With financial support of the DAPHNE III Programme
of the European Commission

REPLACE 2

Researching Female Genital Mutilation (FGM) Intervention Programmes Linked To African Communities in the EU

Working to end FGM in the EU

REPLACE 2 Conference

Prevention or Prosecution?
The Behaviour Change Approach to Tackling FGM in the EU

Friday 11th April 2014

Venue: Coventry University London Campus, East India House, Middlesex Street, London

Confirmed Keynote Speakers:

Norman Baker MP **Lynne Featherstone MP** **Leyla Hussein** **Dr Els Leye** **Ifrah Ahmed**

For more information and to register online visit: **www.coventry.ac.uk/events/replace2**

For general enquires please contact: **info@replacefgm2.eu**

Contents

Coventry University

GES Gabinet d'Estudis Socials

cesie
the world is only one creature

FORWARD
Safeguarding rights & dignity

ICRH

FSAN Federatie Somalische Associaties Nederland

APF ASSOCIAÇÃO PARA O PLANEAMENTO DA FAMÍLIA

Welcome to the REPLACE 2 Conference

As the REPLACE 2 Team we would like to welcome you to this one day conference addressing female genital mutilation/cutting (FGM/C) within the EU. We are thoroughly delighted with the response to our call for papers addressing the cultural, legal and social dynamics associated with the practice of FGM/C. In addition to a wide range of papers there will be a number of poster presentations, which will be on display throughout the day.

The conference team would like to thank the people who have helped to organise this conference.

We would also like to thank all of the speakers and delegates for travelling to Coventry University's London Campus and contributing towards what we hope will be a highly stimulating and informative conference.

Contact

Delegates can contact the conference team throughout the day via the CULC Reception
Tel: +44 (0) 20 7247 3666

Throughout the day there will be conference staff available to answer any of your enquiries.

Registration

The registration desk will be located on the Ground Floor Lecture Theatre Foyer (G.08) and registration will take place between 9.00am and 9.30am.

At registration you will be given your registration pack and conference badge.

During the conference your conference badge must be worn at all times.

Lunch & Refreshments

Lunch will be served in rooms G.03 & G.04 from 13.10pm to 14.00pm.

Tea and Coffee will be served at the following times in the Foyer (G.08):

Registration:	9.00am – 9.30am
Morning Break:	11.20am – 11.30am
Afternoon Break:	15.20pm – 15.30pm

Oral Presentations

Keynote presentations will take place in the CULC Lecture Theatre G.09; while paper presentations will take place in G.03, G.04 and G.09 (see schedule for details).

Poster Presentations

Poster presentations will be displayed in the Lecture Theatre Foyer (G.08).

Overview of REPLACE 2

REPLACE 2 represents a radical change to the way Female Genital Mutilation (FGM) is tackled in the EU, by developing a new approach that integrates individual behaviour change within a community-based approach (REPLACE 1, 2011). REPLACE 2 sees the return of the original REPLACE partners: Coventry University, FORWARD UK and FSAN (the Netherlands) and welcomes four new partners: CESIE (Italy), APF (Portugal), Gabinet (Spain) and International Centre for Reproductive Health, Ghent University (Belgium). REPLACE 2, funded by Daphne III European Commission, will run for two years until 2015.

REPLACE 2 aims to improve the well-being of individuals and communities affected by FGM in the EU, with the direct beneficiaries of the project being young girls and women at risk of FGM. The project involves capacity building and knowledge transfer so that all partner organisations and communities involved can acquire new skills to address FGM using the REPLACE Behaviour Change Framework.

Findings from the successful REPLACE 1, illustrate that the Somali and Sudanese communities hold different belief systems relating to FGM. Furthermore, there was a noticeable difference between the perceptions of the Dutch and UK participants in relation to the legislation addressing FGM and the wider expectations of continuing the practice. These insights were achieved by adopting a community-based participatory approach in the REPLACE 1 project. Therefore, REPLACE 2 will build upon this methodological approach in order to identify the particular barriers at both the community and individual level that prevent the cessation of FGM in additional affected communities, such as the Senegalese, Gambian and Guinea Bissauan residing in the EU.

REPLACE 2 consists of two stages that will run concurrently for the first 12 months of the project.

Stage 1:

FORWARD UK and FSAN will conduct an evaluation of the current REPLACE Cyclic Framework with Somali and Sudanese communities in the UK and Somali community in the Netherlands.

Utilising the REPLACE Cyclic Framework, FORWARD UK and FSAN will target a particular behaviour that is aimed at moving the community closer to the goal of ending FGM.

FORWARD UK and FSAN will work to develop and evaluate an intervention targeting the identified behaviour through a series of community based workshops.

Stage 2:

CESIE, APF and Gabinet will engage with communities to conduct capacity building and identify communities' readiness for change regarding ending FGM.

CESIE, APF and Gabinet will collect qualitative information from FGM affected communities including Senegalese, Gambian and Guinea Bissauan, by recruiting members from these communities to work as community-based researchers.

