

## Report on findings of FGM awareness survey

### Background

Recently FGM has been highlighted as a significant problem in the UK and there is now a mandatory duty to report FGM to try to protect those at risk. All regulated healthcare, social care professionals and teachers will be obligated to report those at risk and confirmed cases to the police.

There are many different reasons why FGM occurs and these relate mainly to pressures on families to conform to the social demands of culture. It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over, and 10,000 girls, who have migrated to England and Wales have undergone FGM.

The Children's Health Overview and Clinical Reference Group have made it a priority to address issues surrounding FGM. The Wandsworth FGM Strategy and action plan, of which The Katherine Low Settlement (KLS) FGM project is a part, was created by the multi-agency steering group comprising of Public Health, WCCG, Safeguarding Board, Social Services, St George's Hospital, Police, School Representatives and Somali Community representatives.

KLS was awarded a £10,000 government grant to tackle FGM late in 2014 and subsequently £2000 by the WCCG Seldom Heard Groups Funds which they used to expand the programme. The money was used by KLS to recruit and train twelve community health champions whose role would be to raise awareness of the legal, health and clinical implications of FGM and run workshops in schools, mosques, churches and community centres. Healthwatch Wandsworth was invited to participate in the programme and the Information and Signposting Officer was subsequently trained to be a community health champion.

### Methods

Healthwatch Wandsworth seized on this opportunity to engage with a segment of the Wandsworth population that is very hard to reach. Over four outreach sessions – three at the local South Thames College and one at a local Somali internet café - Healthwatch surveyed and spoke to members of the public, tutors and students to gauge their levels of awareness of FGM and the services available to those at risk of or recovering from FGM. The sessions were also used by Healthwatch to capture any stories or experiences.

The "Healthwatch Wandsworth FGM Awareness Survey" questions were designed to assess the level of knowledge surrounding FGM, their opinions on why it is carried out and if they know what to do in the event that someone they know is affected by FGM.

### Results

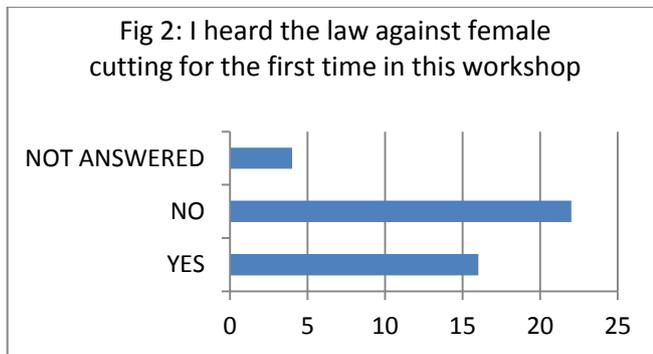
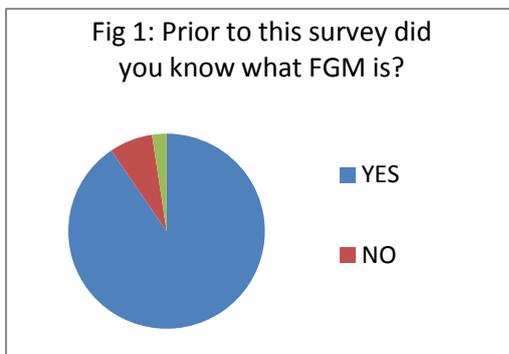
The discussions held with the students and tutors provided a useful insight into their needs with regards to learning more about FGM. The main points were

- A general feeling of students wanting to learn more about FGM

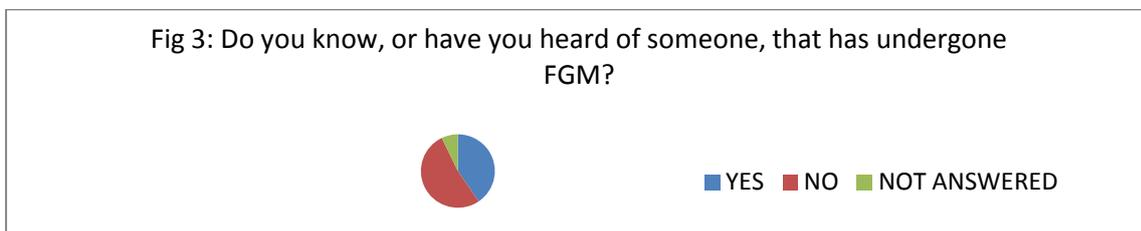
- Lack of knowledge from students on FGM and it is usually difficult to talk about
- Tutors wanted advice on how to talk to their classes openly about FGM without making different cultures feel uncomfortable
- Tutors expressed a wish for external people to talk to their students about FGM such as KLS FGM Community Health Champions who are often from the practicing communities

The questionnaire was given to 42 male and female students and tutors. Some questions were not answered by all participants so percentages are calculated by people who answer the question.

