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Towards justice: Global challenges and opportunities in litigating cases of female genital mutilation

February 2026

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Working with partners at national, regional and global levels, Equality Now draws on deep legal expertise and a diverse range of social, political and cultural perspectives to continue to lead the way in steering, shaping and driving the change needed to achieve enduring gender equality, to the benefit of all.



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Acknowledgements

Equality Now wishes to thank the significant efforts of the following organisations and individuals, including their assistance with research for and preparation of this report, especially:

We are immensely grateful for the pro bono support from TrustLaw carried out by law firm Covington & Burling LLP. Their legal research and memoranda on the implementation of the law in ten focus countries contributed significantly to the content of the report, particularly the access to justice chapter.

We acknowledge the contribution of Equality Now staff - Aakansha Saxena, Anastasia Law, Caroline Lagat, Divya Srinivasan, Judy Gitau, Julie Thekkudan, Nawmi Naz Choudhary, Raaya Gomez, Santana Simiyu and Shivangi Misra in developing this report.

We would also like to thank the following activists and lawyers for generously providing their time for the interviews, which informed the report's content: Aarefa Johari, Amel Fahmy, Azza Soliman, Anna Njie, Caitlin LeMay, Esther Waweru, Isatou Touray, Jean Paul Murunga, Mariya Taher, Masooma Ranalvi, Mmonbeydo Nadine Joah, Musu Bakoto Sawo, Nelly Cooper, Pajibo Mackins, Raphael Zongonaba, Radhika Saxena, Ruth Peal, Sarah Wambui, Shelby Quast, Sofia Rajab and Suad Abu-Dayyeh.

In addition, we would like to express our gratitude to the Wallace Global Fund for funding the creation of this invaluable report.

Design: Peter Wilbourne

Photographers: Aakansha Saxena, Boogich, joseh51camera, Luca Prestia, Millicent Kwambai, Raja J, ablokhin, shylendrahoode

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Chapter 1: Introduction

Female genital mutilation (FGM) is a globally recognised form of gender-based violence and discrimination, affecting over 230 million women and girls worldwide.¹ Despite its widespread impact, data and reporting on FGM remain insufficient. Nonetheless, credible evidence confirms that it is practised in at least 94 countries globally, underscoring the urgent need for coordinated global action to eliminate it.²

FGM is not a homogeneous practice, and it varies across cultural, regional and social contexts. However, it constitutes a grave violation of fundamental human rights in all its forms. These include the right to live free from violence, the right to health, sexual and reproductive rights, bodily autonomy, the right to live with dignity and the right to be free from torture. The right to be free from FGM must be universally protected. Yet, in many countries, specific legal frameworks prohibiting FGM are still lacking, leaving millions of women and girls vulnerable. Laws against FGM play a crucial and complex role in the movement to eradicate the practice.

So far, of the 94 countries with evidence of FGM taking place, only 59 countries have specific laws prohibiting it,³ almost all of which (apart from Indonesia) also include criminal penalties for the performance of FGM. In a handful of countries, such as France, for example, FGM is also known to be prosecuted under general criminal laws, even in the absence of specific criminal provisions relating to the practice.

Over the past two decades, global recognition and attention to ending FGM have increased, driven by strategic advocacy, legal reform, survivor-led activism and growing institutional support. While these efforts are far from sufficient, this progress underscores the need to deepen our understanding of the most effective tools and approaches to eliminating FGM.

There are numerous challenges and complexities specific to the nature of FGM that require multi-sectoral strategies to eliminate it meaningfully. For instance, FGM is a deeply entrenched gendered social norm, rooted in patriarchy and often defended under the guise of cultural or religious

tradition. Cultural taboos around discussing genitalia and questioning tradition mean it is rarely discussed openly within communities, and individuals who speak out against it, whether legally or socially, often face backlash and ostracisation. Because FGM is tied to identity, tradition and familial roles, efforts to eradicate it cannot rely on legal reform alone. Criminalising the practice alone without addressing its complex social foundations can risk further alienating communities and entrenching silence.

Meaningful efforts to eradicate FGM require a multi-sectoral approach, combining a strategy of legal reform, comprehensive and gender- and culture-sensitive education and awareness campaigns, training, funding and support to grassroots and community-based efforts.

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Lack of sufficient jurisprudence on female genital mutilation

Despite the global shift towards criminal prohibitions against FGM, prosecutions under these laws have remained rare, with a few notable exceptions including France, Burkina Faso and Kenya. The reasons for low prosecution rates globally are varied. Many survivors and activists in the anti-FGM movement remain unconvinced of the appropriateness of criminal justice responses in FGM cases, and query the effectiveness of criminal laws against FGM in eradicating a deep-rooted, gendered, harmful practice.⁴ This has led to many instances of anti-

FGM laws being used more for their deterrent effect, to send a strong message that the practice is socially and legally unacceptable in the country, and establish a norm that FGM violates human rights.⁵ At the same time, there is often support for criminal legislation against FGM, on the grounds that it is a form of gender-based violence and child abuse, with some lawyers and activists taking the position that FGM is illegal in all countries under general laws against harm and assault, even in the absence of a specific criminal provision against the practice.⁶

In countries where the laws against FGM are implemented, there has not been sufficient research or comparative analysis between countries into the impact of the prosecutions and cases on the prevalence of the practice, nor into the impact on the survivors of FGM. The lack of significant jurisprudence on FGM is a challenge; therefore, the outcomes of the cases against FGM become a key source of juridical analysis and case law for advocates and survivors worldwide.

For all the reasons mentioned above, it remains critical that cases relating to FGM, whether prosecutions, civil cases, constitutional cases, or other forms of strategic litigation, are periodically examined to determine barriers to access to justice for those who are the most impacted—the people who have been subjected to, survived, or are at risk of FGM.

In light of the need for a comprehensive review and consolidation of lessons from the implementation of FGM-related litigation globally, as well as the persistent barriers to justice faced by survivors, this report aims to broaden and deepen our understanding of the use of the law as a tool to eliminate FGM. It is intended to contribute to a more nuanced understanding of the complex nature of strategic litigation in the context of FGM, highlighting the gaps in existing legal frameworks and the challenges arising from weak or inadequate implementation, all of which can create significant barriers for survivors seeking justice. Ultimately, we hope this report serves as a valuable resource for survivors, advocates, prosecutors, policymakers and human rights defenders at national, regional and global levels. Its findings are designed to support future litigation efforts, inform stronger and more effective legal strategies, and promote a coordinated, informed and survivor-centred approach to ending FGM.

Methodology

The report relies on multiple sources to present analysis, assessment, and recommendations that examine the use of law in cases regarding female genital mutilation (FGM) and how the law itself needs to be reformed to be most effective for people impacted by it.

For this purpose, the report features six case studies in Chapter 2 on strategic litigation and conducts assessments on the experience of strategic litigation based on these cases. It relies on firsthand information and primary sources through nineteen interviews with the people and representatives of organisations involved in the featured cases. The information from the interviews was then coded and analysed based on the key themes identified.

Equality Now was directly involved, in varying degrees, with each of the six featured cases and holds first-hand knowledge of the proceedings, as well as records of the previous documentation of the legal proceedings, in addition to the strategic advocacy campaigns that accompanied them. Individuals directly involved in the litigation process or engaged in related advocacy efforts were interviewed. Some of these participants were instrumental in initiating the legal action, while others have been using the outcomes of these cases to advance broader advocacy against FGM. The interviews were conducted virtually, and participants were given the questionnaire in advance to guide the discussions.

Direct quotes from these interviews are included throughout the report to offer insights and contextual understanding. This report draws on the experiences of those engaged in anti-FGM litigation at the national level,

highlighting key lessons, challenges and best practices. It is not intended as an exhaustive account of each case, and it is acknowledged that alternative or differing perspectives may exist.

The third chapter of the report on access to justice was developed based on legal research from Covington & Burling LLP, which provided pro bono support in conjunction with TrustLaw Connect. Covington prepared ten country-specific reports that analysed key case law from the focus countries (Australia, Burkina Faso, Egypt, France, Kenya, Liberia, Sierra Leone, the United Kingdom, the United States of America, and Uganda).

Furthermore, this report draws on advocacy reports from national and international civil society organisations, as well as reports and data sets from UN agencies, government data, academic research papers, and a review of legal documents, including case petitions, rulings, and related media articles.

Finally, relevant national laws, such as criminal and constitutional laws, as well as international and regional legal frameworks, were also reviewed to contextualise the findings and draw conclusions. The World Bank's "Compendium of International and National Frameworks on Female Genital Mutilation"⁷ was used as a key resource to identify applicable laws on FGM.

Finally, the selected cases in both chapters are intended to reflect regional diversity and showcase a range of strategic litigation approaches tailored to local contexts, including constitutional challenges, criminal prosecutions and public interest litigation.



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Chapter 2: The role of strategic litigation in the movement to end female genital mutilation

The Open Society Justice Initiative defines “strategic human rights litigation” as “legal action in a court that is consciously aimed at achieving rights-related changes in law, policy, practice and/or public awareness above and beyond relief for the named plaintiff(s).”⁸ Litigation before national, regional and international courts and human rights bodies can be a powerful tool to hold various stakeholders accountable for their human rights obligations to prevent, address and respond to female genital mutilation (FGM).

The findings in this chapter draw on Equality Now’s work and experience supporting strategic litigation cases across the world over the past twenty years, as well as the work of countless feminist lawyers, civil society organisations and grassroots activists who have mobilised to initiate and support strategic litigation cases.

Forms of strategic litigation

Proactive litigation

The most ‘traditional’ forms of strategic human rights litigation involve petitions to national, regional or human rights courts, which claim that governments have failed to uphold their obligations either under international/regional law or have violated constitutional guarantees to prevent and respond to cases of FGM effectively. These cases are deliberately and strategically brought by lawyers, CSOs or public-minded individuals, almost always after lengthy and painstaking deliberations about the potential positive and negative impacts of such cases on any individuals involved and the anti-FGM movement more broadly. Such cases are often part of a broader strategy aimed at ending FGM in the country involved in such litigation. They can call for changes to laws and policies; for governments to put in place broader measures to address FGM; or take individual cases to these courts as an emblematic example of how governments have failed to protect women and girls from FGM or to respond to the violation of their rights effectively.

- ◆ At the **regional level**, for instance, in July 2025, the Economic Community of West African States (ECOWAS) Court of Justice issued a groundbreaking judgment against the government of Sierra Leone. The case had been brought against Sierra Leone in 2023 by IHRDA, Forum Against Harmful Practices and Purposeful, along with a survivor (Kadijatu), contending that the government of Sierra Leone had failed to protect victims of FGM, and calling for the government to adopt a specific law criminalising the practice.⁹ The ECOWAS Court found that Sierra Leone was failing to meet its international human rights obligations and ordered the State to take immediate action, including enacting and implementing legislation to criminalise FGM; taking comprehensive measures to prohibit its occurrence and protect victims; adopting administrative, educational and socio-economic policies for its eradication; and providing compensation to the survivor, Kadijatu Balaima Allieu, and promptly investigating and prosecuting those responsible.¹⁰

- ◆ A similar case had been brought against Mali in 2021, when Malian and international CSOs jointly filed a case at the ECOWAS Court to challenge Mali’s failure to prohibit FGM.¹¹ Unfortunately, after Mali’s withdrawal from ECOWAS, which went into effect in early 2025, the ECOWAS Court dismissed all pending cases against Mali on the basis that it no longer had jurisdiction to hear them.¹²
- ◆ At the **international level**, though there are fewer examples, one such case was an individual communication before the UN Committee on the Rights of the Child (CRC Committee) filed by parents on behalf of their daughter, whose asylum claim based on the risk of being subjected to FGM in her home country of Somalia had been rejected by the Danish government. The CRC Committee found that the State Party failed to consider the best interests of the child when assessing her alleged risk of FGM if deported to Somalia and to take proper safeguards to ensure the child’s wellbeing upon return. In 2023, it found that deportation of the girl to Somalia would violate the provisions of the Convention on the Rights of the Child, and that the State was obliged to refrain from carrying out the deportation.¹³
- ◆ At the **national level**, constitutional or public interest litigation can relate to the violation of the constitutional rights of survivors or women and girls at risk of FGM, as guaranteed by the national constitution. For instance, in Uganda, a petition filed by Law & Advocacy for Women in Uganda before the Constitutional Court of Uganda challenged the custom and practice of FGM by several tribes, arguing that it violated the Constitution of the Republic of Uganda. The petition resulted in a strong judgment from the Constitutional Court, declaring the practice of FGM null, void and unconstitutional.¹⁴ Similarly, in India, a public interest litigation case was filed before the Supreme Court of India seeking a declaration that the practice of FGM was unconstitutional and for directions to the government to take action against FGM. This case remains pending.¹⁵

Reactive litigation

Other strategic litigation efforts can be reactive in nature, with CSOs and other groups joining cases to prevent backsliding of progress towards ending FGM and to defend anti-FGM laws from challenge, including in Kenya, the US and most recently, The Gambia. Such constitutional challenges to long-standing anti-FGM laws are part of a growing global backlash against women's and girls' rights, often relying on arguments relating to the right to culture and religion to try to overturn the many gains that have been made to protect women and girls from FGM. In such cases, CSOs and other actors in the anti-FGM movement are compelled to respond swiftly and undertake joint and coordinated efforts to support national or state governments in enforcing the law.

Recent efforts to overturn anti-FGM laws in three different countries are highlighted below, each with different results:

- ◆ In **Kenya**, the constitutionality of the Prohibition of Female Genital Mutilation Act, 2011, was challenged on the basis that it allegedly violated women's rights to practice their culture. In a big win for the movement to end FGM, in 2021, the High Court of Kenya upheld the constitutionality of the law, holding that the right to culture can be limited when it violates other rights. The Court also directed the government to amend and strengthen the law, including by prohibiting all forms of FGM.¹⁶
- ◆ In **the United States**, during the first criminal prosecution under the federal law prohibiting FGM, the defendants challenged the statute on the grounds that the US Congress lacked the authority to pass the law, arguing that such laws ought to fall under the jurisdiction of individual states. A District Court in Michigan declared the federal anti-FGM law unconstitutional in 2018.¹⁷ In response, Congress passed the STOP FGM Act of 2020, which remains in place. More recently, Oregon's state law prohibiting FGM has been challenged as violating the Equal Rights clause under the State Constitution on the basis that male circumcision has not been similarly prohibited. This case is yet to be decided.¹⁸
- ◆ In **The Gambia**, following the failure of a parliamentary attempt to repeal the Women's (Amendment) Act 2015 which prohibits FGM, Honourable Gibba, the National Assembly Member who introduced the proposed repeal bill, filed a constitutional petition before The Gambia Supreme Court, challenging the constitutionality of the Women's Amendment Act 2015 and seeking that Sections 32-A and 32-B, which prohibit FGM, to be struck down on the grounds that they violate the rights to religion, culture, and equal treatment of women guaranteed under The Gambia Constitution.¹⁹ The petition is currently pending before the Supreme Court, which has affirmed jurisdiction in the case.



Strategic support to individual civil and criminal cases

CSOs and other stakeholders, such as UN agencies, also play a critical role in supporting individual cases of FGM, whether civil or criminal. Although such cases are not typically considered strategic litigation cases, the unique context in relation to criminal cases of FGM has meant that laws prohibiting FGM are rarely enforced (with a few notable exceptions, which will be discussed in further detail in the access to justice chapter). As such, many countries have seen very few prosecutions for FGM, despite anti-FGM laws being in place for many years, or despite many reported cases of girls dying from FGM within the country. Each case, therefore, provides a strategic opportunity to progress the effective utilisation of the law to achieve justice for victims/survivors, set a precedent and raise awareness of the illegality of FGM.

Such strategic support that enables access to justice for victims/survivors of FGM can be critical, as it may be the first-ever prosecution under the country's anti-FGM law (as in The Gambia in 2023) or the case may be used as a tool to raise wider public awareness of FGM and put in place a precedent which supports the deterrent effect of the anti-FGM law.

