



The FGM Initiative

Summary of PEER Research

Endline Phase 1

Published May 2013

Contact:

Eleanor Brown

e.brown@options.co.uk

Head of UK Programmes

Options UK

Devon House

58 St Katherine's Way

London E1W 1LB

+44 (0)20 7430 1900

www.options.co.uk/uk

Table of Contents

1.INTRODUCTION	3
2.PEER RESEARCH FINDINGS	6
2.1 How have attitudes shifted since 2010?	6
2.2 Opposition to FGM	6
2.3 Changes in voicing opposition to FGM.....	7
2.4 Women and changes in generational hierarchies of power	10
2.5 Men’s opposition to FGM	10
2.6 The importance of sexual pleasure.....	11
2.7 Increase in religious opposition to FGM.....	11
2.8 Increased awareness of UK legislation.....	12
2.9 FGM as an abuse of human rights	14
2.10 Accessing care and support.....	14
2.10.1 Clinical services	15
2.10.2 Other sources of support	16
2.11 Reasons for project impact	17
2.12 Responses to increased public debate about FGM	18
3.CONCLUSIONS	19

Acronyms

AAF	African Advocacy Foundation
BAWSO	Black Association of Women Step Out
BME	Black and Minority Ethnic
BSC	British Somali Community
BSCA	Bolton Solidarity Community Association
BSWAID	Birmingham and Solihull Women’s Aid
BWFHS	Black Women’s Family Help and Support
FC	Female Cutting
FGM	Female Genital Mutilation
FORWARD	Foundation for Women's Health, Research and Development
GSWG	Granby Somali Women’s Group
NHS	National Health Service
OSCA	Ocean Somali Community Association
PEER	Participatory Ethnographic Evaluation Research
SCA	Southall Community Alliance

1. INTRODUCTION

About the FGM Initiative

Trust for London, Esmée Fairbairn Foundation, and Rosa: the UK fund for women and girls, three independent charitable organisations, have collaborated to establish a UK-wide Special Initiative to fund community-based preventive work to safeguard children from the practice of Female Genital Mutilation (FGM). By supporting organisations based within affected communities, the Initiative aims to strengthen the voice of women and children already affected by, or at risk of, genital mutilation in all its forms. Approximately £1 million has been invested in 14 organisations across the UK since 2010. Options UK has been appointed to monitor and evaluate this Initiative.

About this Study

Since 2010 a number of community organisations have been working to reduce women's and girls' vulnerability to FGM and Female Cutting (FC) in England and Wales, as part of the FGM Initiative. The impact of their efforts was evaluated using a Participatory Ethnographic Evaluation Research (PEER) approach, which provides insights into sensitive issues which people are reluctant to discuss openly.¹ A [baseline PEER](#) study was undertaken at the start of the Initiative in 2010, and this was repeated in early 2013. Over 260 people participated in both studies, with approximately 70 PEER researchers interviewing two to three friends each. In the 2013 report, 48 PEER researchers interviewed 94 respondents (giving an overall total of 142 respondents). The ages of PEER researchers and respondents ranged from 16-65 years of age, with an average age of 32, and exactly half of them had children. PEER researchers were women who had had some contact with the project (for instance, who had attended a workshop), who interviewed 'friends' who were known and trusted to them, in order to elicit detailed narratives on FGM in the UK.

PEER provides rich narrative data about the ways in which people conceptualise and talk about FGM in their daily lives. It does not provide prevalence (quantitative) data on how many cases of FGM there are, or how many women/girls are at risk. However, PEER does provide insights into what is affecting peoples' decision making, and community-based views on interventions to address FGM.

¹ More information about the PEER methodology can be found at www.options.co.uk/peer

Summary of Key Findings

In the areas where community-based projects have been active, strong progress has been made in raising awareness of and opposition to FGM across a range of key stakeholders. These range from religious leaders, parents, and grandparents, through to young women who had previously had, or are vulnerable to, FGM.

The key findings of the PEER study are that:

- **Opposition to FGM has largely increased, particularly among younger women** (girls and mothers), who are also exerting greater influence on household-level decisions about undertaking FGM. Women's length of residence in the UK and their perceptions of cultural and religious identity are key influences in attitudinal change, as is increased awareness of human, sexual, and reproductive rights, and of there being 'no benefit' from having FGM.
- **Some women continue to support FGM**, particularly older women (grandmothers), new or recent arrivals, and those who perceive it as intrinsic to their cultural identity and their perception of womanhood. Older women, however, appear to have decreasing influence on household-level decisions about FGM, particularly when mothers and girls oppose their support for the practice.
- **Young men who have been brought up in the UK either oppose FGM or are unaware of it**, with the latter strongly opposing it when they become aware of the practice. Contrary to the concerns of older women, young men do not regard FGM as a condition of marriage. Instead, many reported actively wanting a wife who had not had FGM. This is linked, again, to their perception of cultural identity, awareness of human rights, and increased awareness of both partners' right to sexual pleasure within marriage.
- **Older men's attitudes range across the spectrum**, with some viewing FGM as either beneficial or a 'women's issue' which does not affect them. Others have changed their attitude and are no longer in favour of FGM, particularly as a result of work by religious leaders to show that FGM is not required within religion.
- **Support for FGM on religious grounds appears to have declined significantly**, and religious leaders are playing an important role in helping to reduce arguments for FGM based on religion. In contrast, it appears that **FGM is associated far more strongly with cultural identity**, and this in part accounts for the difference in attitudes between younger people (adolescents and parents) who have been brought up in the UK and their grandparents and families newly arrived in the UK.
- **Awareness of UK legislation against and penalties for FGM has increased substantially** since the baseline study, as has its influence on preventing FGM. However, although examples were given of legislation preventing FGM taking place, it plays little part in changing underlying attitudes to FGM. Attitudinal change is more conditional on cultural identity, education, and empowerment (the latter particularly in the case of younger women and adolescent girls).
- **To ensure that government action is seen to be protecting the human rights and health of women and girls rather than a way of attempting to erase expression of cultural identity, it is important that messages about legislation are conveyed alongside ones that provide cultural affirmation.** These messages are best received

when conveyed by community workers, religious leaders, and role-model peers who are themselves members of affected communities.

