

# "A BIG WAKE-UP CALL"

PARTICIPATORY STUDY ON SHIFTS IN  
ATTITUDES TOWARDS FGM AMONG  
COMMUNITY WOMEN IN BRISTOL

## SUMMARY REPORT

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## ACKNOWLEDGEMENTS

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## INTRODUCTION

In the last few years there has been increased efforts by UK policy makers to respond to FGM. In 2009, a pioneering community empowerment programme, in partnership with Refugee Women of Bristol, was initiated as part of the Bristol Model on FGM, a city-wide partnership to respond to the emerging problem of Female Genital Mutilation (FGM).

Today the Bristol Model on FGM is nationally recognised as a best-practice model, which is based on multi-agency collaboration to deliver a holistic programme of responses to FGM. The programme focuses on safeguarding girls at risk, and on community engagement to enable FGM-affected communities to assume an active role at the forefront of work towards ending this entrenched practice.

Girls and young women in Bristol are now less at risk of being 'cut' or subject to FGM, thanks to this unique and complex city partnership, which has helped to mobilise community women and men in confronting this taboo subject and championing change.

The Bristol Model has put community voices, particularly those of women and girls, at the centre of awareness campaigns and actions to prevent FGM here, and in the countries of origin of those who have come to live here.

FGM and other violence against women and girls is no longer the shameful and taboo subject it was. People have become aware of the health, mental health and human rights implications of subjecting young women and girls to FGM. Community leaders are speaking out. Police, health and social services are taking action.

And women and girls themselves are now saying louder than ever: no more FGM.

The efficiency of The Bristol Model is now so recognised that it is being taken up in UK wide pilots, as well as in countries that have traditionally practiced FGM.

But the battle against this harmful form of violence against women and girls is not yet won, neither in Bristol nor in the world beyond. Language barriers, misunderstanding of the practice, or ignorance of laws and legislation, hard-line community traditions and gender norms still stand in the way of protecting girls and young women from this violation.

The Bristol Project may be over. But the lessons learned, and the successes celebrated here, must continue to reverberate for many years to come.

**"My journey has not come to end yet, I have not reached my destination. This is a moment to celebrate our work together, success is not about what we achieved. It's about determination and how we want to achieve it."**

Tamadour Saliem, Health Improvement Practitioner, Bristol City



## WHAT IS FGM?

FGM is a procedure which involves the partial or complete removal of the female genitalia for non-medical purposes. It is also known as female circumcision and female genital cutting. The various types may include:

- Type 1 – the partial or total removal of the clitoris and/or the prepuce
- Type 2 – the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
- Type 3 – narrowing of the vaginal orifice with creation of a covering seal by cutting and sealing the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
- Type 4 – all other harmful procedures to the female genitalia for non-medical reasons, such as pricking, piercing, incision, or scraping and cauterization.

FGM in the UK is classified as a form of child abuse, and has variously been made a criminal offence since 1985. In response to calls from campaigners for stronger action by the UK Government, in 2015, the government made it a crime not to report FGM or the threat of it, including the sending of girls and women abroad to be cut.

## PEER RESEARCH METHODOLOGY

PEER (Participatory Evaluative Ethnographic Research) is a qualitative participatory research methodology that is particularly effective when working with marginalised groups and on sensitive issues. In the PEER approach, selected members of a community are trained to carry out in-depth, conversational interviews with peers they select from their social networks.

Using the PEER method allows researchers to gain insights into sensitive topics that are typically difficult to research such as sexual behaviour, gender relations and power dynamics within households and communities.

Two PEER studies were conducted in 2008 at the start of the programme to explore the experiences, attitudes and perceptions of young people and women from FGM-affected communities in Bristol.

Another PEER study was carried out at the end of programme in 2016 to reflect on changes in community attitudes on FGM, challenges in integration and perceptions on emerging issues. This brochure is a short summary of the findings of that 2016 PEER research. This PEER approach was therefore chosen to serve as a pre project intervention design tool and a post project evaluation.

For this PEER study 12 community women were recruited through their links with Refugee Women of Bristol and trained to interview two peers from their community over two months about community views on changes in attitudes towards FGM and their perceptions on on-going interventions to tackle FGM including support services. The data was then analysed and the findings were later triangulated with the researchers, supervisors and project staff.

