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# Fempower.

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## FOCUS ON FGM

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A pain that hurts the soul**  
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## FOCUS ON FGM

### **Female Genital Mutilation - A Pain that Hurts the Soul**

*by Birgit Appelt*

Amina was married at 14. Penetration took fifteen days, with much pain and bleeding, and intercourse continued to be painful for another 3 months. She has 5 children, two of them girls. After each birth she has had herself re-infibulated to a 2 cm opening. Her husband wanted her very small, she explains, but she did not agree to a pinhole size infibulation. "Enough is enough," she says, "I don't want any more pain."

#### **One of many**

Amina is one of a very large number of women with a similar story to tell. There are 130 million women and girls in 26 African and Asian countries who have been subjected to one form or another of genital mutilation. These statistics conceal stark individual destinies: pain, health risks, in extreme cases lethal medical complications.

With more and more people immigrating to Europe from such countries, FGM is emerging as a problem here too. In France alone there are currently some 30,000 women who have been circumcised / mutilated. The operation is carried out partly in Europe, partly during holidays



source: National Committee of Traditional Practises Ethiopia

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## FOCUS - FGM

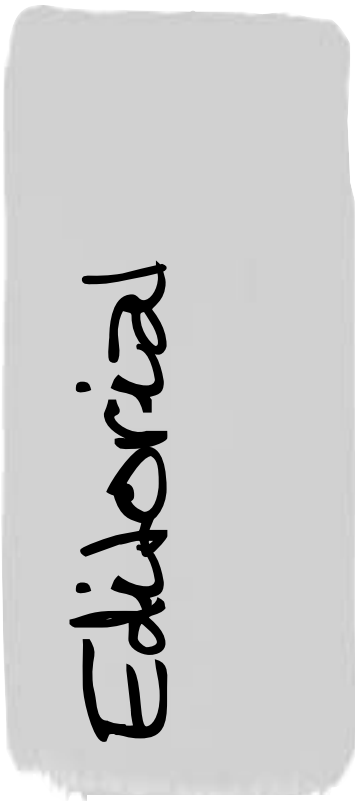
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## FOCUS ON TURKEY

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The picture in the last issue was by 10-year-old David. Sorry - better late than never!

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For centuries now girls and young women have been subjected to genital mutilation in many parts of the world, mainly in Africa. Female genital mutilation (FGM) continues to be practised, sometimes on religious grounds, sometimes under the guise of cultural tradition. It is invariably a reflection of the imbalance of power between women and men in a patriarchal society.

Until only a few years ago very few Europeans were aware of the issue of FGM and its effect on the victims. Yet FGM is not exclusively an "African problem": there are many thousands of circumcised women in Europe, as well as girls living under the threat of FGM. Unlike most other forms of violence against women, though, FGM is confined to certain cultural groups, which complicates any attempt to campaign against it. While (western) women's rights activists brand the practice of FGM as a human rights violation, African women tend to regard it as a tradition which is harmful to women (and their health). This divergence of views highlights the difficulties entailed in prevention and intervention, notably in the legal field.

In this issue we have set out to review the current situation in the European context and the diversity of problems but also approaches to surmounting them. In the years to come female genital mutilation will be one of the thrusts of our information work.

The Editors

▶ in the home country. Western human rights activists have branded FGM as a brutal ritual upheld by a patriarchal society.

The WHO and UNICEF first classified FGM as a health risk for women and children and placed it on their agendas in the late 1970s. Both agencies have since then campaigned vigorously against FGM.

## **NGOs against FGM**

At the same time numerous non-governmental organisations (NGOs) came into being in Europe whose work pursued two principal goals: on the one hand to combat FGM in African countries, and on the other hand to raise public awareness in Europe of this form of violence against women and girls.

