



Physicians for Human Rights Submission to the Human Rights Council

Universal Periodic Review: Guinea, 21st Session—January 2015

About Physicians for Human Rights

Physicians for Human Rights (PHR) is an independent human rights organization that uses medicine and science to stop mass atrocities and severe human rights violations against individuals. PHR was founded in 1986 on the idea that health professionals, with their specialized skills, ethical duties, and credible voices, are uniquely positioned to stop human rights violations.

PHR has been instrumental in investigating allegations of torture, including sexual violence, calling on states to implement effective measures to protect people from torture. PHR conducts trainings for medical and legal professionals in international standards of investigation for torture. We assist asylum seekers in the US by connecting them with health professionals trained to document evidence of torture and ill treatment. PHR teaches these clinicians how to conduct a forensic evaluation in order to document physical and psychological evidence and adhere to proper ethical guidelines. PHR has trained hundreds of health professionals and attorneys in 14 countries to document forensic evidence in accordance with guidelines set forth in the Istanbul Protocol¹.

In the United States, PHR-trained clinicians conduct forensic evaluations of asylum seekers fleeing torture and persecution in their home countries and document the harm they suffered. These medical experts perform physical, psychological and gynecological evaluations. The medical-legal affidavits the clinicians produce for courts on behalf of survivors are frequently the determining factor in judges' decisions to grant asylum or other immigration relief. These affidavits are written in compliance with by Istanbul Protocol guidelines for documenting occurrences of torture and abuse. Hundreds of volunteer health professionals in our Asylum Network have helped thousands of survivors of torture and other brutal forms of persecution gain asylum in the US.

Executive Summary

Since Guinea's first periodic review in 2010, it has made strides to increase accountability for past human rights abuses, most notably for a 2009 massacre of unarmed protesters by government security forces. State efforts to improve gender equality, particularly around ending the practice of

¹ United Nations High Commissioner for Human Rights, Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 11, U.N. Doc. HR/P/PT/8/Rev.1 (Aug. 9, 1999). [hereinafter Istanbul Protocol].

Female Genital Mutilation/Cutting (FGM/C)² have been less apparent. In Guinea's last Universal Periodic Review, several states called on Guinea to strengthen national efforts to fight FGM/C, gender-based discrimination, sexual violence, and domestic violence. Recommendations included implementation of legislative reform, strengthening the judiciary, supporting efforts to prosecute gender-based crimes and striving to end impunity for acts of violence against women.

Large numbers of Guinean women continue to suffer from patterns of abuse and inequality. They are trapped in cycles of violence, beginning as young girls when they are subjected to FGM/C without their consent. For many Guinean women, this violence follows them into adulthood, when they are subjected to domestic violence, forced marriages, and sexual violence including rape. The acute and long-term consequences of this violence affect generations of women throughout their lives. The Guinean government is accountable for such violence by failing to exercise due diligence to prevent violations of women's rights, protect women from violence, punish perpetrators and provide redress to female victims of violence.³ The "due diligence" principle applies to violence against women in Guinea that are committed by non-state actors and within the private sphere.⁴

Since January 2006, PHR experts have evaluated 127 Guinean asylum seekers and submitted medical-legal affidavits in support of their applications asylum in the United States. This report includes excerpts from PHR affidavits written on behalf of female Guinea asylum seekers who PHR assessed over the last four years. The overarching story the affidavits tell us is that women in Guinea are subjected to life-cycles of violence rooted in external control over their bodies and sexuality. Their sexual and reproductive organs are mutilated as children. Then as young women they are often physically, and emotionally abused by male family members, and they face forced marriages arranged to suit the needs of their fathers and soon-to-be husbands instead of their own. They are further subjected to domestic abuse as adult women, and tragically, end up participating in the cycle of violence as they are complicit their own daughters to undergo FGM/C.