## BRINGING IT HOME: CHANGES ACHIEVED

**"I think it has had a good impact. The FGM issue was highlighted to my community, and all information provided makes them realise the harm and danger that can be caused by FGM. It has been a big wake up call."** Sudanese woman



- ▶ Women in the Bristol programme acknowledged that though FGM had been a shameful and taboo topic, that it was better to talk about it, in a safe environment if change was to occur;
- ▶ FGM had become a big topic in Bristol, and nationwide, and most recognised this as a good thing;
- ▶ There has been a huge change in views, attitudes and practice in the last five years, indicating the difference made by the Bristol Project in engaging affected communities;
- ▶ Communities are taking FGM more seriously, they are talking about it, becoming aware of the law, and most importantly they are beginning to prevent it from taking place here in Bristol, and in their country of origin;
- ▶ Awareness of, and the use of the threat of, legal action against those who practice or allow FGM has created significant change. Awareness of a legal ban of the practice alone has challenged adherence to traditional norms;
- ▶ Men have begun to take an interest in FGM, they are talking about it and are taking action against it. In traditionally patriarchal communities, it has the potential to lead to change in attitudes and practice, particularly in home countries;
- ▶ The Bristol Project has educated, informed, and changed the minds of many about FGM. Many women have found it a lifeline and a focus. Some believe it has hugely reduced the occurrence of FGM in Bristol and in the home countries of migrants here. It has been a 'wake up call' for affected communities.

## BACK TO THE BEGINNING: 2006

Bristol has a diverse population, with 16% of its people coming from black or minority ethnic communities. Around 3,100 of these are girls aged from three to 18 from countries where FGM is practiced including Somalia, Sudan, Eritrea, Ethiopia, Egypt, Sierra Leone, Gambia and Iraq. These girls are at risk of FGM either here, or through being sent to their country of origin to be cut. Bristol is one of the most affected cities outside London, with prevalence rates ranging from 12 to 16 per 1,000 (MacFarlane and Dorkenoo, 2015, p.6).

In the context of Bristol's ever growing BME community, The Bristol Project emerged in 2006 to engage women and girls in particular in tackling and ultimately preventing this illegal and harmful traditional practice.

The Bristol Model on FGM is made up of a safeguarding delivery group which focused on safeguarding at-risk girls, and on community engagement to prevent FGM. The Model was developed in response to requests by statutory professionals from the Bristol Safeguarding Children Board for better guidance and policies to tackle the problem of FGM. This led to the establishment of the Bristol FGM Commissioning Group, a group that includes not only statutory services, such as the police, health and education sector, but also community groups. FORWARD provided expertise and leveraged additional funding for the community engagement work of The Bristol Model, with the on-the-ground support from the Refugee Women of Bristol.

The first stage of this work was to create a baseline of knowledge from which to work. How much did affected communities know about FGM and the harm it causes? How much were they willing to talk about it? What did they know about UK law regarding FGM? What were the norms that were allowing the practice to continue? What might be the barriers that were preventing its cessation?

A comprehensive PEER Study was carried out, facilitated by FORWARD who had successfully trialled this form of collecting stories and data in London and in FGM affected communities outside the UK. Community women were asked to reach out to other women in their peer groups, and those peer's peers, to talk about FGM, the issues arising, their opinions and their estimations of the barriers affected communities faced here and in their home countries. Stories were then sifted and sorted, to create a comprehensive and reflective picture.

This baseline study, revealed:

- There had been a lack of engagement until now with the community on the subject of FGM
- FGM affected communities had difficulty integrating with the wider society
- Living with FGM was an ongoing problem for affected women, because of language barriers
- Women affected by FGM faced barriers accessing health services and relevant support
- Of those who had accessed medical or other support, some of their experiences had been poor
- Communities lacked awareness of the law against FGM and child protection
- A safe space was required for dialogue and discussion on FGM to take place with communities
- FGM was still an issue among some young women.

The Bristol FGM Project set about tackling these issues, based on principles of community involvement, putting women's voices first, learning from the experiences of affected women and men, and respecting traditional non-harmful traditions. It aimed to address the issue through all opportunities presented by Bristol's community and statutory sectors: from community groups and schools, through to health services, police and media.

Ten years later, The Bristol Project has come to an end. This report aims to highlight what has been learned, and where the issue should go from here.

