

## **Birthworkers & FGM/C: At the Intersection of Survivor & Advocate**

*By Rania El Mugammar*

In this short interview, I speak with an informal collective of Black and Brown birth workers based in London, Montreal and New York. Many of the member of the group are survivors of FGM/C, while others organize in solidarity with them to meet the reproductive needs of those who have experienced FGM/C. The collective responded to questions as a group, their contributions are indicated with “BW”.

***Rania:** Hi folks, thank you for taking the time to speak with me, I am wondering if you can share a little about your work with me?*

**BW:** Thank you for having us, Rania. We are a collective of Black and Brown women and non-binary birth workers, based globally in the UK, and on Turtle Island (Canada & the United States). We work through a whisper network of grassroots advocacy so we can protect the privacy of those who experience FGM/C. People don't want to be associated with the midwife or doula who specifically works with people who have been cut, so we are careful to invite people to disclose if they feel safe enough to do so in any of our workshops or intake visits.

We work to provide abortion doula care, from a pro-choice, reproductive justice framework, as well as pregnancy, birth and labour support, and postpartum care for birthing parents (gestational parents), and doula support for women, trans and non-binary survivors of FGM/C who experience miscarriage or stillbirth. We are a gender affirming, queer positive collective that is survivor led.

***Rania:** That sounds amazing, can you tell me a little bit about how you got together and why you focus on FGM/C survivors?*

**BW:** We got together because, many of us are survivors of FGM/C or were approached to care for survivors of FGM/C, only to realize we were operating on assumptions, biases and a lack of knowledge and education.

We focus on FGM/C because we fundamentally believe in reproductive justice, that every person has the right to determine their reproductive destiny, and due to poor education, lack of cultural safety and serious medial racism in each of our unique contexts and communities, survivors of FGM/C do not have that freedom. We got together to share what knowledge, tools, experiences and supports we had developed or learned about, we're sort of like the aunties you can come to and we can connect you with someone.

***Rania:** What does your day to day work look like?*

**BW:** On a day to day basis we do a lot of grassroots advocacy and mutual aid work. We accompany survivors to medical appointments, terminations, and to access social services and

supports. We help to provide for the material needs of survivors in order to help them in their healing. We provide primary reproductive care (through midwives on our team). We work with other healthcare providers (such as nurses and doctors) working in obstetrics in order to share knowledge and building networks. Most importantly we connect with elders in our communities who have survived FGM/C as well as midwives globally in order to understand the types of the practice, and how to care for those who have experienced cutting.

We occasionally collaborate to offer training and workshops for other birth workers and social workers in order to increase the competencies of our communities and their capacities to meaningfully address FGM/C from an intersectional feminist, anti-racist perspective.

**Rania:** *In your work, what are some of the biggest challenges facing those affected by FGM/C ?*

**BW:** Some of the key challenges we see survivors experience in our practice as birth workers include:

- Lack of culturally safe service providers
- Fear of criminalization or judgement, fear of child apprehension of existing children if survivors disclose that they've been directly affected by FGM/C because of assumptions of abuse
- Islamophobia and racism when accessing reproductive care and primary healthcare really discourages disclosure which worsens healthcare outcomes
- Lack of consultation and consent in reproductive choices because of assumptions of what a woman's body looks like and is able to do because of being cut
- The idea that all cutting looks the same means that sometimes, service providers who have worked with one client affected by FGM/C will make assumptions about the next person who has been affected
- Lack of translation and language support, no time or care is given to explain the implications and choices for really meaningful and informed consent
- Treating survivors as if they are not able to make choices for themselves
- Lack of trained healthcare providers and birth workers with experience working with people who experienced FGM/C from an anti-racist perspective
- Lack of awareness of or even the existence of networks of practice
- Also, quite frankly, poverty which makes so many of these barriers much more difficult to navigate

**Rania:** *Thank you for your work, in closing, can you tell me some of the key lessons you've learned being survivors of FGM/C and working with other survivors?*

**BW:** This might seem obvious, but we say this all the time, listen to survivors, don't speak for them, lift up their voices, survivors know what they need.

Don't assume anything about the identities of survivors or what their relationship to their community or their experiences of FGM/C is like.

BE HUMBLE. It's okay not to know, it's not okay to judge and shame survivors without accountability.

Most importantly, as birth workers, survivors of FGM/C can have full reproductive experiences of their choosing, it is our job to learn to provide that care.