A Woman's Legal Standing in Guinea

The Preamble to Guinea's Constitution declares that men and women are equal under the law. Closer examination of Guinea's legal codes, however, reveals legally entrenched inequality between the sexes, despite Constitutional guarantees of equality. Guinea's Civil Code contains several articles codifying female subordination, such as: a husband is the head of a family and is therefore entitled to choose the family's place of residence; women, but not men, must observe a one hundred-day waiting period before being able to remarry after divorce; a woman is only able to exercise the profession of her choice if her husband does not oppose it.⁵ Apart from legally subordinating women, these laws

² PHR uses the term "female genital mutilation/cutting" (FGM/C) following the practice's conceptualization as human rights violation. See, UNICEF: Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change at 8. July 2013. http://www.unicef.org/media/files/FGCM_Lo_res.pdf

³ The due diligence standard for violence against women is laid out in the Declaration on the Elimination of Violence against Women (1993) in Article 4(c), where States are urged to "exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, where those acts are perpetrated by the State or by private persons."

⁴ The Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) noted in its General Comment No. 19 that "States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence." CEDAW General Recommendation 19, ¶19, U.N. Soc. A/47/38 (1992).

⁵ CODE CIVIL [C. CIV.] arts. 247, 288, 324, 331, 341, 355 (Guinea)

provide tacit government consent for the denigration, abuse, mistreatment and discrimination against women taking place on a daily basis in Guinea.

Legal Background to Domestic and Sexual Violence against Women

The Guinean Criminal Code criminalizes rape, which is defined as any act of sexual penetration conducted through violence, coercion or surprise. The Code also outlaws “indecent assault”, which is considered an indecent act exercised directly, immediately and intentionally upon a person, with or without violence.⁶ Data on domestic and sexual violence victims in Guinea are not readily available, but according to a sociological survey conducted in 2013, 80 percent of Guinean women are victims of domestic violence. Additionally, 92 percent of the women surveyed, ages 15 to 49, stated that they had been victims of some form of violence, including 49.6 percent saying they had suffered from sexual violence from their spouse or sexual partner.⁷ While violence against women is rampant in every country, these numbers are staggering.

Legal Background to Female Genital Mutilation / Cutting

Guinean law L/2000/010/AN (Law on Reproductive Health), passed in 2000, stipulates that any act that infringes on an individual’s sexual health rights will be subject to punishments set forth in the penal code.⁸ Guinea’s penal code provides punishments for individuals who perform FGM/C and for legal guardians who authorize FGM/C to be performed on a child in their care. The punishments range from three months to two years in prison and a fine, to a five to 20 year prison sentence if the child dies as a result of the procedure.⁹ To the best of PHR’s knowledge and based on available information, these laws are rarely, if ever, enforced--no individual in Guinea has ever been prosecuted for performing or authorizing FGM/C. While the State fails to enforce laws that protect women from FGM/C, they have sponsored several initiatives, such as a recently culminated ten-year plan (2003-2013) to harmonize Guinea with recommendations with the “Zero Tolerance for FGM International Conference” from 2003.¹⁰ There are no available findings on the end-result of this effort.

Relevant Terminology

Female genital mutilation is the process whereby a female’s genitals are cut to varying degrees. FGM/C in Guinea is normally performed by traditional practitioners who have no formal medical training. In an effort to standardize the typology of FGM/C, the World Health Organization identified four general categories. Type I FGM/C is the partial or total removal of the clitoris. Type II FGM/C is the partial or total removal of the clitoris and labia minora, and may sometimes include removal of the labia majora. Type III FGM/C involves narrowing the vaginal orifice; the labia is cut, and the edges are sewn together to create a seal. This process is called infibulation. This form of FGM/C may or may not include removal of the clitoris. The seal is later recut in preparation for marriage and childbirth (called defibulation). Type IV FGM/C refers to all other harmful procedures done for non-medical purposes. This includes nicking or small cuts to the genitals performed for

⁶ CODE PENAL [C. PEN.] arts. 322, 323, 324, 325 (Guinea)

⁷ Guinea7: Plus de 80% des femmes guinéennes sont victimes de violences conjugales et domestiques. <http://www.guinee7.com/societe-80-femmes-guineennes-victimes-violences-conjugales-domestiques/>.

