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**The practice of female
genital mutilation
in Dagestan: strategies for
its elimination**

2018

CONTENTS

Part 1 Results of the first report on the practice of FGM, public discussions and the position of the authorities	9
Part 2 Survey of changes that have taken place in international law In combatting practices of FGM	20
Part 3 Attitude of men to the practice of FGM: Qualitative study	22
Part 4 International approaches and effective strategies for opposing FGM	37
Appendix	51
Notes	54

**The practice of female genital mutilation in Dagestan:
strategies for its elimination**

**Report based on the results of a qualitative sociological study
in the Republic of Dagestan, the Republic of Ingushetia and the Re-
public of Chechnya (Russian Federation)**

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“State parties to the Convention have a duty to comply with their obligations to respect, protect and fulfil the rights of women and children. They also have a due-diligence obligation to prevent acts that impair the recognition, enjoyment or exercise of rights by women and children and ensure that private actors do not engage in discrimination against women and girls, including gender-based violence, in relation to the Convention on the Elimination of All Forms of Discrimination against Women, or any form of violence against children, in relation to the Convention on the Rights of the Child.”

Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices (p. 11) (CEDAW/C/GC/31/CRC/C/GC/18). 2014.

“States should condemn violence against women and should not invoke any custom, tradition or religious considerations to avoid their obligations with respect to its elimination”.

Article 4. Declaration of the elimination of violence against women, proclaimed by the UN General Assembly in resolution 48/104.

On 15 August 2016, Project “Justice Initiative” published a report on the results of a qualitative study in the Republic of Dagestan, “Female Genital Mutilation Carried out on Girls.”^[1] The report discussed female circumcision carried out for non-health related and non-medical purposes. Female genital mutilation (FGM) was being carried out secretly, at home, and not at medical institutions and is still being practiced in several mountainous regions of East Dagestan.

Our study was the first scientific sociological and legal investigation of the practice of FGM in Russia. The report provided an analysis of interviews with 25 women subjected to FGM in childhood or infancy, and interviews with 17 experts with specific insights into various aspects of this harmful practice. Additionally, the report provided a legal evaluation of the practice of female circumcision with reference to Russia’s international obligations and requirements of national law.

In our first report, we showed that FGM in Dagestan is carried out on girls primarily in early childhood – up to the age of three. During the procedure, the clitoris is partially or completely re-

moved, or damaged by cutting or incising. FGM is carried out in unsanitary conditions with a knife, scissors, blade, needle or other available tools. FGM may have different short-term and/or long-term health consequences. Female respondents spoke of severe pain, infection, shock, psychological trauma, long-term gynecological problems and complications in childbirth, which subsequently had a negative effect on the mother and child. It is known that FGM can potentially lead to the victim's death.^[2] The practice of FGM comes about as a consequence of social prejudices, according to which women and girls occupy a lower position compared to men and boys and is carried out on a discriminatory basis carried out on a discriminatory basis according to gender and age – only underage girls are subjected to it. FGM is justified by its practitioners' socio-cultural values and religious customs.

The first report drew wide public discussions in autumn 2016 about the preservation and implementation of female circumcision. Following publication, we were asked: "Why are you studying this, if it concerns only a small number of girls and women, who live in remote mountainous regions of Dagestan? This isn't a mass violation of women's rights! Does this practice exist outside these closed communities?" Our skeptics believed that the problem should only be discussed when it concerned a large number of women.

We did not take into account the scale of the problem as a criterion of assessment of the practice of FGM. Female circumcision is a violation of the rights of children who are subjected to this operation. Our first study showed that in Russia, underage girls undergo operations on their sexual organs for non-medical indications and in non-medical conditions. This is in violation of the provisions of criminal legislation of the Russian Federation and international norms, which also carry obligations for Russia.

Some communities and the victims of FGM themselves endeavor to create an aura of sacredness around this tradition, to defend the practice from outside interference. This attitude to the practice of FGM serves, in our view, as a justification of existing

gender-based violence and of instruments to control women and girls in the family and community. The discussion after the first report showed that the preservation of gender-based discrimination may, in the future, influence the prevalence of FGM. It is possible to overcome current traditions and to prevent FGM from becoming widespread by studying the data available, although this is also contingent on the possibility to openly discuss the problem and to anticipate – as we did in 2016 – that the state would provide an adequate and suitable response.

One and a half years have passed since the publication of our first report. Over this time, the state has not taken any steps to assess the problem, to intervene or influence the situation of the practice of FGM. Although the prosecutor's office of the Republic of Dagestan initiated two checks, the goal of these measures was to recheck information contained in the report. The practice of FGM is a private operation, and given the intimate context and taboo of cases of female circumcision, it would be logical to assume that none of the victims would inform employees of the prosecutor's office that she had been subjected to circumcision in childhood, or that the practice of FGM was still carried out in their village. It could not be expected that any of the victims could tell the authorities the names of the people who had carried out FGM. This would mean bearing witness against one's fellow villagers and even close relatives before the prosecutor's office. Thus, in the course of the check, facts were not established that confirmed that FGM was being carried out on underage girls in Dagestan.

This was the only reactive measure undertaken by the state to the problem of FGM over the last one and a half years, and we cannot consider it expedient or resultative in the context of the obligation of the state to observe the norms of international law to eliminate the practice of FGM. Female circumcision violates the right to health, safety and bodily inviolability, the right to freedom from torture and inhuman or degrading treatment, and also the right to life in the case when these operations lead to death.^[3] And

the state should have taken measures to prevent violence or the violation of human rights, to protect the victims and witnesses of such violations, and to conduct further inquiries, assessments and research into the practice and allegations of its performance. Norms of international law require a targeted and comprehensive policy from the state that would have top priority. The state does not have the right to delay or postpone its implementation for any reason, including cultural and religious customs.

The main avenues of state policy for combatting FGM are outlined in the Resolution of the UN General Assembly of 18 December 2014 69/150 “Intensifying global efforts to eliminate the practice of female genital mutilation.”^[4] Essential measures include:

- To collect quantitative and qualitative data on the problem of FGM;
- To develop homogenous methods and standards for collecting data on forms of discrimination and violence towards girls, and especially about those forms which are not documented, including FGM (p.14);
- To develop and implement programs directed toward eliminating FGM;
- To support and oversee realization of these programs (p. 23).

The regular collection of quantitative and qualitative data on the problem of FGM and its comprehensive analysis is important for an effective strategy of preventing and overcoming the practice of FGM. At present, information about the practice of FGM in Dagestan is practically unavailable, and a scientific study of the problem is complicated. To fill in the gaps and reveal the place of the practice in communities’ way of life, to understand the essence of the practice, its sources, reasons, motives and consequences, we should pay attention to those who are directly affected by this problem, and reveal attitudes to the practice on behalf of various representatives of the population. This is the reason for which we, in our second report, have shifted the focus of the study to how men in the North Caucasus perceive the practice of FGM.

The structure of the second report was determined by four main objectives:

First, it was important for us to assess the results of our first report on the practice of FGM, which drew public discussion and the polarization of public opinions in Russia. Did any changes take place after the first report?

Second, we undertook to survey changes that took place from 2016 to 2017 in international law on combatting practices of FGM throughout the world.

Third, we conducted a second qualitative study in the North Caucasus to study men's awareness about the implementation of FGM, their attitude to the practice, the readiness of men to support FGM, the influence of the operations on the quality of sexual relations with their wives who had been subjected to FGM in childhood, and the right of men in decision-making about FGM vis-à-vis their daughters.

And finally, we endeavored to survey approaches taken by different countries over the last 30–40 years to reduce or eliminate the practice of FGM.

We dedicate this paper to all women and girls who have suffered from the harmful practice of FGM, and also those who risk being subjected to it.

For any questions connected with the content and topic of this report, you can contact us by email: antonova@srji.org.

*Yulia Antonova,
study coordinator*

PART 1

RESULTS OF THE FIRST REPORT ON THE PRACTICE OF FGM, PUBLIC DISCUSSIONS AND THE POSITION OF THE AUTHORITIES

1.1. Public discussion

The first report on the practice of FGM was published on 15 August 2016, presenting the results of a qualitative study in Dagestan.

