FGC at the forefront. Because efforts for social change involve so many different groups, everyone involved should be properly trained. That is why international aid organizations should give their workers the tools to respond and to discuss FGC.

International aid workers are operating in a gray area of enforcement between binding international human rights laws and the cultural practices of the countries that they are working in. Working with local communities at the grassroots level has a better chance of reaching a significant portion of the population and ending this harmful practice if the movement includes international aid workers. As humanitarians and health professionals, aid workers should be permitted to actively advocate against FGC. Instead of limiting their messages to their specific assignments, they should be permitted to incorporate other issues, already recognized as important by the local communities, and make them a part of their integrated outreach.

A. Local Communities Are Reaching Out

International aid organizations should harness the persuasive powers of aid workers by encouraging them to speak about human rights violations. International aid organizations that employ grassroots level volunteers are in an important position to respond to communities that support the practice of FGC, because they have often established rapport and are already in the field interacting with local communities. The aid workers must approach the local communities without any paternalistic judgment. International aid workers should be trauma-informed and open to bridging the gap between human rights violations and cultural practices. This also requires an understanding that, typically, abuses against girls and women take place in intimate and private spaces, and, thus, are beyond the reach of the international law or state protection. Therefore, a trauma-informed dialogue is necessary to empower and create a safe space for FGC survivors.

Trauma-informed training is a method to adopt an epistemological approach to FGC. What is an aid worker to do when a woman comes to her and tells her that she no longer wants to practice FGC and does not want to cut her daughter? What is an aid worker to do if a husband asks an international health worker to re-infibulate a woman after delivering her child? If an aid worker is prohibited from having a conversation about this

harmful practice and is not provided the necessary tools to address this, then there is not only a problem with implementing human rights issues and enforcing international law, but also a problem with our aid organizations masquerading as advocates for women's equality and development.

To empower, educate, and promote change, international aid workers should be encouraged to respond to women who address FGC with them. They should be encouraged to speak about human rights violations and feel free to discuss such violations without any obligation. Implementing clear policy practices across the board will assist aid workers to navigate the space between international laws and cultural relativism as they take on the complex issues of FGC. There are health organizations in rural communities across the world, such as: Médecins Sans Frontières (MSF; Doctors Without Borders), the United States Peace Corps, International Committee of Red Cross (ICRC), and Tostan International. So, there is an increasing number of aid organizations and workers in rural communities that require the proper training to discuss health complications and traditions surrounding the harmful practice of FGC.

1. Médecins Sans Frontières

Médecins Sans Frontières (MSF) is a medical humanitarian organization that has worked within over seventy countries in the past thirty-five years.⁵⁷ MSF has a formal policy against FGC because of the health complications and the violation of the rights of women and girls.⁵⁸ MSF works in regions of the world where FGC is practiced. According to its charter, its policy is to support local initiatives against the practice, but not to adopt a campaign against FGC.⁵⁹ MSF does incorporate the dire health consequences of the practice in its training for traditional birth attendants.⁶⁰ This is helpful for this particular organization because the aid workers are medically trained staff.

Medical professionals working for MSF can be confronted with ethical dilemmas regarding FGC. For example, a doctor or a nurse may face situations where a traditional practitioner who understands the importance of sterile procedures and knows that MSF workers have sterile tools, will

57. *See Who We Are*, MÉDECINS SANS FRONTIÈRES, <https://www.msf.org/who-we-are> (last visited Feb. 26, 2022).

58. *The Practical Guide to Humanitarian Law: Women*, MÉDECINS SANS FRONTIÈRES, <https://guide-humanitarian-law.org/content/article/3/women/> (last visited Feb. 26, 2022).

59. *Female Genital Cutting*, MÉDECINS SANS FRONTIÈRES (Sept. 13, 1999), <https://www.msf.org/female-genital-cutting> (describing MSF's strong opposition to FGC and lack of involvement in continuing the practice).

60. *Id.*

request their tools to practice FGC in the community.⁶¹ When they are faced with such issue, MSF workers are forced to navigate between the desire to help the local community and their oath to the medical practice, while simultaneously complying with MSF's policies. The regions that employ MSF workers also have domestic laws that require health practitioners to alert local authorities if a person comes across FGC, but it mostly goes unreported due to the unclear guidance and training about how to approach the subject.⁶²

Thus, medical professionals working for MSF operate between the policies of the organization requiring them to not get involved with FGC, domestic laws demanding a reporting of any FGC practices, and international laws deeming this practice a human rights violation. All while the workers are respecting the culture and tradition of the local communities they work in, making it a gray area, which is incredibly difficult to navigate without the proper tools to address it. Ultimately, this unclear guidance can cause more harm than good for local communities continuing to practice FGC.