These NGOs have made headway mainly where their work is not hampered by the abstract debate on “human rights versus cultural traditions”. One such organisation is ‘Groupe femme pour l’Abolition des Mutilations Sexuelles et autres pratiques traditionnelles affectant la santé des femmes et des enfants’ (G.A.M.S.), which was founded in 1982. It has established two basic guidelines for its work: African and French women work together, and they network their activities with those of other groups pursuing similar goals in Africa and world-wide.

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), with its European office in Geneva, Switzerland, institutionalised the endeavours and demands of African women and individual activists within its NGO structure in 1984. IAC is represented in twenty-five African countries, where it takes a stand on harmful traditional practices (most notably the genital mutilation of girls). The IAC’s activities include training programmes for social and health workers, information campaigns and the provision of teaching materials.

The UK-based Foundation for Women’s Health Research and Development (FORWARD), established by Efua Dorkenoo in 1983, originally set out to campaign for the classification of FGM as a human rights violation. Since then it has also begun running further training and aid programmes in Africa

and in Britain and, in recent years, in other European countries (FORWARD Netherlands, FORWARD Germany).

AIDOS (Italian Association for Women in Development) is one of the foremost Italian NGOs working in the field of FGM. It runs projects for victims of FGM in close collaboration with UN and EU agencies.

For many years now European organisations for the prevention of cruelty to children – among them the Norwegian and Swedish chapters of Save the Children – have been combating FGM. Female genital mutilation is for the most part inflicted on girls who have no chance to escape falling victim to this horrific ritual.

## **The issue of legal sanctions**

The commitment and endeavours of African women and human rights activists who have embraced the cause of eliminating FGM in many EU countries are beginning to bear fruit. In Sweden, Switzerland and the United Kingdom, for instance, the practice of FGM was prohibited by law in the 1980s, and other countries subsequently followed suit. The legal debate in Europe centred around the question whether it was necessary to define the practice of FGM as a separate criminal offence or whether it was enough to apply the existing legal sanctions covering grievous bodily harm causing permanent physical impairment. Since the final declaration of the 1993 Vienna Human Rights Conference explicitly classified FGM as a human rights abuse, many countries have come round to the view that the practice of FGM constitutes a massive violation of girls’ and women’s bodily integrity and their health. FGM is a manifestation of violence which needs to be explicitly condemned and penalised. In France, for instance, the sentence passed for genital mutilation may be as high as ten years’ imprisonment.

## **EU resolution against FGM**

African and European women have jointly succeeded in getting the issue of FGM included on the agenda of the EU institutions. For years now the EU Commission’s DAPHNE Initiative has been funding projects to combat FGM. The European Parliament’s Resolution of September

20, 2001 (A5-0218512001) cites the numerous human rights conventions and other documents upholding bodily integrity and explicitly condemning all manifestations of violence against women and children. The Resolution calls on the EU institutions and member states to develop co-ordinated prevention strategies in collaboration with the NGOs. The European Parliament voices its hope that the EU will, apart from providing a budget line, also formalise “[...] the right to asylum of women and girls at risk of being subjected to FGM,” thus adopting a clear-cut stance on the issue of FGM as grounds for granting asylum.

### **Awareness raising and information**

The law must side with girls and women who are threatened by or have been subjected to FGM or other harmful cultural practices; it must protect them and legally entitle them to indemnity.

However, legislative measures alone are not enough. The local authorities will have to implement the relevant laws, with backing from the women affected. If female genital mutilation is to be eradicated once and for all, it will need campaigns to raise public awareness and disseminate information on the issue. Structural changes paving the way for equality of rights and opportunities will be an indispensable factor.

*For the addresses of European anti-FGM organisations, please consult the Database and the link list compiled by the European Info Centre / WAVE Co-ordination Office:  
<http://www.wave-network.org>.*

FGM

## **FGM - INTERVIEW**

### **Harmful tradition**

*by Verena Kaselitz*

Over eighty per cent of all women and girls in Etenesh Hadis' homeland, Ethiopia, have been subjected to female genital mutilation. Until only a few years ago she thought that the tradition of FGM was confined to her country – although by that time she was over forty and had been living in Europe for more than two decades. It was not until the 1993 UN Human Rights Conference in Vienna that general awareness world-wide began to grow of what is inflicted on millions of women and girls under the guise of tradition.

