

## **Intersectionality in Action: Learning with and from Survivors of FGM**

*By Rania El Mugammar*

Since the inception of the Flourish - communities collaborating to address FGM/C, and throughout the course of the project, we have heard from and learned from remarkable survivors. Their narratives, needs, and leadership offer our program, and all spaces, the opportunity to put the politics of intersectionality into practice.

Intersectionality, based on the work of the Combahee River Collective and Kimberlè Crenshaw, names the embodied experience of inhabiting many overlapping identities simultaneously and acknowledges the intersecting systems of power that exist at an institutional level. Most importantly, as a practice, intersectionality invites us to decenter the most privileged, and design with the most marginalized, for the most marginalized. Black feminist bell hooks calls this “bringing the margins into the centre”.

Intersectionality is key to realizing a more fulsome understanding of *who* a survivor is. FGM/C is not a practice that is specific to one religion, race or culture; nor are survivors static in their gender identity or sexual orientation. Survivors have a wide range of relationships with their bodies and a whole myriad of diverging desires for their reproductive futures.

Additionally, Intersectionality as a lens and radical practice, invites us to consider the full wellbeing and safety of an individual, to assert that survivors do not have to endure other forms of harm in order to access services or supports addressing FGM/C and to consider how intersecting forms of marginalization amplify the harms of FGM/C.

In the course of conducting interviews for the media components of our project, survivors shared experiences of navigating Islamophobia, anti-Black racism, homophobia, transphobia and racism while trying to access healthcare and social services. They underscored a lack of cultural competence and safety, not only in service provision, but also in the media and academic narratives surrounding FGM/C.

Going up against dangerous single stories of who survives FGM/C, who practices it and what their experiences and beliefs are, often means that survivors have to actively challenge these narratives in order to make space for their own stories. These narratives also allow for the framing of FGM/C as outside of gender-based violence and essential to specific cultures only. It's important to position and understand FGM/C as part of the spectrum of GBV, enabled and underscored by other forms of intersecting marginalization.

Survivors teach about these critical junctions, and are the best architects of interventions and supports for themselves and their communities. They remind us of the importance of an interdisciplinary and cross sectoral approach to addressing FGM/C.

An intersectional, explicitly anti-racist and anti-oppressive lens for all who engage in FGM/C advocacy is critical for creating safety for the most vulnerable survivors to continue to lead.

This lens is also key to highlighting the hyperfocus on *prevention* of FGM/C and criminalization of those considered to practice it. Although we must unequivocally work towards eradicating all forms of GBV, much of our approach fails to engage survivors, to meet their needs, to centre their experiences, and follow their lead. We can simultaneously work towards prevention while working to meet the needs of survivors, challenge dangerous and incomplete narratives of marginalized communities in order to enable broader conversations, increased cultural competency, as well as intersectional analysis and practice. Intersectionality centers the healing of survivors and the wellbeing of our communities as a whole.

Self definition, which is central to intersectional practice, allows survivors to name their identities, thereby challenging dominant culture narratives. Additionally, it invites and creates a space for survivors to identify their needs and priorities in all aspects of their healing (spiritual, physical, emotional, mental, etc) further affirming the agency and self determination of survivors.

This radical practice allows us to simultaneously address the systems that produce GBV and injustice as a whole, which continue to disproportionately impact the most marginalized members of our communities, allowing us to work towards a collective future, free from violence.