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Best practice guide for working with
communities affected by FGM/C

The National Education Toolkit for
Female Genital Mutilation/Cutting Awareness





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The Multicultural Centre for Women's Health (MCWH) is a national, community-based organisation committed to the achievement of health and wellbeing for and by immigrant and refugee women. The mission of MCWH is to promote the wellbeing of immigrant and refugee women across Australia, through advocacy, social action, multilingual education, research and capacity building.

Background

On 11 December 2012, the Prime Minister announced that the Minister for Health, the Hon Tanya Plibersek MP, would coordinate efforts across Government to address FGM/C in Australia. The NETFA Project was one of 15 national projects funded to focus on raising awareness in affected communities; training health professionals; and gathering more information on FGM/C in Australia.

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Introduction

Female genital mutilation/cutting (FGM/C)¹ is a harmful traditional practice that affects the health and wellbeing of girls and women all over the world. The practice affects more than 125 million girls and women and has been largely confined to parts of Africa and Asia.² However, global efforts to eradicate the practice need to take into account migration patterns and displacement of communities from their home countries.

In addition to its destructive and potentially life threatening health outcomes, FGM/C has been internationally recognised as a violation of human rights and, more specifically, of the rights of children and the rights of women. Yet despite significant work done to eliminate the practice worldwide, it remains embedded in structural gender inequities and enshrined in social and cultural values, traditions and taboos that have hampered efforts to end the practice decisively in many communities.

That is why the international community recognises that the only effective way of ending the practice of FGM/C is to transform attitudes, values and behaviours from within communities themselves, through information, education and communication undertaken with the support of government and appropriate legislation. Supporting and empowering women are central to ending FGM/C. However, change must involve the whole community: of all ages, genders and stages of life.

In countries with a long history of the practice, FGM/C has been accepted and normalised as an essential rite of passage necessary for marriageability and social acceptance in the community. However, for diaspora communities living in countries where they now represent a minority, FGM/C may be connected to negative cultural stigma, and can further impact on body-image and cultural identity for many women. Furthermore, the migration and settlement experience does not

1 According to the World Health Organisation (WHO), FGM/C 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.

2 WHO, Factsheet No. 241, 2014. FGM/C is commonly practised in parts of Africa, Asia and the Middle East. Forms of FGM/C have also been reported in Central and South America. In New Zealand, Canada, Europe and the United States, immigrants from practising communities are sometimes known to practise FGM/C and are thought to be at risk.

necessarily end the practice within a community and can sometimes increase pressure to preserve cultural identity and difference. Thus while messages and information about the harms and health consequences of FGM/C remain the same across the globe, ways of addressing the issue can be further complicated in countries of destination by lack of cultural understanding and trust on both sides; lack of awareness about the issue and its consequences; and barriers of language and accessibility to health services and information.

Legal Status Of FGM/C In Australia

FGM/C is a crime under state-based law in every state and territory in Australia. These legislative measures are supported by community education, health and allied health services and women's health support programs. Programs are underway in most Australian states and territories to work with communities impacted by FGM/C, as well as with health practitioners, health education, community and settlement workers and the general community. They aim to promote awareness, increase knowledge and provide information which supports the abandonment of the practice. Many of these programs are community-based and are conducted by women from the communities most affected by FGM/C, some for over 16 years. Programs also work with men, youth and key community members to mobilise them against FGM/C. However, there has been limited opportunity or resourcing to share expertise across Australia or allow for a nationally coordinated approach.

Evidence Of FGM/C In Australia

Due to lack of data, it is impossible to speculate on the incidence of FGM/C in Australia or to estimate the number of girls and women who have undergone the practice before migration or who may be at risk. Although some estimates have been based on country of birth, such an indicator fails to account for the diversity of practices within cultures and ethnicities. The lack of prevalence data should guard against approaches that unduly discriminate or stereotype women based solely on country of birth.

To ensure that women who have experienced FGM/C are properly supported and that the practice is not being continued in communities once they migrate to Australia, it is essential that effective and nationally comprehensive health promotion programs and community education initiatives are in place.

About This Guide

The purpose of the National Education Toolkit for FGM/C Awareness (NETFA) Best Practice Guide is to outline a national set of accepted guiding principles to inform the practice of health promotion programs targeting individuals and communities affected by the practice of FGM/C. Due to the absence of a strong base of empirical evidence—particularly in relation to prevention programs conducted in migration countries—there was an identified need to outline clear guidance about best practice.

The guide has been developed on the basis of a literature review³ of health promotion programs which address FGM/C, both nationally and internationally, in consultation with organisations and health service providers in each state and territory of Australia. It is informed by the currently available ‘best practice’ recommendations of successful programs and interventions documented internationally as well as the lessons and experience of health service providers and organisations working with communities around the issue of FGM/C in Australia. As such, this guide brings together the most culturally appropriate and relevant elements of current programs in Australia and internationally. This guide also articulates ‘best practice’ as practice aligned with principles of human rights and community development.⁴

3 Jasmin Chen and Regina Quiazon. (2013) ‘NETFA Literature Review’ MCWH: Melbourne.

4 A significant challenge to identifying best practice in health promotion and community development programs is the clear lack of comprehensive evaluation and documentation of programs. This challenge is not limited to Australian programs and will be discussed later in this guide. Please note that this guide is informed by the information currently available and should be reviewed as information emerges.