Several years passed before Etenesh Hadis first spoke publicly about FGM, about her own experience, about the culture of her country and her continent, and about what FGM means in that context. Since then she has, in her capacity as chairperson of the African Women's Organisation in Vienna, devoted her work to the cause of preventing female genital mutilation, in Europe and in her African homeland.

Whatever the starting-point for preventive strategies, Etenesh Hadis argues, these must be initiated by the African community: “For us it is our culture, our

tradition. We don't talk about a human rights violation, which is a Western concept and would not be understood; we call it a harmful practice. What is needed, is a change of attitude and that can only be reached by education." This attitude might raise some eyebrows among human rights activists or even prompt rebuke; but for Etenesh Hadis it is the only approach to the issue which is feasible and can possibly bring results. Resistance is inevitable and can be surmounted only if Africans speak to Africans about it. Moreover, the issue needs to be handled with caution: FGM will not be eradicated overnight.

Thus, prevention must centre upon information. That means – first and foremost where the African community is concerned – information provided by Africans for Africans, through events, meetings and organisations, films and posters, and above all opportunities to explain and discuss the medical effects of FGM. At the same time the awareness of the European public needs to be raised, principally in the medical, educational and social fields. The support of Europeans is essential, but the actual work with Africans should take place only in the background.

Even in a situation in which, say, a European and a European woman make friends and the European woman learns that the other's daughter is soon to be circumcised, Etenesh Hadis believes it would be best for another African woman to become involved. Of course the European woman can talk to her friend about the issue and give her information material about it, but involving a second African woman is a far more effective approach.

In the event that an African woman wishes to prevent her daughter from being subjected to genital mutilation but is afraid that it will be carried out against her wishes the next time they go back home on holiday, she should talk to the family about it and inquire about the legal situation in their home country. In some African countries FGM laws have been enacted making FGM illegal, in which case she should get in touch with the local authorities there.

Etenesh Hadis takes a considered view of specific legislation outlawing FGM. In principle, she argues, laws explicitly prohibiting FGM are a necessary instrument in combating it. But their purpose must be not to punish Africans but to prevent situations in which, for instance, European doctors carry out FGM on African girls – for considerable sums of money. There can be no justification for Europeans to practise FGM on girls or women, and harsh sanctions are required to prevent this happening. Nevertheless, as she puts it, specific laws are “not decisive, only a contributing factor”.

Etenesh Hadis also pleads for a cautious approach to the question of asylum. Some African countries have already laid the legal foundations for outlawing FGM and possess a network of support organisations to which girls and women can turn. For the female residents of these countries, then, there is no need for an assurance of asylum abroad. Then there is the asylum seeker's ethnicity to be taken into account. One ethnicity in Ethiopia, for instance, still practices enforced marriage, and the ritual “circumcision” is not carried out until the eve of the wedding. Women from this ethnic group certainly need to be accorded refugee status. On the other hand, FGM has almost disappeared in the Ethiopian capital Addis Ababa.

Despite her commitment to the cause of combating FGM, Etenesh Hadis is outraged at the way the issue is dealt with in the European media. She points to a newspaper article bearing the headline “Barbarism with Tradition”, which she brands as openly insulting. Here too, she says, public awareness needs to be heightened. Because, as she insists, “nobody's culture is superior or inferior”.

