

'LET US TALK ABOUT IT' PROJECT

SUMMARY REPORT

March 07



Camden Children Safeguarding Board



Working together for a safer London

Acknowledgements:

Voluntary Action Camden – Community Partnership Project is grateful to the LB Camden, Somali and BME Youth Project for funding the 'Let us talk about it!' Project that allowed a joined-up response across health and social care of raising awareness about Female Genital Mutilation (FGM) among Somali Youth in Camden.

We would like to thank our partner organisations: British Somali Community and Somali Youth Development & Resource Centre for bridging the original idea and the Somali young people.

We would also like to extend our thanks to the contributors to the workshops: Mr. Abdirizak Takar, DI Wendy Newman, Dr. Arro Magan, Dr. Omar Arman, and Mr. Sunil Puri.

Finally, we would like to thank the Met Police - Project Azure and the Community Partnership Advisors of Haringey (Sarah Alexander), Islington (Rebecca Lythe) and Enfield (Caroline Barrett) for giving their time and making this initiative such a success.

Last but not least a big thank to the two young outreach workers: Mohamed and Warda whose hard work marked the success of the whole project

Asha-Kin Duale
Community Partnership Advisor
Voluntary Action Camden

March 07

1. Introduction

FGM is violence against girl children and women, a serious public health hazard and human rights issue.

In England and Wales conservative estimates are that 65,000 girls and women between the age of 15 and 49 have been subject to FGM¹. Girls and women in the UK who have undergone FGM may be British citizens born to parents from FGM practicing communities or they may be women living in Britain who are originally from those communities, such as woman who are refugees, asylum seekers, students or the wives of students.

Camden has a substantial population from FGM-practising countries including Somalia, Sudan, Ethiopia, Eritrea, Sierra Leone, and Yemen. The Somali community in Camden is the 2nd largest community in the borough and is growing and as such it is one of the key target groups for the Community Partnership Project.

The “Let us talk about it” project aimed to engage in an innovative way the young generation of Somalis living in Camden and to raise awareness of the practice of Female Genital Mutilation (FGM) as a harmful, illegal practice and a child protection issue. It aimed to give young men and women, as future parents themselves, a safe space to debate the issue of FGM – an issue still very much regarded as taboo within their own community.

3. Aims and objectives of the project included:

- an increased awareness amongst the young people of the practice of FGM and its implications;
- a better education about FGM as a cultural issue and its history;
- a change in opinion amongst many of the youth as regards the acceptability of FGM, recognising it as a harmful practice with child protection implications;
- The creation of a platform for further discussion about the issue in the community.

4. Methodology

The project recruited two young people as part-time outreach workers with the purpose of engaging their peers into the debate and formulating recommendations for any future work. Two separate sessions were held - one targeted at boys and the other at girls – and a final mixed session was held at VAC to conclude the debate. Two bi-lingual Medical Doctors have led the health aspect of the FGM.

5. Key findings:

- Acknowledgement that FGM practice is not only affecting women but also men.
- FGM plays a huge part in the Somali culture and customs

¹ Safeguarding Children abused through FGM- consultation paper 2007

- Although Islam does not allow any act which will jeopardise the well being of an individual, some people would practise FGM because of the religious ideology
- There is no alternative for FGM practice such opting of less severe type. No incremental change can be allowed
- Unmet need of furthering dialogues on FGM aiming at a collective understanding of the issue from all aspects of culture, religion, health, legislation and social norms.
- Education is the key for eradicating the FGM practice within the Somali community. Enforcing laws on FGM to an unaware community is perceived unfair
- Lack of knowledge of existing support provision for those communities who wish to stop the practice.
- Existing training on FGM in general and on child safeguarding lack of community 'ownership' and they are meant for professionals
- Lack of trust in statutory agencies such as Social Services and the Met Police on issues related to child safeguarding.