MSF is adamantly opposed to any sexual violence and is opposed to the practice of FGC. FGC is a form of sexual violence that medical professionals will often encounter in regions that continue this practice. Discussing FGC in certain countries requires breaking down barriers and opening up a conversation about this subject. It requires a much more affirmative step in training aid workers about how to approach it, instead of leaving FGC as an open gray area. A unified and clear policy approach on how to address FGC would be helpful.

2. United States Peace Corps⁶³

The United States Peace Corps (Peace Corps) is in over sixty countries.⁶⁴ The Peace Corps has volunteers that work in various sectors such as education, agriculture, business, and health. The primary focus is on grassroots global development and cultural exchange.⁶⁵ Under the United States foreign policy framework, FGC is identified as a form of gender based-violence and the Peace Corps is a part of the State Department's "Global

61. Julian Sheather & Tejshri Shah, *Ethical Dilemmas in Medical Humanitarian Practice: Cases for Reflection from Médecins Sans Frontières*, 37 J. MED. ETHICS 162 (2011).

62. Elizabeth Edouard et. al, *International Efforts on Abandoning Female Genital Mutilation*, 19 AFR. J. UROLOGY 150 (2013).

63. Please note that the length of this section and use of personal interviews is due to my own experience and familiarity with the subject as a former United States Peace Corps volunteer.

64. *Countries*, PEACE CORPS, <https://www.peacecorps.gov/countries/> (last visited Feb. 26, 2022).

65. *See generally, About*, PEACE CORPS, <https://www.peacecorps.gov/about/> (last visited Feb. 26, 2022).

Strategy to Empower Adolescent Girls” which includes a plan to reduce harmful norms and practices such as FGC.⁶⁶ But this document does not have any specific guidance for Peace Corps volunteers or what the reduction of harm would entail.

Peace Corps volunteers in the health sector are predominantly the aid workers who could have a discussion about FGC due to the nature of their work. Many educators will also be approached because they work with young girls. Other volunteers may encounter the conversation due to their living in the local communities. Not every country that hosts volunteers practices FGC. Of the ones that do, it seems that the Peace Corps universally instructs the volunteers to not talk about FGC. Some volunteers resorted to online discussions about dealing with the lack of preparedness to address FGC in their host countries.

For example, a post on Reddit.com titled “FGM and the Peace Corps”⁶⁷ lists an exchange between volunteers in the Gambia, Cambodia, Burkina Faso, and an unknown location, and an incoming Peace Corps volunteer. The discussion started with the future volunteer asking the returned volunteers if they had the opportunity to discuss FGC with host country nationals or work on it as a project. The volunteers from the Gambia, Burkina Faso, an unknown country, and Cambodia all shared their stories of encountering FGC and a lack of training. The volunteer in Burkina Faso discussed it with some of the younger girls who would come by after school to ask questions. The volunteer told them that it was illegal to practice FGC, but that it was still performed in remote areas where there were no police present.⁶⁸ The second volunteer did not disclose which country the person served in. This volunteer wrote that the aid workers “were given a big fat DON’T TALK ABOUT FGM multiple times during service,”⁶⁹ so they did not. The volunteer serving in the Gambia wrote that almost all the women in the village were circumcised⁷⁰ and it was not unheard of for people to circumcise other people’s children, if the job was not getting done.

During the Peace Corps health and cultural training in Burkina Faso from 2012-2015, there were some subjects that were considered too off-limits to discuss. Volunteers were advised to approach issues like FGC with caution and often told not to develop health projects or gender equality

66. U.S. DEP’T OF STATE ET. AL., UNITED STATES GLOBAL STRATEGY TO EMPOWER ADOLESCENT GIRLS (2016), <https://2009-2017.state.gov/documents/organization/254904.pdf>.

67. @Ta2d_Kate, *FGM and the Peace Corps*, REDDIT: R/PEACECORPS, https://www.reddit.com/r/peacecorps/comments/49jvxz/fgm_and_the_peace_corps/ (last visited Feb. 27, 2022).

68. *Id.*

69. *Id.*

70. *Id.*

projects about it. Even though the health volunteers worked in hundreds of rural villages where the practice was widespread, no training was provided regarding the different levels of FGC or the health complications. One trainer told the volunteers that they could use the phrase: “God made her that way, why change her?”—that was the limit. There was no discussion of the trauma inflicted upon girls and women who have experienced FGC, or what a trauma-informed approach to understanding could accomplish to help eradicate the practice. Likewise, there was no training on how to address a scenario when a survivor came to a volunteer and asked for help. Instead, when asked about FGC, in compliance with their directives from the Peace Corps, trainers told the aid workers not to engage in the dialogue.