*Etenesh Hadis is the founder and co-ordinator of the African Women's Organisation in Vienna. She previously worked in the field of development co-operation, headed the Women's and Children's Affairs department of the Ethiopian Social Affairs Ministry, and served with her country's diplomatic corps in Scandinavia, Hungary and Czechoslovakia.*

# The Silence Is Broken

Women fleeing the threat of FGM could be given residence permits in Germany

by Gritt Richter

Western countries long clung to the notion that the problems with which women have to contend in cultures other than our own were the products of specific religious and traditional features of the societies concerned, so that we had no right to interfere. On closer scrutiny, the history of opposition to female genital mutilation (FGM) aptly illustrates the damage that can be wrought by this hypocritical laissez-faire posture: for decades it inhibited and slowed endeavours in the West to halt FGM.

Developments in Germany are a case in point. When feminists first raised the issue publicly in the late seventies, they were ignored. At the beginning of the eighties, when TERRE DES FEMMES as a women's human rights organisation again brought the issue up, it was treated with widespread hostility. Even after the 1993 Vienna Human Rights Conference had for the first time put violence against women – including genital mutilation – on the agenda of the human rights debate, the subject continued to be ignored or marginalised in Germany.

It remains unclear to this day on what grounds Germany's general public and its politicians blithely assumed that migrants living here would discard this tradition the moment they crossed the border. In countries like France and Sweden it had long been known that there were cases of FGM being practised (Sweden, for instance, responded by enacting specific legislation against it), and the authorities carried out information campaigns for the relevant vocational groups and sought to initiate a dialogue with migrants. Not so in Germany: it wasn't happening, so nothing needed to be done. It was not until Bündnis 90/Die Grünen held a hearing on *A Pain Inflicted on the Soul* in 1997 that the public became more aware of the issue.

## Prevention

Germany, then, did not begin to face up to the issue of female genital mutilation until 1997. This is why we have so much ground to make good by comparison with other western countries in terms of dealing with

FGM. One instance of this backlog is the field of preventive work. Unlike countries such as France or the UK, there was until recently virtually no dialogue between German and African activists on the subject. Communication proved difficult and was further hampered by mutual recriminations among activists themselves.

In view of this, our organisation last year took an initial step towards instituting dialogue by publishing a multi-lingual brochure for migrants on the lines of a similar French publication. The brochure is aimed primarily at migrants but is also designed to encourage professionals like doctors or social workers to adopt a more active approach when discussing the subject with migrant women exposed to FGM. We are convinced that, even if no cases have yet been brought before a court of law, girls are being subjected to genital mutilation in Germany. In 1999 a case came to light in which a doctor had evidently carried out female genital mutilation in his own surgery for a fee of 1,200 DM.

Another area of prevention in which Germany lags behind is the sensitisation of the related professional groups like the above-mentioned doctors and social workers but also lawyers, teachers etc. In Germany there are no target group-oriented materials and no response guidelines as in other European countries, further training programmes are instigated and run mainly by NGOs, and no specific provisions have been made to prevent girls undergoing genital mutilation during holidays in their home countries etc. Thus, the potential scope for protecting girls and for supporting women who have undergone genital mutilation is not being used.

## Asylum

The issue of female genital mutilation is closely bound up with the problem of asylum. Women have always sought to escape from genital mutilation or tried to protect their daughters from it. They have applied for asylum in this country although Germany does not recognise FGM as grounds for granting asylum.

Nevertheless, in 1997 a young woman from Côte d'Ivoire was granted asylum in Germany by the terms of the Constitution (Article 16a I GG, persecution by the state). Sadly, this ruling has remained an isolated case and has not been taken as a precedent. Where women have not been deported, they have been granted "tolerated presence" status ("Duldung": prevents enforced deportation on humanitarian grounds) but have not received a residence permit. In a few cases the applicants were granted "restricted asylum" ("kleines Asyl" by the terms of § 51 AuslG). Last year an amendment of the administrative regulations pertaining to the immigration laws came into force. Hailed by the government, it was criticised by the NGOs because the regulations continue to define female genital mutilation merely as humanitarian grounds for not enforcing deportation.