6. Recommendations

- Provide more awareness and education, such as workshops, seminars etc
- Publicise the possible health, social and legal implications of FGM in a culturally receptive way/s
- Need to be targeted both younger and older generation of Somalis and across gender.
- Any awareness raising exercise and development of tailored support mechanisms would require a multi-agency approach amongst the local authority, voluntary sector and the Somali community in Camden.
- More input from the Somali community organisations in tackling the FGM practice in all stages of planning and development, as there will be a better understanding and appreciation.
- Establishment of a culturally sensitive advice centre for young people and those affected by the practice.

7. Conclusions

The 'Let us talk about it!' project was well supported and brought together a number of agencies to work in partnership on this important issue – including The Somali Youth Development Resource Centre, British Somali Community - Girls Project, LB of Camden - Safeguarding Children Board, the Metropolitan Police Child Abuse Team and VAC. The support for the project reflects the high priority being given to tackling this issue by all stakeholders.

The project has also proven once again the success of joint up working among various Community Partnership Projects of different London Boroughs.

Overall the project was a success, as it not only increased the awareness of such a culturally sensitive issue but it allowed young Somalis to change their perspective on FGM.

It has also created a platform of dialogue and discussion by providing background information required to make the next step.

Quotes from a (male) participant:

'This workshop really helped me change my perspective on FGM, I had little knowledge about this issue and it never bothered me before today'.

The male audience gained much benefit from this workshop, considering in the majority of cases prior to the workshop a lot of the male youth were oblivious about FGM. However towards the end of the session a lot of their thinking changed and at the end totally opposed such actions.

The rationale behind conducting separate workshops is the acknowledgement that it is a very sensitive topic to be discussed and would therefore mean the youth would feel at ease discussing it with their own peers.

However, there was a great response when there was a mix session, where a lot of positive results came out including the need of holding more workshops of this type.

More importantly, the youth stressed the need of accessing a confidential advice centre where possible victims or those willing to know more about it, could go without alerting the local authorities. This would preferably be with someone from the same cultural background as there is a better understanding and communication.

The multi agency joint up work, whereby the authorities, voluntary sector and the community groups has been a success as it showed that all have a stake in safeguarding children from harm.

In particular the Social Services and the Police are being feared by the Somali community because of the perception that they are there to 'punish' and not for 'support'. The fact that the 'Let us talk about it' Project allowed them to reach out to the Somali youth to help it understanding the laws around child protection and existing support provisions has proved a small step towards building trust.

Appendix No 1

Report on FGM Workshop no 1

*For only Young Somali men at SYDRC
Friday 16/03/07
Written by Mohamed Ahmed – Outreach worker*



The attendance of the event went beyond expectation, as 22 young men aged between 18-28 were involved in the workshop.

At the start of the workshop the youths seemed reluctant to engage in discussions as in accordance to the male ideology *'this was an issue which didn't affect them, and due to its sensitivity shouldn't be discussed'*. However as the workshop progressed further, there seemed to be a change in attitude as there were various heated debates, which highlighted the ignorant views, adopted by the male participants.

From a personal perspective the workshop was immensely beneficial as it not only increased the awareness of FGM but also created a platform for further discussion to take place.

The information gathered from the feedback forms showed that the majority of the youths participating rated the overall program successful. They particularly liked the lecture given by Dr Arman who gave a distinctive presentation on FGM. He was able to give concise and coherent information from a professional perspective but also contrasted it from a personal one.

The youths were able to engage in discussions on a topic which is normally regarded as taboo in the Somali society. Not only did they engage in discussion but were also able to provide possible solution and ways of eradicating such practice.

The best positive results came about at the debate session. The large group was split into two and six questions (three questions to each group) were circulated.

The groups had to discuss issues and write down the information gathered, and to come up with a conclusion, which was presented at the end of the discussion. However before starting debating those who supported and opposed the FGM practice were mixed thus permitting an affective discussion.

The questions and the discussions are as follows:

Q1) Do you think FGM is matter to be debated on?

YES- 'FGM is not only affecting women but also affect her surrounding environment, which means it affect us men'

'If we don't discuss this issue then we can't tackle the problems it brings'.

'If there is a platform to debate this issue it would create a dialogue for further discussion'.
If we can't discuss it, how will we put a stop to it?
'In order to eradicate such practices we must have an open debate'.

