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Extract from report: Feedback from 'Untold Stories' conference, Leeds BME Women's Forum. 12 March, 2014.

EQUALITY NOW: FGM

The aim of this workshop was to raise awareness in Leeds of the issues arising to individuals and service providers across Leeds. The objective was to focus on the challenges and barriers of individuals and services; individuals who have experienced FGM and seek support, and services providing support.

Why does FGM happen?

Female genital mutilation is done for a range of reasons, mostly cultural, on girls in various parts of Africa and the Middle East; however, this has spread to other countries such as Malaysia and Indonesia due to migration.

FGM is defined by the WHO as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons". It is recognised as a violation of the human rights of women and girls. FGM reflects deep-rooted inequality between the genders, and constitutes an extreme form of abuse against girls, and, less frequently, women.

Workshop discussions

The discussions by different services and victims highlighted their understanding of FGM within those communities and how difficult this issue is to deal with as it is culturally embedded.

There were two main focuses - raising awareness and the lack of resources.

Awareness:

- If the elderly of the community who perform the procedures were more aware, they may have a different approach
- It is important to give both a health and legal perspective to practicing communities
- If FGM was part of all safeguarding policies, it could help services to follow a consistent approach
- Working with survivors of FGM would support services and communities to understand the needs

Resources:

- Professionals are unclear of support pathways. There is no formal referral mechanism at present and so it is unclear where to move women on to when they do actually seek support
- There is a form of institutional collusion that is not present with other forms of child abuse

Overall, services seek support in training and believe that it is paramount that this takes place in schools and health services and other publicly-funded institutions in order to protect young girls from being subjected to FGM.

There needs to be a city approach to invest in and strengthen existing services, such as City of Sanctuary, Welcome to Leeds and the Migrant Access Partnership. Michael Gove MP, Education Secretary recently agreed to write to all primary and secondary schools to highlight this issue and enforce their duty to protect school girls.

The Cluster approach offers a good mechanism in which to cascade messages, but unfortunately schools themselves do not always put aside safe areas where children feel free to share confidential information with Cluster team staff. This message can be strengthened by the support of the Council and NHS to ensure this is actioned in Leeds.



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Individuals

Individuals shared their experiences of deep-seated psychological issues, stemming sometimes from the procedure itself, or in later years following puberty and/or childbirth. Many reside in the most deprived areas of our city and private counselling is out of their reach. NHS talking therapies are often too short to make an impact on their multiple, complex mental health issues.

Raising awareness of what the procedure involves with men was considered to be important in the bid to end the practice within communities.

Society need to place greater value on women and their bodies. Women's voices need to be heard and they should be encouraged and supported with self-esteem issues to share their stories. They felt that the more people talk about FGM, the better. The ripple effect of people talking to their networks can be significant, as we have seen with recent petitions lobbying for action on FGM. The positive effects will be twofold:

- greater awareness within society
- breaking down of stigma within practicing communities

Women frequently feel judged. They are victims too and need to be spoken to with sensitivity and respect. Befrienders are a huge source of support for women. Often, they feel isolated and the trust that they build up means that they feel able to talk and open up. These relationships can help the risk of FGM to be detected early on. Funding has been massively reduced but this is one of the key priority areas.

Services

Service providers need funding that fit for purpose. Often, FGM has to be shoehorned into general women's services. Children must be in a different room while FGM is being discussed and crèche facilities and private spaces are needed.

There must be more efficient signposting to support organisations. Women usually have multiple, complex Mental Health issues, so treatment is not cheap. Talking therapies are a quick fix and more intensive, longer-term psychological treatment is often required. While they are waiting for treatment, they may suffer a relapse. Also, there is nowhere to move women on to once they're as resilient as they can be.

Training on a rolling programmes scheme for newly appointed teachers, midwives and other professionals is required, so that they can recognise what is taking place at source. Some teachers have said that it is impossible to detect everyone, but school nurses can help.

There was recognition that Social Services are burdened but the lack of joined-up approach across the UK is putting children at risk. For example, an individual told us that when doctors in a London hospital discovered she'd had FGM, they took her child away. She was then asked whether FGM would be performed on her daughter. When she said no, that this was the reason she'd fled her home country, this information was taken at face value and her child was returned to her. Several days later she was dispersed to Leeds and was not checked up on by Social Services after this point. She strongly feels that others may lie and that more rigorous checking is vital.

GP surgeries are often the first place where ladies who have undergone FGM will present. Practice health champions in three Leeds surgeries, soon to be extended to a further five, have been working closely with GPs. Training on FGM for them and other health educators would be useful. Good practice includes individuals who have been subjected to FGM talking about what is involved and how it has affected them to student midwives and nurses.

Leeds City Council now has responsibility for public health. A mapping exercise on how FGM is being addressed in Leeds would help to identify gaps and potentially facilitate collaboration.