The current debate on the immigration law has achieved one step forward. The Interior Ministry's Press Release No. 295, dated November 5, 2001, states in the paragraph headed 'Humanitarian Grounds for Residence': "The status 'Tolerated Residence' will be abolished. [...] A number of persons who have hitherto been accorded 'Tolerated Residence' status – including the victims of gender-based (also non-state) persecution – can now be granted residence permits. [...] Provision is explicitly made for residence permits to be granted on humanitarian grounds in cases of gender-based and non-state persecution. [...] Persons subjected to this type of persecution [are eligible for inclusion under] the terms prohibiting deportation and thus cannot be deported. They initially receive a limited residence permit which endows them with a secure legal status and protects them in this way from persecution."

If the immigration law does in fact pass the Bundesrat (Federal Chamber of Parliament), this would mean that gender-specific grounds for women fleeing their countries would still not entitle them to asylum under Article 16a I GG (state persecution). However, women fleeing to Germany from the threat of genital mutilation would be eligible for a limited residence permit. In this respect gender-specific reasons for fleeing are generally recognised in accordance with the Geneva Convention on Refugees, although it remains unclear how the Convention is to be interpreted in practice. A limited residence permit has the advantage for women over "tolerated residence" status that they would be allowed to work and would be eligible to receive social

benefits.

The inadequacies of prevention measures and the problems encountered and the asylum issue are just two aspects of the debate in Germany on the subject of female genital mutilation. By comparison with countries like France and the UK, Germany certainly has ground to make good. However, we are currently at a critical juncture in the debate: public awareness of the issue is increasing, more Africans are joining in the debate, and the first FGM counselling office for migrants has opened in Berlin. The decisive question in the future will undoubtedly be to what extent we – that is, NGOs and initiatives in various fields, development co-operation organisations, state authorities and migrants' organisations – surmount the existing difficulties and manage to co-operate and set up networks. We also need to learn and benefit more from the experience gained by other western countries.

By publishing its brochure for migrants, TERRE DES FEMMES has taken a first step towards ensuring that, one day, female genital mutilation will become a thing of the past in Germany.

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### France and the UK set precedents

#### Home Office grants asylum to young woman from Guinea

The endeavours of the Refugee Women's Resource Project in England have born fruit: the Home Office has granted asylum status to a woman from Guinea (West Africa) on the grounds that she was in danger of becoming a victim of FGM in her homeland. With the help of her mother, the 19-year-old woman managed to flee Guinea, having resisted her father's persistent efforts to make her undergo circumcision. The woman belongs to the Soussou ethnicity (like Guinean President Condé) among whom FGM is extremely widespread. Apart from her mother, nobody in her community gave her the slightest support – on the contrary. Her plight was further aggravated by the fact that, while most people in her region are Moslems, she had become a Jehovah's Witness.

Although the Home Office declined to state under which convention it had granted refugee status, it seems likely that the decision was taken on the basis of the Geneva Convention. Only one month previously Lord Rooker, the Home Office Minister responsible for immigration, had said that the United Kingdom was "quite ready to recognise as refugees those who have been persecuted by non-state agents as well as those persecuted by the state." Referring explicitly to female circumcision, he added: "If FGM does not fit within the specific rules of the 1951 convention, and it was proved that it was taking place, we would grant exceptional leave to remain, even if refugee status were not granted."

Source: Women's Asylum News, September 2001

#### Controversial verdict

The sentencing of an FGM practitioner and twenty-six other defendants on African descent in a Parisian court in February 1999 prompted heated controversy. The case had been brought by a victim of FGM, Mariatou Koita, whose parents are from Mali. Koita brought charges against the FGM practitioner, her parents and the French state. The practitioner was sentenced to eight years' imprisonment, the mother to two years, and the other defendants to between three and five years.

