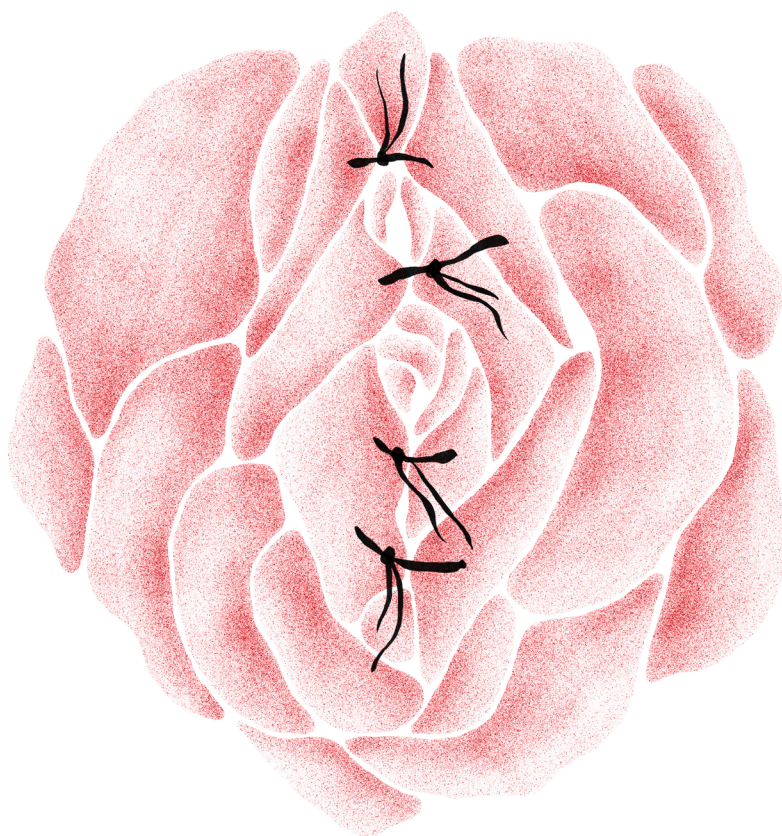


A Handbook for a Reflection- Action Circle on **Female Genital Mutilation**



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The 8 core principles of Reflection-Action circles on Female Genital Mutilation:

1. Ensure physical and psychological safety of the participants
(Do not harm principle)
2. Ensure and respect confidentiality of the participants
3. Ensure the Reflection-Action circle to be a safe space for ALL participants
4. Ensure the accessibility of the Reflection-Action circle
5. Be sensitive to diasporas' cultures
6. Adopt a gender-transformative approach
7. Adopt an intersectional approach
8. Develop referral mechanisms for participants that need professional attention

*You should also follow ActionAid's Ten Principles of Feminist Leadership that you can find **here***

About Us

ActionAid Sweden

ActionAid Sweden is a Non-Governmental Organisation (NGO) and part of the global ActionAid Federation, which works in 46 countries around the world. We work to reduce poverty and injustices with a special focus on strengthening women and girls' rights, as gender equality is a prerequisite for sustainable development. Our work is focused on four areas, all of which are central to the work of strengthening women and girls' rights and creating a more just and equal world:

- Education and livelihood
- The right to your own body
- Climate justice
- Humanitarian response

ActionAid was founded in 1972 and has been working in Sweden since 2006. We always work at a grassroots level in order to empower girls and women to defend and strengthen their rights. They are the ones leading and developing the work forward. With a presence in several of the world's most vulnerable countries, ActionAid has the power and the knowledge required to work both long-term and in humanitarian emergencies. We never leave an area until real changes take place. Our organisation is based on feminist leadership principles where our organisational culture is characterized by justice, equality, respect, and non-discrimination. We are secular and politically independent. All activities are conducted with the support of private individuals, companies, institutional donors and foundations.

Reflection-Action Methodology

Reflection-Action is an innovative approach to adult learning and social change used by ActionAid. The methodology was developed in the 1990s through pilot projects in Bangladesh, Uganda, and El Salvador, and is now used by over five hundred organisations in over seventy countries worldwide. The idea is to use participatory methodologies within a structured learning process to ensure that people's voices are equally heard, and to analyze power dynamics. In a Reflection-Action circle, participants work together to analyze their situation, identify rights violations, and bring about change. The Reflection-Action method is guided by principles that you can find [here](#).

About the Project

Lets Talk About It: Female Genital Mutilation

ActionAid Sweden has been granted funds by the Swedish Gender Equality Agency to implement the Reflection-Action method in Sweden on the topic of Female Genital Mutilation (FGM). The goal of this project is to open safe spaces among the affected diasporas to discuss the issue of FGM and create action to end the practice. According to Sweden's National Board of Health and Welfare and the European Institut to Gender Equality (EIGE) , there are around 38,000 girls and women that have been subjected to FGM and a further 2 016 - 11 145 girls who are at risk in Sweden (data from 2011 and 2012). Despite the strict laws against FGM in Sweden, ActionAid Sweden sees a great need to create safe spaces to discuss the practice and create a long-term sustainable behavioural change.

Asking people directly about complicated issues such as FGM can lead to silence, fear, or confusion. Reflection-Action circles on FGM aim to create safe spaces for discussion and empower affected people to take action to put an end to FGM in Sweden.

ActionAid Sweden works in partnership with Swedish civil society organisations to form these circles. If your organisation is interested in joining the project and forming a Reflection-Action circle on FGM, please contact us at info@actionaid.se.

The Handbook

ActionAid Sweden is dedicated to work with partner organisations to form Reflection-Action circles on FGM in Sweden. We aim to work within different spheres of Swedish societies where the affected diasporas are present (diaspora associations; women organisations; youth organisations; learning organisations; organisations working on honour-related violence and oppression; public services, etc.). This handbook was created to introduce Reflection-Action circles to these organisations whom could be interested to form a Reflection-Action circle on FGM in partnership with ActionAid Sweden. It is also a step-by-step handbook for circle facilitators.

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Abbreviations

EIGE: European Institute for Gender Equality

FGM: Female Genital Mutilation

GBV: Gender Based Violence

UN: United Nations

UNFPA: United Nations Populations Fund

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organisation

Glossary

- **Activist:** a person who works to achieve political or social change.
- **Child, early, and forced marriage:** any formal marriage or informal union between a child under the age of 18 and an adult or another child/marriage in which one and/or both parties have not personally expressed their full and free consent to the union.
- **Cisgender:** denoting or relating to a person whose sense of personal identity and gender correspond with their birth sex.
- **Diaspora:** group of people who spread from one original country to other countries.
- **Facilitator:** the person in charge of the organisation and formation of the Reflection-Action circle. Their role is to guide sessions and steer the discussion. The facilitator should be the focal point for the recruitment and selection of participants and answering questions of the participants.
- **Female Genital Mutilation:** all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
- **Gender-based violence:** violence directed against a person because of their gender.
- **Harmful practices:** discriminatory practices committed regularly over a long period of time that communities and societies begin to consider them acceptable.
- **Honour-related violence:** honour-related violence occurs to protect or restore the honour and social

standing of a family or wider community. It is sanctioned by a collective and is also often perpetrated by several people. The family members or close relatives of the victims usually play a decisive role.

- **Intersectional (intersectionality):** the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect, especially in the experience of marginalised individuals or groups.
- **Islamophobia:** an irrational fear of, aversion to, or discrimination against the religion of Islam or Muslims, the people who practice Islam.
- **Non-binary:** denoting or relating to a person whose personal identity and gender is not defined in terms of the traditional male-female binary opposition.
- **Participatory tool:** a specific activity designed to encourage joint analysis, learning and action within a group. The tool provides structure to the process and encourages discussion, enabling people to base their analysis on their own knowledge.
- **Racism:** a belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race. The term also denotes the theory of systematic oppression of a racial group to the social, economic, and political advantage of another.
- **Reflection-Action circle:** a group of participants and a facilitator discuss an issue using the Reflection-Action method. The group meets over several sessions. The Reflection-Action circle should be a safe space for all the participants and the facilitator.
- **Safe space:** a place or environment in which a person or group of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm.
- **Sexism:** prejudice or discrimination based on sex/behaviour, conditions or attitudes that foster stereotypes of social roles based on sex.
- **Survivor:** a Feminist term used to refer to people affected by any form of gender-based violence. The term is usually preferred to the term "victim" (outside of a legal context) to highlight the strength of the person affected by the violence.
- **Transgender:** denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.
- **Transphobia:** an irrational fear of, aversion to, or discrimination against transgender people.
- **Xenophobia:** extreme dislike or fear of foreigners.

How do I form a Reflection-Action circle?

Reflection-Action Methodology

During a Reflection-Action circle, participants, supported by a facilitator, use a variety of participatory tools throughout sessions to analyse their situation, identify rights violations, and work together to bring about change. The Reflection-Action circle is a safe space to discuss and find solutions to difficult issues.

A Reflection-Action circle is divided into three parts:

- **Introduction:** introduction sessions aim to introduce the purpose of the circle to all participants, establish the rules of the circle to guarantee a safe space, and introduce the participants to the issue that they will discuss.
- **Reflection:** reflection sessions aim for participants to identify the key-causes and key-consequences of the issue discussed, as well as to reflect on it at group and individual levels.
- **Action:** action sessions aim for participants to feel empowered to take action towards the issue - establish a goal for their actions as well as a roadmap of action.

There are 20 sessions in this handbook: 9 milestone sessions (their titles have a * next to them) that you should conduct to fulfil the methodology and 11 additional sessions. The ascribed order of the sessions is important and should be followed. A toolkit is available at the end of the handbook.

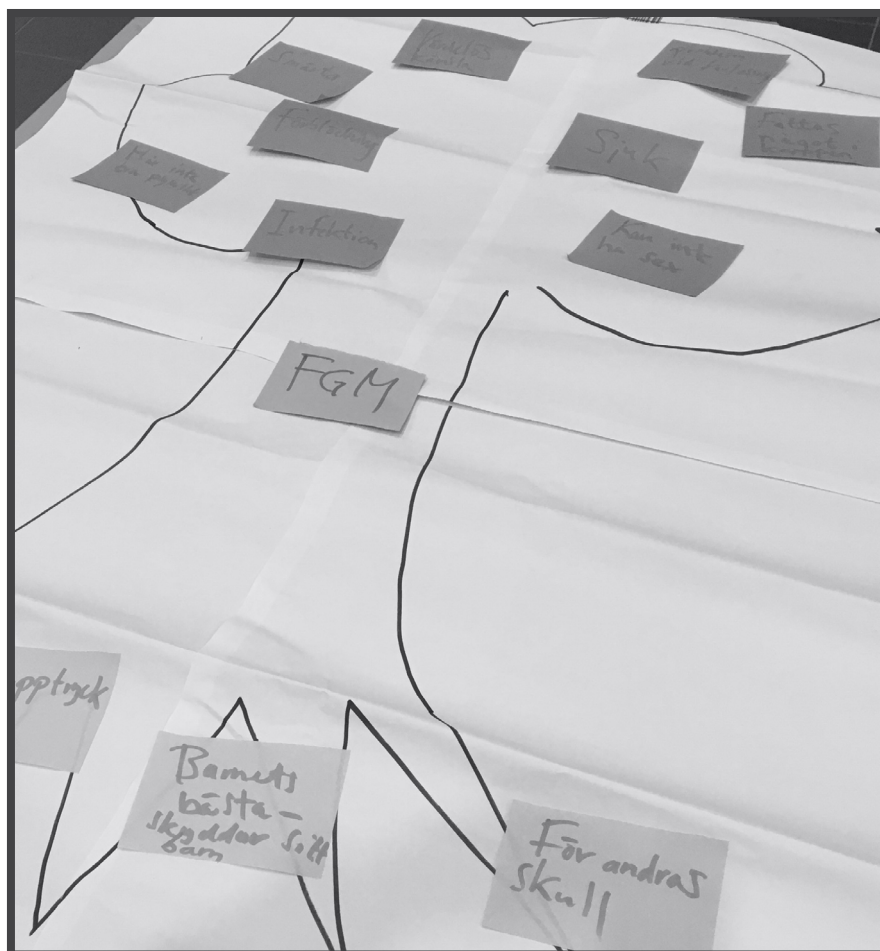
Reflection-Action circle on Female Genital Mutilation

Reflection-Action circles on FGM are designed for people affected directly or indirectly (relatives) by FGM to reflect on the issue. Depending on the participants' profiles (directly or indirectly affected), two types of discussions are possible:

- **Survivors' circle:** all the participants are individuals that have been directly affected by FGM, meaning they have all undergone FGM. This circle aims to provide a safe space for survivors to share their stories, reflect on FGM as a practice, but also on their own story. The circle also aims to make their voices heard. FGM is a form of child abuse. The facilitator needs to make sure that they have the experience and resources to properly receive participants' trauma. Survivors' circles are usually

non-mixed groups.

- **Community circle:** participants are those that have been directly and indirectly affected by FGM. The circle aims to create behavioural change within the group and find solutions to end FGM. When conducting a community circle, one should be aware that it might be difficult for directly affected people to share their personal experiences with indirectly affected people. Therefore, it might be more difficult to create a safe space. Community circles are usually mixed groups.



Your Role as a Facilitator

A skilled facilitator is essential to the process. Here are some characteristics the facilitator should have:

- a member of the local community
- accepted by circle members
- willing to learn
- power and gender aware, especially when it comes to intersectionality
- prepared to give time and energy
- strong interpersonal communication and active listening skills
- basic group facilitation skills
- a problem solver.

For a Reflection-Action circle on FGM specifically, ActionAid Sweden has identified these key characteristics that facilitators should have, in addition to those mentioned above:








- familiarity with the affected diasporas
- some basic knowledge of FGM
- culturally competent to deal with people from various nationalities and backgrounds
- demonstrated commitment to advancing the rights of women and girls, and gender minorities.

The role of the facilitator is to:

- organise the logistical aspects of the Reflection-Action circle
- guide the participants through the sessions
- explain the tools in an interactive way
- guide, steer the discussion.

The facilitator should play a role as small as possible. Their role is not to teach and but to ease the discussion. They should not dominate the circle.

Your Checklist

-  **Participants**
Participants of the Reflection-Action circle on FGM should be directly or indirectly affected by the practice. The group should include a maximum of 10 participants. Bear in mind, however, that it is very likely that more people will enrol to attend than will attend. Initial dropout, within the first two or three weeks, or even before the circle has started, is very common.
-  **Place and Time**
The place chosen for the Reflection-Action circle should be accessible to all. Organise the place for the participants to sit in a circle. Tables might be needed. Each session lasts at least 1 hour 30 minutes.
-  **Material**
In this manual, the descriptions of the sessions include the list of the materials needed for each of them. Make sure to have them before the beginning of the session. If the session includes prints, you can find them at the end of the handbook in the toolkit.
-  **Data Collection**
Quantitative and Qualitative data collection is part of the project. Make sure to keep all the tools produced during the circle and to share them with ActionAid Sweden (All data collection should follow the [GDPR guidelines](#)). Data collection is part of an implementation agreement signed by partner organisations with ActionAid Sweden. This data collection aims to help research on FGM in Sweden.
-  **Certificate**
At the end of the circle, participants receive a certificate of participation. Certificates are delivered by ActionAid Sweden and the partner organisation.
-  **Participatory and continuous & evaluation**
After every session the facilitator makes a self-reflection on the session. Ask yourself what worked and what didn't. It will help you improve for the next session. At the end of the circle, conduct a survey with the participants to gather their feedback on the overall experience.
-  **Safeguarding measures**
To implement a Reflection-Action circle, ActionAid Sweden **REQUIRES** that the organisation implementing the activity has safeguarding measures in place to guarantee the safety of the participants: policies on sexual harassment and exploitation and abuse; contact person for the participants to report to; direct contact with an establishment able to provide psychological and medical support upon request of a participant.

