

TEMARAPPORT

SOMALIA

UDBREDELSEN AF KVINDELIG OMSKÆRING (FGM) I SOMALIA

December 2020



¹ <http://legacy.lib.utexas.edu/maps/somalia.html>

Denne rapport indeholder aktuelle baggrundsoplysninger (COI) om udbredelsen og risikoen for kvindelig omskæring (female genital mutilation – FGM) i Somalia. Rapporten er baseret på research af offentligt tilgængelige kilder fra statslige og ikke-statslige aktører samt egne interviews.

DRC Dansk Flygtningehjælps landeprofiler og temarapporter er et uddrag af aktuelle, asylrelevante baggrundsoplysninger om et enkelt land. Landeprofilerne og temarapporterne er typisk baseret på oplysninger indsamlet af andre aktører og er ikke et udtryk for DRC Dansk Flygtningehjælps egne holdninger.

DRC Dansk Flygtningehjælp er en privat, humanitær organisation, der arbejder med flygtninge og fordrevne i mere end tredive lande samt med rådgivning af asylansøgere i Danmark.

Indhentelse af oplysninger er afsluttet i midten af november 2020.

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1. Indledning

Denne rapport samler baggrundsoplysninger vedrørende kvindelig omskæring (*Female Genital Mutilation - FGM*) i Somalia med særligt fokus på forældrenes rolle i forhold til at kunne beskytte deres børn mod dette.

Baggrunden for rapporten er det betydelige antal sager, hvor somaliere som en del af deres asylmotiv, f.eks. i forbindelse med, at de får inddraget deres opholdstilladelser som flygtninge i Danmark, påberåber sig risikoen for, at deres døtre bliver udsat for FGM, hvis de skal vende tilbage til Somalia.

Spørgsmålet om FGM er et særdeles følsomt emne og sikkerhedssituationen i Somalia ikke er stabil. Dette påvirker indsamlingen af informationer og kvaliteten af de informationer, der bliver givet. Udlændingestyrelsen pointerer blandt andet også i sin temarapport fra 2016, som er baseret på interviews med kilder i Nairobi, Kenya, at det er svært at finde pålidelig, repræsentativ information om især mulighederne for at undgå FGM i Somalia. Udlændingestyrelsen skriver: *"(...) reliable data collection in Somalia is extremely challenging, and that this is especially the case with sensitive issues like FGM/C, the sources consulted could very often only base their individual input on anecdotal accounts, with no possibility to verify their own statements or to give concrete examples to support these. Consequently, sources were repeatedly not able to answer very specific questions, especially regarding the possibility to evade the practice of FGM/C and the consequences thereof."*²

DRC Dansk Flygtningehjælp har suppleret de offentligt tilgængelige baggrundsoplysninger med seks interviews med kilder, som alle med undtagelse af én er bosat i Somalia og som for alles vedkommende arbejder med FGM-relaterede spørgsmål i det daglige, enten som hovedtema eller som en del af deres arbejde med *Genderbased Violence* (GBV) i Somalia. Alle interviews er gennemført per telefon eller skypeforbindelse med begrænset mulighed for opfølgning. Der er ikke brugt tolk og der tages derfor forbehold for sproglige uklarheder, som kan være opstået som følge af både sproglige og akustiske udfordringer. Kilderne har godkendt referat af interviews.

To af kilderne bor og arbejder i Syd- og Central Somalia, to kilder i Somaliland, en i Puntland. Den sidste kilde er bosat i Irland, men arbejder regelmæssigt i Somalia.

Af sikkerhedsmæssige hensyn ønsker tre af kilderne at være anonyme.

De forskellige kilder benytter sig af en forskelligartet terminologi. I rapporten er termerne "omskæring", "FGM", "FGC", "FGM/C", "circumcision" derfor benyttet synonymt til at dække alle former for omskæring, som omfattet af WHO's definition (se afsnit 2).

Lifos gør i sin rapport fra august 2019 opmærksom på, at "FGM" i en somalisk kontekst kan forstås som infibulering eller faraonisk omskæring (type 3) og således ikke nødvendigvis omfatter andre former for omskæring.³ Flere kilder, herunder UNICEF, har berettet for Lifos, at mange somaliere forklarer, at de er holdt op med at omskære, fordi de ikke anser en sunna-omskæring (type 2) for omskæring. Dette pointeres også af én af de kilder, som DRC Dansk Flygtningehjælp har talt med⁴ (se også afsnit 4).

² US, *Thematic Paper: South Central Somalia - Female Genital Mutilation/Cutting*, januar 2016, side 3.

³ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 14.

⁴ Interview, anonymous source ii, 02.11.2020.

2. Definition af FGM

Verdenssundhedsorganisationen, WHO, definerer female genital mutilation (FGM) som: *“all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”*.⁵

Tabel 1: Typer af omskæring, baseret på WHO's klassificering⁶

TYPE 1	<i>Klitoridektomi</i> . Klitoris fjernes helt eller delvis, eventuelt fjernes kun dele af forhuden
TYPE 2	<i>Excision, sunna eller tahara</i> . Klitoris og de indre kønslæber fjernes helt eller delvis, og eventuelt fjernes også noget af de ydre kønslæber
TYPE 3	<i>Infibulering eller faraoansk omskæring</i> . Sammensyning af vulva, så der kun er en lille åbning for urin og menstruationsblod. Klitoris er ikke altid fjernet, men oftest vil den være det sammen med de indre kønslæber og den mediale del af de ydre kønslæber. Den mest indgribende form for omskæring ⁷
TYPE 4	Mindre indgreb, hvor der prikkes, stikkes, skræbes eller skæres i klitoris eller dele af vulva

Ifølge WHO er der ingen helbredsmæssige fordele ved FGM, men alene en række særdeles skadelige følger.⁸

3. Lovgivning

Organisationen 28tooMany skriver i deres rapport fra juli 2018, der gennemgår den somaliske lovgivning i forhold til FGM, at: *“There is currently no national legislation in Somalia that expressly criminalises and punishes the practice of FGM.”*⁹

Dette bekræftes i efterfølgende oplysninger fra Lifos og EASO.

Lifos, skriver i sin rapport fra august 2019, at: *“Ån idag finns ingen nationell lagstiftning som förbjuder könsstympning i Somalia, och det finns heller inga straff mot utföraren.”*¹⁰

EASO skriver i juli 2019 i Query Note vedrørende FGM i Somalia, at:

*“The 2012 Provisional Constitution of Somalia [Article 15 (4)] states that ‘female circumcision is a cruel and degrading customary practice and is tantamount to torture. The circumcision of girls is prohibited’. The law prohibits FGM/C but does not offer clarification on what constitutes circumcision. According to different sources, there is currently no national legislation in Somalia that expressly criminalises and punishes FGM/C in the country.”*¹¹

⁵ WHO, *Female genital mutilation*, Fact sheet, februar 2020, <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> [tilgået 19.11.2020].

⁶ Sundhed.dk, juli 2019, <https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/gynaekologi/tilstande-og-sygdomme/diverse/kvindelig-omskæring/> [tilgået 19.11.2020]; Lifos, *Somalia – Kvinnlig könsstympning* august 2019, side 13-15.

⁷ Bl.a. Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, side 213 og table 10.2; Lifos, *Somalia – Kvinnlig könsstympning* august 2019, side 13-15.

⁸ WHO, *Female genital mutilation*, Fact sheet, februar 2020, <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> [tilgået 19.11.2020].

⁹ 28toomany, *Somalia: The law and FGM*, juli 2018, s. 4.

¹⁰ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 28.

¹¹ EASO, *COI Query, Somalia FGM: legal framework, prevalence, social sanctions*, juli 2019, side 2.

Som EASO også henviser til, fremgår det af den foreløbige somaliske forfatning fra 2012, at omskæring er en grusom og nedværdigende traditionel skik, som udgør tortur og at omskæring af piger er forbudt. Denne bestemmelse er ikke omsat til national lovgivning.¹²

I Somaliand og Puntland har religiøse ledere udstedt religiøse dekretter (*fatwas*) for at forhindre infibulering (Type 3), men religiøse lærde i Somalia er stadig ikke enige om, hvorvidt sunna (Type 2) skal fortsættes eller forhindres.¹³

4. Hyppighed, type og alder for gennemførslen af FGM

Lifos påpeger i sin rapport fra august 2019, at der mangler tilgængelig kvantitative data om forekomsten af FGM, og at relevante, kvantitative studier er forældede.¹⁴ UNICEF Somalia har ligeledes udtalt til samme rapport, at der findes forskelligartet information om FGM og udbredelsen heraf, og at der de seneste par år er fremkommet indikationer i retning af en smule mindsket forekomst af FGM.¹⁵

I 2020 er der imidlertid udkommet en rapport, som den somaliske regering og FN's Befolkningsfond (UNFPA) har udarbejdet i 2018-2020. Rapporten, *The Somali Health and Demographic Survey 2020* (herefter SHDS) gennemgår kvantitative data om demografi og sundhed i Somalia. Her er data fra 14.651 kvinder i alderen 15 til 49 år indsamlet og kvantificeret. Undersøgelsen bekræfter, at der er meget få kvinder, der ikke er omskåret, og at FGM således er et universelt fænomen i Somalia, idet det fremgår af rapporten, at 99,2 procent af den samlede gruppe af kvinder er omskåret.¹⁶ Dette tal ser ud til at ligge stabilt over tid, hvis man ser på de tidligere folkeundersøgelser i Somalia.¹⁷

Størstedelen af kvinderne (64,2 procent) har gennemgået den mest alvorlige form for omskæring, dvs. infibulering (type 3). 21,6 procent har gennemgået en sunnaomskæring (type 2) og 12,3 procent en "intermediate" type defineret ved "*Excision of the clitoris with partial or total excision of the labia minora.*"^{18 19} 1,9 procent vidste ikke, hvilken form for FGM, som de havde gennemgået.²⁰

Der kan herske uklarhed omkring typen af FGM. Som nævnt i indledningen, forstås begrebet "FGM" i en somalisk kontekst mestendels som infibulering eller faraonisk omskæring (type 3) og omfatter således ikke nødvendigvis andre former for omskæring.²¹

En anonym kilde, som DRC Dansk Flygtningehjælp har talt med, forklarer på lignende vis, at: "*there are two main categories of cutting in Somalia and most people, who say they are not practicing FGM, are still practicing Sunna.*"²²

I den omfattende undersøgelse (SHDS) svarer 70,9 procent af de adspurgte kvinder i alderen 15-49 år, at de selv blev omskåret, da de var mellem 5 og 9 år.²³ Af de adspurgte kvinder med døtre har 75,9 procent oplyst,

¹² 28toomany, *Somalia: The law and FGM*, juli 2018, s. 4; Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 28-29.

¹³ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 8-9.

¹⁴ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 19-20.

¹⁵ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 20.

¹⁶ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, side 213 og tabel 10.2, s. 220; FGM beskrives ligeledes som et universelt fænomen i rapporten fra Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, s. 19-20.

¹⁷ 98 % i 2006, og 99,1 % i 2011, jf. UNICEF, *Somalia - Multiple Indicator Cluster Survey* dækkende hhv. årene 2006 og 2011.

¹⁸ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, side 213 og tabel 10.2.

¹⁹ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, side 212.

²⁰ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, side 213 og tabel 10.2.

²¹ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 5 og 14-15.

²² Interview, anonymous source ii, 02.11.2020.

²³ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, side 214 og Tabel 10.3, side 221.

at døtrene var mellem 10 og 14 år, da de blev udsat for omskæring. 29, 7 procent af døtrene var mellem 5-9 år og 3,3 procent mellem 0-4 år.²⁴ Det ser således ud til, at døtrene generelt set er ældre, når de bliver omskåret, end deres mødre var.

5. Forældrenes rolle og demografiske, kulturelle og politiske faktoreres betydning for risikoen for FGM

5.1 Betydningen af forældrenes holdning, udførelsen af FGM mod forældrenes vilje og pres udefra

Traditionen omkring FGM er en tradition, der går i arv for at forberede en datters muligheder for ægteskab og voksenlivet.²⁵ FGM anses som en beskyttelse eller sikring af kvinden eller pigen.²⁶

UNICEF Somalia udtaler til Lifos, at så længe opfattelsen af betydningen af FGM ikke ændres, vil udøvelsen af FGM fortsætte; så længe en kvinde selv er omskåret, er det sandsynligt, at hun vil opretholde traditionen og derved udsætte sin datter for FGM.²⁷

5.1.1. Betydningen af forældrenes holdning for risikoen for FGM

Af Udlændingestyrelsens COI-notat fra januar 2019, som blandt andet henviser til Udlændingestyrelsens temarapport fra januar 2016, fremgår det at: *"Kilder er uenige om, i hvor høj grad forældre kan modsætte sig FGM og beskytte deres døtre mod omskæring. Nogle kilder oplyser, at piger ikke kan udsættes for omskæring uden forældrenes, især morens, samtykke, hvorimod andre kilder angiver, at familiemedlemmer kan omskære piger, på trods af forældrene har modsat sig indgrebet."*²⁸

På samme vis fremgår det af Lifos' rapport fra august 2019, at der ikke er ensartet opfattelse af, hvorvidt det typisk er moderen eller faderen, der tager den endelige beslutning omkring typen af FGM.²⁹ *"Bland Lifos konsulterade källor finns det en samsyn kring att det huvudsakligen är upp till flickans föräldrar vilken typ av könsstympning som ska genomföras. Uppgifterna varierar dock något kring vem av mamman eller pappan som har sista ordet."*³⁰

Af Lifos rapporten fremgår det videre, at nogle kilder mener, at det er moderen samt bedstemødre fra begge sider af familien, som presser på for, at en pige skal omskæres. Selv om moderen ikke altid konsulterer faderen, er det i sidste ende farens ord, der vejer tungest, hvorfor faderen er den, der kan tillade eller forbyde omskæring.³¹

²⁴ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.4, side 222.