One health volunteer recounts the time she was assisting a midwife with a delivery in the local health clinic:

The impact on her body was clear. The midwife knew she was going to cut open this woman’s vagina to allow the baby room to come out since her opening no longer had the skin it needed to stretch enough for the child. The energy in the room was one of sadness, concern, and frustration.⁷¹

This volunteer first learned about the prevalence of FGC in her host village during a prenatal consultation. She learned that when this woman was a young girl she was taken to the woods, held down by older women in her family, and her genitalia was cut. The woman was able to tell this story to the volunteer and the midwife without much visible trauma or emotion. She said that, as a result of the FGC, she did not enjoy sex, she had to wash her genital area constantly because there was no longer flesh there, and urinating was sometimes painful. She explained that she did not want to do it to her own daughter, but she was fairly certain the elders would intervene and cut her. The volunteer regrets not being able to further pursue the discussions surrounding the subject of FGC.⁷²

Another volunteer shared that during her Peace Corps service she worked closely with her colleagues at the health clinic to put together healthy birth plans. While she was working, a group of young female students approached her and stated that they that wanted her to teach a lesson about FGC. She was unable to do so, because she was not permitted to lead such a discussion and because she was not prepared to do so. This volunteer believes that a clear practice on how to speak about FGC would clear the path for future aid workers:

71. Email from RPCV 1, *supra* note 1.

72. *Id.*

I discussed FGM with women in regard to having a birth plan in place. Most of the women (young adults and older) had been excised which created complications during labor so my counterpart and myself had small conversations about having a birth plan in place. Some of the young girls wanted to have a lesson on FGM at their school because they were interested in it. [In regards to future aid workers] we had a picture book at the clinic that we used to discuss FGM and complications. I think something like that would be helpful.⁷³

Other volunteers did not consider discussing FGC at all. An education volunteer reasoned:

FGM was something I barely touched because it was never addressed to us during training by Peace Corps and I think being a male volunteer limited the appropriateness of my asking about it—both on my end since I was not comfortable bringing it up and because of cultural norms . . . and looking back, both aren't the best excuses. I just added to the system of injustice.⁷⁴

It is clear that, while international aid organizations like the Peace Corps take part in initiatives that issue policies against FGC programmatically, the limited projects, inadequate interventions, and lack of training stagnates efforts to eradicate the practice and contributes to missed opportunities to engage in empowering local community members. If international aid workers hear young girls, women, and colleagues express an interest in discussing FGC, and frustration with the tradition, then aid workers should have the tools to respond and be prepared to discuss FGC. Using a trauma-informed model with a clear plan of action to communicate health risks and to encourage behavior change would help to effectuate change.

3. International Committee of the Red Cross

The International Committee of the Red Cross (ICRC) sends volunteers in one hundred and ninety countries worldwide.⁷⁵ The organization has a zero-tolerance policy concerning FGC. Unlike the Peace Corps and MSF, the ICRC does not have volunteers living in local communities for years at a time. For some initiatives, the organization will briefly go into a country, do

73. E-mail from RPCV 2., Returned Volunteer, U.S. Peace Corps (Mar. 19, 2018) (on file with author).

74. Telephone Interview with RPCV 3, Returned Volunteer, U.S. Peace Corps Volunteer (Apr. 1, 2018).

75. *National Societies Directory*, INT'L FED'N RED CROSS & RED CRESCENT SOC'YS, <https://oldmedia.ifrc.org/ifrc/who-we-are/national-societies/national-societies-directory/> (last visited Feb. 27, 2022).

a training, and leave.⁷⁶ While training and collaboration with local communities is important, this is not an effective use of the persuasive powers of international aid workers. The ICRC is not prohibiting aid workers from discussing FGC, but the practice of brief meetings and short stays does not promote sustainable change. This is also not an effective use of aid workers and it is another example of a policy statement that does not match the organization's practices.

For example, in Chad, the ICRC trained four hundred and sixty young female volunteers in peer education skills and awareness.⁷⁷ In countries like Chad where the law specifies that harmful traditional practices, including FGC are prohibited, it is clear that aid workers coming in and training people briefly is not a sustainable approach to eradicating the practice. The ICRC has a website and a campaign dedicated to "Zero Tolerance Day" against FGC and there are many news articles about taking a stance against FGC, though it is unclear what sort of work is being done in other countries or what kind of training the volunteers have. There are plenty of non-governmental organizations that merely throw money at a project, then abandon it, and organizations that spend limited time working in local communities are not effective.

International aid workers who work in the field create real change by building rapport with the local communities. They have the ability to act within their own organizations toward the countries and communities that they work in while working alongside local partners. At present, they lack the appropriate resources and tools to engage in the dialogue surrounding FGC. Despite the zero tolerance policies in place, some organizations are not doing everything they can to end these human rights violations against girls and women.

