Understanding and supporting women and their organisations

An assessment of voluntary and community sector activities tackling female genital mutilation in the UK

17 March 2009

About the Women's Resource Centre

The Women's Resource Centre (WRC) is a charity which supports women's organisations to be more effective and sustainable. We provide training, information, resources and one-to-one support on a range of organisational development issues. We also lobby decision makers on behalf of the women's not-for-profit sector for improved representation and funding.

Our members work in a wide range of fields including health, violence against women, employment, education, rights and equality, the criminal justice system and the environment. They deliver services to and campaign on behalf of some of the most marginalised communities of women.

There are over ten thousand people working or volunteering for our members, who support almost half a million individuals each year.

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Key findings and recommendations

Who responded to the survey?

Given there are so few specialist[1] anti-female genital mutilation (FGM) voluntary and community organisations in the UK, the survey elicited a good response – a total of 39 responses were analysed in this report.

Of respondents:

- 56% were voluntary and community organisations (VCOs) *currently* delivering any FGM-related support, services and activities. Four of these respondents were FGM specialist VCOs.
- 31% were VCOs that are *interested in* or *have the potential* to deliver activities in the future.
- 13% were *non-voluntary and community sector* (VCS) respondents *currently* delivering services. These respondents are a doctor, a local authority, a consultant and FGM health clinics.

Organisations from the women's and/or black, Asian, minority ethnic and refugee (BAMER) sectors were well represented in the assessment. Three quarters of respondents are VCOs from these sectors.

Twelve per cent of respondents were Somali groups. There were three 'African' organisations and a Kurdistan women's organisation responded. A further twelve per cent of respondents were refugee and asylum organisations, half of whom specifically focussed on women.

Over half of all respondents were based in London (51%), followed by Scotland and the West Midlands (13% each).

Most respondents deliver services and activities in many different fields. Most respondents worked in the violence against women (VAW) field – 62% on domestic violence and 51% on sexual violence. Just under half were working in education, and 44% in the health field.

Most respondents identified 'Women' (90%) as beneficiaries, followed by 'Children' (56%), BAME people (54%) and 'Refugees and Asylum Seekers' (51%).

Based on income, most respondent organisations were small, with some medium sized organisations. Fort-two per cent of respondents had an annual income in

[1] Defined here as organisations whose primary, if not sole, focus is FGM

2007/08 of £100,000, 79% of which were BAMER organisations.[2] Almost a quarter (24%) had an income of £10,000 or less, most of whom were current providers of FGM-related activities.

Where were responding organisations based, and which areas did they cover?

Over half of all respondents were based in London (51%), followed by Scotland and the West Midlands (13% each).

Thirty-six per cent of all respondents covered their local area only (i.e. borough or county), 15% covered several local areas in their region and 15% worked UK-wide.

By definition, UK-, England- and Scotland-wide organisations could work in/cover any local authority areas within the boundary, and pan-London organisations covered all 33 London boroughs.

Respondents that worked in one or a few areas were asked to name the local authority area that their organisation worked in or covered. The most frequently named London boroughs were: Brent; Hammersmith and Fulham; Islington; Kensington and Chelsea; and Southwark. Outside of London, the most frequently mentioned local authority areas were: Birmingham; Northamptonshire County; and Coventry. Scottish respondents named seven (of the 32) Scottish local authority areas.

What activities and services are currently being delivered?

The most frequent activities being delivered by current providers (both VCS and non-VCS providers) were: awareness raising (81%); advice and information (74%); referrals/signposting (59%); and preventative work (59%).

High numbers of both VCS and non-VCS providers were delivering advice and information services (73% of VCS and 80% of non-VCS providers) and awareness raising activities (77% of VCS and 100% of non-VCS providers).

Only one VCS respondent provided financial support to survivors of FGM and only the two health clinics delivered medical treatments.

Non-VCS respondents were more likely than VCS providers to deliver training for professionals (health workers, teachers, front-line staff in statutory agencies and VCOs etc), develop resources and provide referrals and signposting.

