

## Tackling Female Genital Mutilation in the UK: What works in community-based prevention work

*The Female Genital Mutilation (FGM) Initiative supported community-based organisations in the UK to carry out FGM prevention work. This is the summary of an independent evaluation, conducted by Options UK.*

### Key Findings

1. Where community-based preventive work is taking place, **rejection of FGM has increased**.
2. Funded projects have **increased understanding of what works in tackling FGM in the UK** (learning is summarised on *page 4*).
3. Working with **younger women** to empower them to speak out and make decisions has been more effective than trying to change the often deeply entrenched opinions of older people.
4. The arguments used by funded groups against FGM are maturing and becoming more sophisticated. This has resulted from funded projects **sparking necessary discussions and debate** about FGM, in a culturally sensitive and grounded way. Projects recognise the risk of legal messages sounding punitive and threatening, and have worked to develop understanding of FGM as a form of child abuse.
5. **Awareness of FGM is rising**, and discussions about FGM are taking place more frequently, both at community level in project areas, and in national policy circles. The Initiative has made a valuable contribution to increasing the number of safe public and private spaces in which to discuss FGM in an informed and balanced way.
6. Projects have brought together male and female **religious leaders** and scholars of different faiths to **confront misconceptions** about links between religion and FGM. There are now clear examples of religious leaders dismissing the perceived religious basis for certain forms of FGM.
7. There is mounting support within affected communities for a **more interventionist stance** to be taken by the UK authorities against FGM.
8. **FGM prevention requires multiple stakeholders** – including community groups – working together at local level, mainstreaming FGM under violence against women and girls or safeguarding strategies.
9. Community groups have a **valuable role** in comprehensive responses to FGM. They have supported women's access to specialist care, acted as intermediaries with social care professionals in cases of girls at risk, disseminated information in schools, and provided training to health and other professionals.
10. The Initiative has helped to build a **stronger network** of community organisations tackling FGM with increased confidence and skill. The Pan-London FGM Forum has lobbied on national policy issues, and the funders and Advisory Group members have contributed key strategic actions to support the work of projects.

## Challenges

1. There is **no effective national policy** on the role of local authorities in tackling FGM. Without this, funded groups find it difficult to advocate for a comprehensive response to FGM, if the issue is not already on their local authority's agenda.
2. Some people within affected communities **continue to support FGM**, which they link to their cultural heritage and/or control of female sexuality. Support for less severe forms of FGM is still also reported.
3. 'Speaking out' within communities **still carries risks**, and requires sensitivity, safeguards and a long-term approach.
4. Although there are examples of promising practice (e.g. Bristol), local statutory responses to FGM prevention are largely **patchy and inadequate**, and do not reflect local levels of need. Although most project areas had policies in place, they were not always translated into concrete actions, e.g. training social care/health professionals in issues relating to FGM.
5. Government cut-backs, decentralisation and re-organisation have all impacted on projects' strategic relationships. Although the new commissioning landscape may provide opportunities for projects, there is likely to be **increased competition for scarce resources** in future, which may make relationship-building harder still.
6. Although there have been some successes, most projects faced **resistance when trying to work in schools**. Many schools said that they did not want to address the issue for fear of stigmatising certain groups.
7. In **less diverse settings**, there was a perceived risk that discussing FGM could contribute to stigmatisation of particular ethnic groups. This created challenges for groups conducting prevention work.
8. **Some frontline staff, including teaching, social work and health professionals, lack the confidence and/or skills** to respond adequately, or to act proactively, in relation to FGM. Some are afraid to raise the issue for fear of appearing discriminatory.

### The four main types of female genital mutilation<sup>1</sup>

The World Health Organisation classifies female genital mutilation into four major types:

- Type 1: Clitoridectomy: partial or total removal of the clitoris.
- Type 2: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

[1] Source: World Health Organisation, Fact Sheet no 241: FGM [www.who.int/mediacentre/factsheets/fs241/en/](http://www.who.int/mediacentre/factsheets/fs241/en/)

## Background

### The FGM Initiative

The aim of the Female Genital Mutilation Initiative is to safeguard children from FGM, through community-based preventive work. This UK-wide initiative was established by three independent charitable organisations: Trust for London, the Esmée Fairbairn Foundation and Rosa, the UK Fund for Women and Girls. The first phase of the Initiative invested approximately £1 million in community-based organisations across the UK over a three-year period (2010-2012). The second phase started in 2013 and will last for another three years.

The Initiative's aims were:

- To **raise awareness** of FGM (including legal and health aspects) amongst affected communities, policy-makers, statutory agencies, and the general public in the UK.
- To **increase the confidence** of women, men and young people within affected communities to reject this procedure as part of their identity, and strengthen the voice of women and communities speaking out against FGM.
- To **increase the skills and capacity** within affected communities to influence individuals, groups, and statutory agencies.
- To **improve co-ordination of activities** amongst voluntary and community groups and statutory agencies working on this issue.
- To **strengthen the network** of community organisations tackling this issue with increased confidence and skill.
- To **increase understanding** of what works in tackling this issue within affected communities in the UK.
- To **improve policy and practice** as a result of learning from this initiative.

