



AGENCY FOR CULTURE AND CHANGE MANAGEMENT

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FGM CONFERENCE **CARDIFF, THURSDAY 17 – 06 – 2004**

Scripts and Speeches

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**FEMALE GENITAL MUTILATION CONFERENCE
CARDIFF – THURSDAY, 17 JUNE 2004**

**Speech by Mr. Paul Goggins MP
Parliamentary Under Secretary of State**

I am extremely pleased to have this opportunity to speak to you today. I should like to begin by congratulating the Agency for Culture and Change Management for organising this and other conferences to help promote the Female Genital Mutilation Act 2003 and raise awareness of a practice that is sadly, much more common than most people realise.

My department is responsible for the criminal law. But the law is only the starting point for tackling the continuing problem of female genital mutilation in this country.

We need to educate people and change their attitudes- sometimes long established attitudes. Conferences like this are a big step in that direction, which is why I am so glad to see this one taking place. A multi agency response is vital and it is good to see representatives of all the relevant agencies here today.

I should also like to take this opportunity to pay tribute to the excellent work done by the Agency for Culture and Change Management and all the other organisations that are active in seeking to eradicate the practice of female genital mutilation. There are no easy solutions, and I know that they work tirelessly with doctors, teachers and child protection agencies, at home and abroad, and with the practising communities themselves, to promote understanding of and encourage solutions to the problem.

You will be hearing from the Director of the Agency for Culture and Change Management later today so I will let their good work speak for itself.

Female genital mutilation is an extremely painful and harmful practice that cannot be justified on medical, cultural or any other grounds. In particular, it is worth underlining that it has no religious significance whatever: the leaders of all the world's major religions have spoken out against it. And we as a government are committed to eradicating it once and for all, both in this country and abroad.

The practice is an age-old one that is deeply steeped in the culture and tradition of some practising communities. Some people have said we should not seek to impose western culture and values on other communities. But respect for other cultures does not mean accepting the unacceptable.

We cannot condone a practice that can have such a devastating consequences for the health of a young girl. The physical and psychological effects can last throughout her life. The mutilation and impairment of young girls and women can have no place in modern society where equality is prized.

Female genital mutilation was probably never legal in this country; it would almost certainly constitute an offence against the person. Thanks to the pioneering efforts of Marion Roe MP- who successfully steered a Private Members Bill through Parliament at a time when the cause was much less popular than it is today- the Prohibition of female circumcision Act 1985 made the practice explicitly illegal. This is but one example of the significant contribution that Marion has made over many years to the campaign against female genital mutilation. She deserves great credit.

The 1985 Act- one of the first pieces of legislation on female genital mutilation in the world- was an important and necessary step in the fight to eradicate this abhorrent practice.

It made clear beyond doubt that female genital mutilation would not be tolerated in this country. But in the light of what we know- that parents in some communities were deliberately evading our law by taking girls abroad to have the procedure carried out- it did not go far enough. That is why the law has been strengthened to protect girls from mutilation even beyond these shores.

The female genital Mutilation Act 2003- makes it an offence for the first time for UK nationals or permanent UK residents to carry out female genital mutilation abroad, or to aid, abet, counsel or procure the carrying out of female genital mutilation abroad, even in countries where the practice is legal.

To reflect the serious harm that female genital mutilation causes, the Act also increases the maximum penalty from 5-14 years' imprisonment.

The 2003 Act is the result of a Private members Bill introduced by Ann Clwyd MP. It was supported unreservedly by the government during its passage through parliament.

I had the pleasure of responding for the Government when the Bill was debated in the House of Commons last year. Unfortunately, Ann cannot be with us today. But I would like to pay tribute to her for giving priority to this very worthwhile piece of legislation. I have long admired her dedication to upholding human rights in this country and else where.

I would also like to pay tribute to the work of the All Party parliamentary Group on population. Development and Reproductive Health chaired by Chris McCafferty MP. The group has done much to add to our knowledge about the reasons for and the consequences of female genital mutilation. Indeed, it is to some of their recommendations that the 2003 Act gives effect.

Some of those who debated the provisions of the Act in Parliament and elsewhere questioned the wisdom of strengthening legislation that has yet to result in a prosecution. Amongst those countries which have specific laws against FGM, the UK is not alone in having had no prosecutions. One of the reasons for this may be the fact that until now people could evade the law by going abroad.