²⁵ United States Department of State: *Somalia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, 2001; Rita Morris, *Female genital Mutilation: Perspectives, Risks, and Complications*, 1999; Lifos: *Somalia – Kvinnlig könsstympning*, august 2019.

²⁶ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 16.

²⁷ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 18.

²⁸ US, *FGM/Kvindelig omskæring – Baggrund, tal og tendenser*, januar 2019, side 11.

²⁹ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 25 - 27.

³⁰ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 25.

³¹ Lifos: *Somalia – Kvinnlig könsstympning*, august 2019, side 25.

Ifølge antropolog Sahra Ahmed Koshin, som DRC Dansk Flygtningehjælp har talt med, står mændene bagved og presser på i forhold til FGM, men de gør det gennem kvinderne. Dette skyldes ifølge antropologen, at det bliver betragtet som umandigt at tale om FGM, da det involverer genitalier.³²

En anonym kilde, som DRC Dansk Flygtningehjælp har talt med, oplyser dog, at kvindernes holdning til FGM har betydning: “ [...] *the mothers’ opinion matters. The women in the family have strong opinions and it is the women, who are continuing this tradition, but traditional belief, pressure from the society and being afraid of the community can prevent a mother from stopping FGM.*”³³

Flere kilder fremhæver over for Lifos, at beslutningen om hvorvidt der skal udføres FGM, ikke besluttet af forældrene alene, men at det er en beslutning, som også afhænger af bedsteforældrenes holdning til FGM.³⁴

En kilde forklarer til Lifos, at hvis slægtens holdning til omskæring adskiller sig fra farens holdning, kan faren, der er imod omskæring, ende med at lade sig overbevise af bedsteforældrene til, at omskæring alligevel gennemføres: “*Om släktens uppfattning skiljer sig från pappans och de utövar påtryckningar har han svårt att stå emot de äldre släktingarnas vilja. En källa menar att om fadern förbjuder könsstympningen så görs det inte, men då fadern har större respekt för sin släkt än för sin fru kan de övertyga honom.*”³⁵

En enkelt kilde udtaler til Lifos, at såfremt begge forældre er imod omskæring, kan det lade sig gøre at beskytte deres barn mod dette, men når barnet bliver ældre, vil barnet kunne blive presset til at blive omskåret af venner og andre personer.³⁶

En kilde, som Lifos har interviewet, udtaler, at diskussioner om FGM kan være meget intense og lede til vold i hjemmet.³⁷

Vedrørende spørgsmålet om risikoen for, at piger bliver udsat for FGM/C imod forældrenes vilje, skriver Udlændingestyrelsen i deres rapport fra 2016, at udtalelserne fra de konsulterede kilder i nogen grad varierede.³⁸

Flere af de kilder, som DRC Dansk Flygtningehjælp har talt med forklarer, at der er risiko for, at barnet bliver udsat for FGM mod forældrenes vilje. Ifrah Ahmad, der er *gender advisor* for den somaliske regering, oplyser at: “*Even if a mother is against FGM, she still has a mother and a mother-in-law and other family members. They would just do it without informing the mother. The mother would not even be consulted. They would take the child to the village or somewhere in Mogadishu and just have it done. In the cases, where the children have been in Europe, the mother would be told: “You went to Europe and now it is very much time to cut.”*”³⁹

En organisation, som arbejder med børns og kvinders sundhed i Somaliland, forklarer ligeledes til DRC Dansk Flygtningehjælp, at hvis en mor modsætter sig omskæring, kan bedstemoren tage barnet til omskæring.⁴⁰ Kilden forklarer således: “*There are girls that are held by adult women.*” Kilden bruger sin egen erfaring som eksempel. Hun forklarer, at hun selv blev omskåret, da hun var 8 år: “*She was 8 years old and they did it to her. She was in the second grade; her mother did not want it. She was taken from school in town to a rural area. Seven women held her down and circumcised her.*” Ifølge kilden sker dette fortsat mange steder i dag,

³² Interview, Sahra Ahmed Koshin, 06.11.2020.

³³ Interview, anonymous source i, 24.10.2020.

³⁴ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 25.

³⁵ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 25.

³⁶ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, s.26.

³⁷ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, s.26.

³⁸ US, *Thematic Paper: South Central Somalia - Female Genital Mutilation/Cutting*, januar 2016, side 10.

³⁹ Interview, Ifrah Ahmed, 18.09.2020.

⁴⁰ Interview, anonymous source iii, 05.11.2020.

især på landet. Samme kilde forklarer, at det er nødvendigt at se på hele lokalsamfundet: *“You must look at the whole community. We need to educate, especially the elderly. If the mother is against, someone else can do it when she is not there. It will be done without her knowledge. There are many examples of this.”*⁴¹

Antropolog, Sarah Ahmed Koshin, som DRC Dansk Flygtningehjælp har talt med, brugte erfaringer fra sit netværk til at beskrive situationen. Hun forklarer om en veninde, som var på besøg fra UK med sin datter og som var nødt til at tage væk uden sine børn: *“While she was away, the husband’s mother grabbed the daughter and cut her. The mother was upset and angry because of the pain her daughter had been exposed to, but only for a little while. The family took care of the child and by the time the mother had come back, her daughter was in an ok state.”* Kilden beskrev videre: *“When this happens, the mothers will be angry, but the scars are invisible to the surroundings and the cutting was done by family, who care for your child and after a while, nobody will talk about it anymore. FGM has an enormous psychological impact, but women do not speak about it. They will later, when they are older, speak about the physical problems they are confronted with, but not the emotional.”* Kilden beskriver: *“In Somalia there is no time for self-pity and no time to face the trauma. You get up and run. (...) The Somali women will numb themselves and stay numb for the sake of the family.”*⁴²

Den samme kilde forklarede følgende om, hvorfor familien handler, som den gør i forbindelse med at fortsætte praksis med FGM: *“In Somali, there is a word called Asturat. It describes the situation where for example a person is running around naked and someone helps to cover this person with a towel. Someone relieving shame. When someone is cut, it is seen as Asturat; You are helping to cover this person’s shame.”* Kilden forklarede videre, at hun ikke har set en familiekonflikt på grund af dette: *“The mother will say: what have you done? but it will soon be forgotten.”* Kilden forklarede videre: *“The pressure from the family is subtle and hidden, but the family/community will not discuss it with you. They will just take the child and do it.”*⁴³

Ifølge Lifos, mener flere kilder, at det i undtagelsestilfælde forekommer, at forældrene efterlader barnet for at bo hos far- eller mormoren og at det så er sket, at de udfører omskæringen mod forældrenes vilje.⁴⁴ En anden kilde, som Lifos har talt med, mener, at hvis barnet bor hos sin mor, kan mor- eller farmoren lægge pres på moren, men de ville ikke udsætte pigen for omskæring på eget initiativ.⁴⁵

5.1.2 Pres fra omgivelserne

Den finske *Immigration Service* skriver: *“If a girl’s own immediate community demands that she be cut, resisting its views and the ensuing social pressure is difficult. The fear of being excluded from a community is a significant threat.”*⁴⁶

Med hensyn til hvorvidt personer bliver udsat for pres fra omgivelserne for at gennemføre FGM, har ligeledes alle de kilder, som DRC Dansk Flygtningehjælp har talt med, svaret, at et pres eksisterer. Flere af kilderne påpeger at FGM reelt er umuligt at undgå.⁴⁷

FGM ekspert ved NAFIS Network, Ugbad Ahmed Hashi, forklarer således: *“I do not believe that there is a possibility to avoid the circumcision since the community strongly believe in the practice and they will*

⁴¹ Interview, anonymous source iii, 05.11.2020.

⁴² Interview, Sarah Ahmed Koshin, 06.11.2020.

⁴³ Interview, Sarah Ahmed Koshin, 06.11.2020.

⁴⁴ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, s.26.

⁴⁵ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, s. 26.

⁴⁶ Finnish Immigration Service: *Somalia: Fact-finding mission to Mogadishu and Nairobi*, januar 2018, side 30.

⁴⁷ NAFIS Network, 04.11.2020; Interview Sarah Ahmed Koshin, 06.11.2020, Interview, Ifrah Ahmed, 18.09.2020; Interview, anonymous source iii, 05.11.2020.

stigmatize a family, if the daughters did not undergo FGM. They believe it is forbidden to marry an uncircumcised girl.”⁴⁸ Og videre: “Since the communities support the circumcision, they believe that the female circumcision is something everyone will undergo and they will discriminate the families who do not practice. Because people believe the circumcision will protect the virginity of the women.”⁴⁹

En anonym kilde beskriver presset således: “[...] people believe that FGM is for the welfare of the child and that it improves the girl’s marriageability. If the child did not get FGM, other girls in the neighborhood and school points their finger at her stating you are not clean and pure. [...] and before marriage she will be put under a lot of pressure. A lot of pressure from the outside/surroundings. [...] The concept of family honor is also involved as well as a set of social rewards, including the idea that girls will face shame and social exclusion, including diminished marriage prospects, if they forego the practice.”⁵⁰

En anden kilde forklarer således: “Sure, there would be pressure. Especially on the girl. For example, when she goes to school or to the Madrassa, she would be exposed to abusive language and isolated. The parents would also be under pressure. The child would complain about the abuse. It could develop into fights with neighbors because other people feel that the abuse of the child is ok, because the child is not circumcised.” Kilden fortsætter: “Some parents might have to go and live somewhere else. Maybe they have not heard about the FGM and will assume that the girl has been circumcised, or the girl is not so easy to identify.” Kilden forklarer videre: “Another risk might be that there are temptations related to the girl. Some men will think that because she is not circumcised, she might go to bed with them. A girl who is not circumcised will be less protected in the community.”⁵¹

En kilde forklarer om det pres, der kommer fra det omgivende samfund, familie og venner ved hjælp af et eksempel: “One woman decided not to circumcise her daughter. After the daughter became an adult, the girl was married. When the boy and his family found out that she was not circumcised, they took her to the family home and requested that they pay back the money, which they were given for the girl, when she was married. In Somalia, women are financially dependent on men and this is one of the reasons that female cutting still exists.”⁵² Videre forklarer kilden: “Girls to be married is something important to the families. That is why they do not want to take risks.”⁵³ En anden, anonym, kilde forklarer samstemmende om ægteskabets betydning og sammenhæng med FGM: “(...)It is believed that women who are not circumcised have a lot of sexual activities without being married and bring shame to their families. Marriage is a very important institution religiously and in society. According to the source, it is generally believed that women cannot break their virginity without being married, and that girls should be tamed.”⁵⁴

Lifos skriver på tilsvarende vis om det pres, der omgiver en familie: “[...] if information or rumors on the woman’s status is being spread in society, it affects the woman’s reputation and thus her marriageability. It also affects the reputation of her family, and her sisters’ marriageability. Thus, a woman’s FGM status can directly or indirectly stigmatize her and her family.”⁵⁵

En anonym kilde forklarer overfor DRC Dansk Flygtningehjælp om presset: “The community would shame them.” Kilden beskriver ved hjælp af sine egne erfaringer, hvordan dette pres udøves. Kilden blev selv udsat

⁴⁸ Interview, Ugbad Ahmed Hashi /NAFIS Network, 04.11.2020.

⁴⁹ Interview, Ugbad Ahmed Hashi/ NAFIS Network, 04.11.2020.

⁵⁰ Interview, anonymous source iii, 05.11.2020.

⁵¹ Interview, anonymous source ii, 02.11.2020.

⁵² Interview, Ugbad Ahmed Hashi/NAFIS network, 04.11.2020.

⁵³ Interview, Ugbad Ahmed Hashi/NAFIS network, 04.11.2020.

⁵⁴ Interview, anonymous source i, 24.10.2020.

⁵⁵ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 5-6.

for FGM, da hun var 10-11 år og forklarer om sig selv: *"Before this, people used to call her dirty. In the madrassa, where she went to school, everyone knew that she had not been circumcised."* Kilden og hendes jævnaldrende var født i det samme område og var vokset op sammen og vidste alt om hinanden. Kilden forklarede, at hun *"used to feel great shame, when going to the madrassa. (...) in this way, the community/surroundings will put pressure on the little girl. They will call her names"*. Kilden forklarede videre om sig selv, at: *"she would ask her mother, why she was not circumcised and her mother would tell her, that they were looking for someone good to do it and the source herself was asking to have it done, because of the situation she was in as not-circumcised."*⁵⁶

Den samme kilde beskriver et andet eksempel fra sin egen familie: *"(...) a woman, who was about to get married. She was not circumcised, and she was afraid her future husband would hit her and chase her away when he found out. She travelled away from the village for 2-3 weeks to be circumcised before the wedding."* Kilden forklarede videre, at: *"the shame of not being circumcised will not go away and it will transition with you into adulthood."* Og at *"the pressure comes from the culture."*⁵⁷

En anden kilde er universitetsuddannet antropolog og tidligere bosat i Holland, hvor hendes datter er født. Hun er nu bosiddende i Puntland og forklarer ligeledes overfor DRC Dansk Flygtningehjælp om det pres, der ligger på familien, ved at bruge sin egen erfaring med datteren som eksempel. Kilden beskriver følgende: *"When her daughter was 6 years old, her friends were cut."* Hun forklarer videre: *"this is done quietly in Somalia. You are just grabbed, and your legs opened and the child is traumatized. This is often done in a group. All the people you know, who have not been cut, will be gathered. The neighbor was cutting four of her daughters. [...]"* På dette tidspunkt ville kildens egen datter også omskæres, fordi alle andre blev det. *"When the daughter was 8 years old, the husband's family started to talk to the source's husband about their daughter being uncut."* Faderens familie sagde: *"Maybe we can do the sunna."* Kilden forklarer: *"there is this very strong fear that, if you do not cut your girls, the girls become 'loose', uncontrollable, like prostitutes and sleep with older men, etc. (...)"* Kilden forklarede videre, at: *"the pressure from especially family members, but also the community was severe and difficult to live with. (...) Even her cleaning lady would be making derogatory comments to her daughter."* Kildens datter bor nu hos sin bedstemor i Zambia. Kilden forklarer, at: *"this is very difficult for her, but it was something she had to do to protect her daughter."*⁵⁸

Samme kilde beskriver videre ved hjælp af et eksempel fra sit eget netværk om en kvinde, der boede i Canada og på et tidspunkt tog sine børn med tilbage til landsbyen i Somalia: *"[...] this will inevitably lead to the question: Have you been cut? The grandmother was very angry that the granddaughter had not been cut and tried to do it and they had a fight. This mother had an advantage; she is Canadian, and she has money, but it didn't matter. The grandmother would try to 'seduce' the daughter, by saying: 'Let's go and do it'. We can do it now. Trying to do it in a secret way or get the child to convince the mother. The grandmothers and aunts feel the weight on them."*⁵⁹

⁵⁶ Interview, anonymous source, 24.10.2020.