[2] Includes BAMER women's organisations

Chart A: Percentage of respondents delivering type of service

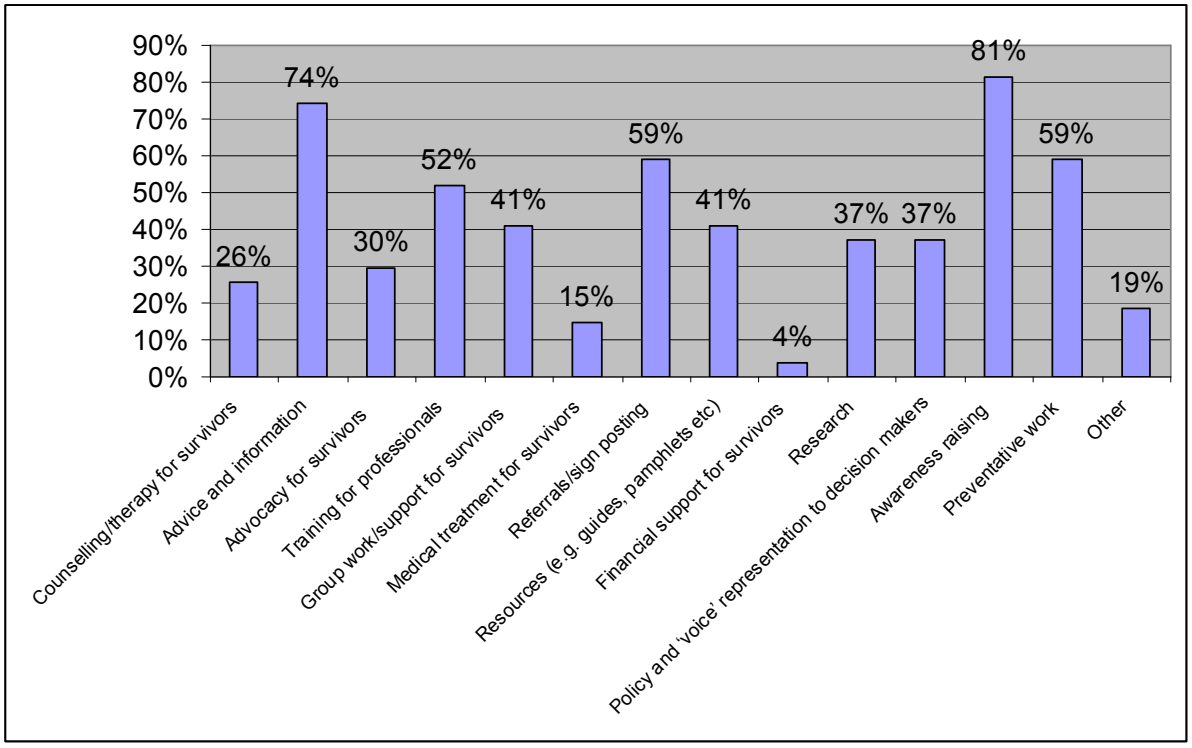
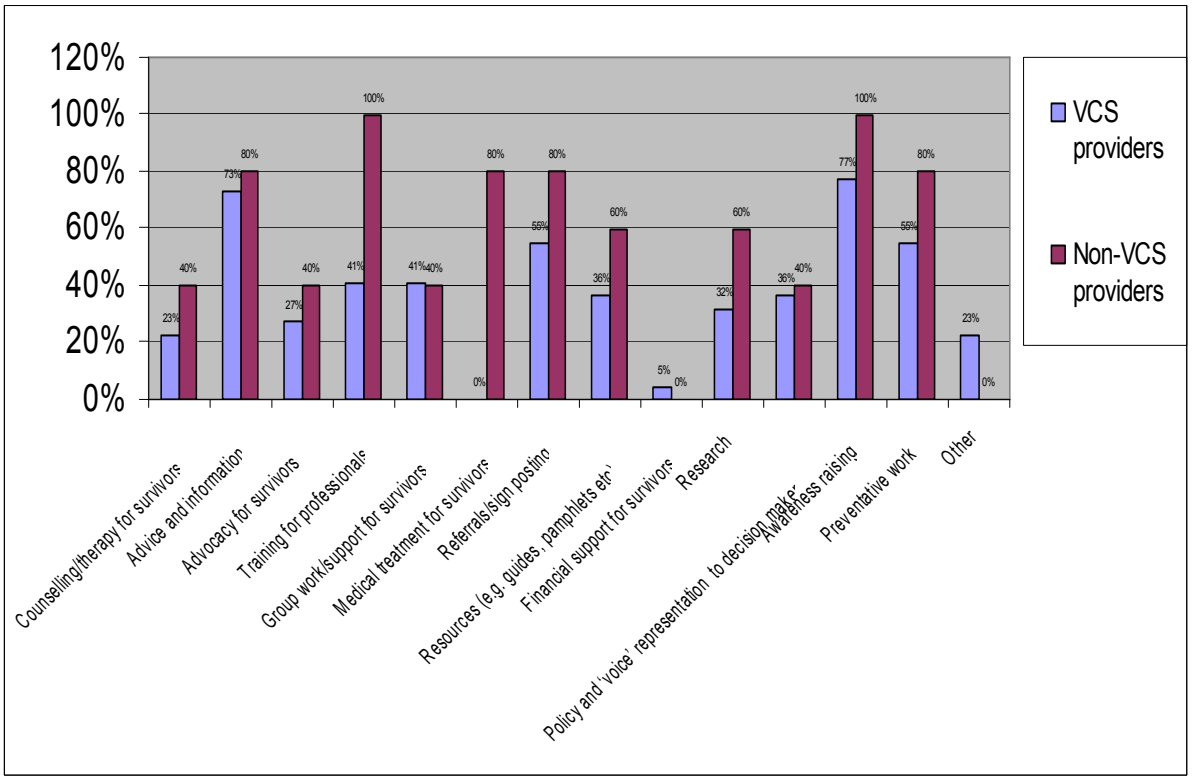


Chart B: Percentage of respondents delivering type of service by category



The majority of providers worked in partnership (in some way) with a range of statutory agencies, statutory-led forums and VCOs to deliver activities. This included joint funding, joint delivery of activities and referral pathways.

Preventative work and awareness raising was targeted at the public and third sectors and FGM-practicing communities, particularly women.

Despite the capacity of respondents, high numbers of beneficiaries were reported. In particular, over 1,000 women and 2,560 health and other professionals benefited from activities from January to December 2008. VCS providers were significantly more likely to work with girls and young women and other VCOs, than non-VCS providers.

What future activities were identified?

Potential providers identified advice and information services (83%) and awareness raising activities (83%) as possible services they could deliver. Three quarters were interested in referrals and signposting. There was also strong interest in delivering counselling/therapy, advocacy, group support (for survivors), resources and undertaking research.

Current VCS providers were more likely to report a range of activities they would like to deliver in the future than current non-VCS providers. In particular, these respondents identified:

- Awareness raising and training for statutory and VCO workers.
- Awareness raising in practicing communities.
- Conducting research.
- Provision of counselling.

Both VCS and non-VCS providers identified the need for medical treatments, and in particular, community based de-infibulation services.

What challenges were respondents facing?

Respondents in all three provider categories reported many of the same challenges in maintaining and/or developing activities. Key issues raised by all respondents were funding, lack of awareness of FGM in the public and third sectors, lack of capacity and reaching and engaging FGM-practicing communities.