The nature of the offence, the vulnerability of its young victims and the conspiracy of silence within the practising communities are also barriers to prosecution. In practice, a prosecution can only occur if an offence is reported to the police, a referral is made to the Crown Prosecution service and there is sufficient evidence to bring criminal proceedings. The willingness of victims and others to come forward and to give evidence in court is crucial. We need to create a climate in which victims will feel able to come forward and receive the help and support that they need to give their best evidence.

Above all, we need to change the way in which people think about female genital mutilation. It is a sad fact that older women who themselves are victims of female genital mutilation are often the strongest advocates for the continuance of the practice. Such attitudes are deeply ingrained and it will take more than legislation to change them.

That is why legislation must be accompanied by raising awareness of the law and a continuous programme of education aimed at the grass roots level.

On the domestic front, the Home Office, the Department for Education and skills and the department of Health already help to fund FORWARD and the agency for Culture and Change Management to take forward their national strategy and campaigns against female genital mutilation.

Our stand against the practice is supported by the major bodies in the medical profession, all of whom have issued guidance or position statements on female genital mutilation.

Health professionals, as we will hear, have a particular role to play in dealing with female genital mutilation. Of all professionals, they are most likely to discover that a girl or woman has been mutilated. And they have to deal with the resulting physical and mental damage.

Women and girls from communities which practice female genital mutilation may have special health needs relating to their mutilation. It is important that they are treated sympathetically. We must make sure they are not frightened even more by the thought of legal sanctions so that they never even come forward and seek treatment.

This is a social, legal and health problem and agencies must work together to tackle it- I cannot stress that enough.

And Government Departments must work together too. Internationally, the Government is supporting work in a large number of countries, particularly Africa, aimed at eradicating female genital mutilation and providing adequate health care for girls and women affected by it.

The Department for International Development seeks to reduce the incidence and consequences of FGM by ensuring world wide awareness of the practice, funding research, and supporting activities and projects designed to change behaviour in the long term. The Foreign and Commonwealth Office is also working through our bilateral programmes, and the UN and other international bodies, to encourage countries which have not done so to ratify the convention on the Rights of the Child and the Convention for the Elimination of Discrimination Against Women; and to implement the agreements made at the 1995 Beijing +5 women's conference.

In conclusion, the Government believes that educating the practising communities, both here and abroad, to abandon FGM is the best way forward to break the cycle of mutilation.

We do not underestimate the difficulties of ending centuries of a practice that is deeply ingrained in the social fabric of these communities. But we are determined to educate them about the dangers of female genital mutilation for their daughters and the unacceptability of such a harmful practice.

Each and every one of you here today has a vital part to play in the fight against FGM. It is my fervent hope that you will leave this conference today armed with the knowledge and determination to protect our young women and girls from this very harmful practice. Only by working together can we help to save them from a lifetime of pain and discomfort.

I am sorry that I cannot stay with you for the remainder of this conference. It promises to be both interesting and informative and I am sure you will find it worthwhile.

**FEMALE GENITAL MUTILATION CONFERENCE
CARDIFF – THURSDAY, 17 JUNE 2004**

**Speech by Mrs. Amina Ahmed
Family Support Worker, Agency for Culture and Change Management**

My name is Amina Ahmed; I am a Development Family Support Worker, for Agency for Culture and Change Management.

I am from Somali where my father and other family members still live.
I am proud to be a Somali and I am proud of my heritage and culture.

We are a proud people who have many good strong values, but we have one practice. Female Genital Mutilation, which causes pain and long term suffering to girls and women. This practice has gone on for years, centuries and is a deeply rooted in the community's way of life.

In my own experience I remember I was playing with my friends enjoying a nice sunny day, when my friends suddenly turned against me and said they did not want to play with me because I was not done, or that I was unclean. I put pressure on my Mother to have myself done so I can be like my friends.

My Grandma and my Mother had often told me that one day I will be done to look like everyone else so I can get married and have children. I believed them since it was common for girls to be done.

One day, I remember I was wearing a beautiful colourful dress when my Mum called me, I was held by the strongest women who sat on my chest holding my legs, hands and leaving me breathless and motionless.