Health promotion and community programs targeting FGM/C often negotiate two separate but related aims: to ensure the total abandonment of FGM/C in Australia through education and information; and to ensure that women who have undergone the practice are fully supported in addressing specific health needs and any emotional, psychological or social effects of their experience.

The migration and settlement experience can be a source of long-term trauma for individuals and communities who have been through it. Connections to cultural and social identity can be lost or challenged and new cultural and social expectations can be alienating. This guide assumes that the reader has prior knowledge of the ways in which the migration experience significantly impacts on the health and wellbeing of girls and women born in countries, or born to parents from communities, with a history of practicing FGM/C. Social stigma, racial and gender based discrimination, language barriers and access to services are all issues that are closely bound up with addressing FGM/C in Australia and must be addressed in order to effectively support women who have experienced the practice.

This Best Practice Guide approaches the issue of FGM/C within a human rights-based framework that respects the voices, knowledge, culture and life experiences of girls and women. It is an approach that views FGM/C as a violation of human rights, as well as a practice which is harmful to the health of girls and women. The process of empowering communities, especially women, to take the lead in activities supporting the abandonment of FGM/C without stigmatising girls, women or their community is also of central importance. Both national and international best practice suggests that programs should engage all members of the community, and that programs with a focus on young people would be beneficial.

Who Can Use This Guide

This guide is intended for individuals and organisations working with FGM/C affected communities living in Australia. More generally, this guide may be of interest to professionals, practitioners and community workers who engage with individuals and communities that may have experienced, be at risk of, or be affected by FGM/C.

This guide has been developed with the Australian context in mind. In this regard, it identifies health promotion programs which address FGM/C with the recognition that what works in a country with widespread acceptance or history of the practice may need to be adapted to address diaspora communities in countries of migration, where their views are not culturally dominant or necessarily accepted. For this reason, the guide may be relevant for programs operating in other countries of migration.

This guide should not be used in isolation and is not suggested for use by individuals with little or no previous professional experience or training in working with diaspora communities. However, for people working with communities, it can provide a useful reference point for understanding best practice approaches in this field. Dedicated FGM/C education programs exist in almost every state and territory of Australia and can be contacted for advice (see Appendix A). A list of resources and information available for health professionals working in a clinical setting, midwives, associated health and other professionals including media can also be found at the back of this guide (see Appendix B).

Why Words Matter : A Note On Terminology

FGM/C is otherwise described as ‘female genital mutilation’ (FGM) in Australian and international legislation. The use of the word ‘mutilation’ highlights the seriousness of the harm done by the practice to girls and women (WHO 2008). However, many who have undergone the practice prefer terms like female genital cutting (FGC) or female circumcision (FC) because these descriptions are less isolating and stigmatising for women. Of course, in languages other than English the practice is not described in these terms at all.

In line with many international organisations, this guide uses the term ‘female genital mutilation/cutting’ or ‘FGM/C’ to reflect the importance of using non-judgemental language that is respectful of individuals who have undergone the practice. Inclusion of the term ‘cutting’ is not an attempt to excuse or diminish the impact of the practice, but to acknowledge the different ways girls and women might identify or interpret their experience. Particularly in countries of destination such as Australia, best practice health promotion and community development programs agree that using appropriate language to ensure that communities are not marginalised or stigmatised is more effective in engaging communities and facilitating dialogue.

Other Terms Used In This Guide

Diaspora	<p>A diaspora is a scattered population with a common origin in a smaller geographic area. It can also refer to any group migration or flight from a traditional homeland, country or region.</p>
Country Of Migration	<p>Country of migration is used in this guide to denote a country in which a significant population or populations of migrants live, either on a temporary or permanent basis. Clearly this guide is only relevant to countries of migration with migrant populations that have traditionally practiced FGM/C.</p>
Home Country	<p>In general, home country denotes the country of birth for individuals who have migrated elsewhere. It should be remembered that many migrants and refugees may have grown up in a country (or countries) other than their country of birth and they may identify more strongly with it as their home country and home culture.</p>
Girls And Women	<p>FGM/C is mostly, but not exclusively carried out on girls between 0 and 15 years of age, however the consequences of the practice will affect many women throughout the course of their life. Unless otherwise stated, 'girls and women' is used as an inclusive expression which acknowledges that FGM/C is a children's issue as well as a women's issue.</p>
FARREP	<p>This is the acronym for the Victorian 'Family and Reproductive Rights Education Program'. The program employs bilingual community workers to deliver FGM/C education.</p>

Best Practice Principles for Health Promotion Programs

1	Community Engagement	Community ownership of and consensus-building about the need to abandon FGM/C is key to change. Programs should engage women, girls, men and boys of all ages and stages in life and promote community dialogue.
2	Community Leadership	Community leadership is central to ensuring programs are effective. Programs should involve the community in all stages of program development, decision-making and implementation.
3	Women's Empowerment	FGM/C reflects a larger issue of gender inequality that can be addressed by focusing on women's and girls' empowerment. Programs should prioritise the self-empowerment of girls and women by investing in awareness, capacity building and leadership skills that can advance their capacity for self-determination and independence.
4	Holistic And Integrated Education	Community members are more likely to respond to discussion of the issue when it is integrated within a wider context of health, human rights or health literacy. Effective programs address FGM/C as part of a holistic approach to increasing girls' and women's health and wellbeing.
5	Professional Peer Education and Training	Providing information and education about FGM/C in a way that is not condescending and respects the experiences and culture of the community reaches people more effectively and makes them more open to change. Peer education ensures better cultural and generational understanding.