On the same day, the chairman of the coordinating center of North Caucasus Muslims, mufti Ismail Berdiev, spoke out in favor of the practice. He said that Islam does not prescribe such operations, but that they are necessary “so that there is no depravity on Earth, so that sexuality decreases.” The mufti said that in some villages of Dagestan, female circumcision was practiced, and subsequently announced that “all women” should be circumcised. “The sexuality of women must be decreased. If this was practiced with all women, that would be a very good thing. The All-Mighty creates woman to bear children and raise them. But this has nothing do to with it. Women have not ceased giving birth because of it. And there would be less depravity.”^[5]



В России В мире Экономика Спорт Культура Москва Все новости Фото Од

В РОССИИ 12:13, 17 августа 2016

Муфтий Северного Кавказа призвал обрезать всех женщин России

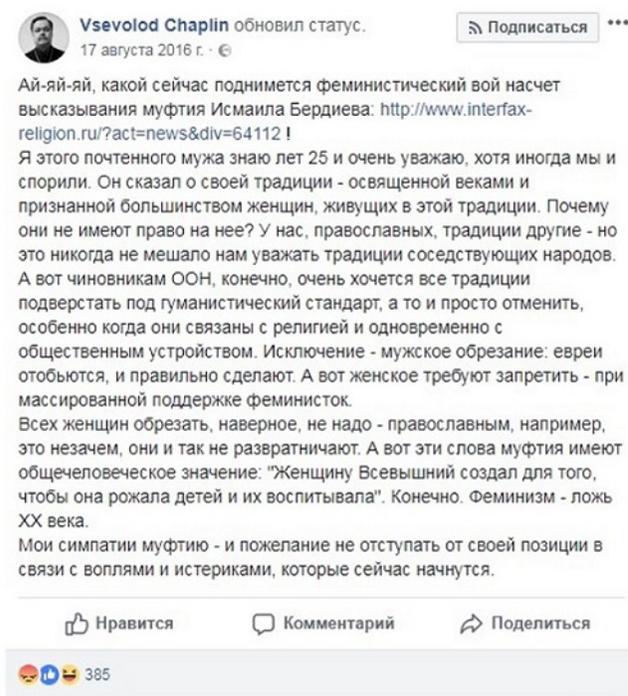
© Есть обновление от 14:35 — [Муфтий Северного Кавказа отказался от призыва обрезать всех женщин](#)

Накануне фонд "Правовая инициатива" опубликовал доклад о практике женского обрезания в Дагестане, вызвавший острые дискуссии



The Mufti of the North Caucasus calls on all women of Russia to be circumcised // Interfax. 17 August 2016

The mufti was supported by the archpriest of the Russian Orthodox Church Vsevolod Chaplin,^[6] who said that the tradition was “consecrated by centuries” and recognized by the majority of female Muslims living there. Chaplin compared female circumcision with male circumcision and told Berdiev “not to back down from his position:” “There’s probably no need to circumcise all women – Orthodox don’t need it, they don’t commit debauchery. But these words of the mufti have general human importance: ‘The All-Mighty created woman to bear children and raise them.’ Of course, feminism is the lie of the 20th century.”^[7]



 **Vsevolod Chaplin** обновил статус.
17 августа 2016 г. · 🌐 Подписаться ***

Ай-яй-яй, какой сейчас поднимется феминистический вой насчет высказывания муфтия Исмаила Бердиева: <http://www.interfax-religion.ru/?act=news&div=64112> !

Я этого почтенного мужа знаю лет 25 и очень уважаю, хотя иногда мы и спорили. Он сказал о своей традиции - освященной веками и признанной большинством женщин, живущих в этой традиции. Почему они не имеют право на нее? У нас, православных, традиции другие - но это никогда не мешало нам уважать традиции соседствующих народов. А вот чиновникам ООН, конечно, очень хочется все традиции подверстать под гуманистический стандарт, а то и просто отменить, особенно когда они связаны с религией и одновременно с общественным устройством. Исключение - мужское обрезание: евреи отобьются, и правильно сделают. А вот женское требуют запретить - при массивированной поддержке феминисток.

Всех женщин обрезать, наверное, не надо - православным, например, это незачем, они и так не развратничают. А вот эти слова муфтия имеют общечеловеческое значение: "Женщину Всевышний создал для того, чтобы она рожала детей и их воспитывала". Конечно. Феминизм - ложь XX века.

Мои симпатии муфтию - и пожелание не отступать от своей позиции в связи с воплями и истериками, которые сейчас начнутся.

 Нравится  Комментарий  Поделиться

 385

Ay-yai-yai, now the feminists are going to start howling! //
Vsevolod Chaplin, Facebook, 17 August 2016

THE PRACTICE OF FEMALE GENITAL MUTILATION IN DAGESTAN: STRATEGIES FOR ITS ELIMINATION

It was announced at the Council of Muftis of the Russian Federation that female circumcision was a tradition that was alien to Islam. The deputy chairman of the Council of muftis, Rushan Abbyasov, said: “As for the fact that female circumcision can tame the lusts of the flesh, this claim does not have any proof and depends directly on moral guidelines formed in the family and healthy society.”^[8]

Совет муфтиев России осудил женское обрезание

© 17 августа 2016

f t vk ↗ Поделиться



Council of Muftis of Russia condemn female circumcision // BBC Russian service. 17 August 2016

In Russia, of all the Muslim republics, only some members of Dagestan’s clergy promote or support the practice, saying it is useful for women.^[9] The clergy of other North Caucasus republics

does not discuss this issue, because FGM is not practiced in these republics.

On 17 August 2016, the singer and chairperson of the commission of the Public chamber of Russia for the support of the family, children and motherhood, Diana Gurtskaya, sent a letter to the general prosecutor of Russia, Yury Chaika, asking him to investigate facts provided in the first report. Diana Gurtskaya asked to “take into account the extreme delicacy of the topic, the features of national education and the need to observe the right to practice traditional Islam.”^[10] In the letter, Gurtskaya expressed doubt regarding the data contained in the first report: “Civil activists, religious figures of different confessions with whom we had the chance to speak, regard the report as an attempt to encroach on peace and inter-religious stability in the North Caucasus.”^[11]

On 17 August 2016, the official representative of the Health Ministry of the Russian Federation Oleg Salagai noted that the Russian healthcare establishment stood by the international medical community and was opposed to female circumcision. “At present, the international medical community agrees that so-called female circumcision is a mutilating practice and does not bring any benefits.”^[12]



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В РОССИИ 17 августа 2016

Минздрав РФ выступил с критикой женского обрезания

Есть обновление от 17:42 — [ИТН обратились в Генпрокуратуру по поводу "женского обрезания"](#)

Москва, 17 августа. INTERFAX.RU - Российское здравоохранение солидарно с международным медицинским сообществом и выступает против женского обрезания, заявил "Интерфаксу" в среду официальный представитель Минздрава Олег Салагай.

"В настоящее время международное медицинское сообщество сходит к мнению, что так называемое женское обрезание является калечащей практикой и не несет ничего положительного", - заявил он.

Салагай отметил, что в 2008 году Всемирная ассамблея здравоохранения приняла резолюцию о необходимости полной элиминации этой практики. В 2012 году подобную резолюцию приняла Генеральная ассамблея ООН.

Health Ministry of the Russian Federation criticizes female circumcision // Interfax, 17 August 2016

On 18 August 2016, the Human Rights Council under the President of Russia sent materials on the issue of “female circumcision” to the General prosecutor’s office.^[13] According to Mikhail Fedotov, the HRC planned to discuss the problem with specialists, and also react to the reply that it would receive from the supervising body. “We agreed that we would discuss this topic with the prosecutor’s office, with the Health Ministry, psychologists, representatives of the Education Ministry, but not in the public space, so as not to blow the issue out of proportion.” He noted that work on the problem should be “delicate.”

On 19 August 2016, State Duma deputy Maria Maksakova-Ingenberga initiated a draft law^[14] to introduce criminal punishment (up to 10 years’ imprisonment) for carrying out female circumcision for religious motives. Changes were proposed to article 136 of the Criminal Code, supplementing it with part 2: “*Discrimination carried out against women for religious motives and manifested in partial or complete removal of the external genitalia, explained by the goals of a religious cult, is punished by imprisonment from a period of 5 to 7 years*” and part 3: “*Discrimination carried out against an underage girl and manifested in the partial or complete removal of the external genitalia, explained by the goals of a religious cult, is punished by imprisonment from a period of 7 to 10 years*”. An explanatory note to the project states that article 19 of the RF Constitution guarantees equal rights and freedoms of men and women, but male circumcision cannot be compared with female by its medical consequences, including psychological aspects. “Such intervention is nothing less than a form of mutilation, based on gender discrimination, as the convictions alone of supporters of female circumcision that this procedure physically protects women from an immoral lifestyle is the moving force of this anachronism.”

On 2 September 2016, the human rights ombudsperson in the RF Tatyana Moskalkova announced that her office had not received appeals connected with the problem of “female circumcision” in Dagestan. She said: “I have not received such appeals, but if

I am to express my personal opinion, without the agreement of the woman, like any other person, it is prohibited to interfere with health and bodily integrity.”^[15] Tatyana Moskalkova said that it was necessary to investigate the situation, to discover the opinion of the public on this issue, and check the legislative base. She reported that the human rights ombudsperson in Dagestan had also not contacted her on this issue.

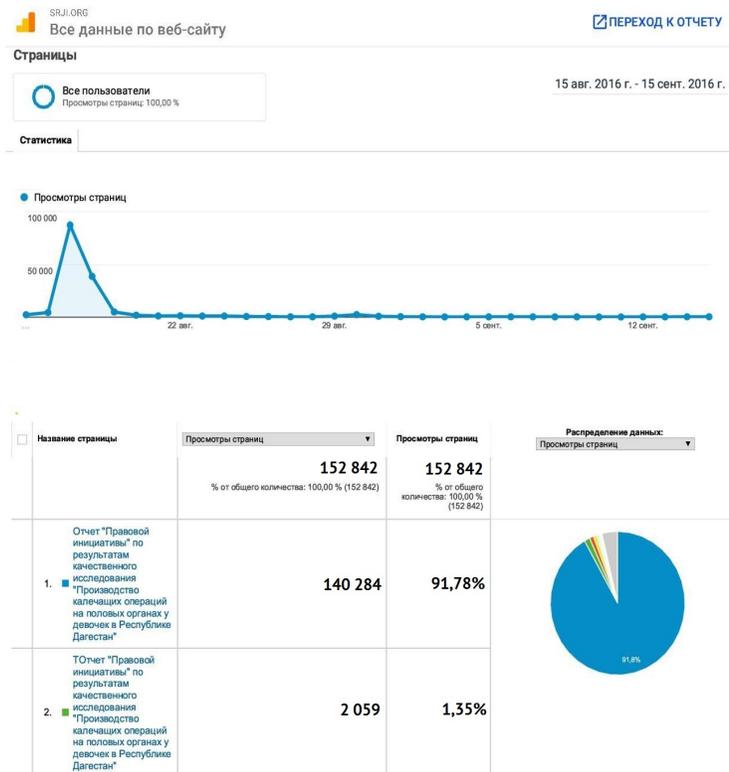
In September 2016^[16] and January 2017^[17], the prosecutor’s office of Dagestan, on the order of the RF general prosecutor’s office, conducted two prosecutorial checks on incidents of mutilation of girls in Dagestan, as the information in the first report was cast into doubt, and the study itself was declared to be falsified. Both checks did not find confirmation of cases of FGM in Dagestan.

