

Lived Experiences and Impacts of UK's FGM Safeguarding Policies and Procedures – Bristol Study

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What are the practical steps we need to take to end FGM in the UK?

As MPs discuss a national action plan to end FGM, campaigners explain the practical steps the country needs to take to eradicate this abuse.



Government's efforts, backed by estimates that...

60,000

girls in the UK are born to mothers who have undergone FGM, and therefore are 'potentially' at risk of FGM



Serious Crime Act 2015

A swathe of policies and procedures introduced :

- The **FGM Mandatory Reporting Duty**
- New court powers, **FGM Protection Orders**
- **Routine safeguarding** and **risk assessments** were also instated in healthcare, education, and social care and at UK borders.

The policies have given FGM a
special status within the national
approach to child safeguarding

Emerging concerns...

- Estimates of risk may be overestimated
- Increased reluctance among girls to access FGM-related services
- Expressed distress and concerns over experiences of safeguarding
- Increased demand for legal and counselling support

The Bristol research

African diaspora communities:

24 women and **15 men** from diverse ethnic communities interviewed, through 4 focus groups, and 11 in-depth interviews.

Somali, Sudanese, Egyptian, Gambian,
& Sierra Leonean

Statutory professionals:

7 statutory professionals interviewed, including healthcare staff, teachers, social workers and the police.

FGM MANDATORY REPORTING DUTY



The FGM Mandatory reporting duty requires professionals in England and Wales to report known cases of FGM in under 18-year-olds to the police.

It applies only if a girl **discloses** that she has had FGM, or when there is **physical evidence** of FGM.

Observed impact

- Concerns that report made to the police were often **unsubstantiated** and **influenced by bias**
- Families are forced to **face complex legal processes** after a report of FGM without sufficient evidence
- Professionals are concerned that having a mandatory reporting duty **only for FGM** risks **stigmatising** certain communities



There are huge problems in the way it [the FGM Mandatory Reporting Duty] is implemented, because there isn't enough understanding for people to be able to report with any sort of good knowledge.

— **Local Councilor**



[the FGM Mandatory Reporting Duty] singles out FGM as a particular issue, which can be stigmatising for a community. We should be looking at safeguarding as a whole, and teaching professionals to spot the signs of any abuse within any family.

— Police Detective

FGM SAFEGUARDING IN SCHOOLS



FGM safeguarding guidelines include a list of risk indicators to help professionals identify if FGM has occurred or if a girl is at risk, including:

- A child's mother has undergone FGM
- A girl has frequent urinary, menstrual or stomach problems
- A family is travelling for an extended period of time to an area with a high prevalence of FGM

Observed impact

- Many families were **referred to social services** based only on their holiday plans or their daughters' frequent bathroom visits
- Families with no intention to subject their daughters to FGM faced **unjustified scrutiny**, and **felt violated**
- Concerns that increased focus on FGM could **undermine the welfare of young girls** as signs of other health issues could be misinterpreted or overlooked.



When children are going on summer holiday, mothers face fear. [...] The assumption is that you are going on holiday and you are doing FGM to your daughter. It's really the holiday that you were thinking about.

— **Asha, Somali community**



You haven't committed a crime. They don't need to come to your house and make you feel like you're a criminal in front of your children [...]. A lot of people get stressed because of that.

— **Safiya, Sudanese community**



Schools are supposed to do their own risk assessment to assess the family and only refer to social care if the parents actually pose risk. Nobody cared. Rather than actually looking at the documentation, they just decided that everyone going to Africa should be referred to social care.

— **Social worker, Bristol**



...if a young girl goes frequently to the toilet, you've a girl who is developing into her adolescence, she could be having her period [...]. If we just say: "the only thing she has is FGM", because of her ethnicity, it actually creates an unhealthy environment for the young girls, because all their other issues have been ignored.

— Yusuf, Somali community

FGM SAFEGUARDING IN HEALTHCARE



In healthcare, the **FGM Information-Sharing System** allows healthcare staff to indicate a **potential** risk of FGM on a girl's health record if she is born to a mother who has had it.

Medical staff can use this information to perform FGM safeguarding during routine healthcare services to mothers or pregnant women who have undergone FGM.