Cultural Dignity

Respecting someone's cultural dignity does not mean accepting their cultural practices without question. Change is part of culture, but change can be advocated for in a positive way, without stigmatising communities.



Building the Capacity of Relevant Professionals

In countries of migration the consequences of the practice for girls and women and the cultural beliefs that surround it may be poorly recognised or identified by health and other relevant professionals. Programs should build relevant professionals' capacity to effectively address or refer the issue and increase cultural understanding.



Collaboration

FGM/C prevention crosses many different sectors. A co-ordinated approach involving collaboration, communication and information sharing across sectors is essential to providing comprehensive support for girls and women who may be affected by FGM/C.



Research And Evaluation

In order to be effective, programs must be guided and informed by accurate evidence and must be able to reliably assess the success of strategies and activities undertaken. Programs should develop comprehensive evaluation frameworks and wherever possible draw on current literature and research in the area.

1

Community Engagement and Dialogue

Successful programs across the globe consistently acknowledge that permanent social and cultural transformation can only be achieved by encouraging community engagement and ownership of the issues around FGM/C, involving all members of the community across all ages, including men. Programs that have been successful in promoting lasting change in the community address the entire community and engage community members in a meaningful and participatory way.

Clearly girls and women must be the primary focus of FGM/C prevention programs; however programs should try to engage every member of the community including men, young people both male and female, and the older generations. Across the entire community, effective programs focus on supporting dialogue and debate within the community, and engaging with community members as peers and as leaders rather than as passive subjects.

In a country of migration such as Australia, programs may be working with individuals from diverse cultural backgrounds, stages in life, levels of education and location. It is important to tailor activities to meet the particular needs of each community or group. Although reasons given for the continuation of the practice can be common across countries and communities, the rituals and conventions surrounding the practice can be different, as can the language used to describe it. Without engaging with the specific heritage, social conventions and cultural beliefs of each community, programs can fail to meaningfully reach the intended audience. Equally, without addressing communities in their preferred language, there is a greater risk that messages will be misdirected, miscommunicated and misunderstood.

By creating safe and enabling environments in which dialogue can take place, programs have been successful in encouraging and supporting dialogue, including that between women from different generations, between men and women and between women from different cultural backgrounds.

“Be open with them. If they see you talking to them honestly about how harmful it is, they will start to ask questions. Being open gives them the chance to talk about it and be open themselves ... you sit with them and you have coffee and food to remind them of home and you give them the time to talk.”

Bilingual Community Health Educator

Recommended Strategies

<p>Create a safe and supportive environment to enable community discussion and debate.</p>	<p>Engage the entire community including girls, women and men of all ages.</p>	<p>Know and use the appropriate community language and dialect.</p>	<p>Know and use language that the group is comfortable with and is appropriate to their level of education.</p>
<p>Use facilitators who share the cultural background, age and sex of participants.</p>	<p>Give participants space to share their stories and allow them to be heard.</p>	<p>Use appropriate resources and aids to discussion.</p>	
<p>Be aware of both individual and cultural differences in attitudes to FGM/C.</p>	<p>Do not assume that any two communities practicing FGM/C share the same beliefs about the practice.</p>		

2

Community Leadership

A recurring recommendation from successful programs is that programs and initiatives must be led by the community. In many programs, women who have undergone FGM/C have been the driving force behind change. In other programs, progressive community leaders and other gender equity ‘champions’ have used their influence to encourage positive change and challenge misconceptions.

Involving the community throughout all aspects of the development and implementation of programs and initiatives allows community members to take leadership of the issue and to develop effective strategies that work within their community.

In a country of migration like Australia, creating meaningful opportunities and conditions for community leadership can be more challenging than in countries where change is needed across the entire population. It is important that service providers understand how relationships of power and privilege can operate between people of migrant or refugee background and people who belong to the cultural mainstream. Service providers also need to be aware that they too are cultural beings who bring their own biases, stereotypes and assumptions to bear on their world view. Fostering community leadership brings additional benefits to communities that may struggle to advocate for themselves and may lack opportunities to provide advice about their specific needs.

“If you want to educate the community you have to be someone honest, someone [who is] part of them, culturally and religiously part of them, so they will listen to you.”

Faduma, FARREP educator and
President of Care Somaliland in Empowering Change
(Monash Health 2013)

Recommended Strategies

Use facilitators who share the cultural background, age and sex of participants.	Use appropriate resources and aids to discussion.	Give participants space to share their stories and allow ing them to be heard.	Know and use the appropriate community language and dialect.
Be aware of both individual and cultural differences in attitudes to FGM/C.	Engage the entire community including girls, women and men of all ages.	Do not assume that any two communities practicing FGM/C share beliefs about the practice.	
Create a safe and supportive environment to enable community discussion and debate.	Know and use language that the group is comfortable with and is appropriate to their level of education.		