4. Tostan International

Tostan International (Tostan) is an example of an organization that is using aid workers and local community members to affect change in behavior regarding FGC.⁷⁸ The organization applies customary international law principles and uses aid workers to establish rapport and create a dialogue with the local communities. Its model is survivor centered and empowerment focused. Tostan is a non-governmental organization that uses education

76. See, e.g., *Chad Red Cross Involves African Tribal Chiefs in the Fight Against Female Genital Mutilation*, INT'L FED'N RED CROSS & RED CRESCENT SOC'YS, (Apr. 5, 2006), <https://www.ifrc.org/en/news-and-media/news-stories/africa/chad/chad-red-cross-involves-african-tribal-chiefs-in-the-fight-against-female-genital-mutilation/>.

77. *Ending Female Genital Mutilation*, *supra* note 12.

78. TOSTAN INT'L, <https://www.tostan.org/> (last visited Feb. 27, 2022).

workshops dedicated to women to discourage the practice of FGC.⁷⁹ The organization only operates in rural villages that it is invited.

Tostan's employees run education workshops with the primary goal of sharing ideas with community leaders on human rights and group problem solving. Its method is very effective. For example, from 1997-2003, over one thousand villages in Senegal agreed to stop the practice of FGC.⁸⁰ This is an organization that follows a trauma-informed approach, focusing on the empowerment of local communities and recognizing that change in behavioral and traditional practices originates from the unified decisions of the communities.

Tostan's model for change is a prime example of why it is important to work with people at the grassroots level. Using international aid workers will have a much better chance of reaching more people and bring change to the harmful practice of FGC. Employees of this organization are confronted with the realities of cultural appropriation, assimilation, and integration goals. When local communities gain a voice centered around their own experiences, then practices begin changing.

B. The Role of Aid Workers Effecting Change Around Health Norms

International aid workers should be encouraged to participate in the dialogue surrounding FGC following trauma-informed training. Instead, they are forced to navigate the space between law and culture on their own. The collective experience of international aid workers is the lack of the tools that they need to discuss FGC. While they may have a need to protect themselves from unqualified individuals discussing health topics or human rights issues, the organizations have a responsibility to train volunteers if they are sending them out into communities. Aid workers are in a unique position. They are sitting in a daily experience within the communities that practice FGC and they are observing the traumatic effects that the cutting and removal of female genitalia have on girls and women in the local communities.

Many defenders of FGC would discourage international aid workers from engaging in a conversation about the practice. Likewise, many advocates who want to eradicate FGC may also discourage international aid workers from assisting, deeming their involvement and presence in other countries as imperialistic and unnecessary. The FGC debate highlights some complex issues about human rights and cultural relativism including

79. *See generally, id.*

80. Bethany Albert, *Female Genital Mutilation*, VILLAGE VOLUNTEERS, <https://villagevolunteers.org/wp-content/uploads/2011/07/Female-Genital-Mutilation.pdf> (last visited Feb. 27, 2022).

concerns about Western paternalism and xenophobia.⁸¹ Discussions about basic human rights that involve female health can hardly be shunted aside on those grounds. Silencing aid workers only stunts progress that could be made towards eradicating violence against girls and women. The powers of international law are structured in a way that should give aid workers the tools to navigate through the complexity and relativism. All of the steps are in place to eradicate FGC, but one part is missing—the training for international aid workers that are in a unique position to work with local community members.

1. Foot Binding in China

International aid workers played a large role in the eradication of foot binding in China. FGC, like foot binding in China, represents society's control over women. The practice of foot binding perpetuated normative gender roles that are unequal and harmful to women.

Foot binding was the long practiced brutal tradition of breaking girl's toes and bones, aimed to change a female's feet to conform with ideals of beauty. Foot binding was practiced for a thousand years and was seen as a sign of beauty and marriageability.⁸² It was practiced on young girls from age three to eleven years old. Bones in the foot were broken and bound for two years and toes were curled under in order to attempt to stop growth.⁸³ Awareness about foot binding in China first came from Western missionaries who began detailing the practice during the nineteenth and twentieth centuries. Foreign missionaries founded the first "anti-foot binding society" in 1897.⁸⁴ The group was called the "Natural Foot Society" and the reason the use of the aid workers was beneficial was because after training was completed, the leadership was then transferred to a committee of Chinese women.⁸⁵ This movement started among foreigners and later spread through China. The collaboration between international aid workers and local communities played the integral role in eradicating the harmful practice.

The anti-foot binding movement was able to reform the practice by focusing on an education campaign, the positive advantages of having "natural feet," and by forming societies with members pledging not to engage in the practice any longer and exhibiting their disengagement by, for

81. Gunning, *supra* note 55, at 19.

82. Ann-Marie Wilson, *How the Methods Used to Eliminate Foot Binding in China Can be Employed to Eradicate Female Genital Mutilation*, 22 J. GENDER STUD., 17 (2012).

83. *Id.*

84. *Id.* at 18.

85. *Id.* at 19.

example, not having their sons marry women with bound feet.⁸⁶ It started with the understanding of the physical and psychological trauma this practice has on women. The primary groups involved were Western missionaries, non-religious Westerners, and wealthier individuals in China. The practice was outlawed in 1912 and criminalized in 1981.⁸⁷ A thousand-year-old practice was reformed in just decades following the help of international aid workers, local communities, and legal policies.