Overwhelmingly, funding was the top challenge facing providers, even the statutory agencies.

Lack of awareness and understanding amongst statutory and third sector workers was the second biggest challenge facing current VCS and non-VCS providers. Potential providers were less likely to identify this as a challenge.

Potential providers identified lack of capacity as their second biggest challenge, and current VCS providers identified it as their third.

Challenges in reaching and engaging FGM-practicing communities, especially women and girls were also identified by all three cohorts.

What were respondents' support needs?

Respondents were asked to identify any support organisations may need to help maintain and/or develop activities. Again, funding was a key issue as were staffing issues (the need for more capacity, training and professional development etc).

Potential providers were more likely to identify the need for training, resource materials and information to enable appropriate referrals and sign posting.

Where to from here?

The survey was purposefully short in order to elicit as many responses to the survey as possible, particularly given the limited resources and timeframe of the assessment.

Although clear themes have emerged, particularly in relation to potential activities that could be funded and support needs of current and new providers, a meeting of organisations (that responded to this assessment and others) may be beneficial to gather greater detail and/or help prioritise issues.

The Foundation for Women's Health, Research and Development (FORWARD) is a strategic, highly regarded, leading organisation in the FGM field (further demonstrated by the fact they were mentioned by many respondents in this assessment). We suggest that FORWARD would be well placed to undertake and/or facilitate any further work.

Introduction

Female genital mutilation

According to the World Health Organisation, female genital mutilation (FGM):

"…comprises 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".[3]

It includes clitoridectomy, excision, infibulation; and other harmful procedures such as pricking, piercing, incising, scraping and cauterising the genital area.

FGM is recognised in the UK and internationally as a violation of women's and girls' human rights, a symptom of women's inequality and a form of violence against women.

The Foundation for Women's Health Research and Development (FORWARD) is the UK's leading voluntary and community organisation (VCO) working in the FGM field. Their research found that 66,000 women in the UK have had their genitals mutilated and 23,000 girls in England and Wales under the age of 15 are at risk of FGM.[4]

Specialist FGM services in the UK

Map of Gaps 2 found that the no new specialist FGM services have been established since 2007. The research found that of the 15 specialist services mapped, all were located in England (three quarters in London), and 12 are health clinics in the statutory sector (focusing on the gynaecological or antenatal consequences of FGM). There are few community-based services and there are no specialist FGM services in Scotland or Wales, or in five of the eight Government Office regions in England.[5]

[3] See: www.who.int/mediacentre/factsheets/fs241/en/
[4] Dorkenoo, E., Morison, L. and Macfarlane, A. (2007) *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales Summary Report*. Foundation for Women's Health Research and Development: London www.forwarduk.org.uk/download/96
[5] Coy, M., Kelly, L. and Foord, J. (2008) *Map of Gaps 2: The postcode lottery of Violence Against Women support services in Britain.* End Violence Against Women and Equality and Human Rights Commission: London

About this report

In January 2009, a group of independent funders approached the Women's Resource Centre (WRC) to undertake an assessment of VCOs in the UK currently undertaking any anti-FGM work or have the potential and interest to engage in this area in the future.

Given that there are so few specialist FGM VCOs, it was predicted that the majority of respondents to the assessment would be women's and/or black, Asian and minority ethnic and refugee (BAMER) organisations, particularly those working in the health and violence against women fields. It was also anticipated that many respondents may be supporting women and girls affected by, or at risk of, FGM in an ad-hoc way through the provision of other non-FGM related services and activities.

In January and February 2009, an on-line survey was disseminated through WRC's and others' networks. The purpose of the survey was to assess:

- *Who* are the organisations currently, or interested in, providing activities;
- *Where* these organisations are based and the geographical areas they cover;
- *What* type of services organisations provide or would like to deliver in the future; and
- *Challenges* facing, and *support* needed by, organisations.

A list of clinics is included as appendix A.

Methodology

An on-line survey[6] was publicised through WRC's enewsletter, website and contacts, including other umbrella organisations in the women's, health, violence against women, BAMER and asylum sectors across the UK.

As well as on-line, the survey was available in other formats and respondents also had the option of completing the survey with a WRC staff member over the phone. However, all responses were received through the on-line method.

The survey was open from 13 January to 17 February 2009. Of the 79 on-line responses started, 39 were included in the final analysis. Incomplete responses were discounted (n=34), as were duplicate responses from the same organisation (n=2) and responses where no relevant activities were being delivered and the respondent had no interest in doing so in the future (n=4).

The survey was aimed specifically at the voluntary and community sector (VCS), but five responses from non-VCOs were received. The non-VCS responses were from workers in two FGM clinics and a local authority, a doctor and a consultant.

The qualitative data was analysed thematically – comments addressing the same or similar issues were grouped together to determine key themes.

The results of the survey are presented by category – current or potential – because of the different questions asked of each group. Responses from non-VCS respondents are presented in a separate chapter.

The survey is attached as Appendix C.

[6] Through the web-based survey service, SurveyMonkey (www.surveymonkey.com)

About the respondents

Of the 79 on-line responses started, 39 were analysed in this assessment. Incomplete (n=34) and duplicate (n=2) responses, and those that did not meet the criteria (n=4) were discounted.

The survey was aimed specifically at the VCS. However, five respondents were not VCOs: workers in two FGM clinics and a local authority, a doctor and a consultant.

Respondents were asked to provide information about:

- General information about their organisation as whole (not just FGM-related activities).
- Specific FGM-related support, activities and services

This chapter analyses data about the whole organisation, rather than specific FGM-related activities (which are dealt with in following chapters). However, the information is often disaggregated by category type ('current', 'potential' and 'non-VCS' providers) as described below.