Your To-Do List



Prepare your circle meeting

Choose which session you will do during the next circle's meeting. Gather the material and practice the exercise(s) from the session. Inform the participants where and when the meeting will take place a few days ahead. If participants come with children make sure to have a calm activity ready for them (e.g., drawing). If the session is about sexuality (Session 8), children should not be present in the room.



Welcome the participants

Welcoming participants is the first step to building a safe space. Take the time to greet them and ask them how they are doing. Take note of each participant's name. It is important for the facilitator to remember every participant's name and its pronunciation. Keep in mind that some people might show up late.



Start the circle (10 minutes)

Sit the participants in a circle. Start the session with an exercise where participants answer the following questions:

- What is your name?
- How are you doing?
- What does the title of the session make you think of?

The purpose of this quick exercise is so that each participant gets an opportunity to speak at least once in each session. It is also an opportunity for them to build confidence using their own voice and lend value to their individual experiences and perspectives.



Conduct the session (1 hour 20 minutes minimum)

Start by summarizing the last session. Then, explain today's session's objectives and introduce the tool. Answer participants' questions, if any. Set up the exercise. To explain the tool of the exercise, don't hesitate to give examples for the participants. All participants should be encouraged to actively help in constructing the tool. Do not forget to take the time after each exercise to thank participants for sharing. It is important that they feel valued and respected.



The discussion

Discussion should be a key part of the session. Each tool is an opportunity for discussion. The tool provides structure to the process and encourages discussion. Open-ended questions can stimulate critical thinking and dialogue. It is important to listen carefully and to dig deeper, beyond the obvious responses, asking why to find the root causes of problems. Each exercise includes a set of questions that can guide you to conduct the discussion on the tool.



End the meeting (10 minutes)

Thank the participants for their participation. Keep the produced tool for the next session and for the all circle..

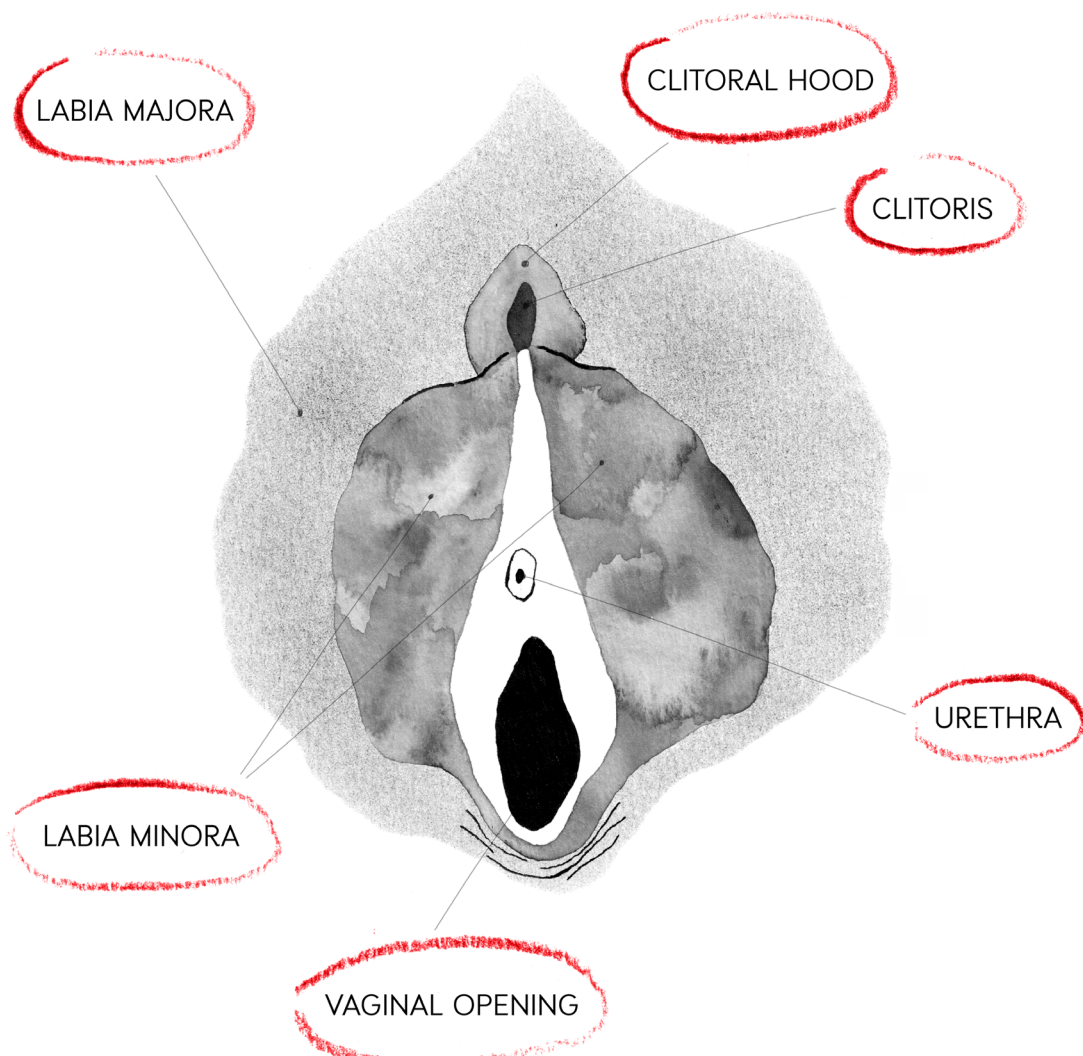
Final Tips Before Starting

- Be open, humble, calm, patient, curious, and respectful.
- Try to always concretize and exemplified some of the things you say.
- Always remember to keep your eyes on the time, steer the discussions, and have them engaged.
- Try to get to know your participants. It will help you adapt the tools to the participants.
- Learn from each session's weaknesses and problems and see each session as a learning process for you as a facilitator.
- If your participants are seated, make sure you sit as well. If they are standing, do the same. This helps create dynamism for dialogue, instead of a teacher-student relations.

What should I know about Female Genital Mutilation before starting?

Female Genitalia

The vulva is the ensemble of the external genital organs in females. It includes the mons pubis, the labia majora, labia minora, the clitoris and its hood, the urethral opening, and the vaginal opening. Vulvas can be very different from one person to the other: labia size, clitoris size, color, hair, all of this can vary.



RESSOURCES:

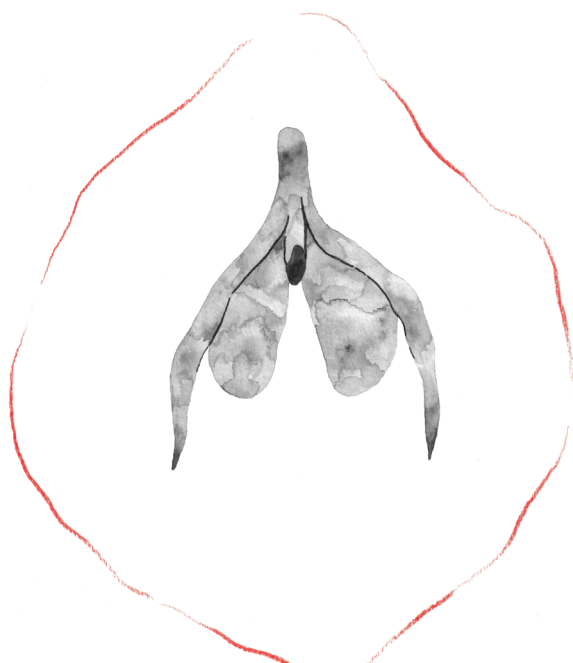
- [RFSU website page on "Fittans yttre delar" \(in Swedish\)](#)
- [The Vulva Gallery from the illustrator Hilde Atalanta](#)

The Clitoris

The clitoris is a female sex organ. All mammals have one. Its known function is to provide pleasure. The clitoris creates feelings of sexual sensations upon stimulation. It is one of the densely innervated parts of the female body with 8 000 nerve endings. During sexual arousal, the clitoris and the entire female genitalia fill with blood.

The clitoris is an erectile organ located at the junction of the labia and under the mons pubis. It is composed of a body; two legs; two bulbs made of erectile tissue sitting internally on either side of the urethral and vaginal openings and glans. The complete clitoris is about 9-11 cm long but only the glans is visible. The glans measures 1-2 cm and vary from person to person. 90% of the clitoris is beneath the surface.

In 2005, the Australian urologist Helen O'Connell was the first to publish an article with the full anatomy of the clitoris. Before this date, researchers had a limited comprehension of the clitoris. This large gap between knowledge of the penis and the clitoris can be explained by several factors like the clitoris being mostly internal and therefore harder to study in the past. That being said, the main factors were that most published researchers were men, and the negative cultural perception of the female body and especially of the clitoris. Indeed, due to patriarchy, in many cultures, men have tried to control women's bodies and their sexuality. This also included female body shaming, especially the shaming of women's sexual pleasure. In Western societies, the clitoris and female masturbation were ignored by scientists and, in some cases, villified throughout history.

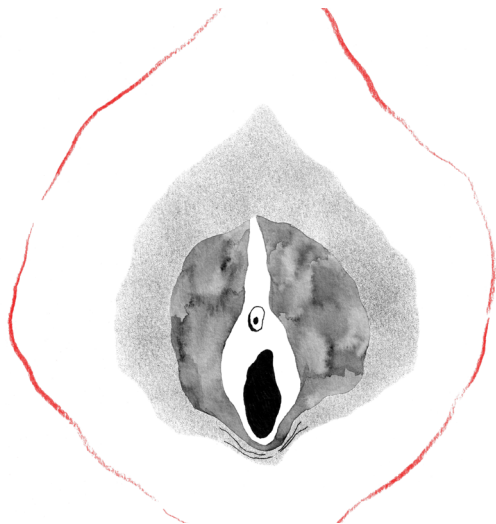


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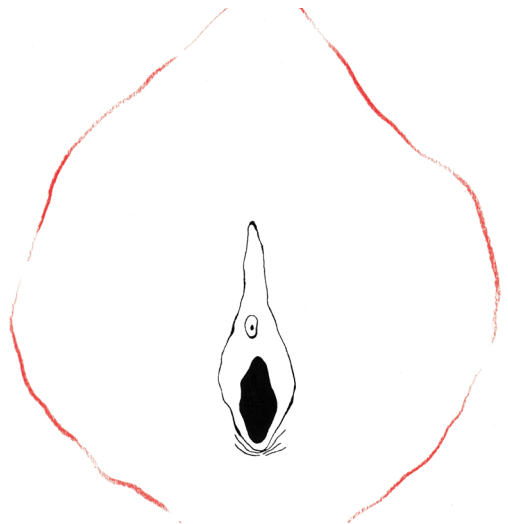
- [Video on an history of the clitoris, Scientific American](#)
- [Podcast on the clitoris, RFSU \(in Swedish\)](#)
- [3D model of a clitoris from The Anatomy of Pleasure](#)
- The comic book The Fruit of Knowledge from Liv Strömquist

Female Genital Mutilation

WHO defines Female Genital Mutilation (FGM) as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”. FGMs are categorised under four types. These categories are not exhaustive and do not illustrate the reality for all survivors. All forms of female genital mutilation are a human right violation.



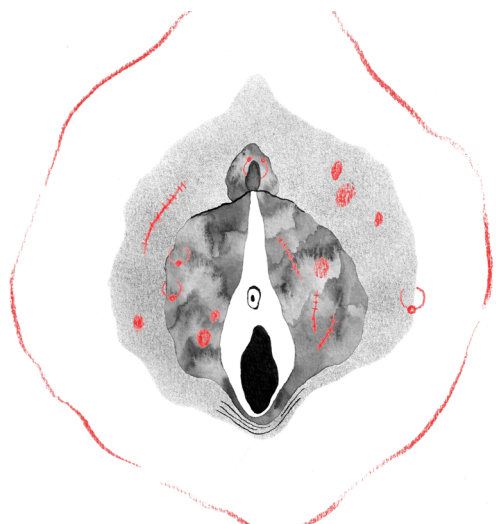
Partial or total removal of the clitoral glans, and/or the clitoral hood



Partial or total removal of the clitoral glans and the labia minora, with or without removal of the labia majora



Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral hood and glans.



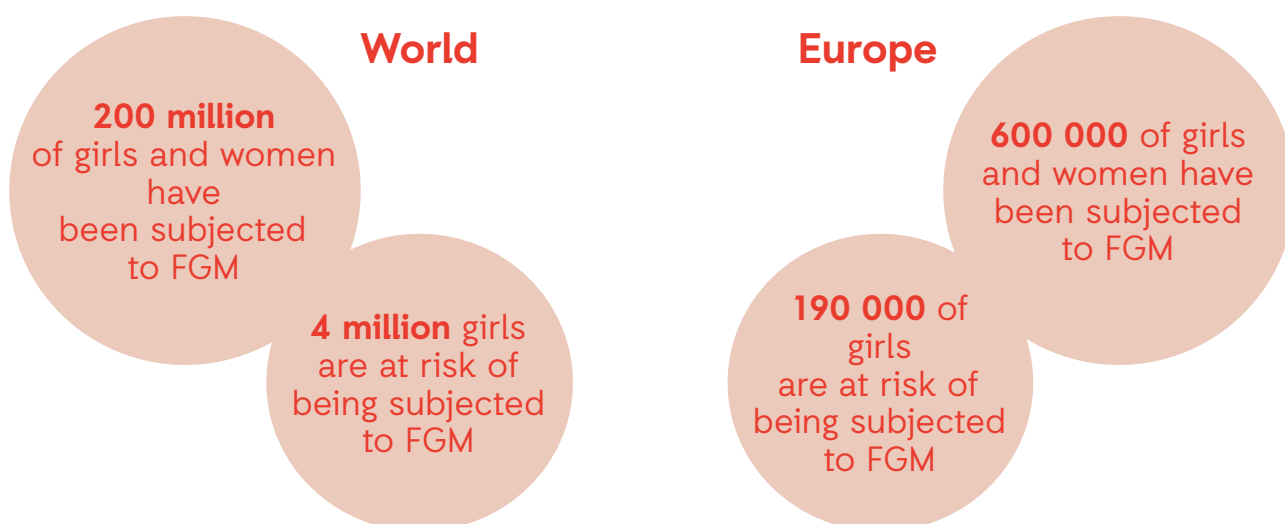
All other harmful procedures to the female genitalia for non-medical purposes e.g., pricking, piercing, incising, scraping and cauterizing the genital area.