- **People who are opposed to FGM are also supportive of the government’s interventionist stance.** Non-action by the government is viewed as ‘neglect’ or ‘lack of caring about ethnic minority communities’ in the UK. Some respondents argued that, ethically, the government should support wider awareness-raising about the law on FGM, as current knowledge was in some instances reported to be low.
- **Community leaders also play an essential role in increasing women’s access to health services for FGM repair and appropriate antenatal care.**
- **Women affected by FGM living in London are most likely to receive sensitive and good quality care from health professionals** with awareness of and the skills to respond to their specific needs.

Conclusions

1. There is a need for ongoing community-based prevention work, including: creating safe spaces for women to talk about FGM, using culturally affirmative approaches, and developing the confidence of community-based champions to counter the concept of FGM as essentially linked to cultural identity
2. There is strong support for the UK Government’s interventionist role, especially to improve the identification and safeguarding of girls/women who are at risk of FGM.
3. People supported and wanted to strengthen a community-based and culturally sensitive preventive approach, creating safe spaces for women and others to voice their opposition to FGM.
4. Respondents have valued the role that projects have played in supporting women affected by FGM in accessing clinical services. The project workers play a crucial health advocacy role promoting access.
5. Developing support for stopping FGM: there is strong consensus in the PEER data about those who do and do not support FGM. Future phases need to focus on where opposition is strongest and most directly linked to girl children/women at risk, namely young women, parents, and in some cases, men.

“There are many young people who are not all being influenced negatively like most parents claim. They should see that young people are achieving great things. FGM is not required to raise brilliant daughters.”

2. PEER RESEARCH FINDINGS

2.1 How have attitudes shifted since 2010?

The PEER data from the baseline and endline studies show significant shifts in practice, understanding, and attitudes towards FGM. The main changes found in this report include:

- a) Awareness of FGM in terms of its negative health impacts and illegal status has improved.
- b) Women and girls are more aware of being able to talk openly about FGM, and of being able to voice their opposition to FGM. Young people, and in particular young women, are more likely to strongly and publicly oppose FGM. There is strong evidence that FGM no longer occupies a 'taboo status' within some communities.
- c) Respondents identified that some women in some communities are more confident to take a stand against FGM than others – there is a need to reach out to other ethnic groups, including Gambians, Eritreans and Sudanese.
- d) In some cases, there is resistance to efforts to prevent FGM, which are framed as negatively presenting ethnic groups as 'backward' or 'barbaric'.
- e) Participants who discussed FGM in the context of religion no longer believed that it was religiously condoned, as many did at baseline. However, it is closely linked to cultural identity among those who support FGM.
- f) Women affected by FGM are becoming more aware of clinical support services, and community-based projects play a vital role in linking women into services and support.
- g) Among some groups, FGM is becoming increasingly recognised as a form of abuse of children's rights.
- h) There is strong support for a more interventionist approach by the UK Government to speak out against FGM as a form of violence against women and girls from affected communities.
- i) There is a strong concomitant concern that preventive approaches should not stigmatise the minority groups from affected communities.
- j) There is an emerging consensus on the importance of engaging men in prevention for FGM.
- k) There is still support among some respondents, particularly older women, to carry on performing FGM on girl children.

2.2 Opposition to FGM

The original 2010 data provided information on reasons for opposition to FGM, particularly in its most severe forms. In some instances it was suggested that this expressed opposition reflected respondents' awareness of the illegality of FGM in the UK rather than genuine objection. Only three out of a total of 130 respondents described FGM as an infringement of human rights.

The data obtained in 2013 indicate that opposition to FGM has possibly become more widespread (although it is hard to make a definitive assessment without large-scale quantitative data); it is certainly described more articulately and with greater vehemence, and, importantly, with greater detail and some change in emphasis for the reasons given. Table 1 below shows the types of opposition to FGM which are commonly referred to in the PEER narratives, and which can be built on in future phases.

Young women chose to abandon the practice – they are very angry about the damage. Black Women's Family Help and Support (BWFHS)

Table 1: Reasons for opposition to FGM

Type of opposition to FGM (in no specific order)	Reasons underlying opposition to FGM (2013)
Negative health consequences	Increased levels of general education
	Increased levels of awareness through organisations' efforts
	Awareness of the harmful consequences of FGM
	For women affected by FGM: contact with clinical services and with anti-FGM stance from medical workers
Health impacts	Knowledge of the absence of health benefits of FGM
	Able to differentiate between facts and 'myths' associated with FGM
That it is not advocated in Islam	Goes against Islamic teaching
	Not required within Islam
	Other prominent Muslim communities have strong faith but do not practice FGM
Causes pain and suffering for children	Seen as 'victimisation' of children
Results in physical and emotional problems with sexual relationships	Awareness of long-term multiple health problems
	Awareness of long-term emotional problems
	Realisation of damage caused to parental-child relationships
	Increasing awareness among men of the negative impact FGM has on sexual relationships
UK legislation	Awareness of potential length of custodial sentence
	Likely involvement of social services and possible removal of children
Becoming disassociated from a single cultural identity (acculturation)	For young people born in the UK
	Younger women (adolescents and mothers) have increased agency in decision making
	The decision-making power of older people (grandparents) is decreasing
	Young men do not perceive FGM as desirable in a wife. Many perceive it as abhorrent
	Young people are making their own decisions about life partners
	Increased awareness of multiple cultures
	Perception that a young woman's good 'reputation' is based on multiple factors rather than imposed on her as a result of FGM
	Increasingly negative perceptions among men and within their communities of other men who expect/desire FGM
FGM perceived as violence against women rather than 'completion of their womanhood'	
Increased access to sex education	Increased knowledge among parents and improved communication between parents and adolescents provides opportunities for discussion of unsafe sex