Respondent categories

At the start of the survey, respondents were asked to identify whether they were *currently* delivering FGM-related activities and if not, were they *interested* in and have the *potential* to do so in the future. 'Current' providers and 'potential' providers were given different questions.

The 39 responses were grouped into the following categories:

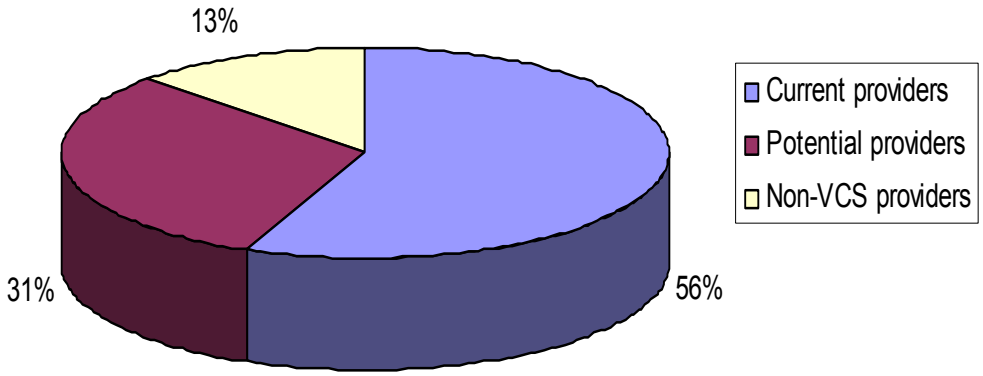
1. **Current providers** = 22 responses
   VCS organisations currently providing services and activities. This includes non-FGM specialist organisations who have provided support to any women and/or girls who have experienced, or are at risk of, FGM through the provision of other non-FGM related services and activities.

2. **Non-VCS respondents currently providing activities** = 5 responses
   Non-VCOs currently working on FGM issues (such as statutory health clinics).

3. **Potential providers** = 12 responses
   Organisations that are interested in and have the potential to deliver services and activities in the future, but are not currently doing so.

The majority of respondents were currently delivering activities and services.

Chart 1: Percentage of respondents by provider category



Equalities-led organisations

Responding organisations were assessed as being 'led by' any specific equalities group.

As expected, women's and BAMER organisations were the main respondents to the survey, particularly BAMER women's organisations. 'Generalist' organisations included all other responding organisations which are not 'led by and for' a specific equalities group. The five non-VCO respondents were included in the 'Generalist' category.

Table 1: Number of respondents by category and equalities strand

	Current providers	Potential providers	Non-VCS providers	TOTAL
Women's organisations (excluding BAMER women's organisations)	4	7		**11**
BAMER women's organisations	6	3		**9**
BAMER organisations (excluding women's)	8	1		**9**
LGBT organisations	0	1		**1**
Generalist organisations	4	0	5	**9**
TOTAL	**22**	**12**	**5**	**39**

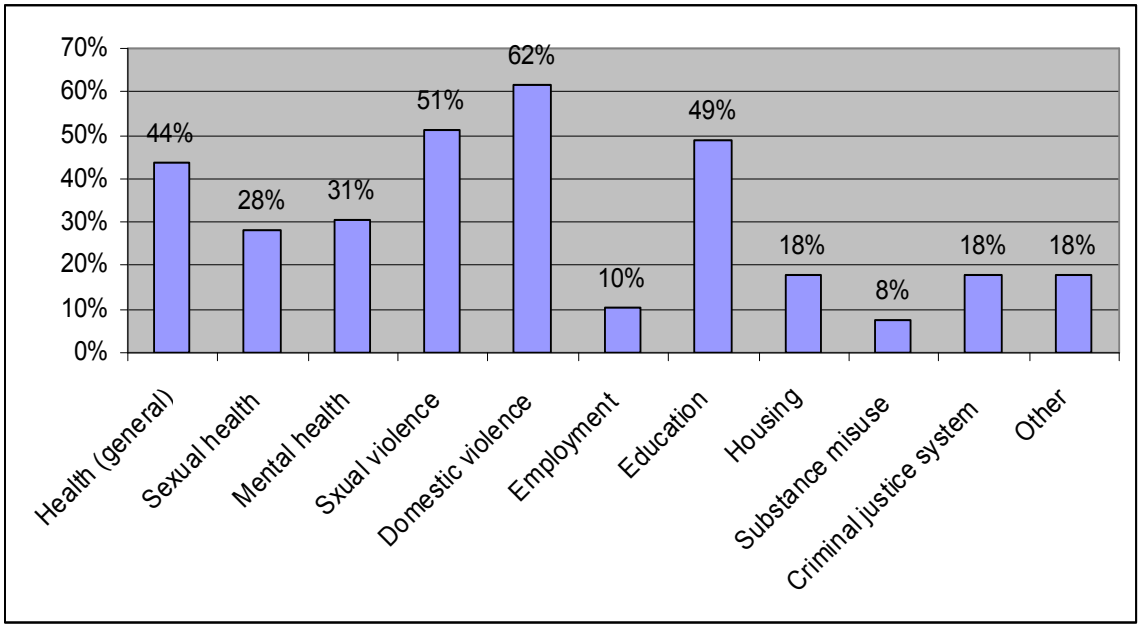
Of all VCS respondents, 12% were Somali organisations. Three respondents identified as being 'African' focussed and a Kurdistan women's organisation (which supported women from Kurdish and Middle Eastern communities) also responded. Twelve per cent of respondents were specifically refugee and asylum organisations, half of whom specifically focus on women.

Fields of work

Respondents were asked to identify which 'fields' they work in. On average, organisations were providing activities and services in three different fields, ranging from one to eight fields.