People Affected by Female Genital Mutilation

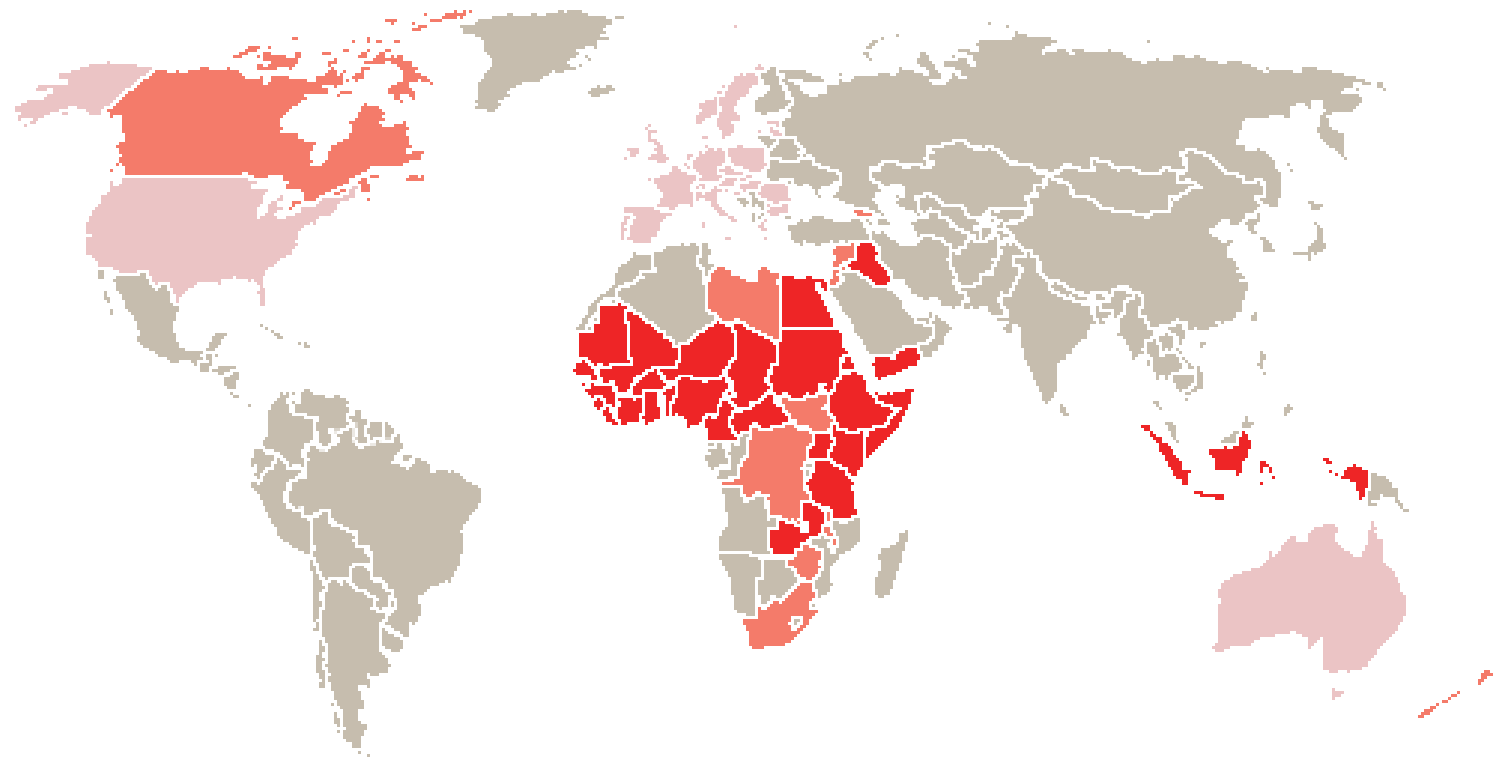
People affected by FGM are mainly cisgender women and girls as it is a mutilation performed on the female body. However, practice can also affect non-binary and transgender people. We will be using the terms “woman” and “girl” as they are the terms used by the international community on the subject, while also acknowledging the limitations of these terms.

FGM is mainly performed on girls under 15 years old. Nowadays, we observe a trend of mutilation happening earlier in the life of the child, especially before they reach 5 years old. It is estimated that more than 200 million girls and women have been submitted to FGM. FGM is currently documented in 92 countries around the globe, 32 through nationally representative data, 31 through indirect estimates (countries where FGM is mainly practiced by diaspora communities) and 29 through small-scale studies and media reports.

In Europe, it is estimated that around 600 000 girls and women are survivors of FGM. [Here](#) you can find a map illustrating the European countries where they live. Moreover, it is estimated that 190 000 girls are at risk. People affected by FGM and living in Europe have a background of migration from practicing countries and could be therefore submitted to other forms of violence like racism and xenophobia on top of sexism, islamophobia, transphobia, and violence linked to LGBTQ+ identities and possible disabilities. It is key, to put on intersectional glasses to understand the FGM issue, especially in Europe. Most of mutilations happens outside Europe, during holidays abroad. There are reports of FGM being conducted in Europe, but to a lesser extent. According to the latest report from EI GE, the risk of FGM is less pronounced while a woman or a girl is in Europe, but the risk is higher any time an unmarried girl returns to her country of origin.



Prevalence of Female Genital Mutilation Across the Globe



Source: [End FGM European Network & End FGM/C U.S Network & Equality Now, Female Genital Mutilation/Cutting: A Call for a Global Response, 2020.](#)

Countries with available data on FGM from nationally representative surveys.

Countries with available data on FGM from indirect estimates. This includes countries where FGM is largely known to be practiced by diaspora communities.

Countries where media reports and anecdotal evidence refer to occurrence of FGM.

Countries with small-scale studies on FGM that document the existence of FGM by direct interviews with survivors, cutters or members of the community where FGM is taking place

An Extreme Form of Violence Against Women

FGM is one of the many illustrations of the violence of patriarchal societies towards women and their bodies.

FGM constitutes an extreme form of violence against women. The UN defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (UN, General Assembly Resolution 48/104 Declaration on the Elimination of Violence against Women, 1993).

At the international level, the practice has been recognized as a violation of the human rights since 1993, and was already banned in several countries. Almost always carried before the age of 15, it is also a violation of the rights of children and a form of child abuse. EIGE states that FGM “violates a person’s right to health, security and physical integrity, the right to be free from torture and cruel inhuman or degrading treatment, and the right to life when the procedure results in death”. FGM is categorized as a harmful practice like child, early, and forced marriages as well as honour-related violence. Being at risk of FGM can be associated with a risk of being submitted to these two other harmful practices.

The mission of patriarchy to control girls’ and women’s bodies and sexuality drives FGM. It aims to reduce girls’ and women’s sexual interest to guarantee their virginity and them being faithful to their future husbands. The idea of bodily or sexual “purity” is linked to FGM. Behind the practice being performed, women’s sexuality is seen as a threat, and in need of being controlled. After FGM being performed, women are considered “cleaner” and “purer”, physically and morally. In societies where FGM is the norm, not being cut could mean for the girl to be excluded at school and in other social interactions, and for the family to be seen as opposing an old tradition, risking the girl’s ability to find a spouse in the future.



History of Female Genital Mutilation

Today, the historical origins of FGM are still unclear. One of the first traces of FGM being practiced dates back to ancient Egypt. Believed to be first identified in the Nile region, the practice of FGM spread towards West and East Africa. The practice was then integrated into the traditions of local ethnic groups.

A multitude of myths surround the practice: God would have created human beings as both man and woman at the same time and FGM and circumcision would be needed for children to recover their "true" nature; the clitoris will continue to grow and become a small penis; the clitoris is the symbol of a disordered and exaggerated sexuality and is considered dangerous both for the male partner during sex, and for the baby during delivery; the clitoris is dirty and needs to be cut. A common point to all these myths is the same fear/shame surrounding female genitalia.

FGM is considered as a very old "tradition" by communities and that legacy becomes itself an argument to continue the practice. In the context of migration, even if there is a significant decrease in the incidence of the practice, compliance with the practice as a means of defence and preservation of identity and group membership can become a valid reason to maintain the "tradition".

The practice of FGM is not a religious practice, appearing before many contemporary religions and is not a sacred practice of any. Indeed, although FGM is mentioned in certain sections of some religious texts, the practice is obligatory in none of them. It goes against many of their core beliefs on protecting, respecting and not altering the body God gave you. However, religion can be used wrongly by some to justify the practice. The practice is often seen as a Muslim practice, even though it is practiced by other communities. This false idea is perpetuated by the fact that some Muslim communities practice it and see it as religious requirement.

Female genital mutilation can sometimes be seen as part of a complex initiation rite, where the family organises a party for the girl. The party may also be used to lure the child. Several children can be mutilated in the same day in group ceremonies, or a single girl can be mutilated at home or at the hospital. The cutter can be a traditional cutter or a healthcare provider. Tools used for the mutilation include ritual knives, as well as rudimentary tools such as knives, scissors, pieces of glass or clay, pieces of tin, or razor blades.

Contemporary FGM Trends

Over the last 30 years, FGM prevalence has been reduced. However, as the world's population is growing, more girls will be at risk of FGM in the coming years. Today, it is estimated that 4 million girls annually are at risk of undergoing FGM. The COVID-19 pandemic had a negative impact on work against FGM: UNFPA estimates that 2 million additional children could be mutilated over the next decade due to its consequences.

We have also observed a medicalisation of the practice. This means that more and more healthcare providers, in public or private clinics, at home or elsewhere, perform FGM. According to UNICEF estimates, today, one in four girls and women are subjected to FGM by a healthcare providers. This is a dangerous trend as it is used by supporters of FGM to legitimise the practice and carry on the submission of girls' and women's bodies to men. The joint programme UNFPA-UNICEF for the elimination of FGM states that "medicalizing the practice does not eliminate the health risks, as it still removes and damages healthy and normal tissue and interferes with the natural functions of a girl's body. Medicalization by healthcare providers only helps to legitimize the practice."

Finally, we also observed a growing cross-border phenomenon. As more and more countries implement laws to condemn the practice, more and more families travel abroad to conduct FGM on their children to avoid the possibility of legal action. This trend is observed between neighbouring countries in Africa but also between continents, with people from affected diasporas flying to their origin countries to subject girls to the practice.

RESSOURCES:

- [Guide addressing Common Myths and Misconceptions about FGM from End FGM European Network and GAMS Belgium](#)
- [A video from BBC Three about things not to say to FGM survivors and campaigners](#)
- [Testimony of Leyla Hussein, survivor of FGM, at the Oslo Freedom Forum](#)

The consequences of Female Genital Mutilation

The WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (*WHO, Constitution of WHO, 1946*). FGM is an attack to an individual’s health which impacts them throughout their lives. The consequences of such attacks can be physical, psychological, and social. However, these consequences are neither systematic nor universal. Consequences can be different from one survivor to another. FGM is very personal. Each survivor experiences and learns to live with the abuse in a different way.

PHYSICAL CONSEQUENCES – SHORT TERM

- Severe pain
- Excessive bleeding (haemorrhage)
- Genital tissue swelling
- Fever
- Infections e.g., tetanus
- Urinary problems
- Wounds healing problems
- Shock
- Death

PHYSICAL CONSEQUENCES – LONG TERM

- Chronic pain
- Chronic pelvic infections
- Urinary tract infections
- Painful urination
- Vaginal infections
- Cysts, abscesses, and genital ulcers
- Excessive scar tissue formation
- Infection of the reproductive system
- Menstrual problems
- Increased risk of childbirth complications
- Need for later surgery (e.g., desimfibulation)

PSYCHOLOGICAL CONSEQUENCES

- Dissociation ([learn more here](#))
- Low self-esteem
- Depression ([learn more here](#))
- Anxiety ([learn more here](#))
- Post-traumatic stress disorder ([learn more here](#))

CONSEQUENCES ON SEXUAL LIFE

- Apprehension or fear of sexual intercourse
- Pain during intercourse
- Decreased satisfaction

Sexual difficulties don't concern all survivors and research is limited on this topic.

RESSOURCES:

- [Note on Mental Health, Well-being and FGM, Building Bridges to End FGM](#)
- [Video on Mental Health, Well-being and FGM, Building Bridges to End FGM](#)
- [Note on Medicalisation of FGM, Building Bridges to End FGM](#)

Female Genital Mutilation in Sweden

In Sweden, FGM is practiced among certain diasporas, especially from Iraq, Somalia, Somaliland, Ethiopia, Eritrea, Gambia and Egypt. We estimate that 38,000 people living in Sweden are affected by the practice and 2 016 - 11 145 are at risk. However, this number might be higher today as it is based on data from 2012 and migration from these risk-countries has increased since then. Today, Sweden ranks 6th in European countries affected by the practice of FGM.

In 1982, Sweden was the first country in Europe to establish a legal framework to forbid FGM ([Act. 1982:316](#)). Today, interventions on female external genitalia for the purpose of mutilating them, or bringing about other forms of permanent change to them, are criminalised and may not be performed, regardless of whether consent has been given for the procedure or not. A person committing but also planning, attempting, assigning someone to commit FGM, or a person failing to disclose information on or prevent FGM can be condemned. It is also considered a criminal offense if FGM happens outside Sweden and the suspect or the victim have a connection with Sweden. Since 2020, statues of limitation were removed for FGM performed on any child under the age of 18. Thus, a person can be prosecuted regardless of how many years ago the crime took place. Despite the law, only five perpetrators have been convicted so far in Sweden. FGM is difficult to prosecute or charge because there is often little or no proof about where and when the FGM was performed, and survivors often fear speaking out due to feelings of loyalty towards their family or immediate community (even though sometimes these are the perpetrators).



Sweden

By ratifying the Convention on preventing and combating violence against women and domestic violence, also called the Istanbul Convention, Sweden is committed to:

- *prevent, combat and prosecute FGM.*
- *protect and provide assistance to the survivors.*

In 2018, Sweden adopted a national action plan dedicated to FGM to fulfill its commitments.

RESSOURCES:

- [Interactive map from the End FGM European Network on the different policies in place on FGM in European countries, including Sweden](#)

The Sessions

Introduction

Section Overview	<p>A learning process that discusses tough issues needs to begin by establishing a safe space for all participants. A “safe space” means a place where a person or group of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm. Establishing a safe space allows participants to feel secure enough to take risks, honestly express their views, and share and explore their knowledge, attitudes, and behaviours. It is an important step in establishing a successful circle. Doing that successfully requires patience, openness, and good leadership from the facilitator.</p>
Objectives	<ul style="list-style-type: none">• The purpose of the circle is understood by all participants.• The rules of the circles are established and endorsed by all participants.• The participants did a first brainstorming on FGM.
Sessions	<p>Session 1 *: Oppening of the Circle</p> <p>Session 2 *: Lets Get to Know Each Other</p> <p>Session 3 *: Let’s Start the Discussion</p>

Session 1 * Opening of the Circle

The circle should be a safe place for the participants to express themselves fully and trust each other, the facilitator, and the process. Building a space of trust between the participants on such a private topic as FGM takes time and patience. The first step of the process is for the group to decide on an agreed set of commitments that will guarantee the circle to be a safe place for all. The Community Commitments tool is designed for the group to decide on these common ground rules. Start with a kick-off presentation of the project before moving to the Community Commitments tool for participants to decide on them together.

Objectives

- Participants are introduced to the issue, material, and other participants in the circle .
- Participants are able to identify what a safe space is and recognise its importance.
- Participants are encouraged to share ownership over their learning environment by identifying a set of collective commitments to build trust and create a safe space.

Kick-Off 🕒 30 minutes

- 1 Present yourself briefly and the role of facilitator.
- 2 Present the context of the circle (project; organisations).
- 3 Present the objectives of the circle.
- 4 Introduce the Reflection-Action method.
- 5 Explain the safeguarding measures of the circle.

The Community Commitments ⌚ 1 hour 🗒 flipchart / pens

- 1 Ask participants if they have heard of the phrase “safe space” and what it means.
- 2 Ask participants to think about contributing one idea/commitment that they think will make them feel safe in the circle (if groups are having trouble, sometimes you can give examples of situations that are unpleasant to help them think about what the opposite would be – make sure any unpleasant examples are very mild, e.g., someone talking too much, too much noise outside, etc.).
- 3 Write down all ideas presented by the participants on a flipchart, and if necessary, condense the ones that are similar or discuss any commitments that are unclear/controversial.

Notes for the facilitator

- The first session of any circle is key in building trust between the facilitator and participants and among participants. Being well prepared and setting a friendly and focused tone will set you up well for the rest of the circle.
- Some participants will naturally be more confident but it is important every participant gets a chance to speak and to share an idea during the first session. Therefore, make sure everyone can speak during the Community Commitments tool: ask everyone to give one idea of commitments at least.
- You should make notes about the dynamic of the group and work to grow the group’s confidence or balance the vibe.