There was an old woman who was holding a small bag containing what I saw was dirty old scissors, sharp knives, sewing thread and thorns.

This woman was the circumciser and she had no medical training or experience and even her eye sight was not good. She cut me up, removed my clitoris and my precious genitals and put them in a bag and threw them away to be eaten by cats.

I remember the painful, harmful and deadly moments and I cried and screamed but could not escape. The scars, the pain and the health problems I suffered are still with me today and will never ever go away. This happened to every girl who went through it.

I could not escape and was told afterwards not to discuss what had happened to me, because was for my good, my secret, belief, culture and for the dignity of our future and my family. I was told that everyone had this done to them.

I realised FGM was rootless, baseless and had no benefit for the women nor their lives after leaving Somalia. When I found out that not girls are circumcised I started to ask questions to find out more about this culture which I had been told was part of my religion and yet other Moslem communities were not doing it!

Today, it is a different century and I am campaigning against FGM, whether it is done for dignity, belief, beauty or pleasure. I am fighting the practice to protect girls and women so they do not go through what I went through.

FGM is against the law, human rights and is violence against girls and women. I beg all of you here today to - Please and please let us work together and stop this practice. Talk to parents, community leaders and all those you feel can make a difference - just changing the attitude of one mother will save a whole generation.

I would like to call upon the government and those in power to provide the support and funding resources needed to help fight to eliminate the practice in the UK and abroad. I would like to request professionals not to shy away from raising issues or asking questions. It is the only way we can get the message across to communities who practice FGM.

I would like to thank our funders and everyone who supports us with our work and campaign towards the elimination of FGM. I also thank my colleagues for the courage braveness to standing up to the hostile community to continue the campaign.

Please take back the information and help us with our fight against FGM.

Thank you

Amina Ahmed

**FEMALE GENITAL MUTILATION CONFERENCE
CARDIFF – THURSDAY, 17 JUNE 2004**

**Speech by Mrs. Diana Symonds
Legal and Human Rights**

Slide 1

I've been asked to talk to you today about human rights and the law on Female Genital Mutilation. You might think that this is quite a different topic from those we have discussed so far this morning. But in fact I do not think I will be moving far from the messages of the previous speakers. The raising awareness of FGM; how prevalent and how harmful it is; the need to reach out to the practising communities; and the need for us all to work together; these are all important messages. But I am going to talk about a slightly different aspect of fight to eradicate FGM - the law itself.

The legal framework is the foundation for all the other work we have been discussing this morning. If we want to eradicate FGM and change society's attitudes towards it, then the first step should involve the law. We look to the law to set the boundaries of acceptable behaviour, and we look to law enforcement to make sure that we are all protected against harm and against violation of our rights. So it is important we get the law right, both nationally and internationally. And it is important that people know exactly what the law says and why.

Slide 2

Here is a quote which illustrates what we as a unit of the Home Office aim to achieve - clear well defined offences - and why we think that is important.

So what exactly does the law say, and what are we doing to make sure we have got it right?

Let us start with the bigger picture - what does the international law - the treaties and conventions which govern the relationship between countries - what does that say about FGM?

Slide 3

There are three major treaties which I would like to mention. The European Convention on Human Rights was first open for signature in 1950. It is the foundation of much of the international work on human rights and embodies some of the most important and basic rights. The Convention on the Elimination of all forms of Discrimination Against Women, commonly known as CEDAW has been open for signature since 1979. Finally the UN Convention on the Rights of the Child was first open for signature in 1989. The UK have signed and ratified all these Conventions, so it is worth us looking briefly at what they say and what bearing they have on the practice of FGM.

Slide 4

The European Convention on Human Rights was designed to protect human rights and

fundamental freedoms and to maintain and promote the ideals and values of a democratic society. It deals with some of the most basic rights. It places an obligation on each signatory state to protect those within its jurisdiction from 'inhuman or degrading treatment or punishment.' I think we have heard enough today to persuade us that the practice of FGM is physically harmful, inhuman and degrading for those who undergo it. The Convention and Convention caselaw say nothing specific about FGM. However, States have a positive duty under the Convention to put in place "effective criminal law provisions to deter the commission of offences against the person".