Most respondents were working in the VAW field. Just under half were working in education and 44% in the health field.

Chart 2: Percentage of respondents identifying field of work



'Other' fields included:

- Family support and parenting.
- Asylum.
- Community empowerment and leadership.
- Advocacy.
- Trafficking.
- Prostitution.
- Research.
- Equality and diversity.

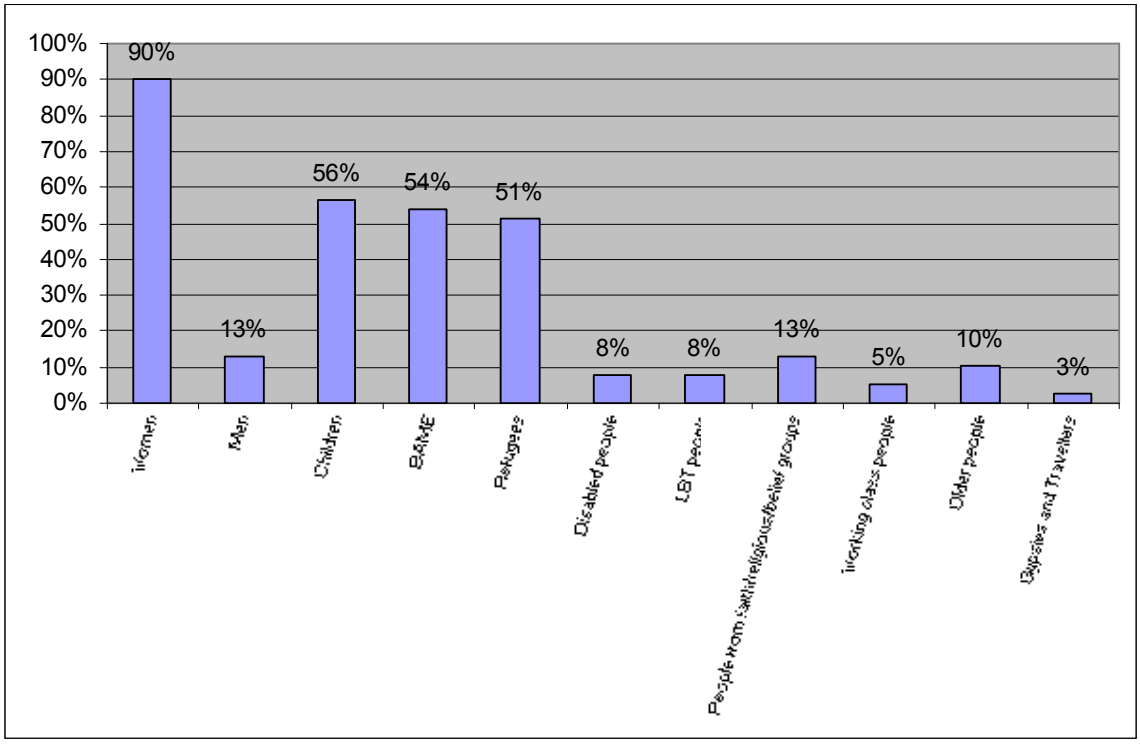
Service users

Respondents were asked to indicate if they worked *specifically* with any of the given equalities groups. They were asked to only identify groups that represented ¾ or more of their service users/beneficiaries. However, most organisations identified any equalities groups that were beneficiaries, or could access their

service, regardless of whether they constituted the majority of service users as stated in the question.

Most organisations identified women as beneficiaries, followed by children, BAME people and refugees/asylum seekers.

Chart 3: Percentage of respondents stating that beneficiaries are from equalities strand



Location of organisations and coverage

Over half of all respondents were based in London (51%), followed by Scotland and the West Midlands (13% each).

Chart 4: Percentage of respondents by region/country where organisation is based

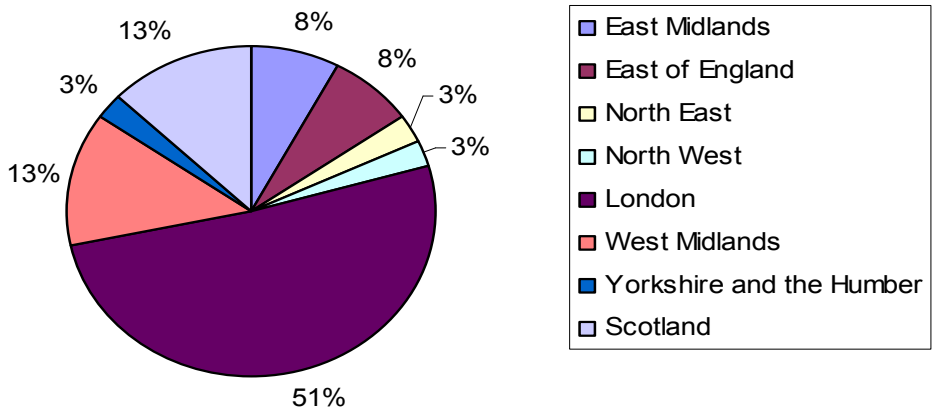


Table 2: Number of respondents by category and region/country where organisation is based