What To Watch Out For

1. Gaining effective and sustained input from community members often requires creating positive conditions for their involvement: you may need to consider and accommodate individuals' availability, travelling requirements, child care needs and ensure the availability of bilingual workers or professional interpreters if needed. You should also consider providing professional payment or reimbursement for time.
2. Not all community leaders may support abandonment. It is important to be clear about the aims of the program and to discuss their views and approach from the outset.
3. Community leadership requires more than token involvement of community members in aspects of program planning.

3

Women's Empowerment

The cultural practice of FGM/C reflects a form of gender inequality, which exists in most communities and societies around the world. It is fundamentally important that women's and girls' empowerment remain a central focus of programs developed to promote the abandonment of FGM/C and a general focus for girls and women in communities where inequality exists.

An important part of women's self-empowerment involves self-knowledge and understanding their sexual and reproductive health and development. Creating opportunities for girls and women to identify and address both traditional and changing gender roles as they exist in their community also develops empowerment and the self-belief to act. Furthermore, in the Australian context, culturally specific gender inequalities often intersect with the inequity of access to health and support services, social acceptance and economic security that can exist for many individuals from immigrant and refugee backgrounds. In this respect the focus on women's and girls' self-empowerment must also include building capacity for diaspora communities more broadly.

Programs can prioritise the self-empowerment of girls and women by investing in building awareness, capacity and leadership skills for girls and women to increase their decision-making power, including improved access to formal education and economic empowerment. These specific initiatives should be combined with building broader community consensus for women's and girls' rights.

“Sometimes young women think that if they are not circumcised, nobody will marry them. I tell them, ‘It’s OK, it has changed, it’s not like before. That was the wrong idea we had. I was like you, I made a mistake with my daughter, and I’m almost 60 years old. It’s not like before, when people called me names, but don’t worry, I’m happy now. I’m very lucky, that my granddaughter is not having this, I’m very proud.’ And that’s what I tell my community.”

FARREP educator, Victoria

Recommended Strategies

Build the capacity of women's community organisations and initiatives (e.g. mother's groups, health education sessions).		Encourage women to develop and implement their own strategies, projects and plans to address specific gender equity issues including FGM/C.	
Provide comprehensive health literacy programs in all states and territories.	Promote immigrant and refugee women's achievements in the wider community.	Encourage girls' youth leadership and advocacy.	Develop and implement advocacy and leadership programs.
Encourage women, men, girls and boys to be community ambassadors in championing women's empowerment.			

4

Holistic And Educated Integration

Successful programs and initiatives show that the most appropriate and effective way to engage the community on issues about FGM/C is to introduce the topic within a wider context. Approaching the topic directly can be confronting and unproductive for participants who may never have discussed the issue before and who may consider the subject taboo.

Education is most effective when integrated within programs as part of a holistic approach to increasing women's and girls' health, wellbeing and independence. Many of the most effective documented programs have presented issues to do with FGM/C within a larger education program dealing with sexual health, human rights, health literacy or health and safety. Many other intersecting issues may offer platforms for raising the issue including racism, intergenerational issues, stigma, mental health and sexual health.

A case study for an empowerment and human rights approach.

The Tostan Project, now known as the Community Empowerment Program, is widely documented for its remarkable success in promoting the abandonment of FGM/C in communities across Africa.

Using a community education program for women based on human rights principles, Tostan's respectful and inclusive approach nurtures social transformation in a non-judgemental and culturally relevant way.

Tostan's work has resulted in the organised abandonment of FGM/ in 7000 communities across Africa.

For more information go to www.tostan.org

Recommended Strategies

<p>Raise FGM/C within a wider discussion of human rights, women's rights and children's rights.</p>	<p>Work with schools (e.g. The FARREP Program run by Women's Health in the North includes "The Girls Talk Health secondary schools program" targeting young women aged 12 to 18 who are known to come from communities that are affected by FGM/C. The program is a partnership between the FARREP worker and school nurses to conduct education sessions on sexual and reproductive health topics such as relationships, contraception, periods, pregnancy and STIs).</p>	
<p>Use discussions around other sexual and reproductive health issues as a way of linking to a discussion of FGM/C (e.g. FARREP workers who liaise with hospitals in Victoria agree that women's pregnancy can be a good opportunity to raise FGM/C for discussion).</p>	<p>Discuss FGM/C within a comprehensive women's or men's health program. (e.g. The NSW Education Program on FGM/C runs a program of 11 sessions called "Women's Health & Traditions in a New Society").</p>	
<p>Include FGM/C information within existing health training programs for health practitioners.</p>	<p>Include FGM/C information within existing general health literacy programs.</p>	<p>Integrate the delivery of FGM/C information into the migration and settlement process.</p>
<p>Introduce the issue of FGM/C within a wider program to improve migrant health literacy.</p>		

5

Professional Peer Education And Training

Peer education involves training members of the community to deliver education sessions and facilitate discussion within their own community. It is internationally recognised as best practice because peer educators are more likely to relate to the life experiences, social expectations and cultural backgrounds of their audience. This model is proven to be an effective way of engaging communities. The peer relationship encompasses more than participants' preferred language and country of origin; a group's gender, age and stage of life can be equally important considerations.