Slide 5

The second Convention that I want to mention is the Convention on the Elimination of all forms of Discrimination Against Women. Its aim is straightforward - to eliminate discrimination in all its forms and manifestations. You may wonder how this can be relevant. FGM can only be performed on a girl or a woman, so where is the discrimination? Unlike male circumcision, FGM is not justified for any medical or religious purpose. Its only justification is in the subjugation of women - the denial to them of choice, health, freedom from pain, self respect and a proper place in society. The Convention aims to eliminate 'any distinction, exclusion or restriction which has the effect of impairing or nullifying the exercise by women ..of human rights and fundamental freedoms.... ' I mentioned earlier that one of the most fundamental freedoms is to be free from inhuman or degrading treatment. So this convention is very relevant.

Slide 6

Our third and final convention is the UN Convention on the Rights of the Child. The aim of the Convention is to protect children from discrimination, neglect and abuse. It requires states who are party to it to take 'all legislative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse...' And to take 'all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.'

Pretty clearly the practice of FGM is a form of physical abuse. We now know much more than we did in the past about the damage and suffering which FGM can cause. The immediate health consequences can include severe pain, haemorrhage, infection, or even death. The longer term consequences can include pelvic infections (which can cause infertility) painful sexual intercourse and sexual dysfunction. Women who have been mutilated may be twice as likely to die in childbirth and three or four times as likely to have stillborn children as those who have not been mutilated. Those are frightening statistics.

Article 24 of the Convention on the Rights of the Child calls on states to abolish traditional practices prejudicial to the health of children. This is a clear acknowledgement that some practices like FGM may have been going on for generations, and may be widely accepted and deeply ingrained in the behaviour of communities. But these practices are harmful, - prejudicial to the health of children - and communities should not force such practices on the young and defenceless.

Slide 7

Let us turn now to the position in the UK. As I think we were told earlier, female genital mutilation was probably never legal in this country; it would almost certainly constitute an offence against the person, and would have been an offence under the Offences Against the Person Act of 1861. The first time the practice was made explicitly illegal was in 1985 when Marion Roe MP introduced what became the Prohibition of Female Circumcision Act 1985.

Introducing that Act was a radical step at the time, and must have taken considerable courage and determination. The 1985 Act was one of the first pieces of legislation on female genital mutilation in the world. Many others of course followed, and the practice is now explicitly illegal in many countries. As well as bringing debate about FGM into the open and into the public forum, the legislation has led the way to major changes in attitude, both in the UK and worldwide. As we said before, legislation is not a complete answer, but it is the basis on which all our activities depend. So the 1985 Act is an important milestone.

In 2000 the All Party Parliamentary Group on Population, Development and Reproductive Health did a survey about FGM which explored the work being done by organisations in the UK and overseas. Their report made interesting reading. For example, they pointed out that there had been no prosecutions under the 1985 Act and the survey attempted to explore why this was. Amongst the main reasons cited was lack of awareness of the legislation, pressure from family and the wider community to remain silent, and the fear of being labelled racist or insensitive to other cultures.

There could be a variety of reasons, and combinations of reasons, for the lack of prosecutions. Child Protection Agencies always face a difficult dilemma with FGM. There may be little warning that a child is about to undergo the operation. And the parents often do not intend to harm the child. So the agencies do not want to over-react. Similarly the police would not want to punish otherwise loving parents for doing something which their culture and experience make them believe is right and necessary. But the fact that we have had no prosecutions under the Act does not necessarily mean that the Act is a failure. The Act underlines that as a society we believe it is unacceptable to perform or to facilitate FGM. And it allows us to prosecute someone if in future a case should warrant it.

Slide 8

Coming right up to date, the Parliamentary Group's recommendations were the spur and foundation for the 2003 Act. The Act updated and revised the 1985 Act, and came into force on 3 March this year. It is the usual practice to have a gap between Parliament passing an Act and its implementation. It allows some time to make sure the police and courts, and most of all the public, are aware of the new legislation before it comes into force.

The 2003 Act started as a Private Members Bill introduced by Ann Clwyd MP and supported by the Government. The change in the title of the legislation makes it clear that it is about female genital mutilation and not female circumcision. Of course, we are talking about the same procedure, but the change is not entirely cosmetic and irrelevant. It was one of the recommendations of the All-Party Parliamentary Group which I mentioned just now. 'Genital mutilation' describes the procedure in a way which make it clear that what is being done is harmful and unacceptable. And the change emphasises that there was no comparison between

male and female circumcision.