This information will inform understanding of the commonalities and differences regarding the belief systems held by FGM affected communities. It will also inform further intervention development based on the REPLACE approach with these communities.

Programme Schedule

PREVENTION OR PROSECUTION?
THE BEHAVIOUR CHANGE APPROACH TO TACKLING FGM IN THE EU

At Coventry University London Campus, East India House **Friday 11th April 2014**

TIMES	SESSION DESCRIPTION	INFORMATION / PRESENTERS
	MORNING SESSION	
9.00 – 9.30	Registration (Tea & Coffee Reception) **Room G.08**	
9.30 – 9.35	Welcome/Opening Remarks **Room G.09**	**Professor Hazel Barrett**
9.35 – 10.00	Overview of REPLACE 2 and Introduction to Project Partners **Room G.09** Chair: Prof Hazel Barrett, Coventry University	**Professor Hazel Barrett / Dr David Beecham**
10.00 – 10.25	Address by Partners **Room G.09** Chair: Prof Hazel Barrett, Coventry University	**FORWARD UK** **FSAN** **CESIE** **APF** **Gabinet**
10.25 – 10.40	Keynote Presentation **Room G.09** Chair: Prof Hazel Barrett, Coventry University	**Norman Baker MP**, *Minister of State for Crime Prevention.* The Home Office perspective. **Lynne Featherstone MP**, *Parliamentary Under Secretary of State for International Development.* The DFID perspective.
10.40 – 11.20	Keynote Presentation **Room G.09** Chair: Prof Hazel Barrett, Coventry University	**Dr Els Leye**, *Senior Researcher and Coordinator on Harmful Cultural Practices, International Centre for Reproductive Health at Gent University.* Balancing protection, prosecution and prevention in the EU.
11.20 – 11.30	Tea / Coffee break **Room G.08**	
11.30 – 12.30	Community Interventions & Research Workshop **Room G.03** Chair: Naana Otoo-Oyortey, FORWARD UK	**FORWARD UK & Community Researchers**
	Consequences of FGM **Room G.04** Chair: David Beecham, Coventry University	**Armitage et al.** Paediatric Female Genital Mutilation in London and the UNICEF report; a local perspective on worldwide statistics. **Burrage, H.** The real economics of FGM: it's more than 'wages'. **Johansen, E.** Surgery as leverage for change: A study of girls and women with type III FGC seeking surgical procedures to undo their infibulation.
12.30 – 13.10	Keynote Presentation **Room G.09** Chair: Paolo Leotti, Gabinet	**Ifrah Ahmed**, *prominent campaigner against FGM and founder of the Ifrah Foundation, a resource for women and children who have undergone or are at risk of FGM.* Campaigning: The importance of community engagement.

Programme Schedule

PREVENTION OR PROSECUTION?
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At Coventry University London Campus, East India House **Friday 11th April 2014**

13.10 – 14.00	Lunch & Poster Session **Room G.03 & G.04**	
AFTERNOON SESSION		
14.00 – 14.40	Keynote Presentation **Room G.09** Chair: Zahra Naleie, FSAN	**Leyla Hussein**, *anti-FGM campaigner, cofounder of Daughters of Eve, and host of the Channel 4 documentary, 'The Cruel Cut'.* FGM: Breaking the cycle.
14.40 – 15.20	Prosecution **Room G.09** Chair: Miguel Feio, APF	**Clarke, E.** FGM Underground: Mind the Gap. **Lien, I.** Interpreting signs of female genital mutilation.
15.20 – 15.30	Tea / Coffee break **Room G.08**	
15.30 – 16.30	Prevention Strategies **Room G.09** Chair: Angela Martinez, CESIE	**Brown et al.** Perceptions of community support for Female Genital Mutilation among disparate communities in the UK: a Participatory Ethnographic Evaluation Study. **Ederberg, L.** The CHANGE Project: Promoting Behaviour Change in Practising Communities in the European Union. **Richard, F.** How to better understand and manage referrals for risk of FGM in Belgium: The results of action-research.
16.30 – 17.15	Q & A Panel **Room G.09** Chair: Prof Hazel Barrett, Coventry University	Panel: **Keynotes** Closing comments: **Prof Hazel Barret**

Keynote speakers

Norman Baker MP

As Minister of State for Crime Prevention at the Home Office, Norman Baker MP is in charge of government policy on all crime, including domestic violence, forced marriage, honour-based killing and FGM. As Crime Prevention Minister, Norman has launched a nationwide campaign on behalf of the government to raise awareness of FGM.

Norman was educated at The Royal Liberty School in Gidea Park and studied at Royal Holloway College, University of London. His political career includes:

- Member of Parliament for Lewes, 1997 to present
- Shadow Secretary of State for the Environment and Transport, 2002 to 2005
- Shadow Environment and Rural Affairs Secretary, 2005 to 2006
- Shadow Minister for the Cabinet Office and Chancellor of the Duchy of Lancaster, 2007
- Shadow Secretary of State for Transport, 2007 to 2010
- Parliamentary Under Secretary for Transport, 2010 to 2013
- Minister of State for Crime Prevention, 2013 to present.