Gender, in particular, is a primary consideration in peer education on the topic of FGM/C. While it is important to involve the whole community in understanding and ending the practice, there are many issues around the practice and its consequences, which women may not feel comfortable discussing in a public or mixed gender situation.

Peer education is a non-hierarchical and participatory approach which involves the sharing or exchange of information, rather than one-way instruction. Peer educators relate to the community as peers and active contributors rather than as 'experts'. Listening to the knowledge and experiences of every member of the group is as important to the learning process as sharing their own knowledge and training. In this way, members are encouraged to take ownership of the issue, to reflect on their own attitudes through shared discussion with the peer educator and other group members, and reach their own conclusions about the way forward.

Effective peer education requires ongoing support and supervision, including comprehensive and ongoing training, appropriate and accessible resources, and both personal and professional opportunities for debriefing and support. Peer educators often occupy a unique role in their community as advocates and evaluators and their work should be professionally recognised and remunerated.

Factors you could consider

Gender	Age	Cultural background	Preferred language	Religion	Country of origin
Level of education	Level of health literacy	Stage of life	Socio-economic standing	Sexuality and relationship status	Political views
Pre-migration and migration Experience	Visa or citizenship status	Mental health			

What To Watch Out For

1. Employing peer educators within a close-knit community can pose challenges. In some situations, particularly among younger generations, groups or individuals may feel more comfortable speaking to someone outside their own community. It is important to emphasise that peer educators are professionally trained in ethical conduct, including maintaining confidentiality. However, if there are concerns about confidentiality, stigma or shame, it is more important to give communities a choice about how they access information and from whom.

6

Cultural Dignity

A person's cultural identity is not limited to the customs of a group or the place where they were born. It encompasses many things including gender, age, ethnicity, family, education and literacy, religion, social class, wealth and sexuality. These factors greatly influence what experiences a person may have of FGM/C and how they will view it. For members of a diaspora community, the age and stage in life at which someone arrived in a new country can also affect their experiences of migration and settlement and their understanding of FGM/C.

Respecting someone's cultural dignity is not the same as accepting their cultural practices without question. Equally, questioning someone's cultural practices or beliefs can be done without being disrespectful to their cultural or personal identity. Using judgemental language around the issue of FGM/C has been shown to create resentment, discourage participation and, at worst, drive the practice underground. In contrast, respectful approaches have successfully engaged communities in a meaningful way.

Literature strongly suggests that framing the abandonment of FGM/C as a positive cultural change is likely to be more effective in increasing support for ending the practice within a community.

“I don't think tradition or customs and culture or religion ... justify a practice that harms one's body. So we can just take that out and still preserve all the other good things we have in our culture that we can share with everyone.”

Hiba, Medical Practitioner in Empowering Change (Monash Health, 2013)

Recommended Strategies

Create supportive and confidential spaces for women to discuss their experiences without fear of judgement or personal repercussions.		Provide counselling services, particularly for women during antenatal care and relating to sexual health.	
Facilitate intergenerational dialogue between girls and women from communities with a history of FGM/C.	Create opportunities for public community dialogue to facilitate a process of cultural change.	Establish a level of trust between facilitators and participants before raising the issue.	Be a good listener and keeping accurate records of community feedback and attitudes.
Create forums for men to discuss and learn about FGM/C.	Avoid judgemental language.		

6

Cultural Dignity

Approaching FGM/C as a human rights issue and a sexual and reproductive health issue can be effective without necessarily creating stigma or assigning blame for the practice. Using a sexual and reproductive health approach allows participants to understand the harmful health effects of the practice and provides a strong, evidence based argument for its immediate abandonment. Using a comprehensive human rights approach more clearly frames FGM/C as a universal issue, negating claims for the continuation of FGM/C for cultural reasons and framing FGM/C abandonment in terms of empowerment and the affirmation of the rights of girls and women.

It is important that health practitioners do not make assumptions about someone's level of knowledge, experience or attitude towards FGM/C, or about an individual's personal beliefs, attitudes and values based on their cultural background, gender, age, level of education or financial situation. Health promotion programs can also promote respect for cultural dignity in the wider community, through raising awareness, challenging stigma and creating safe spaces for community dialogue.

“When we started in 2001 many elderly people told us that we were acting like Europeans, like white people. Some people even said: ‘Don’t bring this to me, this is cultural.’ I remember a man in my group one day said: ‘You did this to your daughter and now you are telling me not to do this with my daughter?’

I told him I was wrong, and if I had known what I know now I wouldn’t have done it. I said, ‘You are lucky to have this information, so now you know it’s harmful.’

This man is actually a good friend of mine now, and he told me recently, ‘You know that day, I was wrong.’ So we’ve been through this process with the older generation, and they would always claim it was cultural. It’s difficult to change a community that has been this way for many years. But they can change and they do.”