⁵⁷ Interview, anonymous source, 24.10.2020.

⁵⁸ Interview, Sarah Ahmed Koshin, 06.11.2020.

⁵⁹ Interview, Sarah Ahmad Koshin, 06.11.2020.

5.2 Demografiske, kulturelle og politiske faktorerers betydning for risikoen for FGM

5.2.1 Bopæl

Udbredelsen af FGM i forhold til bopæl er kortlagt i den seneste SHDS rapport fra Somalia, baseret på data fra 14.651 somaliske kvinder. Forekomsten af FGM fordelt på, hvor kvinderne bor, er henholdsvis 98,8 procent for byområder (*urban*) og 99,3 procent i landområder (*rural*) og 99,7 procent hos kvinder, der bor som nomader.⁶⁰ Tallene viser således, at der reelt set ikke er nogen forskel i udbredelsen af FGM mellem land til by. Med hensyn til typen af FGM, fremgår det af samme rapport, at 64,9 procent af kvinderne bosiddende i landområderne havde gennemgået infibulering/faraonisk omskæring, mens kvinderne i byerne og nomadefamilierne havde en frekvens på infibulering/faraonisk omskæring på henholdsvis 63,3 og 62,3 procent.⁶¹

I baggrundsoplysninger fra Lifos fremgår, at der er en geografisk forskel i attituden mod FGM, og at en lidt større andel i byerne har modstand mod FGM.⁶² Denne forskel i holdning til FGM, fremgår ligeledes af SHDS rapporten. Andelen af de adspurgte kvinder, der mener, at FGM-praksis bør stoppes, er på 25,7 procent for kvinder bosat i byen, 19,6 procent for kvinder bosat i landområderne og 10,9 procent i nomadefamilier.⁶³

Enkelte af de kilder som DRC Dansk Flygtningehjælp har talt med forklarer, at der på landet er en endnu stærkere tradition for FGM, at folk generelt har meget lidt adgang til information om FGM og at man i landområder er i højere risiko for infibulering (Type 3).⁶⁴

Ifrah Ahmed, *gender advisor* for den somaliske regering forklarer, at hun ikke har kendskab til geografiske forskelle i forhold til at kunne beskytte sig mod FGM.⁶⁵

5.2.2 Uddannelse

Ifølge SHDS er forekomsten af FGM hos kvinder uden uddannelse 99,3 procent. For kvinder, som har gået i grundskole (*primary* eller *secondary*), er forekomsten på henholdsvis 99,7 og 97,7 procent. For de kvinder, som har en højere uddannelse end dette, er forekomsten af FGM på 96,3 procent.⁶⁶ Forskellen mellem udbredelsen af FGM hos de kvinder med den allerlængste uddannelse og kvinder uden uddannelse er således på 3 procent.

Det fremgår af samme undersøgelse, at der er en variation i typen af FGM set i relation til uddannelsesniveau. Kvinder med en kortere eller ingen uddannelse har en større hyppighed af infibulering/faraonisk omskæring i forhold til andre typer af FGM. 70,4 procent af de ikke-uddannede kvinder har gennemgået infibulering/faraonisk omskæring. For kvinder, der har gennemgået en kortere uddannelse (*primary* eller *secondary*), er tallet henholdsvis 54,7 og 37,1 procent. Blandt de kvinder, der har en længere uddannelse end dette, er 27,4 procent blevet infibuleret.⁶⁷

Samme statistik viser, at holdningen til FGM blandt de adspurgte kvinder varierer med uddannelsesniveau. Andelen af adspurgte somaliske kvinder, der mener, at FGM-praksis bør stoppes, er på 17,2 procent for

⁶⁰ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.2, side 220.

⁶¹ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.2, side 220.

⁶² Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 18.

⁶³ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.5, side 223.

⁶⁴ Interview, anonymous source iii, 05.11.2020, Interview, Sahra Ahmed Koshin, 06.11.2020, Interview, anonymous source, 24.10.2020.

⁶⁵ Interview, Ifrah Ahmed, 18.09.2020.

⁶⁶ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.2, side 220.

⁶⁷ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.2, side 220.

kvinder uden uddannelse, henholdsvis 23,1 og 33,9 procent for kvinder med grundskole (*primary* eller *secondary*) samt 51,5 procent for kvinder med en højere videregående uddannelse.⁶⁸

Også andre kilder peger på, at uddannelse og oplysning kan have en effekt på typen af FGM, der gennemføres, således at uddannede/oplyste piger i mindre grad udsættes for infibulering/faraonisk omskæring. Finnish Immigration Service skriver:

*“Education concerning FGM/C has had an influence, and there have been changes in attitudes [...] Education against female circumcision has borne fruit in Somaliland. The incidence of operations has gradually decreased, and the form of operation has become less drastic. Where mutilation is still performed, it is increasingly of the ‘sunna’ type rather than the earlier, more drastic pharaonic type.”*⁶⁹

De kilder, som DRC Dansk Flygtningehjælp har talt med, forklarer følgende om deres opfattelse af betydningen af uddannelse og oplysning i forhold til forekomsten af FGM:

En kilde forklarer: *“that he believes that, if the parents are educated, FGM might be less likely and it might rather be a sunna circumcision and that with education, maybe in the future, there would be zero FGM. If the parents are not educated, there would be a high risk of FGM.”*⁷⁰

En anden kilde forklarer, at: *“yes education would help, because it opens the mind. Education helps you to see the effects of circumcision and what it does to you. But without education you will believe everything.”*⁷¹

Andre kilder forklarer om omgivelsernes betydning, også hos en uddannet kvinde:

NAFIS Network udtaler til DRC, at: *“the majority of mothers is illiterate, so they believe circumcision is something every girl should undergo. Even if some mothers have an education, the grandmother influences them as well the neighbors and the need to avoid the stigma coming from the community, if the daughter is not circumcised.”*⁷²

Antropolog Sarah Ahmed Koshin udtaler at: *“education does not matter. Not all diaspora women are well educated. Some come here to have their child cut and some do not, but it is not a question of education. In Somalia, you will be confronted with cutting in the family. If you don’t do what is normal in Somalia, when you try to intervene by fighting with them, you are essentially creating a wall, and this will lead to less connection and problems with family. Especially the family of the husband is important because the daughter is carrying her father’s name.”*⁷³

5.2.3 Velstand

Den aktuelle forekomst af FGM set i forhold til en kvindes velstand er angivet som 98,6 procent for kvinder med den højeste indkomst og 99,3 for kvinder med den laveste indkomst. Derimellem svinger andelen mellem 99,1 og 99,5 procent.⁷⁴ Undersøgelsen viser således alene en marginal forskel i forekomst af FGM hos henholdsvis velstående og mindre velstående kvinder.

⁶⁸ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.5, side 223.

⁶⁹ Finnish Immigration Service, *Fact-finding mission to Mogadishu and Nairobi*, januar 2018, side 31.

⁷⁰ Interview, anonymous source ii, 02.11.2020.

⁷¹ Interview, anonymous source i, 24.10.2020.

⁷² Interview, Ugbad Ahmed Hashi/NAFIS Network, 04.11.2020.

⁷³ Interview, Sarah Ahmed Koshin, 06.11.2020.

⁷⁴ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.2, s. 220.

Med hensyn til typen af FGM fremgår det, at typen af FGM varierer i forhold til kvindernes velstand. 71 procent af kvinderne med den laveste velstand havde været udsat for infibulering, mens infibulering er foretaget på 51,2 procent af kvinderne med den højeste velstand.⁷⁵

Ifølge samme rapport varierer også holdningen til FGM i forhold til kvindernes velstand. Andelen af adspurgte somaliske kvinder, der mener, at FGM-praksis bør stoppes, er på 13,1 procent for den laveste velstandsgruppe og 31,1 procent for kvinderne med den højeste indkomst.⁷⁶

NAFIS Network påpeger, at: *"Even if the family has wealth, they give considerations to their girl's marriage, so FGM/C is practiced in both wealthy and poor families."*⁷⁷

En anonym kilde nævner også, at, *"very rich people and powerful people still have their daughters circumcised"*.⁷⁸

Ifrah Ahmed, *gender advisor* for den somaliske regering, forklarer, at hun mener, at den lille gruppe af kvinder, som ikke er omskåret i Somalia, kan være fra de familier, som er så fattige, at de ikke har råd til at betale de 5 dollars, som det koster at blive omskåret.⁷⁹

5.2.4 Religion

Traditionen med FGM udøves af personer af forskellige religiøse overbevisninger og er ældre end både kristendommen og islam. Traditionen med FGM knyttes af mange til et religiøst motiv, og kilder vurderer, at religion er direkte forbundet med FGM-typen sunna.⁸⁰

Ifølge Lifos varierer anskuelsen af FGM blandt Somalias lærde. Nogle af dem ser sunna som en "acceptabel omskæringsmetode", hvilket betyder, at de modsætter sig et totalt forbud mod FGM.⁸¹ Det er ikke usædvanligt, at religiøst lærde mener, at sunna-omskærelsen kommer fra profeten Muhammed, mens infibulering/faraonisk omskæring kommer fra Egypten. Nogle islamiske lærde mener, ifølge rapporten fra Lifos, at piger ikke skal omskæres.⁸² En anden kilde forklarer til Lifos, at der blandt religiøse lærde i Somaliland, er enighed om, at infibulering ikke er religiøst accepteret, men at debatten om sunna fortsætter, da der findes religiøse repræsentanter, som er for og andre som er imod.⁸³

Ifølge SHDS-rapporten mener 72 procent af de adspurgte kvinder i Somalia, at kvindelig omskæring er et religiøst krav.⁸⁴ I by, landområde og i nomadefamilier er det henholdsvis 66,8, 71,6 og 77,9 procent af kvindernes opfattelse, at udøvelsen af FGM er religiøst påkrævet.⁸⁵

Ifølge SHDS-rapporten er der variation i, hvorvidt FGM bliver betragtet som et religiøst krav, set i forhold til uddannelsesniveau og velstand. 73,5 procent af de ikke-uddannede mener, at FGM er et religiøst krav, hvorimod kun 44,1 procent af de højt uddannede deler den opfattelse.⁸⁶

⁷⁵ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.2.

⁷⁶ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.5, s. 223.

⁷⁷ Interview, Ugbad Ahmed Hashi/NAFIS Network, 04.11.2020.

⁷⁸ Interview, anonymous source i, 24.10.2020.

⁷⁹ Interview, Ifrah Ahmed, 18.09.2020.

⁸⁰ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 17.

⁸¹ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 17.

⁸² Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 17.

⁸³ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 17-18.

⁸⁴ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.1, side 219.

⁸⁵ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.1, side 219.

⁸⁶ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.1, side 219.

På samme måde viser tallene, at velstand spiller en rolle i forhold til kvinders opfattelse af FGM som et religiøst krav. 77,3 procent af kvinder fra husholdninger med lavest velstand mener, at FGM er religiøst påkrævet, mens 58,8 procent af kvinderne fra husholdninger med højest velstand mener, at det er et religiøst krav.⁸⁷

Lifos beskriver, at begrebet "sunnā" kan ses anvendt også om andre typer af FGM, fordi det anses for at have en mere positiv betydning:

*"[Omskæreren/udførereren] kan säga att de gör sunna men i själva verket gör de en infibulering. En av Lifos källor uppger även att begreppet sunna ibland används istället för "faraonisk omskärelse", eftersom det i den somaliska kontexten låter bättre och har bättre konnotationer. Även när ingreppet sägs göras enligt sunna kan kvinnan ibland sys hop. Detta är ovanligt, men det sker i undantagsfall."*⁸⁸

Flere af de kilder, som DRC Dansk Flygtningehjælp har talt med, henviser også til religionens betydning for opretholdelsen af FGM.⁸⁹ Det forklares blandt andet, at: *"religion plays a role in the sense that if the religious leader communicates clearly that FGM, has no base in Islam and it is not supported by Islam, this may lead many people to stop practicing FGM."*⁹⁰

Og en anden kilde forklarer: *"The Somali sheikhs (religious leaders) have different views on FGC. The majority insists on the circumcision. That is why even those who have education are still doing the practice."*⁹¹

5.2.5 Klantilhørsforhold

Organisationen 28TooMany, der arbejder for afskaffelsen af FGM, skriver i sin rapport fra 2018, at det ikke er kendt i hvilket omfang etniske- og klanidentiteter har indflydelse på praksis for FGM i Somalia og Somaliland.⁹²

Ifølge en af de anonyme kilder, som DRC Dansk Flygtningehjælp har talt med, kan der være en forskel i, at nogle klaner er mere traditionelle og religiøse end andre i forhold til udøvelsen af FGM, og det vil være mere vanskeligt at overbevise dem om at acceptere ikke at blive omskåret.⁹³

En anden anonym kilde, forklarer derimod, at:

*"Clan does not play any role when it comes to protection or non-protection from FGM. Everyone will undergo FGM. According to the source, the clan-affiliation has an influence on other kinds of GBV, like rape and physical violence, but FGM is universal."*⁹⁴

Antropologen Sahra Ahmed Koshin forklarer tilsvarende, at *"clan does not play a role at all when it comes to the ability of protecting your child."*⁹⁵ Og NAFIS Network har forklaret, at: *"all Somali clans believe in FGM."*⁹⁶

⁸⁷ Federal Government of Somalia, Directorate of National Statistics, *SHDS*, april 2020, table 10.1.

