

The Oxford Declaration

A Call for the World-Wide Prohibition of the Genital Mutilation of Children

The Oxford Declaration was prepared by Charles A. Bonner and adopted by the Fifth International Symposium on Sexual Mutilations in congress assembled at the University of Oxford, Oxford, England on 7 August 1998.

PREAMBLE

1. WHEREAS, the General Assembly of the Fourth International Symposium on Sexual Mutilations, University of Lausanne, Lausanne, Switzerland (9-11 August 1996) unanimously adopted the *Ashley Montagu Resolution to End Genital Mutilation of Children World-Wide*, and
2. WHEREAS, the *Declaration of Genital Integrity* was unanimously adopted on 3 March 1989 by the General Assembly of the First International Symposium on Circumcision; and
3. WHEREAS these Declarations acknowledge that child genital mutilations violate human rights as enumerated in the *United Nations Universal Declaration of Human Rights* (10 December 1948), the *International Covenant on Civil and Political Rights* (16 December 1966), and the *Declaration on the Rights of the Child* (20 November 1989);
4. WHEREAS, since the General Assembly of the United Nations adopted the *Universal Declaration of Human Rights* and the *Declaration of the Rights of the Child*, these declarations have served as the guiding principles on human rights and fundamental freedoms in the constitutions and laws of many of the Member States of the United Nations;
5. WHEREAS, female genital mutilation and male genital mutilation, collectively referred to as child genital mutilation, are violations of the principles of human rights as set forth in the *Universal Declaration of Human Rights* and the *Declaration of the Rights of the Child*. Specifically, United Nations Universal Declaration of Human Rights provides, in pertinent part:

Article 3

Everyone has the right to life, liberty and security of person.

Article 5

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6

Everyone has the right to recognition as a person before the law.

Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled against any discrimination in violation of the Declaration and against any incitement to such discrimination.\

Article 12

No one should be subjected to arbitrary interference with his privacy, family, home, or correspondence, nor to attack on his honor and reputation. Everyone has the right to protection of the law against such interference or attacks.

Article 25.2

Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

In addition to this, the *United Nations Declaration on the Rights of the Child* states in relevant part:

Article 1

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is obtained earlier.

Article 2.1

States Parties recognize that every child has the inherent right to life.

States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 3

In all activities concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child should be primary consideration.

Article 6.1-2

States Parties shall recognize that every child has the inherent right to life.

States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 14.1

States Parties shall respect the right of the child to freedom of thought, conscience, and religion.

Article 16

No child should be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honor and reputation.

The child has the right to the protection of the law against such interference or attacks.

Article 24.1.2 (a)(b):3

States Parties shall respect the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and the rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- (a) To diminish infant and child mortality;
- (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.

States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

Article 34

States Parties undertake to protect the child from all form of sexual exploitation and sexual abuse.

6. WHEREAS, the international community is becoming increasingly aware of the need to prohibit child genital mutilation, some form of child mutilation is today practiced in many United Nations Member States including, but not limited to various countries in Africa, including Egypt, Djibouti, Ethiopia, Mali, Somalia, Sudan, Benin, Cameroon, the Central African Republic, Chad, the Ivory Coast, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mauritania, Nigeria, Senegal, Togo, Sierra Leone, Uganda, and Tanzania; outside Africa, the United States, Canada, Australia, Malaysia, Yemen, Israel and many other countries;
7. WHEREAS, various types of surgical forms of child genital mutilations, include, but are not limited to, the following:
 - (A) Circumcision: The removal of the prepuce of the glans penis or of the glans clitorides.
 - (B) Excision or Clitoridectomy: The removal of the clitoris and often also the labia minora. Excision is commonly practiced throughout Africa, Asia, the Middle East, and the Arabian Peninsula.
 - (C) Infibulation or Pharaonic Circumcision: This is the most severe operation, involving excision plus the removal of the labia majora and the sealing of the two sides through stitching or the natural healing of scar tissue. What is left is a very smooth surface and a small opening to permit urination and the passing of menstrual blood. This artificial opening sometimes is no larger than the head of a match.
 - (D) Introcision: This operation involves an enlargement of the vaginal orifice by tearing it downward with three fingers bound with opossum string. The perineum is split with a stone knife. This is followed by compulsory sexual intercourse by a number of young men when the girl reaches the age of puberty. This child genital mutilation is practiced by some aborigines of Australia, Brazil, Mexico, Peru, and by many immigrant communities in European countries.
8. WHEREAS the conditions under which these various forms of child genital mutilation are performed are frequently unhygienic and the instruments used are crude and unsterilised, thus increasing the risk of blood transmitted diseases, such as HIV and AIDS, which represent a world-wide threat to the health of humanity;
9. WHEREAS, the health, safety and psychological implications of child genital mutilation are short-term and long-term and include, but are not limited to death, haemorrhage, infection, acute pain, keloid formation, infertility, paralysis, and long-term sexual dysfunction, obstetric and urological complications, negative psychological effects, including long-term depression and anxiety;
10. WHEREAS, the age of children who are victim of genital mutilation varies from community to community, with some form of genital mutilation being performed on infants as young as a few days old, on children from seven (7) to ten (10) years old, and on adolescents;
11. WHEREAS, the estimated number of mutilated children throughout the world as a result of the various forms of child genital mutilation reaches into the millions with