The aim of this evaluation is to assess the extent to which these objectives have been met, and to highlight examples of effective practice and lessons learned. The full baseline and endline reports are available on the funders' websites<sup>2</sup>.

### Methodology

The following methods were used to gather information for the evaluation:

- Review of funded projects' self-reported monitoring and evaluation data and site visits.
- Interviews with 15 key stakeholders (those with a strategic, operational or clinical role related to FGM).
- Qualitative Participatory Ethnographic Evaluation and Research (PEER) data.
- Policy mapping.

[2] <http://tinyurl.com/m5xdpa1>



## What Works: Tackling FGM at the Grassroots, Community Level

*“One grandmother stated, ‘I have never been asked tougher questions and had to justify why this is my culture. I understand the problems it brings and I know that my granddaughter will not be part of this tradition, but it is sad to see what I grew up believing in leave me, what will we do now?’ The influence produced at this event was a different type of influence, not one argued articulately by outsiders who had never had FGM performed on them, but argued by those within the community affected most by this type of practice and its continuation.” (A project worker reflects at the end of a discussion session in Liverpool)*

During the first phase of the Initiative, the following promising approaches to tackling FGM at the community level were developed:

- **Incorporating FGM into other messages**, including a wider range of health issues (e.g. sexual health, mental health), and the law. Exclusive focus on FGM can feel threatening for people who are unaccustomed to talking about FGM or can lead to people feeling fed up of discussing the issue. Inviting health professionals to contribute to these sessions has proved helpful for many projects.
- **Providing safe spaces** to discuss FGM and related issues, where all opinions are heard in confidence (within an appropriate safeguarding framework: any information regarding a child who may be at risk of FGM must be reported to the appropriate authorities).
- **Working with religious leaders**, addressing religious justifications for FGM.
- **Working with young people** (often young women) using a **rights-based approach**.
- Recruiting, training and supporting **Community Champions or Advocates** to mobilise community rejection of FGM and increase the reach of prevention activities.
- Avoiding associating FGM with a **single ethnic/religious group** in public settings.
- Working with **mixed groups** (different ages, ethnicities, or genders) helps to counter views of FGM as an immutable practice.
- Use of **performance and visual/multi-media**. Developing dramas and films has successfully engaged young people in their production, and the final audience in exploring issues relating to FGM.
- Reaching out to **diverse communities** (rather than working with the existing client base of a CBO).
- **Partnering with frontline health workers** to support women affected by FGM in clinical settings.

### Objectives of the second phase of the FGM Initiative:

- Promoting a rights-based approach to tackling FGM in the UK.
- Undertaking awareness-raising work with target audiences using the most effective messages for that group.
- Reaching those who do not normally access services or engage in community activities.
- Increasing the skills and capacity within FGM affected communities to speak out against FGM.
- Strengthening links between groups and statutory agencies so that appropriate responses are taken to protect girls and women at risk.
- Strengthening the network of groups active in tackling FGM and working with policy-makers to contribute to a wider campaign to end FGM in the UK.

## Recommendations

### National leadership

1. A clear national policy on FGM should be a priority for government, addressing:
  - Standards for how local authorities should engage with community groups to respond to local needs.
  - Mandatory training in FGM for appropriate professionals.
  - How the performance of local areas in response to national guidance will be managed and monitored.
2. Although there is rising awareness of FGM in national policy circles, this needs to be translated into concrete actions. This must include funding prevention strategies, and addressing the demand to bring about a prosecution under FGM legislation.
3. A number of promising national initiatives have been launched (including the Multi-agency Guidelines on FGM and Health Passport). However, attention and resources need to be committed to implementation and follow up to ensure they have an impact. Building stronger relationships with community groups, to roll out such initiatives, is recommended.

### A co-ordinated, integrated, and resourced local response

1. FGM prevention at a local level needs to be co-ordinated and integrated. Violence against women and girls and safeguarding frameworks are both useful for this. Multiple stakeholders, including statutory agencies and community groups, should work together to identify local needs and implement appropriate prevention strategies (e.g. through the local Joint Strategic Needs Assessment (JSNA)). A focal person to coordinate and champion the cause – e.g. from within midwifery services or primary care – is important.
2. Community groups can play a central role in helping statutory agencies to deliver their safeguarding obligations in terms of protecting children from FGM. However, they need to be:
  - Significantly better resourced.
  - Supported to ensure they have the relevant skills.
  - Connected with local agencies for coordination and sustainability.
  - Invited to participate meaningfully in planning and commissioning cycles.Existing models in health (e.g. HIV prevention) show how this can be done.
3. There should be proactive attempts to reach new arrivals to the UK with FGM prevention efforts. Community groups can also contribute to this, for instance, by developing information about FGM to include in packages of support to new arrivals.
4. Professionals should seek out support and advice from appropriate community groups to help them build their confidence to work on issues related to FGM.
5. Schools should be encouraged to address the issue of FGM, and should seek out appropriate community groups that can help them raise the issue sensitively.
6. Current resourcing for FGM prevention does not always match need. In the absence of reliable prevalence data, local areas can work with community groups and analyse existing data to see whether there are affected populations in their area, and decide how best to reach them.