With regard to criminal prosecutions of FGM, case strategies for CSOs and other third parties can include:

- ◆ Provision of paralegal support to assist victims or their families to file and track cases;
- ◆ Ensuring access to independent, good-quality medical examination or post-mortem reports;
- ◆ Case monitoring and tracking;
- ◆ Support for the safeguarding of victims and witnesses;
- ◆ Appointment of a private lawyer to represent the victim and complement the efforts of the state prosecutors;
- ◆ Advocacy with international and regional human rights mechanisms, or national watchdogs like National Human Rights Institutes (NHRIs) to monitor cases; and
- ◆ Communications and media campaigns to generate public pressure and awareness.

Cases that seek civil remedies for FGM are still rare globally, with most countries dealing with FGM through criminal laws. However, there are increasing instances of survivors and CSOs seeking civil remedies, including compensation and damages for FGM cases. More countries are also including provisions on civil remedies within their laws. For example, the anti-FGM laws in at least 10 U.S. states have provisions allowing victims to seek civil remedies.²⁰ Uganda's Prohibition of Female Genital Mutilation Act also allows Courts to award compensation, though only in cases where a criminal prosecution has already been undertaken and has resulted in a conviction.²¹ In several other countries, although the anti-FGM law may not have specific provisions for civil damages, other general laws relating to victim compensation also allow victims of crime to seek compensation. One groundbreaking case which sought civil remedies for FGM comes from Burkina Faso, where Voix des Femmes, a CSO acting on behalf of the victims, instituted a civil case praying that cutters and family members (who were being prosecuted in a criminal case) be ordered to pay damages to the victims to enable them to access medical care, including reconstructive surgeries.²²

Key learnings

Based on the six case studies of strategic litigation included in this report, interviews with stakeholders involved in various cases, and experiences from Equality Now's own work, this section outlines some key learnings and challenges that have emerged in relation to strategic litigation processes regarding FGM.

Analysing impact

As previous reports relating to strategic litigation have observed, a binary win-loss understanding of a case's outcome is inadequate, and the study of the impacts of the strategic litigation must be multi-dimensional and look at several layers of impact.²³ For example, though the case of *US v. Nagarwala* was a 'loss', since the federal anti-FGM law was struck down and the criminal prosecution dismissed, it did have several positive impacts, including leading to US Congress adopting a more comprehensive law on FGM at the federal level; elevating awareness of FGM across the country; and prompting twenty US states to pass state-level legislation against FGM.²⁴

Our analysis has shown that strategic litigation cases can have a significant impact on the movement to end FGM in various ways, including:

- ◆ Preventing backsliding, by leading or contributing to reform of laws and policies related to FGM;
- ◆ Raising public awareness of FGM as a human rights violation, motivating survivors to speak out and engage in advocacy;
- ◆ Leading to increased conversations within communities with high prevalence of FGM.

For instance, post the judgment of the Kenya High Court in the *Tatu Kamau* case, the Kenyan government is in the process of amending the anti-FGM law to close gaps and make it more comprehensive, in line with the recommendations of the Court.²⁵ Similarly, in Uganda, while the constitutional petition was pending, a bill to prohibit FGM in Uganda was introduced and passed by Parliament before the judgment was issued. The Minister of State for Justice and Constitutional Affairs specifically referred to the court case in his remarks before Parliament while fully supporting the bill to pass the Prohibition of FGM Act in Uganda.²⁶

As highlighted by a number of stakeholders interviewed for this report, strategic litigation cases of FGM have contributed to breaking the silence around FGM, particularly in countries where the practice of FGM is not well-known by the general public, or within communities where speaking about FGM has long been considered taboo.

Litigation as part of a broader strategy

A key lesson to emerge was that while strategic litigation cases can have a significant impact on the movement to end FGM, they are most effective when embedded within broader, multi-sectoral strategies. When strategic litigation cases are brought without sufficient consultation with CSOs, activists, survivors and other stakeholders working to end FGM in the country, or brought as a stand-alone measure without being accompanied by other advocacy and community outreach measures, they may have limited impact, or even lead to unintended consequences that hamper the broader movement to end FGM within the country. Therefore, the most effective cases of strategic litigation are those brought in coordination with the activities of the larger civil society movement to end FGM, with litigation used as a last resort when advocacy campaigns, public protests, and other forms of engagement with the government fail to achieve the desired results.

Embedding strategic litigation within broader strategies requires a post-litigation strategy. Several interviewees emphasised the importance of having clear strategies to ensure the results of litigation are communicated effectively to the public and communities with a high prevalence of FGM, as well as having a specific post-judgment strategy to promote the effective implementation of the judgment and to leverage it to achieve maximum impact.

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Communications and media strategy

In all the cases studied for the report, interviewees highlighted the importance of using strategic litigation cases to raise public awareness and consciousness of the need to end FGM. To maximise impact in terms of raising public awareness, it is critical for a strong communications and media strategy to accompany strategic litigation efforts. Interviewees highlighted that media strategies, including widespread coverage of case proceedings by journalists (for cases that took place in open court), helped keep public focus and pressure on the case, as well as ensured that community members were aware of the proceedings. The media attention on strategic litigation cases contributed to conversations within the community and highlighted the view that FGM is a violation of human rights. In relation to criminal cases, it was also noted that the media attention around the case contributed to the preventative or deterrent effect of anti-FGM laws and the needs of FGM survivors, as communities were now aware of instances where the law was actually being used and implemented.

The media attention on strategic litigation cases contributed to conversations within the community and highlighted the view that FGM is a violation of human rights.

Some stakeholders, however, highlighted that the media was divided on the issue of FGM, or that some journalists were reporting on the issue in a manner that was derogatory or detrimental to survivors. This means that gender sensitisation of media professionals, including building their capacity on the harmful effects of FGM, is needed to ensure that the reporting on the case is done in a gender sensitive and survivor and trauma-informed manner. Another challenge is maintaining the interest of journalists in the issue when a case drags on for years, with some stakeholders noting that there was greater media coverage at the beginning of a case.

Safeguarding and community backlash

One of the most critical considerations in strategic litigation cases, especially those centred around the individual experiences of women and girls, is the potential impact that the litigation process can have on the survivors involved. Lengthy trial processes, particularly those which require survivors to attend court multiple times to give evidence, can disrupt survivors' lives and force them to relive traumatic experiences. Concerningly, survivors, as well as CSO activists working on a few of the cases analysed, revealed that they faced threats of violence and even death from community members for proceeding with the case, or in an attempt to stop them from speaking publicly about their experiences. However, gaps in laws relating to victim and witness protection programmes in many countries (or even when such laws are in place) and a lack of resources from the State mean that effective protection is not often provided to survivors and witnesses in these cases. In some cases, law enforcement is even complicit in efforts to threaten or intimidate survivors and witnesses.

In the absence of sufficient State support, CSOs often take on the responsibility of ensuring the security and safeguarding of survivors and witnesses. In the cases reviewed for this study, this includes providing support to enable survivors and their families to relocate to another town if necessary, offering counselling, mental health, and healthcare services, and providing access to knowledge and information about court processes, so that the survivor is informed and aware. In some cases, lawyers took steps to request that evidence of survivors be provided *in camera* (i.e., in private, usually in the judge's chambers, as opposed to an open Court) and to keep the identity of the survivor confidential, when they had requested anonymity or the law of the country required it.

However, despite all precautionary and safeguarding measures, the case process and resulting community backlash may still have significant long-term impacts on survivors, including ostracisation and exclusion from the community, stigma, and continued threats. For example, Ruth Peal, who reported being forcibly subjected to FGM in Liberia, highlighted the many negative implications of bringing her case, which outweigh the positive aspects from her perspective. Since she comes from a community that does not practice FGM, she has faced stigma from her own community after being cut. At the same time, the traditional leaders who subjected Ruth to FGM have threatened and mocked her after she returned to her village once the trial process was over.

Additionally, in some countries, strategic litigation has led to or contributed to an anti-rights backlash against the FGM movement as a whole. In India, for example, the Dawoodi Bohra Women for Religious Freedom (DBWRF) was formed during the pendency of the case before the Supreme Court. DBWRF filed an intervention in the court opposing the petition and has mobilised strongly within the community to gather support for the continued practice of FGM.

“The threat of a social boycott is always there in the community. We couldn't come out in great numbers and say we are against the practice for the simple reason that anybody who would openly come out with their name and identity would be instantly targeted and they would be isolated within the community.” - **Masooma Ranalvi, founder of WeSpeakOut and survivor activist, India**

In The Gambia, the conviction in the first-ever prosecution for FGM catalysed the formation of a strong pro-FGM movement, including efforts to repeal the anti-FGM law. Survivors of FGM in The Gambia have highlighted the harassment and online trolling that they faced for speaking out about their experiences - they were subjected to personal insults, physical attacks and even death threats. Often, survivors have also faced backlash from their own family members for speaking out, straining familial relationships and creating further trauma.

“They started making comparisons of women who have experienced FGM but claim that it has not impacted their lives, and started saying that those other survivors who are now openly speaking about their experience are being paid by the West. So their religion and beliefs have been questioned... This resulted in some people even going into hiding and not speaking openly about FGM anymore because they worry about the backlash that would happen within their own community.” - **Musu Bakoto Sawo, Human rights lawyer and anti-FGM activist, The Gambia**

Major challenges

CSOs and survivors involved in the cases covered in this report also drew attention to the persistent challenges associated with FGM-focused litigation. At the outset, many interviewees expressed significant hesitancy about bringing cases, particularly when they involve the government, due to fear of either backlash from the government or the case harming relationships with government officials, which many CSOs rely on to implement their programs and advocacy activities. A lack of knowledge or comfort with the legal process can also result in CSOs being reluctant to join the case or failing to understand the importance of litigation as a strategic approach.

Additionally, strategic litigation can often be a costly strategy, involving the payment of court fees and legal expenses, as well as the costs associated with gathering evidence. Even in cases where CSOs are able to access pro bono legal services, monitoring of cases by CSOs requires travel (often over long distances) to court, by CSOs, private lawyers and survivors, for multiple hearings over a number of years. Survivors also often require support in the form of relocation, medical treatment, access to counselling and mental health support. Effective coordination among parties and the development of strong legal strategies may also require meetings of all parties involved.

Another risk is lengthy court processes, with cases often taking years to conclude. For example, a strategic litigation case on FGM in India was brought before the Supreme Court in 2017 and remains pending as of 2025, with progress in the case having been entirely stalled since 2018, when the last hearing took place before the Supreme Court. In cases involving survivors, long court processes can have detrimental impacts on their lives as they are required to relive their trauma again and again, and the ongoing court case can prevent them from being able to move on with their lives.

Even in successful cases that have resulted in positive outcomes, many stakeholders have noted difficulties in implementing the decision. Implementation is even more challenging when it comes to litigation before regional and international courts, which often have low rates of implementation and lack robust enforcement mechanisms. Analysis of decisions of the African Court of Human and Peoples' Rights, for example, has found that 75% of the Court's decisions have not been complied with by governments.²⁷ In some cases, the implementation of decisions has been significantly delayed, as seen in Kenya, where the recommendations of the High Court regarding the amendment of the anti-FGM law have yet to be complied with four years after the judgment was passed.

Partnerships and stakeholder coordination

Stakeholders have highlighted that it is easier to build a strong strategic litigation case when a range of stakeholders are involved and working together closely in a coordinated manner. This could mean working closely with the government when they are prosecuting or defending the case. Additionally, having a range of CSOs involved, each with a specific focus in the case (such as representing survivor voices, providing medical evidence, responding to specific arguments raised, etc.), is crucial to ensure that all aspects of the case are adequately addressed. It is also important to have one organisation that takes a leadership role in steering the litigation and coordinating the various actors, to ensure coherence and effective collaboration.

“Strong joint collaboration was a key success in the Kenya case. There was a collaborative implementation of a joint legal advocacy strategy, where we agreed on the issues to be covered in the case. We covered all possible grounds and did in-depth submissions. The collaboration enabled us to ensure that there was a rich array of submissions presented to the judges from a range of experts, medical experts, community leaders, survivors, and legislators.” - Esther Waweru, Senior Legal Advisor, Equality Now, Kenya

Case studies

The following section presents case studies of strategic litigation cases related to FGM from six countries: Burkina Faso, India, Kenya, Liberia, The Gambia, and the United States. These cases encompass various types, including constitutional challenges to the anti-FGM law, public interest litigation, criminal prosecutions, and civil cases related to FGM. In most instances, the cases were not strategically chosen or started by CSOs and other stakeholders working to end FGM; rather, they were started by third parties or took the form of a challenge to the law, which meant that anti-FGM groups needed to engage. Equality Now was involved in almost all of these cases. An effort has been made to represent the roles of various stakeholders in these cases, to demonstrate the importance of strategic litigation in the movement to end FGM.

Expanded versions of the case studies are available on Equality Now's website.



The United States - U.S. v. Nagarwala (2018)

Misjudged: Jurisdictional difficulties and constitutional confusion

FGM is a global human rights abuse that transcends borders, cultures, religions, and socioeconomic status, but is often presented solely as an “African problem.” This case study on U.S. v. Nagarwala and its aftermath aims to challenge unhelpful and reductionist stereotypes about FGM head-on by highlighting a case in which the litigants were US citizens and the offences took place on US soil.

Case origins

In 2017, a US-licensed doctor, Jumana Nagarwala, was charged with performing FGM on nine girls, aged six and eight years old, at a clinic in Detroit, Michigan. Under the federal Female Genital Mutilation Act of 1996, it was a felony in the United States to perform FGM on anyone under the age of 18, punishable by a maximum sentence of five years in prison.²⁸ At that time, the State of Michigan did not have state-level legislation against FGM, and it was thought that some of the girls were brought into Michigan from elsewhere in the US because of this. This was the first case tried under the federal anti-FGM law, despite the law being in place for over 20 years, and the first case in any US court that was brought against a medical professional for performing FGM.

Technical support

Due to Equality Now’s prior work on FGM in the US, when the Department of Justice brought charges in the Nagarwala case, it was well-positioned to take action. Equality Now recognised that there would likely be significant gaps in knowledge about FGM, so it submitted an amicus brief to inform the Court’s analysis. The amicus was developed and submitted in partnership with three NGOs: Sahiyo, WeSpeakOut, and Safe Hands for Girls. Equality Now engaged global law firm Three Crowns to provide pro bono legal support. The participation of Sahiyo and WeSpeakOut was especially important as survivor-led organisations which focus specifically on ending the practice amongst the Dawoodi Bohra community, the community to which both the survivors and the defendants in this case belonged. The AHA Foundation, a not-for-profit organisation based in the US, also separately filed an amicus brief in this case to support the US government.

Jurisdictional concerns

Despite the intervention, U.S. v. Nagarwala was never tried on the merits. In November 2018, district court Judge Bernard A. Friedman dismissed six of the eight charges on the grounds that the Female Genital Mutilation Act of 1996 was unconstitutional because of a technicality: Congress did not enact the law under any enumerated constitutional power.²⁹ Although Judge Friedman described the practice of FGM as “despicable,” he emphasised that the issue should be “prosecuted under state law”.

Disappointingly, the Department of Justice (DoJ), then under the 2020 President Trump administration, after initially appealing the decision, made a sharp turn and decided to withdraw the appeal, instead concurring with Judge Friedman's ruling that federal prosecution of FGM under the Female Genital Mutilation Act, 1996, was unconstitutional. Though the US House of Representatives tried to intervene in the appeal, the Sixth Circuit Court of Appeals granted the DoJ's motion to withdraw the appeal, meaning that the District Court's judgment avoided appellate review.³⁰

“So it wasn't a favourable judgement. It did not land the way that we hoped it would. But it was also decided on technical terms. It had nothing to do with the merits of the case. It didn't have anything to do with whether or not FGM/C was good or bad. The judge called it an abhorrent practice. But it was [decided] before all of that got into play...” - **Shelby Quast, Lawyer and former Equality Now staff member**

The aftermath - The negative

Although *U.S. v. Nagarwala* was dismissed on a constitutional technicality, rather than on the merits of the case, it was positioned as a win by the Dawoodi Bohra community and other supporters of FGM and was therefore damaging to the anti-FGM movement in the US. There were attempts to use the ruling to strengthen the idea that FGM is a religious and cultural practice and that those advocating for its elimination are motivated by anti-muslim sentiments. The outcome of the case was also very damaging to the girls involved in the case and to other survivors of FGM across the US, who received the message that the human rights violations committed against them were not crimes in the eyes of the court.