The 2003 Act makes it an offence for the first time for UK nationals or permanent UK residents to carry out female genital mutilation abroad. It is also an offence for them to aid or abet the carrying out of female genital mutilation abroad, even in countries where the practice is legal. This is necessary because evidence gathered by the All Party Group suggested that in some practising communities people were evading the law by taking their daughters abroad to have this procedure performed. The new law closes that loophole. Some people wanted to make it an offence for anyone living here to perform FGM abroad, or aid and abet those carrying it out abroad. But this would have been too wide. By 'Permanent UK residents' we mean people who ordinarily live in this country without being subject under the immigration laws to any restriction on the period for which they may remain. The Act will therefore catch those with a substantial connection to the UK but not those who are here temporarily, for example foreign students or visitors.

It is unusual in international law terms for a State to take jurisdiction over acts committed abroad by its residents (permanent or otherwise) as well as its nationals unless required to do so by an international agreement. Particularly when that jurisdiction is taken with no requirement for the act to be illegal in the country where it is committed. The extent to which this Bill takes jurisdiction is arguably unprecedented.

To reflect the serious harm that female genital mutilation causes, the 2003 Act also increases the maximum penalty from 5 to 14 years' imprisonment. Some thought this was harsh. In reality very few people will get the maximum penalty for the offence. This is the same with any offence. Maximum penalties are set so that they are available for the most serious cases. But in most cases an offender is sentenced to much less than the maximum. But we need in this case to set the maximum penalty quite high to reflect the seriousness of the offence.

I want to stop there, because we have other speakers waiting. We have looked briefly at how international and national law have developed and how they might relate to FGM. And we have looked at the main provisions of the new Act. It has been warmly welcomed. It should lead to a greater awareness of the problem posed by FGM. Indeed, it has been one of the spurs for today's conference. And I hope it will be a foundation for continued positive work in the future.

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**FEMALE GENITAL MUTILATION CONFERENCE
CARDIFF – THURSDAY, 17 JUNE 2004**

Mrs. Caroline Jones

Designated Nurse Child Protection, National Public Health Service for Wales

WHAT DO WE MEAN BY SAFEGUARDING CHILDREN?

- All agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare are minimised; and
- Where there are concerns about children and young people's welfare, all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other local agencies

Reference: Safeguarding Children: A summary of the Joint Chief Inspectors Report on Arrangements to Safeguard Children 2002

The Children Act 1989

Principles

- The child's welfare is paramount
- Children are best cared for by their parents
- Professionals work in partnership with parents
- Public intervention should be justified
- Children have the right to be treated as individuals
- Children have the right to be protected from abuse, neglect or exploitation.
- Introduces the concept of parental responsibility.

“The Children Act has changed the emphasis of the law, so that the child's welfare is now the paramount consideration, parents own views may, and in some cases do, take second place.”

*Reference: National Family & Parenting Institute 2003
The Family Health Maze*

WORKING TOGETHER TO SAFEGUARD CHILDREN (WAG 2000)

- Is clear that "medical evidence indicates that FGM causes harm to those who experience it"
- Gives guidance to professionals about working in a way that is sensitive to child rearing patterns that vary across different racial, ethnic and cultural groups.

- Cultural factors neither explain nor condone acts of omission or commission which place a child at risk of significant harm.

The Children Act 1989

The Children Act 1989 provides the legal framework for local authority to take responsibilities for the care and protection of children.

Section 47(1)

Gives the local authority a duty to make enquiries where they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm

SUPPLEMENTARY GUIDANCE LASSL 2004/4

- Asks LA's to note the provisions of the Female Genital Mutilation Act 2003 and to consider what preventative action might be taken to protect children at risk from this type of abuse.
- Parent's carrying out this act on their daughters do not intend it as an act of abuse.
- There is no element of repetition as the abuse is a one-off although younger female siblings may be at risk