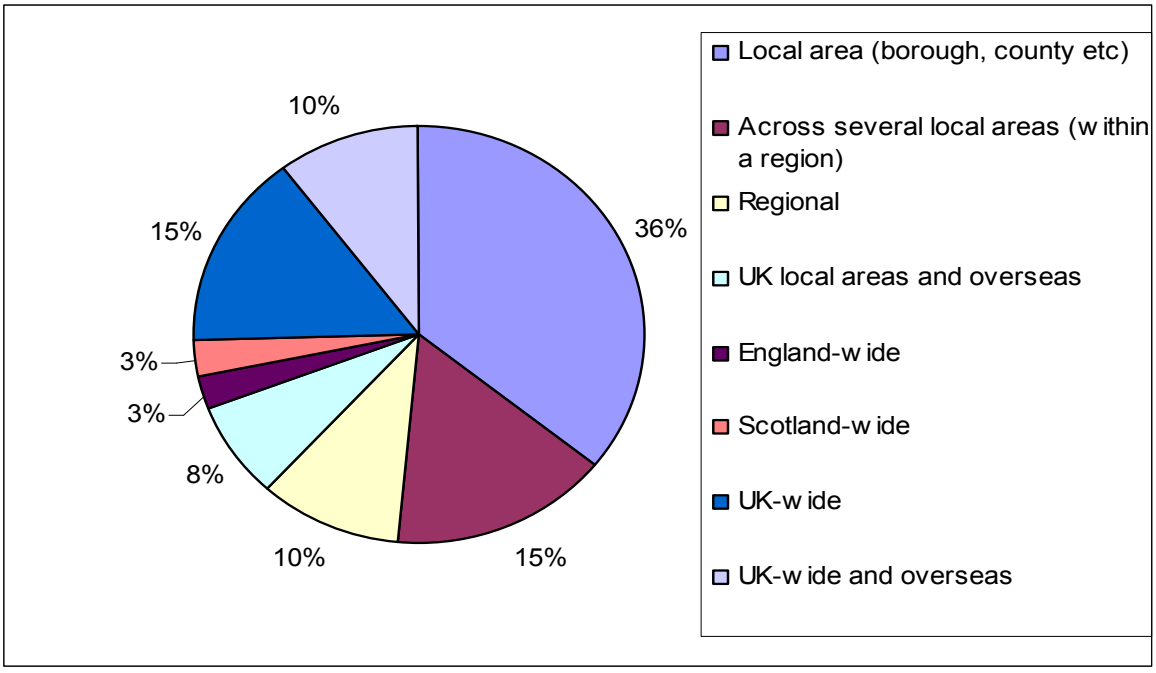
Region/country where organisation is based:	Current providers	Potential providers	Non-VCS providers	TOTAL
East Midlands	3			**3**
East of England	2	1		**3**
North East	1			**1**
North West	1			**1**
London	11	6	3	**20**
West Midlands	1	2	2	**5**
Yorkshire and the Humber	1			**1**
Scotland	2	3		**5**
TOTAL	**22**	**12**	**5**	**39**

There were no responses from organisations in Wales and Northern Ireland, and the South West and South East English regions, despite targeting VAW and women's health organisations in these areas. All of the Scottish responses were from Women's Aid refuges, most likely because the survey was disseminated by Scottish Women's Aid to its members.

As anticipated, most respondents were based in London. However, it was expected that the proportion of London respondents would be higher given that London has the highest BAME population in the UK, as well as the largest BAMER and women's sectors. Sixty-one per cent of BAMER organisations were based in London. The *Map of Gaps* research also found that three quarters of specialist services are based in London.

Thirty-six per cent of all respondents covered their local area only i.e. (borough or county), 15% covered several local areas in the region and 15% worked UK-wide.

Chart 5: Percentage of respondents by coverage



Of respondents working 'UK-wide and overseas', 71% were based in London as were 67% of 'UK-wide' organisations. Sixty per cent of non-VCS respondents (all were local public bodies) covered their local area only, compared to 41% of all VCS respondents.

Respondents were asked to list the local authority areas covered/worked in.[7] Specific local authority areas named by all respondents were:

[7] By definition, UK-, England- and Scotland-wide organisations could work in/cover any local authority areas within the boundary, and pan-London organisations cover all 33 London boroughs

Table 3: Local authority areas named by respondents

London boroughs:	Cities, county, district and unitary authorities in England (outside London):	Scotland:
Barking and Dagenham	Basildon	Angus
Barnet	Birmingham (x2)	Dundee
Brent (x3)	Braintree	East Lothian
Ealing	Brentwood	Fife
Greenwich	Bristol	Perth and Kinross
Hammersmith and Fulham (x3)	Chelmsford	Mid-Lothian
Haringey	Colchester	West Lothian
Harrow	Coventry (x2)	
Hounslow	Greater Manchester	
Islington (x2)	Maldon	
Kensington and Chelsea (x2)	Newcastle-under-Lyme	
Lewisham	Northampton	
Southwark (x3)	Northamptonshire County (x2)	
Sutton	Nottingham City	
Westminster	Nottinghamshire County	
	Stafford	
	Staffordshire Moorlands	
	Stockton-on-Tees	
	Stoke-on-Trent	
	Tendring	
	Thurrock	

Income

Only the annual incomes of VCOs were analysed, as the large annual incomes of NHS services (non-VCS) would skew results.[8]

Based on income, most respondent organisations were small, with some medium sized organisations.