“When the initial ruling came out that the law was unconstitutional...it almost gave permission to be able to say, we can and we should do it, it's okay. So there was this misinterpretation.” - **Mariya Taher, co-founder and US Executive Director, Sahiyo**

The dismissal of the case also coincided with a change in government. One of the regrettable shifts that occurred as a consequence of this was the co-opting of anti-FGM sentiments into debates around immigration in the US, reframing the issue away from human rights and into a toxic anti-immigration space. FGM was weaponised to attack immigrant communities, and the suffering that survivors of FGM faced was recognised only to denigrate immigrants, if it was recognised at all. However, there was also a lot of pushback from the US Congress, media and CSOs who continued to highlight the need for intersectional, anti-racist approaches towards implementing the anti-FGM law.³¹

The aftermath - The positive

When *US v. Nagarwala* was heard, only 21 of the 50 states in the US had state-level legislation that protected girls and women against FGM (to varying degrees). One of the immediate effects of both the case and the ruling was a push by many states to rectify this. Today, a total of 41 US states and the District of Columbia have laws against FGM.³²

Publicity around the case also helped to highlight the fact that FGM is a global problem and that it happens in the US. The case also challenged stereotypical beliefs about who practices and who is at risk of FGM. Additional outcomes resulting from the case and the newly elevated advocacy platforms include increased government funding to eliminate FGM and services for survivors, and better data on those affected by FGM. FGM is officially recognised as a form of violence against women and girls in the US Violence Against Women Act (VAWA), with VAWA-funded services and legal aid and explicitly including FGM.

“It really challenged a lot of misconceptions around FGM/C in the US. It showed that FGM/C is happening here, that it is not just happening in immigrant communities. It showed that it’s happening in healthcare clinics. It was really helpful at breaking through that stigma, particularly for the survivors in these practising communities to be able to come forward. And there have been incredible survivors who have come forward and have shared their stories that have challenged some of these stereotypes.” - **Caitlin LeMay, Executive Director, The U.S. End FGM/C Network**

The case also challenged stereotypical beliefs about who practices and who is at risk of FGM. The facilitators and practitioners of FGM charged in U.S. v. Nagarwala included doctors and other highly educated people from the Dawoodi Bohra community. Such a high-profile case illustrated the diversity of those who practice and are at risk of FGM and helped to reposition FGM in the minds of legislators and the general public alike as something that happens across a range of cultures, communities, and socioeconomic groups.

“It just elevated the conversation in a way that it was secret before or more hush hush, and it allowed individuals, so many survivors started speaking up...You started seeing it in the media...more articles about it, more TV shows that have a storyline related to it...It helped with breaking the silence for many different levels of breaking the silence.” - **Mariya Taher, co-founder and US Executive Director, Sahiyo**

The situation now

The remarkable effort of the US House of Representatives, which filed a motion to intervene in the appeal, demonstrated the strong will of the US Congress to defend the federal anti-FGM law, which it had passed over 20 years ago. The House argued before the Sixth Circuit Court of Appeals that it should be able to advocate for the constitutionality of its own statute.³³ Although the appeal was dropped due to the withdrawal by the DoJ, in response, the federal STOP FGM Act of 2020 was signed into law the following year. The amended law reenacts the majority of the previous law, while clarifying Congressional authority under the US Constitution to pass the law. It requires government agencies to track and report to Congress on the estimated numbers of women and girls at risk of harm from FGM. As such, girls in the US are now protected by a federal law against FGM, and state-level anti-FGM laws also protect girls (and some women in a handful of states) in 41 US states.

Kenya - Dr Tatu Kamau v. Attorney General (2021)

On a knife-edge: Defending Kenya's Anti-FGM law against constitutional challenge

In 2017, a constitutional petition was filed in Kenya's High Court that threatened to roll back the significant progress made in protecting women and girls from FGM. A Kenyan doctor challenged the constitutionality of the Prohibition of Female Genital Mutilation Act, 2011 (the Anti-FGM Act), claiming that it violated the rights of adult women to personal choice, bodily autonomy and cultural identity. The petitioner sought to legitimise the practice of medicalised FGM, arguing it should be permitted under the guise of consent. The implications of the case were profound. If successful, the challenge would weaken one of the most progressive anti-FGM laws on the continent and undermine Kenya's human rights obligations under Article 5 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol).

Recognising the far-reaching impact of the case, Equality Now intervened as an Interested Party alongside a range of other partners (there were a total of 10 interested parties and two amici curiae who joined the case).³⁴

"It sought to introduce medicalisation... if it weren't defended, it would have swayed people to say, oh, actually, it's about harm reduction and consent, it's ok, let's go for it." - **Esther Waweru, Senior Legal Advisor, Legal Equality, Equality Now & co-counsel for Equality Now**

Legal coordination and strategy

Equality Now played a central role in coordinating both the legal and media and communications responses. It spearheaded legal and advocacy strategies, working alongside a broad spectrum of partners, including the Office of the Attorney General, the Office of the Director of Public Prosecutions, the Anti-FGM Board, as well as multiple civil society organisations. The cooperation orchestrated a coordinated litigation strategy, distributing responsibilities according to each partner's strengths.

"We brought everyone to work together... We identified each partner's strengths and made sure all legal grounds were covered." - **Esther Waweru, Senior Legal Advisor, Legal Equality, Equality Now & co-counsel for Equality Now**

Expert witnesses played a vital role in the proceedings. The legal team facilitated testimony from medical professionals, including obstetricians and gynaecologists, to outline the physical and psychological harms of FGM, even when performed in clinical settings. This testimony was instrumental in refuting claims that medicalised FGM could be safe.

To support expert medical testimony, the team introduced visual aids into the courtroom, that is, one of only two medical training models of female genitalia in Kenya, to demonstrate different types of FGM, what they would look like, and the long-term impacts of each type of FGM on a survivor's life. This proved to be a powerful strategy that appeared to resonate with the judges in the case, who clearly appreciated the visual illustrations and explanations provided by the medical experts who used the model.

The legal team also presented survivor testimonies (some through in-camera hearings or sworn affidavits) to demonstrate the lived experiences and enduring trauma caused by FGM. Safeguarding was a core priority throughout the legal process, noting the vulnerability of survivors to further harm or trauma through their participation in the case. First and foremost, survivors gave their informed consent to participate in the case and were then offered group counselling and supported by dedicated psychosocial staff.

Communications and public engagement

Equality Now developed a comprehensive media and communications strategy at the outset of the litigation process, recognising that the case would be fought both in the courtroom and in the public sphere. Journalists received training to support them in covering the case sensitively and accurately. Their training was further supported by a media toolkit and study tours. Survivors and civil society partners were featured on national television and radio, while press releases and social media campaigns amplified messages in support of preserving the Anti-FGM Act. Communications efforts focused on maintaining the visibility of the case, countering misinformation, and reframing the narrative to emphasise the rights and health of women and girls in Kenya over cultural relativism.

"#DontTouchFGMLaw didn't just trend nationwide – the media ran with it, and it grew a life of its own." – **Sarah Wambui Ndonga, former Communications Lead, Africa Office, Equality Now.**

Media engagement initially presented challenges within the litigation team. At times, there were delays in endorsing joint public statements, leading to frustration among partners and lost opportunities. Despite the complexities of coordinating multiple organisations in a fast-moving media environment, these tensions were largely managed. As a result, sustained public engagement through the media helped ensure that the narrative around the case remained focused on survivors and firmly grounded in a human rights framework.

The judgment

In 2021, the High Court of Kenya delivered its judgment, dismissing the petition in its entirety. The Court upheld the constitutionality of the Anti-FGM Act, ruling that FGM in all its forms - including so-called "consensual" or medicalised FGM - constitutes a human rights violation.³⁵ The judgment also reinforced Kenya's legal obligations under its domestic laws, the Constitution, and the Anti-FGM Act, as well as international human rights instruments, such as the Maputo Protocol.

The Court also acknowledged areas for future legal reform, recommending that the Government improve the law, including through more comprehensive definitions in the Act, prohibiting all forms of FGM, and tightening applicable exceptions. In doing so, the Court preserved the integrity of the legal framework in Kenya and provided a crucial precedent for the region.

Outcomes and reflections

This case demonstrated the power of coordinated strategic litigation to uphold women's rights. It also underscored the importance of combining legal action with public engagement, particularly strategies that centred survivor voices and challenged the narrative that medicalised FGM is a less harmful or more acceptable form of the practice.

“This case proved that CSOs and the government can work together – even in court. It also showed that litigation only wins when the public is with you and your advocacy outlives the verdict.” – **Sarah Wambui Ndonga, former Communications Lead, Africa Office, Equality Now.**

While the judgment marked a significant legal victory, challenges remain. The implementation of the Anti-FGM Act remains uneven across regions, and misconceptions about FGM (including enduring support for it under the guise of tradition or cultural identity) persist within Kenyan society. The recommendations in the judgment towards the amendment of the Anti-FGM law are yet to be implemented.

“Implementation of the judgment remains a great challenge with the government dragging its feet on amending the Anti-FGM Act, though four years have passed since the High Court issued the judgment. The Court has given specific guidance on the need to amend and strengthen the Anti-FGM law, and this needs to be acted upon urgently.” - **Sofia Rajab, Managing Partner - Leteipan & Associates (Lead counsel representing Equality Now before the High Court of Kenya)**

While the case marked a legal success, it was noted that follow-up coordination among the parties in the case that came together for the case has been limited, underscoring the need to build in sustained, cross-organisational planning and funding that continues beyond the case when undertaking strategic litigation alongside partners to maximise the benefits of working in coalition.

Conclusion

The intervention of Equality Now and partners in this landmark case in Kenya safeguarded one of the most comprehensive anti-FGM legal frameworks in Africa. The case reaffirmed that framing FGM as a matter of choice, right to culture, or harm reduction cannot override the fundamental rights of women and girls. It also reinforced the value of strategic partnerships, survivor-centred advocacy, feminist legal expertise, and the pivotal role of sustained, sensitive, rights-focused media engagement in shaping public understanding, countering harmful narratives, and amplifying survivor voices to build wider support for legal and social change.

In the face of a concerted challenge, Kenyan CSOs held the line, ensuring that the Anti-FGM Act in Kenya not only remained intact but was strengthened as a beacon of progress across the continent.

Equality Now would like to acknowledge all the interested parties in the Constitutional Petition 244 of 2019 whose invaluable contribution led to the successful defense for the Anti-FGM Act; the Equality Commission, Federation of Women Lawyers (FIDA Kenya), Samburu Girls Foundation, Msichana Empowerment Kuria, Kenya Women's Parliamentary Association (KEWOPA), Centre for Rights Education and Awareness (CREAW), Men for Equality Between Men and Women, AMREF Health Africa in Kenya, Katiba Institute, KELIN, and ISLA.

The Gambia - IGP v. Yassin Fatty, Nano Jawla, Kadijatu Jallow (2023)

Cutting traditions: The impact of the first-ever prosecution for female genital mutilation in The Gambia

The law can be a catalyst to help change social norms and attitudes towards women and girls, but equally, social norms and attitudes can result in cultural resistance to legislation that can impede the effectiveness of laws aimed at protecting women and girls from discrimination and abuse. In this case study from The Gambia, the stark divide between laws that should protect women from FGM and the flawed nature of their application due to enduring harmful beliefs is clearly illustrated in the first case brought under The Gambia's 2015 legislation outlawing FGM.

Case origins

In August 2023, the first successful criminal case was brought under The Gambia's 2015 legislation that outlaws FGM. The case was against a traditional cutter and two mothers of the three children upon whom FGM was performed in Bakadaji-Mandinka town in January 2023. The case was heard by a Magistrates' Court in August 2023, despite cases involving harm against children falling under the jurisdiction of the Women's (Amendment) Act, 2015, and therefore being tried in the upper courts. The three defendants pleaded guilty to all charges, and were given one-year prison sentences that were commuted to a 15,000 Dalasis fine if paid within three months of the sentence.³⁶ The payment of the fines for all three women were facilitated by a third party (religious leader Imam Fatty), so no prison time was served.

Bringing the case

On the day the cutting took place, in January 2023, a community-based facilitator with GAMCOTRAP (the Gambian Committee on Traditional Practices Affecting the Health of Women and Children, an NGO that works to eradicate FGM/C in the Gambia) was informed about the arranged FGM and interrupted Fatty, but only after she had performed FGM on three of the eight young girls.³⁷ Despite incontrovertible evidence that Fatty had performed FGM on the children and that the two mothers present were complicit in the crime, there was reluctance from the police to arrest the three women, and from the State to pursue charges. Activists from GAMCOTRAP demanded that action be taken against Fatty and the two other women involved. They launched a concerted campaign to hold Fatty and the Gambian Government to account by pursuing a case using the relevant legislation. Some weeks after the crimes were reported, charges were eventually brought against the three women.

“I said we have to pursue it. The person involved in the cutting is an ex-circumciser who has been trained, who has been given heightened knowledge about every aspect of FGM and women’s rights and was given also an alternative livelihood opportunity to abandon the knife and she has taken the oath and made an abandonment and she was celebrated by the whole region.” - Dr Isatou Touray, Executive Director of GAMCOTRAP and former Vice-President of The Gambia

The appearance of justice

At the time of the crime, Yassin Fatty was over 90 years old, the two mothers had very young children, and when the case went to trial, one of the women was visibly pregnant, and one was nursing a young baby. One of the difficulties of pursuing crimes of FGM through the courts is that the perpetrators often include the parents of the children involved, and cutters are usually older women, well respected in their communities, and law-abiding in all other aspects of their lives, and therefore sympathetic to the general public. Despite pleading guilty to all charges, the three women received a lot of sympathetic coverage in The Gambia press and lenient non-custodial sentences from the Magistrate. Despite the problematic sentencing, The Gambia Government chose not to appeal the case.

“It caused a division in the sense that the people who are anti-FGM felt that the decision in the case was a bit light. The people on the other side felt that it was a bit harsh, having regard to the fact that one of the perpetrators was an old person, and this was their culture.” - Anna Njie, Barrister and President and Chairperson of the Legal Aid Committee of the Female Lawyers Association Gambia (FLAG).

Religious and political backlash

While the 2023 prosecution marked a significant moment in the enforcement of the anti-FGM law, it also triggered a series of unintended consequences that complicated the broader struggle to end the practice. The combination of media commentary supportive of FGM and the prevailing social acceptance of FGM meant that the case led to a backlash against anti-FGM law and activists working to end FGM.

Shortly after the judgment was issued, a private members’ Bill was introduced in the National Assembly of The Gambia by Hon. Almameh Gibba, seeking to repeal the anti-FGM legislation. The main driving force behind the backlash was The Gambia’s pro-FGM Islamic leaders, spearheaded by Imam Fatty, a distant cousin of Yassin Fatty and a vocal supporter of FGM. Imam Fatty co-opted the weak judgment in the case and used the sympathy garnered for the three defendants to reframe the case and the legislation as an attack by anti-FGM activists on an important religious practice.

Throughout the case, those involved in supporting the prosecution experienced threats and intimidation from supporters of FGM. Staff from GAMCOTRAP, such as their community-based facilitator, who not only identified the case

within the community but also supported it throughout the trial, experienced significant backlash. The facilitator was detained for up to 14 hours by the police on false charges of extorting money from the community before eventually being released.