FGC has significant parallels to the practice of foot binding. Like FGC, foot binding was practiced to control the sexual freedom of women, it was deemed necessary for proper marriages and family honor. Foot binding was violent and painful infliction upon the female body.⁸⁸ It took more than just the law to eradicate the practice because legal measures alone will not eliminate violence against women unless local communities also have a desire to change. The anti-foot binding movement focused on public opinion, education, and an integrative approach to eradication. It ended in conjunction with empowering women through education and promoting opportunities outside of the private sector.⁸⁹

Efforts to eradicate FGC must also come from people who are familiar with the local culture and religion and who are accurately informed. Absent the tools, training, or resources, the practice will continue and by 2030, fifteen million more girls will be cut.⁹⁰

2. Breast Ironing

Breast ironing, or breast flattening, is a practice used to protect girls from unwanted sexual advances and like FGC, is perpetuated allegedly for the good of women, but ultimately causes immediate and lifelong physical and psychological trauma.⁹¹ When girls start showing signs of puberty, typically mothers will begin ironing their daughter's breasts using heating tools to try to prevent their breasts from developing. The aim of the ritual is to use heated spatulas, hammers, and rocks to halt breast growth in order to slow puberty

86. *Id.*

87. *Id.*

88. Gerry Mackie, *Ending Footbinding and Infibulation: A Convention Account*, 61 AM. SOCIO. REV. 999 (1996).

89. *Id.*

90. Rachel Revesz, *FGM: UN Calls for End of Violent Practice by 2030*, INDEP. (Feb. 8, 2016), <https://www.independent.co.uk/news/fgm-un-calls-for-end-of-violent-practice-by-2030-a6861251.html>.

91. Danielle Selby & Julie Ngalle, *Mothers in These African Communities 'Iron' Their Daughters Breasts*, GLOB. CITIZEN (Apr. 6, 2018), <https://www.globalcitizen.org/en/content/breast-ironing-cameroon-harmful-practice-girls/>.

and postpone girls' sexual relationships.⁹² It involves the “repetitive pounding, pressing, ironing, [or] rubbing . . . of a pubescent girls' breasts . . . to stop of delay them from growing or developing.”⁹³ Approximately 3.8 million teenagers are affected by breast ironing worldwide.⁹⁴ It is practiced largely in countries such as Cameroon, Nigeria, Benin, and Chad⁹⁵ and is considered an underreported crime related to gender-based violence.⁹⁶

The practice of breast ironing is similar to FGC because it is a form of physical mutilation practiced out of tradition and justified by the intention of good will by family members and people in the community, yet it has harmful physical and psychological consequences for young girls. Like FGC, it is typically performed by a female family member, traditional healers, or midwives.⁹⁷ Under international laws, breast ironing is recognized as a form of violence against girls and women that violates human rights.⁹⁸ There are several treaties and declarations that recognize it as a harmful practice and highlight the rights of girls and women to live free from gendered violence and torture.⁹⁹

Breast ironing is historically underreported. Some data has been collected in countries where it is practiced and shown that it is believed to take place to in order to combat sexual harassment, assault, exploitation, rape,

92. Julia Ada Tchoukou, *Introducing the Practice of Breast Ironing as a Human Rights Issue in Cameroon*, 3 J. CIV. & LEGAL SCI. (2014), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3040793.

93. Fikrejesus Amahazion, *Breast Ironing: A Brief Overview of an Underreported Harmful Practice*, 11 J. GLOB. HEALTH (2021), <https://jogh.org/documents/2021/jogh-11-03055.pdf>.

94. Selby & Ngalle, *supra* note 91.

95. Tchoukou, *supra* note 92.

96. *Breast Ironing Fact Sheet*, AFR. HEALTH ORG., <https://aho.org/fact-sheets/breast-ironing-fact-sheet> (last visited Feb. 27, 2022).

97. Amahazion, *supra* note 93.

98. *Id.*

99. Universal Declaration of Hum. Rts., *supra* note 9; Convention on the Elimination of all Forms of Discrimination Against Women, *opened for signature* Mar. 1, 1980, 1249 U.N.T.S. 23; Convention on the Rights of the Child, *opened for signature* Nov. 20, 1989, 1577 U.N.T.S. 3; African Charter on Human and Peoples' Rights, June 27, 1981, 1520 U.N.T.S. 217; Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women, *adopted* July 1, 2003, https://au.int/sites/default/files/treaties/37077-treaty-charter_on_rights_of_women_in_africa.pdf; African Charter on the Rights and Welfare of the Child, *adopted* July 1, 1990, https://au.int/sites/default/files/treaties/36804-treaty-african_charter_on_rights_welfare_of_the_child.pdf. *See also Campaign Launched to Counter 'Breast Ironing,'* NEW HUMANITARIAN (June 28, 2006), <https://www.thenewhumanitarian.org/news/2006/06/28/campaign-launched-counter-breast-ironing>; BAWE ROSALINE NGUNSHI, GENDER EMPOWERMENT & DEVELOPMENT, BREAST IRONING... A HARMFUL PRACTICE THAT HAS BEEN SILENCED FOR TOO LONG (2011), <https://www.ohchr.org/Documents/HRBodies/CEDAW/HarmfulPractices/GenderEmpowermentandDevelopment.pdf>.