**"We are ashamed to talk about this thing and we cannot give them the reasons why we do FGM because they always let us feel that we do wrong things and that we are uneducated."**

Woman interviewed for first PEER review, the baseline for The Bristol Project





## RESEARCH FINDINGS

The findings of the study are categorised under a number of themes: contextual issues pertaining to life as a migrant, challenges they encounter and changing roles within the family; and community views on FGM, how attitudes are changing over time, the UK law and other actions to prevent FGM, and FGM support services.

### LIFE AS A MIGRANT

Living as a migrant in Bristol was found to be challenging, though the free education and health services were seen as key positives. Language barriers have been a particular issue: leading to women and men from migrant communities being unable to access health, social and advice services.

The 'otherness' of migrant communities also tended to encourage them to stay in small community pockets, isolated from the wider communities and services around them. As well as this undesired isolation, the community's own desire to maintain their community traditions and identity has led to their being cut-off from society around them.

*"When I arrived there wasn't many Somali people so it was harder to settle. There weren't any translators at the GP because there was so few Somalis in Bristol, this made communicating with my doctor extra hard. I would have to describe my symptoms which is very hard for a non English speaking person."* Somali woman

*"Where I come from, my skills are essential and useful but when I came to the UK my skills were dismissed because of my status in this country. A lot of people in my community agree with this and that we are seen as useless people."* Sudanese woman

*"People in the community are afraid of mixing with others outside of their community because of the language barriers."* Somali woman

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**"We love our culture, it is a part of us that we will never forget. One way we maintain our Somali culture is by sticking together. Our culture is something we are proud of and I believe teaching my kids that would help them embrace the culture and also be proud of it."** Somali Woman





## COMMUNITIES ARE TURNING AGAINST FGM

Though the interviews described talking about FGM as a shameful topic, particularly among older women, they described being given the opportunity to do so over the life of the project as positive and revealing.

As they have become aware of the law, education and social service work on FGM, their traditional values have been challenged – or they have felt permission to speak of their fears about and their opposition to the practice. Some, though, did not wish it to be a huge ‘public’ issue, but something to be discussed and tackled privately, within families and the community.

**“Some people who have grown up in western countries and had children here have adapted to the culture and are more knowledgeable about the effects of FGM so they don’t mind talking about it and sharing their opinions.”** Somali Woman

“““

*“The Somali community’s attitudes towards FGM has changed significantly over the past five years. They are taking it more seriously and are concerned about FGM. Our community is acknowledging that the FGM is harmful, abusive and a violation of human rights.”* Somali woman

*“There is a huge difference in the last five years. Before, it’s completely unacceptable to talk about FGM or to have a conversation with anyone about it. But nowadays the level of awareness is increased and most of people know the side effects of FGM.”* Sudanese woman

*“FGM is one of the refused practices in most of our community, they consider it very bad behaviour and we have to give it up. Most of our community increasingly know the consequences of FGM and its health, psychological and social impacts on girls.”* Sudanese woman

*“The attitude towards FGM has changed dramatically over the years, mostly for the better. This is because we have been educated about the health risks of the procedure and live in a western country where FGM is not seen as part of the culture but as a crime.”* Somali woman

*“A lot of people in the community are frightened about how FGM is being addressed. FGM should be addressed more privately both in terms of how it is discussed in society and in terms of services like social services and schools.”* Somali woman





## COMMUNITIES ARE WORKING TO PREVENT FGM

The Bristol Project's work has not just helped to change the attitudes of traditional communities, it has led to women, girls and also men wanting further action to raise awareness of FGM and action against it. Most saw the work of The Bristol Project as key to achieving this. Some voiced concern that new immigrants in the future would need to be educated, as they had been.

**"Somali people in our community know a lot of work has been done to stop FGM in community settings. FORWARD, Refugee Women of Bristol and other organisations campaigning against FGM are doing good work. The women who are doing the grassroots work are very brave."** Somali Woman



*"One day, I was in a shop and women were talking about the Bristol FGM work and were saying 'We are glad our community is working together to stop this.' The FGM marches show that we are still on a journey and we have a very long way to go."* Somali Woman

*"As people from west Sudan arrived more recently in the UK they do not know much about the work or efforts that have been done to address FGM."* Sudanese woman



## THE LAW IS BEING LEVERED TO PROTECT WOMEN AND GIRLS

The PEER research revealed that community members were becoming more aware of UK law, and how it applies not only to practices in Bristol but also to sending girls and young women to their countries of origin to be cut. Though there was some misunderstanding of the legislation, there was a raised awareness of it. The law was generally seen as a powerful instrument in preventing FGM both directly and indirectly.