During discussions of the first report, arguments were also put forward in support of the so-called “mild” type of FGM, when a perforation or small cut is made on the clitoris and a few drops of blood appear. It was suggested that this was done to increase sensitivity and to provide greater pleasure in intimate relations. The expedience of the “procedure” was supposedly justified by a benefit for preserving intimate health and hygiene, as due to the anatomic structure of the clitoris, thorough attention to its cleanliness is required.^[18]

1.2. Consequences of the public discussion of the first report and the position of the state

If the statistics of the public reaction to our study about the practice of FGM in Dagestan are assessed, the website counter on which the first report was posted recorded 152,842 views of the text in the period from 15 August 2016 to 15 September 2016. This is 90% of the total number of views of the project website.

THE PRACTICE OF FEMALE GENITAL MUTILATION IN DAGESTAN: STRATEGIES FOR ITS ELIMINATION



In the second half of August 2016, the peak number of views was recorded – 138,685. In September 2016 the number of views dropped to 2,116, and in November 2016 to 569.

A content analysis of media for citation of the report in the period from 15 August to the end of 2016 showed the following figures for the request “female circumcision” and “justice initiative”:

- 444 news reports with a link to the report by the “Justice Initiative” project;
- 55 long-read materials with partial citation of the report;

- 6 interviews with citations of authors of the report, or just the names of the authors.

Although in the news rating for 16–20 August 2016 the first report of the “Justice Initiative” project remained among the most discussed topics on the Internet, neither subsequent numerous publications nor statements by public figures and lawmakers influenced the state assessment of the situation of the practice of FGM in Dagestan. To our knowledge, no state actions to address FGM followed.

The inaction of the authorities perpetuates the preservation and implementation of FGM. The lack of attention by the state to the problem may be assessed as silent approval of the practice. From August 2016 to October 2017, a citizen of Nigeria,^[19] Jessica Jacklin, attempted to officially register her stay in Russia, where her husband lives. She did not want to go home to Nigeria, as there was a real danger to her life, i.e. to be subjected to FGM. Several years ago, the young woman had run away from her parents, who were trying to marry her off to a man she did not love, and before this, tried to subject her to FGM.

The migration services refused to give Jessica Jacklin a residence permit. She appealed the refusal in court, where her lawyer argued that the Moscow region Interior Ministry “did not pay attention to and did not assess the risk for the plaintiff to become the victim of inhumane treatment in Nigeria”, and that “the plaintiff’s fears of being subjected to female circumcision were justified.” The Lubertsy city court completely ignored the arguments of Jacklin’s lawyer.

Jessica Jacklin’s case shows that state protection was not given to her even in a case when she openly announced the risk of being subjected to FGM. For thousands of women and girls in the North Caucasus, the level of risk of FGM is much higher due to community traditions that sacralize and place a taboo on the theme of FGM, which means that in the absence of external support they will not even be able to publicly speak about the possible violence to which they may be subjected.

It should be remembered that the state does not have the right to invoke customs, traditions or religious motives to avoid fulfilling its obligation to eliminate violence towards women and girls subjected to the practice of FGM.

1.3. Preliminary results

In the first report, we showed that the practice of FGM was prevalent both in the mountains and in the plains. The majority of those practicing it are Avars, and Andic-Tzestic people classified as Avars, who also live among other ethnic groups (Tabasarans).

People originating from these regions of Dagestan most frequently preserve the practice of FGM. Thus, cases of FGM were also recorded in Georgia, as members of these ethnic groups are also present there.^[20] Accordingly, the number of people practicing it must be assessed not only by statistics of mountainous regions, but taking into account the migration of the population in the region.

Based on the results of the first study, in villages of Eastern Dagestan, we may conclude that in the villages of the Botlikhsky and Tsuntinsky regions of Dagestan, the practice of FGM affects 90–100% of girls and women, in villages of the Tlyaratinsky region it affects 50% of girls and women, and in the Tsumadinsky and Kizlyarsky regions there are several practicing villages: according to our assessments, 25% of girls and women have been subjected to FGM or are at risk; in the Kizilyurt and Tarumovsky regions, the practice is encountered in individual villages among settlers from practicing people from the mountains; in the Gunibsky region the practice has practically vanished; the Untsukul'sky region has completely rejected the practice of FGM; in the Gumbetovsky region women of the older generation recall cases of FGM, but young girls are not subjected to it.

On 11 December 2017, the territorial body of the Federal service of state statistics for the Republic of Dagestan, in response to our inquiry, provided information about the number of babies

born in a number of municipal regions of East Dagestan for 2014–2016, disaggregated by gender.

Appendix
to the letter of the Dagestan statistics board
of 11.12.2017 № AE-05-04-DR

**Number of births in individual municipal regions
of the Republic of Dagestan
persons**

Name of region	Number of births						
	2014		2015		2016		January-October 2017
	boys	girls	boys	girls	boys	girls	both sexes
Botlikhsky	559	524	573	506	560	522	844
Gumbetovsky	174	202	172	148	173	168	240
Gunibsky	230	195	201	181	196	173	318
Kizilyurt	1014	960	961	865	895	856	1382
Kizlyarsky	855	806	752	697	767	736	1150
Tarumovsky	365	334	353	362	374	297	543
Tlyaratinsky	332	288	319	298	309	290	501
Untsukul'sky	274	248	313	248	264	229	388
Tsumandsky	321	315	301	270	283	277	433
Tsuntinsky	297	280	294	293	251	266	414

If we take into account these statistics and the percentage of girls subjected to FGM in a certain region, our calculations are as follows: the Botlikhsky and Tsutinsky regions – 90–100%

THE PRACTICE OF FEMALE GENITAL MUTILATION IN DAGESTAN:
STRATEGIES FOR ITS ELIMINATION

of girls are subjected to FGM ~800 people + the Tlyaratinsky region – 50% of girls ~140 people + the Tsumadinsky and Kizlyarsky regions – 30% of girls ~300 people = 800+140+300=1240 girls annually.

Thus, the approximate minimal figure of the number of potential victims of FGM which we assessed according to the lower threshold of statistics in Dagestan is **1240 girls per year**.

The practice is also found outside Dagestan, and the actual regional data will likely be higher than the forecast calculations. The scale of the violation of the rights of women and girls who risk being subjected to FGM therefore allows us to assert that the number of victims is in the thousands.

The UN Commission for Human Rights has declared FGM a violation of the ban on torture or cruel, inhuman or degrading treatment according to the International Covenant on Civil and Political rights. The practice of FGM is an infringement on the physical health and human dignity of women and girls, the UN Commission against torture has ruled.

Existing practice in the field of human rights protection in Russia frequently reveals that universal human rights standards cease to function in relation to women and girls. In particular communities, certain customs are constitute by gender-based violence. These customs harm the health of women and create threats to their lives. As long as the state regards the practice of FGM as a national or cultural tradition, the practice of FGM will be used as an excuse to allow inhumane and discriminatory treatment of women and girls.

PART 2
SURVEY OF CHANGES THAT HAVE TAKEN PLACE
IN INTERNATIONAL LAW IN COMBATTING
PRACTICES OF FGM

In the period from 2016 to 2017 international legal standards on combatting FGM were further developed, and all of these developments are relevant for Russia

The UN Secretary General, in execution of resolution 69/150 of the General Assembly on the activation of global efforts to eliminate the practice of FGM, prepared the Report “Intensifying global efforts for the elimination of female genital mutilation (A/71/209 of 26.07.2016).^[21] The Report showed the results of efforts to eliminate FGM which were achieved by UN member states and UN structures, and also by other interested parties.

The UN General Assembly on 19 December 2016 71/168 passed a new resolution “Intensifying global efforts for the elimination of female genital mutilation,”^[22] and urged states to condemn all forms of FGM which negatively affect women and girls, whether committed within or outside a medical institution (p. 4).

On 26 July 2017, General recommendation N°35 was passed on violence against women, designed to update general recommendation N° 19. The recommendation was prepared by the UN Committee for the Elimination of all forms of Discrimination against Women (CEDAW). It obliges the state “to pursue by all appropriate means and without delay a policy of eliminating discrimination against women, including gender-based violence. This is an obligation of an immediate nature; delay cannot be justified on any grounds, including economic, cultural or religious grounds” (p. 21).

In a report by the Human Rights Council for 2016, the Special speaker on the issue of torture and other cruel, inhuman and degrading types of treatment and punishment noted that women and girls suffered to the greatest degree from the harmful practice, which is partially “motivated by stereotypes concerning sexual and gender roles, and are rooted in attempts to gain control over the bodies and sexuality of individuals.” He also announced that fe-

male genital mutilation “is recognized as a form of gender violence which involves cruelty and torture” (see: A/HRC/31/57, p. 58^[23]).