When asked whether they had heard of FGM before the sessions, 93% of the participants agreed they had already heard of FGM (Fig 1), which was encouraging. However, of the people who answered the survey, 42% of people had not heard about the laws involving FGM (Fig 2). This might suggest that in this group of people, although most were aware of the practice of FGM, they did not know that community members conducting or involved with FGM could be prosecuted or in trouble with the law.

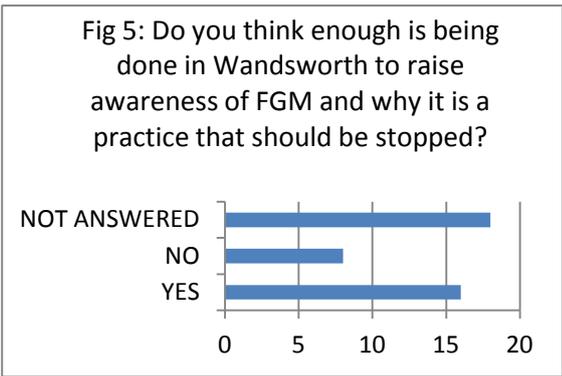
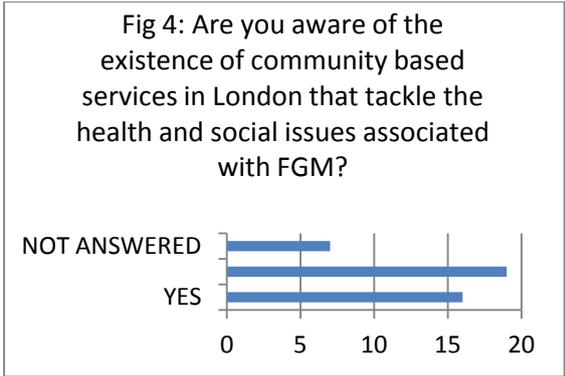


When asked whether participants knew someone or have heard of someone who had undergone FGM 56% people answered that they did not (Fig 3). This number might be an under-representation because FGM is rarely talked about in some communities. This probably does not reflect people who actually do know women who have undergone FGM.



All participants agreed they did not think FGM was good for women and children and most people said they did not think FGM prevents promiscuity.

When asked whether they were aware of community based services that address issues associated with FGM (Fig 4), of those who answered 54% said they were not. When asked if enough is being done locally to raise awareness of FGM and why it should no longer happen to women, most participants did not answer. However of those who did answer, most people said yes (Fig 5).



Most people said they would not know what to do if a girl was in danger of being forced to have FGM.

**Conclusions and Recommendations**

FGM continues to occur despite the practice being illegal and harmful to children and women. There is an awareness that FGM occurs but it is generally associated with a lack of knowledge about the law against it and what can be done if a women or child was in danger of having FGM done to her.

This highlights a need to continue to prioritise raising awareness so all people in all communities are reached. Healthwatch Wandsworth is encouraged to hear that there is currently some proactive work being done to enable health and social care professionals in hospitals and in the community identify those at risk or those that have undergone FGM. However the survey stressed a need for an awareness raising campaign. Similar to domestic violence, posters raising awareness of FGM can be placed in GP surgeries and other areas of health and social care provision. The Department of Health ‘FGM Passports’, which have only now been reproduced, can be distributed to Children Centres, School and be made available to primary care professionals such as GP/School Nurses, Community Nurses and Health visitors who will be at the forefront of the campaign to identify the woman and children at risk.

In order to have an informed and well-coordinated campaign, it is important that there is lead person identified. This is to ensure that there will be better coordination of what’s happening and materials distribution. As noted above it is encouraging to see some proactive work beginning to take place but a lead person will ensure better coordination than currently exists between the Council, Public health, CCG, Police and St George’s Hospital.

The students and tutors we surveyed valued the sessions given to them by the KLS Community Health Champions so this is a successful way of accessing communities and giving them the opportunity to talk about topics they usually cannot address. However, tutors expressed concern about talking about FGM without making different cultures feel uncomfortable and wanted advice on how to talk to their classes openly. Students also, lacked knowledge but wanted to know more. They were all enthusiastic about having external professionals, like the Community Health Champions, or other health, social or safeguarding professionals, coming to talk to their students about FGM. These discussions have highlighted a need for a proactive programme, like that of the KLS Community Health Champions, that encourages open discussion and knowledge sharing without prejudice or judgement from other.