Although the bid to repeal the anti-FGM law was defeated in a parliamentary vote in July 2024, the entire process was very damaging and greatly undermined progress made by anti-FGM activists in the preceding decades. The rejection of the repeal bill was swiftly followed by another case, this time a constitutional challenge filed by Hon. Almameh Gibba, along with the three persons convicted for performing FGM (Yassin Fatty, Nano Jawla and Kadijatu Jallow). This challenge before The Gambia Supreme Court seeks the court to declare the anti-FGM law as unconstitutional on the grounds that the law violates the rights to equality, religion and culture as guaranteed by The Gambia Constitution.³⁸ The case remains pending before the Supreme Court at the time of publishing this report.

“There was a lot of excitement...amongst several survivors about the fact that this first successful conviction had been obtained by The Gambia...People thought this was a step forward. But at the same time, they began this pro-FGM movement, which we had never seen before. The camp was so expanded that many religious leaders and Islamic scholars in particular took it upon themselves to vilify women who have been through FGM...and they started questioning the real experiences of these survivors...The backlash from these “very important people” was something that was disheartening for us survivors.” - **Musu Bakoto Sawo, Human rights lawyer and anti-FGM activist**

The silver lining

This case shows very clearly that successful prosecutions using laws that protect women and girls are only the starting point to change in society and justice for women and girls. The case and its aftermath illustrated the continuation of deeply held beliefs about the legitimacy of FGM as a religious practice. They emphasised the need to continue addressing these enduring, harmful gendered norms. And importantly, it showed that merely adopting a law against FGM is not sufficient. Implementation of the law is critical, along with awareness programs by and for practising communities at the grassroots level, as well as addressing how societal attitudes impact the implementation of the law. In this way, what could have been solely a damaging case for the broader anti-FGM movement in The Gambia has been used to reshape the strategy going forward. It was also an important case in that it finally tested the law eight years after it was passed, and the coverage surrounding the case raised awareness that the law existed and could be applied in The Gambia.

“I believe this case really did increase awareness that a law against FGM existed, if not awareness about FGM as a harmful practice... it allowed us to test the waters to see what it would look like litigation-wise.” - **Musu Bakoto Sawo, Human rights lawyer and anti-FGM activist**

Liberia - Republic of Liberia v. Dante Kerkula and Meima Kanneh (2011)

Breaking the silence: Challenging female genital mutilation in Liberia

This case study illustrates the difference that the bravery of one woman can make in the face of seemingly insurmountable obstacles. The case of Ruth Peal stands as a milestone in the fight against FGM in Liberia, demonstrating both the challenges and the progress made in advocating for women's rights in the country.

The attack

In January 2010, 39-year-old Ruth Peal got into an argument with two women in her village, during which the women took Ruth from her home and into the bush, where she was forcibly subjected to FGM and threatened with death if she disclosed what had happened. She was kept in captivity for a month by the Sande secret society and forced to take an oath of secrecy in an initiation ritual, with threats of death if she broke the oath. During this period, she developed health complications and was hospitalised for three months. The women who attacked Ruth were members of the Sande society, an influential secret society of women in Liberia that initiates girls into womanhood through traditional practices, including FGM.³⁹

Such is the power and the secrecy that surrounds the Sande society in Liberia that the women who attacked Ruth felt confident that there would be no repercussions for their actions. Ruth's case came to light when she approached staff from an NGO to report what had happened to her. The West Point Women for Health and Development Organization (WPWHDO) immediately dispatched a staff member to transport Ruth to West Point, Monrovia, for a medical examination to determine if she had been cut. When confirmed, they reached out to women's rights organisations, including the Women NGOs Secretariat of Liberia (WONGOSOL), for assistance.

When asked if she wanted to take legal action, Ruth chose to pursue justice, determined not to remain silent about the violation she had endured. The team at WPWHDO sought legal assistance, approaching a pro bono lawyer and reaching out to the American Bar Association for support in navigating the legal process. Equality Now also provided technical and financial support to the Liberian CSOs throughout the case, and undertook advocacy at the international level to highlight Ruth's case.

"Ruth was courageous, she was brave, and Ruth was willing to talk...And because of our case today in Liberia, more people have become aware of the danger of FGM. Now people are able to raise awareness on FGM. It is because of Ruth's willingness or bravery to be able to speak out." - **Nelly Cooper, West Point Women for Health and Development (WPWHDO)**

A lawless crime

Liberia's legal framework lacks specific provisions to criminalise FGM, so Ruth's case could not be pursued on the grounds of FGM itself. Instead, the legal team had to file the case under the charge of kidnapping, as Ruth had been forcibly taken and subjected to the procedure against her will. The case was heard before a Resident Circuit Judge, and two women from the Sande society were charged with kidnapping, felonious restraint, and theft of property.

In a remarkable victory, the Court found the defendants guilty of kidnapping, felonious restraint and theft of property, and sentenced them to imprisonment for 3 years. The Court believed that this sentence would have a deterrent effect on all citizens to be respectful of the rule of law.⁴⁰

This legal process stirred resistance from traditional councils and leaders, who opposed any attempts to challenge the cultural practice of FGM. Despite threats and intimidation, the legal team and CSOs like WONGOSOL and WPHWDO, supported by other women's groups, persisted in their pursuit of justice.

“When the case was going on, we had the entire traditional council along with traditional people from all over the country who came to oppose the ruling at the time. Those who were judges, people who were lawyers at the time, were afraid for their lives because the FGM practice, which is connected to the Sande Society, is powerful here in Liberia.” - Nelly Cooper, WPHWDO

Barriers to justice

The case faced considerable obstacles. Traditional leaders exerted pressure to drop the charges, and government officials showed little interest in holding the perpetrators accountable. Nevertheless, the two women responsible for the act were eventually arrested and incarcerated in Monrovia Central Prison. Despite their initial imprisonment, they were later released before serving their full sentences, a significant setback for justice.

During proceedings, the defendants filed a motion to dismiss the arrest judgment, claiming that they weren't part of the group which kidnapped Ruth. They also claimed that they should not be held liable for performing FGM as it was a part of their tradition. This motion was denied by the court, which found that the defendants did not have a clear alibi and that tradition cannot be used to excuse criminality. Evidence included photos of Ruth in a white garment, indicating her initiation into the Sande, as well as her medical records, prepared by a qualified midwife.

The legal and social challenges extended beyond the courtroom. Ruth continued to face trauma and psychological distress, compounded by the loss of her child, who was tragically killed shortly after the case went to court. Ruth's experience left her severely traumatised, and she struggled with ongoing threats from her community. For her safety, she was temporarily relocated out of Bomi County and Monrovia. Her marriage also suffered, as the distance and trauma caused a rift with her husband.

“She’s saying that the negative aspect is much more than the positive aspect. Since the issue, since the thing happened to her, since she had been mutilated, she doesn’t seem very well in her body. And at the same time, her clan, her tribal people, have neglected her. She cannot go to them anymore because they don’t practice [FGM]. So she is like an outcast...She is someone who is just living day by day.”

- **Ruth Peal’s words spoken through an interpreter.**

Impact on public awareness and survivor support

The case challenged longstanding taboos around FGM in Liberia, a human rights abuse against women that has been guarded by secrecy and social silence. Ruth’s bravery in publicly challenging her forced initiation inspired others to break the silence on FGM and laid the foundation for increased efforts from national women’s rights and human rights organisations to demand the abolition of FGM. This momentum led to heightened awareness, sparking public debates and calls for change, with community leaders increasingly recognising the practice as problematic.

“It’s a taboo-breaking situation where people didn’t use to talk about it. But [through] Ruth’s case, it has become a situation where people can now come out and create awareness...Because of the situation of Ruth, a group of...women’s rights and human rights organisations formed a national coalition, which has taken over awareness-raising and engaging the government to abolish the practice. Ruth’s case gave birth to more awareness.” - **Pajibo Mackins, Head of Projects, WOSI**

The case’s high profile and Ruth’s tenacity have bolstered support systems for survivors of FGM and raised the visibility of organisations that work with survivors. Her decision to speak out challenged deeply rooted norms and opened up space for critical engagement, as the practice is now questioned more. Law enforcement and some government officials have begun responding more seriously to reports of FGM, with an increased willingness to investigate and address survivor complaints; however, very few complaints have been made since then. Yet comprehensive support remains limited; many survivors still lack access to medical and material support, and prosecution rates using the laws available are low. This highlights the ongoing need for robust survivor resources and sustained legal reform.

Impact on legal and policy frameworks

The legal impact of Ruth’s case has been complex. Because FGM was not a crime at the time of the case, the charges brought against the perpetrators were for kidnapping. The defendants attempted to argue that FGM was a traditional practice, but the court rejected this defence, stating that tradition cannot excuse criminal actions. The Liberian Government, however, has yet to pass comprehensive laws banning FGM, despite having signed and ratified regional and international human rights instruments condemning the practice. Current efforts to draft and pass anti-FGM legislation, whilst welcomed, have been stalled for a few years and need to be fast-tracked.

“Now it has caused the situation that the Government itself was brought into question. The government has to answer questions from other international partners [and] has to report on the situation on FGM. So the Government was forced to take some corrective actions in abolishing FGM... In fact, the government had to come up with policies to suspend the practice for some time. But now, we have seen the...battle of trying to find a way to criminalise the practice.” - **Pajibo Mackins, Head of Projects, WOSI**

Recommendations and future outlook

The case highlights the need for persistent, cross-sectoral pressure on Liberia’s government to enact FGM-specific laws and uphold existing commitments to protect women and girls. Framing cases under specific anti-FGM legislation or provisions, rather than under general offences such as kidnapping, significantly increases the likelihood that survivors who report FGM will access justice. Further recommendations emphasise the importance of continued advocacy and legal follow-through to ensure sentencing is enforced, to minimise political and traditional interference, and to ensure that survivors receive full support. The Ruth Peal case has demonstrated that breaking long-held cultural taboos and shifting public opinion is possible, but it also highlights that systemic change will necessitate greater accountability, stronger protections for survivors, and unwavering public and international scrutiny.

The case had a profound impact on public awareness. The courtroom was often filled with people, including journalists, who were witnessing for the first time a case involving FGM brought to court. This visibility helped strengthen advocacy efforts against FGM, as more women and community-based organisations began to join the fight. Over time, this led to the formation of the FGM working group in 2010, which has since evolved into the National Coalition Against Harmful Practices (NACAHP).

“Earlier this year (2024), the Liberian government renewed its ban on FGM... but we need to do more. We need to pass the law and we need to highlight such cases as this in these communities, saying that if you kidnap someone, if you take somebody to the Sande Bush against their will, then definitely you will reap the consequences of your actions.” - **Mmonbeydo Nadine Joah, Executive Director, Organization for Women and Children (ORWOCH)**

India - Sunita Tiwari v. Union of India (pending)

Reactive strategy: How India's FGM movement engaged with unforeseen litigation

This case provides a study about how movements have responded when litigation occurs in circumstances beyond their control, requiring anti-FGM activists and organisations to respond rather than lead the litigation process. This case study from India provides an excellent example of how to effectively engage in and support litigation despite not being the original litigant.

Case origins

In 2017, an independent Indian lawyer specialising in children's rights was shocked to learn through media stories that FGM was taking place in India. Appalled that girls in India were still routinely being subjected to such a grave human rights abuse in the Bohra community, she drafted and filed a Public Interest Litigation (PIL) before the Indian Supreme Court, driven by her concern for the girls harmed in this way.⁴¹

The petition asked the Court to:

- ◆ Declare the practice of FGM (known as khatna/khafz by the Bohra community) as a violation of the fundamental rights of women and girls;
- ◆ Direct the Indian Government to comply with its international human rights obligations by framing anti-FGM laws and policies;
- ◆ Prosecute cases of FGM under existing criminal laws.

"At the time this case was filed, we were just beginning to grow our community outreach. We were also not equipped financially to bear the costs of litigation. We were survivors ourselves, not trained social workers or serial litigators. So the decision to intervene in the Supreme Court Public Interest Litigation (PIL) was not an easy one, especially with regard to bearing the financial costs. But we also viewed this as an opportunity to make our voices heard. Our lived experiences legitimized the prayers in the PIL. Attempts to reach out to the religious head of the Bohra community were also in vain. Joining the case implied we were serious about our demands for change." - **Masooma Ranalvi, founder of WeSpeakOut and survivor activist**

Landmark petition

This landmark petition was the first time that a case about FGM had been heard in Asia when it was taken up by the Indian Supreme Court in 2017. In 2018, the three-judge bench hearing the issue made oral remarks⁴² during the hearing that were supportive of the PIL, stating that:

- ◆ FGM appears to be a violation of the right to privacy (guaranteed by the Indian Constitution) and the bodily integrity of the child⁴³;
- ◆ There seems to be no scientific or medical basis for FGM, a practice likely to cause significant trauma, pain, and bleeding⁴⁴.

However, the surprise filing of the petition had unintended consequences for the existing anti-FGM movement, with organisations working with the community being caught off guard and facing barriers to continuing their community outreach work.

Collaboration

The anti-FGM movement in India was caught off guard by the filing of the PIL, as they were neither consulted nor informed that it would be lodged. Activists quickly realised that they needed to bolster the PIL by filing intervention petitions.

The petition was subsequently supported by two intervention petitions filed by women from the Dawoodi Bohra community that provided evidence on the continued high prevalence of the practice in the community, the medical harms of FGM, and the impact of undergoing FGM on their physical and mental health as survivors of the practice.

Anti-FGM organisation WeSpeakOut supported their founder and activist survivor, Masooma Ranalvi, in filing an intervention petition to the PIL, bringing authentic lived experience through the inclusion of survivor voices. Equality Now provided back-end support to Masooma's intervention petition. It aimed to strengthen the PIL by bringing in comparative legal experiences from other countries to address the lack of jurisprudence in India that the judges could draw upon, as well as addressing the 'right to religion' arguments raised by the opposition. Another intervention petition in this case was filed by Dilshad Tavawalla and Shaheeda Kirtane, a mother-daughter pair from the Bohra community.

Challenges

The opposition framed the PIL as an attack on religious freedom, stoking community perceptions of religious persecution, and weakening the human rights focus of the PIL. One of the key results of this was the establishment of the Dawoodi Bohra Women's Association for Religious Freedom (DBWRF), which vocally opposed the PIL and intervened before the Supreme Court. The DBWRF was formed with the explicit purpose of opposing the PIL and supporting the practice of FGM in the Dawoodi Bohra community. The DBWRF claimed to represent 69,000 women from the Bohra community, a figure that is thought to be greatly inflated and the result of misleading sign-up procedures for the organisation.

Related to this were the deeply entrenched social mores surrounding discussions of sex and one's body for women and girls in the community. DBWRF sought to position khatna/khafz as a traditional religious practice and took a stance before the Supreme Court that khafz, as practised by the Bohra community, could not be equated to FGM, and was an essential religious practice that should be protected by the Court.

Missing data and delays

In a surprising turn of events, in its written submissions before the Court, the Government stated that, "...there was no official data or study (by the National Crime Records Bureau, etc) which supports the existence of female genital mutilation in India."⁴⁵

This was a baffling and illogical statement, given that there is no specific offence of FGM in Indian criminal law, making it an impossibility for the National Crime Records Bureau to collect specific data on something not yet criminalised.

With the support of the Government, lawyers opposing the PIL on behalf of DBWRF successfully pushed for the case to be referred to a nine-judge constitutional bench to consider whether any directions addressing FGM would violate the right to religious freedom protected by Article 12 of the Indian Constitution.⁴⁶ Following this action, the Supreme Court decided that the PIL should be considered alongside other cases under review that concern the scope of the right to religious freedom and the balancing of this right with other fundamental rights. This case on FGM was therefore tagged with a number of other cases related to very different aspects of the right to religion, including the rights of Hindu and Parsi women to enter places of worship, where the only link between the cases was the opposing argument focusing on the right to religion.