CARDIFF GOOD PRACTICE GUIDELINES

Principles

- It is acknowledged that some families see Female Genital Mutilation (FGM) as an act of love rather than cruelty, however, Female Genital Mutilation causes significant harm both in short and long term and constitutes physical and emotional abuse to children.
- The protocol must be underpinned by accessible, acceptable and sensitive Health, Education, Police, Social Services and Voluntary Sector Services.
- All agencies should work in partnership with members of local communities, to empower individuals to develop support networks and education programmes.
- The Rights of the Child as stated in the UN Convention (1989) will underpin the protocol

Sets out:

- Legislation
- Definition of FGM
- Consequences of FGM
- Signals and Indicators
- Procedures and Practice Guidelines
- Information Sharing
- Roles of Individual Agencies

SIGNALS AND INDICATORS THAT A CHILD MAY BE AT RISK OF FGM

Professionals need to be aware of the possibility of Female Genital Mutilation. The following are some indicators of Female Genital Mutilation - however this is not an exhaustive list and professionals should be vigilant at all times if:

- They come across a child who has undergone Female Genital Mutilation.
- They become aware that a child who may have undergone FGM is suffering with a bladder or severe menstrual problems, which cause frequent absences from school.
- They hear reference to Female Genital Mutilation/Circumcision in conversation, for example a child may request help from a teacher or another adult.
- Midwives and Obstetricians will become aware when treating a pregnant woman who has been circumcised. This might trigger concern for any female child born and for any other girls in the family.
- The family comes from a community, which is known to practice Female Genital Mutilation, therefore, it is possible that they will practise it.
- A child may talk about a long holiday to her country of origin and may confide in
- a teacher, school nurse or welfare officer, teacher's aide or adult helper that she is to have a "special procedure" or to attend a (special occasion).
- Parent states that they or a relative are to take the child out of the country for a
- prolonged period of time.

PROCEDURES AND PRACTICE GUIDELINES

- The genital mutilation of female children and young women should be discouraged by appropriate educational and preventative programmes.
- Any information that a child is at risk of or has undergone FGM should result in a child protection referral to social services and/or the police.
- FGM places a child at risk of significant harm and will be investigated (initially) under section 47 of the Children Act (1989)

On referral a strategy meeting must be convened

- The strategy meeting must first establish if either the parents or the child have had
- access to information about the harmful aspects of FGM.
- An interpreter should be used in all interviews with the family if their first language
- is not English. If not the parents should be offered the above .
- The investigating team to work with parents whenever possible to prevent the abuse
- If no agreement reached, least intrusive possible means to protect the child should be taken
- The primary focus is to prevent the child undergoing Female Genital Mutilation rather
- than removal from the family. However where the child appears to be in immediate
- danger of mutilation and the parents cannot agree that they will not proceed with it, an emergency protection order should be sought.

Child who has already undergone FGM

- Referral to Social Services
- Strategy Meeting
- Needs of the Child to be assessed
- Services should be offered to meet assessed need
- Assess risk to other female children in the family

WHERE ARE WE NOW?

- Practice Guidelines perceived as helpful by practitioners on the group
- Midwifery and Obstetric service developing support and education for women
- Extent of the practice in Cardiff and Wales generally is not known
- Few if any referrals to Social Services Departments
- Need to raise awareness of professionals
- Need to target at risk groups
- Need to develop acceptable voluntary support services
- Must work effectively with community members and community leaders

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WHAT IS HAPPENING IN AFRICA AND THE UK?

**FEMALE GENITAL MUTILATION CONFERENCE
CARDIFF – THURSDAY, 17 JUNE 2004**

Mrs. Sarah McCulloch
National Director, Agency for Culture and Change Management

AGENCY FOR CULTURE AND CHANGE MANAGEMENT

AIMS AND OBJECTIVES

- To tackle harmful cultures and promote good cultural change
- To raising public awareness, information & mass media campaigns, advocacy & campaigning
- To developing culturally sensitive services (African Well Woman Clinics) for victims of FGM
- To organising cultural, understanding the law, health and socialising events to raise awareness around issues relating to FGM, reproductive health, HIV/Aids, cancer
- To provide parenting education to look at alternative initiation and rights of the child
- To encouraging greater participation in decision making by communities concerned
- To link with local religious and community leaders to get support with getting the message across communities
- To providing culturally sensitive and relevant information, publicity and other and information education programmes for statutory, voluntary and communities involved
- To lobby local and central politicians

WHAT IS HAPPENING IN AFRICA AND WORLD WIDE?