In the report of the Council for Human Rights for 2016, a working group on the issue of discrimination against women in legislation and in practice, when discussing the issue of health and safety, noted that rural women are extremely vulnerable to harmful practices such as female genital mutilation. It also emphasized that these sorts of practices have a negative effect on the right of women and girls to health, and that discrimination against women and girls leading to violation of their rights to health and safety are a denial of their rights to human dignity (A/HRC/32/44, see 56 and 98^[24]).

The resolution of PACE № 2135 (2016) of 13.10.2016, “Female genital mutilation in Europe”^[25] calls for national parliaments to support measures to prevent female genital mutilation at a local level, and also as part of international cooperation. On 19 October 2016, the PACE Committee on Equality and Non-Discrimination also published a report of the same name.^[26]

The European Court of Human Rights (ECTHR) in the case R.B.A.B. AND OTHERS v. THE NETHERLANDS (Application no. 7211/06)^[27] raised the issue of the protection of underage girls from the risk of FGM in a third country. Sudanese citizens Mrs. R.B.A.B., her husband and three children requested asylum in the Netherlands, partly on the basis that they would not be able to protect their children from the risk of FGM if they were deported to Sudan. The Dutch authorities did not find grounds for concern on this case, but the ECHR judged their right to asylum for an underage girl to be justified, and she eventually received permission for residency in the Netherlands.

In a dissenting opinion to the ruling of the ECTHR in the case of CARVALHO PINTO DE SOUSA MORAIS v. PORTUGAL (Application no. 17484/15)^[28], Judge Ganna Yudkovskaya stated that denying the right of a woman to sexuality could lead to the most inhuman forms of human rights violations, such as the refusal to condemn

rape or FGM: “The prejudice that has passed through millennia is a heavy burden which threatens both the present and the future. So it must be prevented in the most serious way.”

International institutions and experts call prevention of FGM the main means for averting the harmful practice. It must encompass all interested parties, including practicing communities, specialized organizations, social and educational services, the police, the justice system, and specialists from the medical professions. Awareness-raising, informational and educational campaigns must address both women and men in the affected communities so that this type of practice is not associated with religion, gender stereotypes or cultural beliefs which consolidate discrimination against women.

PART 3

ATTITUDE OF MEN TO THE PRACTICE OF FGM: QUALITATIVE STUDY

The qualitative study was carried out by Saida Valeryevna Siradzhudinova, PhD candidate in political science, president of the Center for the Study of Modern Global Issues “Caucasus. Peace. Development” from February to November 2017 in the Republics of Dagestan, Ingushetia, and Chechnya (Russian Federation).

3.1. Description and formulation of the problem

In the first report, we showed that FGM was still being performed without medical indications and outside medical institutions in individual mountainous regions of East Dagestan.

We studied the perception of the practice of FGM by different groups of female respondents, illustrated the distribution of the practice, determined the sources of the tradition and the justification for carrying out FGM among girls and women, and discussed the consequences of FGM on women’s health and family life.

Communities which practice, justify and explain the need for FGM are extremely patriarchal. Their culture is based on the domi-

nant social role of the man both in society as a whole, and in everyday life. It is men who control and regulate the behavior of women and girls. Therefore, we shifted the focus of the study to how men perceive the practice of FGM. We perceive this approach to be relevant because the position of men must also be taken into account in order to determine an effective strategy to oppose the existing system of carrying out and preserving this harmful practice.

Therefore, the goal of the second qualitative study on the problem of FGM was to study the attitude of men to the practice of FGM in Dagestan, Ingushetia and Chechnya.

The objectives of the study were:

- To discover the level of men’s awareness of the prevalence of FGM in the region and their attitude to the practice;
- To determine the factors which in men’s opinion motivate the practice of FGM;
- To establish the influence of FGM on the quality of sexual relations with women who were subjected to FGM in childhood;
- To determine men’s attitude to carrying out FGM on girls in general and on their daughters and close relatives in particular;
- To discover men’s attitude to banning the practice of FGM;
- To assess the reasons for the uneven distribution of the practice of FGM in Dagestan and the reason for rejecting FGM in individual regions of the republic;
- To discover and analyze the position of religious figures on the problem of FGM;
- To determine the distribution of the practice of FGM in Chechnya and Ingushetia.

3.2. Geography of the study

The selection of recipients was made from mountainous southwestern regions of the Republic of Dagestan: the Botlikhsky, Tsumadinsky, Tsuntinsky, Tlyaratinsky regions, and also the lowland Kizilyurt, Kizlyarsky and Tarumovsky regions. The lowland regions are distinguished by a large number of settlers from moun-

tainous regions. We also worked in mixed Dagestan villages near Makhachkala and Khasavyurt, and also in villages in Chechnya and Ingushetia.

The survey of experts was held in the Gumbetovsky, Untsukul'sky, Gunibsky, Khunzakh'sky, Gergebil'sky, Shamil'sky, Kazbekovsky, Kizilyurt, Khasavyurt, Kumtorkalinsky, Levashinsky, Lak'sky, Sergokalinsky, Dakhadaev'sky, Akushinsky and Derbent regions, and in Makhachkala.

Difficulties arose in the survey of religious figures, as attempts to contact imams were unsuccessful, or imams could not answer the questions in the survey. Many attempts at contact with imams produced no result. They simply did not know how to reply, some had not even heard of the existence of this practice, others replied laconically that this was possible, but they did not know for certain and could not say anything. We contacted 50 imams in the above regions, but only received 10 questionnaires.

No particular difficulties communicating with male respondents arose. The study was held in various villages and districts. Around half of potential respondents asked: "What do you need this for?", and further discussion was not possible. Nevertheless, carrying out interviews with men proved to be even easier than with women in 2016. It cannot be said that they discussed the problem freely and openly; they replied to the questions rather curtly and stiffly, but in general it was possible to gather the necessary research material.

3.3. Methodology of the study

The methodology of the study included:

- conducting a qualitative sociological study on the question of men's perception of the practice of FGM in Dagestan;
- search for cases of FGM in Chechnya and Ingushetia;
- survey of respondents and experts by the method of a standardized interview and in-depth interview;
- interviews held with respondents (N=22) and experts (N=10)

There were 18 male respondents who were members of families where FGM is practiced. This means that in the families of our respondents, there are wives, children or relatives who have been subjected to FGM.

We also received questionnaires from 4 women from Chechnya and Ingushetia. These women were subjected to FGM in childhood.

In the second study we received 22 questionnaires. The age of respondents was from 27 to 78. Of them 18 men were from the Republic of Dagestan (17 married, 1 unmarried) and 4 women (2 from Ingushetia, 2 from Chechnya)

The experts were imams from various regions of Dagestan.

3.4. Results of the study

3.4.1. Men's awareness of the problem of FGM

We expected that the private nature of the practice of FGM and the taboo surrounding the operation in East Dagestan would be a reason for men's lack of awareness. It turned out that the topic of FGM is discussed among men and affects sexual life. So all married respondents were informed about FGM to one degree or another: *"I was young, I heard men discussing this. But I didn't realize what they meant. I didn't even really understand. Now I understand more, but we've never talked about it"; "I heard about it in my youth. Sometimes I discussed it with men."* Men do not talk about the practice of FGM in the presence of women, only among themselves.

Most men continue to regard this tradition as a given. It cannot be said that they gave it much thought or that it worried them, as in their opinion, it belongs exclusively to the female sphere. Many men are seriously worried about the problem of earning money and supporting their families. They are often employed in heavy physical labor and experience moral discomfort from everyday tasks: *"We've got enough to worry about without thinking about these little things."* We expect this to be all the more true given that far from all men have regard for women's experience.

At the same time, it is women who continue to act as the main translators of the practice; it exists, is practiced, perpetuated and protected thanks to them.

3.4.2. Justification of the need to carry out FGM. Motivating factor

None of the men surveyed had a clear idea about why women undergo FGM and became confused in their explanations of the origin of the requirement to carry out the practice.

In summary, three factors motivating FGM were singled out:

1) Religion (8 respondents): *“Muslims should do it”; “It’s prescribed by Islam.”*

2) Adat, i.e. customary law (4 respondents): *“I don’t even know. It’s always been done. As adat.”*

3) Control over the morality and behavior of women (5 respondents): *“So women aren’t like prostitutes and don’t wander before marriage”; “Regulation of behavior, arousal”; “This should make them wander less.”*

Uncertain answers were also encountered: *“That’s the way it’s done here, everyone does it, that’s the way it should be”; “I haven’t given it thought.”*

The mixture of adat and shariat combined with a particular patriarchal understanding of norms of behavior and morality for women makes it difficult to single out a dominating factor for performing FGM. This is shown by the lack of uniformity in the understanding of the problem as a whole, as for some religion is predominant, for others custom (adat), and for a third group, the aspiration to preserve oneself and the existing way of life of society. As the study showed, the respondents justify the need for FGM and provide a motive for its continuation based on dominant stances and values that have been formed and are influenced by factors such as upbringing, age and the social environment of the specific individual.

Men’s opinions differ depending on their understanding of the prevailing socio-cultural and religious regulators. Members of the

younger generation, who came of age in the period of re-Islamization or the current stage of growth of the significance of religion, tend to take an absolutist view, and for them the dominating motivator is the religious factor. However, they cannot provide specific quotations from the Koran, as they have never read about it themselves, but have received their information from conversations with other men.