2.3 Changes in voicing opposition to FGM

'Voicing opposition' was a programme goal, and groups worked to encourage 'speaking out' against FGM. Although there has been clear progress in increasing opposition to FGM among many respondents, as in 2010 a range of opinions were expressed and support for FGM still exists among some individuals and groups. Respondents were firstly very aware that there was 'more fuss' around FGM, with people in communities speaking about FGM. This is a significant shift in breaking the 'taboo' status of FGM, which often existed at the beginning of the project. Secondly, these discussions appear to have crystallised people's opinions about FGM, mobilising opposition but in some cases affirming a pro-FGM stance. In many instances, women may have made their own

It is being discussed more in the community, they feel it is easier now for people to have a conversation but it is still not openly discussed and only in FGM workshops can it be discussed freely. Bolton Solidarity Community Association BSCA

More and more women speak out against FGM practice – before, everyone used to be silent maybe afraid. BWHFS

I'm so proud of anyone who speaks truthfully about FGM practice – people like to conceal the harm it does. BWHFS

I applaud the bravery of women who speak out in public – I don't think I could do it. BWHFS

decisions about the harm that FGM causes, but this did not always translate into a readiness to publicly 'voice opposition', reflecting the highly sensitive nature of FGM.

There also appears to be geographical variation in levels of support or acceptance of the practice, and this often seems to relate to the types of communities where people were located. There were clear differences between London and non-London settings in the PEER data, for instance. In some areas, ethnic minority communities are much more isolated than their London peers, both from a wider community with more diverse views, and from other ethnic minority communities who may also be challenging their support of FGM. The PEER narratives from some areas (and among some groups, see below) were more strongly supportive of FGM as an essential cultural expression. Narratives from areas such as Granby and Bolton showed a strength of support for FGM, as did data from areas of London where newly arrived communities tend to locate (for instance, East London). However, the data also demonstrated the importance of creating 'safe spaces' for women to express their opposition in areas where taking a public stance against FGM risked going against the opinions of some.

In a few cases, this renewed focus on FGM, and heightened awareness of it, seemed to have directly dissuaded those who would want to perform it on their daughters from taking this step.

I overheard my mum's friend saying: 'I went to Egypt and when I was there I considered circumcising my daughter but there is so much fuss around FGM now I was scared that people would find out.' This woman did not carry out FGM because she was too scared of the consequence. OSCA

There were definite patterns consistent across the data in terms of who does and does not still support FGM. Older people, particularly older women (grandmothers) were largely described as in favour of FGM. However, as discussed above, their influence as household-level decision makers appears to be declining. The extent to which failure to change older women's views on FGM should be of concern is, therefore, debatable. It could be argued that their presence and impact is declining over time and will continue to wane. A few respondents expressed concern that older people could still have influence on new arrivals to the UK; however, this may well be counteracted by negative messages on FGM expressed by key religious leaders, community support groups, and others who also have significant contact with and influence on newly arrived households and individuals.

Of more significance is that for some, such as older people and new arrivals to the UK, support for FGM appears to be closely linked to important perceptions of cultural identity and heritage (rather than religion, as was previously supposed). This perception seems to be harder to change.

When it comes to the community there is a split on FGM with some wanting it and some saying it's a bad practice. Women like myself think FGM provided women with dignity and kept them in check to behave and not divert from their religious beliefs. Many people in the community know FGM is not connected to religious practices and use this as an excuse to disregard who we are. FGM is part of who we are as women and this identity should not be lost... Granby Somali Women's Group GSWG

I would like FGM to continue because this is something that was part of my culture and defined me. Many people talk about the cutting associated with FGM but for me it is about the tradition and how FGM was part of my identity. The older women in my community want FGM to continue and I think they are correct because FGM defines who a Somali woman is. GSWG

People born in the UK really don't understand FGM and don't see FGM as part of their culture and do not keep that cultural reference with them. GSWG

In most educated people they don't want to continue FGM as they have come to the realisation that it is unneeded and causes complications that can be easily avoided. However, there are still people within the community who say that it is a deep-rooted tradition. A woman said: 'I am circumcised, my mother is circumcised, my mother's mother is circumcised etc.... therefore why, all of a sudden, is it against the law to do something that is our tradition?' This shows that the older generations have a deep-rooted belief in their traditions and see this project as making them lose their beliefs and almost attempting to westernise them. BSCA

Many of the narratives present a picture that exposure to multiculturalism is to an extent generational in terms of its impact on individuals' attitudes to FGM. For older women (grandmothers) and in locations, Granby in particular, where the Somali and other Black and Minority Ethnic (BME) populations are proportionally smaller than in other cities represented in this study, FGM is described as a way both of protecting cultural norms which define a 'good woman', and of asserting some control and stability within a social and physical environment that is unfamiliar, and which threatens to reduce their position within the household as the decision-making autonomy of young people increases.

There are also a very limited number of examples of a few young people perceiving FGM to be a way of addressing concerns about what is perceived as a

relaxing of sexual norms prior to marriage. In contrast, for far more young people, and to an extent their parents, the questioning of FGM is leading to the examination of traditional values and the incorporation of new beliefs and behaviours into their personal sense of cultural identity.

In some cases, the PEER data confirmed that some communities had been more engaged than others: some young women within Somali communities, for instance, reported that they felt much more confident to speak out against FGM, but that in other ethnic groups, FGM still retained its taboo status. Nationality or ethnic groups highlighted included Gambians, Eritreans, and Sudanese.

Young Somali girls are now more confident, they are more likely to speak out against FGM. BWHAFS

Somali women are brave, they speak out against FGM freely – Ethiopian women are less likely to. BWHAFS

Cultural identity is a complex issue and means different things to different people and groups. It is also important both to individuals and groups, and its significance should not be downplayed. This report, of necessity, only touches on the surface, and presents a relatively simplified analysis. Organisations working with different groups will be better placed to promote messages affirming that FGM is not a conditional component of cultural identity.

There are many young people who are not all being influenced negatively like most parents claim. They should see that young people are achieving great things. FGM is not required to raise brilliant daughters. Foundation for Women's Health, Research and Development (FORWARD)

2.4 Women and changes in generational hierarchies of power

It is significant that the groups of people expressing opposition to FGM have changed since the 2010 report was written. The most significant groups and the reasons for this change are discussed below.