- 127.33 million estimated number of mutilated women and girls for continental Africa alone. Throughout the world, 13.3 million boys and 2 million girls have part or all of their external sexual organs cut off every year. In the United States alone, 3,300 boys every day are subjected to circumcision surgery.
12. WHEREAS, the precise origin of child genital mutilation has not been established, many ancient records, including writings of Herodotus, show that the practice predates Christianity, Islam, and Judaism; Archeological evidence suggests very clearly that child genital mutilation existed in Egypt as early as 4000 BC.
 13. WHEREAS, traditional cultural practices reflect values and religious beliefs held by members of a community for periods often spanning generations, some specific traditional cultural religious practices are beneficial to members of a community while others are harmful to a specific group such as children. These harmful traditional beliefs include child genital mutilation.
 14. WHEREAS, the world-wide medical community has accepted as medical fact that there is no absolute medical justification for male genital mutilation, or female genital mutilation or any form of child genital mutilation absent any unequivocal clinical indication, which usually can be treated by non-surgical methods.
 15. WHEREAS, some countries, and states within countries, have recognised the gravity, nature and extent of the harm to children in their communities caused by child genital mutilation and have enacted laws making female genital mutilation a felony punishable by up to eight (8) years in prison and fines up to \$5000 U.S. dollars. Member States which have criminalised female genital mutilation include, the United Kingdom (1985), United States (1986),¹ Canada (1996), France; States within the United States that have recently passed laws include, California, Delaware, Michigan,² North Dakota, Rhode Island, Tennessee, Wisconsin; no Member State, nor state within a Member State, has criminalised male genital mutilation, which involves the removal of a comparable quantity, as female genital mutilation, of highly sensitised tissue, innervated with as many as 100,000 highly responsive sensory nerve endings.
 16. WHEREAS, children by virtue of their lack of maturity, are more vulnerable than adults to danger, exploitation, and abuse and are in greater need of protection.
 17. WHEREAS, the Ninth United Nations Congress on the Prevention of Crime and the Treatment of Offenders (Cairo, 1995) urged member states to adopt measures, to prevent prohibit, eliminate and impose effective sanctions against practices harmful to women and children;
 18. WHEREAS, the *United Nations Declaration on the Elimination of Violence against Women* (General Assembly Resolution 48–104, 20 December 1993) and the platform for Action of the Fourth World Conference on Women (Beijing, 1995) recognised that violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms;
 19. WHEREAS, by ratifying the *United Nations Convention on the Rights of the Child*, Member States have undertaken to protect children from all forms of sexual exploitation, and sexual abuse and to take measures to prevent continuing exploitation of children from various forms of illegal, and unlawful cultural beliefs and practices;

20. WHEREAS, all due deliberate speed must be employed to enforce the United Nations Declarations and Resolutions protecting human rights to also protect the rights and integrity of the child;

DECLARATION

Therefore, be it resolved that the members of the general assembly of the Fifth International Symposium on Sexual Mutilations hereby agree as follows:

ARTICLE 1

1. All existing, above-referenced Declarations regarding human rights and the rights of a child; and all Declarations of other International Symposia on Sexual Mutilations are hereby affirmed and incorporated in this Declaration by reference as though fully set forth herein.

ARTICLE 2

1. This *Oxford Declaration—A Call for the World-Wide Prohibition of the Genital Mutilation of Children* be presented to the United Nations for adoption and ratification;
2. That the United Nations adopt for ratification by Member States a resolution as follows:

(A) A person who in whole or in part circumcises, excises, infibulates, or otherwise modifies or removes the labia majora, labia minora, clitoris, prepuce or other external male or female genitalia of a child is guilty of a felonious crime and is punishable by imprisonment for not more than ten years or a fine or not more than \$5000.00, or both:

(B) Subsection (A) does not apply to a surgical procedure performed by a physician that for one or more of the following:

- (1) Necessary to treat clinically verifiable disease or trauma after all non-surgical therapeutic options have failed.
- (2) Necessary to correct a congenital anatomical abnormality that imperils the immediate health of the individual.
- (3) Performed on an individual who is in labour or who has given birth and is for an emergency medical purpose connected with that labour or birth.

(C) It is not a defence to a violation of subsection (A) that the person believed the violation was required as a matter of custom, ritual, or standard of practice.