⁸ “Excision Parlons-en: Guinée” <http://www.excisionparlonsen.org/guinee/>

⁹ CODE PENAL [C. PEN.] arts. 407, 408, 409 (Guinea).

¹⁰ “Sanaba Kaba, ministre de l’action sociale de la promotion féminine installée dans ses nouvelles fonctions” <http://guineenews.org/2014/01/sanaba-kaba-ministre-de-laction-sociale-de-la-promotion-feminine-et-de-lenfance-installee-dans-ses-nouvelles-fonctions/>

ceremonial purposes but do not alter the appearance of the genitals.¹¹ Types I and II are the most commonly practiced type of FGM/C in Guinea,¹² but PHR has collected evidence from women who were subjected to Type III, the most dangerous and invasive FGM/C.

Health Consequences of Female Genital Mutilation/Cutting

All types of FGM/C have numerous long and short-term health consequences. These consequences are not standard across victims; rather, they vary according to the type of mutilation,¹³ the victim's age at the time of mutilation, the instruments used, and whether antiseptics and/or traditional healing practices are used.¹⁴ Where medical facilities do not exist or are ill-equipped, emergencies arising from the practice cannot be properly treated can be fatal. Unequivocally, all victims of FGM/C experience severe pain.¹⁵ Such pain can lead to shock during and after the procedure. Other immediate health complications may include excessive bleeding (hemorrhage), difficulty passing urine, infections, and death.¹⁶

The long term health risks of FGM/C are numerous. Women may experience chronic pain due to trapped or unprotected nerve endings, as well as chronic infections of the pelvis, urinary tract, and reproductive tract.¹⁷ FGM/C significantly increases the risk of HIV infection and other sexually transmitted diseases because often the same unsterilized instrument is used on several girls at a time, increasing the chance of spreading communicable disease.¹⁸ Women subjected to FGM/C often develop abscesses, cysts, and keloid scars at the mutilation site due to excessive tissue.¹⁹ Importantly, physical complications from FGM/C often impede sexual enjoyment and cause sexual dysfunction.²⁰ FGM/C destroys much or all of the vulval nerve endings, delaying arousal or impairing orgasm. Lacerations and loss of skin elasticity can lead to painful intercourse.²¹

One of the more widely documented consequences of FGM/C is its effect on childbirth. In 2008, the World Health Organization conducted a study into the effects of female genital mutilation on childbirth. The results varied according to the type of FGM/C performed, but the findings reveal a higher incidence of post-partum blood loss and inpatient perinatal death.²² FGM/C victims also suffer

¹¹ UNICEF: Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. July 2013. http://www.unicef.org/media/files/FGCM_Lo_res.pdf

¹² Id. at 47.

¹³ See above, "Relevant Terminology".

¹⁴ Reyners, Marcel, Health Consequences of Female Genital Mutilation. Reviews in Gynecological Practice, June 2004.

¹⁵ Cutting the nerve end and sensitive genital tissue causes extreme pain. Proper anesthesia is rarely used and, when used, not always effective. World Health Organization, Programme on Sexual and Reproductive Health: Health complications of female genital mutilation. http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/

¹⁶ Id.

¹⁷ Id.

¹⁸ Emmanuel Monjok, MD, MPH, E. James Essien, MD, Laurens Holmes, Jr, MD. *Female Genital Mutilation: Potential for HIV Transmission in sub-Saharan Africa and Prospect for Epidemiologic Investigation and Intervention*. African J. of Reproductive Health Vol. 11 No.1 April 2007

¹⁹ World Health Organization, Programme on Sexual and Reproductive Health: Health complications of female genital mutilation. http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/

²⁰ Andersson, S., Rymer, J., Joyce, D., Momoh, C., and Gayle, C. *Sexual Quality of Life in Women who have undergone Female Genital Mutilation: a case-control study*. BJOG: Intern'l J. of Obstetrics & Gynaecology, Vol. 119, No.13, 1606-1611, December 2012.