Session 2 *

Lets Get to Know Each Other

Talking about FGM can be as delicate as talking about any topic related to sexuality and experiences of violence. Participants need to feel safe enough to share their thoughts with the rest of group. This session aims to introduce the participants to each other in an in-depth way and for them to break the ice. Start with reminding them of the Community Commitments decided by the group in the previous session without going through all the rules again. Then, introduce the Name Game and Bubble Journey tools that will help the participants get to know each other.

Objective

- Participants “break the ice” by being introduced to each other and to the facilitator.

The Name Game 🕒 40 minutes

The Name Game is an introduction exercise. Its goal is for participants to get to know each other by sharing more than their names. Each participant will answer the following questions. It is important to mention that participants can share as much as they want and answering all the questions is not mandatory. Give each participant 4 minutes to introduce themselves.

- 1 What is your name?
- 2 What is the meaning of your name?
- 3 Who gave you your name and why?
- 4 What are your nicknames if any? How would you like to be called?

The Bubble Journey ⌚ 40 minutes 1 print / pens

The Bubble Journey is an introduction exercise. Its goal is for participants to get to know each other by sharing their life story. Each participant selects five key moments of their life and writes them down in the five bubbles.

- 1 Create groups of four people maximum.
- 2 Give a copy of the print 1 Bubble Journey to each participant.
- 3 Each participant fills their Bubble Journey.
- 4 In each group, participants share their story with the rest of their group using their Bubble Journey.

Guiding questions for the exercise

- Is there something new about yourself (or others in the circle) that you did not know or realise before you did this exercise?
- Why is it important that we take the time to reflect on our life experiences?

Notes for the facilitator

- You should take part in these introduction exercises. Let a participant start but if no one wants to start, you can share an example. It is ok to encourage a participant to start if you have noted which participants have more confidence and which ones just need a little push.
- For this session, it is important to let participants share as much as they want, and participants should not feel forced to share more than they are willing to.
- Do not forget to take the time after each exercise to thank the participants for sharing. It is important that they feel valued and respected.

Session 3 *

Let's Start the Discussion

FGM is a complex topic to discuss. For some participants, it might be the first time talking about it. Thus, you can ask yourselves "Where should we start?". This session offers guidance on this question. As in any long process, start with brainstorming. By using the Mind Map tool, every participant will be able to put on the table all their knowledge about FGM, and you can start working from there.

Objectives

- Participants are able to identify and define FGM and some of its characteristics.
- Participants reflect on their own knowledge and/or experience with FGM.

The Mind Map 🕒 1 hour 20 minutes 📋 flipchart / pens

- 1 Create groups of four people maximum.
- 2 Give a page of the flipchart and post-its to each group. Participants write "FGM" in the centre of it.
- 3 Each group chooses a secretary and a timekeeper.
- 4 Ask participants to write down what FGM means and give some prompts, e.g., for them, for the society, etc. Participants write down their thoughts on post-its and place them on the page. **(40 minutes)**
- 5 Once the Mind Map are completed, bring the participants back together in a circle.

- 6 Secretaries of each group present their Mind Map to the rest of the circle. **(10 minutes)**
- 7 Start a collective discussion around the Mind Map by asking secretaries to explain some post-its in more detail so that participants analyse and process all the information they have just brainstormed. **(30 minutes)**



Notes for the facilitator

- This exercise doesn't have guiding questions. It serves for you to get a baseline on what participants know, where they stand, and what they think on FGM related questions. We advise you to use Why questions instead of particular questions, to help participants dig deeper without influencing the angles of their brainstorming.
- Every participant should be given a pen and be able to write.
- Drawings or other forms of expression are also accepted.
- It is important that participants do not censor themselves. It is a brainstorming activity. Each word from participants should be included in the Mind Map, even if the entire group might not agree with it. It is an opportunity for future discussions.
- Every language should be accepted on the Mind Map. Not all words have to be written in the same language. If another language is used during the exercise, make sure that the translation is available for the rest of the group.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Reflection

Section Overview	<p>From FGM as a collective practice to FGM as an individual story, this part of our method accompanies participants in their reflection. Designed as a constructed path starting with a Problem Tree, the participants will look at the key-causes and key-consequences of FGM. From macro to micro, participants will be, by the end of this section, able to look back on their own life and include these reflections.</p>
Objectives	<ul style="list-style-type: none"> • Participants have identified the key-causes and key-consequences of FGM. • Participants have reflected at group and individual levels of FGM key-causes and key-consequences.
Sessions	<p>Session 4 *: First Overview of FGM</p> <p>Session 5: My Identity</p> <p>Session 6: My Culture</p> <p>Session 7: My Rights</p> <p>Session 8 *: My Body</p> <p>Session 9: Power Over My Body</p> <p>Session 10: Power of Decision</p> <p>Session 11: The Silence</p> <p>Session 12 *: My Life</p>

Session 4 *

First Overview on FGM

FGM is a form of Gender-Based Violence (GBV) that is rooted in the intention/aim to control women's sexuality. FGM is a very complex practice. This session, using the tool of the Problem Tree, aims for participants to reflect on the questions "Where does FGM come from?", "Why is it practiced?", and "What are the consequences of FGM?". The Problem Tree created by the participants will help them reflect on the practice.

Objectives

- Participants can both understand and analyse the historical/cultural causes of FGM.
- Participants can identify key-causes and key-consequences of FGM and discuss why FGM perpetuates.

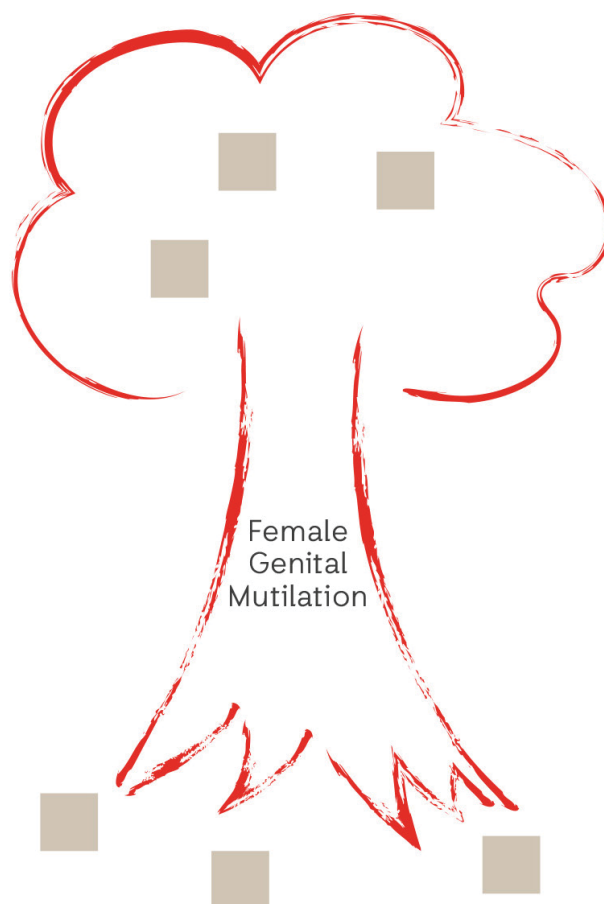
The Problem Tree 🕒 1 hour 20 minutes 🗒 flipchart / pens 📄 post-its

The Problem Tree aims to explore the causes and effects of a phenomenon. This is a collective brainstorming exercise. Here FGM is the phenomenon to explore. The various elements of the tree work together as a simple metaphor:

- The trunk symbolises the phenomenon to be studied (here FGM).
- The roots represent the causes of FGM.
- The branches are the consequences of FGM.

- 1 Draw a simple tree on a flipchart. Write "FGM" on the trunk.
- 2 Choose one colour of post-it for the causes and one for the consequences.

- 3 Start with the causes. Every participant can offer causes to the group. When a cause is agreed on, the participant writes it down on the appropriate post-it and positions it on the page, around the roots of the tree. **(30 minutes)**
- 4 After the causes, the group moves on to the consequences. When a consequences is agreed on, the participant writes it down on the appropriate post-it and positions it on the page, on the branches of the tree. **(30 minutes)**
- 5 Once the group is satisfied with the content of the tree, they start organising the post-its to create links between them: What does that cause/consequence lead to? **(20 minutes)**
- 6 Once the group reaches an agreement, you can draw links between the post-its.



Guiding questions for the exercise

- What causes FGM?
- What is the purpose of FGM?
- Where does the practice come from?
- What issues does the practice of FGM create?
- How does it impacts a girl? a woman?
- Can you identify the ways that FGM causes further harm/division for an individual or community?

Notes for the facilitator

- We recommend you fill out your own Problem tree beforehand with all the aspects that you are looking to raise through the exercise so that you know what you have covered and what aspects you wish to emphasise with the group.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 5

My Identity

One of the roots of FGM is the idea of a transition from girl to woman. Originally part of rituals, FGM was thought as a step towards adulthood. Being cut is still an important factor of women's identity in some groups and determining their social status. By questioning this link between being a woman and being cut, this session aims for participants to reflect on the key elements of their identity.

Objective

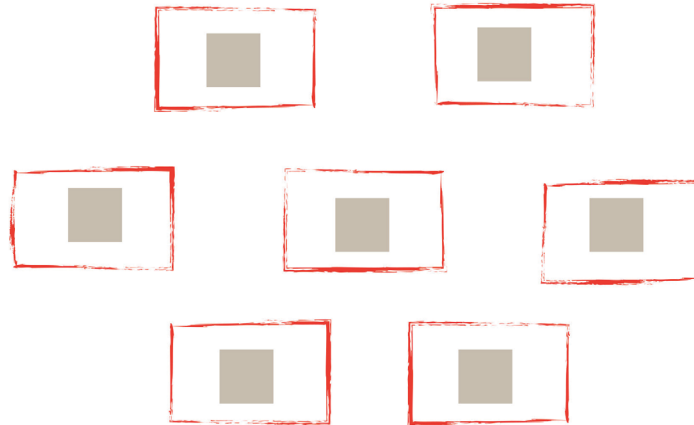
- Participants identify social and cultural factors that have helped shape their identities and identify elements that have shaped them in their life.

The Diamond ranking 🕒 1 hour 20 minutes ☒ print / pens ☐ post-its

The Diamond Ranking aims for participants to set priorities between elements with the most important one at the top.

- 1 Give a copy of the print 2 "Diamond Ranking" to every participant.
- 2 Ask participants to define what an identity is and add anything that they do not name. **(10 minutes)**
- 3 Each participant write or draw nine aspects of their identity on their Diamond Ranking, ordering them in descending order with the most important ones at the top. You can give some and give some prompts, e.g., values, hobbies, etc. **(10 minutes)**
- 4 Participants share their diamond with the group. **(3 minutes each)**
- 5 Discuss and list the common elements in all diamonds with the group. **(20 minutes)**
- 6 Draw a Diamond Ranking on a flipchart.

- 7 Write the shared elements on post-its.
- 8 Let the group organise the post-its in the group diamond. **(20 minutes)**



Guiding questions for the exercise

- What does this exercise reveal to you about your own values, thoughts, or feelings about your identity?
- Did anything surprise you about your own or other participants' thoughts or feelings?
- How does clarifying our own values, feelings, or thoughts help us make sense of what we prioritise/don't?
- What common elements do we all share?

Notes for the facilitator

- Take part in the exercise.
- For this session, it is important to let participants share as much as they want, and any participant should feel forced to share more than they are willing to.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 6

My Culture

FGM is often understood as a cultural practice and seen as a tradition. This session aims to question the link between FGM and culture and asks participants to reflect on key-components of their culture. The goal is to celebrate every participant's culture and see beyond FGM.

Objectives

- Participants, with help from the facilitator, define culture and identify its core elements, including values and norms.
- Participants discuss and identify diversity within cultures, and the different aspects of culture, including how culture has changed over time.
- Participants identify and understand the positive aspects of their cultures and why it is important to celebrate a diversity of cultures.

The Flag 🕒 1 hour 30 minutes 📄 3 print

The Flag aims for participants to highlight five components of their culture.

- 1 Give a copy of the print 3 "Flag" to every participant.
- 2 Start a collective discussion by asking participants to define a culture. Add to their definition if they have not identified all the aspects you wish to bring out. **(10 minutes)**
- 3 Each participant fills each of the five parts of their Flag with words or drawings to illustrate the different elements of their culture. **(20 minutes)**
- 4 Participants share their Flag with the group. **(40 minutes)**
- 5 Ask the participants to reflect on five common points and differences between their flag. If people come from the same culture, reflect on the common points and differences between their flags. **(20 minutes)**

Guiding questions for the exercise

- What are the elements related to the culture of your “home country” and “adopted country” you feel most proud of?
- What cultural practices are most meaningful to you and why?
- What values and practices do you most like about your “home country”, “adopted country” or about other countries or communities you have visited/interacted with?
- Did you observe any differences between people from the same country? What are they?
- What commonalities exist between flags of people from different countries in this group? (e.g., an emphasis on family, the importance of education, etc.)
- Why is diversity in a community/society/country important?

Notes for the facilitator

- Take part in the exercise.
- Have pens of different colours for participants to be able to draw and express their creativity.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 7

My Rights

FGM is recognised as a violation of the human rights of girls and women. This session aims for participants to reflect on their rights as a child, and as a woman.

Objectives

- Participants are able to define and identify what human/women/children's rights.
- Participants can analyse who is responsible for protecting human/women/children's rights and how to defend their own rights.
- Participants can reflect on and apply these concepts to cultural practices such as FGM and understand why FGM is a violation of one's rights.

The Focus Group ⌚ 1 hour 20 minutes 🗺 flipchart / pens ☐ post-its

A Focus Group discussion is a guided and structured conversation among a specific group of people, here the participants of the circle. The purpose of the Focus Group is to discuss experiences, opinions and ideas about a particular issue, here human rights. As a facilitator you will be the note taker. The focus group will be structured around seven questions.

- What are Human Rights?
- Examples of Human Rights.
- What do you understand by Women's Rights?
- Examples of Women's Rights.
- What do you understand by Children's Rights?
- Examples of Children's Rights.
- Examples of Human Rights, Women's Rights, and Children's Rights violations.

1 Introduce the purpose of the focus group as well as the seven questions. **(10 minutes)**

- 2 Start by the first question. Write down the answers of the participants on a flipchart (one page of flipchart per question). Organise your notes on the flipchart by using a Mind Map with post-its.
- 3 Once satisfied, move to the second question, etc. **(10 minutes per question)**

Guiding questions for the exercise

- What is a human right? Who defines what human rights are? Why is it important that we have and understand human rights?
- Are human rights practiced equally throughout the world? Why/why not?
- What actions can we take to help ensure our own human rights? Why is it important that we take action to help others who struggle for their human rights?
- Does everyone have the same access to practicing/ensuring their human rights? Why?

Notes for the facilitator

- Prepare the session with some research: Look into the [Universal Declaration of Human Rights](#); [Declaration of the Elimination of Violence Against Women](#) and [Istanbul Convention](#); [Convention on the Rights of the Child](#).
- Explore one question at a time. Use one page of the flipchart per question.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 8 *

My Body

FGM, as a form of mutilation, has several consequences on the body and on the mind of a survivor. However, each personal experience is unique. This session aims for participants to gain knowledge on female genitalia, the clitoris and FGM. After a presentation of the female genitalia and FGM, use the Body Map for participants to identify, question, and share the physical and psychological consequences they have experienced.

Objectives

- Participants can identify and understand the functions of female genitalia, the clitoris, and what happens to their bodies when FGM is practiced.
- Participants can understand, analyse, and reflect on the physical and psychological consequences of FGM.