Some anti-FGM activists have hailed the court verdict as a major success. However, many people within the African community in France see the sentences as an affront to African culture and identity. They point out that the court was presided over only by white judges, and that many Africans – above all older ones like the mother who was sentenced – know little about French legislation and culture. Fears have been voiced that such verdicts could prove counter-productive, provoke ethnic tensions and again encourage the practice of FGM abroad.

Source: <http://www.arte.de/science/excision/dtext/07.htm>, 2001-11-22

## BACKGROUND INFORMATION ON FGM

### What is Female Genital Mutilation (FGM)?

Female Genital Mutilation (FGM), often referred to as 'female circumcision', comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. There are different types of female genital mutilation known to be practised today. They include:

**Type I:** excision of the prepuce, with or without excision of part or all of the clitoris;

**Type II:** excision of the clitoris with partial or total excision of the labia minora;

**Type III:** excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation);

**Type IV:** pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterisation by burning of the clitoris and surrounding tissue;

scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts);

introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it; and any other procedure that falls under the definition given above.



The most common type of female genital mutilation is excision of the clitoris and the labia minora, accounting for up to 80% of all cases; the most extreme form is infibulation, which constitutes about 15% of all procedures.

### **What are the health consequences of FGM?**

The immediate and long-term health consequences of female genital mutilation vary according to the type and severity of the procedure performed.

- Immediate complications include severe pain, shock, haemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue. Haemorrhage and infection can cause death.
- More recently, concern has arisen about possible transmission of the human immunodeficiency virus (HIV) due to the use of one instrument in multiple operations, but this has not been the subject of detailed research.
- Long-term consequences include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse) and sexual dysfunction and difficulties with childbirth.
- Psychosexual and psychological health: Genital mutilation may leave a lasting mark on the life and mind of the woman who has undergone it. In the longer term, women may suffer feelings of incompleteness, anxiety and depression.

### **Who performs FGM?**

In cultures where it is an accepted norm, female genital mutilation is practiced by followers of all religious beliefs as well as animists and non believers. FGM is usually performed by a traditional practitioner with crude instruments and without anaesthetic. Among the more affluent in society it may be performed in a health care facility by qualified health personnel. WHO is opposed to medicalisation of all types of female genital mutilation.

### **At what age is FGM performed?**

The age at which female genital mutilation is performed varies from area to area. It is performed on infants a few days old, female children and adolescents and, occasionally, on mature women.

### **What are the reasons for FGM?**

The reasons given by families for having FGM performed include:

- psychosexual reasons: reduction or elimination of the sensitive tissue of the outer genitalia, particularly the clitoris, in order to attenuate sexual desire in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase male sexual pleasure;
- sociological reasons: identification with the cultural heritage, initiation of girls into womanhood, social integration and the maintenance of social cohesion;
- hygiene and aesthetic reasons: the external female genitalia are considered dirty and unsightly and are to be removed to promote hygiene and provide aesthetic appeal;
- myths: enhancement of fertility and promotion of child survival;
- religious reasons: Some Muslim communities, however, practise FGM in the belief that it is demanded by the Islamic faith. The practice, however, predates Islam.

*source: <http://www.who.int/inf-fs/en/fact241.html>, 18.10.2001*

## **FOCUS ON TURKEY - LEGAL ISSUES**

### **New Civil Code in Turkey**

After years of struggle, the women's movement in Turkey has finally won its battle: in the course of the current reform of the code of civil law, women and men have been placed on an equal footing in the family, and the concept of the "head of the family" has been abolished. The legal amendments also relate to legislation covering inheritances and divorce. One provision in the new divorce laws was particularly hotly debated: the equal allocation of property acquired during a marriage. This clause has been enacted by parliament but will not come into effect until 2003, which has prompted protests on the part of women's groups.

Turkey's new Code of Civil Law will soon be published in English and is available from Women for Women's Human Rights, e-mail: [wwhrist@superonline.com](mailto:wwhrist@superonline.com).