²¹ Id.

²² World Health Organization, Department of Reproductive Health and Research: Effects of female genital mutilation on childbirth in Africa. 2008

from negative psycho-social consequences, some for many years after being cut. A pilot study published in the American Journal of Psychiatry found that FGM/C victims were 30.4 percent more likely to suffer from post-traumatic distress, and 47.9 percent more likely to experience other psychiatric disorders, than women who were uncut.²³

Physicians for Human Rights’ Documentation of Violence against Women in Guinea

The stories that follow were excerpted from medical-legal affidavits written by PHR experts since Guinea’s last UPR review and were submitted as forensic evidence in support of the victim’s application for asylum in the United States. All of the victims were subjected to FGM/C as young girls, and at times were cut by trusted family members. In every case, PHR experts found that FGM/C had significant and enduring health consequences for the women and girls subjected to it. Many of the victims reported being cut in unsanitary conditions and with unsterilized tools. Those that did receive antibiotics were not treated with them until after an infection had developed. Almost all of the women reported pain during intercourse, which for at least one asylum seeker resulted in a feeling that something important had been taken away from her, leaving her with a lifelong feeling of sadness.

In addition to demonstrating the mental and physical health consequences of FGM/C and other types of violence against women, PHR finds the following stories to be emblematic of the lack of autonomy Guinean women have over their lives and bodies. After their reproductive organs are cut early in life, they suffer physical, emotional or sexual abuse as girls, followed by marriage as young women and girls which their fathers often force upon them. Importantly, women must obey their fathers’ wishes in compliance with article 324 of Guinea’s Civil Code. These marriages often include many forms of physical and sexual violence. The women featured below only gained control over their own lives and bodies through the extraordinarily brave act of fleeing their home country, leaving everything behind. Not all Guinean women have this option, and it is the government’s responsibility to make Guinea a place its women need not escape in order to control their bodies and lives and enjoy the full range of civil, cultural, economic, political and social rights.

Ms. MC – Trying to Protect her Daughter

A PHR medical expert conducted a forensic evaluation of Ms. MC in Philadelphia, PA in 2012. Ms. MC reported that when she was ten-years old, she and other girls from her village were taken to a house they had never been to before. A stranger lined them up, and one by one, cut their genitals. Ms. MC said the woman used the same knife for all the girls without cleaning it in between procedures. No one was given anything to stop the pain or the bleeding. Ms. MC stated she bled for five days. FGM/C is considered far more than a rite of passage in Ms. MC’s community; it was a “necessity” to be a

	C-Section	Post-partum Blood Loss over 500 ml.	Extended Maternal Hospital Stay	Inpatient Perinatal Death
Type I	3%	3%	15%	15%
Type II	29%	21%	51%	32%
Type III	31%	69%	98%	55%

²³ Alice Behrendt, Steffen Moritz. *Posttraumatic Stress Disorder and Memory Problems After Female Genital Mutilation*. Am. J. Psychiatry 2005; 162:1000–1002.

member. A woman who has not been cut is considered unclean, dirty and promiscuous. As Ms. MC told her evaluator, to not be cut makes you the target of derision, and make it impossible for the woman to marry.

As an adult and while having a conversation with a friend who had not undergone FGM/C, Ms. MC said that she realized for the first time that sexual intercourse was not supposed to be painful. Ms. MC reported feeling sad about her circumcision, as if something had been taken away from her. She left Guinea for the United States, where she had her daughter, N. N has not undergone FGM/C, and her father considers her “unclean” because of this. Ms. MC states that she fears having to return to Guinea because she is sure her daughter would be cut against her opposition to the practice. When asked about how she feels about being cut, Ms. MC said all she feels is sadness and regret at how different her life would have been if she had not been forced to undergo this procedure.