Lynne Featherstone MP

Lynne served on the London Assembly 2000-5, before stepping down after being elected as MP for Hornsey and Wood Green. During her time on the GLA, she chaired the Transport Committee and also served on the Metropolitan Police Authority (MPA). Lynne served as number two in the Liberal Democrat Home Affairs team in Parliament and the party's London spokesperson. She was promoted to the party's Shadow Cabinet as International Development spokesperson in December 2006 and, in December 2007, after Nick Clegg's election as party leader, switched to the role of Youth and Equalities Spokesperson in the Shadow Cabinet. Lynne also became a Home Office minister in May 2010, and was appointed Minister in the Department for International Development in September 2012.

As a minister for International Development, Lynne has announced a £35million UK Government programme towards the aim of ending FGM. The new programme, which is expected to reduce FGM by 30% in at least 10 priority countries in the next 5 years, will:

- support work to end FGM in at least fifteen countries by working directly within local communities
- work with governments and traditional leaders to back laws to end FGM
- fund research into the most cost-effective approaches to ending FGM, to make sure our work has the maximum impact
- support diaspora communities in the UK to help change practices in their countries of origin.

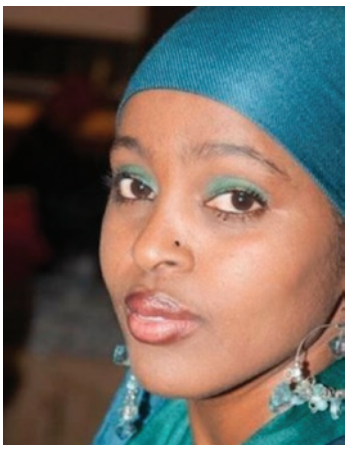
Prof Dr Els Leye

Els Leye is postdoctoral fellow attached to the International Centre for Reproductive Health at the Ghent University. She holds a master's degree in Social and Cultural Welfare Studies and obtained her PhD in Comparative Sciences of Culture at the Ghent University in 2008, on the topic of female genital mutilation in Europe. She has a year-long expertise in the field of harmful cultural practices, and more specifically female genital mutilation (FGM), forced marriages and honour related violence.

She is currently coordinator of the Focal Programme on Harmful Cultural Practices at the International Centre for Reproductive Health. She was co-founder and board member of the European Network for the Prevention of Harmful Traditional Practices from 2005 to 2009. She is co-founder and member of the board of the association La Palabre, which is establishing a refuge for vulnerable children and women in Senegal.

She's a member of the advisory board of the END FGM European Campaign and performed several consultancies, among others for several UN agencies and technical cooperations of Belgium and Germany. She was one of the principal investigators of the Study for the European Institute for Gender Equality, to map FGM in the EU (2012), and has many publications on her name on the topic of female genital mutilation and other harmful practices.
E-mail: **els.leye@ugent.be**

Ifrah Ahmed



Having fled the Somali civil war, Ifrah Ahmed landed in Dublin, Ireland, 2006 to begin a new life in exile as an asylum seeker from one of the most intractable conflicts in the African continent. Unlike many newly arrived refugees in Western Europe who may languish in a settlement limbo, Ifrah Ahmed quickly found traction in social activism, fighting for the rights of new communities in Ireland, such as refugees and newcomers from Africa, East Europe and other parts of the world.In her early days of community mobilization, Ifrah worked as an independent advocate engaging policy makers, rights groups and mainstream organizations.

She demonstrated her ability to work as a highly motivated social and community worker involved in many community projects and organizations such as UNICEF, Amnesty International, Irish Refugee Council, Caidre, The Africa Centre, Spirasi, Somali Community in Ireland, and Integration of African Children in Ireland. Ifrah's powerful advocacy on behalf of women, the victims of FGM, youth development and humanitarian relief in East Africa has received coverage in Irish and European media including reports and interviews in the Irish Times, Irish Examiner, Metro Eireann, News Talk/Dublin Q 102, The Sun and the Hot Press Magazine etc.

In 2008, Ifrah was the Face of Africa Feature in the Exclusive Magazine. She has also received nomination for the "Women Inspiring Europe" 2012 online calendar.In the public arena, Ifrah has organized and presented in major conferences including the International Day of Zero Tolerance to FGM 2012, International Women's Day's 2010 "Women Rights in Somalia", IACI Art and Interculturalism, 2010 "Somali Culture and Art," World Water Day 2010, "Importance of Water for African Life" and the APF Portugal International Conference to End FGM, Lisbon, 2010.

Leyla Hussein

Leyla Hussein is an anti-FGM activist, qualified Psychotherapist, and co-founded Daughters Of Eve; a non-profit organisation set up in 2010 which works to protect girls and young women who are at risk of female genital mutilation (FGM). She is also Chief Executive of Hawa's Haven which is a collective of Somali women campaigners and community activists who have come together to raise awareness about gender based violence particularly in Somali communities in the UK and the horn of Africa. She is also the newly appointed Community facilitator at Manor Gardens and recently completed a 1 hour documentary film with channel 4 " The Cruel Cut" on FGM in the UK.