NO- 'this issue doesn't concern men, so why should be getting involved'.
'This is part of our culture identity, which has been practiced for centuries; just because we come to this land do we reject our sense of identity, and adopt these ones'?
'How can we debate something which is allowed in our religion'?

Conclusion: 'It has been agreed that if not debated it, no progress can be made to prevent such acts from being practised, and even though some people would support this on the basis of culture or religion, this was seen as not a justification for violating the human rights of that of young girls'.

Q2) FGM is culturally accepted, what is culture for you?

YES – 'FGM plays a huge part in our culture and customs.
'Culture is a sense of national identity, something we can relate to'.
'From the doctors presentation: 95% of Somalis practice type III FGM, so it must therefore but culturally accepted, if the majority of the population practise this method'.
'To me culture is something which is common and widespread, and in some cases you can be proud of, but can we be proud of such acts?

NO – 'I don't believe FGM is part of are culture, and if it is its nothing we should pride ourselves about'
'Every cultures have both there positives and negative contributions, the Somali culture is very rich and vibrant, however it does come with customs we should not adopt or implement into the teaching of our youths.

Conclusion: 'It has been agreed that FGM plays a major part in the Somali culture however as this tradition causes only pain and violates young girls' human rights it should be something to differentiate from culture.

Q3) to what extent do you think culture has encouraged and influenced these acts being performed?

'Culture has the most influence in people practising FGM considering when you ask people why perform FGM they respond by saying its part of our culture and traditions'.

'Some people practise FGM because of the religious ideology, not cultural one'.

'I don't believe its only due to culture, because if this was the case this practised would have been abolished a long time ago, however I believe its due to the environment are elders grow up in where this was considered mandatory amongst women to undergo'

'Culturally FGM is seen as the norm'.

Conclusion: 'It has been acknowledged that without a doubt culture does play a major role in the practise of FGM, but this only occurs due to the pressure from the society that consider it

as a norm, and in some cases mandatory. The way forward is to ensure that such norm is NOT inherited by the next generation of Somalis.'

Q4) Do you think FGM is accepted on religious grounds?

YES – 'I personally thought this was accepted in Islam'
'Since the prophet didn't prohibit such acts who are we to stop it?'

No – 'This has nothing to do with Islam as the speaker said earlier the prophet didn't allow any of his four daughters to be circumcised, so this must have been taken out of context.'
'Islam does not allow any act which will jeopardise the well being of an individual so this practise is not from Islam'.

Conclusion: 'It has been accepted that the majority of religious scholars have argued that this practice actually pre dates Islam and it is more of a cultural norm rather than an Islamic one. There is the need of awareness raising activities and more dialogues on the topic.'

Q5) Do you think that some forms of FGM is acceptable? If so which types?

YES -'Type one is not as severe as type III, so this may be an alternative option'.
'By allowing it to be done in a safe environment like a hospital will stop the spread of Aids or any transmitted diseases'.
'By decreasing the severity of this mutilation may be a progress in actually eradicating its practice'.

NO – 'By providing an alternative would equate condoning such terrible actions'
'The only alternative to FGM is not practicing it all, there is no other substitute'.

Conclusion: 'It has been agreed that if an alternative is provided such as the less severe form of FGM it will increase the spread of FGM and the concept that it is allowed and accepted. No incremental changes over years either, more open dialogue and more workshops are needed in order to collectively come to SAME conclusion'.

Q6) to what extent do you think the laws being enforced are fair?

'I believe the laws being enforced are not reasonable considering more serious offences are not as severe'.

'I understand by enforcing a harsh sentence would deter parents from carrying out such acts, but what we have to ask ourselves whether it will be effective... so far it have failed the young girls from the practising communities.'

'By imposing a sentence it will have the effect of attacking the cultural custom and it will prevent a proper integration'.

'We need to educate people on the health and physiological implications of the victims or those who are at risk. This is more affective than a prison sentence'.

'By imposing such laws may cause a reverse response in which people will become defiant and actually practise such methods, communicating with the Somali community sensibly is the key.'