Bilingual community health educator

What To Watch Out For

1. It is important to be aware of and acknowledge your own personal and cultural identity as a facilitator, peer educator or program developer. You may have very different experiences and views of FGM/C, particularly if you have grown up in a community that has never been exposed to the practice. As a service provider you may need to separate your own values and beliefs from a given situation.
2. FGM/C is a highly sensitive issue for many people. It is important to ensure that public forums have clear and understood rules for participation and facilitators maintain people's right to privacy and respectful treatment.
3. Younger members of a diaspora community may have very different attitudes to FGM/C to their parents or grandparents. In some instances it would be beneficial to hold facilitated discussions across and within generations about FGM/C, human rights and health literacy more broadly.
4. It is important to recognise that culture is not static: change is part of culture and it can be positive.
5. Facilitators and peer educators may find that they can connect more effectively with members through other activities including sports, hobby groups and cultural activities.
6. In countries of migration, the risk of creating stigma for people from particular communities is much greater around this issue. Part of respecting cultural dignity includes being vigilant about ensuring accurate, unprejudiced and reasoned reporting.

7

Building the Capacity of Relevant Professionals

In a countries of migration, FGM/C can be a poorly understood issue for many of the health and associated professionals who treat girls and women who have undergone, or at risk of, FGM/C. These professionals are also more likely to be an early point of contact for girls and women with adverse or potentially adverse health consequences associated with FGM/C.

National strategies and programs worldwide cite the importance of building the capacity of health professionals in understanding FGM/C, responding to the needs of women who have undergone FGM/C and identifying situations which require intervention or groups that would benefit from further education and support.

Many effective FGM/C programs complement their work with communities with building the capacity of relevant professionals who may work with communities or individuals affected by FGM/C. Beyond getting accurate information and training about the practice of FGM/C, professionals can benefit from understanding cultural and social attitudes related to the practice and identifying other services and strategies for supporting girls and women who have undergone the practice or who may be at risk.

Capacity building can also come in the form of encouraging and facilitating a closer cultural dialogue between professional service providers and communities; advocating for improved access to services; and providing advice and consultancy services to health professionals on appropriate policy, procedure and service responses.

Relevant professionals include

general practitioners	obstetricians and gynaecologists	midwives and nurses
paediatricians	psychologists	school nurses
teachers	child care professionals	police and justice sector workers
local government workers	family planning service workers	child protection workers
settlement workers	social workers	

Recommended Strategies

<p>Work with general practitioners (GPs) and other specialist health staff to develop culturally appropriate responses to the identification of children and women at risk of FGM/C.</p>		<p>Work with relevant professionals to include FGM/C messages into a wider range of issues, including sexual health and mental health.</p>	
<p>Advocate for culturally specific counselling options in hospitals and relevant health care settings.</p>	<p>Develop and distribute resources (e.g. multimedia, project briefs/lessons learned) to relevant professionals.</p>	<p>Be a good listener and keeping accurate records of community feedback and attitudes.</p>	<p>Establish a level of trust between facilitators and participants before raising the issue.</p>
<p>Create opportunities for public community dialogue to facilitate a process of cultural change.</p>	<p>Provide gendered, cross-cultural training to relevant professionals.</p>		

“One lady said that the doctor did not seem to have noticed that she was circumcised, so it was extremely painful while she was doing the test. I told her she needed to tell the doctors, because when you are circumcised, they have to use different instruments, like a smaller speculum. But why didn’t the doctor ask her?”

Bilingual community health educator

8

Collaboration

FGM/C prevention at a local level crosses over many different areas including health promotion and education, clinical health, legal, law enforcement, child protection, social work, immigration, refugee support and settlement services, and community. The most effective approaches to achieving the abandonment of FGM/C involve cross-sectoral collaboration and communication that is supported by government and relevant legislation.

Multiple stakeholders, including community groups, should work together to identify local needs and implement appropriate strategies. At the same time, a co-ordinated approach across sectors that is also nationally consistent across regions will ensure more comprehensive support for girls and women who have undergone, or are at risk of undergoing, FGM/C. It will also ensure more comprehensive reach in raising awareness about the consequences of the practice among newly arrived and emerging communities.

Collaboration on an international scale has been seen to be very effective in raising awareness among communities, and in particular, among immigrant and refugee communities. Building closer bridges between countries of origin and countries of migration can bring a greater degree of comfort to some immigrants and refugees when discussing the issue, particularly if they are unaware of changing attitudes to the practice in their country of origin. Equally, migrants who have not been exposed to a shift in attitudes to FGM/C in their country of origin can affect the process of abandonment negatively if they return without being part of consensus-building themselves.

Recommended Strategies

<p>Encourage relevant community groups, refugee support and settlement and other non-government and government services to integrate FGM/C awareness and abandonment in their services, policies and programs.</p>		<p>Share international examples of changes to legislation, successful strategies and statistics related to the abandonment of FGM/C, including examples from the home countries of community participants where relevant.</p>	
<p>Advocate for greater national co-ordination and consistency of FGM/C education and prevention programs across Australia.</p>	<p>Encourage community and especially women's and girls' leadership in supporting local and international action.</p>	<p>Establish and maintain a multi-sectorial advisory committee.</p>	<p>Build the capacity of relevant professionals across sectors (See Principle 6).</p>
<p>Maximise opportunities to work in collaboration with, or involve multiple and multi-sectoral services in community-based projects.</p>		<p>Involve community and other services in international campaigns such as the International Day of Zero Tolerance to FGM.</p>	

9

Research and Evaluation

One of the most consistent recommendations in reviews of FGM/C programs worldwide is for comprehensive and reliable program evaluation and program reporting. To be effective, programs must be guided and informed by evidence, and must be able to reliably assess the success of strategies and activities undertaken. Without adequate investment in research and comprehensive evaluation frameworks, many excellent initiatives could be misdirected or left undocumented for the benefit of future programs.