(D) As used in this section, “physician” means an individual licensed to engage in the practice of medicine or the practice of osteopathic medicine and surgery as defined under the government laws of Member States.

ARTICLE 3

1. That the United Nations be petitioned to demand that that each Member State Government pass legislation modelled in all substantial respects to the proposed law referenced in this Declaration, Article 2 above, and specifically enact legislation granting equal protection to both boys and girls by prohibiting both female genital mutilation and male genital mutilation.

ARTICLE 4

1. That the United Nations be petitioned to establish a committee of representatives of member states to monitor and report compliance with United Nations resolutions and declarations prohibiting all forms of child mutilations world-wide;
2. That the committee established by the employ mechanisms to require Member States to obligate medical care facilities to maintain records of, and report annually to the United Nations Committee on, each and every case of child genital mutilation;
3. That the United Nations be required to establish task force committees on child genital mutilation and to make annual reports to the United Nations Committee on child genital mutilation;
4. That the United Nations mandates that Member States establish governmental agencies to educate medical providers, health care professionals, legal professionals, religious leaders, politicians, parents, and children regarding the health risk and hazards associated with child genital mutilation and that such education be made part of the curriculum at the secondary school level;

ARTICLE 5

1. That the United Nations be petitioned to direct the Red Cross to disseminate information informing citizens of Member States of the availability of the Red Cross as a “safe harbour” for asylum for minors at-risk of genital mutilation.
2. That the United Nations direct the Red Cross to act as an observer in connection with the asylum requests of unaccompanied refugee children seeking asylum, and that the Red Cross seek residence status with countries for refugee children seeking to escape genital mutilation.

ARTICLE 6

1. That the United Nations be petitioned to encourage Member States to pass legislation providing for civil liability for mutilations who perform any form of child mutilation for any reason;
2. That the United Nations encourage Member States to include in legislation a legally imposed duty on any person who learns that a child under the age of 18 years is exposed to child genital mutilation by a parent, or other persons, to report such conduct to appropriate governmental authorities;
3. That the United Nations encourage Member States to provide their citizens with the following information:
 - (1) Information on the severe harm to physical and psychological health caused by female genital mutilation and male genital mutilation, which is compiled and presented in a manner which is limited to the practice itself and respectful to the cultural values of the societies in which such practice takes place.
 - (2) Information concerning potential legal and health consequences for:
 - (A) Performing male or female genital mutilation; or
 - (B) Allowing a male or female child under his or her care to be subjected to genital mutilation, under criminal or child protection statutes, or as a form of child abuse.

ARTICLE 7

That the United Nations impose severe sanctions on Member States whose governments fail to protect children from child genital mutilations, including withholding of benefits, and the imposition of an embargo, requiring world-wide prohibitions on vital commerce to a Member State that failed to take affirmative steps to honour and enforce United Nations declarations and resolutions protecting children from child genital mutilation as a mean to redress violations of United Nations Declarations and Resolutions prohibiting child genital mutilation.

NOTES

1. United States law criminalising female genital mutilation 18 United States 116 which provides:
 - (a) Except as provided in subsection (b) whoever knowingly circumcises, excises, or infibulates the whole or part or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years shall be fined under this title or imprisoned not more than 5 years, or both.
 - (b) A surgical operation is not a violation of this section if the operation is:
 - (1) Necessary for the health of the person on whom it is performed by a person licensed in the place of its performance as a medical practitioner, or
 - (2) Performed on a person in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.
 - (c) In applying subsection (b)(1), no account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that person, or any other person, that the operation is required as a manner of custom or ritual.
2. State of Michigan penal code section 750 to 75.58, Section .397b, making female genital mutilation a felony punishable by imprisonment for not more than ten years or a fine for not more than \$5,000 and further provides:

Section .397B (1) Except as provided in subsection (2), a person who in whole or in part circumcises, excises, infibulates, or otherwise modifies or removes the labia majora, labia minora, clitoris, or other external female genitalia of another individual is guilty of a felony punishable by imprisonment for not more than 10 years or a fine of not more than \$5000, or both.

(2) Subsection (1) does not apply to a surgical procedure performed by a physician that is one or more of the following:

- (a) Necessary for the health of the individual on whom it is performed.
- (b) Necessary to correct an anatomical abnormality.
- (c) Performed on an individual who is in labor or who has given birth and is for a medical purpose connected with that birth.
- (3) It is not a defence to a violation of subsection (1) that a person believed the violation was required by a custom, ritual, religious practice, or standard of practice.
- (4) As used in this section “physician” means an individual licensed to engage in the practice of medicine or the practice of osteopathic medicine and surgery under article 15 of the public health code, act no. .368 of the public acts of 1978, being sections .333.16101 to 333.18838 of the Michigan compiled laws.