⁸⁸ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 15.

⁸⁹ Interview, anonymous source ii, 02.11.2020, Interview, Ugbad Ahmed Hashi/NAFIS Network, 04.11.2020, Interview, anonymous source i, 24.10.20.

⁹⁰ Interview, anonymous source ii, 02.11.2020.

⁹¹ Interview, Ugbad Ahmed Hashi/NAFIS Network, 04.11.2020.

⁹² 28TooMany, *Country Profile: FGM in Somalia and Somaliland*, marts 2019, side 29.

⁹³ Interview, anonymous source i, 24.10.20.

⁹⁴ Interview, anonymous source ii, 02.11.2020.

⁹⁵ Interview, Sahra Ahmed Koshin, 06.11.2020.

⁹⁶ Interview, Ugbad Ahmed Hashi/ NAFIS Network, 04.11.2020.

5.2.6 Al Shabaab

Lifos understreger i deres rapport fra august 2019, at det er svært at få information fra primære- og originalkilder i områder, hvor Al Shabaab er til stede.⁹⁷

En kilde i Udlændingestyrelsens rapport fra 2016 forklarer:

*"Al Shabaab does not have the will to impose a complete ban on FGM/C in areas under Al Shabaab control, even though the group does not support the practice. While Al Shabaab does not support or encourage FGM/C, the group will not fight it, either."*⁹⁸

I en nyere rapport fra 2019 oplyser en kilde til Lifos, at forekomsten af kvindelig omskæring er så høj som 98 procent, og at dette også gælder for Al Shabaab-kontrollerede områder.⁹⁹ En anden kilde oplyser: *"att i områden kontrollerade av Al-Shabaab är infibulering helt förbjuden, men sunna accepteras. Tidigare förbjöd organisationen könsstympning helt, och kunde då hålla föräldrar som lät sina döttrar könsstympas ansvariga."*¹⁰⁰

5.2.7 Personer som vender tilbage fra vestlige lande

Udlændingestyrelsen beskriver i sin seneste rapport om Somalia fra juli 2020 blandt andet situationen for personer, som vender tilbage til Somalia. Heraf fremgår, at piger og unge kvinder, som vender tilbage til Somalia, kan være i risiko for FGM.¹⁰¹

Ifrah Ahmed, gender advisor for den somaliske regering nævner, at piger, der vender tilbage til Somalia, kan være i forøget risiko for FGM. Hun forklarer: *"There are girls, who are born outside Somalia, who have not yet undergo FGM, but young girls and women who then return to Somalia are at high risk of FGM when they return - and in general everyone is at risk."*¹⁰²

Og videre at: *"When a woman or a girl comes back to Somalia, the community believes that she has lost her culture and that she has to be brought back to her own culture. It is believed that such women and girls have to learn their culture again. This is called 'Dhaqan Celis.'"*¹⁰³

En anden kilde, som DRC Dansk Flygtningehjælp har talt med, NAFIS Network, forklarer følgende om returnees: *"The families returning from Europe/western countries do not live in the country [Somalia] for a longer period of time, so they can't change the believes of the local community, as well if the girls are old, everyone thinks that they have already undergone circumcision, but at the time of marriage the challenge will come."*¹⁰⁴

En anden, anonym kilde forklarer følgende: *"In the Somalian context, it is not seen as a legal issue but just as a culture. So, if the person is here to settle [in Somalia], they will perform FGM, but if they are going back, they will know that they will face legal consequences if the child has undergone FGM and will therefore not do it."*¹⁰⁵

⁹⁷ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 8.

⁹⁸ Udlændingestyrelsen, *Thematic Paper: South Central Somalia - Female Genital Mutilation/Cutting*, januar 2016, side 8.

⁹⁹ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 22.

¹⁰⁰ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 23.

¹⁰¹ Udlændingestyrelsen, *South and Central Somalia – Security situation, forced recruitment, and conditions for returnees*, juli 2020, side 33.

¹⁰² Interview, Ifrah Ahmed, 18.09.2020.

¹⁰³ Interview, Ifrah Ahmed, 18.09.2020.

¹⁰⁴ Interview, Ugbad Ahmed Hashi/NAFIS Network, 04.11.2020.

¹⁰⁵ Interview, anonymous source ii, 02.11.2020.

En tredje, ligeledes anonym kilde, som DRC Dansk Flygtningehjælp har talt med fra Somaliland, forklarer følgende: *“People returning from Europe/Western countries perform FGM on their daughters when they arrive in the country; a common statement on the stand of religious leaders in Somaliland is still a missing link that is hindering the efforts for the abandonment of the practice.”*¹⁰⁶

En enkelt anonym kilde mener, at man er mere oplyst, og dermed måske har en bedre chance for at undgå FGM, hvis man har været udenlands: *“They might have a bigger chance of resisting, because they have been exposed to other cultures, but if you have been to only one little village, you only know about circumcision.”*¹⁰⁷

5.2.8 Tradition/kultur

I Somalia udgør klanen og familien beskyttelsen af individet.¹⁰⁸ Lifos konkluderer i deres rapport i 2019, at FGM *“ska ses i ljuset av den kollektiva samhällsstruktur som råder i Somalia, där individuella handlingar ses i ljuset av och får konsekvenser på den kollektiva nivån.”*¹⁰⁹

Det fremgår af Udlændingestyrelsen rapport fra 2019:

*“Kvindelig omskæring er en tradition, som er stærkt forankret i det somaliske samfund. Den fastholdes gennem komplekse sociale processer, hvor det kollektive sociale pres i samspil med kulturelle traditioner og økonomiske hensyn opretholder traditionens udbredelse gennem generationer.”*¹¹⁰

I rapporten fra Lifos beskriver en kilde betydningen af det kollektive samfund og traditionerne omkring FGM, og forklarer, at man særligt i landområder typisk udfører en samlet omskæring af alle pigebørn født i samme måned.¹¹¹ Rapporten fra Finnish Immigration Service beskriver tilsvarende:

*“In most cases, the whole community knows which girls have been cut and which have not. Young people and families discuss the matter, and information spreads during ordinary social interaction.”*¹¹²

Om spredningen af personlige, intime oplysninger skriver Lifos:

*“Lifos understryker här på nytt att giftermålet är centralt i det somaliska samhället, och att den kollektiva struktur som somalier lever i innebär att information delas muntligen, vilket ses som helt naturligt och inte har några onda avsikter.”*¹¹³

Udlændingestyrelsen skriver, at kvindelig omskæring i Somalia er forbundet med et kvindeideal, der dyrker forestillingen om, at omskæring hærder pigen til livet som voksen kvinde og dermed forbedrer hendes chance for at blive gift.¹¹⁴

Risikoen for samfundets stigma ved en afståelse fra FGM vurderes af Lifos således som værende medvirkende til en fortsat positiv holdning til udførelsen.¹¹⁵

¹⁰⁶ Interview, anonymous source iii, 05.11.2020.

¹⁰⁷ Interview, anonymous source i, 24.10.2020.

¹⁰⁸ Landinfo, *Somalia: Klan, familie, migrasjon og bistand ved (re)etablering*, juni 2020, side 2-8; UK Home Office, *Country Policy and Information Note - Somalia: Women fearing gender-based violence*, april 2018, afsnit 2.3.12.

¹⁰⁹ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 38.

¹¹⁰ Udlændingestyrelsen, *FGM/Kvindelig omskæring – Baggrund, tal og tendenser*, januar 2019, side 11.

¹¹¹ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 23.

¹¹² Finnish Immigration Service, *Somalia: Fact-finding mission to Mogadishu and Nairobi*, januar 2018, side 30.

¹¹³ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 41.

¹¹⁴ Udlændingestyrelsen, *FGM/Kvindelig omskæring – Baggrund, tal og tendenser*, januar 2019, side 4.

¹¹⁵ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 39.

De fleste af de kilder, som DRC Dansk Flygtningehjælp har talt med, henviser ligeledes til kultur og tradition, herunder adgangen til ægteskab, som den hyppigste årsag til, at piger udsættes for FGM.¹¹⁶

En kilde uddyber det således:

“FGC is a strong cultural belief which has been used for centuries, it is believed that FGC is a protection of the girls and increases their dignity and for marriage purpose they please the men, so this strong culture results in every girl undergoing female circumcision.”¹¹⁷

NAFIS Network forklarer, at *“girls to be married is something important to the families. That is why they do not want to take risks.”¹¹⁸* En tredje kilde beskriver, hvordan man er nødt til at kigge på hele lokalsamfundet og ikke se FGM som separate handlinger.¹¹⁹

Antropologen Sahra Ahmed Koshin forklarer, hvordan det somaliske manddomsbegreb er medvirkende til opfattelsen af, at en kvinde skal være omskåret; *“After FGM the opening is so small, that it takes days and days to penetrate. This process is glorified in Somalia.”* Kilden nævner en video, som er gået viralt, og som illustrerer denne måde at tænke på, *“a young woman has gone to the gynecologist with her husband. She is asking to be opened because the man can’t penetrate her. The opening is not bigger than a matchstick, but the husband is against the opening (deinfibulation). He is saying that it is his task as a man to penetrate and he is concerned, what other men think of him and says it will minimize his raginimo [manddom].”¹²⁰*

Samme kilde illustrerer kulturen med et andet eksempel fra hendes egen familie:

“One cousin was married to an old man. She was a very strong and muscular 13-year-old, who was married to a 90-year-old man. He took out a knife to open her in a hut far away from the house.” Ifølge kilden er dette meget normalt på landet. Hun forklarer videre: *“An old man, who is not as stiff as he used to be, but he wants to leave behind many sons and he can’t penetrate the girl, who has undergone FGM. He will cut her with a knife. It is very normal. This girl put up a fight and the family punished her for hurting her husband.”¹²¹*

Antropologen, Sahra Ahmed Koshin, forklarer videre, at der er en opfattelse af, at en kvindes genitalier bliver ved med at vokse, hvis hun ikke bliver omskåret og at de vil vokse til de ligner en mands genitalier. Kilden forklarer, at når familien griber ind, gør de det af kærlighed. De mener, at de gør barnet en tjeneste. Hun sammenligner det med mødet med et barn med et handicap: *“If a child has a visible disability, you feel compassion for this child. This is how they see it. They see this beautiful child, but she has this thing hanging between her feet and they want to help her. In the end the child itself will be asking to be circumcised, because of the stigma the child is experiencing from friends, neighbors and loved ones.”* Kilden forklarede videre, at *“among other things, it is believed that you smell, that you can’t clean yourself properly and that your genitals are full of bacteria.”* Og videre *“it is believed that FGM will harden you like the hardening a hardboiled egg and make you strong.”¹²²*

En anonym kilde, der arbejder med kvinder og børns sundhed, forklarede til DRC Dansk Flygtningehjælp, at: *“FGM is a longstanding custom and abandoning it is not an easy task. It needs patience, repeating/reinforcing*

¹¹⁶ Interview, anonymous source i, 24.10.2020; Interview, NAFIS Network, 04.11.2020; Interview, anonymous source iii, 05.11.2020.

¹¹⁷ Interview, Ugbad Ahmed Hashi/NAFIS Network, 04.11.2020.

¹¹⁸ Interview, Ugbad Ahmed Hashi/ NAFIS Network, 04.11.2020.

¹¹⁹ Interview, anonymous source iii, 05.11.2020.

¹²⁰ Interview, Sahra Ahmed Koshin, 06.11.2020.

¹²¹ Interview, Sahra Ahmed Koshin, 06.11.2020.

¹²² Interview, Sahra Ahmed Koshin, 06.11.2020.

the messages and hard work. It is embedded in the traditional practice based on myths and ingrained in minds. The Practitioners also earn their living expenses from it.”¹²³

5.2.9 Internt fordrevne (IDP's)

Én enkelt af de kilder, som DRC Dansk Flygtningehjælp har talt med, nævner IDP's som en gruppe, der kan have en øget risiko for FGM og begrundet det bl.a. med fattigdom.”¹²⁴

Rapporten fra 28TooMany bekræfter den særligt sårbare situation, som IDP's i Somalia befinder sig i. Af rapporten fremgår det:

“Conflict and drought have displaced an estimated 1.1 million people from Somalia and Somaliland, particularly from South/Central Somalia. Women and children make up 70–80% of IDPs 1,700 rapes and 800 other gender-based violence events, many by ‘Government forces, allied militia and men wearing uniforms’, were reported in 500 camps in Mogadishu in 2012.” Og videre: *“Because there is no formal justice system in IDP camps, victims are left in ‘a legal vacuum’”.*¹²⁵

5.2.10 FGM som levevej

En årsag til at traditionen med omskæring fortsætter er, ifølge flere kilder, der udtaler sig til Lifos, at det er en indkomstgenererende aktivitet i det somaliske samfund.¹²⁶

Flere af de kilder, som DRC Dansk Flygtningehjælp har talt med, nævner ligeledes at omskæring er en levevej for de såkaldte *traditional birth attendees* og at dette er en af forklaringerne på udbredelsen af FGM i Somalia.¹²⁷ En kilde forklarer *“that to the traditional birth attendees, who are the ones, who conduct FGM, it is a financial source, a livelihood. They are mostly old women.”* Kilden forklarer videre, at han tror på, at: *“if there had been legal action taken against them, FGM would have gone down in numbers.”*¹²⁸

5.2.11 Covid

UNFPA har undersøgt, hvad COVID-situationen betyder for risikoen for FGM. Ifølge deres undersøgelse har 31 procent af de adspurgte (*community members*) forklaret, at der har været en stigning i FGM. 34 procent svarede dog, at der var mindre omskæring og 35 procent, at der ikke var ændringer.¹²⁹

Flere af de kilder, som DRC Dansk Flygtningehjælp har talt med, påpeger at COVID-situationen indebærer en stigning i udførelsen af FGM. Kilderne peger på et fravær af oplysningskampagner, at pigerne ikke er i skole og dermed har en længere mulig helingsperiode, samt at de *traditional birth attendees* banker på dørene og fremhæver, at nu er et godt tidspunkt, nævnes som forklaringer på stigningen i FGM i forbindelse med COVID-pandemien.¹³⁰

¹²³ Interview, anonymous source iii, 05.11.2020.