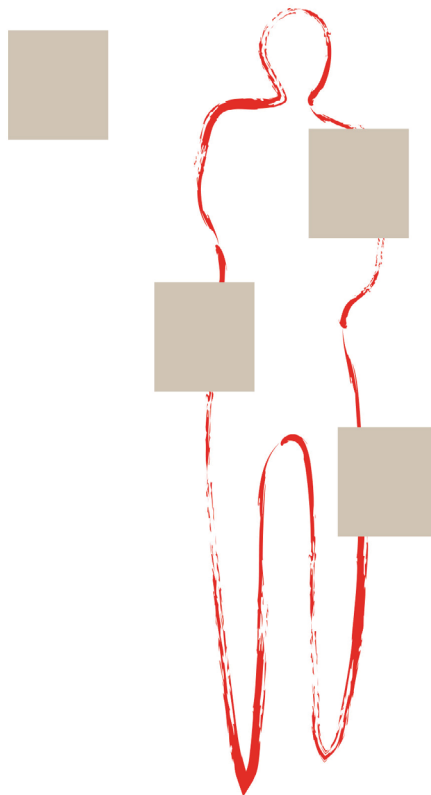
Presentation ⌚ 30 minutes  4 print  5 print

You do an oral presentation of female genitalia, the clitoris and the different forms of FGM. To illustrate your presentation, use the prints 4 and 5 of the vulva and of the FGM. The presentation should be kept short (**15 minutes**), and participants should be able to ask questions during or after the presentation (**15 minutes**).

The Body Map ⌚ 1 hour  6 print  flipchart / pens  post-its

The Body Map is used to explore issues around health and sexuality, women's rights and violence against women.

- 1 Give the participants a copy of the Print 6 “Body Map” and a pen.
- 2 Start the exercise with a general question such as “How does FGM impact your body and your health?”. The participants write their answers on their Body Map. **(10 minutes)**
- 3 Draw the outline of a woman on a flipchart board. Give post-its to each participant.
- 4 Gather the participants around the collective Body Map on the flipchart.
- 5 Participants share and reflect around the consequences they have written down on their Body Map. They indicate on the collective Body Map, using words or drawings on post-its the impacts they have experienced. **(30 minutes)**
- 6 Once all participants have put their post-its on the collective Body Map, the group discuss the different post-its and their positioning. **(20 minutes)**
- 7 You can extend the exercise by drawing other Body Maps, e.g., of a girl, a pregnant woman, an elderly woman to explore with the participants the impacts of FGM throughout different stages of the life. **(15 minutes per Body Map)**



Guiding questions for the exercise

- What repercussions does FGM have on the mind/heart or mental health of a person?
- What are the effects of these repercussions/consequences?
- In what ways do people cope with these consequences? Name and identify positive and negative coping mechanisms.
- What effects (short and long term) do the physical consequences of FGM have on the body?
- What roles does sexuality play in our lives? Does FGM impact sexuality? (Child-rearing, pleasure, building of closeness between partners).

Notes for the facilitator

- **Children should not be present for this session.**
- We do not recommend using a PowerPoint to conduct this presentation. It is preferable to build talking points from the information on the vulva, clitoris, and the four types of FGM provided at the beginning of this manual.
- It is important that everyone has the opportunity to ask their questions.
- It is important that everyone's post-its are placed on the flip chart: everyone's experience is valid, even if not everyone feels the same way.
- The Body Map can also be used to discuss abstract notions such as qualities, skills, or emotions. The participants will need to discuss how to place the cards – there will not necessarily be a correct position. For example, some may feel that a card representing fear would be best placed on the head while others might choose to place it on the stomach or heart.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 9

Power Over My Body

Women's bodies are submitted to a lot of pressure and control by societies. To question this aspect of women's everyday life that we easily forget about, this session aims for participants to explore the power dynamics at stake over their bodies. By the end of the session, participants should have identified the power they own over their body, but also potential external actors' power over their bodies and the effect of each of these powers.

Objectives

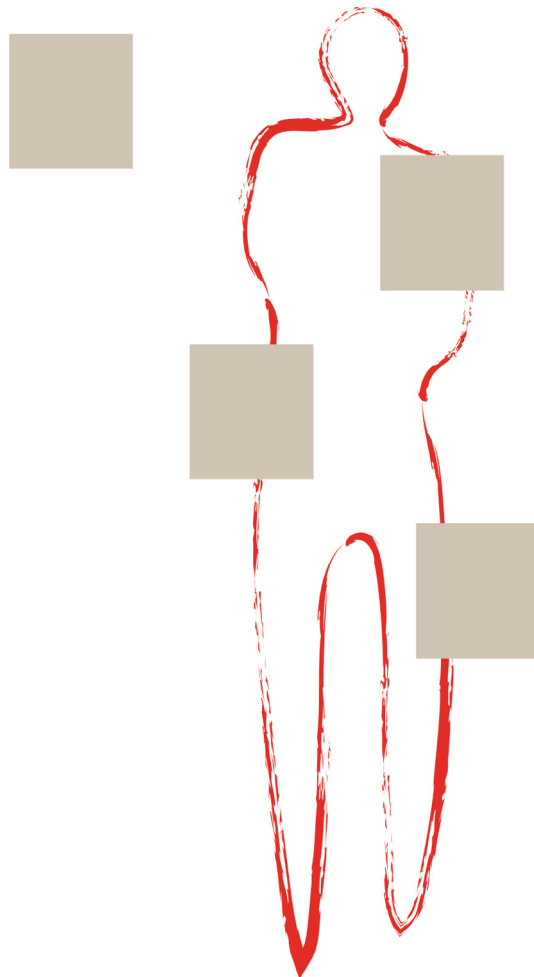
- Participants are able to identify and analyse different systemic and patriarchal effects on their bodies.
- Participants can reflect on the different forms of power that influence their own and others' thoughts of their bodies.

The Body Map 🕒 1 hour 20 minutes 📋 flipchart / pens 📄 post-its

The Body Map can be used to explore issues around health and sexuality, women's rights and violence against women as used in Session 8 "My Body". It can also be used to abstract notions and their impacts on participants, like in this session. Here the abstract notion studied through the Body Map is power and how it impacts participants.

- 1 Create groups of four people maximum.
- 2 Hand out a page of the flipchart to the groups where the outline of a woman is drawn.
- 3 Hand out post-its to each participant.
- 4 Begin the exercise with a question such as "Who has power over your body?, e.g., me, my family, state, medical professionals, etc."

- 5 Participants list the different actors in each group and decide together on a colour of post-its for each of them. **(20 minutes)**
- 6 Then, ask the questions “What type of power do you have over your body?” and “What type of power do they have over your body?”
- 7 Participants write one power per post-it while following the agreed upon actors’ colour code. Then they put their post-its on the Body Map after discussing within the group its proper location. **(30 minutes)**
- 8 Once all participants have put their post-its on their Body Map, let the full group discuss together about the different Body Maps. **(30 minutes)**



Guiding questions for the exercise

- Who have power over our body?
- What type of power do you have over your body? What can you decide?
- Do parents have power over their children's bodies? What type of power? Is it legitimate?
- Do family have power over children's bodies? What type of power? Is it legitimate?
- Does society have power over our body? What type of power? Is it legitimate?
- Do medical professionals have power over our body? What type of power? Is it legitimate?
- Are beauty standards a way for society to control our body? Do you observe any differences between countries or societies in terms of beauty standards?
- Why is it important for people to be able to have power over their own body? What are the causes and consequences when people do not have power their bodies?
- What would be the social benefits and risks of people having more power (sovereignty) over their bodies?

Notes for the facilitator

- Participants can use words or drawings on post-its to indicate what they have experienced.
- The Body Map can also be used to discuss abstract notions such as qualities, skills, or emotions. The participants will need to discuss how to place the cards – there will not necessarily be a correct position. For example, some may feel that a card representing fear would be best placed on the head while others might choose to place it on the stomach or heart.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 10

Power of Decision

FGM is often conducted in secret and seen as a “women’s matter” by some. Behind the decision of cutting a child, a social pressure is hiding. This session aims for participants to explore all the stakeholders playing a role in the decision leading to FGM. By the end of the session, participants should have identified the key-actors in the decision-making process related to FGM.

Objective

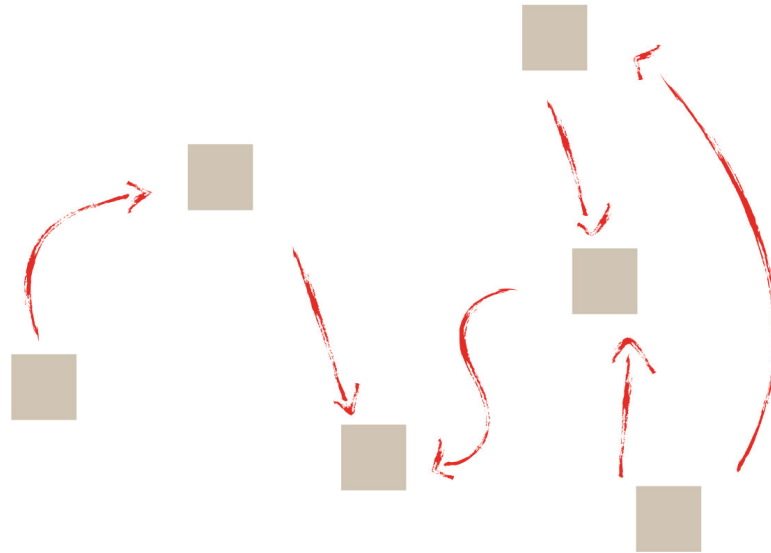
- Participants are able to identify the key-actors in the decision-making process leading to FGM.

The Chapatti Diagram ⌚ 1 hour 20 minutes 🗒 flipchart / pens

The Chapatti Diagram is used to explore relationships between components of the same phenomenon. Here we are going to use the Chapatti Diagram to explore the process of decision-making behind FGM, e.g., who is making decisions and what responsibilities they have.

- 1 Place a post-it with “FGM” written on it in the centre of a flipchart.
- 2 Choose together a colour of post-its for each level of influence/power (ex: blue =a little influence; yellow= medium influence; pink= a lot of influence).
- 3 Participants reflect together on people, groups, or organisations that exist and have an influence on the decision-making process related to FGM.
- 4 For each actor decide together if it has a little, medium, or a lot of influence/power over the decision-making process of having a girl subjected to FGM. Write it down on the correct post-it and place it on the flipchart. **(5 minutes per actors)**
- 5 The participants can move post-its around and draw arrows between them to transcribe step-by-step the decision-making process. **(10 minutes)**

- 6** The group discuss the diagram that has been constructed, the relationships, and effects on the decision-making process. **(20 minutes)**



Guiding questions for the exercise

- Who decides in the family if a girl should be subjected to FGM?
- Where and when FGM is performed?
- Who put pressure for FGM to be performed?
- What is the role of the mother? Grandmother? Aunt? Siblings?
- Who pays for the FGM to happen?
- What power do men hold? What power do religious leaders hold? Community leaders? Political leaders?
- Who does the FGM? What is the part played by healthcare providers?

Notes for the facilitator

- To avoid participants to feel uncomfortable, ask the questions in general terms.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 11

The Silence

Female genitalia are taboo, women's sexuality is taboo, and the clitoris is taboo. FGM is surrounded by silence. By using Forum Theatre, this session aims for the participants to reflect on how silence is one of the most powerful means used to keep the practice of FGM going and why it is hard but important to challenge it. By the end of the session, participants should feel empowered and confident to break the silence around FGM.

Objectives

- Participants are able to analyse how silence is used as a tool of oppression to perpetuate the practice of FGM.
- Participants are able to identify the power of silence and utilise tools to overcome fear or taboos around female sexuality and FGM so as to break the silence around FGM.

The Forum Theatre ⌚ 1 hour 20 minutes **7** print **8** print

Forum Theatre is designed to help people explore how they might change their reality and rehearse possible actions. In Forum Theatre, a play or a scene, usually indicating some kind of oppression, is shown twice. During the replay, any member of the audience is allowed to shout "stop!", step forward, and show how they would change the situation to enable a different outcome. In Forum Theatre, theatre is a tool for liberation and empowerment – a means of using theatre as a way of better understand ourselves and how we fit into the world around us – and, most importantly, how we might consequently change this world. Here the form of oppression expressed is FGM.

- 1** Two participants volunteer to be actors.
- 2** They are given copies of print 7, the first Forum Theatre scene.
- 3** The volunteer actors present the short scene to the larger group of participants. After the scene, start a discussion with the guiding questions for participants to identify the oppression. **(10 minutes)**

- 4 The scene is shown a second time. During the replay, any member of the audience is allowed to shout "Stop!", step forward and show what they would say, how they would change the situation.
- 5 The scene then continues with the actors including the inputs from the audience, attempting to change the outcome of the scene by making new choices.
- 6 Several alternatives may be explored by different audience members. The other actors remain in character, improving their responses. **(30 minutes)**
- 7 Once the scene is replayed, two new volunteer actors are chosen and given copies of print 8, then, act out the second scene. The process starts again. **(10 and 30 minutes)**

Guiding questions for the exercise

- Is silence a form of violence? What is its function in sexual violence?
- What role does silence play in perpetuating harm?
- Does silence play any positive roles? Why/why not?
- Why is it so hard to break silences? What are the potential consequences of speaking?
- What is the relationship between silence and power? Who prefers silence?

Notes for the facilitator

- Your role as facilitator is to enable communication between the players and the audience. You serve as support to the audience. It is your responsibility to keep interventions within the realm of reality to support tactics that can be achieved in real life.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 12 *

My Life

This session is an opportunity for participants to look at their life and apply learning and reflection from previous sessions to their own experiences.

Objectives

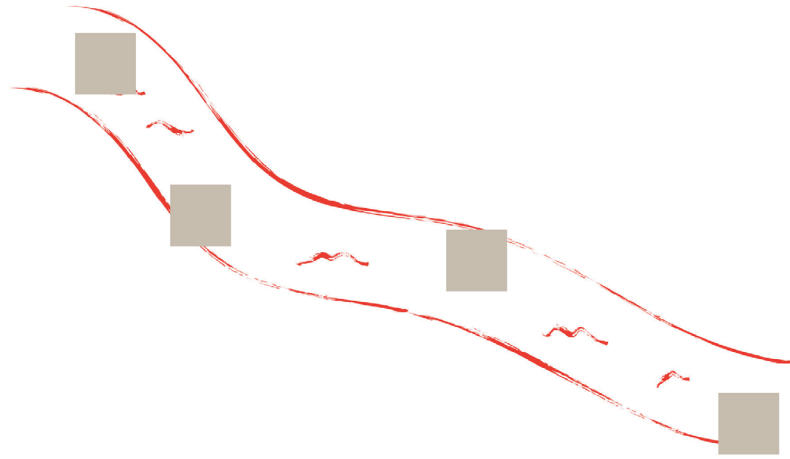
- Participants reflect on their lives and experiences.
- Participants can identify the impacts of FGM on their lives.

The River 🕒 1 hour 20 minutes 📋 flipchart / pens 📄 post-its

The River explores the history of an individual. The characteristics of a river (its changing current, and directions, as well as features such as whirlpools, islands, rapids, waterfalls, and forks) can represent changes and events over time. Here the tool is used by participants to explore their individual story around FGM.

- 1 The participants sit quietly with eyes closed while you prompt them to think silently about different moments in the course of their lives, from birth to the present, with suggestions or open questions. **(10 minutes)**
- 2 Then, each participant is given a page of the flipchart and post-its. They draw the journey of their life in the form of a river, draw elements like whirlpools, islands, rapids, waterfalls, and forks. They write on post-its key-events of their lives, and place them on their river and the elements. It is important to state that each person need only include in their river those events which they feel comfortable sharing with the group. **(30 minutes)**
- 3 When everyone has completed their river, they can discuss them in small groups with you moving around to visit each group. Each person chooses the level of detail they wish to share. They may wish to focus on a particular time or current, or take people briefly through the whole journey. **(40 minutes)**

- 4 At the end of each person's story, other participants can ask questions, if they wish, while always respecting the privacy of the person.