Young people are absolutely against FGM. My niece went to Somaliland with her aunt and her relatives started to make plans to circumcise the niece but she refused and her mother, who was not with her but in the UK, called the family and asked them to leave her alone if she did not want to be circumcised. She came back unharmed... OSCA

I would not marry someone who supported FGM; that is how I feel. I have that power and I want to tell other girls that they have power too. BWFHS

Young women feel it has actually ruined their chances of marriages in the UK. BWFHS

Older people have less authority in family decisions including FGM – if mother doesn't want it, it won't happen. BWFHS

Many old people feel it was wrong to practice FGM but they didn't know any better when they were young and they were continuing the practice of FGM on their children, as did their own parent. BSWAID

My grandmother used to bully that one sister who did not have FGM and call her names and say things like 'you are stinking because that "thing" is still on you'. Nowadays, my older sister has four children and none of them have been cut. My grandmother cannot bully everyone and there is so many of them who are not circumcised in the family. We also have been trying to explain to her that being uncircumcised is really not a problem. It seems that she is accepting the situation. Of course, she is not happy about the situation but she is not as aggressive and abusive as she used to be. OSCA

There is evidence that those opposed to FGM (often born/brought up in the UK, and 'educated' women) have, or view themselves as having, greater decision-making power than was described in the 2010 report. As a result they feel they have greater agency and ability to influence decisions that were, in the previous report, described as being made by older generations, particularly their grandmothers.

There is also evidence of older women changing their views and becoming less supportive of FGM, or becoming silenced in their support for it.

Both increased autonomy of young and middle-generation women (e.g. mothers) and reduced support among older women are important, as together they provide a two-pronged approach by which to develop persuasive, culturally sensitive arguments for cessation of FGM. For example, some young women perceive FGM as actually reducing their chance of marrying, whereas in the baseline report FGM was believed, particularly by older women, as essential in order for a young woman to be accepted as a wife.

The younger man under 25 really doesn't want it, doesn't know it, and would not continue the practice. The older man, they understand you know, the over 30, this is wrong. I also heard from them that they don't want their future wife to have it. Like my father feels sorry for what he has done. Birmingham and Solihull Women's Aid (BSWAID)

Younger men are shocked if they know someone who has had FGM performed on her... Young people like my son, who was born in the UK, laugh when you mention FGM to him and he will say that 'you people are crazy and need to go back home and do your crazy practice there'. GSWG

The majority of men are against the practice and they will tell you openly they would not like to be married to circumcised women, but they would not make a big fuss out of this, or FGM in general, but it would not influence their choice of partner. It is not a breaking point. Ocean Somali Community Association (OSCA)

2.5 Men's opposition to FGM

The baseline report provided only limited evidence of men's opposition to FGM. This is now clearer, with information about young men's perception of FGM as an outdated practice that is alien to their own worldview of what makes a 'good' woman. In some cases, reflecting young women's anxiety, having a wife who had suffered FGM was explicitly described in negative terms.

The 2013 data also provide examples of older men

who have changed their views and, in some cases, have even apologised to their daughters for the suffering caused by their support for, or passive acceptance of, FGM.

It is also significant that some examples were given of explicit and openly expressed disapproval of other men who supported or requested FGM, and, in one case, this opposition was reported to result in attitudinal change.

Men don't want it (FGM) and there is a negative opinion of men who do expect women to undergo it.
FORWARD

Cousin got married and he expected his wife was to be cut. The community looked down on him and though he was not advocating for it he was expecting it. His wife/fiancée left for a while. Because of community/public backlash he changed his mind.
FORWARD

2.6 The importance of sexual pleasure

A small number of young people described a potentially significant issue in terms of changing attitudes towards sexual relationships. A few, mainly young, men and young women discussed the importance of both partners in a relationship obtaining pleasure from sexual relationships, and how this does not occur if a woman has experienced FGM.

Previously it was women who were against it and the reason was that it shouldn't be about satisfying men. Now there is the belief that both parties should be satisfied and so FGM is negative because if a woman is cut she will not find intimate relations enjoyable. FORWARD

When you see a man over 30 they also say it's not good, not nice, her feeling has gone. BSWAID

When I married my wife, my dad did speak to me and ask me whether I was ready for marriage and the responsibility that comes with this. Other things he spoke to me about was concerning whether I knew this girl was from a good family and had a good reputation, but he never asked me about FGM or even discussed this topic with me. This makes me think that it was not important and I have never spoke to my wife about this also. GSWG

Young girls feel future husbands should love them for them, regardless of them not being circumcised. BWFHS

This finding reflects indirectly those discussed above which describe shifts in generational and gender-based power hierarchies. In some cases, young people presented a picture of having greater agency in decision making and more open communication with their parents about relationship decisions, changing perceptions of what is seen as desirable in a future partner. Young men's negative perceptions of FGM are clearly important in supporting these shifts.

2.7 Increase in religious opposition to FGM

There appears to have been considerable progress made in overcoming, in many instances, what could be described as religious ambivalence towards FGM, in that 'Sunna' (pricking or drawing blood and removing part of the clitoris in order to draw blood) was frequently perceived as an acceptable alternative to more severe forms of FGM, while fulfilling what was described by many as a religious requirement for women. In contrast, in the 2013 narratives 'Sunna' was seldom mentioned. Other respondents, in 2010, described FGM as not necessary but 'desirable' and being in keeping with their religious faith.

The 2013 narratives describe what appear to be greater (and largely effective) efforts by larger numbers of religious leaders to prevent all forms of FGM, with messages being conveyed at mosques and through other communication channels that FGM is not only not necessary from a religious perspective but, in some cases, explicitly goes against and is forbidden within the Quran ('haraam').

This is a significant move forward in its own right, but the apparent willingness of some communities to accept these messages reveals an underlying trend, among many people and for a wide range of reasons, to be willing to halt the practice. It is noticeable, however, that this finding, unlike some others, is geographically concentrated in the London area and in other cities, such as Birmingham, which have a significantly larger number of mosques and madrassas than those cities with smaller BME communities affected by FGM.