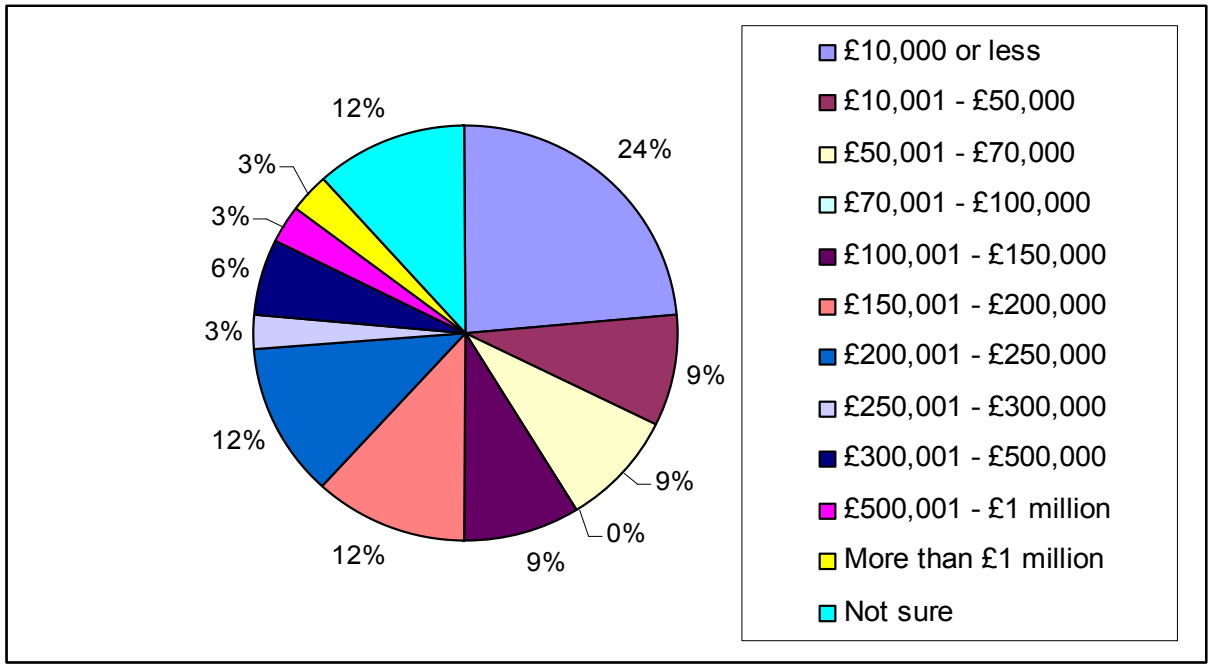
Fort-two per cent of all respondents had an annual income in 2007/08 of £100,000, 79% of which were BAMER organisations.[9] Almost a quarter (24%) of all respondents had an income of £10,000 or less, most of whom were current providers.

[8] However, one of the clinics noted that it is an unfunded service within general obstetric services
[9] Includes BAMER women's organisations

Table 4: Number of respondents by category and income band

Annual income band	Current providers	Potential providers	TOTAL
£10,000 or less	6	2	**8**
£10,001 - £50,000	2	1	**3**
£50,001 - £70,000	1	2	**3**
£70,001 - £100,000	0	0	**0**
£100,001 - £150,000	2	1	**3**
£150,001 - £200,000	3	1	**4**
£200,001 - £250,000	3	1	**4**
£250,001 - £300,000	0	1	**1**
£300,001 - £500,000	2	0	**2**
£500,001 - £1 million	1		**1**
More than £1 million	0	1	**1**
Not sure	2	2	**4**
TOTAL	**22**	**12**	**34**

Chart 5: Percentage of respondents by annual income band



Current providers

This chapter looks specifically at FGM-related support, services and activities provided by 'current' VCS providers.

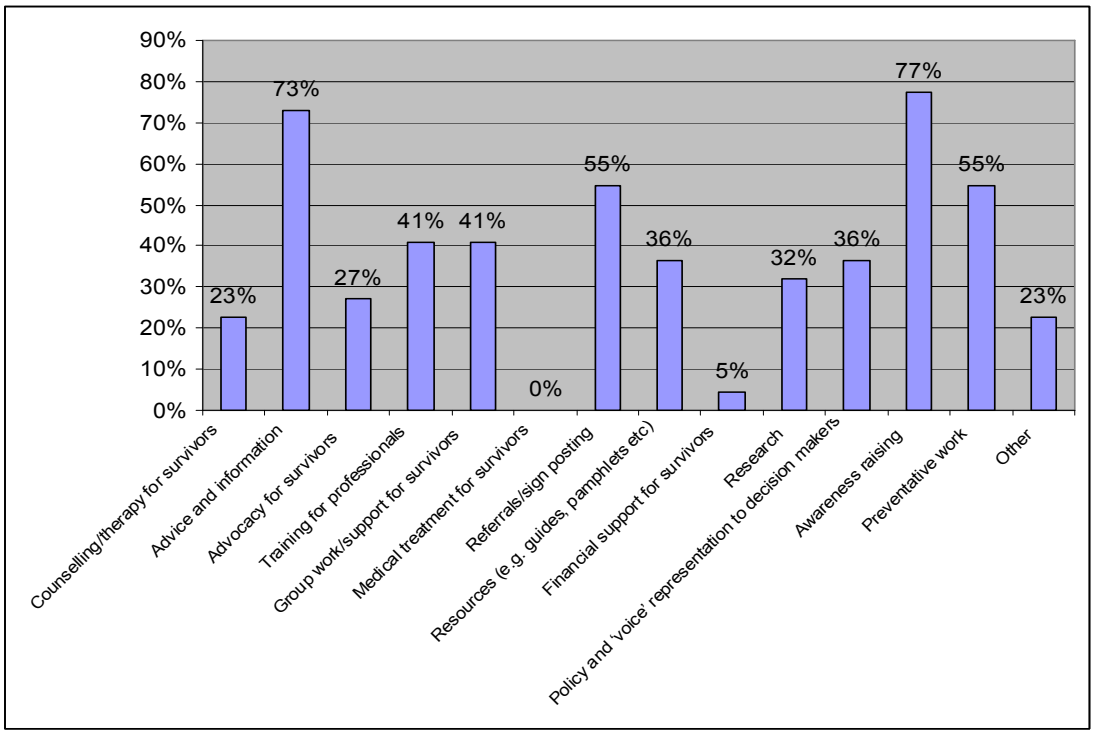
Twenty-two respondents were categorised as 'current' providers i.e. VCOs currently providing any FGM-related support, services and activities. These respondents include FGM specialist VCOs, but are mostly non-FGM specialist organisations (such as organisations where women and girls have initially presented to the organisation seeking support for non-FGM related services and activities).