Guiding questions for the exercise

- What does the analogy of a river teach us about our lives?
- What role does FGM play in your life? Does it affect the river? If yes, how?
- Why is it important to take time to reflect?
- What positive or negative thoughts did you have during this reflection?
- Has the reflection inspired you towards taking action or thinking about things differently?
- Has the reflection given you any important questions you would like to answer about yourself?

Notes for the facilitator

- Give concrete examples of what could be whirlpools, islands, rapids, waterfalls, and forks.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Action

Section Overview	<p>From Reflection, this third section of the method accompanies the participants towards Action: and now, what should we do? Where should we start? Whom should we rely on? It aims to help participants find answers to these questions and feel empowered to act on FGM. It is now time for action.</p>
Objectives	<ul style="list-style-type: none"> • Empower participants to take action against FGM. • Visualise the possibility of ending FGM. • Establish outcomes to achieve this goal. • Establish the outputs to achieve these outcomes. • Establish activities to achieve these outputs.
Sessions	<p>Session 13*: Our Vision, Our Future</p> <p>Session 14: Our Choice, Our Future</p> <p>Session 15*: The Path of Change</p> <p>Session 16*: The Lift of Our Cause</p> <p>Session 17: Our Allies</p> <p>Session 18*: Our Ressources</p> <p>Session 19*: Lets Find Our Solutions</p> <p>Session 20*: Circle Closure</p>

Session 13 *

Our Vision, Our Future

Change starts with a dream, a vision. Starting from Dr. Martin Luther King Jr.'s famous quote: "I have a dream that one day my four little children will live in a nation where...", participants imagine the future they would like to see. What would it look like if the younger generations lived in a FGM free world? Establishing a clear vision of the future is a key stepping stone in dreaming of positive change.

Objectives

- Participants visualise how they understand a world free from FGM.
- Participants reflect on the lives of people affected by FGM and identify how they might be different if FGM did not exist in the future.
- Energise the participants.

Collective Drawing ⌚ 1 hour 30 minutes 📋 flipchart / drawing pens

- 1 Stick four flipchart papers together and put them on a large table. Place a large collection of different coloured pens on the paper so that every participant has many choices.
- 2 Invite all participants to draw illustrations of at least one feeling, one event, and one place that would illustrate "I have a dream, that one day my four little children will live in a nation where FGM is no longer performed". They may draw as many elements as they want. **(20 minutes)**

- 3** Invite the participants to all stop drawing at the same time after 20 minutes and to have a look around at the other participants' section of the paper. **(10 minutes)**
- 4** Invite them to exchange places with another participant in the room and continue the drawing/vision of their partner. They should exchange places in silence - neither party should explain what they have done before exchanging. **(20 minutes)**
- 5** Stop the participants again and ask them to have a look around the room, but specifically with the person they have exchanged with. Have the participants return to their exchange partners and explain how they interpreted their partner's vision and why they chose to continue the drawing the way they did. **(20 minutes)**
- 6** Invite the participants to fill in the remaining spaces on the page. Once the paper is full, gather the participants to discuss and reflect about it. **(20 minutes)**

Guiding questions for the exercise

- How did this exercise make you feel? Can you identify a specific emotion(s)?
- What did this exercise make you think of?
- How did exchanging visions with another person change your perspective? Did you think or feel something unexpected?
- When thinking about a future without FGM, what idea or vision comes to you most strongly?
- Can you identify the ways visions around the room were similar or different?
- What would our communities or world be like if we put together all these visions? What steps or actions do you think we need to take to get closer to our collective future vision?

Notes for the facilitator

- The participants can use words at the end to fill the paper.
- You should not participate, just keep an eye on the time.
- The more tools available, the more freedom the participants will feel to express themselves. So, gather as many colours as you can for this session. You can even gather newspapers and magazines so that the participants could cut and paste images and words from them.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 14

Our Choice, Our Future

In this session, participants reflect on taking action against FGM at an individual level: what would it mean for me to take action against FGM? What would it mean for our children for us to take action against FGM? What would it bring to me? What would it bring to them? What activist could I become? The goal of the session is for participants to feel confident to take action against FGM and to reflect on how they can feel more empowered through the fight against the practice.

Objectives

- Participants visualise how they can take part of a world free from FGM.
- Participants reflect on the term “Survivor” and what it means for them.
- Participants reflect on the term “Activist” and what it means for them.
- Participants reflect on how the fight against FGM could impact them and their families.

The Body Map 🕒 1 hour 20 minutes 📋 flipchart / pens 📄 post-its

The Body Map can be used to explore issues around health and sexuality, women’s rights and violence against women as used in Session 8 “My Body”. It can also be used to abstract notions and their impacts on participants, like in this session. Here the abstract notion studied through the Body Map are not being subjected to FGM and taking action against FGM. Guiding questions are included in the exercise.

1 Start the exercise with the following question:

- What would it mean for the younger and future generations to not be subjected to FGM? What would be the impacts?

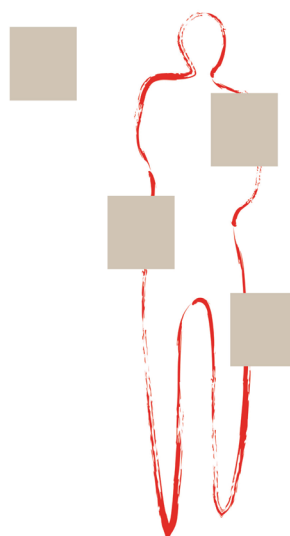
(20 minutes)

2 Draw the outline of a girl on a flipchart and give post-its to each participant. Participants write one impact per post-it. Give participants examples of impacts, e.g, safer delivery, strong voice, etc. Then, they put their post-its on the Body Map. Participants can use words or drawings on post-its to illustrate the impact. **(30 minutes)**

3 Give the participants the definitions of “Survivor” and “Activist” (see the Glossary). Start a discussion and let the participants reflect together on these questions : What do you think of these terms? Do you think they are relevant? Do they resonate with your personal experience? If yes, if not, why? Do you have exemples of Survivors and Activists in the work against FGM? **(20 minutes)**

4 Draw the outline of a woman on a second flipchart and give new post-its to each participant. From their reflections on the terms “Survivor” and “Activist”, ask the participants to write on post-its the impacts of taking action against FGM on a woman whom has been subjected to FGM. What could it bring to her? Could it be harmful for her? How could a world free of FGM impact her? Participants write one impact per post-it. Then, they put their post-its on the Body Map. Participants can use words or drawings on post-its to illustrate the impact. **(30 minutes)**

5 Once all the participants have put their post-its on the two Body Maps, let the group discuss together the different post-its and their positioning. **(10 minutes)**



Notes for the facilitator

- The impacts mentioned by the participants can be positive and negative. It is important to acknowledge the fears expressed by participants when they mention a potential negative impact that the ending of FGM could have on them or on the younger/future generation.
- Ask participants why they mentioned this impact, if they have experienced it.
- The terms “Survivor” and “Activist” may not resonate with the participants. It is important not to force a label on anyone. It is a personal decision. It is important to mention it while giving their definition to the participants.
- It is important that everyone’s post-its are placed on the flipchart: everyone’s experience is valid, even though not everyone might feel the same way.
- Do not forget to take the time after the session to thank the participants for sharing. It is important that they feel valued and respected.

Session 15 *

The Path of Change

The practice of FGM has decreased and changed over time. The aim of this session is for participants to reflect on how the practice has evolved over the last few generations, from their grandmothers' to their daughters'. They identify key-actions that have led to reductions and changes in the practice, and draw a picture of today's situation.

Objectives

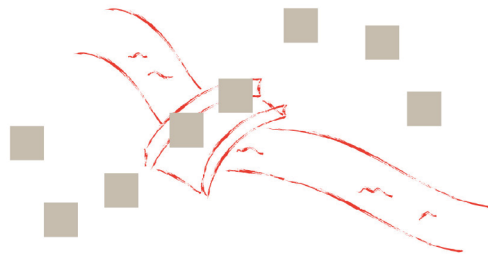
- Participants reflect on the evolution of the practice of FGM.
- Participants are able to identify and analyse actions that have successfully reduced FGM practices.

The Bridge 🕒 1 hour 20 minutes 📋 flipchart / pens 📄 post-it

The Bridge is a tool designed to reflect on the steps taken from a past to a present situation. The image helps participants to assess both the steps needed to achieve the change (the bridge) and the change itself (the difference between the old and the new situations). This is a group exercise.

- 1 Divide participants into groups of 4. Each group is given a page of flipchart where a river with a bridge over it are drawn. The left bank of the river represents the "before" situation of the practice (a few years ago), the planks of the bridge represent the steps taken (here, the activities that have helped to reduce FGM over the years) and the right side of the river represents the "after" situation (here, the actual practice of FGM).
- 2 Ask participants to reflect on past situations or practices of FGM and to come up with at least two observations they will write/draw down on post-its of a specific colour. Then, they place them on the left bank of the river. **(20 minutes)**
- 3 Ask the participants to draw/write on post-its of a second colour about the situation today and to put them on the right bank of the river. **(20 minutes)**

- 4 Ask the participants to draw/write on post-its of a third colour about steps that have been taken to reduce FGM practices and to put them on the bridge. Ask the participants to think about the sequence of events. **(20 minutes)**
- 5 Ask the participants to notice what other groups wrote and identify similarities or differences between groups then discuss. **(20 minutes)**



Guiding questions for the exercise

- What is the situation today? What has changed? What has not changed?
- What do you think happened to cause this change? In your opinion, are these changes generally positive? Why or why not?
- Can you think of at least two specific steps or events that helped to change the situation? Can you name any specific campaigns, laws, or other measures that were implemented against FGM from the past until now?
- In your opinion what specific people, events, or policies helped most in reducing FGM?
- Have these changes affected everyone in the same way? If not, can you name the differences between different groups?

Notes for the facilitator

- Take one step at a time: first the left bank, then the right bank and finally the bridge.
- Do not forget to take the time after the session to thank the participants for sharing. It is important that they feel valued and respected.

Session 16 *

The Lift of Our Cause

The work against FGM is complex. To create change, it is important to identify the push and the pull factors attached to it: what is helping the work against FGM? What is slowing it down? This session aims for participants to identify these positive and negative factors.

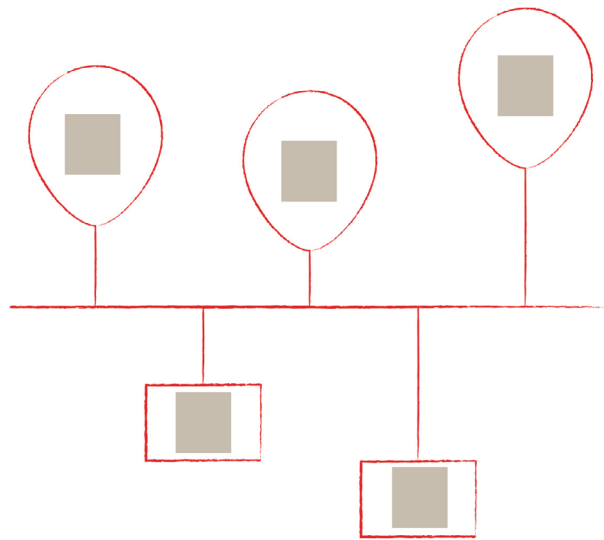
Objective

- Participants identify and analyse the factors that help and hinder changes in practice.

The Balloons and Stones ⌚ 1 hour 20 minutes 📋 flipchart / pens □ post-its

Balloons and stones is a tool designed to help identify factors that might help or hinder the work against FGM. The stones represent things (people, organisations, events, etc.) that might pull the work down and prevent the end of FGM. The balloons lift the work against FGM and help achieve the end of FGM.

- 1 Draw a horizontal line on a flipchart. Choose one colour of post-it for the pushing factors (balloons) and one for the pulling factors (stones).
- 2 Ask participants which factors are pulling the work against FGM down and which are helping it. Give post-its and pens to all the participants. Let them write their answers on the post-its, one factor per post-it. **(40 minutes)**
- 3 Above the line, participants place the balloons to represent the different forces that will help achieve the end of FGM. Under the line, participants place the stones to represent the different forces that are making it harder to reach the end of FGM. **(10 minutes)**
- 4 Ask the participants which factors are the strongest, which force they can influence, either strengthening the positive forces or weakening the negative ones. Discuss how to transform stones into balloons. **(30 minutes)**



Guiding questions for the exercise

- Have you experience these positive and negative forces? Do you have exemples of how they manifest themselves?
- Can you name an emotion related to balloons? Related to stones?
- Can you describe what the forces feel like? Do you picture them in your mind as an emotion?

Notes for the facilitator

- Explore the different positive and negative forces at family, group, and societal level.
- Give exemples.
- Do not forget to take the time after the session to thank the participants for sharing. It is important that they feel valued and respected.

Session 17

Our Allies

Changes in practice at a family or group level rely on several people saying “No” to FGM. But who do you have on our side to fight FGM? Who could join the fight? Who would be opposed to a change of the practice? This session aims for participants to look at actors, people, and institutions that could help in the fight against FGM.

Objectives

- Participants identify and analyse allies, adversaries, and other stakeholders.
- Participants identify potential allies and ways to mobilise different stakeholders to take action against FGM.

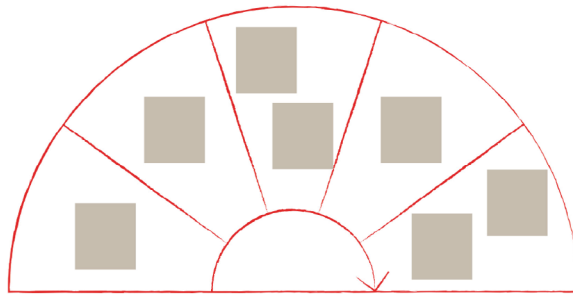
The Spectrum of Allies 🕒 1 hour 20 minutes 📋 flipchart / pens 📄 post-its

The Spectrum of Allies is designed to identify the social groups that are affected by FGM, and locate those groups along a spectrum, from active opposition to active allies, so that you can focus your efforts on shifting those groups closer to your position, ending FGM. For this tool, divide a half pie into five slices:

- Active allies, or people who agree to end FGM and are fighting to end the practice.
- Passive allies, or people who agree with the end of FGM but are not doing anything about it (yet).
- Neutral, or the unengaged and/or uninformed.
- Passive opposition, or people who support FGM but are not actively trying to slow down the work against FGM.
- Active opposition, or people who not only support the practice but are actively organizing against the end of FGM.

- 1 Draw a half-pie on a flipchart and divide it into five slices. Label the entire drawing with “Work against FGM”. Label each slice with the appropriate category from left to right: “Active allies”; “Passive allies”; “Neutral”; “Passive opposition”; “Active opposition”.

- 2 Ask the participants to brainstorm groups and individuals that belong in each of the sections. Be specific: list them as many identifying characteristics as possible and make sure to cover every wedge. You should give them example, e.g, politicians, families, diaphora, men, religious leaders, etc. You should also oversee the process and encourage the participants to be as specific as they can. You may ask the question “Are there more adjectives or qualifiers you could add to give more definitions to the description?” They might be tempted to say “men” for example, but there could be differences between them due to their age, economic status, origins, etc. List actors on post-its and place them on the appropriate slice. **(50 minutes)**
- 3 Ask the participants to identify and discuss the actors that could be moved one notch along the spectrum and shift closer to become (active) allies to end FGM. Discuss also how these actors could be convinced to stand against FGM. **(30 minutes)**



Guiding questions for the exercise:

- What do you think it means to be an ally?
- How does identifying our allies help us?
- How can we mobilise them?
- Is it good to identify adversaries? Why/why not?