¹²⁴ Interview, Sahra Ahmed Koshin, 06.11.2020.

¹²⁵ 28TooMany, *Country Profile: FGM in Somalia and Somaliland*, marts 2019, side 30.

¹²⁶ Lifos, *Somalia – Kvinnlig könsstympning*, august 2019, side 19 og 39; UNFPA et. al, *GBV/FGM Rapid Assessment Report – In the Context of COVID-19 Pandemic in Somalia* juli 2020, side 9.

¹²⁷ Interview, anonymous source iii, 05.11.2020.

¹²⁸ Interview, anonymous source, South Somalia, 02.11.2020.

¹²⁹ UNFPA et. al, *GBV/FGM Rapid Assessment Report – In the Context of COVID-19 Pandemic in Somalia* juli 2020, side 2 og side 9.

¹³⁰ Interview, Ifrah Ahmed, 18.09.2020; Interview, anonymous source i, 24.10.2020; Interview, anonymous source iii, 05.11.2020.

5.3 Adgang til beskyttelse

Ifølge Landinfo kan man ikke regne med beskyttelse fra staten i Somalia: *"Somaliske statsinstitutioner har svært begrænset kapacitet og tilstedeværelse, og somaliere kan derfor ikke påregne beskyttelse eller socioøkonomisk støtte fra staten. I Somalia er det først fremst klanen, det vil si slekt på farssiden, som kan dekke slike behov. [...] Medlemmene utgjør et kollektiv med gjensidige rettigheter og plikter overfor hverandre, og utgjør dermed en latent ressurs som kan mobiliseres ved behov."*¹³¹

Klanens beskyttelse er helt afgørende for individet, idet familie og klan-tilhørsforhold beskytter mod vold og andre uønskede handlinger og agerer konfliktmægler når nødvendigt.¹³² Den kollektivistiske tankegang er blandt andet illustreret ved studier, der viser, at den somaliske diaspora, verden over har en tæt forbundethed, et gennemgående fokus på intern anseelse og respekt; og et stærkt opretholdt familienetværk, der normalt er meget omfattende.¹³³

US State Department of State beskriver adgangen til beskyttelse fra FGM således: *"Although the provisional federal constitution describes female circumcision as cruel and degrading, equates it with torture, and prohibits the circumcision of girls, FGM/C was almost universally practiced throughout the country. The FGS president's adviser on gender affairs, Ifrah Ahmed, and her foundation have lobbied religious, political, and community leaders for action to end FGM/C and to protect victims."*¹³⁴

Ingen af de kilder, som DRC Dansk Flygtningehjælp har talt med, kendte til beskyttelses- eller støttemuligheder for personer, der frygter FGM. NAFIS Network beskriver det således: *"Somalia does not have a law and policy which prohibits the practice, so there is no protection in FGC cases."*¹³⁵

Nogle af kilderne bemærker, at de har kendskab til begrænsede sundhedsmæssige og/eller psykosociale støttemuligheder for personer, som lider af skader efter gennemført FGM.¹³⁶

Ifølge den somaliske regerings *gender advisor*, Ifrah Ahmed, er der brug for beskyttelse til dem, der prøver at undgå FGM. Ifrah Ahmed forklarer yderligere: *"the people, who try to help a woman or a girl who tries to escape forced marriage and/or FGM, put themselves at a very big risk, because you never know if a family- or a clan member is a part of military group or what kind of resources they have."*¹³⁷

6. Nævnspraksis

DRC Dansk Flygtningehjælp har gennemgået 36 begrundelser¹³⁸, hvor Flygtningenævnet har taget stilling til risikoen for FGM i Somalia. Begrundelserne er fra sager, som er blevet behandlet af Flygtningenævnet i perioden fra den 07.02.2018 - 19.10.2020.

Ud af de 36 gennemgåede begrundelser blev der givet 12 opholdstilladelser på baggrund af risiko for FGM. I alle 12 sager har ansøgerne fået opholdstilladelse efter udlændingelovens § 7, stk. 1. Af de gennemgåede

¹³¹ Landinfo, *Somalia: Klan, familie, migrasjon og bistand ved (re)etablering*, juni 2020, side 1-2.

¹³² Landinfo, *Somalia: Klan, familie, migrasjon og bistand ved (re)etablering*, juni 2020, side 2.

¹³³ Landinfo, *Somalia: Klan, familie, migrasjon og bistand ved (re)etablering*, juni 2020, side 2-8.

¹³⁴ US Department of State, *Somalia 2019 Human Rights Report*, marts 2020, side 31.

¹³⁵ Interview, Ugbad Ahmed Hashi/NAFIS Network, 04.11.2020.

¹³⁶ Interview, anonymous source iii, 05.11.2020, interview anonymous source ii, 02.11.2020.

¹³⁷ Interview, Ifrah Ahmed, 18.09.2020.

¹³⁸ 40 sager er gennemgået, men 4 hjemviste sager indgår ikke i gennemgangen. Oplysningerne stammer fra DRC Dansk Flygtningehjælps database over Flygtningenævnets afgørelser. De i afsnittet omtalte sager, er sager, som er vurderet at være illustrative eksempler på Flygtningenævnets praksis. Der er således ikke tale om en udtømmende beskrivelse af alle de sager fra Somalia, der vedrører FGM.

sager er der givet 22 afslag med henvisning til manglende risiko for FGM. I én enkelt sag blev der ikke fundet en risiko for FGM i ansøgers sag, men ansøger fik opholdstilladelse efter udlændingelovens § 7, stk. 2, på baggrund af, at ansøger var en enlig kvinde uden netværk.¹³⁹ I én enkelt sag blev FGM påberåbt, uden at Flygtningenævnet tog direkte stilling til spørgsmålet, og ansøger fik et afslag blandt andet på baggrund af troværdighed i forhold til det øvrige asylmotiv.¹⁴⁰

Flygtningenævnet beskriver i sin årsberetning fra 2019 hvilke elementer, der indgår i vurderingen af risiko for FGM:

*"I denne vurdering indgår blandt andet ansøgerens forklaring sammenholdt med sagens øvrige oplysninger, herunder det baggrundsmateriale, som Flygtningenævnet er i besiddelse af vedrørende ansøgerens hjemland, og særligt de heri indeholdte oplysninger om omfanget af FGM i hjemlandet, myndighedernes og civilsamfundets holdning hertil og evne eller vilje til at yde beskyttelse mod overgrebet. Det indgår også i vurderingen, om ansøgerne (forældrene) på baggrund af sagens oplysninger har vist styrke og uafhængighed, og om det derved må antages, at de pågældende vil være i stand til at modstå et eventuelt pres fra omgivelserne og kan beskytte deres døtre imod omskæring."*¹⁴¹

Ifølge Flygtningenævnet sker statusvalget i asylsagen efter en konkret vurdering, og kvinder i risiko for FGM vil efter praksis kunne anerkendes som tilhørende en særlig social gruppe og dermed som omfattet af flygtningekonventionen, hvis de øvrige betingelser herfor er opfyldt.¹⁴²

I en del sager er der henvist til udbredelsen af FGM i begrundelsen.¹⁴³ Udbredelsen af FGM i Somalia ser imidlertid ikke ud til at have haft en afgørende betydning for udfaldet af sagerne. I stedet er der i begrundelserne lagt vægt på forældrenes/mødrenes situation.

Ifølge Flygtningenævnets praksis er FGM i Somalia forbudt af de somaliske myndigheder og af Al-shabab. Flygtningenævnet skriver således i flere sager:

*"Det fremgår således af de foreliggende baggrundsoplysninger, at myndighederne i Somalia har forbudt omskæring, og at al-Shabaab også er imod omskæring. Risikoen for omskæring beror således ikke på myndighederne eller andre magthavere, men på familiens og omgivelsernes forventninger og eventuelle pres."*¹⁴⁴

Spørgsmålet om myndighedernes vilje og evne til at beskytte mod FGM ses ikke behandlet i de gennemgåede sager.

Én sag fra august 2020 vedrørte to piger på henholdsvis 2 og 6 år.¹⁴⁵ Deres forældre kom fra et Al Shabaab-kontrolleret område. Forældrene forklarede, at de var imod omskæring, men at FGM sker uanset forældrenes ønsker, og at såfremt de skulle vende tilbage, var det kulturelt bestemt, at pigerne skulle omskæres. Forældrene forklarede videre, at det er ældre mennesker og sheikerne, der bestemmer, at det er haram ikke at omskære, og at man ikke kan modsætte sig, da man ikke kan klage nogen steder.

¹³⁹ Flygtningenævnets afgørelse fra juni 2020.

¹⁴⁰ Flygtningenævnets afgørelse fra marts 2019.

¹⁴¹ Flygtningenævnets årsberetning for 2019, s. 511.

¹⁴² Flygtningenævnets årsberetning for 2019, s. 511.

¹⁴³ Se eksempelvis Flygtningenævnets afgørelse fra juni 2019; Flygtningenævnets afgørelse fra oktober 2020; Flygtningenævnets afgørelse fra august 2020; Flygtningenævnets afgørelse fra oktober 2020.

¹⁴⁴ Se sagerne: Flygtningenævnets afgørelse fra juni 2019; Flygtningenævnets afgørelse fra august 2020; Flygtningenævnets afgørelse fra august 2020; Flygtningenævnets afgørelse fra august 2020; Flygtningenævnets afgørelse fra august 2020; Flygtningenævnets afgørelse fra august 2020; Flygtningenævnets afgørelse fra september 2020; Flygtningenævnets afgørelse fra september 2020.

¹⁴⁵ Flygtningenævnets afgørelse fra august 2020.

Flygtningenævnet fandt ikke, at der forelå risiko for FGM og skrev i sin afgørelse, at: *"Både ansøgeren og dennes ægtefælle har begge i deres samtaler med Udlændingestyrelsen forklaret, at de er meget imod omskæring, og at klageren aldrig vil tillade det, og at hun vil modsætte sig dette med alt, også hvis det ville gå ud over deres liv. (...) Ansøgeren fremstår endvidere som en selvstændig kvinde med klare holdninger og må antages at være så ressourcestærk, at hun vil være i stand til at modstå et eventuelt pres også fra det omgivende samfund."*

I samtlige af de gennemgåede sager tager Flygtningenævnet stilling til forældrenes/morens evne til at modstå pres. Ifølge Flygtningenævnets praksis er morens "personlighed" og/eller forældrenes "ressourcer" afgørende for, om det er muligt at beskytte barnet mod FGM. I de fleste sager vurderes dette ud fra, hvordan forældrene, herunder især moren, fremstår.¹⁴⁶

Flygtningenævnet skriver således eksempelvis: *"Flygtningenævnet finder, at ansøgeren og hans ægtefælle, der begge er imod omskæring, må anses for ressourcestærke personer, og at de vil være i stand til at modstå sådanne forventninger og eventuelt pres fra familien og det omgivende samfund."*¹⁴⁷

Vurderingen af, hvordan ansøgerne fremstår, og hvorvidt de herved anses for ressourcestærke, tillægges afgørende vægt, også i tilfælde hvor forældrene udtrykker tvivl om, hvorvidt de kan beskytte barnet.

I en sag fra oktober 2020 meddelte Flygtningenævnet afslag på beskyttelse. Sagen vedrørte en pige på næsten 5 år.¹⁴⁸ Ansøgeren var født i Danmark, men hendes forældre kom fra Qoryooley i Lower Shabelle. Ansøgerens mormor, der stadig var bosiddende i Somalia, var traditionel omskærer. Begge forældre forklarede, at de især frygtede ansøgers mormor, som udfører omskæringerne i deres landsby. Ansøgers far forklarede blandt andet, at han ikke fysisk kan forhindre omskæringen, da han ikke kan lægge en hånd på ansøgers mormor, fordi det vil være skamfuldt i forhold til klanen. Flygtningenævnet fandt, at *"Ansøgers forældre, der begge har afgivet forklaring for Flygtningenævnet, fremstår som ressourcestærke og har begge erklæret, at de er modstandere af omskæring. Under henvisning til det foreliggende baggrundsmateriale og uanset ansøgers mormor angiveligt udfører omskæring af piger, finder Flygtningenævnet på den baggrund, at det må antages, at ansøgers forældre vil være i stand til at modstå et eventuelt pres fra familie og lokalbefolkningen, ligesom de vil være i stand til at beskytte hende mod omskæring."*¹⁴⁹

De sager, hvor ansøger har opnået beskyttelse på baggrund af FGM, var ansøgers mor i næsten samtlige sager (11 af 12) at betragte som enlig kvinde.¹⁵⁰ I en enkelt af de sager som DRC Dansk Flygtningehjælp har kigget på, hvor Flygtningenævnet vurderede at der var risiko for FGM, ville ansøger skulle udrejse med begge forældre.¹⁵¹

¹⁴⁶ Eksempelvis Flygtningenævnets afgørelse fra august 2020 og Flygtningenævnets afgørelse fra august 2020.

¹⁴⁷ Eksempelvis Flygtningenævnets afgørelse fra august 2020, Flygtningenævnets afgørelse fra august 2020 og Flygtningenævnets afgørelse fra september 2020.

¹⁴⁸ Flygtningenævnets afgørelse fra oktober 2020, se også bl.a. Flygtningenævnets afgørelse fra august 2020 og Flygtningenævnets afgørelse fra august 2020.