Many women who use the 'Sunna' term have now stopped using it as they have realised that religion has nothing to do with this practice. As well as this, more women in the community have come to the realisation that FGM isn't mandatory; therefore, many women have made the choice not to circumcise their daughter. BSCA

Mainly, the religious groups have been vocal and clear it is not a religious practice and that has changed people's perception and how people perceive the practice... Religious people and young people, who grew up in the UK, are often among those who do not want to continue. For young people who grew up in the UK... they have friends from other Islamic countries and when they discuss this with them, they soon find out it is not an Islamic practice. That has influenced them, and also having greater access to information. OSCA

When you are in Africa you can still see people practice FGM but when you see inside the city it has stopped and everyone is against it. The Muslim people know that Islam is against FGM and, a lot of people, that's why they have stopped it. BSWAID

More and more people understand now that FGM is not necessary. Many Somalis are becoming more religious and are paying more attention to what their religion allows and what is against the values of religion... Particularly young men and religious ones are really against this practice but not the older ones who are more traditional. OSCA

When you mix with people from other cultures in the mosque they say this is haraam (an act which displeases God), which has changed many women's views... The reason why I have decided to leave my daughter alone is because I asked a woman from the mosque who teaches me Quran. She said that it was not written in the Book and this practice was attached to my culture and traditions, not the religion. GSWG

2.8 Increased awareness of UK legislation

There appears to be a substantially increased awareness not just that FGM is illegal, but of the consequences of breaking the law, with a number of respondents citing imprisonment for fourteen years. In the baseline study it was known that FGM is illegal but no one interviewed mentioned, or knew, the potential sentence.

In this data set, the likelihood of involvement with social services and the possibility that children would be removed from their parents in the case of FGM, or if it was considered to be a risk, were also widely discussed. Those who were least convinced that FGM would be discovered if undertaken were also those who strongly supported its practice.

Despite this, specific examples were given of FGM being prevented because of fear of breaking the law, which is positive, although a number of respondents were also critical of the lack of any prosecutions to date.

Whether anxiety, very much expressed as fear, about involvement with social services is positive is more debatable. It is likely that many families and individuals affected by, or at risk of, FGM are likely to be vulnerable in other ways, and social services should be a key official source of information and support. Whether social services are viewed as providing this is, unsurprisingly, not discussed in the narratives.

It is, perhaps, an expected outcome of organisations' efforts to highlight the health problems and human rights violations associated with FGM, as well as its illegality, that reasons for ceasing FGM vary. Ideally this should be because of an awareness of its inherent 'wrongness', but it is also important that people are aware that it is illegal, and that new arrivals to the UK are informed of this; legislation is, clearly, playing an important part in a comprehensive approach to preventing FGM.

It is because of the project people feel they should talk about FC so that they don't get in to trouble, for example going to jail, losing their children to social services or death... I always go to Africa for vacation every year. In 2009 (if) I heard a woman was coming from America or Europe I didn't think it was strange, I didn't feel much of it. But (in) 2010 when I hear women speak about some people going to Africa to do FGM to their daughters, I started telling them if someone does that they will be prosecuted. I was more aware of how bad the practice was and that it was illegal. BSWAID

The big change for the last three years was realising the change that happened regarding FGM in the UK law. My community assumed that only FGM will be prosecuted if you do it in the UK. BSCA

I think people are also more aware of the law on this issue and are frightened of being sent to jail because children are taught in school, if your parents do something wrong you can tell me; so they are afraid this will happen. Society has shifted because before it was OK to smack a child but now you go to jail and this is the same with FGM. GSWG

People in the community are aware that they have to abide by the law in this land and if they practice something which is not accepted there will be problems after, which will lead to someone going to jail for at least 14 years and losing their children. GSWG

People in the community know about the law in this country and they know it is illegal performing FGM on the daughters will lead to 10 years' imprisonment. BAWSO

To me, if people are only scared of the law that is not really a wanted outcome. I would like to witness a real shift in people's consciousness and a genuine understanding that FGM is child abuse and violates the rights of women and girls. OSCA

In the UK people do not want to continue the practice because of the legal implications. African Advocacy Foundation AAF

People are not in favour of FGM, not because they think the practice is bad but because they are frightened of what may happen if caught... I am not saying that some people haven't decided to move away from the practice due to the pain and suffering but I do think that the law in this country is the one fact swaying people. GSWG

I am personally not against circumcision. I would personally have done it to my daughters but I just don't think it is worthwhile all problems that I could get. The impact the law could have in the future of my family worries me. OSCA

A number of respondents viewed informing new arrivals to the UK about legislation as an ethical issue and felt that community organisations were fulfilling an important role in preventing possible prosecution of people who had unknowingly broken the law.

I heard Women's Aid workers talk about UK law about FC. I ask the worker, 'Why they inform the community of FC being illegal in UK?' She said they inform the community that FC is illegal so that communities are aware of it so that they don't continue the practice because they are not aware of the law and they end up being prosecuted. I really appreciate the work they are doing because many people would circumcise their daughter thinking it is the same as male circumcision. It will be very sad if the community don't know what practices are illegal and what is not. BSWAID

2.9 FGM as an abuse of human rights

In the baseline report it was reported that little evidence was found of FGM being framed or discussed as a human rights issue. It appears that this is still the case. A few respondents explicitly talked about FGM as a rights issue; more frequently this aspect was described in less direct terms, with some respondents likening it to domestic violence, and others as a gender-based issue through which men exerted dominance over women, or as victimisation of children. It does seem, however, that there is a generational divide in terms of awareness, with younger respondents more likely to talk about FGM in relation to human rights (directly or indirectly), while older people are described as more influenced by UK legislation.

The reasons for the lack of discussion of FGM as a human rights issue are unclear, but two possible causes can be put forward. The first is that the concept of human rights may not be well understood (within the concept of FGM) and not seen to be of immediate relevance to some affected communities, particularly when practical concerns such as housing, income, and coping with arrival in a new country may be at the forefront of people's minds. Secondly, it is likely that the focus of the organisations involved in the Special Initiative will also influence the language and ways in which messages opposing FGM are presented. Some organisations explicitly address human rights issues in their work. Others focus more on providing health and community support to single or multiple ethnic minority groups. These latter organisations, for multiple reasons, are either less comfortable with or reluctant to frame their activities or organisational identity under this term.