Notes for the facilitator

- Do one slice after the other one.
- Encourage the participants to think about actions in targeting people they think they can win over rather than targeting hostile groups of people.
- Take time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 18 *

Our Resources

Providing adapted care for people affected by FGM is essential. This session aims to analyse the services available for FGM-affected people at the local level and to share resources with the participants. It also aims for participants to evaluate existing services as well as identify and prioritise the services missing and needed at the local level. This session is essential: it is about providing information to participants and to collect their thoughts on the care they need.

Objectives

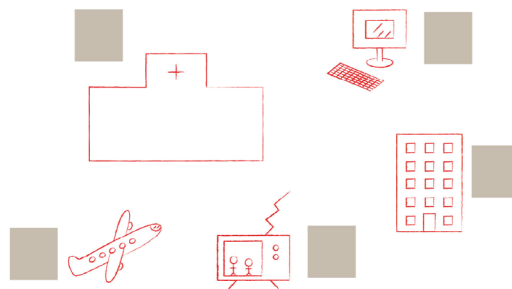
- Participants analyse and evaluate the services available, and assess what might be appropriate to share with others affected by FGM.
- Participants identify and prioritise services missing and needed at the local level.

The Service Map 🕒 1 hour 20 minutes 📋 flipchart / pens 📄 post-its

The Service Map aims to analyse the state of the services available on FGM from prevention to protection to care. Guiding questions are included in the exercise.

- 1 Give participants the definitions of prevention, protection and care and give one colour of post-its to each. **(10 minutes)**
- 2 Start with prevention and ask the following questions: **(20 minutes)**
 - Where are the places where you can get information on FGM? Let the participants write them on post-its and put them on the flipchart.
 - Who provides for information in these places? The community, the government, associations? Add a symbol representing the provider to each post-it.
 - Quality: does the information service need improvement? You can give them a score labelling them green, orange or red.

- 3 Do the same with services linked to protection against FGM and care for FGM following the same questions. **(20 minutes each)**
- 4 While discussing, you will inform participants of the existing services available if they do not know about them. They will be included in the mapping on post-its with the other ones.
- 5 Collect all the post-its of prevention, protection and care and organise them on the flipchart to create a map by regrouping services by similar provider, e.g, hospital, state, community, associations, etc.
- 6 Ask participants to add the services of information, protection and care that are missing and that they would like to see. Write them down on post-its of a fourth colour and place them on the side of the map. **(10 minutes)**



Notes for the facilitator

- Define prevention as “measures or services that reduce the practice of FGM”. It includes actions like safe-spaces, awareness sessions, information spreading, etc.
- Define protection as “measures or services protecting a child at risk of FGM”.
- Define care as “measures or services available for people affected by FGM to improve their overall health”. Care can be physical, psychological, economical, etc.
- It is a complex tool: make sure to go step by step and study services one by one following the set of questions.
- You can prepare a list of services available in your area (prevention, protection and care) to give to the participants. Find more information on [Socialstyrelsen's website](#).
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 19 *

Lets Find Our Solutions

The filmmaker Xavier Dollan said, “I believe that everything is possible for those who dream, dare, work, and never give up.” In the previous sessions, participants have dreamt and become empowered to dare. It is now time for them to define the changes they would like to see to achieve the vision they drew in Session 13 “Our Vision, Our Future”. This session comes as a conclusion from the previous sessions. It aims for participants to identify the changes that needs to occur to achieve this vision, as well as concrete actions that would make these needed changes possible. What need to be done to achieve the vision we drew? What actions need to be implemented? By the end of the session, participants will have come up a list of concrete activities.

Objectives

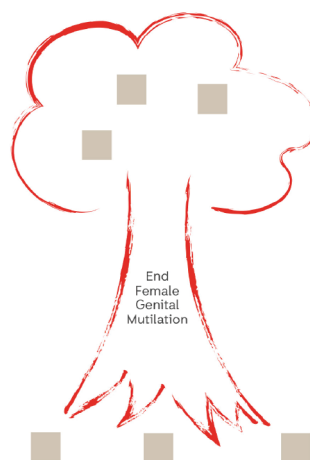
- Participants identify changes that need to happen to end the practice.
- Participants identify actions society can implement to create these changes and end FGM.

The Solution Tree 🕒 2 hours 📋 flipchart / pens 📄 post-its

The Solution Tree is a mirror tool of the Problem Tree. It aims for participants to organise their thoughts and come up with an overview of solutions available. This brainstorming exercise should present concrete solutions that could be put in place. For participants to come up with these solutions, they look back at all the conclusions drawn in the previous action sessions. As in the Problem Tree, the trunk, the roots, and the branches have different meanings:

- The trunk symbolises the goal, here “FGM is no longer practiced”.
- The roots represent the actions/activities society should implement to end FGM.
- The branches represent the changes that need to happen to end FGM.

- 1 Ask the participants if they remember the Problem Tree exercise from the previous session. Ask them what they remember most from that exercise, and what reflections they have on it. Next, place the Problem Tree from session 4 on the wall so that all participants can see it. **(15 minutes)**
- 2 Place the flip chart so that everyone can see it and draw a simple tree on it. Give post-its to the participants. Choose one colour of post-it for the roots and one for the branches.
- 3 Ask participants what they think could be written as the 'goal' on the solution tree. Steer them towards writing "FGM is no longer performed" on the trunk. It is the goal of the solution tree. Other related goals might be offered, they should also be acknowledged even whilst we focus on this specific goal. **(5 minutes)**
- 4 Start with the roots. All the participants should look at the collective drawing and ask themselves "What change do we need to see in society to make sure FGM is no longer performed?". Participants write them down on post-its of the decided colour and position them at the roots of the tree. Give examples to help them in their reflection, e.g, Home country voting a law against FGM; support of religious leader in the work against FGM, etc. **(30 minutes)**
- 5 Now, look at the branches. "What actions do we need to implement to realise these changes?" Participants write them down on post-its and position them at the branches of the tree. Give examples to help them in their reflection, e.g, survivors circles, community statement, advocacy towards certain groups, etc. **(30 minutes)**
- 6 Once the group is happy with the tree, they start organising the post-its to create links between them, "which action will lead to which change?" **(10 minutes)**
- 7 Ask the participants if they agree with this Solution tree, if they have anything to add, or if there are any points of discussion that would change/add things to the tree. Try to get the group's consensus on the Solution Tree. **(10 minutes)**
- 8 Reflect and compare your Solution tree to your Problem tree. The facilitator should have a set of reflection questions prepared in order to draw out deeper reflection. **(20 minutes)**



Guiding questions for the exercise:

- Do our solutions seem appropriate in relation to the problems?
- Will our solutions create different problems? How can we prevent this?
- Who will our solutions most target?
- Do we need to be more innovative or inclusive in our possible solution suggestions?
- Why does it help to compare problems and solutions?
- How has this exercise made you feel about the prospect of ending FGM?

Notes for the facilitator

- It is a complex tool: make sure to go step by step.
- We recommend you fill out your own Solution tree beforehand with all the aspects that you are looking to raise through the exercise so that you know what you have covered and what aspects you wish to emphasise with the group.
- Do not forget to take the time after the session to thank participants for sharing. It is important that they feel valued and respected.

Session 20 *

Circle Closure

This session is the last of the circle. It is time to reflect on the path travelled and the experience of the group. Through a focus group discussion, the facilitator collects the thoughts and feedback of the participants.

Objectives

- The facilitator collects feedback from the participants.
- The participants reflect on their knowledge, feelings, and experience of this circle.
- Participants receive their Reflection-Action certificates.

The Focus Group 🕒 1 hour 30 minutes 📋 flipchart / pens 📄 post-its
Reflection-Action certificates

A focus group discussion is a guided, structured conversation among a specific group of people, here the participants of the circle. The purpose of the focus group is to discuss experiences, opinions and ideas about a particular issue, here human rights. As a facilitator you will be the note taker. The focus group will be structured around five questions and will be used as closure of the circle:

- What are your main intakes from this project?
- Which sessions did you prefer? Why?
- What is your opinion on the work against FGM?
- Was it useful?
- How can we improve the method?

1 Introduce the purpose of the focus group as well as the five questions. **(10 minutes)**

- 2 Participants write down their personal answers to the questions on post-its. **(20 minutes)**
- 3 Once they have had time for personal reflection, move back to a larger group discussion.
- 4 Ask the participants to place their post-its on flipcharts (one page per question). You can organise the participants answers on the flipchart by themes. Go over each questions, present the main ideas from participants' post-it and start a discussion with the group from there. **(10 minutes per questions)**
- 5 Distribute the Reflection-Action certificates to the participants. **(10 minutes)**

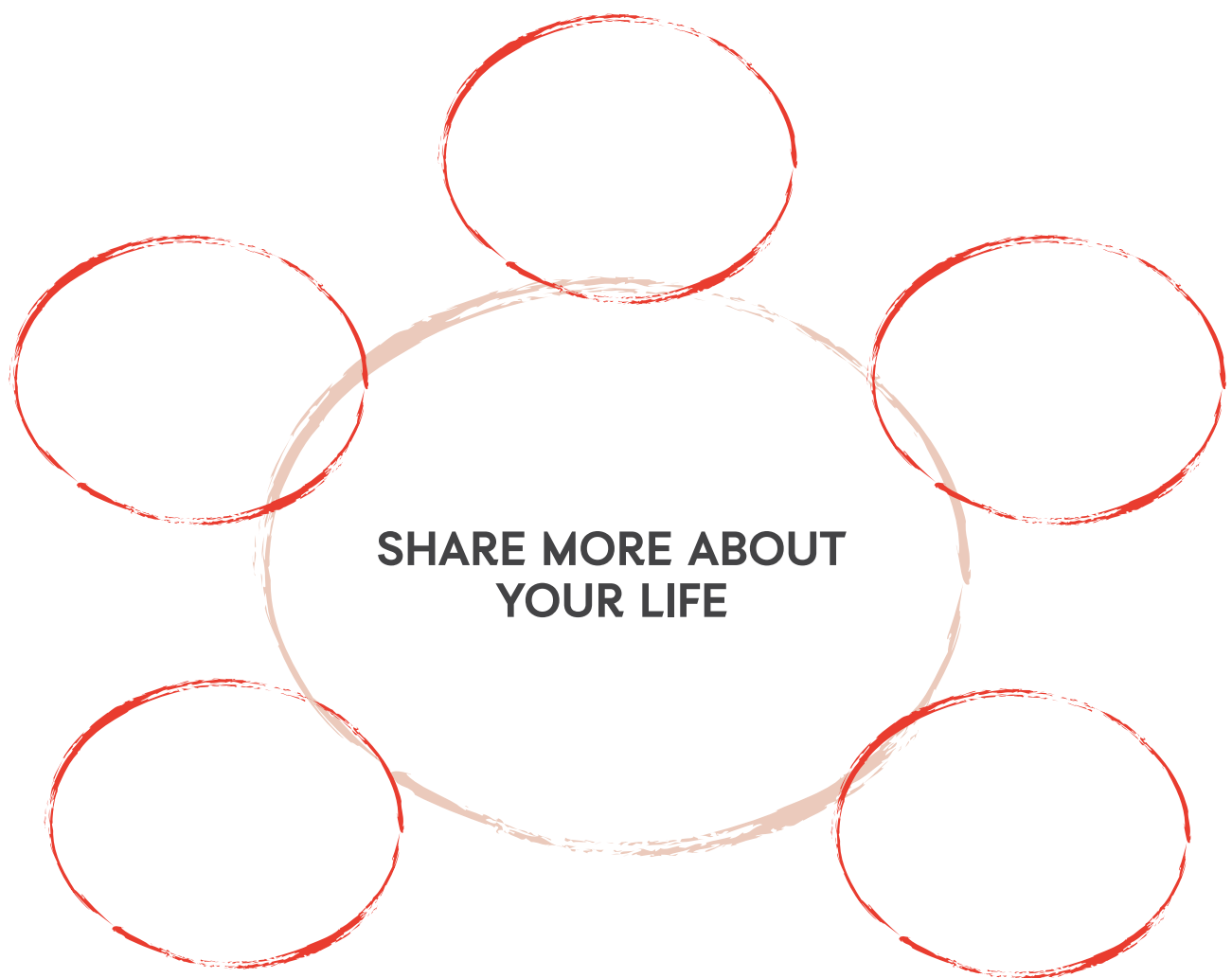
Notes for the facilitator

- Make sure that everyone can express their opinion and to balance the time of speech for each participant. You could ask that the participants hand in their individual responses with/ without their names if they wish.
- Within the focus group, as a facilitator, you should be as neutral and as invisible as possible to make sure to not influence the conversation. It is important to allow them to give their feedback and simply say "thank you" or "I understand". But, find a way to acknowledge each reflection/feedback without making any comments.
- Do not forget to take the time after the session to thank participants for sharing, It is important that they feel valued and respected.