and sexually transmitted diseases.¹⁰⁰ One of the leading groups that brought into the public sphere after it was uncovered by agencies like the German Technical Cooperation Agency (GTZ) and Dutch international organization Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) in collaboration with Réseau National des Associations des Tantes (RENATA).¹⁰¹ Their study focused on Cameroon and addressed the prevalence rate, method, and rationale regarding the practice.¹⁰² Since then, breast ironing awareness advocates believe that enacting more laws against breast ironing would help educate others about this harmful practice.¹⁰³

Breast ironing has not been completely eradicated, and there is still work to do. Primarily, this form of gender-based violence needs greater attention to increase awareness. People working with girls and women who underwent breast ironing need appropriate support and treatment. Those people working with the girls and women need appropriate trauma-informed and survivor-centered training. This coupled with changing the laws outlining harmful practices will help promote change. With breast ironing, the involvement of international aid workers and their recognition in the countries that practice breast ironing has helped to halt the tradition. For example, there are now laws criminalizing breast ironing in Cameroon (where it is practiced heavily) and a nationwide campaign against the practice organized by aid workers in 2014 helped reduce the prevalence of breast ironing by fifty percent.¹⁰⁴ Sex education is one of the tools used as a better way to prevent teenage pregnancies in young girls. Other governmental and non-governmental organizations have embarked on a mission to enact change.¹⁰⁵ Even international charities, like the Women and Girls Development Organization in London, are working to raise awareness of breast ironing.¹⁰⁶ While there is still work to be done to reduce the harmful practice of breast ironing, the intervention of international aid workers in collaboration with local communities has shown a reduction in the reach of the practice and in the number of girls and women impacted by this violence.

100. Amahazion, *supra* note 93.

101. See Tchoukou, *supra* note 92, at 2.

102. *Id.*

103. Inna Lazareva, *Breast-Ironing: 'The Whole Community Needs an Education,'* GUARDIAN (Jan. 26, 2019), <https://www.theguardian.com/global-development/2019/jan/26/uk-authorities-in-denial-of-prevalence-of-parents-breast-ironing-girls>.

104. See Joe Penney, *Breast Ironing*, REUTERS (Jan. 27, 2014), <https://widerimage.reuters.com/story/breast-ironing>.

105. NEW HUMANITARIAN, *supra* note 99.

106. Emily Dugan, *'Breast Ironing': Girls 'Have Chest Flattened Out' to Disguise the Onset of Puberty*, INDEP. (Sept. 26, 2013), <https://www.independent.co.uk/life-style/health-and-families/health-news/breast-ironing-girls-have-chests-flattened-out-disguise-onset-puberty-8842435.html>.

3. Polio

Poliomyelitis, otherwise known as Polio, does not reflect violence against girls and women. However, it is an example of a health issue that has been eradicated in other countries through the use of informed training and collaboration with international aid organizations. It will likely be completely eradicated sometime in the near future. This is largely due to the efforts from international aid organizations such as the Bill and Melinda Gates Foundation, the U.S. Center for Disease Control and Prevention, and the World Health Organization working alongside medical professionals in other countries to vaccinate young children and eliminate the disease.¹⁰⁷ While the benefits of eradicating polio are now more apparent worldwide, when international aid organizations first tried to get involved in fighting polio, many groups were resistant to it, similarly to the resistance to ending the practice of FGC.

In order to make a difference and change people's opinions and beliefs about the polio vaccination, international aid workers and local communities worked together. Thirty years ago, there were approximately 350,000 cases of polio worldwide.¹⁰⁸ Initially, certain countries resisted polio vaccines. Pakistan was one of the countries where polio eradication seemed out of reach because of the myths and misconceptions surrounding the vaccine.¹⁰⁹ In 2012, hostile militants in Pakistan did not allow polio teams to vaccinate children in certain territories.¹¹⁰ In an attempt to change the minds of people and enact change, the polio teams expanded to include international aid organizations and created awareness through education.

Through a host of workshops and discussions, paired with a commitment amongst aid workers and the government, change was made.¹¹¹ By 2017, there were only eleven reported cases of polio in Pakistan.¹¹² This is just another example of how international aid workers are instrumental in making a difference.