Leyla Hussein has over 11 years of experience in working with women/girls who have undergone female genital mutilation. She has a background as a youth outreach worker and recently has been working as an Independent Training Consultant specialising in FGM. She works now as community facilitator at the Manor Garden Health Advocacy's "Dahlia Project" Project, the only existing support therapy group for FGM survivors in the EU. Leyla sits on the trustee board for The Special FGM Initiative Advisory Group and Naz Project London.

Paper presentation abstracts

Community Interventions & Research workshop

Otoo-Oyortey, N.[1]

[1]*FORWARD UK*

This session will share experiences from on-going community intervention programmes being undertaken by partners involved in the REPLACE Project. The session aims to highlight community based approaches including using participatory action research to assess community perceptions and attitudes and how to assess community readiness for change. The session will also address training techniques to impart knowledge, skills and behaviour change techniques and share views from community based researchers, facilitators and community health advocates.

This interactive session will include speakers from FORWARD from the UK, FSAN from Netherlands and GABINET from Spain.

Consequences of FGM

Paediatric Female Genital Mutilation in London and the UNICEF report; a local perspective on worldwide statistics

Armitage, A.[1], Hodes, D.[1], Dykes, A.[1], Berg, L.[1]

[1]*Community Paediatrics in Camden (Royal Free London NHS Foundation Trust)*

Background: In July 2013 the UNICEF report stated that 125 million women worldwide are affected by female genital mutilation (FGM). Despite an estimated 20,000 children at risk in the UK there is a complete absence of data on presentation in childhood and ignorance among many healthcare workers. Although it has been illegal since 2003 to take a child out of the country for FGM, there have been no prosecutions.

Aims: To increase understanding of FGM by collecting and analysing details of all paediatric presentations of suspected FGM to a London clinic from 2006 onwards.

Methods: Retrospective data collection on all suspected FGM cases referred to the tertiary safeguarding clinic in an inner London teaching hospital from 2006, including details of referral, history and examination findings.

Results: Of 34 referrals 15 (44%) were since the start of 2013. Ethnicities included Somali (26), Ethiopian (5), Gambian (2) and Malay (1). Routes of referral included: healthcare workers (7), school concerns (7), siblings of cases (4), family disputes (5) and child protection concerns (4). 24 (71%) were confirmed to have had FGM.

Of the 24 with FGM 17 were examined, of whom none had undergone WHO type 3 FGM (infundibulation). 10 girls (59%) had a normal or near normal examination (WHO type 4) with 7 (41%) having WHO types 1 and 2. 6 children were taken from the UK after 2003 (i.e. illegally); unclear perpetrators and a lack of evidence have prevented prosecutions.

Conclusions: Physical signs of FGM may be subtle and a normal examination does not exclude it. Our findings support the limited evidence from UNICEF that there is a trend toward less severe forms of FGM. WHO Type 4 without anatomical change was the commonest category in this small cohort and hence use of a revised classification (UNICEF) reflecting current practices could improve understanding of FGM and its implications for the child. Pursuing prosecution for neglect, as opposed to FGM, might be more successful in protecting children. The observed increase in referrals in 2013 supports the success of recent awareness campaigns and increases the chances of a criminal prosecution in this country.

The real economics of FGM: it's more than 'wages'

Burrage, H.

There is a growing recognition that money is central to the practice of FGM: it costs money to make the arrangements, and the 'cutters' usually expect to be paid – indeed, they may earn a very good income and gain much status from this activity, which is a very important consideration in places where women especially may live in poverty.

But beyond personal expenditure and gain, there are wider considerations also.

Local economies may require re-calibration if FGM ceases; currently in some locations the proceeds of an entire year's harvest may be invested in this practice and the ceremonies attached to it. But the local economy would also profit considerably from a healthier adult female population if FGM stopped – an outcome which has been measured only in a very few instances. And allied to this, there are now reports that in a few instances the 'cutters' are being paid even more just to pretend to inflict mutilation on girls whom parents want to protect – how does this change the economics of FGM?

Regional economies are also surely impacted if FGM stops. Medical care may be at a premium, if available at all, but health care costs must often be borne and regional providers / charities may find they have more spare cash for other things if they have not spent large amounts on ill-health and other costs (eg orphaned or poorly cared for children) arising from FGM.

Likewise, just as it is thought full payment of taxes due in some nations might match the funding provided by international bodies, so this may be true – to whatever extent – if the costs of FGM are reduced.

And similarly it may be that diaspora economies would change, and probably benefit, if FGM stops. It is common practice in some diasporas to send money 'home'. How much of this cash, we might ask, is spent directly or indirectly in some communities on FGM?

Economics, status, power / influence and of course gender are critical in all communities, large and small. It is important that these and other issues around economics, micro and macro, are considered. I hope my presentation will provide a basis for further exploration of these matters.