In Australia there is very little data available about the number of girls and women who have undergone FGM/C. While information exists on the number of women seen by the de-infibulation clinics operating in Australia and women with FGM/C who have birthed in one state's data set, these figures represent only a small percentage of those women who may have undergone the practice, and should not be taken as indicative. Moreover, the current available data does not provide an accurate measure of the numbers of women at risk, or who might benefit from prevention programs. The gaps in the data highlight the value of drawing on qualitative data to complement demographic and international research findings in program development and implementation.

There is also little available data related to current attitudes or levels of awareness in diaspora communities living or arriving in Australia. This can make it very difficult to accurately measure the impact of interventions and programs. It is important that program developers and educators stay up-to-date with current literature and ensure that their programs are informed by both the quantitative and qualitative data available. It is equally important that program outcomes and findings are comprehensively documented and shared with other services and relevant organisations.

Recommended Strategies

Promote the need for research projects that focus on community education and prevention program outcomes.	Establish a process for the systematic collection of relevant data sets (e.g. maternal health, birth outcomes).	Ensure that any research undertaken successfully meets required ethics approval.	Record and maintain a database of qualitative data on women's views and experiences.
Ensure evaluation is an integral part of project planning and implementation.	Publish reports and results of health promotion initiatives.	Seek opportunities to collaborate with academic researchers.	Lobby for increased investment in research and data collection related to the issue.

“There is a lack of understanding about the psychological effects of FGM. Once I consulted at a psychiatric hospital and the clinicians there asked me about the psychological aspects of FGM/C, but there is no conclusive evidence available. Further studies on how to help women who've experienced FGM/C psychologically would be very helpful.”

Bilingual community health educator

Appendices

Appendix A:

FGM/C Related Health Promotion Programs in Australia

Most of the programs established in Australia's states and territories were initially established under the National Program for the Prevention of FGM, which was developed in 1995 through a specific Commonwealth funding arrangement and managed nationally through the Australian Health Minister's Council Sub-committee on Women and Health. Although these programs are no longer supported by direct Commonwealth funding, many continue to exist as a service backbone for women and communities affected by FGM/C and related health outcomes.

Western Australia (WA)		
FGM Program		
Established as part of the King Edward Memorial Hospital, The WA program is a state-wide service which delivers training on request to health providers, organisations and other relevant health and support agencies. The program also advocates for communities' access to health services and support, and has developed some key FGM/C education and information resources (accessible online).		
Contact	Carol Kaplanian (FGM and FDV Research Project Officer, Education and Training)	carol.kaplanian@health.wa.gov.au

Queensland (QLD)		
Family Planning Queensland: Multicultural Women's Health (FGM)		
Founded as part of Family Planning, Queensland, in 1997, the Queensland program, Multicultural Women's Health (FGM) has received multiple National and State awards, and provides professional bilingual peer education and support to communities (for both men and women) through community media, newsletters and community leaders to increase health literacy. The program also provides cultural awareness training and education on FGM/C to relevant service providers, working in partnership with other departments and health services in order to meet its goals. Multicultural Women's Health (FGM) undertakes advocacy, promotes public awareness and has produced a broad range of free resources including DVDs (accessible online).		
Website	www.FPQ.com.au	
Contact	Odette Tewfik (Project Coordinator)	otewfik@fpq.com.au Mobile 0422 113 118
Phone	+61 (07) 3250 0250	

New South Wales (NSW)

New South Wales Education Program on FGM (NSWFGM)

Founded in 1995 under the Sydney West Area Health Service, the NSW program has a strong community education focus. It provides formal training to bilingual community workers and professional development workshops to health and other professional sectors working with FGM/C affected communities. Its education program for women, 'Women's Health and Traditions in a New Society' (WHATINS), began in 1999 and is run by bilingual community workers over 11 sessions. The success of WHATINS has led to a complementary program for men. As a state-wide service, NSWFGM undertakes a yearly rural outreach program, holds 'Cultural Day' health promotion events and has developed a number of comprehensive resources (accessible online).

Website	www.dhi.health.nsw.gov.au/NSW-Education-Program-on-Female-Genital-Mutilation	
Contact	Linda George (Community Education and Development Officer)	linda.george@health.nsw.gov.au
	Shairon Fray (Professional Education Officer)	shairon.fray@health.nsw.gov.au
	Vivienne Strong (Program Manager)	Vivienne.strong@health.nsw.gov.au
Phone	+61 (02) 9840 3910	

Northern Territory (NT)

Everybody's Business Subcommittee (EBS)

There are no funded programs or services related to FGM/C in the Northern Territory. Everybody's Business Subcommittee (EBS) was founded in 2011 as part of the Refugee Health/Sexual and Reproductive Health Service initiative called "Everybody's Business". Despite limited capacity and resources, the EBS was able to conduct a series of one-off FGM workshops for the Somali community in Darwin over 4 weeks in 2011. The workshops were conducted following requests by the Somali community for education on FGM. EBS has mapped all local NT services and resources regarding sexual and reproductive health for migrant and refugee communities, including the clinical and legal aspects of FGM/C, to be used as a resource for health and community service providers and relevant community members.