# 'Honour Killings' in Turkey

## A Scapegoat: Article 462

by Leyla Pervizat<sup>1</sup>

Focus on  
Turkey

The issue of "honour killings" is at the forefront of the work of the Women's Movement in Turkey. It was one of the major issues discussed at the Coalition Meeting of the Women's NGOs known as Kadin Kurultayı<sup>2</sup> in Antalya on November 24 and 25, 2001.

Honour killings, a form of extra-judicial execution which constitutes one of the most horrendous forms of women's human rights violations, are perpetrated against individuals who believe or are perceived to believe in values and standards which are at odds with the social norms of the society in which they may live (House of Lords, 1999: 503)<sup>3</sup>. Although there are no special clauses in the Homicide Section of the Criminal Code referring to the "defence of honour", it is widely cited as mitigating circumstances in the arguments of the judges in 200 cases which I collected from four different cities<sup>4</sup>. Whether premeditated or not, such executions are usually treated with great leniency; in other words, the whole judicial system grants impunity to men committing such crimes.

Unfortunately, there is a misunderstanding about Article 462 in some circles of the Women's Movement in Turkey. Article 462 is regarded as the source of the problem and is held solely responsible for the injustice towards women constituted by honour killings. Article 462 states: "If a relative surprises a family member in the act of adultery, or immediately before the act, or immediately after the act", the punishment the defendant will receive is significantly reduced.

Although this Article itself is a gross violation of human rights and should be removed from the Code<sup>5</sup> forthwith, it is a virtually inactive legal provision. According to the Judicial Statistics published by the State Institute of Statistics, of 22,323 homicide cases in 1995, only one of them was tried under Article 462. Moreover, in my research I came across only three cases out of 200 cases which were tried under this Article.

On the other hand, according to the Judge Ali Güzel, the Head of Bakırköy 2nd Criminal Division in Istanbul, this Article as a gross violation of human rights is very seldom applied because the prosecution is required to prove several extremely difficult factors for the defendant to be tried under this Article before a Court of Law. Judge Güzel filed a case to remove this Article from the Legal Code at the Constitutional Court, stating that it was a violation of women's human rights three years ago. His request was turned down by one of the highest courts in the country.

On June 27-29, 2001 at the meeting on "Policy Formulation and Evaluation in the Field of Gender Equality" in Ankara, Hasan Gemici MP announced two draft laws for the elimination of "honour killings" in Turkey. The first one proposes adding a paragraph titled 12. Fıkra to Article 450 to increase the sentence when the murder is committed to save one's honour. In other words, a long imprisonment would be given to the perpetrators of honour killings under this new version of the law<sup>6</sup>. The second proposal relates to changing Article 453. In its current version, this article exonerates women killing their own infants at the time of their birth or in the days immediately following the birth in the name of honour. The new version refers to post-natal trauma, whereas the current law refers only to honour and acts they may commit after the birth. In the new version, the sentence is substantially increased to dissuade women from killing their own babies<sup>7</sup>. Needless to say, the new version does not condone or encourage infant murders in the name of honour.

The Women's NGOs in Turkey have limited resources, and this issue is too important to lose any time working in the wrong direction, so we must assess the real situation very carefully. "Honour killings" are usually but not always premeditated and occur as part of a process. There is a time lap between declaring the woman to be a "damaged asset" and committing the murder. We must study this process closely and learn to intervene before the execution is carried out. It is imperative that we utilise all the means at our disposal, including traditional and non-traditional approaches, to save the women's lives.

<sup>1</sup> Leyla Pervizat is a feminist researcher and a woman's human rights activist.

<sup>2</sup> Women's Coalition of the Women's NGOs is an association of women's NGOs that meets annually to discuss and work on the issues of violence against women.

<sup>3</sup> This year the group was to meet in Diyarbakır, but the state of high alert related to the war in Afghanistan prevented this. So the group met in Antalya.