It is young people like me often who do not want to continue because we have not been victimised and we don't see why we should victimise our children. OSCA

I see FGM like domestic abuse, which no one really talked about but everyone knew it was happening. GSWG

Education has helped people truly see FGM for what it is, a way of keeping women from having the freedom to say no and decide what they want to do with their lives. GSWG

Young women see FGM as violence towards women rather than a completion of their womanhood. BSCA

Young people born and educated in the UK have the awareness of their human rights and do not wish to do the practice FGM. BSWAID

At the FC women's group and events, we learned that it is a child abuse and a violation of the Human Rights Act. BSWAID

2.10 Accessing care and support

The 2013 narratives contain greater levels of information on sources of care and support both for those who are affected by FGM and for those at risk of it. Sources of support range from community-based organisations to clinical practitioners who undertake FGM reversal. Midwives are also included as practitioners who can provide sensitive and appropriate care to women affected by FGM. Overall, respondents in Granby reported fewer locally-based support services and higher levels of culturally insensitive care being provided by midwives and other service providers. This is likely to reflect the proportionately small number of affected women in relation to the wider population and, therefore, a lack of familiarity with the occurrence and implications of FGM.

2.10.1 Clinical services

Women affected by FGM can access clinical services for FGM reversal (de-infibulation). Most do this antenatally, through midwifery services. Levels of knowledge of services available and the quality (sensitivity) of care provided varied largely by location. Overall, respondents in locations such as Bolton and Granby had low levels of awareness of clinical services but also viewed this as the possible result of a lack of appropriate services (particularly clinical services) or organisations able to provide emotional and other support to women affected by FGM. In London, GPs and midwives were mentioned far more frequently as sources of support and information.

There isn't much support available in terms of clinical support but there is this BSCA project, so that is a start. BSCA

I am not aware of the support services available for FGM victims. But I have heard of a woman in the UK whom women can see to undergo infibulations following childbirth. She informs women that it will be done at their own risk and she is not responsible for any consequences. BAWSO

There are only two clinics in London where women can go for support and information. I am particularly upset that the centre at Waltham Forest was closed. It was the only centre not based in a hospital and we could offer a holistic service to people affected by FGM in a community centre where they were made to feel comfortable. There are no local clinics that people could go to. OSCA

I know about the project at GSWG group but elsewhere there isn't anywhere that someone can go. If you have issues due to FGM, then many women are reluctant to go to their doctor because most doctors are males and they think they will not understand, or it's embarrassing, or they are not willing to be judged. GSWG

One woman told me she got pregnant and she didn't know that in the UK they didn't know about FC. She said when she was in labour she went to hospital and the health professionals were looking at her vagina shocked and wondering what happened to her down there. The woman didn't speak English and she became uncomfortable everybody looking at her private (parts) talking about it in a shocked way. She said here she was in agony and the medical people were looking at her private area and talking in a language she didn't understand. She said she felt insecure and frightened. She said the distrust she felt about the medical team was worse than the labour pain she was experiencing. She felt she was a show and she became worried and alone and she felt she couldn't trust these people who were looking down on her and disrespecting her. BSWAID

In non-London locations, in particular, the lack of familiarity of service providers with FGM was discussed by many respondents, as was a lack of same-sex service providers for Muslim women. Not only does professional lack of awareness of FGM and women's sensitivity about its impact on levels of clinical care; it also profoundly impacts on women's experience of engaging with health professionals, often at a key stage in their life and health, and is thus likely to influence their willingness to interact with service providers in the future.

Women who have experienced FGM often first encounter clinical services in the form of antenatal care, rather than seeking clinical services specifically as a result of health problems resulting from

FGM. With support from community organisations it is possible for women to develop enough confidence to access other clinical services; however, women wishing to have FGM reversed are often concerned that this should not be known by others outside their immediate family, owing to anxiety about how this will be perceived. As a result it is essential that information on safe, qualified practitioners should be easily available and that other health professionals should have correct and up-to-date information on appropriate referral services.

While services that are local and thus easily accessible are viewed as important, respondents also described the need for confidentiality and that this often results in women utilising private service providers (whether these are licensed or not is unclear) in order to avoid the risk of being seen attending NHS services. In a few cases respondents had seen

advertisements on Somali TV and other channels for private clinics in London. In one case an advertisement for private services for re-infibulation after NHS de-infibulation had been seen.

2.10.2 Other sources of support

Community support groups or community workers engaged in FGM prevention activities were frequently described as the first point of contact for women wishing to seek care for either FGM reversal or treatment of ongoing health problems resulting from FGM: respondents had high levels of trust in their knowledge of FGM, access to information, and confidentiality. Some organisations are also providing an important service by directly increasing women's access to specialist health professionals, facilitating opportunities to meet initially on a non-clinical basis in order to develop levels of trust. This also enables women to make informed decisions about future interaction with these health professionals.

Many people who are affected by FC don't know where to go for FC medical support because GPs and health professionals don't know themselves where to refer people who suffer FC and they don't know much about FC. Advocates usually know more and raise awareness on where to go for medical help, and during FC events the people in the community who attend meet specialised midwife and they feel comfortable in talking with her and referring themselves to her clinic.
BSWAID

Levels of knowledge among organisations and trusted professionals other than those directly involved in the Special Initiative were highest in London. This is likely to reflect both the number of organisations able to provide care and support, and the size and proportion of ethnically diverse communities in relation to the population.

Some people identified their mosque or madrasa as an important source of advice or support, while others, particularly in London and Cardiff, were relatively confident that NHS staff would be able to provide clinical support. These included:

- NHS Hospitals
- GPs
- Specialist midwives
- African Well Clinic
- Infibulations following childbirth
- Private clinics in London advertised on TV.