Men of the older generation refer to *adat* as a motivating factor. They recognize that FGM is a custom and tradition: *“I don't know why it is done? That's the custom. That's how adat is here.”* None of the men explained why this was the custom.

In the circumstances of an absence of individual autonomy and a high level of dependence of the individual on the community (*jammat*), the main factor for life stability is the ability not to stand out, not to break rules, not to think, but to do what everyone always has done from generation to generation, even if it is not supported or justified in any concrete way. Those who support and justify the practice of FGM as a part of the initiation of girls link FGM with ethnic and community identity. Thus, men find the practice important because it is the custom in the community to carry out FGM, and by protecting the practice, they preserve society's rules, will not be judged, and act according to the requirements of their family, clan or village.

3.4.3 Morality and order, or control of sexuality

Men from both younger and older age groups equally fear a growth in the sexual activity of women and their uncontrollable sexual energy, and as a consequence, the loss of control over their sexuality and the violation of order in society. Here the main motivating factor is morality, and indeed a morality exclusive to women, who should maintain purity until marriage and be faithful to their husbands, and maintain and observe behavioral standards accepted for women in the given context: *“A woman shouldn't wander”*; *“She shouldn't behave like a prostitute”*; *“She needs to be contained”* –these are the rationales pro-

vided for the need for FGM by those who advocate the “morality” argument.

Both of our studies confirm that the practice of FGM is based on widely-supported notions that the freedom of women must be curtailed and regulated, and especially her sexual identity and activity. The existence of this status quo is underpinned by a fear of women’s sexuality and its manifestations. The beginnings of this way of thinking come from another era, but they continue to have a baneful effect on women and to dominate public opinion and individual ways of life, thus preventing the elimination of a practice that directly harms women both physically and morally.

It must also be noted that where control over women has a higher priority over their right to full sexual satisfaction, the attitude to FGM is regarded as a normal phenomenon, which is not so much significant as it is inevitable. This attitude serves to entrench the practice and to enable its preservation. Due to this tacit and acquiescent position, generation upon generation of girls is subjected to the risk of FGM.

3.4.4. The influence of FGM on the quality of sexual relations with women subjected to FGM in childhood

The majority of men surveyed said that FGM affected their sex lives and women’s sensitivity (8 respondents – “*it has an effect, sensitivity is decreased*”; 10 respondents – “*it has a small effect, a little*”). According to supporters of the practice, the so-called “mild” type of operation in the form of an imitation or incision on the clitoris, as practiced in the majority of cases in Dagestan, does not have any consequences. However, the survey revealed that traumatization as a result of the operation and the reduction of sensitivity of women influences the quality of sexual relations, although men do not discuss this very willingly: “*Sometimes perhaps I would like her to react a bit more. But what difference does it make?*”; “*There are problems*”; “*it’s not that important*” – these are some of the opinions of men whose wives were subject to the operation.

Men in regions where FGM is still practiced see the procedure as a minor inconvenience, which they have accepted and adapted to. In their opinion, a wife is a wife. She carries out her functions, giving birth to children, looking after the home, her husband, relatives and the household: *“If she’s my wife, then everything’s fine. I should treat her well and provide for her. She looks after the home. Is it that important?”* This problem does not affect the husband in a significant way, causing only a little discomfort due to a certain amount of passivity on the part of his wife and her reduced sensitivity. Spousal relations for any man are primarily built on a series of factors, responsible for the climate in the family, mutual relations between the spouses, their children, and their relatives and fellow villagers. Only one of these factors is physiological (sexual) satisfaction.

3.4.5. Men’s attitudes to the practice of carrying out FGM on girls in general and their daughters (close relatives) in particular

On the whole, men do not perceive FGM as a problem that needs attention or which needs to be addressed: *“It’s not a problem, but a custom”; “Is it really a problem?”; “It’s good, if that’s what sharia requires. Muslims should be circumcised.”* The practice might cause minor inconvenience during sexual relations, which most are willing to ignore. Support or passivity in relation to the practice among men facilitates the preservation of the practice. It is perceived as the natural order of things, not up for discussion and an inevitable requirement. *“There’s no time to worry about this rubbish. We have no work. We need to look for odd jobs. To travel. That’s a problem.”* Men are not directly involved in carrying out FGM, they are only confronted with its consequences: *“It’s the choice of the family, the mother, the female relatives.”*

A majority of men surveyed (7 respondents) replied that they would support carrying out FGM on their own daughters: *“If necessary, let it be done”; “If that’s what religion requires, then it’s obligatory”; “If it’s prescribed, then it’s prescribed.”* Here they highlighted that they *“will not even be informed about it”* and in gen-

eral they do not even find out about it: *“I’m not asked and I’m not informed.”*

5 male respondents noted that it might be possible for them to prohibit the practice on their own daughters, if they knew about plans to perform it. But since women take the decision, they are similarly powerless: *“Yes, but they won’t ask”; “They’ll hardly tell me.”*

It is worth noting that men more often than women nonetheless express a negative attitude towards the tradition: *“Men weren’t happy, why must my wife be unable to feel?”; “I don’t really like it.”*

3.4.6. Men’s say in the matter, or whether they make decisions in relation to performing FGM

It is extremely important to note that it is women who support preserving and carrying out the practice of FGM on girls.

Women take the decision to carry it out; women carry out the operations on their female relatives; women who were previously subjected to FGM ask, discuss, recall and encourage their children, relatives and fellow villagers to carry it out. It is indeed the women victims of FGM who are responsible for carrying it out on their own children.



by Viktoria Lomasko

On this issue men have only their own opinion or assessment – supportive, or indifferent, or not very positive.

Men do not have any say in the issue of whether to carry out FGM: *“Men aren’t asked these questions. It would be shameful to ask. They decide themselves”*; *“They have no say. What have men got to do with it?”*

The decision to carry out FGM on girls, just like regulating women’s behavior and wardrobe and her choice of marriage partner, is given to women: *“Only women are asked, men are not.”* Researchers of FGM in African countries also note the role of women as the main bearers of this custom: *“Women do it to women. The decision on where and when a certain girl should be subjected to the operation is taken by her mother or grandmother.”*^[29]

3.4.7. Men’s attitude to prohibiting the practice

The living conditions in a traditional society, a dependence on community relations, and a lack of individual autonomy do not allow most people connected by strict kinship ties to speak up or even think about breaking a tradition, let alone openly condemning an established practice and calling for it to be banned. 15 male respondents were categorically opposed to banning FGM, without explaining their position. Some referred to religion: *“If this is what religion requires, it is compulsory,”* others to adat: *“This is our adat. What I can say against it? This is how things should be”*.

Among the crowd supporting the practice of FGM, only one voice could be heard which would call for a ban on FGM, but his voice was yet very quiet, weak and cautious.

The study showed that, at present, we cannot expect support for banning the practice among men living in communities where it is still being carried out. Those who would oppose it, for whom it has created inconvenience, and those who seek to understand the problem have already rejected the practice. But this *“took place not through bans, but naturally, as a consequence of a lack of exhortation and appeals.”*

For people who live in a FGM-practicing community, this practice is a public norm, and they do not understand “*why it should be banned.*”

3.4.8. Absence of the practice of FGM in a number of Dagestan villages (based on materials of expert interviews)

Dagestan is a unique, contrasting, multifaceted and diverse republic. Despite the existence of the practice of FGM in a small number of regions and villages of the republic, in the vast majority of regions of Dagestan FGM has never been practiced or if once practiced in certain areas, it was later rejected.

Quite a large number of Dagestanis do not know that this practice exists at all and have never heard about it before. In the course of interviews with experts (imams), we noted that in some regions of Dagestan no one could even recall if FGM had ever been practiced. The data of our other study shows that 28% of Dagestanis know nothing about the practice of FGM (primarily residents of towns and southern Dagestan regions, residents of Lezgin and Dargin villages); 17% of Dagestanis replied categorically and claimed that the practice of FGM did not exist in Dagestan; 44% of the population had heard of the practice,^[30] while 11% were unsure.

Experts reported that the rejection of the practice took place “*not through bans, but naturally, because of the lack of sermons, advocacy and appeals.*” Imams of the Kumyksky, Darginsky and Laksky regions replied that in their areas FGM had never been practiced on girls. The Darginsky imam replied that “*I only found out about this on the Internet last year. I had never heard of it before. Perhaps according to shariat, this does exist, as it was written that it can't be done in hospitals, and who will do it? We don't have shariat here.*”

The Laksky imam also noted “*in the Shaf'i madhhab this perhaps exists. Probably to restrain girls. But that's my opinion. I'm not familiar with this issue. But it's never been practiced here.*”

The Kumyksky imam also said that FGM was not practiced among Kumyks. “*It has never been practiced here. The main goal is*

health. In Islam the woman is protected. Everything is justified by health. But in our situation, when people can't do it properly, when they harm health, when they do it wrong, there is no point to it, on the contrary"; "If this is a disputed issue [...] there is no certainty [...] and no knowledge [...] It's better not to do it, especially as it is not compulsory, not to do harm to a person."

The imam from one of the regions of South Dagestan said that *"I have not seen a direct decree which would seriously back this up. They say it exists in our madhhab [...] But we weren't taught about this."*

For some religious men, the practice presents a burden because it affects marital relations and causes discomfort. Imams from communities that had abandoned the practice echoed these views. The dissatisfaction of men was likely one of the reasons for rejecting the practice of FGM, which is not *fard* (i.e. compulsory).