Contact	Dr Nader Gad (Obstetrician and Gynaecologist, Royal Darwin Hospital)	nader.gad@nt.gov.au
	Kirsten Thompson (Nurse)	Kirsten.thompson@fpwnt.com.au
Phone	+61 (08) 8948 0144	

Australian Capital Territory (ACT)

ACT Health, Women's Health Service

First founded under the National Program for Prevention of FGM in 1996 by the Australian Health Minister's Council (AHMC) in the Migrant Health Unit of ACT Health, the original ACT FGM/C program lapsed after 2007. Responsibility for the program was given to the Women's Health Service in early 2013, including a CALD women's health education program and training for health professionals.

Contact	Deborah Colliver (Manager) Esther Lam (CALD Liaison Nurse)	deborah.colliver@act.gov.au esther.lam@act.gov.au
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Phone	+61 (02) 6205 1078
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South Australia (SA)

Women's Health Statewide

Initially federally funded and founded in 1995, the FGM/C program in South Australia was later absorbed by Women's Health Statewide. In 2012, it grew to incorporate refugee women's safety at all levels and was renamed the 'Refugee Women's Health and Safety Program'. The Program includes community engagement in collaboration with key refugee and immigrant services, counselling services, support (including home visits), advocacy and hospital referral services for women affected by FGM/C. Women's Health Statewide also runs workforce development for relevant professionals across sectors, and has begun peer educator training for women in relevant communities.

Contact	Gillian Kariuki (Project Coordinator) Rowena Leunig (Nurse) Jan Williams (Migrant Health Clinical Services Coordinator)	gillian.kariuki@health.sa.gov.au +61 (08) 8239 9600 jan.williams@health.sa.gov.au +61 (08) 8237 3912
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Tasmania (TAS)

Red Cross Tasmania Bi-cultural Community Education Program (FGM)

Initiated by the Tasmanian Department of Health and Human Services in 2005 and more recently established as part of the Red Cross Bicultural Community Health Program in 2008, the Tasmanian program provides training for bilingual community workers, community education for those affected by FGM and training for health service providers across the state.

Contact	Rebecca Eli (Community Link Worker) Ashley Mattson (Team Leader) Al Hines (Manager)	reli@redcross.org.au amattson@redcross.org.au ahines@redcross.org.au
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Victoria (VIC)

Family and Reproductive Rights Program (FARREP)

Founded in 1995, the FARREP Program employs a regional model of service delivery channelled through organisations across Victoria in order to cover different regions. While FARREP Programs are independently run within each lead organisation, all programs use bilingual health workers and community workers to provide education and activities to raise awareness about FGM/C across a wide range of communities, ages and situations. FARREP workers also provide consultation, education and training for service providers, offer referrals and support for women directly affected by FGM/C, and undertake specific projects in partnership with relevant organisations (e.g. schools, research organisations, etc.) Both Mercy Hospital For Women and Royal Women's Hospital have a FARREP Program, and at the Royal Women's, clinical services are now explicitly available to women affected by FGM/C through the Well Women's De-infibulation Clinic, established in 2010.

Contact		
	Multicultural Centre for Women's Health (Statewide Service) Medina Idriess	+61 (03) 9418 0913 medina@mcwh.com.au
	Banyule Community Health Amina Hussein	+61 (03) 9450 2063 amina.hussein@bchs.org.au
	Darebin Council Youth Services Fowzia Issa	+61 (03) 8470 8001 fissa@darebin.vic.gov.au
	Mercy Hospital For Women Wemi Oyekanmi	+61 (03) 8458 4150 woyekanmi@mercy.com.au
	North Yarra Community Health Maria Ibrahim	+61 (03) 9349 7304 maria.ibrahim@nych.org.au
	Royal Women's Hospital FARREP Program Medina Idriess Egi Chaniyalewand Zeinab Mohamed	+61 (03) 8345 3058 farrepprogram@thewomens.org.au
	Southern Health Faduma Salah Musse Wudad Salim	+61 (03) 8558 9333 musse@southernhealth.org.au wudad.salim@monashhealth.org.au
	Women's Health in the North Munira Adam Chamut Abebe Kifetew	+61 (03) 9484 1666 muniraa@whin.org.au chamutk@whin.org.au
	Women's Health in the West Intesar Homed	+61 (03) 9689 9588 intesar@whiw.org.au
	Doutta Galla Community Health Aisha El-Hag	+61 (03) 8378 1600 aisha.elhag@dgchs.org.au

Appendix B:

National Resources for Professionals in other sectors:

Audience	Key Contact	Resources
GPs and nurses	Family Planning NSW	Continuous Professional Development Program for Health Professionals
Obstetricians and midwives	University of Sydney	Continuous Professional Development module online
Nurses and midwives	The Australian College of Nursing and Midwives	Online national knowledge exchange centre and network
Journalists and other media professionals	Australian Muslim Women's Centre for Human Rights	Media guide to assist in the representation and media reporting of FGM in Australia
GPs and other primary health care providers	Family Planning Victoria	FGM Service Coordination Guide

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*Full bibliography is available in the NETFA Literature Review