107. See Alina A. Visram, *Overcoming Obstacles to Polio Eradication in Pakistan*, UNICEF USA (Oct. 24, 2017), <https://www.unicefusa.org/stories/overcoming-obstacles-polio-eradication-pakistan/33371>.

108. *Id.*

109. *Id.*

110. *Id.*

111. *Id.*

112. *Id.*

V. STRIKING THE BALANCE AND INCORPORATING TRAUMA-INFORMED TRAINING

International aid organizations that have opted out of the movement to eradicate FGC owe an explanation why aid workers are being silenced or left unprepared in the field. If organizations continue to issue declaratory policies that take a stance against FGC but fail to properly train and prepare aid workers for work in local communities, they are allowing violence against girls and women to prevail. International aid workers must receive trauma-informed training before approaching the subject matter of FGC. In addition, efforts towards change must be implemented at the community level. Like the eradication of other harmful practices, such as foot binding, breast ironing, and polio anti-vaccination beliefs, changes to FGC must come from unified decisions within the communities. Aid workers working in these communities can make a difference and they should not be prohibited from speaking about FGC. Rather, aid workers should be provided the proper tools to address it.

Training international aid workers to use a trauma-informed approach to discussing FGC would enable them to facilitate a healing conversation about FGC and to avoid re-traumatization. Trauma-informed care is widely used in the medical field.¹¹³ It is applicable to international development work, as it intersects with people who have been subjected to violence. Further, trauma-informed care is also beneficial in the practice of law and should be implemented in more legal trainings.¹¹⁴

Trauma-informed training is a growing base of knowledge about the negative impacts of psychological trauma inflicted upon individuals. It is an approach that comes from understanding the impacts of trauma, aimed at empowering and engaging the survivors it hopes to assist. Becoming trauma-informed starts with awareness of the impact of trauma among the population which the aid workers are serving. It then creates a space for physical and emotional safety, with focus on the strengths and resilience of the survivors of FGC. This empowers the decision making and pushes toward the eradication of FGC.¹¹⁵

After adopting a trauma-informed approach for discussions regarding FGC, international aid organizations can gain confidence that aid workers are better prepared to engage community members in this discussion. The

113. See generally Monique Tello, *Trauma-Informed Care: What It Is, and Why It's Important*, HARV. HEALTH PUB. (Oct. 16, 2018), <https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562>.

114. See Sarah Katz & Deeya Haldar, *The Pedagogy of Trauma-Informed Lawyering*, 22 CLINICAL L.R. 359 (2016).

115. See *id.* at 375.

approach then must be a collaborative one that bridges support from decision makers of international aid organizations and those who volunteer for them. Development agencies are limited to following the policies set by their governments and have varying degrees of autonomy to make decisions at operational levels.¹¹⁶ Silencing aid workers by preventing them from talking about FGC in relation to violence against girls and women is a human rights violation. Once aid organizations change their arbitrary policy standards and take a clearer stance, international aid workers can adopt a holistic approach to FGC that accounts for social and political concerns, presented in a way that does not stigmatize women.

The international community has a responsibility speak out against FGC. If international aid organizations follow international human rights laws as their only means to combat abuse like FGC, it may alienate certain people. Adding trauma-informed rhetoric and a collaborative approach will move eradication efforts forward. This approach should be centered on empowering survivors through education and discussion addressing FGC and cultural relativism. As a method to reach more members of the community they should also incorporate a health-based focus rather than emphasize gendered violence.¹¹⁷

In addition, organized partnerships in regions where FGC is widely practiced should focus on striking the balance between the law, culture, and lived experiences of girls and women who have been impacted by FGC. Because international aid workers have been effective in health reform in other instances such as foot binding, breast ironing, and polio, and they are assimilated in the local communities, they should be encouraged to participate in the movement to eradicate FGC in the countries that they work in. To eradicate FGC and create sustainable change, it will take more than legislation and organizing local communities alone. It must be a collaborative effort. International aid workers can bridge the gap between laws and local communities, so long as they are trained to be trauma-informed.

VI. CONCLUSION

International aid organizations should not prohibit workers from discussing FGC with the local communities that they work with. Instead, they should provide them with the tools and resources necessary to eradicate FGC. FGC is a harmful practice where girls and women are subjected to cutting

116. Michael Szporluk, *A Framework for Understanding Accountability of International NGOs and Global Good Governance*, 16 *IND. J. GLOB. LEGAL STUD.* 339, 354 (2009).

117. See *MINORITY RTS. GRP.*, *supra* note 16.

and removal of their genitalia resulting in a lifelong physical and psychological trauma. Even though international laws outlaw FGC as a human rights violation, there are many regions of the world that continue to practice it due to the traditions upheld in the community.