APPENDIX 2

Report on FGM Workshop no 2

@ British Somali Community
For only Young Somali women/ girls
Saturday 17th March 07
Written by Warda Arshe – Outreach Worker



The young women session on FGM, was held on Saturday 17th March 07 at the British Somali Community, 104 108 Star House, Grafton Road, London NW5. 13 Somali girls from the local Camden area, age ranges from 18 to 25 years old have attended the meeting.

The programme started at 12:30- 3:00, involving the registration and introduction of participants, guest speakers and heated debate afterwards.

The aims of the day was the awareness raising of FGM, exploring FGM's historical and health implications, British laws and Islamic teachings.

Asha Kin Duale, Community Partnership Advisor at Voluntary Action Camden and Dr Arro Magan a qualified bi-lingual Gynaecologist with an extensive medical experience on FGM cases directed the talks.

The presentations covered the different agencies, roles, laws of safeguarding children in Camden, the international, national and local perspective on the rights of a child and relevant legislation related to the FGM.

Dr Arro showed also a graphical, informative presentation on Female Genital Mutilation, with clear explanations of reasons behind this practice and its health implications.

Majority of the participants where overwhelmed with facts and showed a keen interest of the topic as clearly it is a known to be a taboo topic to be discussed. The participants were divided into groups and provided them with a set of questions.

Group 1

Q1) Do you think FGM is matter to be debated on?

YES of course – Because it educates us, raises awareness and helps us not to make the same mistakes as past generations, moreover it is a serious topic.

Q2) FGM is culturally accepted, what is culture for you?

- Man made laws
- Many confuse culture with religion
- Culture is something that can be used positively or negatively

- Culture is a sense of what you are- Where you're from- Sense of belonging, roots.
- Language
- History
- Customs
- Religion

Q3) To what extent do you think culture has encouraged and influenced these acts being performed?

It has influenced FGM hugely because it covers up the harm in it. Culture encourages FGM practice as something that has been continued and performed over centuries. If FGM is forgotten or stopped people may feel it is a part of our culture/ history that has been erased.

Group 2

Q4) Do you think FGM is accepted on religious grounds?

No- There's no evidence to support this in the Qur'an. Moreover the Prophet never did it to his daughters so if we are suppose to follow the prophet and his way of living so why do we do it.

Q5) Do you think that some forms of FGM is acceptable? If so which types.

No- Majority agreed that all types are wrong and unacceptable. It goes against the girls' human rights.

Q6) To what extent do you think the laws being enforced are fair?

It's not fair because most people are not aware of existing laws. They are of an older generation, harder for people to understand due to them being unable to speak as there is a communication barrier.

APPENDIX 3

Final mixed workshop on FGM



*At Voluntary Action Camden
26 March 07*

The final seminar of the whole project, was held at VAC and 42 participants attended. This was a mixed session so that they could meet up and discuss about the practice of FGM. Some participants have attended the previous workshops while others were attracted after having heard from their peer group.

The health and the legal aspects of the FGM have been covered in the previous workshops. Therefore the objectives of this final workshop were for the youths to get an Islamic perspective on Female Genital Mutilation, the Child Safeguarding services in the local context and the role of the Metropolitan Police in child safeguarding and in particular in the FGM practice.

Both the outreach workers actively facilitated the workshops. The Community Partnership Advisor of LB of Hackney – Sarah Alexander, of LB of Islington – Rebecca Lythe had the prominent roles of leading the afternoon workshops whereby interactive scenarios were presented.

Speakers included Mr. Abdirisak Takar, PC Wendy Newman and Sunil Puri.

Mr. Takar introduced his presentation by giving a brief historical background, the reasoning behind the FGM practice, the influence of Islamic teaching and the provision of evidence such as Fatwa's. (Legislations made by appropriate scholars). The points Takar made were outstanding as the majority of the youths did not realise that the FGM was actually prohibited in Islam and the ideology of FGM being a rule in the Islamic religion was false.

Well descriptive handouts on cultural and religious aspects of FGM, were distributed with proof and authentic evidence in regards to FGM. (Annexe no. 1)

The next speaker was Sunil Puri, trainer from LB Camden Children Safeguarding. Sunil handed out a 10 pages presentation, starting with the aims of the safeguarding children board, and their duties and responsibilities they carry out.