3.4.9. Rejection of the practice of FGM in a number of Dagestan villages (based on materials of expert interviews)

Within FGM-practicing regions in Dagestan, there are Avar villages where FGM ceased to be performed relatively recently. Imams in these villages noted that *"the practice became much less frequent. But there are also probably people who do it. There are few of them. They decreased in number. In the madhhabs there is a difference. In one madhhab they say 'it's proper,' in another 'it's permissible,' and in another 'it must not be done.' Anyone has the right to follow any of the madhhabs. It is not compulsory (imam of Shaf'i). The family decides. If they don't do it, it's not a sin at all"; "We don't have it. People don't do it. They used to, they say. It's sunnat and not fard. Now there is probably no need for it, or something. The people themselves gradually rejected it. It's not compulsory for women."*

The imam of the Shamilsky region believes that there is no need to carry out FGM on girls, but in the region itself there is not a complete rejection of the practice of FGM. In some villages *"men were dissatisfied, why did they have a wife with no feelings"; "they went to scholars, to imams, and gradually the practice went away."*

Those who practice FGM noted that *“here FGM is done in childhood. It's required for order. To prevent girls from behaving badly.”*

In Chechnya and Ingushetia, the population has rejected the practice of FGM. Evidence of these operations is encountered mainly among the older generation. The practice came to these regions with the influence of the Andi and Avar ethnic groups, as those who practiced it were from border regions, and it is more likely that today it is still preserved in only one small closed community in Ingushetia: *“This is also done today in a separate community. But there are few of these. And we don't know for sure. Just rumors. It was done here. So the clitoris didn't grow excessively. So it didn't get in the way, and didn't get caught. For religious reasons. And this restrained women. Although the laws here restrain them anyway”* (woman, Ingushetia, 47 years old). *“It used to be done here. I recently found out that not everyone did it. There used to be more people. It was done to me. But I didn't do it to my children”* (woman, Chechnya, 68 years old).

According to assessments of female respondents, in Chechnya and Ingushetia, the practice ceased to be performed because of the lack of people who would do it, and also appeals from imams: *“I haven't heard that it is done to anyone nowadays. How did it go away? Many adats change and disappear... something new comes along. But we can't understand this question which elders could answer. They won't discuss it with a woman. Perhaps that's why it went away, because it was shameful to raise this issue and force women to do it”* (woman, Chechnya, 61 years old).

3.5. Conclusions from the results of the study

According to our second study, male respondents cannot influence the decision to carry out FGM, regardless of their opinion about the motives and expedience of the practice.

It is women who support the preservation and implementation of the practice of FGM for girls; they take the decision to carry out FGM for their daughters, relatives or fellow villagers. The women themselves physically perform FGM. Our second study confirmed

the conclusions of the first study, i.e. that women perpetuate the harmful practice of FGM in Dagestan.

Yet men are also responsible for spreading the practice of FGM. In a profoundly patriarchal society, which strictly regulates the behavior of women, the initiators of changes are men. In regions where this practice was rejected, it was men who began to problematize the practice; imams ceased to sanction the practice of FGM and began to say there was no need to carry it out. Gradually the number of people practicing FGM dropped or FGM stopped being carried out altogether.

Married male respondents were informed about the existence of the practice of FGM and assessed this tradition as a given. They cannot clearly articulate the reasons for the practice and justify it with reference to customs or religious convictions. Men cited control over the morality and sexual behavior of women as a motive to carry out FGM, regardless of what the determining factor was – adat or religion.

Men note the influence of FGM on the quality of sex and the sensitivity of women. But they do not see a problem with the practice. And the majority of the male respondents are against a ban of FGM, although they cannot explain their position. All men are prepared to support the performance of FGM on their own daughters.

Imams in Dagestan disagreed on the need to perform FGM. Some said that the practice was compulsory, and imams of regions where the practice of FGM has already been rejected believe the procedure is unnecessary and say that religion prohibits changing the appearance of the body and causing harm to health. FGM is carried out in the home without medical indications. The aim of FGM is to disrupt the nature functions of the body, to violate the right to sexual satisfaction of the woman, which is set down in religion.

In the preamble to the current study, we noted that of the 50 surveyed imams, only 10 could give answers to all the questions. 40 imams were either not informed about the practice of FGM, or

had difficulty giving their assessment, so did not answer the questions. In the course of the study we encountered a contradiction, by which male respondents appealed to religion as a factor which established the need for carrying out FGM. At the same time, 40 of the 50 surveyed imams could not express themselves about the nature of the practice of FGM and the religious component of the problem. This contradiction cannot be ignored.

The 10 imams who answered all the questions in the questionnaire named the reasons for rejecting the practice of FGM in their villages and regions. Among these reasons were:

- The practice of FGM was historically not established in the village or region;
- Influence of the Soviet period, when the level of education increased in villages and women became involved in the intellectual and political process;
- Religious competence of the population;
- Rejection of traditions which did not have a clear interpretation and foundation;
- A higher standard of living, which made it possible to consider the needs of women.

Expert imams said that the upbringing of girls needed to be emphasized, and not physical restriction by FGM. They doubted that the practice of FGM helped to preserve the morality of the population.

In general, according to the results of the study, we may note a tendency to break the tradition of the practice of FGM in the new generation in the North Caucasus. This tendency is seen as a slow evolutionary transition to overcoming the practice of FGM with respect to girls. With the support of the male population, the clergy and the authorities, the task of opposing the practice of FGM may be solved within a sensible timeframe and potentially just as effectively as it has been in other countries, if a comprehensive approach is adopted.

PART 4

INTERNATIONAL APPROACHES AND EFFECTIVE STRATEGIES FOR OPPOSING FGM

Up until the 1970s there was a boundary between private and public life. This delineation meant that violence against women, including FGM, was rarely prosecuted. The state did not interfere in family customs and traditions, referring to the “private” or “everyday” nature of the problem. By the early 1980s international standards took shape in order to combat gender-based violence, and the state was entrusted with the obligation to eliminate FGM.

Approaches taken by various countries to eliminating the practice of FGM have made it possible to significantly reduce the number of women at risk, or sometimes to completely reject FGM. A brief survey of the most effective strategies is presented in a series of works which are listed in the footnotes to this section.^[31] A study of approaches and strategies undertaken in different contexts should facilitate the formulation of a constructive agenda for tackling FGM in the Russian Federation.

4.1. World statistics on the prevalence of FGM

In 2017, the available representative data about the prevalence of FGM indicates that at least 200 million girls and women from 30 countries have been subjected to the practice of FGM. The precise number of victims remains unknown. The majority of girls are subjected to FGM at an average age of 5 and above. According to UNICEF data, another 30 million girls may become victims of FGM in the following decade, if existing trends do not change.^[32]

National representative studies of households show that FGM is especially prevalent in certain regions of Africa, and also in a number of countries of the Middle East and South Asia. The level of prevalence of this practice differs significantly both within countries, and between them.^[33]

FGM is widespread in Indonesia, and cases of FGM are encountered in India, Columbia, Malaysia, the United Arab Emirates, Oman and Saudi Arabia.

The practice of FGM exists in countries which accept migrants from countries where FGM is practiced. According to a report by the Office of the UN High Commissioner for refugee affairs, women who request asylum in the European Union may still be at risk of becoming victims of FGM.^[34] According to statistics from 2015, approximately 137,000 women living in the UK have been subjected to FGM. They are all from Eritrea, Somali, Nigeria and other African countries.^[35] In the UK, women older than 50 who were subjected to FGM suffer from various kinds of gynecological and psychosomatic illnesses.^[36]

Compared with figures from the 1980s, the prevalence of FGM has dropped significantly by 2010, and the number of teenage girls who risked being subjected to FGM had decreased by around 30%. In Kenya, the prevalence of FGM for girls aged 15 to 19 dropped from 41% in 1984 to 11% in 2014. In Liberia this figure was 72% in 1983, and 31% in 2013. Not all countries have managed to reduce the rate of prevalence of FGM. There is still a probability that some girls who were not subjected to this procedure nevertheless risk becoming victims after reaching the age at which female genital mutilation is traditionally practiced.^[37]

4.2. Raising awareness of health risks for women subjected to FGM

Work on prevention of FGM has been ongoing since the early 1980s. The most effective approach in this work has been to inform society about the risks for the health of women subjected to FGM. An open discussion of the negative consequences of the harmful practice of FGM brings women's health, including reproductive health, into sharp focus. A wide public discussion surrounding FGM as a health problem leads to recognition of the harm caused by the practice, condemnation, and rejection.

For example, regional decrees were issued prohibiting FGM in Egypt (in 2006), Mauritania (in 2010) and West Africa (in 2012). Prior to these decrees, employees of healthcare agencies actively worked with various groups among the local population, with

community and religious leaders, and providers of medical services. Educational programs discussed the risk factors of FGM for the health of women and physical complications that can arise from the practice.

In 2014, the UN General Secretary initiated a global campaign in the media to draw the attention of society to eliminating the practice of FGM. The Guardian newspaper united efforts with several UN institutions and realized educational initiatives in several African countries, working with politicians, public leaders and local media which were interested in preventing the practice of FGM. During this campaign, with the help of traditional information platforms and social networks, activists were able to reach a wide audience and show the harm of FGM.