Ms. DC – “My entire spirit was hurt with every cut”

A PHR medical expert examined Ms. DC in New York City, New York in 2013. The medical expert is an obstetrician/gynecologist and acquired extensive training and experience in FGM/C cases while working as a visiting professor of medicine in Tanzania. Ms. DC told the PHR expert that when she was seven years old, her family sent her to visit her grandmother who lived in another village. Her grandmother took her to a house where there were several other girls her age. After they entered the house, women blocked off the doors so no one could escape, and they held the girls down on the floor. Ms. DC’s voice broke as she recounted the story, saying “I was a little girl and they were big women. I told them I didn’t want it, but they held me down.” The floor of the room and the instruments used to cut the girls were bloody. The larger women held her down, while another woman used scissors and a knife to do the cutting. Ms. DC said “My entire spirit was hurt with every cut.” Afterwards, she was not given any medication or stitches. She went to the bathroom and noticed blood pouring out of her vagina.

Ms. DC reported that when she was 18 years old, her father arranged her marriage to a man with whom sexual relations were always painful. Her husband often traveled for work, leaving Ms. DC with his family. After she gave birth, her in-laws began to beat her. Ms. DC said that they scalded her with hot water and hit her with sticks and rocks. Her own family was unable to help and forbade her leaving her husband. According to Ms. DC’s parents, Ms. DC’s duty was only to her husband and to leave him would bring shame on all of them. Ms. DC had no power or control over her life.

Ms. DC also disclosed to the PHR expert that she was raped by a group of protesters on the street during the election protests of 2009. Ms. DC said they beat her with a baton, raped her and forced a gun inside her vagina and threatening to shoot. Sometime after this horrifying experience, she became pregnant with a daughter and informed her husband and in-laws that she would not subject her daughter to FGM/C. Ms. DC said they were furious, and told her she deserved to be raped for disobeying the customs of her culture. They threatened to kill Ms. DC, and she still believes they would. She escaped Guinea, but was unable to bring her children. She is certain her daughter will undergo FGM/C when she reaches a certain age.

Ms. SM – The Relief of Not Having Daughters

A PHR expert conducted a forensic evaluation of Ms. SM in 2013, in New York City, New York. Ms. S’ evaluator is a clinical psychologist with extensive experience working with trauma survivors. Ms.

SM was infibulated²⁴ when she was seven. Ms. S' mother and other women in the village forced the procedure upon her. The practitioner used an unsterilized switchblade and no anesthesia. Ms. S had no advance warning of what was to occur and no one made any effort to soothe or comfort her throughout the entire ordeal.

At the age of 14, Ms. SM's father forced her to marry her stepbrother, a man twice her age, over her vigorous protestations. His brutality scared her, and she had already experienced it two years prior when he sexually assaulted her. Ms. SM and her mother tried to convince her father to stop the marriage, but it was to no avail. Ms. SM was defibulated and married. Sexual intercourse with her new husband was extremely painful, and she had no desire to engage in intercourse. Despite the pain and her fear, Ms. S' husband raped her regularly.

Ms. SM bore two sons, and stated that she is relieved to not have daughters—she “wouldn't know how to protect them” from FGM/C or from other pains women in her culture endure. Despite missing her family, Ms. SM does not want to return to Guinea, because in her experience, Guineans “think they have the right to control women” through force and physical abuse. Ms. SM is haunted by images of her former life; she reported to her psychiatric evaluator that she has difficulty concentrating and sleeping. When she does sleep, she has nightmares of people from home catching her and of her ex-husband raping her. She was diagnosed with Post-Traumatic Stress Disorder.

Ms. KD – Hunted by her Father

A PHR expert psychiatrist conducted a forensic evaluation of Ms. KD in New York City, New York in 2012. The third of six children, Ms. KD reported a childhood history of abuse, including being beaten with a rattan stick until she was bruised and bleeding. Her mother tried to defend her, but according to Ms. KD it was very common in Guinea for men to abuse their wives and children, so she did not ask authorities to intervene as she knew it would be futile.