"I think the biggest victory for the defendants of the practice was they were trying to delay the proceedings. The case has been in abeyance since the last 7 years, and it seems indefinite. An immediate resolution to the case is extremely urgent given that young girls continue to be subjected to FGM today in India, with impunity" -

Masooma Ranalvi, founder of WeSpeakOut and survivor activist

Building awareness and movements

Despite the many challenges faced during the litigation process of this PIL, it arguably made some critical contributions in the fight against FGM in India. Most importantly, it brought the issue of FGM into the national consciousness and onto the national agenda. The court hearings and the subsequent media coverage of the hearings brought recognition that FGM was not something that happened elsewhere, but something that was happening to Indian girls in modern India. Whilst not all of the coverage was supportive of the elimination of FGM in India, or handled discussion of it sensitively, FGM was nonetheless brought to the attention of a much wider cohort of Indian citizens than had previously been the case.

Perhaps most importantly the litigation caused the anti-FGM movement to come together more cohesively, coalescing around the need to strengthen the PIL and subsequently to work collaboratively as they sought to repair relations with the practicing community in order to raise awareness of FGM as a human rights abuse against women and girls and in doing so find allies from within the community to challenge its continued practice.

Eight years on and still no outcome

Over eight years after the litigation began, the original petition remains pending before the Supreme Court, entangled with cases that address vastly different issues and caught up in a political maelstrom. Currently, there is still no specific provision on FGM in Indian law, no mechanisms to report FGM, and no formal recognition from the Government that FGM is happening in India.

*“I think it would be really nice to see the Court take this practice into account and actually offer some guidance...Because there is no formal definition of the practice that exists in the legislative sphere as of now...and there’s no mechanism to report it.” - **Radhika Saxena, Lawyer***

Burkina Faso - Le ministère public contre Diallo Talato & 18 autres (2017)

Challenging a culture of impunity: Burkina Faso

Introduction

In 2017, a landmark criminal trial was held in Ziniaré, Burkina Faso, marking one of the country's most high-profile prosecutions of FGM. The case involved Diallo Talato, who had travelled to the Central Plateau Region, specifically Ziniaré, in Burkina Faso, to cut girls during the school holidays. Her involvement in performing FGM, carried out for small payments and with community support, had continued unchallenged.

Even after several convictions, Diallo Talato persisted in continuing to practice FGM until local volunteers, supported by the women's rights organisation Voix de Femmes, documented evidence of a new round of mass cutting.

While FGM has been banned in Burkina Faso since 1996, the practice remained widespread, despite significant reductions in prevalence. Legal frameworks and awareness campaigns struggled to drive accountability and adequately address the culture of impunity for those practising FGM. Strategic litigation became an important lever to demonstrate that the law would be applied, and continuing the practice carried serious legal consequences.

Legal coordination and strategy

Equality Now provided technical and financial support for the case, including hiring a local lawyer, supporting the drafting of pleadings, and coordinating legal strategy. Voix de Femmes led evidence collection and local coordination, working closely with community volunteers to trace and map girls who had been taken between homesteads to be cut. Both Equality Now and Voix de Femmes supported investigations, engaged judicial actors, and facilitated media coverage. Strategic litigation training was provided to local legal professionals, and journalists were trained to cover the case sensitively and accurately.

Voix de Femmes also sought, through a civil suit, damages for survivors which could be used to fund reconstructive surgeries and awareness-raising campaigns in practising communities. However, the court rejected this application, finding that Voix de Femmes had not personally suffered damage and could not represent the victims.⁴⁷ Despite this, the case helped to trigger a national policy change and Burkina Faso's law was amended to allow CSOs to represent victims of FGM and gender-based violence in future civil proceedings.⁴⁸

The criminal proceedings

The trial involved the prosecution of 19 individuals - Diallo Talato and 18 others (who were mainly parents and relatives of the girls) who had facilitated or commissioned FGM. Talato, who had previously been convicted of performing FGM in 2015 by the same court and received a 12-month custodial sentence, admitted to cutting at least 13 girls in this case. The court found her guilty and sentenced her to four years in prison; the increased sentence was due to the fact that this was a repeat offence, so Talato was sentenced as a recidivist under the Burkina Faso penal code. Her co-defendants received sentences ranging from fines to 30 months in prison for aiding and abetting the practice.

The girls subjected to FGM did not testify in court, but the evidence presented by the police and witnesses was sufficient for convictions. The judge allowed VdF to speak in court to raise awareness about the illegality and harms of FGM.

The court proceedings revealed a widespread lack of legal awareness about FGM in the wider community in Burkina Faso. Many of the accused appeared to be genuinely unaware that FGM was criminalised under national law. Many of them thought that after the former President Blaise Compaoré left power in 2014, they could continue to practice FGM as they wished. He was the then African Union (AU) Presidential Champion against FGM, and his wife, Chantal Compaoré, was the Goodwill Ambassador of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, as well as the Coordinator of the International Ban FGM Campaign. Their confusion during sentencing highlighted widespread ignorance of the law and the importance of legal literacy efforts, both for communities and for those involved in the justice system.

Survivor protection and challenges

The litigation process presented significant challenges, particularly in ensuring the wellbeing of the girls affected by the cutting. Many were minors, and when their parents or guardians were prosecuted, they were left without primary care. Voix de Femmes stepped in to provide emergency shelter, counselling, and education support, but the costs were high and unsustainable. The case also sparked community debate and dissent because some viewed the prosecution of parents as further harming the children by leaving them destitute. These dynamics underscore the importance of integrating child protection measures and social support planning into litigation strategies, particularly when legal action involves the parents or guardians as the defendants.

Security was also a concern. The case took place in a conflict-affected region of northern Burkina Faso, with limited public infrastructure and ongoing threats from militia groups. Furthermore, there was concern that the community might attack the team due to the case, but fortunately, that did not happen. The Equality Now team travelled within VdF's team, who were the public face of the case, and accompanied journalists to help act as a shield against violence. To minimise risk, the team was constantly made aware of where cars were parked in case of any emergency.

Communications and public engagement

A robust media strategy was deployed from the outset of the case, involving both traditional and community media. Voix de Femmes and Equality Now mapped key journalists, provided training, and facilitated their access to court proceedings. Through these efforts, journalists conducted sensitive and informed interviews with families, legal actors, and the community.

During the two-week hearing, Voix de Femmes hosted media briefings to help contextualise the proceedings. Coverage was widespread, and one journalist later received an international award for her reporting. Following the ruling, Voix de Femmes made an appeal to the decision and continued to foster public engagement through radio and newspaper interviews. The high-profile nature of the case attracted attention from key political figures, including the First Lady and the wife of the Speaker of the National Assembly, who participated in CSO forums convened during the trial. In addition, this media coverage, along with the media and communication work implemented by Voix de Femmes and Equality Now, contributed to the establishment of a framework promoting the elimination of gender-based violence. This framework brought together the wives of ministers, the First Lady, and the wife of the President of the National Assembly. Called the Advocacy and Lobbying Action Group, this body conducted advocacy efforts in several regions of the country targeting political, administrative, traditional, and religious authorities in order to accelerate the move toward zero tolerance for FGM, and it continues to take action today.

Outcomes and reflections

This case marked a major turning point in the legal and advocacy landscape for FGM in Burkina Faso, leading to tangible legal reforms and strategic shifts in how FGM is addressed.

Most notably, the case and the advocacy surrounding the case contributed to a legislative amendment. The Penal Code of Burkina Faso was significantly revised in 2018, and the amendments included strengthening the provisions against FGM, including increasing the maximum sentence for practising FGM from three to eleven years.⁴⁹ This was a significant escalation in legal consequences that sends a strong signal of the state's commitment to ending the harmful practice. It also led to a policy reform to allow civil society organisations to participate as civil parties in FGM and gender-based violence cases, removing a barrier that previously limited survivors' access to justice and collective representation.

These outcomes reflect not only stronger enforcement but also a growing judicial awareness and willingness to collaborate with rights-based organisations, fostered through sustained engagement by Voix de Femmes and Equality Now.

Shifting perceptions of strategic litigation

The case catalysed a reframing of strategic litigation within Burkina Faso, from being perceived as adversarial or politically sensitive, to being recognised as a legitimate and effective mechanism for social justice. While few national CSOs visibly engaged with the litigation during the proceedings (with hesitation seemingly deriving from concerns about State backlash), the case helped

demonstrate that litigation could strengthen rather than undermine legal systems and public accountability.

Since the conclusion of the case, Voix de Femmes has integrated strategic litigation into its core programming and is working with other legal actors to support cases beyond FGM, including those addressing sexual violence.

“CSOs in Burkina Faso are now more receptive to strategic litigation as one of the key strategies to advocate for women’s rights... Since then, Voix de Femmes has integrated strategic litigation into its organisational strategy on the promotion of women’s rights and the fight against SGBV.” - **Raphael Zongonaba, Executive Director, Voix de Femmes**

Impact beyond the courtroom

The case also prompted shifts in the health sector. Prior to the trial, many medical professionals were reluctant to report FGM due to community pressure and weak enforcement. After the ruling, health workers became more willing to collaborate with the legal system, and reporting increased, indicating a growing alignment between justice and health institutions.

Despite these successes, the broader impact was limited by inconsistent government follow-through, with greater emphasis placed on awareness-raising rather than prosecution in the aftermath. In addition, political instability and conflict (particularly the expansion of militia-controlled regions) further constrained the possibility of replicating similar legal interventions elsewhere in the country.

Conclusion

The Burkina Faso case illustrates the power of strategic litigation to disrupt impunity and generate systemic change. The case reinforced the need for survivor-centred approaches, coordinated legal action, and long-term support systems that extend beyond the courtroom.

It serves as a reminder that legal victories alone are insufficient and must be complemented by ongoing engagement, law reform, and community education to achieve a lasting impact. This requires flexible funding to support long-running strategic litigation cases, especially those that extend beyond a single grant cycle or involve comprehensive support needs for survivors.

“Often the budget is limited to the legal aspect... many things that come up in the process relating to the care of the victims... need to also be addressed as a matter of emergency.” - **Jean Paul Murunga, Program Officer, End Sexual Violence, Equality Now**



Chapter 3: Barriers to accessing justice in cases of female genital mutilation

Credit: Boogich/iStock

The UN's Committee on the Elimination of All Forms of Discrimination against Women (CEDAW Committee) articulates that access to justice entails justiciability, availability, accessibility, good quality, the provision of remedies for victims and the accountability of justice systems.⁵⁰ The Joint General Comment on female genital mutilation (FGM) of the African Commission on Human and Peoples' Rights and the African Committee of Experts on the Rights and Welfare of the Child includes specific responsibilities regarding enabling access to justice in FGM cases, requiring States "to reform their laws related to standards and nature of evidence to recognise potential difficulty in obtaining evidence in FGM related crimes, due to the close connections that the victim might have with the perpetrators and the fact that the FGM is practised in private, which makes it difficult to track or obtain evidence of."⁵¹

The following section examines the barriers to accessing justice in cases of FGM, based on the ten focus countries of this report: Kenya, Uganda, Sierra Leone, Liberia, Burkina Faso, Egypt, France, the United Kingdom, the United States of America, and Australia. A few examples have also been drawn from other countries, where applicable. The barriers to justice exist at all levels of the justice system and throughout the stages of a legal case, from reporting to arrests and prosecution, to the investigation and evidence-gathering stage, to the court verdict and subsequent remedies, penalties, and sentencing.

The following section examines the barriers to accessing justice in cases of FGM, based on the ten focus countries of this report: Kenya, Uganda, Sierra Leone, Liberia, Burkina Faso, Egypt, France, the United Kingdom, the United States of America, and Australia.

Low reporting of cases

Low reporting of cases of FGM is a barrier which has been observed globally and in all of the focus countries. Low reporting results in a culture of impunity, limited accountability, limited evidence and data, among other consequences. Low reporting of cases is often driven by several legal, procedural, social and cultural barriers.

Reluctance to put parents/guardians at risk of criminal sentences

FGM-specific laws, child cruelty-specific laws, and general penal laws⁵² often impose criminal responsibility on parents or guardians in their provisions on FGM and causing harm to children. Laws may also impose harsher penalties on parents and those who have custody/guardianship over children.⁵³ Communities may therefore opt not to report FGM, particularly when it is carried out by a family member, because of their reluctance to subject the family member to criminal penalties. Moreover, if parents are sent to jail, this can deprive children of one or both of their primary caregivers, sometimes for long periods of time, potentially harming their upbringing and causing emotional distress.

Many communities also believe that parents should not be subjected to criminal penalties because most often, parents who subject their children to FGM are motivated by the belief that they are doing the best for their daughters. Some reports, such as from the UK, have noted that children in some cases of suspected FGM were separated from their parents for months and put in foster care, even though a medical examination eventually revealed that FGM had not taken place.⁵⁴

In fact, a qualitative study in the UK which interviewed 14 survivors of FGM found that one of the key reasons stated by women for not reporting cases of FGM is the belief that change in terms of reducing prevalence of FGM could be brought about only by community engagement and not through the criminal justice system.⁵⁵

Moreover, the emotional toll on children who are separated from their parents means reporting will remain low. For instance, in *R v Amina Noor* (UK), in respect of

a mother who was charged with facilitating FGM on her daughter, the judge noted: “The judge had statements from the older children describing their mother as the bedrock of the family. In their view, she held the family together. They felt that their homelife and futures would be destroyed were their mother to go into custody. More than one of them described their mother as the victim. They argued that it would not be appropriate to send the appellant to prison.”⁵⁶ Evidence in the case also showed that the mother had never been apart from her children.

Threats, shame and stigma

People may also face threats from within their communities upon reporting FGM. This was the case in *Pauline Robi Ngariba v. Republic (Kenya)*, a case concerning a 16-year-old girl who was forcibly taken to undergo the procedure. The father went to report it and was attacked by the group of boys who had taken the girl. Though the father was eventually able to file the report with the police, this case demonstrates the physical attacks and threats faced by communities, which deter reporting. The threat of curses is also an impediment to reporting cases of FGM in Kenya.⁵⁷

Shame and stigma associated with FGM also stop survivors from directly reporting the crime.⁵⁸ States are obliged to take necessary steps to protect women from secondary victimisation in their interactions with law enforcement and judicial authorities.⁵⁹

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Lack of knowledge and access

Survivors may also struggle with accessing justice due to low levels of legal literacy and limited access to and knowledge of available legal aid services, particularly in rural areas. Referring to Uganda, Nyirinkindi outlines that for women and girls, particularly in less developed regions of Uganda, low literacy and awareness of free legal aid services act as barriers to accessing justice.⁶⁰

In countries with diasporic and immigrant populations where the practice occurs, an additional factor that impedes reporting is the language barrier when approaching law enforcement.⁶¹ International human rights standards mandate that for justice to be truly 'accessible', linguistic barriers must be removed, and individualised assistance must be provided for women who may not understand how the justice system works.⁶²

Legal provisions requiring mandatory reporting of FGM cases

To tackle the issue of low reporting, one approach is to introduce legal provisions that make reporting mandatory. Of the focus countries, the laws in Kenya, Uganda, Burkina Faso, France and the United Kingdom contain provisions imposing a duty to report FGM.⁶³ The duty to report may be limited to healthcare workers and social workers, or may extend to any person who has knowledge of FGM taking place. Kenya⁶⁴, Uganda⁶⁵ and Burkina Faso⁶⁶ have mandatory reporting provisions in their anti-FGM legislation, which extend to any 'person'. Other African jurisdictions (not covered in the focus countries), including Benin, Eritrea and Guinea-Bissau, have also enacted similar 'failure to report' provisions.⁶⁷

On the other hand, Section 74 of the Serious Crime Act 2015 in the United Kingdom, which amended the Female Genital Mutilation Act 2003, limits the duty to report FGM to healthcare workers, social workers and teachers.⁶⁸

Some countries also have general penal provisions delineating a duty to report crimes, which may be applied to the crime of FGM, though these are often limited to law enforcement or public officials (as in Italy, Portugal and Spain, for example).⁶⁹ Others have a specific duty to report provisions on FGM in their penal laws, such as in France, where doctors, social workers and teachers have a professional duty to report.⁷⁰ Provisions in the Criminal Code also cover reporting of planned FGM and duties when FGM has already taken place.⁷¹

An unintended consequence of failure to report provisions - which are in fact meant for third-party reporting - is that they can be misused by law enforcement against survivors of FGM. A 2024 report on FGM prosecutions in Kenya found that the 'failure to report' offence was the most common charge of the cases reviewed. Often, the failure to report provision was used to charge victims of FGM for failing to report the FGM they themselves were subject to, thus violating principles of foreseeability and legality.⁷² The report found that, while the courts would acknowledge that the charged women and girls were themselves victims, they would still hold them liable for not reporting the incident.⁷³

One of the other consequences of mandatory reporting provisions, particularly the duty on healthcare professionals, is that they may create distrust in the healthcare sector. Such requirements may create fear in FGM survivors and dissuade them from seeking medical attention in the event of FGM-related injuries and problems.⁷⁴

Failure to report provisions may also lead to procedural loopholes during case processing. For instance, in *Republic v. Esther Rioba* (Kenya), the appellant was charged with aiding the commission of FGM on her daughter, as well as under the failure to report provision. The court held that an accused cannot be rightly charged with the offence of failing to report a crime that she is also accused of taking part in: the conviction was quashed and the charge sheet was dismissed for being defective.⁷⁵

Prosecution of survivors

In some instances, the law is used to prosecute survivors. International standards are clear that victims of crimes must never be exposed to prosecution, which consequently subjects them to secondary victimisation/revictimisation.⁷⁶ Laws which implicitly or explicitly allow survivors of FGM to be prosecuted violate the principles of best interests of the child, and survivor-centred approaches.