Surgery as leverage for change: A study of girls and women with type III FGC seeking surgical procedures to undo their infibulation

R. Elise B. Johansen[1]

[1]Norwegian Centre for Violence and Traumatic Stress Studies, NKVTS

The study seeks in-depth knowledge on how the practice of female genital cutting (FGC) is changing in Norway through an inquiry into a specific form of health care offered: FGC-reparative surgeries. This is defined as surgeries aiming at undoing FGC, most commonly through defibulation. The study look at factors motivating and discouraging women from requesting such surgeries, exploring to what extent it is a generation revolt, dissociation from their cultural heritage, liberation from the social convention to continue FGC, aims to improve health, or a expression of a broader socio-cultural change of abandoning FGC?

Through a focus on medical choices made by individual girls and women considering undoing their FGC, the study seek to deepen our understanding of change, more specifically through an in-depth analysis of the relationship between the personal and the socio-cultural. In this way the study explores to what extent individual choices can lead to cultural change.

The study is also exploring the views of the health care providers, and how they manage to handle a practice that many express strong emotional reactions to, including anger and disgust. How do they manage to provide proper cure and care when loaded with such strong and difficult emotions to the practice of FGC.

Prosecution

FGM Underground: Mind the Gap

Clarke, E.[1]

[1]*Coventry University*

This paper will identify the ethical and legal issues around Female Genital Mutilation suggesting that FGM has effectively gone underground in the UK. Above ground there is plenty of discussion and condemnation about FGM. On the surface there is difficulty regarding identification, recording and service provision. Underground there are communities who perpetuate FGM and continue to believe that the tradition of deliberate physical trauma to female genitalia is acceptable. Following consideration of the current policy and strategies for the elimination of FGM the author argues that a gap has emerged which prevents the eradication of this traditional practice in the UK. Exploration of the gap reveals fundamental problems associated with education, inter-professional working, lack of respect for families and vulnerable women and girls. Securing a prosecution and conviction regarding FGM is unlikely unless the gaps in education and care, services around psychological health and well-being, support for FGM women and girls and Interdisciplinary education is bridged.

Interpreting signs of female genital mutilation

Lien, I .[1]

[1]*Norwegian Centre for Violence and Traumatic Stress Studies, NKVTS*

The Norwegian Law against female genital mutilation (FGM) was in 2004 strengthened with a duty to avert that requires an extra vigilance from employers in the welfare system like social workers, nurses and also teachers to protect girls from being genitally cut. The law against discrimination forbids discrimination on ethnic background. These two laws may come into conflict and spill over into communicative situations where the interpretation of signs of a potential future crime takes place. The paper particularly explores the challenge and risks at hand for nurses, teachers and welfare officers at interpreting early signs of an imminent FGM procedure when trying to communicate and avert female genital mutilation. The data is based on documents following one particular case through the welfare- and legal system and available interviews of official employees as well as interviews with members of African descent living in Norway.

Prevention Strategies

Perceptions of community support for Female Genital Mutilation among disparate communities in the UK: a Participatory Ethnographic Evaluation Study.

Brown, E.[1], Hemmings, J.[1], Vellekoop, M.[1]

[1]Options Consultancy Services Limited

Participatory Evaluation Ethnographic Research (PEER) is a rapid, qualitative tool which uses ethnographic principles to collect data and gain rich insights into the daily contexts in which attitudes towards Female Genital Mutilation (FGM) are negotiated. The FGM Initiative is a UK-based project which aims to strengthen the prevention of FGM, through community-based work to engaging people from affected communities on the issue.

Members of communities which may be affected by FGM were recruited through the FGM Initiative partner organisations. These PEER researchers were trained in basic conversational interview techniques, ethics and gaining consent, and data collection. Data was collected at baseline (2010) and at the end of the first phase of the initiative (2013). A second phase has been funded and is on-going.

The rapid PEER data showed that awareness of FGM and its legal status in the UK had increased in these selected communities over the life-time of the project, and many respondents (though not all) were very opposed to the continuation of FGM as a practice. The research also showed how the political-social contexts of each community, and their experiences of migration into the UK, played a role in shaping attitudes towards FGM. Women's length of residence in the UK, as well as their perceptions of cultural and religious identity were key influencers of attitudes towards FGM. There was still some support for FGM, particularly among older generations or those who supported FGM as a form of cultural expression.

The data collected through rapid PEER provided rich insights into how efforts to prevent FGM may or may not be swaying the debate, and particularly, where support for the practice remains strongest. In this research, individuals who were strongly opposed to FGM called for a more interventionist stance from authorities, to ending FGM. There is also strong support for culturally-sensitive preventative approaches towards FGM.

The CHANGE Project: Promoting Behaviour Change in Practising Communities in the European Union

Ederberg, L.[1]

[1]TERRE DES FEMMES, Germany

The presentation introduces the EU co-funded project CHANGE, which started in March 2013 and runs until end of February 2015 and further informs about the interim results achieved within the first half of the project. Additionally, the results of an external evaluation team, which has monitored and evaluated the training programme, will be included in the presentation.