¹⁴⁹ Flygtningenævnets afgørelse fra oktober 2020, se også bl.a. Flygtningenævnets afgørelse fra august 2020 og Flygtningenævnets afgørelse fra august 2020.

¹⁵⁰ Flygtningenævnets afgørelse fra november 2018; Flygtningenævnets afgørelse fra oktober 2018; Flygtningenævnets afgørelse fra november 2020; Flygtningenævnets afgørelse fra november 2019; Flygtningenævnets afgørelse fra februar 2020; Flygtningenævnets afgørelse fra februar 2020; Flygtningenævnets afgørelse fra januar 2020; Flygtningenævnets afgørelse fra august 2020; Flygtningenævnets afgørelse fra september 2020; Flygtningenævnets afgørelse fra oktober 2020 og Flygtningenævnets afgørelse fra oktober 2020.

¹⁵¹ Flygtningenævnets afgørelse fra november 2020.

Et eksempel er fra Flygtningenævnets afgørelse fra oktober 2020 vedrørende en 4-årig pige, hvis mor kom fra Mogadishu.¹⁵² Flygtningenævnets flertal fandt, at *"Efter moderens noget usikre fremtræden for nævnet sammenholdt med de manglende oplysninger om et eventuelt netværk i Somalia, der kan bistå moderen, finder Flygtningenævnets flertal, at det er sandsynliggjort, at [ansøger] også henset til hendes alder ved en tilbagevenden til Somalia vil være i risiko for at blive udsat for kvindelig omskæring (FGM), idet det ikke vil kunne antages, at moderen vil kunne modstå et psykologisk pres fra omgivelserne om omskæring af datteren."*¹⁵³

Omvendt er det, at ansøger skal udsendes alene med sin mor, ikke nødvendigvis udslagsgivende i forhold til Flygtningenævnets vurdering af, hvorvidt en mor kan modstå presset.

En sag fra oktober 2020 vedrørte en 9-årig pige, hvis mor ingen kontakt havde til faren, som (så vidt man vidste), opholdt sig i London. Ansøgers mors uddannelsesmæssige baggrund fremgår ikke af de dokumenter DRC Dansk Flygtningehjælp har haft til rådighed i sagen. Flygtningenævnet fandt, *"at ansøgerens mor, der er imod omskæring, må anses for en ressourcestærk person, som vil være i stand til at modstå sådanne forventninger og eventuelt pres fra familien og det omgivende samfund."*¹⁵⁴

En anden sag fra september 2020 vedrørte en næsten 2-årig pige.¹⁵⁵ Pigen far havde fortsat opholdstilladelse i Danmark. Ansøgers mor havde forklaret, at klanen ville presse hende til at udføre FGM på datteren, og at hun troede, at hendes brødre var tilhængere af omskæring. Flygtningenævnet fandt at: *"Begge ansøgernes forældre har forklaret, at de er modstandere af omskæring. Ansøgerens far har ikke familie i Somalia, og ansøgerens forældres hjemområde er Mogadishu. Ansøgerens mor har familie, herunder to brødre i Somalia. Flygtningenævnet finder på den baggrund, at ansøgerens forældre, herunder ansøgerens mor, såfremt hun udrejser alene, vil være i stand til at modstå det sociale pres for at få ansøgeren omskåret."*¹⁵⁶

Fraværet af nær familie betragtes i visse afgørelser som et element, der gør det nemmere for forældrene at beskytte pigen mod FGM, idet Flygtningenævnet har vurderet, at der således ikke er nogen til at udøve pres på ansøgers forældre.¹⁵⁷

I en sag fra august 2020¹⁵⁸ henviser Flygtningenævnet direkte til, hvilke konkrete forhold, der er lagt vægt på i forbindelse med vurderingen af ansøgerens forældres ressourcer.

Sagen vedrørte en 6-årig pige, hvis forældre kom fra området Lower Shabelle. I nævnets afgørelse fremhævedes det først, at det ifølge baggrundsoplysningerne er muligt at undgå omskæring, men at dette i høj grad afhænger af moderens personlighed, og om hun er i stand til at modstå det psykologiske pres for omskæring. Ifølge Flygtningenævnet var det mest afgørende morens personlighed, men hendes uddannelsesmæssige baggrund og økonomiske og sociale status indgik også i vurderingen. Nævnet lagde herefter til grund, at ansøgerens mor, mens hun befandt sig i Somalia, arbejdede som selvstændig hennatatovør, at hun havde gået 4 år i koranskole, og at hun efter ankomsten til Danmark havde gået på sprogskole, været frivillig i en forening og arbejdet som rengøringsassistent. Ansøgerens far har forklaret, at han kom fra en familie med en vis social og økonomisk status, og at der var respekt om familien i landsbyen.

¹⁵² Flygtningenævnets afgørelse fra oktober 2020.

¹⁵³ Flygtningenævnets afgørelse fra oktober 2020.

¹⁵⁴ Flygtningenævnets afgørelse fra oktober 2020, se også Flygtningenævnets afgørelse fra august 2020, hvor ansøgers mor ligeledes var fraskilt.

¹⁵⁵ Flygtningenævnets afgørelse fra september 2020 og Flygtningenævnets afgørelse fra september 2020.

¹⁵⁶ Flygtningenævnets afgørelse fra september 2020 og Flygtningenævnets afgørelse fra september 2020.

¹⁵⁷ Flygtningenævnets afgørelse fra februar 2018 og Flygtningenævnets afgørelse fra november 2018.

¹⁵⁸ Flygtningenævnets afgørelse fra august 2020.

Ansøgerens far havde forud for flugten fra Somalia gået i skole frem til 7. klasse og havde arbejdet som hjælpelærer. I Danmark har han gået på sprogskole og arbejdet på en fabrik siden april 2016. Efter en samlet vurdering af forholdene vurderede nævnet, at ansøgerens forældre havde de fornødne personlige ressourcer til at modstå omgivelsernes pres, herunder at modsætte sig, at omgivelserne direkte overfor ansøgeren udøver et pres for, at hun skal lade sig omskære. Nævnet henviste dog ikke alene til forældrenes ressourcer, men også til, at nævnet fandt, at forældrenes nærmeste netværk i Somalia måtte formodes at være indstillet på at støtte dem i ønsket om at beskytte datteren mod omskæring.

Ifølge Flygtningenævnets praksis er den situation, som en kvinde eller pige befinder sig i i Somalia, hvis hun ikke bliver omskåret, ikke omfattet af udlændingelovens § 7.¹⁵⁹ Således fremgår det eksempelvis af en sag fra september 2019, at *"En eventuel chikane eller stigmatisering som følge af, at ansøgeren ikke er omskåret, kan ikke antages at være af et sådan omfang eller karakter, at ansøgeren af den grund er omfattet af udlændingelovens § 7."*¹⁶⁰

¹⁵⁹ Se eksempelvis Flygtningenævnets afgørelse fra september 2019, Flygtningenævnets afgørelse fra juni 2018, Flygtningenævnets afgørelse fra november 2018, Flygtningenævnets afgørelse fra juni 2019.

¹⁶⁰ Flygtningenævnets afgørelse fra september 2019.

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Kilder, egne interviews

Interview, anonymous source i, 24.10.2020

Interview, anonymous source ii, 02.11.2020

Interview, anonymous source iii, 05.11.2020

Interview, Ifrah Ahmed, 18.09.2020

Interview, Sahra Ahmed Koshin, 06.11.2020

Interview, Ugbad Ahmed Hashi/NAFIS network, 04.11.2020

Interview with anonymous source i, 24.10.2020– Organisation working with GBV victims in South-Central Somalia

Phone interview

The source is working with women, who have been victims of FGM and other forms of GBV. The source has furthermore been working for women's rights organizations in Somalia for a longer period of time. The source wishes to be anonymous because of the security situation in South Somalia.

Parent's/Family-members' ability to protect from FGM

How would you assess the possibility of avoiding FGM in Somalia?

(The source has not been asked the question in this form.)

Which role would the opinion of the child/parent/family-member on FGM play when it comes to avoiding FGM?

According to the source, the mothers' opinion matters. The women in the family have strong opinions and it is the women who are continuing this tradition, but traditional belief, pressure from society and being afraid of the community can prevent the mother from stopping FGM. According to the source, the person who decides when FGM should take place is the father or the mother, mostly the mother. The source explained that it is believed that women who are not circumcised have a lot of sexual activities without being married and bring shame to their families. Marriage is a very important institution religiously and in society. According to the source, it is generally believed that women cannot break their virginity without being married, and that girls should be tamed.

Would a person be put under pressure to perform FGM? And if yes, could you please explain what kind of pressure?

The source explained that, yes, there would be pressure. The community would shame them. The source explained by using her own experience as an example: she was circumcised when she was 10-11 years old. Before this, people used to call her dirty. In the *madrassa*, where she went to school, everyone knew that she had not been circumcised. The source and all her peers were born in the same area and grew up together, and they knew everything about each other. The source explained that she used to feel great shame when going to the *madrassa*. The source explained that, in this way, the community/surroundings will put pressure on the little girl. They will call her names.

The source further explained that she would ask her mother why she was not circumcised. Her mother would tell her that they were looking for someone good to do it. The source herself was asking to have it done because of the situation she was in as not-circumcised.

The source mentions another example from her own family: a woman who was about to get married. She was not circumcised, and she was afraid her future husband would hit her and chase her away when he found out. She travelled away from the village for 2-3 weeks to be circumcised before the wedding. The source explained that the shame of not being circumcised will not go away and it will transition with you into adulthood. The source further explained that the pressure comes from the culture.

How relevant would you find criteria, such as education, wealth, geography, etc. when it comes to assessing the possibility of parents/family-members resisting FGM? And how would they be relevant (if relevant)

Education

The source explained that, yes, education would help, because it opens the mind. Education helps you to see the effects of circumcision and what it does to you. But without education, you will believe everything.

Financial status/wealth

According to the source, very rich people and powerful people still have their daughters circumcised.

Urban vs. rural or nomadic background

The source explained that there are different types of circumcision, and the rural areas undergo the worst type of circumcision.

People returning from Europe/Western countries

According to the source, they might have a bigger chance of resisting, because they have been exposed to other cultures, but if you have been to only one little village, you only know about circumcision.

Clan

According to the source, there is a difference in the clans. Some clans are more traditional and religious, and it would be more difficult to convince them to accept to not circumcise.

Religion

According to the source, religious beliefs are important.

If a person has problems because of resisting FGM, what kind of protection or support would be available? (e.g. legislation, police, shelter, NGO's, local/community councils)?

The source explained that in the city, where she works, there is not a lot of people working on FGM. The source has not heard of any safe space for women running away from their families because of the risk of FGM. According to the source, this is needed, because in the rural areas there is no internet and no awareness, thus, it would be good to disperse information; but even the organisations have difficulties in reaching the rural areas.

Women who have not undergone FGM

Is there any information available on the small percentage (0,8 % according to a report from UNFPA and the Somalian government) of women who have not undergone FGM?

See below.

If there is no reliable information, what would your informed guess/assumption be about this group? (anecdotal evidence)?

The source mentioned that one important factor would be education, and if parents were educated, there would be less circumcision.

At the end of the interview, the source added that she does see light at the end of the tunnel. She explained that she sees a resistance and that she has never seen this kind of resistance before. According to the source, it is a long a tunnel but there is light at the end.

The source further added that during the situation with the corona pandemic, people have had a lot of time on their hands to let their children undergo the procedure, and FGM might have gone up. In this situation, women are stuck with their abusers.

Interview with anonymous source ii, 02.11.2020 – organisation working with GBV in South-Central Somalia

Phone interview

The organization works with a range of different issues, including GBV and FGM. The organization works in most of the regions in South-Central Somalia.

Parent's/Family-members' ability to protect from FGM

How would you assess the possibility of avoiding FGM in Somalia?

The source explained that the public needs to be educated. First of all, intensive education of the parents needs to be established. The ones to target are the parents who already have children. And then to reach future parents and to target the girls at village level.

According to the source, there are two main categories of cutting in Somalia and most people, who say they are not practicing FGM, are still practicing Sunna. If a girl has not undergone FGM, it is a taboo. Men will look for circumcised girls. They believe that this is how they can keep their virginity. They only leave a small opening for urination. Men can then easily identify if there has been fornication/adultery.

Which role would the opinion of the child/parent/family-member on FGM play when it comes to avoiding FGM?

The source explained that they [the NGO] have done awareness-raising and some people have started doing some less harmful versions of FGM.

The source further explained that to the traditional birth attendees, who are the ones conducting FGM, it is a financial source, a livelihood. They are mostly old women. The source believes that if there had been legal action taken against them, FGM would have gone down in numbers. One of the many factors behind FGM is that it is a livelihood to the persons performing it.

Would a person be put under pressure to perform FGM? And if yes, could you please explain what kind of pressure?

The source explained that, sure, there would be pressure. Especially on the girl. For example, when she goes to school or to the *Madrassa*, she would be exposed to abusive language and isolated.

The parents would also be under pressure. The child would complain about the abuse from its surroundings. It could develop into fights with neighbors because other people feel that the abuse of the child is ok because the child is not circumcised. Some parents might have to go and live somewhere else. Maybe they have not heard about it and will assume that the girl has been circumcised, or the girl is not so easy to identify.

The source further explained that another risk might be that there are temptations related to the girl. Some men will think that because she is not circumcised, she might go to bed with them. A girl who is not circumcised will be less protected in her community.

How relevant would you find criteria, such as education, wealth, geography, etc., when it comes to assessing the possibility of parents/family-members resisting FGM? And how would they be relevant (if relevant)?

Education/wealth

The source explained that he believes that if the parents are educated, FGM might be less likely and it might rather be a sunna circumcision and that with education, maybe in the future, there would be zero FGM. If the parents are not educated, there would be a great risk of FGM.