When Ms. KD turned 15, her father told her she would undergo FGM/C in preparation of marriage. Her mother and older sister, victims of FGM/C themselves, did not agree that Ms. KD should go through the procedure, but had no bargaining power in the face of the family patriarch. Several months later, Ms. KD's father sent her on an errand to a neighboring home. Once there, her two aunts and a woman she did not know seized and blindfolded her. Her aunts restrained her while the other woman cut her genitals without anesthetics, pain medication or antibiotics.

A few months later, Ms. KD entered an arranged marriage with Mr. B, a man older than her father. She was his fourth wife. Her husband repeatedly raped her, and her father threatened to kill her if she did not submit to her husband. Ms. KD thought the only way to escape from her marriage alive was to flee the country. She fled to the United States and remains afraid of returning to Guinea for fear her father will act on his threats to kill her, and she feels she cannot rely on the police to protect her. Ms. KD was diagnosed with Post-Traumatic Stress Disorder, and is a sad example of the reality that most Guinean women face; they are born to obey their fathers until marriage, a matter in which they often have little to no say.

Ms. KB – Abused and Controlled by her Father, then her Husband

A PHR expert psychiatrist provided forensic evaluation for Ms. KB in Boston in 2012 after Ms. KB fled Guinea in order to escape from her sexually, physically, and emotionally abusive husband. Ms. KB reported suffering childhood abuse from her father and in adulthood from her husband. Her

²⁴ See above, “Relevant Terminology.”

father beat Ms. KB severely and frequently. Her mother had no power to protect her, and was also regularly beaten by Ms. KB's father. She begged Ms. KB to acquiesce to whatever her father demanded for her own sake. At the age of six, Ms. KB was forced to live with her equally abusive grandmother, who hit her often, denied her food and locked her out of the house. When she was 10, her grandmother forced her to undergo FGM/C. Ms. KB reported being treated very roughly by the women restraining and the woman who cut her genitals. Ms. KB reported to the PHR expert that throughout her childhood she experienced constant pain during urination and during physical activity, and continues to feel great discomfort during sexual intercourse. At the age of 14 she was married to a much-older Guinean man who was as abusive as her father had been. She lived in constant fear during her marriage to him. Ms. KB believes that if she returns to Guinea her father would force her to reunite with her husband. She was diagnosed with clinical depression and post-traumatic stress disorder.

Physicians for Human Rights' Recommendations

Physicians for Human Rights urges Guinean authorities to:

- Issue an unequivocal and widely disseminated statement about the illegality of female genital mutilation/cutting. Launch a sustained, cross-sectoral, and nationwide anti-FGM/C campaign to raise awareness about the Law of Reproductive Health and inform Guineans about the potential legal repercussions of practicing FGM/C.
- Investigate reports of violence against women in an effective, prompt, impartial and thorough manner. Such measures will strengthen confidence in law enforcement and the justice system and create a safe space for women to report FGM/C and other acts of violence.
- Ensure investigations (and the entire prosecutorial process) are as non-traumatic for female victims as possible. Measures should include gender competence training for law enforcement and the judiciary.
- Facilitate women's understanding of their right to be free from acts of violence by ensuring there are consequences for those who perpetrate such acts.
- Sign and ratify the Optional Protocol to the Convention for the Elimination of all Forms of Discrimination Against Women.
- Create educational programs that raise awareness around violence against women and of information services and legal protection available to victims. Such programs should also aim to challenge norms that support male authority and control over women, transform social perceptions, attitudes, and behaviors that tolerate violence against women and modify behavior that justifies and excuses violence against women. Such programs must be rigorously monitored and evaluated to assess whether they are benefitting the target group. They must reflect a sustained, institutionalized strategy, not a seasonal response.
- Create outreach programs that foster a social network among female victims of violence and end isolation and stigma associated with abuse. Such programs should allow women to receive aid when fleeing abusive relationships and to seek medical and psycho-social support services.
- Strengthen women's economic footing by eliminating gender inequalities in access to education and employment, therefore laying a concrete foundation in preventing violence against women.
- Strongly condemn violence against women and refrain from invoking any custom, tradition, or religious consideration to avoid obligations.