A 2024 study on FGM prosecutions in Kenya found that of a total of 151 accused persons, 55% were victims themselves, including 11 minors, whereas only a small percentage of accused persons were cutters (6%) and other individuals who performed FGM.⁷⁷ These survivors were prosecuted under either “aiding and abetting FGM” or “duty to report” provisions in the law.

Another issue stems from concerns about consent, particularly in the case of adults. For instance, in Uganda, section 4 of the Prohibition of Female Genital Mutilation Act states that a person who carries out FGM on herself commits an offence. The law doesn’t take into account victims who are coerced, yet ‘consent’ to FGM.⁷⁸ To complicate matters further, section 9 states that consent to FGM is not a defence. While this provision is possibly aimed at third parties, it could be used even in a case where a girl consents to FGM due to coercion. Nyirinkindi cites a case from 2015 in which four women pleaded guilty to FGM, but stated that their husbands had threatened to divorce them if they didn’t undergo the procedure.⁷⁹

Criminalising adult survivors of FGM for cases of FGM performed on themselves fails to take free and informed consent into account, including the influence of culture and entrenched stereotypes. In the Tatu Kamau case, the High Court of Kenya highlighted this issue. The court noted that the context in which the FGM took place on adult women was relevant, as there was “social pressure and punitive sanctions. Those who underwent the cut were involved in a cycle of social pressure from the family, clan and community... while those who refused to undergo it suffered the consequences of stigma.”⁸⁰ The criminalisation of FGM, therefore, must take free and informed consent into account in the application of laws to those responsible.

Specific legal provisions, such as those that criminalise ‘aiding and abetting’ FGM, may be misused and misapplied. For instance, in *CK, WK & FK v Republic (Kenya)*,⁸¹ the appellants were charged with aiding and

abetting the performance of FGM against themselves. Citing Black’s Law for the definition of ‘abet’, the Court held that the conviction was not wrongful as the appellants had facilitated FGM against themselves.

Anti-FGM laws and related regulations must explicitly state that survivors should never be prosecuted.⁸² This standard is clearly set out in the ACHPR-ACERWC Joint General Comment on FGM, which states that “States parties must also ensure that the framing of the law does not expose victims of FGM to prosecution, or otherwise characterise them as having participated in committing the crime. Legislation that targets victims risks unfairly criminalising people who are already victims.”⁸³ The most recent resolution of the UN Human Rights Council on FGM, adopted in June 2025, also recommends that States ensure that “survivors of female genital mutilation are not subject to criminal prosecution or administrative sanctions for failing to report cases or for enabling the performance of this harmful practice on them.”⁸⁴

Criminalisation and revictimization of survivors under the law go directly against the spirit of laws against FGM, which are enacted to protect women and girls. As the Special Rapporteur on Child Marriage and Other Harmful Practices states: “victims need protection, not prosecution. They require support services, including medical and psychosocial assistance, which should be readily available. There should be clear policy guidelines to ensure victim protection in the legal framework.”⁸⁵

International standards are clear that victims of crimes must never be exposed to prosecution, which consequently subjects them to secondary victimisation/revictimisation. Laws which implicitly or explicitly allow survivors of FGM to be prosecuted violate the principles of best interests of the child, and survivor-centred approaches.

Loopholes and shortcomings in the law

Effective access to justice requires that rights and legal protections be recognised and incorporated into the law.⁸⁶ Article 2(f) of CEDAW obliges State Parties “to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs, and practices that constitute discrimination against women.” In relation to harmful practices, States Parties must adopt or amend legislation to address and eliminate those practices, and legislation must be comprehensive and provide “detailed guidance on prevention, protection, support and follow-up services and assistance for victims.”⁸⁷ Regional human rights standards mandate that FGM should be specifically prohibited through legislation and other measures.⁸⁸

Many of the barriers to accessing justice in cases of FGM are linked to certain loopholes in laws and legal provisions that seek to address the practice. These loopholes include the lack of explicit criminalisation of FGM, broad offences with no regulatory guidance, limited definitions of FGM, and procedural loopholes tied to legal provisions.

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Lack of explicit criminalisation of female genital mutilation

Of the ten countries studied for this report, two countries, Liberia and Sierra Leone, do not have specific laws addressing FGM. Stakeholders interviewed for this report highlighted the lack of a specific criminal provision on FGM as one of the reasons for the very

low numbers of cases brought on FGM in the country. Though general criminal laws can be used to prosecute FGM, with FGM being a widely accepted social practice and with widespread political support for FGM in these two countries, in practice, cases of FGM have only been prosecuted in a few specific instances.

In Liberia, the only two known cases related to FGM were brought on the grounds of kidnapping and felonious restraint, and only when women and girls were forcibly kidnapped by members of the secret Sande Society. The Ruth Peal case, detailed above, involved Ruth and her two children, who were forcefully removed from their home and taken to the Sande Society bush school, where Ruth was subjected to FGM. The case was brought against the defendants on the grounds of kidnapping, theft of property and felonious restraint.⁸⁹ In the Rachel Dahn case, two NGOs filed a writ of habeas corpus with the Court concerning the alleged forceful removal of four girls by members of the Sande Society. The writ was granted, and the Court ordered the girls to be produced before it, detaining a traditional leader until compliance was made. After a second writ filing, the girls were produced before the court on the day of the ruling.⁹⁰ However, there was no accountability for the cutters due to the lack of explicit legislation on FGM, and the case did not proceed after the girls were released (they had already been subjected to FGM).

Similarly, in Sierra Leone, the only known prosecutions for FGM have occurred when FGM resulted in the death of the victim, after which prosecution has proceeded for the offence of manslaughter. For instance, in the Maseray Sei case, Maseray Sei died a day after she underwent FGM. The FGM practitioner was charged, but unsuccessfully prosecuted, with the offence of manslaughter.⁹¹ Cases regarding the death of two girls due to FGM in 2024 (Kadiatu Bangura and Salamatu Jalloh) remain pending and have been referred to the High Court.⁹²

The lack of reported prosecutions of FGM in Sierra Leone or Liberia in cases which do not involve forcible abduction or death makes it difficult to combat FGM more generally in the country and for survivors to access justice.

Loopholes in existing laws

The ACERWC-ACHPR Joint General Comment on Female Genital Mutilation stipulates that legislation must clearly define FGM, and specify reporting responsibilities in the case of children and the differential nature of criminal responsibility of each party involved.⁹³ Laws must also prohibit and sanction the direct and indirect involvement of medical professionals in FGM.⁹⁴

In the countries reviewed, loopholes in anti-FGM legislation were observed. Unclear definitions of FGM can have far-reaching consequences. If the type of FGM cannot be identified definitively, a prosecution may not advance. In the United Kingdom, Section 1 of the Female Genital Mutilation Act 2003, though it was intended to cover all types of FGM, is worded broadly to cover a person who “excises, infibulates or otherwise mutilates the whole or any part of a girl’s labia majora, labia minora or clitoris”, which has led to difficulties in implementation. For instance, in *B(Children)(Care Proceedings)*, the Court noted that Type IV FGM (pricking, scraping, etc.) would only come within the criminal law if it involved ‘mutilation’ which is not defined further in the statute.⁹⁵

Unclear definitions of FGM can have far-reaching consequences. If the type of FGM cannot be identified definitively, a prosecution may not advance.

The difficulties associated with definitions are further illustrated in the Australian case, *R v A2; R v Magennis; R v Vazri*.⁹⁶ In this case, involving members of the Bohra community, the girls were subjected to ‘khatna’, a form of FGM which involves nicking or cutting the clitoral hood. The offence of FGM under the Crimes Act of New South Wales states that a person who “excises, infibulates or otherwise mutilates the whole or any part of the labia majora or labia minora or clitoris of another person” is liable for imprisonment. The Court of Criminal Appeals interpreted the term “clitoris” to not include the clitoral hood or the prepuce and found that the instruction of the trial judge to the jury to define “otherwise mutilate” to mean to “injure to any extent” was too broad. On appeal, Australia’s superior court, the High Court of Australia (HCA), held that a broader construction should be given to the definition, which takes the context of FGM into account.⁹⁷ Though the conviction for FGM was ultimately upheld, the unclear terms used in the definition, particularly failing to take into account Type 1a (cutting of the clitoral hood) and Type 4 (pricking, scraping, etc) FGM, which are predominantly practised in Asia, created significant barriers during the trial process.

Such cases evidence the need for clear definitions of FGM in legislation and regulatory guidance which align

with the WHO’s definition of FGM. Similar sentiments were expressed by the Kenyan High Court in the *Tatu Kamau* case, which noted that the exclusion of Type IV in the definition of FGM in the law hampered effective enforcement of the Kenyan Act, and recommended that the Act be amended to prohibit all types of FGM.⁹⁸

Even in instances where there are detailed laws on FGM on the substance of the issue, procedural loopholes in the law may impede access to justice for survivors. For instance, in *Public Prosecutor v Ms Talato DIALLO & Others*⁹⁹ (Burkina Faso), the law didn’t recognise a third party’s right, in this instance the right of an NGO, to claim civil compensation on behalf of the survivor. As FGM is often inflicted upon minors, and their parents and guardians are most often on trial for complicity, minors are left with no recourse to civil compensation, as they cannot rely on groups or associations to represent them.

Jurisdictional loopholes: Cross-border and transnational issues/extraterritoriality

When FGM is criminalised in a country, people cross borders to neighbouring countries where FGM is not criminalised or where enforcement is poor to avoid detection and prosecution. In these instances, access to justice is limited. Presently, Guinea-Bissau, Kenya and Uganda are the only African countries that criminalise and punish cross-border FGM. This contrasts with laws in many Western countries, which have specific provisions to prohibit ‘vacation cutting’.¹⁰⁰ For instance, in France, Law 2006-399, passed in 2006, extended jurisdiction to include FGM performed abroad on victims who reside in France, even if the perpetrator and/or survivor is not French. The law in Australia, too, in all six states and both territories, criminalises removing a person from the State for FGM.¹⁰¹

Access to justice is inhibited without specific legal provisions to address cross-border FGM. For instance, Law No. 043/96/ADP (1996), which criminalised FGM in Burkina Faso through an amendment to the Penal Code, coupled with more recent amendments, has extensive provisions on penalties, failure to report incidents of FGM, participation of medical professionals in acts of FGM and encouraging FGM through public speech, statements or writings.¹⁰² The law, however, only applies to FGM-related offences committed on the territory, thereby limiting the ability to protect survivors who cross borders. There is evidence that girls are taken across from Burkina Faso to Mali, Niger, Ghana and Cote d’Ivoire to avoid prosecution.¹⁰³

Social pressure and threats, and the lack of effective victim and witness protection

International human rights standards require effective victim and witness protection measures in all instances. In its General Recommendation on access to justice, the CEDAW Committee asserts that good quality justice systems require states to protect complainants and witnesses from ‘threats, harassment and other forms of harm before, during and after legal proceedings, ... and provide legislative frameworks that are necessary to ensure that protective measures function effectively.’¹⁰⁴

FGM is often carried out or facilitated by family members, community members and leaders of the communities to which girls and women belong. The practice is often carried out behind closed doors, and, given the social coercion and community pressure that contribute to FGM, there is often fear of reprisals and intimidation if incidences of FGM are reported to law enforcement. In this context, effective victim and witness protection is imperative. The lack of such procedural protections impedes access to justice for survivors. By way of illustration, while Witness Protection guidelines in Uganda protect whistleblowers in the context of FGM, there is no witness protection law in place, thereby limiting protection for victims and witnesses.

The lack of effective victim and witness protection has far-reaching consequences. In the Ruth Peal case in Liberia, subsequent to undergoing the practice, Ruth was threatened by the defendants with death if she spoke out. The Gender Ministry had to relocate her and her family to protect her.¹⁰⁵ The case of Zaye Doe in Liberia, in which a sixteen-year-old girl who was forcibly initiated by the Sande Society and subsequently died, presents similar issues pertaining to witness protection.¹⁰⁶ Her family attempted to pursue the case, and four individuals were charged with negligent homicide, criminal solicitation and criminal conspiracy.¹⁰⁷ However, they were harassed by the elders to withdraw the case from court and settle the matter traditionally. The family was afraid of the consequences if they chose not to reach a compromise. They wanted to relocate due to hostility from the community, but unfortunately, there were no institutions that could support their relocation and provide witness protection. The case was eventually dismissed as the family decided not to pursue it. Both cases took place at a time when Liberia did not have a victim and witness

protection law. Since then, the Witness Protection Act of 2021 has been passed.¹⁰⁸

The impact of such threats and harassment is also seen in other countries, like Sierra Leone. In a case followed up by the Forum Against Harmful Practices (FAHP), where a 14-year-old girl died due to FGM, the case was dismissed by the Court because witnesses failed to appear for three court hearings. After FAHP visited the community and investigated the matter, it was found that a high level of pressure and threats from the community and the lack of available victim and witness protection mechanisms contributed to the failure of witnesses and family members of the victims to show up in court, resulting in the failed prosecution.¹⁰⁹

The practice is often carried out behind closed doors, and, given the social coercion and community pressure that contribute to FGM, there is often fear of reprisals and intimidation if incidences of FGM are reported to law enforcement. In this context, effective victim and witness protection is imperative.

Threats occur both at the time of reporting the case and at the point of arrest, as was the case in *Pauline Robi Ngariba v Republic (Kenya)*, where the father of the survivor was attacked by a group of boys who had taken the girl to be subjected to the procedure. Similarly, an example from Uganda outlines how members of a rural community apprehended police who had arrived in the village to arrest FGM suspects, which eventually led to a violent clash between the parties.¹¹⁰

Moreover, while victim and witness protection laws and regulations may be in place, enforcement can remain weak. For instance, in Kenya, although there is a specific law addressing victim and witness protection and specific provisions in the FGM legislation to that effect, the government has not implemented relevant support measures mandated by the law.¹¹¹ These shortcomings create barriers to accessing justice in FGM-related cases.