*"This law has prevented a lot of girls from getting FGM and as a community we believe that it has the best action taken to prevent girls from getting the procedure. Knowing that both parents can face 10+ years in jail for FGM indicates how dangerous this procedure is."* Somali woman

*"Our Somali community is pleased with the UK law on FGM. It can stop other members of families putting pressure on one another. It also stops individuals promoting and advocating for the practice for financial gain. It sends a very strong message to people who still believe in it."* Somali woman

*"Some people still believe that FGM is okay and do not see the harm in it. However because FGM is illegal it stops the majority of parents from doing it to their daughters."* Somali woman

*"The law is helping to protect girls because when their daughters travel back home, parents tell family members that they will get caught if they conduct FGM on their daughter."* Somali woman



**"Our worry is that there are many parents in our community who don't know about the law and that creates fear, anxiety and misunderstanding. Education must be the core element in law and the community should have the opportunity to be informed, educated and supported through the journey of stopping it."**

Sudanese woman

## BARRIERS REMAIN

Lack of trust among the immigrant community towards police, health and social services was regarded as a barrier to further progress tackling FGM. Some women expressed concern that their children might be taken away from them, and this was preventing them from reporting abuse, asking for advice or even using health services. Communities also felt discriminated against, as if police or border control were 'out to convict' someone of an FGM related offence.

Interviewees also regarded their home communities as a barrier to firm progress on FGM as a whole, and questioned what education and awareness campaigns were taking place in their countries of origin. Without this knowledge, many newcomers to the UK would continue to practice it and it would continue in their home countries too.

**"The police and social services need to work with the community and build more trust. Currently people are unlikely to come forward and share their experience of FGM with the authorities."** Somali Woman



*"People are scared that the GP will make a referral to social services if their girls have any issues related to their private areas such as urine infections. There is a feeling that the authorities are particularly focused on the community and are eager to convict someone. This means that even travelling abroad at the airport you feel like a target (especially being Muslim as well)."* Sudanese woman

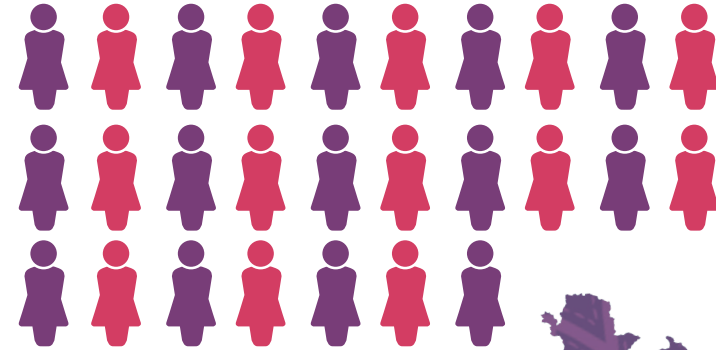
*"The things implemented to tackle FGM can be quite insulting because we feel like we are being targeted and discriminated against. For example if we want to go on holiday then sometimes we face airport checks or social services come to our house and ask us questions about our holiday, treating us like we are criminals. There are better ways to tackle FGM. We should educate them."* Somali woman

*"I remember when I was going to Sudan I called the health visitor to ask her if there is any vaccination my daughters should have before travelling to Sudan. Surprisingly, she didn't care about the vaccination and she kept talking about FGM and making sure no-one would do that to the kids in Sudan until I was fed up."* Sudanese woman

*"Sudanese people who grow up in rural areas have not had the opportunity to hear different views on FGM. The elders in the village can be very influential on the issue of FGM and people who are less educated are more likely to support the practice."* Sudanese woman

*"Maybe lack of education in rural areas in Sudan, they don't know about the risks of FGM and they adhere to their culture and traditions. In some very far areas they don't have any source of media to know what's going on even they don't hear about the campaigns against FGM."* Sudanese woman

# FGM affects an estimated **200 million** girls and women worldwide



It is estimated that

# 137,000

women and girls  
have undergone  
FGM in England  
& Wales and up to

# 60,000

could be  
at risk





## CELEBRATING CHANGED ATTITUDES AND PRACTICES IN BRISTOL AND BEYOND

**"The FGM campaign has helped keep some people safe and helped us to change our culture so that it doesn't involve FGM."** Somali Woman



## WITHOUT THE BRISTOL PROJECT, MANY WOMEN WOULD HAVE BEEN CUT

The interviews revealed a huge impact on minority ethnic communities in Bristol on the issue of FGM, particularly in changing attitudes and preventing FGM from occurring. Women tended to know of the projects directly, or that work was taking place on the issue, or they said they had indirectly been influenced to discuss FGM, gender based violence and the challenge of change. Most were overwhelmingly positive about the impact The Bristol Project had had.