Urban vs. rural or nomadic background

Yes, a rural background has an effect on FGM. They are not exposed to much information about the risks of FGM and they tend to be rigged on the culture, and most importantly the rural areas are not accessible. Therefore, girls from rural areas are at higher risk of FGM.

People returning from Europe/Western countries

The source explained that in the West, there are laws that safeguard the rights of individuals; there are consequences of violating the law. In Somalia, although laws are there, there is a need for a legal system and courts that are sensitive to GBV. In Somalia, there are no public offices that can deal with GBV violence such as gender desk at the police office. In the Somalian context, it is not seen as a legal issue but just as a culture. So, if the person is here to settle, they will perform FGM, but if they are going back, they will know that they will face legal consequences if the child has undergone FGM and will therefore not perform it.

Clan

According to the source, clan does not play any role when it comes protection or non-protection from FGM. Everyone will undergo FGM. According to the source, the clan-affiliation has an influence on other kinds of GBV, like rape and physical violence, but FGM is universal.

Religion

According to the source, religion plays a role in the sense that if the religious leaders communicates clearly, that FGM has no base in Islam and it is not supported by Islam, this may lead many people to stop practicing FGM. The religious leaders are influential, and they are well respected by the community. Religion does not support the harmful FGM practice.

If a person has problems because of resisting FGM, what kind of protection or support would be available? (e.g. legislation, police, shelter, NGO's, local/community councils)?

The source explained that there are no strong protection mechanisms in such situation and the Local NGOs are trying to educate the parents, girls and struggling to provide safe house/GBV stop center for girls and women protection but there are few centers due to limited funds. The source further explained that target for the education/awareness-raising, are the communities, the girls, men, boys not only the single parents.

Women who have not undergone FGM

Have you heard of women in Somalia who have not undergone FGM?

According to the source, there is a very minimal number of persons who have not undergone FGM.

Is there any information available on the small percentage (0,8% according to a report from UNFPA and the Somalian government) of women who have not undergone FGM?

Currently, there are no accurate statistics showing the % of women who have undergone FGM. What is available is data from accessible areas or where there are NGO intervention programs.

If there is no reliable information, what would your informed guess/assumption be about this group? (anecdotal evidence)?

The source explained that he thinks that this group of women, who have not undergone FGM, is very small, and the reason why they have not undergone FGM could be that they received FGM information earlier than anyone else and maybe high percentage are educated. Furthermore, there are supposedly small communities living between Somalia and the Djibouti border with groups of uncircumcised women.

Interview with anonymous source iii, 05.11.2020 – Organisation working on health issues of women and children in Somaliland

Partly Skype Interview and partly written response and follow-up

Among other issues, the organization in Somaliland deals with the health of children and women and are as such involved in the issue of FGM.

Parent's/Family-members' ability to protect from FGM

How would you assess the possibility of avoiding FGM in Somalia?

The source explained that FGM has been a practice for a long, long time. It is a culture – or a strong tradition. It has been done generation after generation. It is difficult for a mother to say no. Even if a mother says “I don’t want it,” the grandmother can take the child to the cutter.

The source further explained that people believe that FGM is for the welfare of the child and that it improves the girl’s marriageability. If the child did not get FGM, other girls in the neighborhood and school points their fingers, stating you are not clean and pure.

According to the source, we don’t need to look at it as a separate act. You must look at the whole community. We need to educate, especially the elderly. If the mother is against, someone else can do it when she is not there. It will be done without her knowledge. There are many examples of this.

Which role would the opinion of the child/parent/family-member on FGM play when it comes to avoiding FGM?

The source explained that if the child or mother is against it, they will be forced to do it. They would undergo pressure to perform FGM.

The source explained that they have seen situations where the mother refuses but the child tells openly about it and other people will stigmatize the child. The child will be seen as not-clean and before marriage she will be put under a lot of pressure. A lot of pressure from the outside/surroundings.

The source further explained that a child can also be forced. There are girls that are held by adult women. The source used her own experience as an example: She was 8 years old and they did it to her. She was in the second grade and her mother did not want it. She was taken from school in town and taken to a rural area. Seven women held her down and circumcised her. According to the source, this happens in many places today, especially in rural places. In February and March, when Covid was at its peak, the source was getting reports from the field that the traditional birth attendants were knocking on doors, saying that now that the schools were closed and the girls at home; it would be a good time to cut the girls. Nurses and midwives were getting a lot of calls, asking if they could perform FGM. The traditional birth attendees do this because they earn money. It is a source of income for them. According to the source, they never tell them how much they earn. They have even been offered money (5 dollars) by the Minister of health for not performing FGM but it did not stop their practice.

How relevant would you find criteria, such as education, wealth, geography, etc., when it comes to assessing the possibility of parents/family-members resisting FGM? And how would they be relevant (if relevant)

Education

According to the source, ignorant or non-educated people are stronger in insisting on the practice of FGM than educated people. Many Somalis mistakenly view FGM as a religious obligation. The concept of family honor is also involved as well as a set of social rewards, including the idea that girls will face shame and social exclusion, including diminished marriage prospects, if they forego the practice.

The source explained that they have trained young girls. The girls were prepared for reaching out to the communities for the prevention of FGM. They were trained on knowledge and skills relevant to this task as well as strategies for involving different community groups, especially peer to peer communication and education to girls and women in different age groups.

According to the source, it was reported that, as a result of the work, women affected by FGM felt more supported and confident to openly talk about their health issues and more empowered to access support with them. They also reported that more girls in their communities were willing to speak out and support campaigns to end FGM.

Financial status/wealth

According to the source, people with at a low socioeconomic status look for the traditional birth attendance for their daughters, whereas rich people contact health professionals in the hospitals and clinics.

The source further explained that health providers have a great impact on the FGM practices through their direct encounter with women and girls at various stages of FGM practices; many mothers seek nurses and midwives to perform FGM on their daughters, to prevent cross infection and physical complications (medicalisation of FGM). Nurses and midwives are contacted again to conduct the cutting of the newly married girls and finally when women are in labor and about to deliver.

The source strongly believes that FGM/C medicalisation would merely lead to the practice of FGM/C being justified and accepted. The source reiterates the absolute and strong condemnation of FGM/C, as there is no reason—social, economic, ethnic, health-related or other—that could justify it.

Urban vs. rural or nomadic background

The source explained that rural people practice severe forms of FGM whereas urban people are shifting from FGM type 3 to sunna.

The source further explained that the health workers are working on the health complications and the risks associated with FGM, communicating that the pain and injury on a girl start from the age of circumcision and lasts for the rest of her life.

Communities

According to the source, Somali communities are connected into families and they are an oral society and comprehend what they see and hear; they like to talk a lot and to share a lot of information.

The source explained that Somali people are 100 per cent Muslim and they believe in the religion more than anything else. They need real images to understand the situation and the risks associated.

The source further explained that civil society advocates for the enactment and use of legislation, national policies and professional guidelines against FGM/C.

People returning from the Europe/Western countries

According to the source, people returning from Europe/Western countries perform FGM on their daughters when they arrive in the country; a common statement on the stand of religious leaders in Somaliland is still a missing link that is hindering the efforts for the abandonment of the practice. On the other hand, abandonment of FGM has proven to be slow in the absence of a national policy on female circumcision. There is no law specifically prohibiting FGM in Somaliland.

Clan

According to the source, traditional cutters are mostly same clan. The people practicing FGM are not competent, the place where it is done is not clean or appropriate for any surgery to be done and the equipment used is not sterile and can be source for transmitted diseases.

Religion

The source believes that Allah has created humans the best way possible and that there is nothing to extract or add to make it better than Allah's way. In reality, the source's religion is totally prohibiting FGM.

According to the source, FGM/C is long standing custom and abandoning it is not an easy task. It needs patience, repeating/reinforcing the messages and hard work. It is embedded in the traditional practice based on myths and ingrained in minds. The practitioners also earn their living expenses from it.

The source explained that in the general public it is seen as a cultural issue or a religious requirement. It is a practice in all parts of Somaliland. Most women have pharaonic but some have the less severe form, Sunna. The source further explained that there was a fatwa from the ministry of religious affairs [for Somaliland]. Type 3, the pharaonic circumcision, should be forbidden, but that it is ok to practice Sunna; but the circumcisers do not differentiate. They are still cutting something and putting stiches. Since they don't know how to do Sunna, a zero tolerance is needed. We are waiting for a change in the fatwa. Our population listens more to religious people because they believe that FGM is a religious requirement.

If a person has problems because of resisting FGM, what kind of protection or support would be available? (e.g. legislation, police, shelter, NGO's, local/community councils)?

According to the source, only health centers manage FGM complications, no other place could help them.

Women who have not undergone FGM

Is there any information available on the small percentage (0,8 % according to a report from UNFPA and the Somalian government) of women who have not undergone FGM?

The source explained that there is no information or FGM centers for victim. The need to create 'safe spaces' within midwifery schools and to adequately support young people or children affected by FGM does not appear to be widely implemented. Therefore, this may be an area which necessitates further advocacy so that young people are more engaged and FGM is integrated into the curriculum for instance.

If there is no reliable information, what would your informed guess/assumption be about this group? (anecdotal evidence)?

According to the source, the Somaliland community came a long way. Now young girls are feeling that it is quite normal to talk about FGM.

Awareness campaigns among the young community has awakened people from their lack of knowledge about FGM. These young generations will be more aware than ever and have a clearer understanding about the risk of FGM. The mobilisation activities have also given the community the chance to express their views and opinions.

The ongoing efforts have immensely influenced the community's mind-sets about FGM and encourages young women to move away from the practice. It enabled women and girls affected by the practice to access FGM healthcare services and build better relationships with their families.

Interview with Ifrah Ahmad, Founder and Programme Director of the Ifrah Foundation and Gender Advisor to the Government of Somalia, 18.09.2020.

Phone interview

The Ifrah Foundation was founded in 2010 by Ifrah Ahmed, an Irish citizen originally from Somalia. Ifrah Foundation has been active in Somalia since 2013, where it is a registered Civil Society Organisation (CSO). Ifrah Foundation is also a registered charity in Ireland. Ifrah Ahmed is a leading FGM/C eradication advocate and activist and has received multiple awards for her work. She is also the Gender Advisor to the Government in Somalia.

Parent's/Family-members' ability to protect from FGM

How would you assess the possibility of avoiding FGM in Somalia?

IA explained that FGM is highly practiced in Somalia and that there is an even higher risk if a woman or a girl has been residing in a European country.

IA shared a recent experience, where she had been informed about a young Somali woman with residence in a European country. When the woman was 19 years old, her mother brought her to Somalia, where she had been in imminent risk of forced marriage and FGM. With the help of activists, she managed to contact the Embassy of her country of residence and they were very helpful and managed to get her out of Somalia again.

Which role would the opinion of the child/parent/family-member on FGM play when it comes to avoiding FGM?

IA explained that even if a mother is against FGM, she still has a mother and a mother-in-law and other family members. They would just do it without informing the mother. The mother would not even be consulted. They would take the child to the village or somewhere in Mogadishu and just have it done. In the cases, where the children have been in Europe, the mother would be told: "You went to Europe and now it is very much time to cut."

Would a person be under pressure to perform FGM? And if yes, could you please explain what kind of pressure?

According to IA, when a woman or a girl comes back to Somalia, the community believes that she has lost her culture and that she has to be brought back to her own culture. It is believed that such women and girls have to learn their culture again. This is called *Dhaqan Celis*.

How relevant would you find criteria such as education, wealth and geography when it comes to the possibility of resisting FGM?

IA explained that awareness-raising seems to have an effect. IA further explained that when it comes to educational background, many people are aware that FGM is bad, but that there is an issue with persons who return from Europe, because they are not seen as Somalis, so the risk is higher because they are expected to return to being Somalis. IA explained that there are girls born outside Somalia, who did not yet

undergo FGM, but young girls and women who then return to Somalia are at high risk of FGM when they return – and in general everyone is at risk.

IA further explained that she is not aware of geographical differences. At the moment, the numbers of FGM are going up everywhere because of Corona. There are no awareness campaigns at the moment, and the girls are not at school so cutting can take place at any time. Usually, the community gathers all the girls and calls the cutter, and now there is plenty of opportunity to do this.

If a person has problems because of resisting FGM, what kind of protection or support would be available? (e.g. legislation, police, shelter, NGO's, local/community councils)?

According to IA, the police does not do anything and there is no legislation and no shelters.

IA further explained that there are no centers to help these women/girls if they try to escape FGM. In the cases IA has become aware of, the women and girls did not have anywhere to go. According to IA, there is a need for an emergency network that could assist women and girls at risk and offer them somewhere to go.

IA explained that there are some centers for sexually abused women, but these are not suitable for young women and they are not anonymous, which is highly necessary.

IA explained that the people, who try to help a woman or a girl who tries to escape forced marriage and/or FGM, put themselves at a very big risk because you never know if a family- or a clan member is a part of military group or what kind of resources they might have.

Women who have not undergone FGM

Is there any information available on the small percentage (0,8 % according to a report from UNFPA and the Somalian government) of women who have not undergone FGM?

See below.

If there is no reliable information, what would your informed guess/assumption be about this group? (anecdotal evidence)?

IA explained that she could imagine that this group consists of the very poorest persons in Somalia. Families who will not be able to pay the 5 dollars it costs to pay for the FGM.

Interview with anthropologist and ph.d. Sahra Ahmed Koshin, 06.11.2020

Skype interview

Sahra Ahmed Koshin (SAK), anthropologist, ph.d., Somali Diaspora Humanitarianism in Complex Crises, Faculty of Science, Department of Food and Resource Economics (IFRO), Section for Global Development, University of Copenhagen/University of Nairobi. SAK came back to Somalia in 2008 and has been living there since. She has worked exhaustively on FGM-issues. She has been working for the organisation Action for Gender and Development (AGDA). AGDA is funded by the Somali run organisation Hirda in the Netherlands. SAK is currently working for the Ministry of the Women in the federal government on the implementation of the National Action Plan to implement the Somali women's charter, in which GBV/FGM is a priority.