Because FGC is such a complex subject and must be carefully addressed through balancing human rights and cultural relativism, international aid workers need tools to navigate the gray area in between. The implementation of a clear practice should incorporate trauma-informed training for international aid workers. It will cultivate the dialogue that addresses girls' and women's rights to be free from violence while balancing cultural relativism with empowering the people in the communities seeking to have a more effective conversation about eradicating FGC. Once there is a clear plan of action for international aid workers on how to navigate the gray area between international law and cultural relativism, practices instrumental to promoting the well-being of women and girls.

VII. ACKNOWLEDGEMENT FROM THE AUTHOR

This paper can be read as systemically violent because it does not include any stories or perspectives from survivors of female genital cutting (FGC). Articles like this should amplify the voices of survivors instead of speaking for them. As an educated white woman living in California and the United States, I recognize that I am privileged and that I am venturing into ideas of eradicating a traditional practice outside of my culture. I do so in an attempt to hold a mirror to those who have also engaged in international aid work in countries outside of the United States and other individuals who may have been guilty of harmful work to people in communities of need. It is my hope that this article will be most beneficial to those organizations going overseas, to initiate a dialogue surrounding FGC survivor focused empowerment and to shift policies and practices towards working with survivors of FGC, as well as actively work to resolve any past errors by not perpetuating the dominant Western perception of FGC only.

Additionally, this article is not meant to posit that survivors of FGC need saving from international aid workers or that international aid organization's presence is necessary to eradicate FGC. Instead, the carve out issue this paper is trying to address is that if individuals from international aid organizations, including individuals suffering from white savior complex, will be present in communities that practice FGC, it is better that they are informed and trained to address FGC.

For excerpts and advocacy of FGC survivors and their stories, please consider the following:

1. FAILURE TO PROTECT: HOW DISCRIMINATORY SEXUAL VIOLENCE LAWS AND PRACTICES ARE HURTING WOMEN, GIRLS, AND ADOLESCENTS IN THE AMERICAS, EQUALITY NOW (2021), <https://www.equalitynow.org/resource/failure-to-protect-how-discriminatory-sexual-violence-laws-and-practices-are-hurting-women-girls-and-adolescents-in-the-americas/>.

2. Purity Soinato Oiyie, *From Where I Stand: What We Need Is Free Education for Girls*, UN WOMEN (May 25, 2018), <https://www.unwomen.org/en/news/stories/2018/4/from-where-i-stand-purity-soinato-oiyie>.

3. Jaha Dukureh, *In the Words of Jaha Dukureh: We Are at a Tipping Point in the Movement to End FGM*, UN WOMEN (Feb. 27, 2018), <https://www.unwomen.org/en/news/stories/2018/3/in-the-words-of-jaha-dukureh>.

4. *Safe in Serengeti: Young Women and Girls Seek Refuge from Female Genital Mutilation in Mara, Tanzania*, UN WOMEN (Nov. 14, 2017), <https://www.unwomen.org/en/news/stories/2017/11/feature-tanzania--women-and-girls-seek-refugee-from-female-genital-mutilation>.

5. Magda Ahmed, *From Where I Stand: I Feel Like I am Creating Great Change*, UN WOMEN: EGYPT (Sept. 16, 2018), <https://egypt.unwomen.org/en/news-and-events/stories/2018/09/from-where-i-stand>

6. Lizzy Davies, *Sadia Hussein: The FGM Survivor Who Is Saving Girls from the Knife*, GUARDIAN (June 23, 2021), <https://www.theguardian.com/society/2021/jun/23/sadia-hussein-the-fgm-survivor-who-is-saving-girls-from-the-knife>.

7. *Survivors Speak: Women Leading the Movement to End FGM*, UN WOMEN (Feb. 4, 2019), <https://www.unwomen.org/en/news/stories/2019/2/compilation-women-leading-the-movement-to-end-female-genital-mutilation>.

8. Danielle Jacobson et al., *The Lived Experience of Female Genital Cutting (FGC) in Somali Canadian Women's Daily Lives*, 13 PLOS ONE (2018), <https://doi.org/10.1371/journal.pone.0206886>

9. Leyla Hussein, *'I Had No Idea I Was an FGM Survivor Until a Nurse Asked'*, GLOB. CITIZEN (Feb. 24, 2020), <https://www.globalcitizen.org/en/content/leyla-hussein-female-genital-mutilation-fgm/>.

10. *"Kentucky FGM Survivor: "...Through Kentucky Passing the Law, My Chains Are Broken and I Feel Free,"* AHA FOUND.,

https://www.theahafoundation.org/fgm-survivor-says-breaking-her-silence-was-beginning-of-her-healing/?utm_source=ga&utm_medium=search&utm_campaign=AHAFD-0001T-02-0002&gclid=CjwKCAjw2bmLBhBREiwAZ6ugo-6zFsf8g9srcgsuxPgezCDHBYjNT0LZuKR0nJodQN3sGPb-TrccPRoCvJ4QAvD_BwE (last visited Feb. 27, 2022).