Observed impact

- Women endured **repetitive** and **uncomfortable** conversations about FGM during routine healthcare appointments.
- Alarming instances of girls being subjected to **unjustified physical examinations** to check if FGM has been performed.
- **Trust and engagement** between health professionals and communities are **damaged** because of these experiences.



Families have told me that if, for example, their child starts bed-wetting, or has a rash or any other illness that is common with young children, they will think twice before taking their child to see a doctor or to A&E.

— **Maryam, Somali community**



What do they mean by ‘potential risk’? I want to ask you [...]. Is it because the mother has had FGM, so she’s definitely going to do it to her daughter? If that’s what they mean, then they’re wrong. Because I had it - I would never do it to my daughter!

— **Asha, Somali community**



You've got this label attached to you on your health records. If there's a flag that pops up, then I've framed the conversation from the outset and I've put you in a state of mind to have a certain type of discussion."

— School safeguarding lead

OPERATION LIMELIGHT



At UK airports, border force and police officers focus on passengers travelling to and from countries affected by FGM. It can involve interviewing families to determine if they are travelling with intent to perform FGM.

Observed impact

- Families felt **discriminated against** and **harassed**, having been pulled aside and interrogated about their travel.
- Parents believed that the **colour of their skin** was the sole basis for their selection from among other passengers
- Racial profiling and excessive scrutiny are causing **anxiety** and **distress**, and is having a significant toll on parents' mental wellbeing



Why do we have to be stopped
at the airport when we are
actually just going on holiday
like anyone else?

— **Safiya, Sudanese community**



Every time you want to go somewhere your plans are going to be scrutinised [...]. So, I suppose they are constantly living with it in the back of their minds and it must put pressure on them, and they must worry about what impact it has on their children

— Police Detective

CUMULATIVE IMPACTS OF FGM SAFEGUARDING



Observed impact

- Persistent feeling of being “**suspected**” of wrongdoing, repeatedly **singled out** and treated **differently**
- Significant **toll on mental health** and wellbeing, and family cohesion
- **No support** for families who suffered because of FGM safeguarding
- **Damaged trust** between professionals and diaspora communities
- Existing **grassroots community engagement** and FGM awareness-raising work had been **jeopardised**



There is a disruption of harmony and cohesion, and it's very distressing. Sometimes it can lead to a break-up, or to poor child-parent relationships [...]. It can lead to depression, anxiety, and mental health illness

— **Zakariya, Somali community**



As far as I know, there are no services in place to help families affected. There is no support for the families who have been hindered or intimidated by the officers at the airports, or professionals who did a mistake.

— Idris, Somali community



I think there is this idea of feeling stigmatised or discriminated against, [and] it could lead to [a] breakdown of relationships with professionals, be it healthcare professionals or even teaching.

— **School safeguarding**

REFLECTIONS AND RECOMMENDATIONS



An urgent need for a **6-year review** of the Serious Crime Act 2015 & FGM safeguarding procedures

- Review **professional's training** – ensure better understanding of FGM, adherence to guidelines, and reduce the influence of bias
- Release and **analysis of data** on FGM mandatory reporting, among other safeguarding procedures
- Review of FGM safeguarding **risk indicators** guidelines
- Assessment of **routine safeguarding** approaches in healthcare and at UK airports
- Further **national research** on experiences FGM safeguarding

It is crucial that a **community-centric** approach is integrated into national FGM policies and prevention efforts.

- Recognition of the positive role that communities themselves have played in ending FGM
- Engage communities fully in the design and delivery of safeguarding policies
- Provision of care and support for those affected by FGM practices and safeguarding

DO NO HARM

- FGM is a crime, we have zero tolerance to FGM
- Living a life free from harm is a human right & a requirement for health & wellbeing.
- It is incumbent on us all to guard against any negative consequences that FGM safeguarding
- We must protect girls from FGM whilst enabling a supportive and safe environment free from harm, stigma and distress.

FORWARD

'DO NO HARM'

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Read the full report

<https://www.forwarduk.org.uk/forward-publications/fgm-safeguarding-bristol-study/>

FORWARD

BREAKOUT ROOMS

- **QUESTION 1:** How do these findings compare with how you have previously viewed the issue of tackling FGM in the UK?
- **QUESTION 2:** What would you say are the priorities for next steps, and why?
- **QUESTION 3:** Can you think of possible ways that diaspora communities could be effectively engaged to inform FGM policies?