He illustrated the importance of the rights of children using the UN convention the children Acts 1989. Moreover he expressed the 11 core principals of the Act. And discussed what defines child abuse and the types that occur such as sexual, physical, emotional and neglect.

Sunil provided facts on children and their well- being regarding education, drug and alcohol habits and where to turn for help. Handouts were provided (Annexe 2)

The 3rd speaker was a representative from the Metropolitan Police, D.I Wendy Newman who works alongside the child abuse team, one of 19 teams across London designated to investigating intra- familial child abuse cases.

DI Newman started by explaining what the Female Genital Mutilation Act 2003 is about, how it is an offence for such Acts to be committed. She went on to say it is an offence to aid, abet, counsel or procure a girl to commit FGM.

D.I Newman went to discuss the insights of FGM in the legal perspective by going through the referral procedure , the Metropolitan Police Project Violet, which has now become Project Azure, and who to consider at risk within the immigrant communities such as the Somali. She stated that FGM is a hidden crime with no accurate statistics and prosecutions in the UK and the efforts of developing a three stage campaigns aiming to preventing, intelligence gathering and enforcement.

Handouts were circulated (Annexe 1, 2 and 3)

APPENDIX 4

Activity session 1 Final workshop – 26 March 07

Small mixed group sessions allowed the youth to express themselves and to put across their views as well as debate the matter in a much more comfortable environment than that of a larger group.

The first activity session was conducted by Sarah Alexander from the Community Partnership of LB of Hackney. She presented identical case scenarios to the two corresponding groups.

Scenario:

'A mother and a child have been stopped at immigration leaving the U.K for Somalia, The immigration officer is asking the mother why she is going to Somalia and reminding her that it is illegal to take girls from the U.K to have FGM performed. The mother says she will do what she wants as it's her child. Do you think the mother is right and what are the other issues in the scenario'?

Response From group 1

This group thoughtfully argued that this case scenario could be turned into 2 different situations: whether or not the parent has actually planned to perform FGM on her daughter.

IF the parent has actually PLANNED FGM

- **Laws and legislations**

Does the British law apply if FGM is committed outside the U.K?

It applies if you are a British citizen or resident, as this is ultimately protecting the right of the child. However it has been discussed whether the enforcement of law should be the last resort for changing attitudes.

- **Against human rights**

The group had agreed that it was a violation of human rights if the mother intention was to take her daughter to Somalia or somewhere else to have FGM performed.

- **How do we change this type of perspective?**

It has been agreed on the need educate the youth but also the older generation, and more importantly men as this practice is done in the name of girls chastity or marrying 'virgin' girls to men. However, mothers play the major role in aiding FGM to be carried out to their daughters as this is seen as the roles and responsibility of the mother. Therefore mothers need to be targeted, but what makes this harder is that the majority of mothers have undergone FGM and that it would seem relatively fine.

IF NOT planned

Very offensive – if the parent was merely going on a holiday and was accused of such an act, the parent might be offended and may feel victimised. Considering the majority of Somalis see

this as some form of cultural identity this approach may be interpreted as an attack on their cultural heritage.

Angry response –The mother’s response was an act of anger but did not initially intend to perform FGM on her daughter.

Understanding – The mother could be understanding and may acknowledge the duty and responsibility of the officer, and the importance of preventing such acts.

May not know - the parent may not have known it was illegal to perform FGM, but may become aware due to the officers accusation, they may alternatively cause the parent to rethink about her action and may change her decision.

Response from group 2

Stereotyping - the officer made this assumption without actually having tangible proof linking her up to this act.

Reaction – The statement made by the mother ‘I know what’s best for my child’ may have been out of an angry response to the allegation made, but may not have necessarily intended to do it.

Prevention – If the parent was intending to perform FGM on her child then this is a good way of preventing it.

Culture clash – There might be a culture clash with the officer, consider most Somalia’s are proud people there might be a perception of being belittled by the officer’s attitude.

Lack of awareness – The parent may have not known that it was illegal, and due to the allegation of the officer might make her think about the possible legal implication if FGM was performed.

