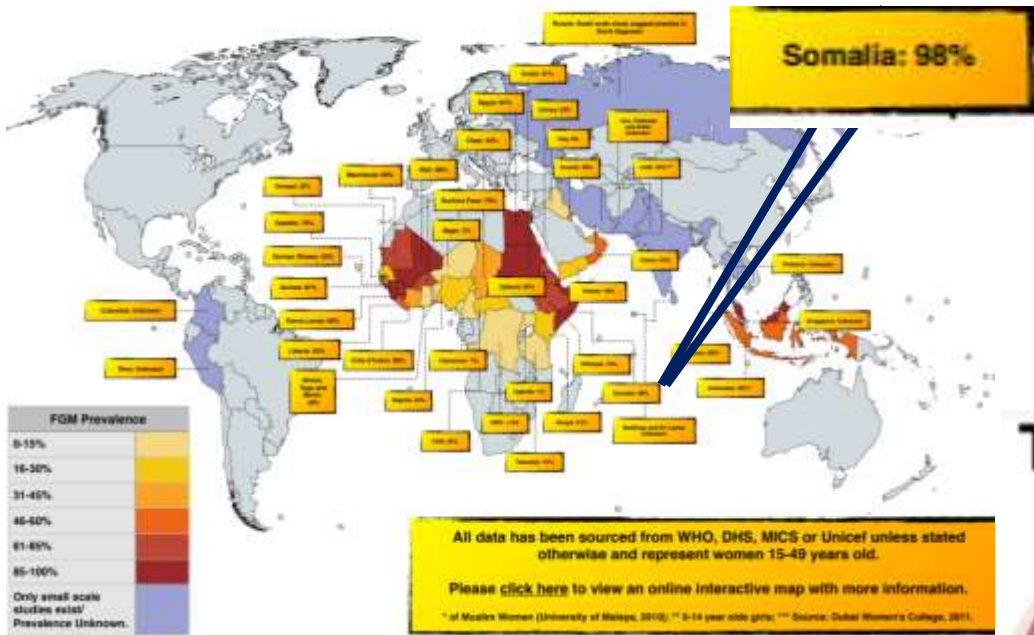


# Towards more collaborative approaches to Female Genital Mutilation safeguarding: Accommodating the perspectives of Somali families

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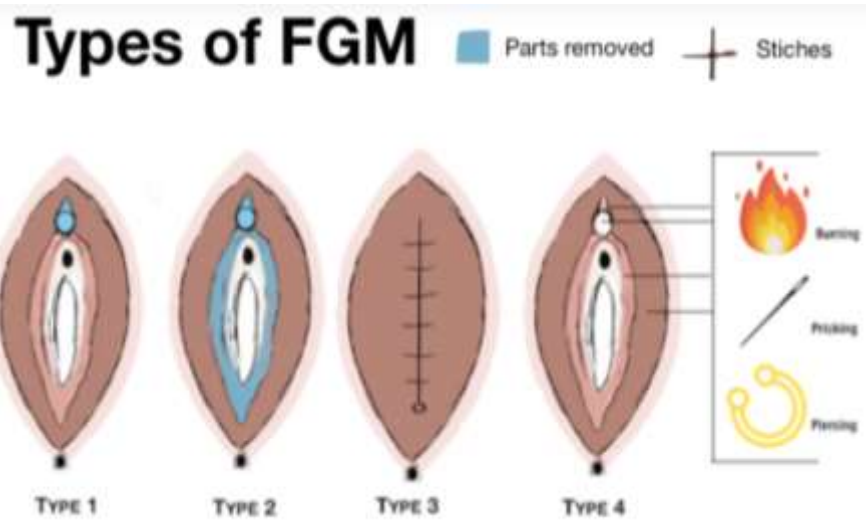


# FGM Global Prevalence Map (%)



## Particular FGM story

Very high risk → Panic  
Very worst types



Statistical accuracy?  
Relevance to UK?  
Migration/cultural changes

# UK policy context – a prohibitionist agenda

- FGC/M in UK first prohibited in 1985, law extended in 2003 to include FGC/M carried out abroad.
- Law further strengthened in 2015 Serious Crimes Act:
  - introduced mandatory reporting for health, education and social services professionals
  - criminalises the failure to protect girls from FGM
  - introduced FGM protection orders.
- Since 2015, NHS practitioners required to submit detailed information about FGC/M within the patient population as part of the NHS FGM Enhanced Dataset.