4.3. Education of medical workers

The World Health Organization (WHO) developed a series of training seminars for medical workers, as well as study materials and guides for healthcare specialists. In May 2016, in collaboration with the UNFPA-UNICEF program to combat FGM, WHO published the first guidelines on the management of health complications from FGM.^[38]

These guidelines were developed on the basis of actual data on medical-sanitary measures for women living with mutilated genital organs. The content of this document included the following objectives:

- Raising the quality of knowledge and skills of providers of medical-sanitary services in preventing FGM;
- Assisting with treatment and consultation of women subjected to FGM;
- Gathering information about the reasons and consequences of this practice;
- Preventing FGM;
- Improving skills for detecting the consequences of FGM and treating complications after FGM;

- Involving medical workers as intermediaries to change the situation of FGM.

Although participants of the training sessions gave positive reviews of the events and noted the quality of knowledge on the consequences and complications after FGM, the actual training strategy of WHO encountered a series of problems. First, medical workers remain a part of the community in which FGM is practiced. So medical workers are not prepared to speak out openly against FGM. Secondly, the organizers noted that they could not always achieve results during the training sessions, partly because they encountered systematic difficulties converting theory into practice.

4.4. Education of women who perform FGM

In a number of African countries, educational work was carried out with women who performed FGM (known as “cutters”). The organizers set the task of persuading these women to stop performing the procedure. The educational work included:

- Educational programs on women’s physiology and gynecology;
- Description of the harmful consequences for the health of women subjected to FGM;
- Teaching new professions;
- Financial support in cases of moving to new sources of income not connected with performing FGM.

The expected result of work with “cutters” was a reduction in the number of women practicing FGM. Public ceremonies known as “the throwing of knives,” in which these women took part, were covered by the media, which facilitated public debates on the problem as a whole.

The difficulties in the educational work with performers of FGM were that sometimes the women themselves refused to carry out this practice, but passed on knowledge to pupils who continued to perform FGM. Some of the performers of FGM fear losing income from the practice, and their social status and customary place in the community. The fear of losing their social po-

sition proved stronger than the risk to which their clients were subjected. This dynamic proved the main hindrance to the effectiveness of this strategy of prevention.

4.5. Programs of alternative rituals

A systematic approach to eliminating the practice of FGM takes into account changing socio-cultural norms in societies where this practice is characteristic. People practicing FGM over many generations often do not perceive FGM as a harmful practice or problem. On the contrary, the practice of FGM fits with their worldview, as it protects the interests of the girl subjected to FGM, and consolidates the status of her family. Women subjected to FGM in the past told researchers that rejecting FGM would cause feelings of isolation, shame, public condemnation, loss of honor and a loss of position in society. This is why programs of alternative rituals became an effective approach to combatting the practice of FGM.

Programs of alternative rituals were developed with the aim of substituting the practice of FGM as an initiation of girls with another (non-violent) initiation. The idea was put forward that girls could receive social status without being subjected to FGM. The organizers believed that an alternative ritual would preserve ritual boundaries and prevent defensive reactions of people who did not want to reject FGM, fearing to lose their position in society.

A successful program of an alternative ritual was realized in Kenya. On the level of a commune (or community), a week-long ceremony was held, consisting of lectures and festivities. Participants were told of their role as women, parents and adults. Girls were educated on issues of personal hygiene, health and child-birth. Social skills and peer pressure were discussed.

These alternative rituals have also been carried out in Guinea-Bissau and Gambia. These programs are introduced in the general process of the sensitization of communities in which work to prevent the practice of FGM is carried out.

4.6. Programs to strengthen the position of girls and women in the community

Women's NGOs realize effective strategies for overcoming cultural customs involving violence against women. They work with legislators, religious and public leaders, with families and communities in order to change stereotypes and customs. Programs to strengthen the position of women and girls in society make use of publicity as well as legal protection mechanisms. At the level of individual families and communities, these programs lead to an understanding that gender violence and discrimination cannot be tolerated in any tradition and culture.

The basis of these programs lies in informing the population about national and international mechanisms of the protection of the rights of women and children, and also social, cultural, religious, political, medical and economic education. The involvement of women and girls in informational events to oppose harmful practices contributes to sustainable changes in the community

To realize these programs, discussions and learning sessions are organized on social problems such as reproductive medicine, human rights, gender relations and domestic violence. Simulation exercises are used with distribution of roles, questions and answers, small group work, illustrated cards and posters, methods of assessment involving participants from rural regions, and proposals to make written contributions to unfinished materials. There may also be training of local religious leaders, medical personal, police officers and school teachers, and other services, for example related to the assistance of women's centers and basic gynecological first aid.

The participation of boys and men in these programs helps to prevent and eliminate the practice of FGM. Men and boys, by disputing deep-rooted traditions of inequality and social norms, may act as powerful guides for changes in situations when the issue of FGM ceases to concern women and girls exclusively. When young men and boys learn the real facts about this procedure, they oppose the practice of FGM more actively. For example, in Somalia

whole groups of men make open joint statements against practices of FGM, including through social networks. In these statements, men say they are prepared to marry girls and women who have not been subjected to FGM.

General Recommendation № 36 on the right of girls and women to education,^[39] issued by the UN CEDAW Committee, notes that “in some regions of the world, the pervasive cultural practice of female genital mutilation hinders and/or ends girls’ education” (p. 53). The committee recommends in point 55 in accordance with general recommendation № 14 (1990) to integrate the topic of FGM into formal and non-formal education, so it is openly discussed, without stigma, to enable girls and women to receive accurate information on the detrimental and harmful effects of the practice; to train teachers, facilitators and youth workers to equip them to educate girls about FGM and support those at risk of undergoing the procedure, or who have already undergone the procedure; to encourage religious and community leaders to oppose the practice of FGM and to inform and educate their communities on the danger of the practice.

4.7. Public statements of political and religious leaders.

The complete elimination of the practice of FGM depends on political will at the highest level, as public political discussion of the practice of FGM has played a decisive role in weakening support of the practice in a number of countries.

The inter-African committee on traditional practice concerning the health of women and children has announced that political will is “the main condition for achieving zero tolerance towards female genital mutilation.”

In 2015 in the Gambia a law was passed that recognized the practice of FGM as a criminal act. This was preceded by:

- 1) a speech by the president who announced a ban on FGM;
- 2) an active information campaign in the media;
- 3) work of local NGOs.

In 2014, the president of Sierra Leone announced a temporary ban on FGM, to stop the spread of an epidemic. This ban was accompanied by a governmental information campaign for health care and social workers. The legal and medical consequences of carrying out FGM during an epidemic were covered in the campaign. The number of new cases of FGM in Sierra Leone dropped drastically during the period of the state ban, and now in the country the positive change of 2014 is being used to achieve a full ban on the practice of FGM.

General public statements of secular and religious leaders create an atmosphere of collective change, which helps families to reject FGM and encourages others to follow their example. In other words, public statements facilitate large-scale campaigns.

Statements of political leaders who have condemned FGM have in many countries stimulated active participation of religious and community leaders in the fight against FGM. The volume of human and financial resources allocated to oppose the practice of FGM were also increased.^[40]

It is important to note that a public statement does not necessarily mean that the community as a whole supports a rejection of FGM. This depends on the readiness of society for changes. Public statements by leaders may mean a final decision to reject FGM or mark the level of readiness of the community for changes. In both cases, further support is required for the process of opposing or eliminating the practice of FGM.

4.8. Legal mechanisms and legislative measures

On 19 December 2016, the UN General Assembly passed the new resolution 71/168 “Intensifying global efforts for the elimination of female genital mutilation.”^[41] According to this resolution, educational campaigns and legislation are required to prohibit FGM, to protect women and girls from this form of violence, and to hold perpetrators to account (p. 4).

International and national mechanisms for the protection of human rights require that states pass laws prohibiting FGM.

Many states have included the requisite norms in their criminal legislation, or passed special laws stipulating punishment for carrying out or assisting with the performance of FGM:

- FGM is banned in the Constitution of Ghana (article 39) and in the Constitution of Somalia (p. 4 line 15);
- Laws protect children's rights in Mauritania, Kenya, Liberia;
- FGM is criminalized in the norms of the Criminal Code in Djibouti, the Congo, Ethiopia, the Netherlands;
- "Serious damage to organs" is listed as an aggravating factor in criminal legislation in Cameroon and Sudan;
- Special Laws on combatting mutilating operations have been adopted in Benin, Italy, Sweden, UK;
- Law on opposing sex crimes against minors in Tanzania;
- Ghana has a combination of several of the above legal strategies.

Changes in legislation and procedural practice can have preventative effects. They provide an official judicial platform for comprehensive actions to eliminate FGM, provide legal protection for women and stipulate responsibility for perpetrators of FGM. Health care employees are offered a normative base for opposing requests for carrying out FGM. Laws against FGM are an important political step and an obligation of the state to create a favorable and safe environment for the life of women. Introducing criminal responsibility for carrying out FGM is indisputably an important and constructive step to abolishing this practice. However, passing laws should be accompanied by follow-up and additional program measures together with effective oversight of legal compliance.

The obligations to provide funds for the legal protection from FGM requires the creation of state structures capable of carrying out immediate, impartial and independent investigations of cases of FGM, providing effective implementation of legislative provisions, and compensating material and moral damage to survivors of FGM.

It must be noted that the realization of legislative measures may cause the practice to go underground. Cases of FGM have

a high degree of latency. This is because victims do not wish to appeal for assistance to the authorities, due to the fear of subjecting their close relatives to criminal prosecution. The perpetrators of FGM are usually the mothers, aunts, grandmothers or other close female relatives of the victims.