Poor investigation and evidence gathering by the police

The police play a vital role in the investigation and evidence-gathering stage of a reported case of FGM. Their role determines the success of prosecution, conviction, and consequent remedies for the survivor. International human rights standards require law enforcement to be gender-sensitive and efficient, and to avoid stigmatisation and secondary victimisation in gathering evidence and during investigations.¹¹²

The ACERWC and ACHPR Joint General Comment on Female Genital Mutilation asks states to facilitate the ‘training and sensitisation of law enforcement, prosecution and judicial officers on handling matters related to FGM, including appropriate and gender sensitive approaches to evidence gathering and preparation which safeguard the integrity, dignity, safety of the girls and women involved.’¹¹³ Legislation on evidence must also take the nature of FGM into account, particularly the difficulties of obtaining evidence.¹¹⁴

Some cases demonstrate long delays and the police’s failure to progress or complete investigations into FGM cases. For instance, Kadijatu Balaima Allieu was forcefully held against her will and subjected to FGM by members of the Bondo society in Sierra Leone in 2016. Though she reported the case to the police, she faced threats of attack and had to flee and relocate to Liberia for four years for her own safety. Afterwards, the police took no action to investigate her case, leading Kadijatu to join FAHP and other CSOs in filing a case against Sierra Leone before the ECOWAS Court of Justice. The Court highlighted previous jurisprudence from the ECOWAS Court, which requires that “the duty to investigate alleged violations of human rights must be promptly and impartially undertaken and be verifiable through documented findings and action taken.”¹¹⁵ In Kadijatu’s case, the Court found no evidence that the persons responsible for the crimes against Kadijatu were investigated, prosecuted or held accountable. In fact, Kadijatu herself had to issue a private criminal summons in a Magistrate’s Court to commence criminal proceedings against the perpetrators (which had also stalled). Therefore, the Court held that the Sierra Leone government failed to uphold its obligation to provide effective redress to Kadijatu. It ordered Sierra Leone to promptly identify, investigate and prosecute the perpetrators in Kadijatu’s case, as well as pay her compensation of USD 30,000.¹¹⁶

Similarly, in the case of *R v. Amina Noor* in the UK, though the prosecution was eventually successful, the Judge nevertheless highlighted that there were significant gaps and delays in progressing matters throughout the case proceedings. For example, it took Amina Noor two years to be charged after prosecution had begun. The fact that this was raised as an issue in a successful prosecution suggests that other prosecutions are undergoing significant delays, causing cases to lose momentum and collapse.¹¹⁷

In other instances, shortcomings in investigation and evidence collection affect FGM prosecutions, contributing to cases failing in court. In many cases of FGM, police find it difficult to charge the cutters themselves because of difficulty establishing exactly who performed the act.

Many countries report inefficient and under-resourced law enforcement at the investigation stage, including in Kenya and Uganda. In Uganda, police and judicial infrastructure tends to be unevenly distributed across regions or under-resourced, with very few resources and police in rural areas where the practice is most prevalent.¹¹⁸ In other parts of the African continent, including the Central African Republic, Nigeria, Sudan and Tanzania, there is further evidence that under-resourced law enforcement is a problem affecting the implementation of anti-FGM laws.¹¹⁹

International human rights standards require law enforcement to be gender-sensitive and efficient, and to avoid stigmatisation and secondary victimisation in gathering evidence and during investigations.

Investigations and evidence gathering may also be impeded by bribery and corruption. In Kenya, it was observed that parents in regions with a high prevalence of FGM frequently bribed police to allow the practice.¹²⁰ For instance, in some Kenyan counties like Samburu, there are reports that police officers don’t pursue investigations as they are paid off by families or local leaders.¹²¹

Similar to the challenge at the reporting stage, in countries where families practising FGM are from immigrant and diasporic backgrounds, the investigation and trial process can be especially challenging due to language barriers. Moreover, evidence gathering becomes more difficult when the crime is committed abroad.

Difficulties in meeting evidentiary requirements

Evidence in FGM cases is often difficult to obtain, as the practice typically occurs behind closed doors within tightly-knit communities by family members. This environment discourages witnesses from coming forward, thereby delaying and obstructing investigations. An example of a lack of sufficient evidence contributing to failed prosecutions is a case from the UK in 2018, where a 50-year-old was accused of subjecting his daughter to FGM on two occasions when she was 9-10 years old. The survivor could only give evidence and initiate the case when she was 16 (the father was also accused of beating his children).¹²² Medical experts confirmed that the girl's genitals were cut, but they could not confirm when this was done (presumably as they were conducting the examination years later). Though the survivor gave clear evidence that her father had arranged for someone to visit their home and cut her, the case resulted in an acquittal by the jury (no further details are available).¹²³

In some countries, further complications arise when those involved in the investigation, such as law enforcement, the perpetrator and prosecutor, all belong to the same practising community, leading to potential biases and conflicts of interest that can further impede the process.¹²⁴ In countries where FGM is performed by secret societies (as in Liberia and Sierra Leone), evidence-gathering is hampered by police officers who are reluctant to visit the scene of the crime if they are not members of the society.

Impediments to gathering evidence and problems with satisfying the burden of proof may impact the success or effectiveness of trials. For instance, in *LCN v Republic*, Principle Magistrate at Kapenguria,¹²⁵ a Kenyan court found that the investigating officer had not determined whether the appellant had prior knowledge of the procedure, whether she participated in it or whether she deliberately withheld information from the police. The court noted that neither the owner of the house nor any other person present at the time was called to testify. As a result, the prosecution did not meet the threshold to establish beyond a reasonable doubt that an offence was committed, and the conviction was quashed.

Medical examination and evidence

In many cases, corruption, lack of training and other issues lead to poor quality medical and forensic examination reports, which contribute to acquittals in FGM cases. In some countries, medical professionals are pressured into ensuring that medical examination reports do not include FGM as a cause of death, which has led to cases being dropped. This issue is illustrated through cases in Sierra Leone. In Fatmata Turay's case, Fatmata's mother and the Soweis were arrested (and later released) upon her death after undergoing FGM.¹²⁶ In a public statement, the then Minister for Social Welfare, Gender and Children's issues, released details of the post-mortem, stating that FGM 'had nothing to do with Fatmata's death.'¹²⁷ Activists raised concerns about the independence and accuracy of the post-mortem report.

The impacts of inaccurate medical reports on accessing justice are illustrated through the Maseray Sei case in Sierra Leone.¹²⁸ A 65-year-old FGM practitioner was charged with the death of a 21-year-old in 2021, who had died after bleeding profusely from the procedure. The accused was discharged based on a 'no-case submission'-signifying insufficient evidence to prove an essential element of the offence charged. The medical report, which was submitted as evidence for the cause of death, was "(a) Acute Haemorrhagic Shock, (b) Profuse bleeding, (c) Clitrodectomy, and (d) Bitten tongue".¹²⁹ The court noted that the term 'clitrodectomy' could not be found in the English dictionary. The correct term was 'clitoridectomy'. Based on this spelling error, and one of the witnesses' inability to respond to certain questions regarding the interpretation of the language used in the postmortem report, and other inconsistencies, the Court discharged the accused.¹³⁰ The case highlights the far-reaching consequences inaccurate medical reports can have on the success of a case.

In many cases, corruption, lack of training and other issues lead to poor quality medical and forensic examination reports, which contribute to acquittals in FGM cases.

Trained medical experts on FGM are scarce in some instances. It has been reported that the United Kingdom does not have sufficient medical experts who are capable of identifying FGM, particularly in young children, where cases may be most prevalent. The issue was highlighted in *B (Children) (Care Proceedings)*¹³¹ - the first case in which FGM was brought up in the context of care proceedings in the UK - when three medical experts gave differing opinions as to the type of incision and consequent FGM the child had undergone. The judgment discusses the differing opinions and discrepancies in detail to understand how reliable each of the medical experts was with regard to the specific question in the case.¹³² Importantly, the judge highlighted the issue of relevant medical expertise in his concluding remarks to state that specific training and education on FGM in young children is needed, citing the fact that at the time there were only 12 specialist FGM clinics, and only one specialist paediatric FGM clinic in the country. He also reiterated the need for the careful planning of the process of examination, with the expert with relevant expertise being referred to as soon as possible.¹³³

Barriers faced during court proceedings

Similarly, the enforcement of certain legal provisions may be hindered by a lack of regulatory guidance. While the Anti-FGM law in the UK provides for FGM Protection Orders (FGMPOs), there is no guidance on how courts should exercise their powers when granting FGMPOs. This has led to the reversal of orders due to the lack of guidance on the issuance of FGMPOs.¹³⁴

In Egypt, the application of the law by judges is inconsistent. For instance, in one case from 2013 where a 13-year-old girl died after being subjected to FGM, the doctor was initially acquitted without explanation, though the judge had made reference to a reconciliation agreement signed between the doctor and the girl's family.¹³⁵ This acquittal at the trial level demonstrates an instance of poor judicial reasoning which impedes access to justice for FGM. Recognising the lack of reasoning behind the initial acquittal, the decision was eventually overturned on appeal, leading to Egypt's first conviction for FGM.

Courts may also face particular challenges in deciding how to strike a balance between constitutional values and rights and indigenous autonomy. For example, in Colombia, in 2008, a case was taken to court under the offence of "domestic violence" following the death of three newborn girls from the Emberá-Chami Community due to FGM.¹³⁶ The Court had to balance cultural diversity and the autonomy of indigenous peoples against the constitutional right to life and personal integrity and relevant international treaties, eventually holding that the latter held greater weight. However, the Court still acquitted the parents and cutters who were charged, on the grounds that they had no intention to harm the children and that no sanctions could be adopted against the parents and cutters in accordance with Article 33 of the Penal Code. It instead requested the Colombian State authorities and the indigenous authorities to adopt urgent measures to immediately prohibit FGM in Colombia.

Delays in trial proceedings and hearings inhibit access to justice for survivors, too. In *A (A Child Female Genital Mutilation Asylum)*,¹³⁷ a judge from the UK acknowledged that there was an 'inordinate delay' in handing down the judgment due to a three-month gap between the hearing and the date of the judgment. In cases concerning FGM Protection Orders where there is imminent danger of FGM, this delay may be detrimental.

Uneven and inconsistent sentences

In many of the focus countries, sentences for FGM are reduced, suspended or replaced with non-custodial sentences.¹³⁸ In Burkina Faso, while there have been a number of prosecutions, perpetrators are given low or suspended sentences.¹³⁹ In 2017, the CEDAW Committee, in its Concluding Observations to Burkina Faso, raised concerns regarding lenient sentencing policies and the State's failure to impose the minimum penalty of six months and conditional sentencing in cases of FGM.¹⁴⁰

In some cases, the Courts decided on suspended or reduced sentences because they believe that imprisoning parents is not in the best interests of the child survivor of FGM. For instance, in a prosecution from France in 1991, the prosecutor asked for a 5-year-sentence for the cutter, but only suspended sentences for the parents, arguing that the parents had taken their daughters to be mutilated "because they had not been sufficiently convinced of the uselessness and harmfulness of excision," and that it was not appropriate to imprison them and to deprive the children of their parents.¹⁴¹ Subsequent cases in France have increasingly granted suspended sentences to parents, though there is some pushback that the sentences are not strong enough considering that the parents have subjected their children to an act of violence/assault.¹⁴²

Sentences may also not be imposed when the perpetrators are parents or the elderly. The Orchid Project highlights that civil society in the African region has noted that judges may choose not to impose prison sentences on elderly women, who are often responsible for carrying out the FGM, due to old age and prisons being unable to accommodate them.¹⁴³ In Kenya, sentences have also been mitigated and suspended in some cases, particularly for first-time offenders.¹⁴⁴ These factors together impede access to justice post-conviction.

The lack of sentencing guidelines hinders judges' abilities to make informed decisions.

Even in countries outside the focus countries, a similar trend is observed. In Guinea, for example, prosecutions are rare and courts only grant suspended sentences and/or small fines.¹⁴⁵ Early cases in Senegal also only resulted in short or suspended sentences, even in the case where FGM caused death.¹⁴⁶

The lack of sentencing guidelines hinders judges' abilities to make informed decisions. An additional problem is the lack of regulatory guidelines for situations in which alternative remedies should be granted. In the UK, the Serious Crimes Act of 2015 introduced FGM Protection Orders (FGMPOs) to protect women and girls from FGM offences. Despite this positive legal step, orders are not always enforced. In *X (A Child) (Female Genital Mutilation Protection Order)*,¹⁴⁷ an FGMPO imposed a travel ban to Egypt on a child whose father was Egyptian. On the father's appeal, the Court reversed the FGMPO. The judge noted that FGMPOs are far-reaching, but that fact in itself led to the downfall of the Anti-FGM legislation, as there was no clear guidance for the judiciary on how they should exercise their powers when granting FGMPOs. In the second trial hearing, the travel ban was reimposed with more specific conditions, highlighting issues that may arise due to the lack of guidance for the judiciary on what constitutes a sufficient and appropriate FGMPO.

Failure to enforce sentences

An additional problem is when sentences are not enforced at all. In the case of *Sohair Al-Batea* in Egypt, noted in the section above on barriers faced during court proceedings, a doctor was accused of performing FGM on a 13-year-old girl who died as a result. A local court initially acquitted him with no detailed explanation.¹⁴⁸ On appeal, the original verdict was overturned, and the doctor was found guilty and sentenced to two years in prison for manslaughter, with an additional 3 months for conducting FGM, and his clinic was ordered to close for a year. However, enforcement of the sentence was delayed as police claimed that they couldn't find him to arrest him, although a journalist reported having found him easily, working at a government hospital.¹⁴⁹ This case illustrates how law enforcement is also complicit in the non-enforcement of prison sentences. In 2016, he eventually turned himself in after public pressure.¹⁵⁰ A few months later, Egypt increased its penalties for FGM.¹⁵¹

Low number of cases prosecuted and convicted in most countries

In the ten countries studied for this report, there is a lack of publicly available data on prosecutions and convictions for FGM, an issue which also spans across the globe. As the data was limited, anecdotal evidence from the focus countries is from different years for each jurisdiction and is therefore not comparable. The available data present low numbers of prosecutions and convictions, in comparison to the prevalence of the practice. The numbers are low even though anti-FGM legislation is in place. In the entire African region, despite being the region with the highest number of anti-FGM laws, convictions and sanctions remain low.¹⁵²

However, Burkina Faso, Kenya, and France remain among the countries studied that have a higher number of prosecutions and convictions for FGM. In Kenya, between 2018 and 2021, law enforcement led to 303 arrests, 300 cases brought to court, and 55 convictions and sanctions.¹⁵³ In Burkina Faso, a local NGO (Voix de Femmes) reports that, between 2016 and 2020, there were 195 men and women found guilty of FGM with sentences going up to 2 years of prison without parole.¹⁵⁴ France has the highest number of cases of FGM prosecuted in Europe, with 44 cases brought between 1986 and 2021, and most resulting in convictions.¹⁵⁵

On the other hand, many countries have seen only a handful of prosecutions for FGM. In Egypt, although a law to address FGM was passed in 2008, the first conviction only took place in 2015.¹⁵⁶ In Liberia, only two known cases of FGM have been prosecuted, with approximately 5 cases prosecuted in Sierra Leone. In the UK, while FGM was criminalised in 1985, there have only been two successful convictions to date.¹⁵⁷ Similarly, in the US, despite federal legislation, there have been only three federal-level prosecutions, and no convictions have been secured for the offence of FGM. The only FGM-related case that

resulted in a conviction (for a man who was offering to circumcise girls online) was on related charges and not for FGM itself.¹⁵⁸

The ACHPR-ACERWC Joint General Comment on FGM recommends that training and sensitisation of law enforcement, prosecution and judicial officers on handling matters related to FGM, including appropriate and gender sensitive approaches to evidence gathering and preparation.¹⁵⁹

There is often a low capacity of law enforcement professionals and a limited understanding of FGM. Resource mobilisation for case identification and prosecution, and capacity building for legal professionals on taking reported cases to court can help improve access to justice.¹⁶⁰ In some countries, there is also active resistance to FGM-related law enforcement by practising communities. In one instance in Uganda, residents of a rural community apprehended police who attempted to arrest FGM suspects.¹⁶¹ Similarly, in Kenya, a policeman who took a group of girls who had undergone FGM to the hospital was attacked by a mob and stoned to death in Elegyo Marakwet County.¹⁶²

Political interference may also hinder the effective implementation of the law, resulting in fewer successful prosecutions and convictions. Leaders often come from practising communities and have the potential to influence the implementation of the Anti-FGM law.¹⁶³ Evidence indicates that politicians frequently bail out offenders, and ensure prosecutions don't take place or that offenders don't receive serious punishment.¹⁶⁴ These factors together result in a low number of prosecutions and convictions for FGM.