# Methods

- Motivated by local Somali parents' group
- Six focus groups – 30 Somali participants – June/July 2018
- 21 women, 9 men; 18+, young/older
- Via local Somali-led organisations/snowball sampling.  
Translation & childcare.
- Local people, leaders and anti-FGM campaigners
- UoB or community centres
- Any experience of FGM-safeguarding in health, education, home, courts and border settings

# Experiencing FGM-safeguarding in healthcare

- Some positive experiences:

*“The midwife, it’s ok, if she asks questions and tells you the rules. It’s fine.” (FG1)*

- NHS ‘fixated’ by FGC/M to the detriment of patient care.

*“It was like an interview. I was quite shocked... “You have to answer this question”, she told me...She was desperate to fill in this form. I was uncomfortable...It frightened me, really” (FG1)*

- Focus on getting ‘results’ for the NHS Enhanced Dataset de-prioritised patients’ needs and undermined the quality of their health care

# Re-traumatisation of FGC/M victims

- Lack of sensitivity: *“This is a private matter. You just can’t ask me what’s it’s like inside my legs” (FG1)*
- Repeated questions – *“they ask me again and again...I hate to hear these kinds of questions” (FG1)*
- Lack of education – *“the script”*: *“You come to know it. You are like, I know what you are going to say next.” “They don’t know what they’re talking about. It’s insulting.” (FG2)*

*“To ask mothers who are traumatised [from FGC/M about it], over and over and over again. You’re putting salt on that wound, you’re making it fresh again.”(FG1)*

## Experiences of FGM-safeguarding in the home: coercion and the travel form

*“The problem is, you see a policeman with social services on your doorstep. That is very scary. Nobody wants to lose his children. Those mothers, those fathers, they are afraid. Whenever they see the police, they think they want to take away our children from us. And they do whatever [they have to] to save their children. And even if they don’t like the form, they just sign it, in order to protect their children” (FG5)*

*“Parents [are] choosing to stay [and not go on holiday] because they fear being targeted. No civil liberty. You cannot exercise your right to travel.” (FG4)*

# Impact of outdated stereotypes

*“Instead of the nurse trying to figure out why I was in such pain – you know, the usual procedures, bloods, blood pressure, all of that – she skipped all those steps and directly, she was like to my mum, “Have you done FGM to your daughter?... And my mum was like, “No... no-one in my family’s had it done, I don’t know where you got this information from” and she kept on badgering my mum, as if she was trying to get information... She kept asking my mum... It was very patronizing, and my mum was getting frustrated because... you know, when you see your child’s in pain and no-one’s helping them, so the more frustrated my mum got, the more angry and the more guilty it made her look...”*

*Everything got brushed aside.*

*It was just fixated on making my mum look guilty.” (FG6)*



## Loss of trust in health and other services

*“We are just very worried now. I’ve got a daughter who is nearly 12, if anything should happen to her, to her privates, if she gets an infection, the first thing that comes in my mind is this situation [FGM-safeguarding].... It’s very stressful, it keeps coming back. The first thing that comes in my mind is that the doctor will ask you this question.” (FG1)*

# Impact of wider social integration

*“We are trying to find our identity as British Somalis, and we don’t want FGM to be part of that” (FG2)*

*“Even if communities stop practicing it, they will still be stigmatised and labelled by it, and it undermines the progress that we’ve made.” (FG3)*

*“They have nothing else to say about us as a community, [FGM’s] the only thing...We all [just] want our kids to be like any other normal kid in the UK. Do well at school, be happy and healthy.” (FG2)*

*“I’ve got a British passport, but I’m not. You are treated differently... All this time...I’ve wasted thinking I fitted in.” (FG2)*

# Policy implications:

- Acknowledge stigmatising impacts of approaches and implications for trust and engagement
- Improve prevalence data
- Improve approaches to the care of patients to prevent ‘re-traumatisation’
- Stop routine home visits; discontinue travel form
- Ensure translated documents/translators are available
- Improve professional education
- Develop collaborative approaches to policy planning, development and implementation