3 *House of Lords, Islam vs. Secretary of State for the Home Department, Regina v. Immigration Appeal Tribunal and Another ex parte Shah (Conjoined Appeals)*, 25 March 1999. The findings define the term “particular social group” within the meaning of Article 1A(2) under the Refugee Convention after a Pakistani woman’s application on the grounds of fear of murder in the name of honour.

4 I am currently writing a book on the subject. I have divided my book into three main sections. In the first part, I deconstruct the term honour. In the second section, I analyse relevant cases and discuss “honour killings” in the world, propose changes in the law and in public policy. In the third part, I talk about gender integration in mainstream human rights mechanisms at the United Nations along with ways and means to lobby at the United Nations Commission on Human Rights.

5 The Criminal Code is being rewritten, and this Article has already been removed from the revised version, but the change will not be effective until the entire Code is rewritten and enacted by parliament, which will take 2 to 3 years.

6 Long time ago, the issue of blood feud was a much bigger problem than now in Turkey. One of the ways to combat this problem was to introduce harsh punishment for the offenders of these crimes in the Legal Code. To a certain extent this proved to be successful in the fight against this crime.

7 For some years ago, this Article used to include all the relatives and friends of the women as the possible defendants and thereby gave permission to these people for the execution. Nowadays, other family members like the woman’s father execute the babies in the name of honour; however, woman shoulders the crime knowing that she will receive less punishment at the Court of Law.

## FOCUS ON TURKEY

### Petition - Turkey: Support for the re-opening of the shelter

Two years ago the Ankara women’s shelter had to close down because of acute lack of funds. Since then the activists have been trying to reopen the facility – hitherto unsuccessfully. Here is an appeal by the shelter’s director:

The Women’s Solidarity Foundation (Ankara / Turkey), which many of you know well, is a women’s organisation whose purpose is to combat violence against women, most notably domestic violence. It was established in Ankara in 1990 by women intending to set up a reception centre and a shelter. The Foundation’s reception centre opened its doors in 1991, the shelter two years later. More than 3,000 women have availed themselves of the reception centre’s services, while almost 320 women along with their children have found refuge in the shelter. In 1995, after political changes in the municipal administration of the Subprefecture of Altindag in Ankara, the Foundation lost most of its support. There followed a difficult period, although it managed to survive and in the end was able to purchase two apartments: one for the reception centre and the other for the shelter.

In 1998 the Foundation’s financial status was seriously impaired by losses incurred through the running of a restaurant which had been launched to cover the expenses of the centre and the shelter. To make matters worse, in the wake of the severe earthquakes in 1999, national and international aid was inevitably directed towards the devastated areas, and the Foundation found itself deprived of its financial support.

In these circumstances the Foundation was unable to continue financing the reception centre and the shelter, and both facilities had to close down for the time being in September 1999. Even if this closure is only a temporary measure, we feel great sadness at being forced to shut down facilities which we, as an independent organisation, had opened with the aim of keeping them going for as long as there were women who needed them. Being unable to provide support to women to continue to turn to us for help is extremely distressing. I feel I have to get across the message that we, the Women’s Solidarity Foundation, are in great need of support from both national and international sources.

At our General Meeting on January 21, 2001 the new Executive Committee, which I head, was elected with a mandate to solve the current problems and re-open the reception centre and the shelter. From the very start our Foundation has maintained ties of friendship and solidarity with the Fédération des SOS France and has received invaluable support of many kinds from a variety of associations. If you are able to organise a donations campaign to help us, we would ask you to act on our behalf.

Our bank account:

VAKIFLAR BANKASI, KIZILAY ANKARA AUBESI, 4033341 FRANSIZ FRANGI HESABI, ANKARA, TURKEY

We would like to thank all organisations and individuals who respond to our appeal.

Dr. Leziz Onaran, KADIN DAYNISMA VAKFI, Mithatpasa cad N°10/11, KIZILAY ANKARA, TURKEY