CHANGE is implemented by TERRE DES FEMMES in Germany together with four partner organisations-Plan International in Germany, RISK in Sweden, FSAN in the Netherlands and Forward UK in the UK. Moreover, Euronet-FGM is involved in the project and will organise the EU-wide CHANGE conference in February 2015, where the final results will be presented to the public.

The project builds on the behaviour change approach developed under the REPLACE project, which was funded by the EU-Daphne programme.
(contd.)

Key objectives of CHANGE are:

- To enable practising communities across the EU to advocate for the abandonment of FGM
- To reverse the social pressure from continuation to abandonment of FGM in practicing communities
- To promote behaviour change in practicing communities
- To reverse the stigmatisation of uncircumcised girls.

To date, half way through the project around 50 CHANGE agents from different African communities in Germany, the Netherlands, Sweden and the UK have been selected by the partner organisation and have received intensive training on FGM. The specific training programme was designed to empower the change agents to initiate behaviour change in their communities through independently organised activities. The planning of behaviour change activities is currently under way and implementation starts in the 2nd quarter of 2014.It is intended that each change agent will implement at least three behaviour change activities. The change agents will be addressing hard-to-reach groups within their community and advocate for a change in attitudes and behaviour towards the abandonment of FGM. In addition, in February 2014 the partner organisations have organised training sessions to sensitise key professionals, such as doctors, social workers, teachers and Imams to FGM and to promote dialogue between change agents and professionals.

How to better understand and manage referrals for risk of FGM in Belgium: The results of action-research

Richard, F.[1], De Brouwere, M.[1], Dieleman, M.[2]

[1]Groupe pour l'abolition des mutilations sexuelles (GAMS), Belgium
[2]Observatoire du sida et des sexualités, Belgium

Female genital mutilation is a violation of human rights and especially the rights of girls. Belgium voted a law penalising FGM in 2001 but so far - unlike in France - no trial has yet taken place in Belgium. At the moment the law is merely a preventive measure to discourage families from practising. However, risk of FGM or suspicion of FGM being practiced are more and more frequently reported in Belgium. As no studies had been done to trace the origin of these referrals and the support provided by organizations working in the field of FGM or childhood protection, the network "Stratégies concertées de lutte contre les mutilations genitales féminines" undertook action-research on female genital mutilation referrals in Belgium in collaboration with the "Observatoire du Sida et des sexualités" in 2013.

The study had a two-fold approach: quantitative and qualitative. First, a comprehensive record of FGM referrals has been conducted among the 3 specialized organizations: GAMS Belgium , INTACT and Collectif Liégeois: 52 cases were identified between 1 January 2009 and 30 June 2013. The majority of the reported referrals happened between 2012 and 2013. The majority of reported referrals (41 /52) concerned children at risk of FGM: a planned trip to the country of origin or parents' enquiries as to where the practice could be performed after the birth of a little girl. On numerous occasions midwives in maternity wards were confronted with parents who wondered where in Belgium FGM was practiced. The frontline professionals (hospital, pre-school preventive services, health promotion services in schools) were the primary source of referral followed by families and relatives. In the second phase, semi-structured interviews with a selection of actors were undertaken and seven case-studies were analyzed in detail during workshops organized by the network "Stratégies concertées". This participatory and multidisciplinary approach allowed us to highlight deficiencies and suggest some concrete solutions and recommendations that have been presented to policy makers and child protection institutions.

This action-research project has already enabled various actors involved in referral situations to get to know each other and improve support for families at risk.

Poster presentation abstracts

Female Genital Mutilation/Cutting in the context of migration: a work-in-progress research in Florence and Perugia (Italy) (Poster 1)

Faraca, A.[1]

[1]*University for Foreigners Perugia, Italy*

As a result of the growing feminisation in migration flows from Africa, the practice of Female Genital Mutilation has become an issue of increasing concern and attention in host countries such as Italy. This work-in-progress research presentation is being developed in the Ph.D. Programme in Peace and Development Cooperation at University for Foreigners Perugia focusing on two territorial context case study: Florence and Perugia.

The research aims to find out if and how the practice is carried out in the two context, furthermore to assess if the answers given by National Health System are effectives. The importance of the research is focusing on territories in a bottom-up logic.

The adopted methodology is qualitative based on empirical analysis, implemented by semi-structured interviews; moreover for data elaboration quantitative tools are used. The approach is three-dimensional: gender; intercultural and a transnational approach is adopted. The practical aspect of the research within the territories abovr mentioned is combined with Nosotras, a non-govermental organization (NGO) based in Florence; its commitment is to make aware and end the female genital mutilation, Nosotras is affiliated with the Inter-African Committee; this collaboration gives to the research an important link and a sensitive approach to women who have undergone the practise; a sample group of migrants women aged from 30 to 60 years old who agree to participate in various meeting and to be interviewed.

My presentation is focused on adopted methodology and ratio as first step of the action-research that is under implementation. Preliminary results, as well as the many difficulties - mainly cultural, such as wariness and fear to narrate migrant women's own experience- thus far will be discussed with respect to how the Diaspora of African women in Italy may play a role in the abandonment of the practice.