There are a few places people in the community know about that they can go for support and assistance with FGM. Women have gone to the doctor and explained their situation and then been referred to the hospital to help them with FGM. Some people go to community centers and ask for assistance with FGM if they know there is a support worker who can help with FGM. GSWG

Other respondents described informal support networks as key, particularly family members, friends and community members who could also provide practical support, such as interpreting, when communicating with health professionals. However, as is described later in this section, some women find that the views (or concern about the potential response) of family and the community inhibit their efforts to access care.

I think a lot of people go to the community for support and help. If I have a problem with my health or the other women in the community do, we go to people in the community who we trust and will help us talk to the doctors. As we do not speak the language we have to rely on others helping us with problems that we face. But also some women do not speak to anyone and suffer in silence, especially the older women. Over the last three years the number of people who can interpret for us has gone down and there are only a small number of communities in Liverpool that offer support. GSWG

The media was described as also playing a part in providing information, particularly the Internet and Somali TV channels.

Of concern, however, is that some respondents were not able to identify sources of support, and others described NHS services as sometimes being unable to provide appropriate care (as discussed earlier in the report). Some individuals were also reluctant to discuss FGM-related health problems with their GP or other potential sources of support as they were concerned about lack of understanding or were too embarrassed to reveal that they had experienced FGM. These respondents often had concerns about not being able to access same-sex health professionals and/or about how seeking care would impact on their relationship with their family or the wider community.

The worry is you might talk to someone who doesn't understand.' BWHFS

I think FGM is such a sensitive subject that many people are afraid to admit that FGM has been carried out on them because they don't want to get their mothers in trouble or be looked at differently by the community. Those who are in need of medical help know about the project and have asked the support worker for assistance with their problem but a lot of people don't have that confidence and suffer in silence. GSWG

I know about the project at GSWG group but elsewhere there isn't anywhere that someone can go. If you have issues due to FGM, then many women are reluctant to go to their doctor because most doctors are males and they think they will not understand or it's embarrassing, or they are not willing to be judged. The other place which one would turn would be your family but if they are the ones that have circumcised you then there will be alienation and anger already because they are the ones who are responsible for the problems you are having now. GSWG

For these women there is a need to continue efforts to educate health professionals on appropriate care, and to increase further messaging about sources of support. This is particularly the case in settings where women at risk form a relatively small proportion of the population and health professionals and less frequently present for care than in other urban locations with larger multicultural populations.

2.11 Reasons for project impact

This section of the report identifies the reasons for the project's impacts (discussed above) as reported in the 2013 narratives. The greatest, and closely interconnected, changes appear to be:

- Increasing public debate and education on FGM
- Enabling people to talk about FGM in new ways.

The specific impacts of these changes have been discussed in the main body of the report. Although reported changes in knowledge and awareness, attitudes, and behaviour of interviewees have been in large part influenced by the project, it is beyond the scope of this report (which focuses on participant narratives) to identify the extent to which other external activities have also been of influence. As a result, this section of the report concentrates on respondents' views on the project's achievements, both positive and negative.

The ways in which FGM issues are communicated are different from those described in the baseline report in that they are now being addressed very publicly, for example by religious leaders; they are also spoken of more openly within households and the wider community. This is a marked difference to the 2010 data, which revealed a strong ethos of silence around the issue.

Not only is FGM now openly discussed, but the language and way in which messages are communicated seems very different. Less severe forms of FGM (Type 1, or 'Sunna') seldom appear to be discussed as 'alternative' forms of female circumcision (although in some instances what is frequently described as 'Sunna' is still viewed as acceptable). This indicates a shift towards rejection of not just the physical act of FGM but the concepts of cleanliness, purity, and protection which were often used to frame positive perceptions of FGM.

The language used also appears to be more assertive (as shown in many of the quotes throughout this report) in terms of its depiction of the harmful ideology (from a gender perspective) and health impacts of FGM. There is greater use of a human rights and gender-based violence discourse, and what is particularly encouraging is that some progress seems to have been made in getting men (both young men and those of their fathers' generation) to engage actively in discussions to promote attitudinal and behavioural change.

2.12 Responses to increased public debate about FGM

The focus of this report has, so far, largely been on positive progress achieved in preventing FGM. It is, however, also important to discuss what has not changed or has had a negative impact.

As is to be expected, some people (often older women) object to public discussion of FGM on the grounds that it is both a private issue for the individual but also an inappropriate subject for open discussion, particularly by men. Others object on the grounds that

opposition to FGM is, or represents a rejection of cultural heritage and imposes negative value judgements on their sense of tradition, ethnicity, and gender identity.

What I hate most is that even some men are talking about it. If they want to marry an uncircumcised woman fine but to go into so much detail about women's private parts is unacceptable. OSCA

One day I was watching Channel 4 with my friend who is a Somali, when FC programme came on and there was Somali women being interviewed about FC in their community and why they practise it... My friend was really angry with the Somali women for speaking out about FC. My friend is 23 years old and she doesn't believe in FC but she doesn't like her community being talked about negatively. No, the programme was not negative but she feels FC is a negative issue and she says we should only discuss it within the community and not on TV. BSWAID

I don't chat with people and no one speaks about it anymore. If they know about a talk or awareness session they don't want to go because they consider it a shame thing to mention or talk about it. BAWSO

I try to avoid all gatherings regarding FGM but you sometimes hear people talk about events they attended at Oxford House which discussed FGM. I only think 'here they go again'. OSCA

Those who speak out are called all sorts of names: whores, traitors, wreckers of kids' lives, angry vaginas. They are stigmatised and accused of being brainwashed by the 'West' and sometimes even insulted and attacked in public. OSCA

A few respondents believed that banning FGM will result in changes to sexual behaviour and equated this to increased sexual freedom and activity among young unmarried women, although no evidence was provided that this was occurring. For some, maintaining cultural heritage is still inextricably bound up in controlling young women's sexuality.

Similarly to the 2010 report, there was some discussion of continuing ignorance among young people brought up in the UK and, in particular, apathy among young men regarding the need to address the issue of FGM. Young men were described as knowing little about

FGM, but when informed about it were strongly opposed to its practice. Older men were more often described as not seeing it as their duty to intervene, although several examples

were also given of older men expressing guilt at having condoned or tolerated it within their families.