AFRICA

Inter-African Union - based in Addis Ababa, Ethiopia is the major FGM and gender campaigner in Africa

Lobbies governments and has various NGOs in various countries

Kenya – In 1982 the then Kenyan President Arap Moi, condemned FGM and called for prosecution of those found to be practicing it. Kenya passed legislation in 1990, but various forms of mutilation still take place.

Various NGOs, including UNICEF, Safe the Children, Inter-African Union and WOMANKIND have developed community programmes centred on health, education, economic and gender to help eliminate the practice.

WHAT IS HAPPENING IN AFRICA AND THE UK?

Uganda – No law. Anti FGM campaigners such as Communities that Care and the Sebina Women’s Community Group have stepped up pressure and anti FGM campaigns with the support of NGOs and government officials. Schools and safe home have been developed to provide education and safety homes for girls who escape from being mutilated.

Burkina Faso: Passed law against FGM in 1996. The campaign has concentrated on rehabilitation the practitioners by training them into new economic earning trade, education programmes specialise on human rights for girls and women. Has had a lot of success

Egypt: FGM banned in 1958 by President Nasser. The educated elite from the north tends to assume the practice has been banned and no longer exists when it is stop being practiced in the south.

Ivory Coast: 1991 the government advised that the national criminal code could be used to prohibit FGM. With the help of NGOs from France and USA programmes are in place to eradicate the practice through community development programmes.

Sudan: In Sudan the Ministry of Health launched a campaign against female genital mutilation in 1946 and succeeded in getting a law passed prohibiting infibulations but allowing sunna. The law was primarily a response to pressure by British colonial powers and little action was taken to enforce it.

The Sudan National Committee on Traditional Practices based in Khartoum with several NGOs such as WOMANKIND and RAINBO are working closely with local groups and communities to improve the welfare of girls and women through community development programmes and research.

Somalia and Somaliland: - In the last few years there has been an increase in anti FGM campaigns especially in Somaliland. By late last year several circumcisers had given up the practice by handing in their instruments and are now being encouraged to take up another trade. Religious leaders are being encouraged to support the campaign programme.

Centres have opened, such as the Barako Family Health & Education Centre and Save Somali Women and Children, to provide education and health support to women and children.

OUTSIDE AFRICA

- Europe – laws against FGM in majority of countries and FGM organisations campaigning. Has been prosecutions in France
- Australasian (Australia and New Zealand) – laws against FGM and campaign groups
- USA and Canada – laws against FGM

WHAT IS HAPPENING IN AFRICA AND THE UK?

OTHER CAMPAIGNERS AND ACTIVITIES:
Inter – Parliamentary Union (IPU)

- Has - 140 countries as members hold two conferences a year. Britain has Marion Roe – Conservative MP as our representative.
- In March 2002 the Union met in Morocco where a Parliamentary Think-tank for the eradication of FGM was formed. Five members on the panel from UK, Norway, Nigeria, Uganda and Kenya.
- The IPU has also sent FGM eradication deadline for 2010

The Inter- Parliamentary Union (IPU) works closely with African Parliamentary Union and a conference is planned for 2005 in Africa to bring together all parties to persuade national governments to take action against FGM in their countries.

- Amnesty International – 1990's Human Rights campaigns
- WHO and UN - resources for research, health and community development programmes
- UNICEF

FGM FACT PROFILE
Statistics

In 1997 The WHO estimated that:

- 130 million girls/women worldwide have undergone FGM
- 2 million girls are at risk of undergoing some form of the procedure every year
- 6,000 girls/women undergo the procedure everyday
- 10% of women who have had FGM die from the short-term effects (haemorrhaging) and shock
- 25% die from recurrent problems (urinary infection, childbirth complications)
- FGM doubles the chance of women dying in childbirth

FGM practice

- Age range: from a few days old to about 15 or before marriage or childbirth
- Practitioner: non-medically trained old woman, a traditional midwife or healer, a barber, or a qualified midwife or doctor
- Takes place in: girl's home, circumciser's home, relative /neighbours home, health centre, or at a secrete ceremonial site.
- Instruments used: range from broken glass, a tin lid, scissors, a razor blade or other cutting implements. No medication or anaesthetic is given unless operated on at a medical centre.