In the ten countries studied for this report, there is a lack of publicly available data on prosecutions and convictions for FGM, an issue which also spans across the globe.



Chapter 4: Promising approaches to improve access to justice

Credit: joseh51camera/istock

This section analyses best practices which have contributed to improved access to justice for survivors and victims of FGM. Key factors include detailed legal provisions, supplementary remedies, political support and gender-responsive judges.

Strong political will and support

Strong political will and support have played a key role in countries with successful prosecutions of FGM. In Kenya, the President has made several national-level and international-level commitments to eliminate FGM and gender-based violence over the years. These commitments have included the Presidential Acceleration Plan to End FGM by 2022,¹⁶⁵ 12 commitments to end all forms of GBV and FGM by 2026 (in the President's capacity as global co-leaders of the Action Coalition on Gender-Based Violence), the issuance of a five year (2021 - 2026) 'Roadmap For Advancing Gender Equality and Ending All Forms of

Gender Based Violence and Female Genital Mutilation by 2026,¹⁶⁶ and other documents with regulatory guidance on the eradication of FGM and effective protection of survivors.¹⁶⁷

Kenya has also made financial commitments, for instance, by increasing the allocation of funds to its Anti-FGM Board.¹⁶⁸ The Government has also initiated cross-county working groups and Anti-FGM Coordination Steering Committees at the county level to coordinate comprehensive responses to gender-based violence within their respective regions.¹⁶⁹

Strong political will and support have played a key role in countries with successful prosecutions of FGM.

Strong political will is also a success factor in Burkina Faso.¹⁷⁰ Varied strategies that engage multiple stakeholders at both national and community levels and create political will have contributed positively to the number of prosecutions in the country. For example, the country established a National Committee to Fight against the Practice of Excision in 1990, which was tasked with preparing, implementing, coordinating and evaluating strategies for eradicating FGM.¹⁷¹ The board includes several representatives from relevant ministries, and has been responsible for several innovative initiatives at preventing and protecting against FGM, including capacity building for stakeholders across the justice system (judges, security forces and health workers).¹⁷²

However, there are also concerns that political pressure to increase prosecutions in countries like Kenya and the UK has also resulted in negative outcomes and unintended consequences. In the UK, where there was not a single prosecution for FGM almost 30 years after FGM was banned in the country, pressure from the government to prosecute contributed to the first case brought against a doctor in 2014. The doctor, of South Asian descent, was trying to provide care to his patient (by adding a stitch to stop bleeding post a de-infibulation procedure) and was predictably acquitted during trial.¹⁷³ In Kenya, studies have found that many police officers, despite learning ahead of time that FGM was about to be performed, chose to wait until after it had occurred before conducting a raid and making arrests.¹⁷⁴ This contradicts the duty of police officers to prevent FGM and is clearly not in the best interests of the child.

Effective legal remedies focused on prevention and protection

Some jurisdictions have also created unique civil remedies which facilitate prevention and protection from FGM. For instance, the FGM Protection Orders introduced in the United Kingdom through the Serious Crime Act 2015 allow the court to direct orders by means they deem necessary to protect women and girls from FGM. FGMPOs can also be sought and made in an emergency.

Examples of FGMPOs that the courts of England and Wales have imposed include the surrender of travel documents (i.e., a passport), prohibiting certain persons from entering into arrangements in either the UK or overseas for FGM to be carried out on the protected person and restrictions on the conduct of specified persons named in the order, both inside and outside of England and Wales. Breach of

an FGMPO is punishable on indictment with a maximum sentence of five years' imprisonment.

While there has been a slow upward trend in FGMPOs, the number of applications and orders that have been granted still remains low.¹⁷⁵ Moreover, as mentioned in the previous section, the lack of guidelines on how judges must exercise their discretion in granting FGMPOs may impede effective protection. Therefore, while the introduction of this civil measure is commendable in theory, its administration and implementation require further development.

The other measure, introduced in the UK, focuses on victim and witness protection and is known as anonymity orders. Anonymity orders were introduced in the 2003 anti-FGM law.¹⁷⁶ Anonymity is granted in all cases as soon as the victim makes an allegation of FGM. The scope of the order can be far-reaching, as it prevents the disclosure of any matter that is likely to lead members of the public to identify the person as the individual against whom the offence has been committed in any publication during that person's lifetime. Courts may disallow restrictions on the publication of the victim's identity under very limited circumstances.

Breach of an anonymity order is punishable by an unlimited fine, unless a victim aged 16 or over freely gives written consent to such publication.

Some jurisdictions have also created unique civil remedies which facilitate prevention and protection from FGM. For instance, the FGM Protection Orders introduced in the United Kingdom through the Serious Crime Act 2015 allow the court to direct orders by means they deem necessary to protect women and girls from FGM.

Community-level access to justice mechanisms

Holistic strategies are required for effective access to justice. Of the focus countries, Burkina Faso has one of the highest prosecution rates for FGM. One factor that has contributed to the high number of prosecutions is the use of innovative mechanisms to implement the law on FGM. The Government uses ‘mobile community courts’ to process cases at the community level (‘audiences foraines’).¹⁷⁷ This involves judges travelling directly to communities, with hearings taking place within the practising communities, rather than in the country’s capital. It also involves public prosecution and sentencing. The hearings are widely covered by the local media and radio, contributing to increased awareness about the impact and consequences of FGM. Mobile courts enhance the discussion and dialogue on FGM, provide visible support and commitment to ending the practice and foster collaboration between the communities and the justice system. They also facilitate the transformation of social norms that underpin the practice of FGM. Ostermann and Wouango highlight that the objectives of this model that is consistent with features of ‘restorative justice’; to raise awareness of the consequences of FGM, explain why the practice is banned, and to sanction those who violate the law.¹⁷⁸

Mobile courts, combined with other multifaceted measures such as translating the law into local languages, strong political will, and training of judicial actors, have contributed to increased access to justice for survivors of FGM in Burkina Faso.

Mobile courts, combined with other multifaceted measures such as translating the law into local languages, strong political will, and training of judicial actors, have contributed to increased access to justice for survivors of FGM in Burkina Faso. The reporting of cases to mobile courts is also facilitated by the operation of a hotline, ‘SOS Excision,’ established by the government in 1990.

Similar awareness-raising measures are also in place in Niger. ‘Awareness caravans’ take information on the

practice to rural communities, accompanied by legal experts who are capable of advising survivors of FGM and gender-based violence.¹⁷⁹ Burkina Faso has also implemented ‘community patrols’ - involving province-level police visiting villages to hold awareness-raising meetings.¹⁸⁰

Other mechanisms which have helped facilitate the reporting of cases include the mobile application system ‘Pasha’ in Kenya for reporting and managing referrals of FGM cases.¹⁸¹ Similarly, in countries like Burkina Faso and Uganda, the helplines “SOS Excision” and “SAUTI 116” respectively are used to report girls at risk of FGM. Burkina Faso’s ‘SOS Excision Hotline’, for example, allows individuals to report FGM anonymously 24 hours a day, and helps survivors access support services.¹⁸²

A factor contributing to increased reporting in some countries is the health workers who have taken the duty to report cases of FGM seriously. For instance, while the UK has had a low number of prosecutions and convictions, the two successful prosecutions were due to health workers who assisted in identifying and confirming that the girls in the case had undergone FGM.

In France, doctors and hospitals inform prosecutors when mutilation is observed. Cases are also reported by nurses and social workers in schools.¹⁸³

Detailed legal provisions on FGM and FGM-related offences

Detailed legal provisions on FGM and FGM-related offences (particularly in stand-alone laws) help ensure clarity in applicable laws. Such provisions, coupled with regulatory guidance, ensure that all stakeholders at different points in the justice system are prepared and well-equipped to handle a case of FGM once it is reported.

The FGM Model Law developed by 28 Too Many recommends that for anti-FGM legislation to be effective, it must have clear definitions of FGM; and prohibit a range of acts including performance of procuring, arranging and/or assisting acts of FGM; and cross-border FGM; as well as have specific provisions to address medicalisation.¹⁸⁴

Regulatory guidance to supplement anti-FGM legislation is also imperative for the effective implementation of the law.

In Kenya, the Prohibition of FGM Act, 2011, contains detailed legal provisions that align with international and regional human rights standards. Additionally, the Act makes it an offence to knowingly allow use of any premises

for FGM, possessing tools or equipment for FGM, and the use of derogatory or abusive language that harms a woman for not having undergone the practice.¹⁸⁵

Moreover, the SOPs on the Prosecution of FGM cases published by the Office of the Director of Public Prosecutions in Kenya¹⁸⁶ offer detailed guidance to prosecutors. The objectives of the SOPs are to: 1) standardise FGM case prosecution; 2) ensure victims and witnesses are protected during trials; 3) ensure adherence with national, regional and international laws on FGM; 4) strengthen stakeholder collaboration, and 5) educate and raise public awareness on FGM.¹⁸⁷

Detailed legal provisions on FGM and FGM-related offences (particularly in stand-alone laws) help ensure clarity in applicable laws. Such provisions, coupled with regulatory guidance, ensure that all stakeholders at different points in the justice system are prepared and well-equipped to handle a case of FGM once it is reported.

Gender-sensitive approaches by judges

While courts must be accessible to all, access to justice for FGM survivors is also realised through effective, gender-sensitive and child-centred approaches in the interpretation and implementation of anti-FGM laws.

In the UK, for instance, judges have noted the lifelong impact of FGM on the victims both physically and mentally while deciding cases of FGM. In *R v N*, Justice Whipple commented that the injuries sustained by the victim as a

While courts must be accessible to all, access to justice for FGM survivors is also realised through effective, gender-sensitive and child-centred approaches in the interpretation and implementation of anti-FGM laws.

result of N's actions would only become apparent when she becomes older and realizes her body is different and would be a "significant and lifelong burden for her to carry".¹⁸⁸ Similarly in the *Noor* case, Justice Bryan noted that such an act by a parent constitutes a breach of trust to a vulnerable victim, which was identified as an aggravating factor for Noor's sentence. With the best interests of the child in mind, he also noted that "the total removal of an organ of the body from a 3-year-old child... is irreversible and the effects last a lifetime, effects that a victim may be reluctant to speak out about, or even acknowledge".¹⁸⁹

France has had a high number of prosecutions over the years, with the highest number of cases resulting in convictions for FGM in Europe. Aside from criminalising FGM early on, one of the factors that has contributed to the high number of convictions is a court system that has recognised the importance of preventing FGM in the country. In its 9 May 1990 judgment, the Cour de Cassation recognised complicity in FGM as a criminal offence, demonstrating that even indirect involvement, such as providing financial support for the procedure, could lead to criminal liability.¹⁹⁰ In this case, the offender had provided gifts to the cutter and facilitated the procedure. Additionally, cases like the Cour de Cassation decision of 29 September 1993 affirmed that NGOs could act as "civil parties" and join the proceedings in these cases, reinforcing the role of advocacy groups in holding perpetrators accountable.¹⁹¹ This has facilitated access to justice, considering that many FGM cases involve minors, whose parents may be accused persons, making it difficult for them to navigate the judicial process.

Chapter 5: Recommendations

In addition to the strategies outlined in Chapter 2 for effective litigation in female genital mutilation (FGM) cases, the following recommendations are directed at governments, lawmakers, prosecutors, and advocates. They aim to strengthen the human rights standards applied to laws addressing FGM and to ensure that legal frameworks are responsive to the needs of survivors and those at risk. Importantly, these recommendations are intended to serve as a guiding framework for the adoption, reform, and implementation of laws aimed at eliminating FGM.

Our recommendations cover:

1. Comprehensive laws against female genital mutilation
2. Protection of survivors
3. Addressing procedural loopholes
4. Access to remedies
5. Multi-sectoral approach

Comprehensive laws against female genital mutilation

- 1. Explicit and comprehensive laws against FGM must be adopted**, in addition to general laws addressing gender-based violence. These laws must include:
 - ◆ **A clear and detailed definition of FGM**, which includes all types of FGM based on the definition and classification of FGM by the World Health Organization.
 - ◆ The prohibition of a range of acts linked to FGM, including assisting, abetting, and procuring FGM, must explicitly address the medicalisation of FGM.
 - ◆ **Explicit provision on cross-border FGM**, ensuring accountability for acts committed beyond national jurisdictions.
 - ◆ A clear provision that religion, customs and culture are not considered a valid defence to the offence of FGM.
- 2. FGM laws must be actively enforced**, including compliance with court rulings, sentences, and protective orders.

Protection of survivors

- 3. Survivors of FGM must not be prosecuted, criminalised, or punished** under any law against FGM, including under mandatory reporting or aiding/abetting provisions. Survivors must also not be penalised for ‘consenting’ to FGM, recognising that in most cases there is social coercion and lack of full, free and informed consent on the part of survivors. Survivors of FGM must also be protected from being made to undergo forced genital examinations without their consent.
- 4. Protective measures must be developed to safeguard survivors and complainants from gender-insensitivity and discrimination** by law enforcement, the judiciary, or frontline support services. This includes undertaking capacity-building of law enforcement, justice system and frontline support actors, to promote the use of survivor-centred and gender-sensitive approaches.
- 5. Legal safeguards must be put in place to protect survivors, those at risk, witnesses, complainants, and whistle-blowers from backlash, harassment, and retaliation**, both within and between community and institutional settings.

Addressing procedural loopholes

- 6. Regulatory guidelines must be developed** to support the implementation of FGM laws, including providing for the issuance of protection orders and other protective remedies.
- 7. Standard Operating Procedures (SoPs) must be developed** for law enforcement and prosecutors, incorporating best practices for investigating and prosecuting cases of FGM, while taking into account the common barriers faced by survivors.
- 8. Sentencing Guidelines must be issued to ensure uniformity and consistency in sentencing, thereby avoiding arbitrary leniency.**
- 9. Legislation and judicial guidelines on evidence must reflect the unique and complex nature of FGM**, particularly in terms of the challenges in investigation and evidence collection.

Access to remedies

10. **Civil remedies must be made available** to enable survivors to hold perpetrators accountable, including access to compensation, reparation and legal prevention measures, such as FGM Protection Orders.
11. **Comprehensive legal measures must be developed to support survivors in accessing justice.** This includes: anonymity provisions in FGM cases, which can help prevent community backlash; safeguarding provisions for survivors, such as trauma-informed gender sensitive guidelines for investigation and hearing of FGM cases, access to free legal aid; and procedural rules allowing NGOs and other third parties to represent minor survivors.
12. **Concrete measures must be taken to prevent delays in FGM prosecution,** including delays in investigation, evidence collection, and laying of charges.
13. **Law enforcement must be trained and work collaboratively with community-based organisations** to address language barriers and prevent revictimization during investigation.
14. **Promote the enforcement of judicial decisions** by both national courts and regional courts, as well as relevant mechanisms.

Multi-sectoral approach

15. **Community-based approaches must be prioritised** in law and policy development, ensuring the protection of survivors, promoting gender equality, prioritising child sensitivity, and adopting a human rights-based approach. This must include training for law enforcement, judiciary, teachers, medical personnel, and other officials, with meaningful community engagement.
16. **An ecosystems approach to ending FGM** must be adopted, which integrates efforts to end FGM with the implementation of laws and policies on child marriage and gender-based violence more generally.
17. **Increased funding and state-led support must be provided** for research, advocacy campaigns, to raise awareness of the law amongst affected communities, regular capacity-building of law enforcement professionals, and to promote implementation of the law against FGM.
18. **Public education and awareness programs must be supported,** especially in rural areas, to raise awareness on the harms of FGM, applicable legal provisions and to improve access to legal aid and services.
19. **Relationships with community and religious leaders must be developed** to support anti-FGM legislation and policy implementation.
20. **A comprehensive and coordinated national, regional and global response to FGM must be developed** and adequately supported.
21. **Develop networks of lawyers at national and regional levels** to share progressive jurisprudence and learnings.

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