The opinions of international experts and an analysis of the practice of the legal enforcement of criminal norms and sanctions makes it possible to conclude that passing criminal legislation is not an effective standalone mechanism for eliminating the practice of FGM. Furthermore, in most countries, existing legal norms for opposing FGM have not been applied for decades, and only in recent years have courts begun to deliver guilty verdicts on cases of FGM. This has become possible only due to the realization of a comprehensive and all-compassing approach to combatting the practice of FGM. Thus, legal changes must be preceded or accompanied by educational campaigns among the population. It is important to secure the support of and to sensitize leaders of local communities in order for legislative mechanisms to be effective.

A comprehensive approach should include many of the above-listed strategies for opposing the practice of FGM, as no one method has a high level of effectiveness when used in isolation.

4.9. Comprehensive approach

In resolution 69/150 of 18 December 2014, the UN General Assembly called for states to approve comprehensive approaches to eliminate the practice of FGM. This approach involves:

- 1) Passing and ensuring the implementation of laws prohibiting FGM;
- 2) Using comprehensive pre-emptive strategies, including educational campaigns;
- 3) Providing coordinated and high quality cross-sector services to women and girls who are victims of FGM or at risk of becoming victims.

A key condition of the comprehensive approach to eliminating the practice of FGM is the coordination of actions and the

involvement of a wide circle of interested parties, including national and local state authorities, civil society, community and religious organizations, medical personnel, educational institutions, and the media.

A comprehensive approach should be carried out with vertical and horizontal coordination of actions and become part of national efforts to prevent and eliminate all forms of FGM. For horizontal coordination, organization by sectors is required, including education, health care, the justice system, social welfare, law enforcement, immigration and asylum officials, media and other forms of communication. For vertical coordination, the interaction of local, religious and regional levels of power is required in cooperation with traditional and religious management structures. To accelerate the process, the issue of delegating responsibility should be examined to an existing or specially created high-level body. A comprehensive strategy inevitably requires organizational, human, technical and financial resources, which are consolidated by measures and mechanisms such as normative documents, strategies, plans and budgets. States are obliged to create independent mechanisms of monitoring to trace progress in the protection of women and children from the practice of FGM. A strategy must be developed and realized for eliminating the practice of FGM in such a way that all interested parties participate in it, including national independent law-enforcement bodies, health-care specialists, education and law-enforcement bodies, representatives of civil society and performers of FGM.

A comprehensive approach also requires due consideration of the convictions, views and norms held by communities practicing FGM.

4.10. Summary

By early 2018, the practice of FGM in the world in general had become less widespread, and girls and young women were subjected to this tortuous practice more rarely. Due to a set of strategies and programs for tackling the practice of FGM, it has become

possible to reduce the scale of the practice and effectively prevent girls' exposure to this phenomenon. It should be acknowledged that the speed of elimination of the practice of FGM in each country varies, and that girls still remain at risk of FGM even when the practice has decreased in prevalence.

International approaches and effective strategies for tackling the problem of FGM should be examined in relation to Dagestan. The general tendencies in the perception of the practice of FGM, its justifications and the desire to preserve and protect the practice from outside interference came to light after the publication of our first report.

We put forward here the main similarities between the phenomenon of the practice encountered in Dagestan and the practice at a global level:

- A contradiction is observed between the wish to continue the practice and the negative attitude towards it.
- The main indicator of whether FGM is practiced in a given community is based on ethnicity, and not religion.
- The main reason for the defense of the practice of FGM is connected to notions of control and regulation of female sexuality.

Other countries have also been at this stage, but which are now in the process of rejecting FGM.

This second study of the problem of FGM and our accompanying analysis shows that in the context of the North Caucasus, further analysis is required of factors that facilitate the performance of the practice and perpetuate its justification, and proposals are required for approaches of prevention and elimination of FGM. The results of the study allow us to conclude that, at a minimum, work in opposing the practice of FGM in the region must be intensified. Prevention of FGM, a position of condemnation from religious leaders, state and public educational campaigns about the harm of FGM – these and other approaches for work with the population of villages and communities in which FGM is practiced will make it possible in future to protect girls of the North Caucasus from the risk of being subjected to this tortuous phenomenon.

The problem of this harmful practice is rooted in the private sphere and is fiercely protected by traditions connected to ethnic and religious identity. In closed communities, time passes differently; parts of people's lives adapt to conditions and changes depending on the circumstances and environment, while some things are preserved and limited in their degree of change. The practice of FGM presents both short-term and long-lasting threats to health. In unchanging living conditions, women's rights to health, sexuality and bodily integrity remain in the hands of other people. Girls still scare each other with the procedure of FGM and live in expectation of the pain and fear that accompanies the operation.

A comprehensive approach that entails the participation of community leaders, human rights activists, civil society, state bodies and religious figures along with the active involvement of men and women living in practicing regions of Dagestan holds the most promise for a gradual but systematic elimination of the practice of FGM.

An analysis of the international practice reveals that many laws concerning violence against women are mainly concentrated on criminalizing the practice of mutilating operations. Yet it is very important that legal frameworks go beyond this limited approach, drawing also on civil, administrative, and constitutional law, and providing solutions for preventing violence and protecting survivors of violence, including by providing them with financial and other support. Men and boys should put forward constructive initiatives and together with women and girls combat violence and discriminatory practices towards the latter, in particular the practice of FGM, through the use of social networks, peer-to-peer programs, informational and educational campaigns and learning opportunities.

Given the lack of a current national strategy for combatting violence against women in the country, it is necessary to develop a plan that includes a set of actions and a timeline for carrying them out, including specific stages and indicators testifying to the

successful elimination of the practice. This will also provide a framework for a comprehensive and coordinated approach to any accompanying legislation that might be passed. Legislative measures will be effective only with the parallel presence of a comprehensive political framework that includes a national plan of action or a strategy that takes into account all the necessary requirements for a comprehensive approach to combatting the problem.

THE PRACTICE OF FEMALE GENITAL MUTILATION IN DAGESTAN:
STRATEGIES FOR ITS ELIMINATION

APPENDIX



Генеральная прокуратура
Российской Федерации

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26.08.2016 № 72/2-301-2016

На № А4-9-2394 от 19.08.2016

Председателю Совета при Президенте
Российской Федерации по развитию
гражданского общества и правам человека

Федотову М.А.

Уважаемый Михаил Александрович!

В Генеральной прокуратуре Российской Федерации рассмотрены Ваше обращение и отчет «Правовой инициативы» по результатам исследования «Производство калечащих операций на половых органах у девочек в Республике Дагестан».

В целях повышения оперативности реагирования обращение и отчет направлены прокурору Республики Дагестан для организации проверки, принятия при наличии к тому оснований соответствующих мер и информирования Вас о результатах.

Исполнение поручения контролируется Генеральной прокуратурой Российской Федерации.

Заместитель Генерального прокурора
Российской Федерации

С.П. Зайцев



ПРОКУРАТУРА
РОССИЙСКОЙ ФЕДЕРАЦИИ

ПРОКУРАТУРА
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20.03.2016 № 7/1-650-2016
На № 14-9-23042-15-2016

Председателю Совета при Президенте
Российской Федерации по развитию
гражданского общества и правам
человека

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Уважаемый Михаил Александрович!

Прокуратурой республики по поручению Генеральной прокуратуры Российской Федерации рассмотрено Ваше обращение и отчет «Правовой инициативы» по результатам исследования «Производство калечащих операций на половых органах у девочек. Отчет качественного исследования в Республике Дагестан».

Установлено, что в указанном отчете каких-либо конкретных сведений о производстве калечащих операций на женских половых органах не содержится. Более того, в отчете не указаны данные лиц, от чьих имён сообщается о якобы проводимых таких операций на дому.

Согласно полученной из МВД России по РД и УФСБ России по РД информации за 2015-2016 годы заявления и обращения по фактам проведенных калечащих операций на половых органах у девочек в Республике Дагестан не поступали.

Кроме того, в лечебные учреждения республики граждане по указанному вопросу не обращались, случаев проведения таких операций в медицинских учреждениях не установлено.

Таким образом, сведения, изложенные в данном отчете, не нашли своего подтверждения. Оснований для принятия мер прокурорского реагирования не имеется.

Заместитель прокурора республики
старший советник юстиции

З.С. Тарханов

THE PRACTICE OF FEMALE GENITAL MUTILATION IN DAGESTAN:
STRATEGIES FOR ITS ELIMINATION



РОССТАТ

ТЕРРИТОРИАЛЬНЫЙ ОРГАН
ФЕДЕРАЛЬНОЙ СЛУЖБЫ
ГОСУДАРСТВЕННОЙ СТАТИСТИКИ
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ИНН 0541016819/КПП 057201001

11 декабря 2017 г. № *АД-05-04/328-ДП*
на № 10-99 от 08.12.2017г.

Автономная некоммерческая
организация
«Правовое содействие - Астрейя»
г. Москва

О числе родившихся по полу

Территориальный орган Федеральной службы государственной статистики по Республике Дагестан представляет имеющуюся информацию о числе родившихся по полу по запрашиваемым муниципальным районам Республики Дагестан за 2014-2017гг.

Для сведения сообщаем, что данные о числе родившихся по полу за 2017 год будут получены в начале июня 2018 года после завершения годовых разработок.

Приложение: на 1л. в 1экз.

Временно исполняющий обязанности
руководителя Территориального
органа Федеральной службы
государственной статистики

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NOTES

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