Parent's/Family-members' ability to protect from FGM

How would you assess the possibility of avoiding FGM in Somalia?

SAK explained by using the example of her own daughter: When her daughter was 6 years old, her friends were cut. According to SAK, this is done quietly in Somalia. You are just grabbed and your legs opened and that child is traumatized. This is often done in a group. All the people you know, who have not been cut, will be gathered. The neighbor was cutting four of her daughters. SAK's daughter was born in Holland, but she came to Somalia when she was 6 months old. At 6 years old, SAK's daughter wanted to be cut too, because everyone else was being cut. When SAK's daughter was 8 years old, her husband's family started to talk to her husband about their daughter being uncut. The relatives of SAK's husband said: "Maybe we can do the sunna." SAK explained that there is this very strong fear that, if you do not cut your girls, the girls become loose, incontrollable, like prostitutes and sleep with older men, etc.

According to SAK, there is furthermore the belief that if you are uncut, the genitals will grow and grow and become like the genitals of a man. When the husband's family came again, his sister was present and said to SAK's daughter: "I will take you to my home. I will cleanse you" and "You have this thing between your feet and it is not good." SAK was very upset but she explains that the family does it out of love. They believe that they are doing something good – a favor to the child. SAK compared it to seeing a child with a disability. If a child has a visible disability, you feel compassion for this child. This is how they see it. They see this beautiful child, but she has this thing hanging between her feet and they want to help her. In the end, the child itself will be asking to be circumcised because of the stigma she is experiencing from friends, peer, neighbors and loved ones. SAK explained that, amongst other things, it is believed that you smell, that you can't clean yourself properly and that your genitals are full of bacteria. SAK further explained that it is believed that the performance of FGM will harden you like the hardening of a boiled egg and make you strong.

SAK explained that the pressure from especially family members, but also the community, was severe and difficult to live with. SAK mentioned that even her cleaning lady would be making derogatory comments to her daughter. SAK's daughter is now living with her mother in Zambia. SAK explained that this is very difficult for her, but it was something she had to do to protect her daughter.

SAK further shared the experience of her friend, who was visiting [Somalia] from the UK with her children and one day had to go away without her daughter. While she was away, the husband's mother grabbed the daughter and cut her. The mother was upset and angry because of the pain her daughter had been exposed to, but only for a little while. The family took care of the child and by the time the mother had come back, her daughter was in an ok state.

SAK explained that when this happens, the mothers will be angry but the scars are invisible to the surroundings, and the cutting was done by family, who care for your child and after a while, nobody will talk about it anymore. FGM has an enormous psychological impact, but women do not speak about it. They will later, when they are older, speak about the physical problems that they are confronted with, but not the emotional ones. According to SAK, only someone who is at peace and has time and resources to focus on themselves will connect with the trauma of what has happened. In Somalia, there is no time for self-pity and no time to face the trauma. You get up and run. In the diaspora, there is to a greater degree a connection to oneself and to the trauma, and that's why the diaspora women are re-evaluating the practice of FGM. The Somali women will numb themselves and stay numb for the sake of the family.

SAK further explained that in Somali there is a word called *Asturat*. It describes the situation where for example a person is running around naked and someone helps to cover this person with a towel. Someone relieving shame. When someone is cut, its seen as *Asturat*; you are helping to cover this person's shame. SAK mentioned that she has never seen family conflict because of this. The mother will say: "What have you done?" but it will soon be forgotten.

According to SAK, men are behind the pushing of FGM, but they do it through the women. It is unmanly to talk about this because it involves genitals, vagina, the clitoris and the natural opening. All these are taboo and sensitive topics to talk about, but they are important in the context of FGM because this is what is being cut, taken, brutalized and severally damaged.

SAK further explained that in Somalia FGM is a very private thing. There is not a huge celebration with rituals, like it is the case in other countries. SAK explained that she one day, walking the streets, found a child running away from her house. Her hair was partly shaved – which is something that is often done in connection to the cutting – and before SAK could think further of it, the family took her back to the house. Only in the evening did it strike SAK that this child must have been undergoing FGM. SAK explained that it can be done in a few minutes. It can be done in the bathroom, in the living room. The child will be silenced and the adults pulling at her.

SAK further explained about the concept of *raganimo*, meaning masculinity, which for instance means that men will not do "non-male" things in public, like holding a baby or carrying bags for a wife. SAK has experienced women in FGM meetings explaining that not being circumcised is bad because it is too easy for the men to penetrate. After FGM, the opening is so small that it takes days and days to penetrate. This process is glorified in Somalia. To illustrate the way of thinking, SAK refers to a video on youtube, where a young woman has gone to the gynecologist with her husband. She is asking to be opened because the man can't penetrate her. The opening is not bigger than a matchstick, but the husband is against the opening (deinfibulation). He is saying that it is his task as a man to penetrate and he is concerned about what other men might think and says it will minimise his *raganimo*.

Another example is from SAKs own family. She explains that she has family in rural areas. One cousin was married to an old man. She was a very strong and muscular 13-year-old, who was married to a 90-year-old man. He took out a knife to open her in a hut far away from the house. According to SAK, this is very normal in rural areas. An old man, who is not as stiff as he used to be, but he wants to leave behind many sons, and he can't penetrate the girl who has undergone FGM. He will then cut her with a knife. It is very normal. This girl put up a fight and the family punished her for hurting her husband. There was even some money paid as a sorry.

Which role would the opinion of the child/parent/family-member on FGM play when it comes to avoiding FGM?

See below.

Would a person be put under pressure to perform FGM? And if yes, could you please explain what kind of pressure?

According to SAK, the pressure from the family is subtle and hidden, but the family/community will not discuss it with you. They will just take the child and do it.

SAK explained that the diaspora women are attacked because they speak openly about some problems after FGM. For example, following FGM, there is a problem with the clitoris. The clitoris keeps growing and when a woman is sewn together, the clitoris keeps growing inside and it will bulge out and create problems. There are women that have a growth the size of a golf ball. The diaspora women are the ones that speak most openly about these issues. This is why they are attacked. Other people will call them westernized. Very few women in Somalia are talking openly about this. It is seen as “women from the west” creating a lot of problems. In Somalia, FGM is not thought of as a human rights violation.

How relevant would you find criteria, such as education, wealth, geography, etc. when it comes to assessing the possibility of parents/family-members resisting FGM? And how would they be relevant (if relevant)?

SAK explained that education does not matter. Not all diaspora women are well educated. Some come here to have their child cut and some do not, but it is not a question of education. In Somalia, you will be confronted with cutting in the family. If you don't do what is normal in Somalia, when you try to intervene by fighting with them, you are essentially creating a wall and this will lead to less connection and problems with family, especially the family of the husband is important because the daughter is carrying her father's name.

According to SAK, clan does not play a role at all when it comes to the ability of protecting your child.

SAK gives another example of a mother living in Canada, she took her children back to the village in Somalia and this will inevitably lead to the question: “Have you been cut?” The grandmother was very angry that the granddaughter had not been cut and tried to do it and they had a fight. This mother had an advantage; she is Canadian and she has money but it didn't matter. The grandmother would try to “seduce” the daughter, by saying: “Let's go and do it. We can do it now.” Trying to do it in a secret way or get the child to convince the mother. The grandmothers and aunts feel the weight on them. This thing will always remain. The women will keep talking about it. Especially at weddings. “These women must have a very long clitoris, maybe it is folded.” They think you can't use sanitary pads when you have your period, because the clitoris is too long.

The pressure is probably more in the rural areas. In the rural areas, there is very little resistance, and it is mostly infibulation being done.

Another group that might be even more at risk are the IDP's. There are IDP-settlements in almost every town. These are settlements of very poor people in huge make-shifts huts.

If a person has problems because of resisting FGM, what kind of protection or support would be available? (e.g. legislation, police, shelter, NGO's, local/community councils)?

SAK explained that she has no knowledge of any support or protection of this kind. The organisation TASS is working with some psycho-social support. But otherwise, counselling is not available. Counselling is normally not available in Somalia. People generally believe that mental illness is caused by the devil. You then must bleed and take out the devil.

Generally, the children and young people who arrive from US and Europe are not in a good situation. Often, the children from the Scandinavian countries can't even communicate. Those who arrive from UK and US can speak English. The children do not have anything of what they are used to. There is no cinema, no

playgrounds, they are inside most of the time. Football is only for men. And for instance, Garowe, is a very harsh city and a lot of the children become depressed. There is a young girl from the diaspora who is into art, and she is trying to show the depression that the young people are going through by using art.

Also, there is the concept of *Dhagancelis* - that you have to go back to learning your original culture.

Women who have not undergone FGM

Is there any information available on the small percentage (0,8 % according to a report from UNFPA and the Somalian government) of women who have not undergone FGM?

See below.

If there is no reliable information, what would your informed guess/assumption be about this group? (anecdotal evidence)?

SAK explained that, to her knowledge, some individuals, who are handicapped, are not cut, especially those with severe trauma. SAK explained that she has seen this in the village where she comes from. Those who are severely disabled are not cut. It was further explained that she does not know whether, for instance children with Down Syndrome, are cut, but women who are bedridden or handicapped are not cut, probably because no further pain should be added or from fear that they will be lost.

Interview 04.11.2020 with Ugbad Ahmed Hashi, senior staff and FGM expert at NAFIS Network (Network Against FGM in Somaliland) and lecturer at University of Hargeisa

Interview given in written form

Network against Female Genital Mutilation in Somaliland (NAFIS) is a network of civil society organizations that was established in November 2006 and based in Hargeisa, Somaliland. Currently, NAFIS has a membership of 20 organizations operating in all the regions of Somaliland. NAFIS is the leading umbrella organization advocating for the eradication of FGM in Somaliland through coordination and networking, policy framework, research, and documentation.

Ugbad Ahmed Hash (UAH) is the capacity-building program officer at NAFIS Network. UAH is responsible for the overall strengthening of the capacity of NAFIS members, staff and other anti-FGM/C stakeholders. UAH holds a master's degree in development studies.

Parent's/Family-members' ability to protect from FGM

How would you assess the possibility of avoiding FGM in Somalia?

UAH explained that in Somalia the prevalence rate of FGM is 99.8 % [this percentage is from a study conducted by NAFIS network], so all the girls in the country undergo FGM. The 0.2 are families, who come from European countries and did not circumcise their daughters when they were young, due to the law of those countries prohibiting the practice of FGM. UAH does not believe that there is a possibility to avoid the circumcision since the community strongly believes in the practice and they will stigmatize a family, if the daughters do not undergo FGM. They believe it is forbidden to marry an uncircumcised girl.

Which role would the opinion of the child/parent/family-member on FGM play when it comes to avoiding FGM?

UAH explained that since the communities support the circumcision, they believe that the female circumcision is something everyone will undergo, and they will discriminate the families who do not practice. Because people believe the circumcision will protect the virginity of the women.

Would a person be put under pressure to perform FGM? And if yes, could you please explain what kind of pressure?

Where would the pressure come from and why?

According to UAH, the pressure will come from the surrounding community, family and friends

What kind of pressure is used? Do you have any examples?

UAH explained that FGC is a strong cultural belief which has been used for centuries. It is believed that FGC is a protection of the girls and increases their dignity, and for marriage purpose they please the men, so this strong culture results in every girl undergoing female circumcision.

Are there examples of groups of people, who would not be put under pressure to undergo FGM?

According to UAH, girls to be married is something important to the families. That is why they do not want to take risks.

How relevant would you find criteria, such as education, wealth, geography, etc., when it comes to assessing the possibility of parents/family-members resisting FGM? And how would they be relevant (if relevant)

Education

UAH explained that the majority of mothers are illiterate, so they believe circumcision is something every girl should undergo. Even if some mothers have an education, the grandmother influences them as well the neighbors and the need to avoid the stigma coming from the community, if the daughter is not circumcised.

Financial status/wealth

According to UAH, even if the family have wealth, they give considerations to their girl's marriage, so FGM/C is practiced in both wealthy and poor families.

Urban vs. rural or nomadic background?

UAH explained that in rural areas they strongly believe in circumcision. After the wedding, four women from the man's family come to the girl to check if she is circumcised and to reopen her. If the girl underwent FGM, they believe that the girl is virgin. UAH further explained that in urban areas, they are doing the circumcision for men's sake, to show them that their girl is virgin. Men are not willing to marry an uncircumcised girl.

People returning from Europe/Western countries

According to UAH, the families returning from Europe/western countries do not live in the country [Somalia] for a longer period of time, so they can't change the believes of the local community, and if the girls are old, everyone thinks that they have already undergone circumcision, but at the time of marriage, the challenge will come.

Clan

According to UAH, all Somali clans believe in FGM.

Religion

UAH explained that the Somali sheikhs (religious leaders) have different views on FGC. The majority insists on the circumcision. That is why even those who have education are still doing the practice.

If a person has problems because of resisting FGM, what kind of protection or support would be available? (e.g. legislation, police, shelter, NGO's, local/community councils)?

UAH explained that Somalia does not have a law and policy which prohibits the practice, so there is no protection in FGC cases.

Women who have not undergone FGM

Is there any information available on the small percentage (0,8 % according to a report from UNFPA and the Somalian government) of women who have not undergone FGM?

UAH explained that 0.2 percent were found in their research which they conducted in 2014.¹⁶¹ According to UAH, they are living in urban areas and come from western countries. UAH further explained that the women shared with them that there were no health complications for them. According to UAH, FGC has health

¹⁶¹ Research conducted by NAFIS network in 2014. The research focuses on the prevalence, perception and attitude of FGM, <https://nafisnetwork.net/research/>

complications, but those who do not undergo FGC are healthy and have no complications. They can deliver normally during maternity, while those who have undergone FGC have health complication and can't delivery normally, which results in fistula and maternal mortality.