FGM clinical standards for FGM services (Poster 2)

Clarke, E.[1]

[1]*Coventry University*

This paper will identify the new FGM Clinical Standards for FGM services. Following a short background regarding the context of FGM services in the UK, consideration will be given to the need and aim of the clinical standards. Clinical practice is based upon guidelines (RCM, RCN and RCOG). However the new Standards also consider the service requirements around safeguarding, psychological and psychosexual support. The provision of sensitive and appropriate services for FGM women is important in reducing the health inequalities associated with FGM.

Tackling FGM at home and abroad: Where are the girls? (Poster 3)

Dr Wendoh, S.[1]

[1]*International Planned Parenthood Federation (IPPF)*

As efforts towards the elimination of FGM, a practice that harms girls and violates their rights, there is increased attention paid on the cutters, as well as community and religious leaders. In many FGM practices societies – cutters are also leaders and there are the shapers of public and community opinion. They influence both the private and public space, in many places they are revered as having spiritual powers.

However, the missing gap is girls at risk of FGM and those affected by the practice. If these girls' agency is priorities in current efforts, progress will be accelerated and it is possible to eliminate FGM sooner. Many women who have been cut, do not want their own children and grandchildren to suffer this procedure. There is growing evidence that where these women are involved, they catalyse change, both within their communities but also mobilise to influence public policy. They represent an underutilised constituency, and they are left behind in key discussions. Reliance on anti-FGM laws to transform entrenched harmful practices in countries where the policy and practice are not always in tandem should be implemented side by side with empowering and engaging girls as agents of change.

This abstract will draw on examples from work with communities in Corte D'Ivoire, Sierra Leone, Gambia and Liberia.

Plan Study in Hamburg on Knowledge, Attitudes and Practice regarding FGM: "Listening to African Voices." (Poster 4)

Dr. Stuckert, A.[1]

[1]*Plan International, Germany*

Female Genital Mutilation (FGM) is a harmful traditional practice in many countries and has also become a European issue in the context of migration. The data on perceptions, attitudes and practises relating to FGM of immigrants with roots in practicing countries is still limited though. Plan International Germany therefore did a study in 2010 to listen to the opinions, perceptions and propositions of immigrants from Sub-Sahara Africa regarding the practice of FGM in Hamburg. The research assessed the proportion of immigrants with roots in practicing families in Hamburg, explored the attitudes and opinions among them, provides an estimation of girls at risk and explored the socio-cultural and demographic risk factors for FGM among immigrants. The main purpose was to develop an effective and locally adapted approach to promote the abandonment of FGM among immigrant groups in Hamburg.

The methodology included a literature review and a three month field study targeting immigrants from Sub-Sahara Africa living in Hamburg. The research team consisted of 20 students and researchers with African migration background. They carried out 91 key informant interviews with African community members as well as activists, researchers, health personnel and social workers from institutions providing services to immigrants. Additionally 1,767 men and women from 26 Sub-Saharan countries were interviewed with the help of a structured questionnaire.

The poster will elaborate on the methodology used and the instruments for the data collection. It will highlight the main findings of the study and elaborate on the behaviour change model recommended for the abolition of FGM among immigrant communities in Hamburg. It will make a short reference to the EU co-funded CHANGE Project coordinated by Terre des Femmes and which Plan is implementing in Hamburg.

Plan International is an independent organisation with no religious, political or governmental affiliations, working in 50 countries across Africa, Asia and the Americas to promote child rights and lift millions of children out of poverty. As a child-centred community development organisation, we work with children, their families, communities, organisations and local governments to bring about positive change. In 2013, Plan reached out to 78 million children in 90,229 communities.

Approach to Combating Female Genital Mutilation in Female Genital Mutilation Practicing Communities. (Poster 5)

Anwansedo, A. E.

Female Circumcision (FC), Female Genital Mutilation (FGM), or Female Genital Cutting (FGC) involves altering (by nipping, cutting or total removal) of the external part of the external parts of the female. Over 125 million girls and women alive have been circumcised in 29 countries in Africa and in the Middle East, an additional 30 million girls are at risk of being cut in the next decade and an unknown number has been mutilated and is at risk of being mutilated in other parts of the world (UNICEF, 2013; Rushwan, 2013; Khaja et al., 2010). One of the strongest reasons given for the continuation of the practice is that it is tradition. Tradition, according to the Oxford dictionary, connotes beliefs passed on from one generation to the next. When members of a community perform a tradition, it provides a sense of identity, by connecting the practicing community with their predecessors. Examplers, custodians, or tradition-bearers are a minority of the community, who enacts, transmits and preserve the various traditions inherent in that community. Thus the practice can be modified, discontinued or continued by the tradition-bearer of a particular community (Thomas, 1997; Shils, 2006). Similarly, FGM is a tradition, sanctioned by custodians of the tradition of FGM practicing communities and thus this minority has the power to modify, discontinue or continue the practice of FGM in FGM practicing communities. However, most Anti-FGM interventions focus on individuals in the community. Considering, that it is mandatory for the success of any intervention for advocates to explore, have proper knowledge and if possible adopt existing structures in the communities where the intervention is to take place (Brown, 2013). The question then is which approach is most effective in combating FGM? Focus on the tradition-bearer or focus on the people? Or will a combination of both approaches be equally effective? The paper reports on the various approaches employed in combating FGM in communities and attempts to determine the most effective approach. To this end we will carry out a case study analysis of a typical FGM practicing community to determine the existing communication structure and thus determine if the power to change cultural practices in this case, FGM, lies more with the people or with the custodians of the tradition. Semi-structured interviews will be conducted with members of the community to determine their 1) Perception about Anti-FGM campaigns 2) The most influential stakeholder in the decision to continue or discontinue FGM as a tradition in the community 3) which strategy is most effective in combating FGM in a community.