The Toolkit

Print 1

The Bubble Journey



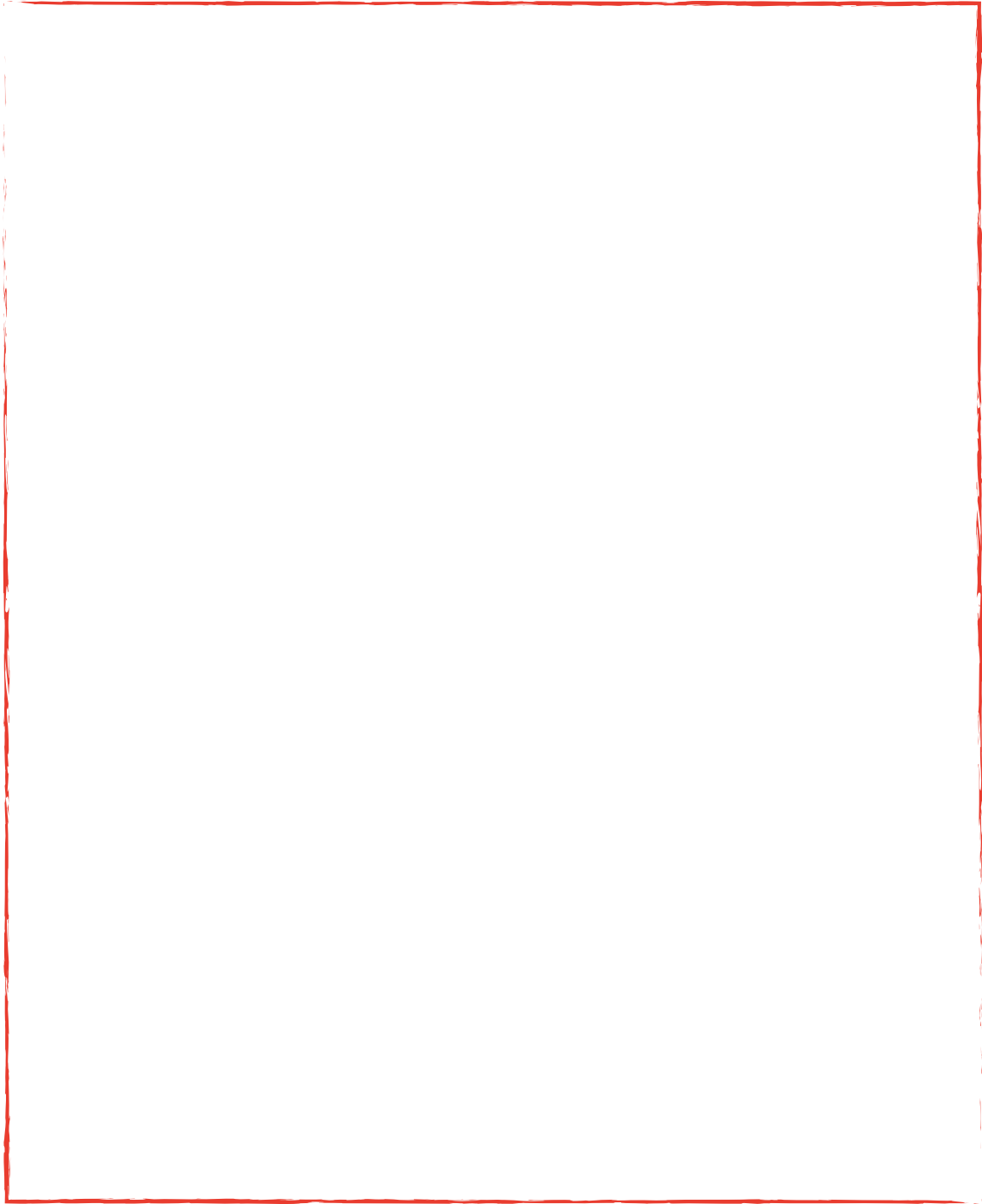
Print 2

Diamond Ranking



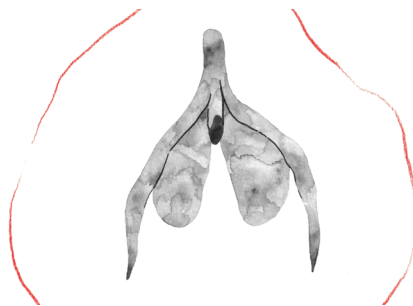
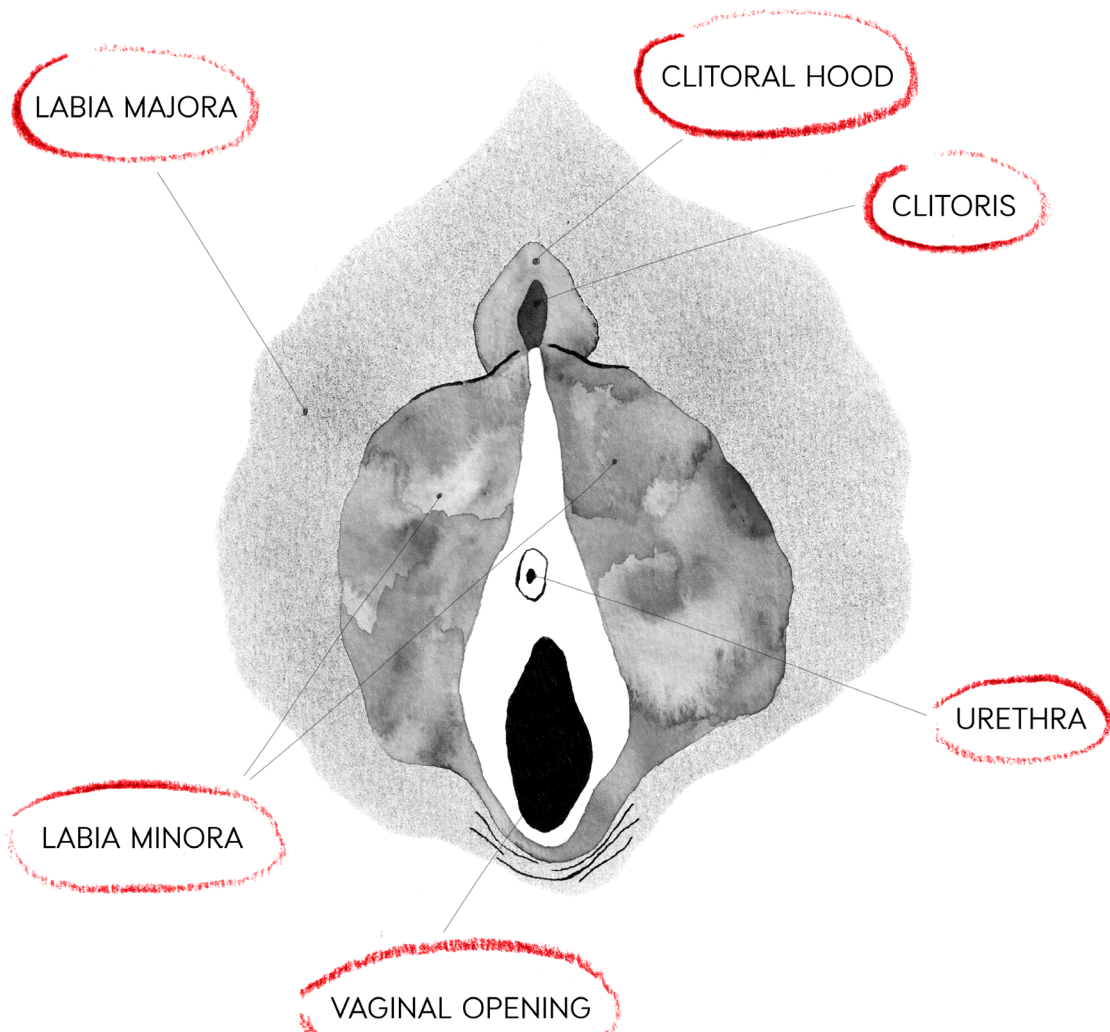
Print 3

The Flag



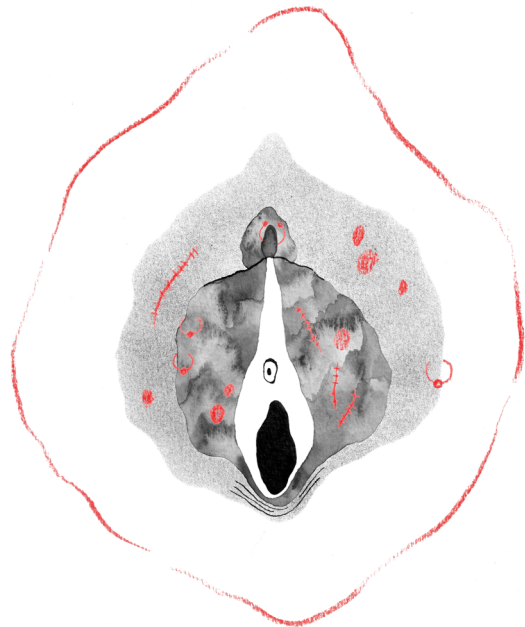
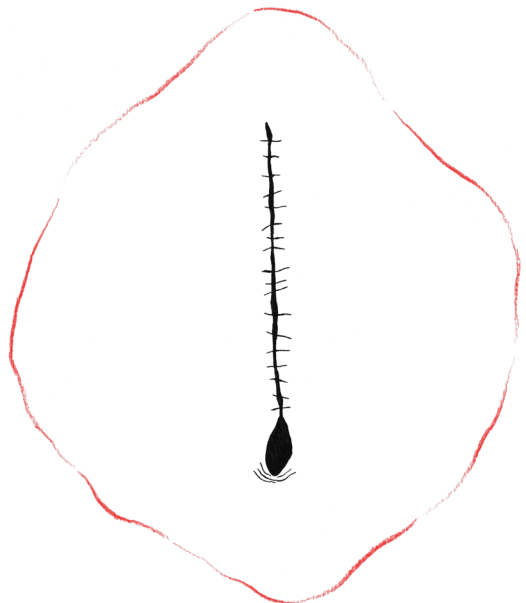
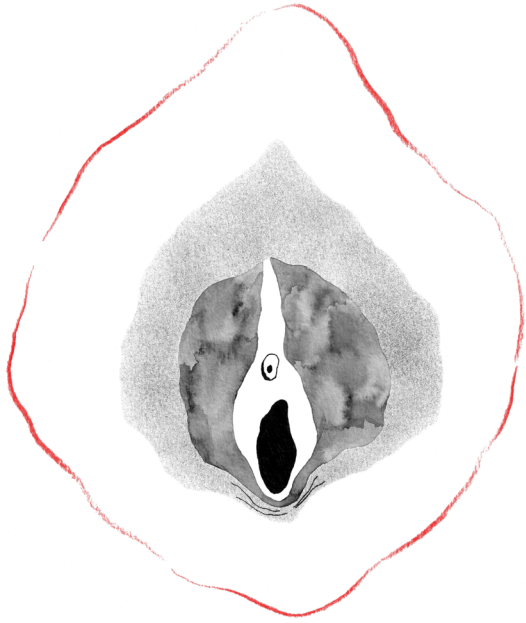
Print 4

Vulva



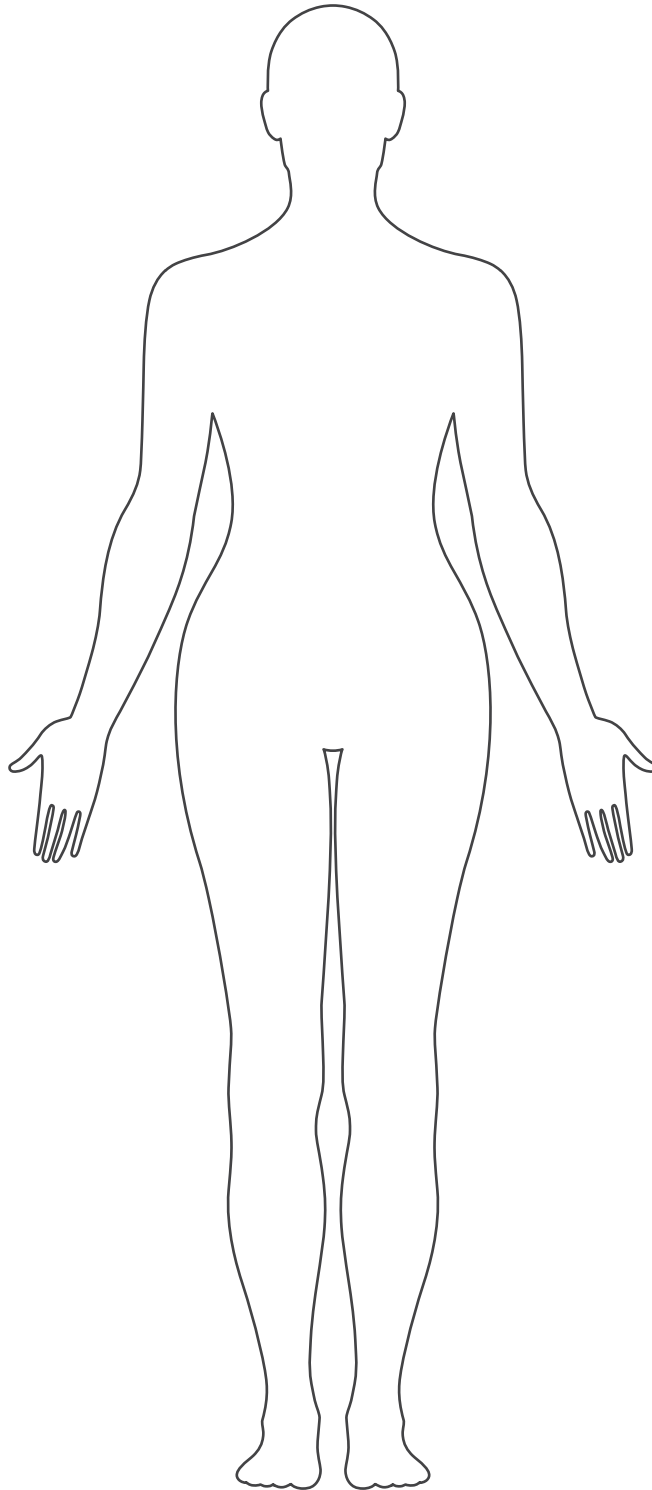
Print 5

FGM



Print 6

Body Map



Print 7

Scene 1

- The Silence

A mother of two girls living in Sweden is over the phone with the grandmother. They are planning for the summer holidays. The all family is flying to see the grandmother and spend some time with the extended family.

Mother: Well, the summer's soon here. The children will finally have time to rest. We are looking forward to take the plane and see the rest of the family.

Grandmother: Yes we are looking forward to see the girls. We should organise a celebration for them. It is time now.

Mother: Which celebration?

Grandmother: A celebration for their cut. The aunties are asking me about it. Their cousins have already had their celebration. It is their turn now. They should be cut during your stay, so they have time to recover before school resume.

*** Silence ensures for some moment ***

Grandmother: I have talked to the woman who does the cutting. She's agreed to be here. I can cover the cost.

*** Mother is still silent ***

End of scene

Print 8

Scene 2

- The Silence

A woman affected by FGM is visiting her doctor.

Doctor: Welcome, how can I help you today?

Patient: Good morning. I am visiting here today because I have some issue going the bathroom.

Doctor: Ok, I understand. Can you tell me more?

Patient: I feel like it is taking me longer than the others to go to the bathroom. And I feel pain most of the time. I am worried it is linked to me being cut.

Doctor: Oh, I am sorry to hear that. How old were you? How did they cut you? Where did they cut you? Was it with a knife or blade? That's very bad!

*** The patient is now silence ***

Doctor: I don't understand why people do such a barbaric to their children. Do you have girls? Have you mutilated them?

*** Patient is still silent ***

End of scene

Acknowledgment

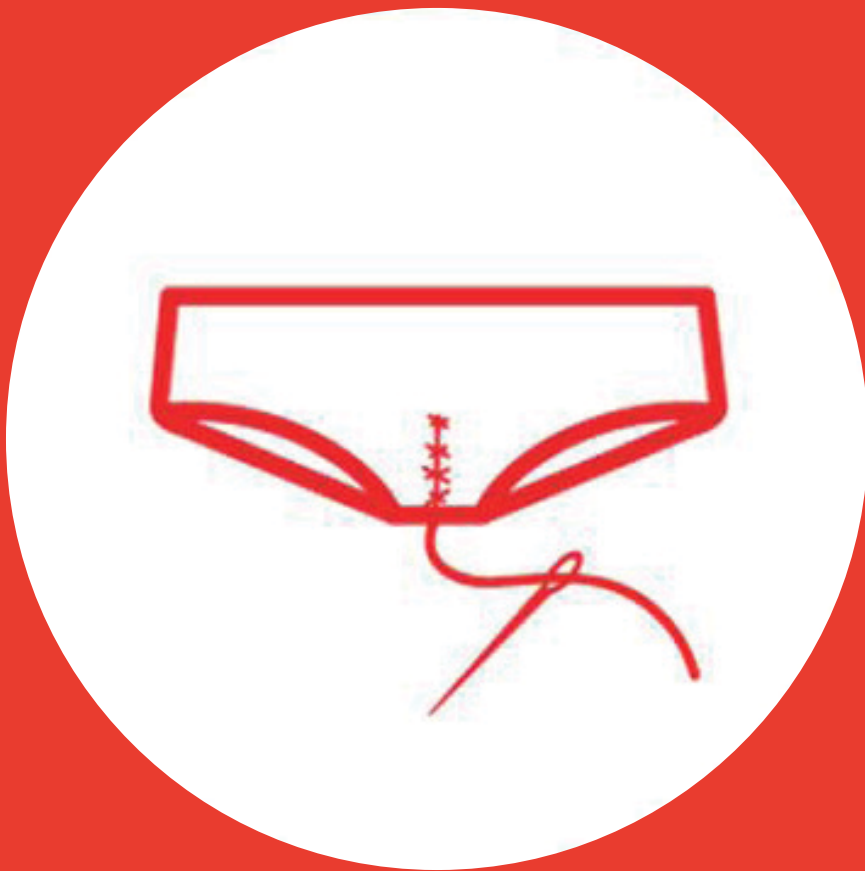
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