Guilt – The parent may have responded in such a manner out of guilt and resistance to comply with the law.

Agreed solution:

The discussion ended with the acknowledgement that the mother shouldn’t be allowed to leave with the child without actually confirming her true intentions. It would be essential the presence of an interpreter when required. But yet again no drastic actions should be made like getting in the authorities such as the Met Police or the Social Service involved.

APPENDIX 5

Activity session no 2 Final workshop – 26 March 07

Rebecca Lythe, Community Partnership Advisor for the LB of Islington conducted the second activity session. She had presented the two groups with different questions to discuss:

‘What are positives of Somali culture in the U.K’ & ‘Cultural differences- what in U.K society do you find unacceptable?’

Response from group 1

‘What are positives of Somali culture in the U.K?’

Independent women –Women especially mothers have become more independent and they are a positive role models due to the influence and empowerment of the British culture.

Respect – In the Somali culture there is a great deal of respect especially towards the elderly. This is primarily due to the upbringing but also cultural influence.

Hospitality - Somalis are very hospitable and are very welcoming.

Strong religious values – Cultural influence also stresses the need to fulfil religious obligations.

Patriotic – The Somali culture creates a sense of national pride and identity.

Sense of community – There is a great sense of community and support influenced by the Somali culture.

Social Responsibility – There is a strong sense of social responsibility, which causes every individual to act for the best interest of his or her community.

Cultural differences- what in U.K society do you find unacceptable?’

Alcohol – Consumption of alcohol is not acceptable in the Somali culture.

Dress code – dressing modestly is very important in the Somali culture, this is to avoid promiscuity

Secularism - The Somali culture does not adopt the ideology of a secularism state.

Respect – There seems to be a great lack of respect evident in the U.K society, which is seen to be unacceptable considering the Somali culture, is based upon the fundamentals of respect and honour.

Egocentric – the selfish and individualistic attitude evident in the U.K society is unacceptable.

Media –the British media has in many cases failed to protract the real values of Islam and has seriously damaged the cohesion of multi faith communities.

Sex - Sex before marriage is totally unacceptable in the Somali culture.

Less community involvement – there is hardly any sense of community present in the U.K society in which there is a self-centred attitude adopted.

Group 2 was presented with the question:

'Are there any alternative to FGM'.

The response given is as follows:

'There are no alternatives to FGM, by providing an alternative is actually indirectly condoning FGM, and we can't allow such thinking'.

'Since Type I is less severe than Type III this could be a possible alternative and a form of compromising.

'By allowing it to be done in a safe environment like a hospital will stop the spread of Aids or any transmitted diseases'.

'Early Marriage could be an alternative'

'There should be more trust amongst the parents and daughter'.

'We should increase the awareness of the health and physiological issues surrounding FGM and thus we must educate the people'.

'We should also highlight the legal implications associated with those who perform FGM'.

'A highly regarded religious scholar/s should denounce any form of FGM and clearly state that it is not a religious obligation'.

APPENDIX 6



'Let us talk about it'



Female Genital Mutilation and Somali Youth in Camden

1- 5:30 pm, Monday 26 March 07
@ Voluntary Action Camden - VAC
293-299 Kentish Town Road, London NW5

Programme

- | | |
|-------------|---|
| 1:00 | Arrival coffee and registration |
| 1:30- 1:35 | Introductions by participants. |
| 1:35- 1:40 | Aims of today – (CPA- Camden) |
| 1:40 – 2:00 | Islamic perceptive on FGM - Takar |
| 2:00 – 2:45 | Children Safeguarding - Sunil Puri, LB Camden CSB trainer |
| 2:45 – 3:10 | Met Police role - Wendy Newman (DI) |
| 3:10 – 3:30 | Questions |
| 3:30 – 3:45 | <u>Break</u> |
| 3:45- 4:30 | Activity 1 - (Sarah, CPA- Hackney) |
| 4:30- 5:15 | Activity 2 –(Rebecca, CPA Islington) |
| 5:15 | 'How can we take these issues forward?' |
| 5:30 | End of session and Lunch |



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