### Strengthening community groups and their prevention efforts

1. Accreditation for community groups, demonstrating an appropriate level of training and quality in their FGM-related work, would be useful in terms of helping local authorities to identify groups to partner with on FGM prevention. Quality standards for third-sector groups working on harmful practices are currently being piloted by Imkaan and could be adopted.
2. Working with volunteers requires careful resourcing, in terms of training, monitoring and supporting them, particularly to ensure that they are meeting their safeguarding obligations.
3. Periodic re-engagement with religious leaders will be required to ensure the important messages that they have communicated remain relevant and fresh.

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4. Groups in less diverse settings should be supported to network more widely, for increased confidence and skills, or to join forces with other groups in their area for a stronger voice.
5. All project workers and volunteers should be provided with appropriate training so that they can effectively support safeguarding agencies in the context of FGM-related work.

### **About the Funders and Evaluators**

**Esmée Fairbairn Foundation** aims to improve the quality of life for people and communities throughout the UK both now and in the future. We do this by funding the charitable work of organisations with the ideas and ability to achieve positive change. The Foundation is one of the largest independent grant-makers in the UK. We make grants of £30 - £35 million annually towards a wide range of work within the arts, education and learning, the environment, and social change. We also operate a £21 million Finance Fund which invests in organisations that aim to deliver both a financial return and a social benefit. [www.esmeefairbairn.org.uk](http://www.esmeefairbairn.org.uk)

**Trust for London** is the largest independent charitable foundation tackling poverty and inequality in the capital. It supports work providing greater insights into the root causes of London's social problems and how they can be overcome; activities that help people improve their lives; and work empowering Londoners to influence and change policy, practice and public attitudes. Annually it provides around £7 million in grants, and at any one point it is supporting some 400 voluntary and community organisations. Established in 1891, it was formerly known as City Parochial Foundation. [www.trustforlondon.org.uk](http://www.trustforlondon.org.uk)

**Rosa, the UK Fund for women and girls** is the first UK-wide fund for projects working with women and girls. Rosa's vision is of equality and social justice for women and girls and a society in which they: are safe and free from fear and violence; achieve economic justice; enjoy good health and wellbeing; and have an equal voice. Rosa will achieve this by championing women and girls, raising and distributing new funds and influencing change. [www.rosauk.org](http://www.rosauk.org)

**Options UK** is the UK programme of Options Consultancy Services Ltd, a leading international provider of technical assistance, consultancy, and management services in the health and social sectors. Options UK provides technical expertise to service providers, policy makers, and commissioners in the UK. Working with the NHS, local authorities and Third Sector organisations, the multidisciplinary team provides fresh, innovative, and practical advice and solutions to providers and commissioners of health and social care services. [www.options.co.uk/uk](http://www.options.co.uk/uk). The PEER approach is a specialism of Options, developed in collaboration with academics at the University of Swansea. For more information about PEER contact [peer@options.co.uk](mailto:peer@options.co.uk) or see [www.options.co.uk/peer](http://www.options.co.uk/peer)

### **Funded projects and their outputs**

#### **Resources:**

Faith Against FGM Conference, Manor Gardens <http://tinyurl.com/pkmb8zo>  
 'Muted Cry' play, OSCA <http://tinyurl.com/pr6cny2>  
 'Voices of Women' leaflet, BSWAID <http://tinyurl.com/mmhzl9j>

#### **Funded Organisations:**

Africa Advocacy Foundation, London [www.a-af.org](http://www.a-af.org)  
 Birmingham and Solihull Women's Aid [www.bswaid.org](http://www.bswaid.org)  
 Bawso, Wales [www.bawso.org.uk](http://www.bawso.org.uk)  
 Black Women's Health and Family Support, London [www.bwhafs.com](http://www.bwhafs.com)  
 Bolton Solidarity Community Association [www.boltonbsca.com](http://www.boltonbsca.com)  
 British Somali Community, London [www.britishtosomali.org](http://www.britishtosomali.org)  
 FORWARD [www.forwarduk.org.uk](http://www.forwarduk.org.uk)  
 Granby Somali Women's Group, Liverpool [www.granbysomaliwomensgroup.org](http://www.granbysomaliwomensgroup.org)  
 Manor Gardens Centre, London [www.manorgardenscentre.org](http://www.manorgardenscentre.org)  
 Ocean Somali Community Association, London [www.oceansomali.org.uk](http://www.oceansomali.org.uk)  
 Somali Development Services, Leicester [www.sds-ltd.org](http://www.sds-ltd.org)  
 Southall Community Alliance, London <http://southallcommunityalliance.org/>