How FGM research and learning from ending foot binding inform collaborative working strategies to end FGM globally. (Poster 6)

Dr Wilson, A. M.[1]

[1]*28 Too Many*

Background:

28 Too Many is committed to the sustainable eradication of female genital mutilation (FGM) in the 28 African countries where it is practised and global diaspora. Our model of practice has three elements of research, networking and advocacy.

Methods:

1. Producing comprehensive country profiles of FGM for the 28 countries where FGM is practised incorporating:
   a. primary research with communities where FGM is practised and with anti-FGM organisations
   b. secondary research using literature review including anthropology, sociology, religion, education, law and health
   c. reviewing quantitative research on FGM in each country
2. Analysing the common themes within countries and across borders
3. Comparison of anti-FGM programmes with the success criteria for the eradication of foot binding.

(Contd.)

Results:

During 2013 published country profiles of FGM for Kenya, Uganda, Ethiopia and Tanzania and key findings are:

- FGM remains a significant practice across East Africa but has reduced in Ethiopia and Kenya with 16 and 10 percentage point decreases respectively over 10 years in the prevalence rate of FGM in 15-49 year olds
- FGM prevalence varies by region and incidence is mostly restricted to specific ethnic groups. Furthermore prevalence among ethnic groups can be consistent regardless of national context, e.g. the prevalence among ethnic Somalis in Ethiopia and Kenya Somalis is c.97% which is similar to that of Somalia rather than national rates
- In Kenya 53.7% of girls with no education are cut and this reduces to 19.3% for girls who receive secondary level education. Similar trends were reported in Ethiopia, Tanzania and Uganda
- Successful interventions to end FGM tend to be community based, cooperative and inclusive (Kenya and Ethiopia). Where programmes and laws are felt to be imposed on a community there is evidence of the practice going underground (Uganda and Tanzania)
- The learning from the end of footbinding and successful programmes to end FGM indicate that collaboration between organisations to implement specific, bespoke solutions is effective in ending entrenched, harmful practice.

Conclusion:

Successful progression in ending FGM requires individualised action plans featuring:

- Inclusive approaches encouraging collaboration at all levels within communities
- Recognition of the anthropological drivers for FGM and collaboration across borders
- Long term funding for culturally relevant interventions suitable for particular communities
- Positive roles for community leaders, faith-based organisations and religious leaders.

United to END FGM (UEFGM) E-Learning Course for Health and Asylum Professionals. (Poster 7)

Kaili, C.[1]

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An estimated 500,000 women and girls living in the European Union (EU) are affected by female genital mutilation (FGM), with a further 180,000 at-risk each year. Meeting the needs of these women and girls requires that the asylum, health and social support systems of EU member states offer appropriate and accessible high quality services. The presentation aims to familiarise the conference participants with the realities of FGM in EU and focus on the presentation of the United to END FGM (UEFGM) e-learning course aiming to raise awareness of and improve knowledge about FGM amongst health professionals and asylum officers working in Europe, including midwives, gynaecologists, paediatricians, nurses, health visitors, medical and nursing students, asylum case and reviewing authority officers, asylum support centre staff, social workers, shelters and related NGOs. The course comprises six modules of core material, compiled and reviewed by leading experts in the field. Designed as virtual seminars, each module provides the practical information and specialised training required to support and guide those affected by FGM through healthcare and asylum procedures, along with extensive web-links to primary data and sources. The UEFGM e-Learning Course learning objectives are to; a) Provide specialised knowledge about the harmful effects of FGM on women and girls' physical, psychological, reproductive and sexual health, b) Provide specialised knowledge about FGM as a ground for providing international protection to women and girls affected by or at risk of FGM, c) Develop the skills required to better provide for the health needs of women and girls affected by FGM, d) Develop the communication skills needed to effectively protect female asylum applicants. UEFGM is funded by the END FGM European Campaign, a Europe-wide campaign led by Amnesty International Ireland in cooperation with a number of European NGOs, and endorsed by UNHCR.

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daphne

REPLACE 2

Researching Female Genital Mutilation (FGM) Intervention Programmes Linked To African Communities in the EU

For more information and to register online visit: **www.coventry.ac.uk/events/replace2**

For general enquires please contact: **info@replacefgm2.eu**