*"If we did not have this project in Bristol the outcome would be very different and I am sure many young girls could be cut."* Somali woman

*"The FGM project has had a huge impact on the Somali community's attitude. Now, many Somalis are taking part in activities like workshops and conferences. These activities impact our attitudes and beliefs towards FGM. The more we know about it, the more we open our minds and share our experiences."* Somali woman

**"A few years ago my daughter took part in a two day workshop with FORWARD, where they taught young girls about what FGM is, the dangers of it and the support services available to them. This encouraged me to join and take part in tackling FGM."**

Somali Woman



*"I am not being trained by FORWARD but always feel I am a part of the movement. The more we address this issue the more the community feel empowered and not like victims."* Somali woman

*"I found out that FGM is illegal in the UK and has been illegal for many years. I found this out at a conference held by FORWARD. Many of us for sure would be in prisons by now because we would have been practicing FGM."* Somali woman

*"The project has a huge impact in raising people's awareness in our community. Many people, when they go back home, are doing many workshops to raise the awareness of people over there."* Sudanese woman

*"It has had a huge impact in the community's attitude, people are now more aware of FGM and are working to stop it."* Somali woman





## RECOMMENDATIONS

**"People's beliefs on FGM are changing but we still have to continue working here and back home to end the practice."** Somali Woman

### WHERE TO FROM HERE?

The PEER interviewees were asked how FGM education, action and other activities should be improved and increased in Bristol and beyond. What work that has already taken place should be extended and developed? What new ideas did they have for this kind of project work in the future?

Their recommendations were:

- ▶ Police, social services, other authorities and particularly border control officers need to be educated about FGM issues, and to build trust among affected communities. Communities feel under threat and discriminated against, particularly with concerns that if they talk about or report FGM publicly, or even attempt to go on holiday, their families will come under suspicion or prosecution.
- ▶ Further efforts are needed to integrate migrant communities with the UK communities, to tackle their isolation but also to improve their life chances, and relieve cross community tension and suspicion. This will create an atmosphere where communities are able to pursue their traditions, but within the law and social norms of the wider community.
- ▶ Despite the good work done and achievements made, work with directly affected communities needs to continue. In particular, programmes were needed to educate and influence newly arrived migrants, and programmes were required in people's countries of origin to tackle the root ideas and traditions behind FGM.
- ▶ Older community members should be actively involved, since they are most often those with traditional views and have strong influence in their communities.
- ▶ Projects should work closely with men and boys, to educate them about FGM, violence against women and girls and the law. This is particularly important because of the strong influence and authority of fathers and husbands on women in their communities.
- ▶ Other key 'gateways' for influencing and educating communities were thought to be religious leaders, schools and among women who come from FGM practicing communities.
- ▶ Services, conversations and safe spaces should be provided for women to discuss FGM and violence against women and girls intimately and in private. Not all influencing should be loud and aggressive.
- ▶ Women, PEER educators, and members of Bristol FGM Commissioning Group should be incredibly proud of what they have achieved, and properly recognise the movement for change they have been able to create.







## **FORWARD (Foundation for Women's Health Research and Development)**

FORWARD is the leading African women-led organisation working on Female Genital Mutilation (FGM), child marriage and other forms of violence against women and girls in the UK and Africa. For over 30 years we have been committed to safeguarding the rights and dignity of African girls and women. We do this through community engagement, women's empowerment, training of professionals, research, and international advocacy.

We are working for the day when African girls and women live in dignity, are healthy, have choices and enjoy equal rights free from fear of gender violence.

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## **Refugee Women of Bristol**

Refugee Women of Bristol was established in February 2003 by a group of women from refugee backgrounds, with the support of the community development workers at Refugee Action. Their goal is to offer a safe, informal space where women can meet for support and information. They are participative, supportive and accessible, open to all women who are refugees or asylum-seekers, regardless of country of origin.

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