Although some respondents expressed concerns about continuing ignorance of and apathy towards FGM, it nevertheless seems likely that positive efforts need to be made to reduce the perceptions expressed by some, that FGM prevention efforts have reached saturation point. A number of respondents described avoiding situations where the existence of, and the harm caused by, FGM would be discussed. Whether they choose to engage actively in public debate is a matter of individual choice. What is of greater concern, however, is that in some instances people told of abuse being directed at women who spoke out in public.

Despite the efforts of the projects within the Initiative, FGM remains a contested issue for some people and within some communities. One of the project's key achievements has been to bring this issue into the public arena within affected communities. The increase in open discussion has had some major achievements; it is important to build on the progress already made and to continue to educate people and enable them to make informed decisions within the framework of UK legislation and the international human rights agenda. There is still progress to be made, opposition to be overcome, and women and girls in the UK who continue to need protection from FGM. Some respondents expressed anxiety that if efforts reduce at this stage then progress may not only halt but actually regress.

In the last three years plenty of things have changed. People have started to know about it (FGM) and have started to fight to stop it because they know that it is really bad. FORWARD

It is much easier for people to discuss FGM without shying away and avoiding as it is such a sensitive topic. In the beginning of the project it was an avoided topic and seen as rude to talk about circumcision. However over the course of the project there has been a massive shift. However there are still those that will walk out of a room where they hear FGM being discussed. BSCA

Many non-educated people have rejected FC after hearing from the FGM worker the health effects of FC. Many people in the community have said because of the FGM awareness they received they felt it is dangerous and meaningless to practice FC. BSWAID

The general campaigning of this project has given the community a rare chance to discuss and highlight the risks involved with FGM. The community is now open to new ideas, moreover I have also noted that people can ask questions that they may consider embarrassing and that they normally would not ask before. They are not ashamed to ask questions regarding FGM issues. Everyone is talking about it so they feel more confident to ask any questions. OSCA

The project has a great impact on my community, it informed mothers, fathers, grandparents and young girls about the health, emotional and mental health impact and I think opinions are changing. SCA

3. CONCLUSIONS

a) Attitudinal change

This report has described some positive steps made in shifting attitudes in support of FGM, including debunking religious justifications for this practice. It now appears that resistance is stronger among older people, the culturally conservative, and newly arrived people, who perceive there to be strong links between FGM and cultural identity and heritage. This is important in that it signifies that, in the UK, the issue of FGM is closely linked to other issues associated with acculturation and individuals' positions as BME persons within society. For some, FGM is still linked to 'protection' of girl children growing up as UK citizens within a sexually permissive culture. Young women, however, see FGM as linked to their empowerment within the household and society. A phrase that was repeatedly used by young women was that FGM has 'no benefits'. This is a message that could be built on from both health and family well-being perspectives (in terms of avoiding prosecution of parents).

b) Perceptions of UK Government role in opposing FGM

The data showed that most respondents did support a more interventionist and preventive approach to be taken by UK Government authorities. Those who oppose such action are also often supportive of FGM as a 'cultural practice' to be maintained as part of cultural identity. Lack of intervention is equated with not 'caring enough' to protect young women/girl children from FGM. The lack of prosecution in the UK for FGM was highlighted by some as evidence of governmental neglect.

This has implications for preventive approaches: strong messages about the law need to be included within a culturally affirmative stance. There is a need to avoid stigmatisation by ensuring that efforts are framed in terms of 'communities' or multiple groups affected by FGM. This also confirms the need for efforts to improve the detection and referral of girl children/women at risk of FGM.

c) Delivering a preventive agenda

The data highlight the need for an ongoing role for community-based prevention, through creating safe spaces for women to talk about FGM, using culturally affirmative approaches, and developing the confidence of community-based champions to counter the concept of FGM as essentially linked to cultural identity. When asked about what more needed to be done to challenge FGM, respondents identified the need for these messages to be given by people from within the communities themselves.

Most people are aware of the law on FGM and that a 14 year sentence is attached but many people in the community say, 'How will the government detect this?' and they are right, how will they? I think the UK Government's view on FGM will not influence many but condemnation in the community by important leaders, women and political figures will actually reach the community and change the mindset of many people. GSWG

They know that it is illegal that is why it is done in such a secret way but the government needs to speak out. FORWARD

I think nobody is really interested – it is a small issue and affects minorities. Most people do not know how they can influence the government to take FGM more seriously. FORWARD

There is some evidence that awareness of the law has acted to lead people to question their support for FGM, but this data also highlights that prevention of FGM has encompassed a more complex understanding of FGM as harmful, reflecting the respondents' exposure to more long-term prevention interventions.

d) Supporting access to clinical services

The data show that when women access clinical services for FGM, this often presents an opportunity to build awareness of the health-related harms of FGM and of the law. A number of community organisations are playing an essential role in increasing women's awareness of and access to services, especially in areas where specialist clinical services are not available.

e) Developing support for stopping FGM among different groups

There was consistency in the data in describing the attitudes of different groups to FGM within the communities. Young people, particularly young women, are most clearly and vocally opposed to FGM, with support for FGM strongly related to age hierarchies or acculturation within the UK. Older women are consistently the strongest supporters of FGM; however, approaches which empower women's voices within the household and outside of it are likely to be more effective than trying to shift support among older generations.

Younger women who have just arrived in the UK, or those who know relatively little about FGM but continue to return home, emerge as strong risk groups. Attitudes among men support the consensus among stakeholders that more could be done to engage with them.

About the funders

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

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

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;*
- *have an equal voice.*

Rosa will achieve this by championing women and girls, raising and distributing new funds and influencing change. www.rosauk.org

About the evaluators

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 was launched in early 2006 to provide technical expertise to service providers, policy makers, and commissioners in the UK. Working with the NHS, local authorities and Third Sector organisations, the multidisciplinary Options UK team provides fresh, innovative, and practical advice, support, and solutions to providers and commissioners of health and social care services.

To learn more about Options UK, visit 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 or see www.options.co.uk/peer.