Current activities

Respondents were asked about the type of FGM-related services and activities they had provided. Awareness-raising and advice and information were the most identified activities, followed by referrals/signposting and preventative work.

Over one third of respondents have worked at a policy level on FGM. None of these respondents provided medical treatment for survivors.

Chart 6: Percentage of respondents delivering type of service



‘Other’ services and activities were:

- Being involved in the development of statutory health services such as clinics.
- Family support for those fleeing FGM.
- Supporting positive integration of individuals and communities affected by FGM into new communities.
- Legal advice and representation on asylum claims.
- Community engagement and work with young people to improve access to services and entitlements.
- Legal support.
- Providing weekly forums for women (where FGM is often discussed).
- Organising FGM specialist organisations to deliver awareness raising programmes and trainings.

One respondent manages a 'Fund for Grassroots Activism to End FGM' which comprises 24 grassroots groups in 16 African countries.

The average, respondents delivered four different types of activities, ranging from one to 12.

Partnership working

Sixty-eight per cent of respondents were working in partnership with other organisations in some way. ‘Partnership working’ ranged from joint delivery of activities to referral pathways.

Partners included statutory agencies and statutory-led forums (such as Primary Care Trusts, Children Safeguarding Boards, domestic violence forums, Social Services and the NHS) and a wide range of VCOs, including specialist FGM organisations.

Preventative work and awareness raising

One in three respondents delivered activities aimed at preventing FGM, and 44% provided awareness raising activities.

These activities were targeted at a number of audiences including:

- Front-line workers in statutory agencies such as doctors, midwives, nurses, teachers, social workers, Social Services staff, the police and health workers.

- Voluntary and community organisations.
- Women, girls, young people, men, religious leaders, refugees and asylum seekers from FGM practicing communities. Communities specifically named were Somali (six mentions), Sudanese and Kurdish communities.

One respondent gave a detailed description of their awareness raising work, including initiatives such as volunteer community champions, peer mentors and local campaigning:

> *"Over the last ten months, our work has been focused on changing this cultural belief. We now have in place five trained volunteer community champions and developed a peer mentoring scheme whose responsibility is to drive an awareness and educational campaign at grass roots level and help sufferers manage the long-term health and psychological effects of their condition within the Somali community across West London. We have links with FORWARD and are planning to join the campaign to form a youth council who will represent the voice of girls and boys from the Somali community in our local area. To consolidate and add value to our ongoing outreach campaign, we are seeking to employ a part-time outreach coordinator whose work will strengthen our capacity to better support our work concerning FGM."*

Number of service users

Respondents were asked to provide approximate numbers of beneficiaries that the organisation worked with from January 2008 to December 2008.

The number of organisations providing data on the different beneficiary categories varied. This may be due to lack of data or that the beneficiary category is not relevant. Therefore, the number of respondents providing information is given for each category.

Even though the data is limited, it is clear that large numbers of beneficiaries are benefiting from activities and services, particularly health workers and other professionals, and women and girls who have experienced or are at risk of FGM.

Table 5: Number of respondents per beneficiary category

Beneficiary category	Number of respondents to question	Total number of beneficiaries
Women who have experienced or are at risk of FGM (aged 18 years or older)	17	457
Girls and young women who have experienced or are at risk of FGM (up to	15	563

Beneficiary category	Number of respondents to question	Total number of beneficiaries
17 years old)		
Other voluntary and community organisations	13	160
Health and other professionals (e.g. nurses, doctors, social workers, teachers etc)	13	1,790
Government/policy decision makers	8	158
Other (such as ethnic communities)	55	2

Future activities

Respondents were asked about services they plan, or would like, to deliver in the future. The need for these services were identified through research, mapping gaps in services, needs assessments with women and girls, professionals and front-line staff and requests for support (unmet needs).

- **Awareness raising and training** for front-line staff in statutory agencies and VCOs (7 mentions):

  "Long-term funding to provide training and information to front-line staff, in particular midwives, health visitors and teachers (who change all the time)."

  "National Rape Crisis (England and Wales), would like to be able to run FGM workshops and training regionally, and at national conference. Funding limitations stops this happening."

- **Awareness raising in practicing communities**, including extending reach to other practicing communities and working especially with women and girls at risk (5 mentions):

  "This is one of the most hidden issues – a taboo – that is difficult to talk about in our community. We want to raise awareness, to talk about it, and help girls and women who [are at risk]."

  "Targeted services are very crucial in order to respond to the needs of the young girls before they start their own families."

- Conducting **research** (3 mentions)

  "We would like to get involved in psycho-social research on FGM and related issues surrounding FGM."

- **Counselling**, including group and peer counselling (3 mentions)

"We would like to continue to deliver counselling services for victims as well as those who may wish to be defibulated. We would like to also offer counselling to young people considering "designer vaginas" and explaining possible implications of this."

Two respondents (both Rape Crisis centres) have written reports on counselling for FGM survivors (on appropriateness and need). One of the respondents stated that:

"Having been trained in the issues facing women around FGM and on working with interpreters, and counselling staff are now able to work with this client group. However, we found that counselling, the service we were looking at providing, was not the priority need for the majority of these women and girls."

- **Medical treatment for women and girls** (3 mentions)

  "Feedback from women and girls is that they want local clinics with specifically trained specialists."

  "We would like to continue to deliver counselling services for victims as well as those who may wish to be defibulated."

  "Reconstruction is also very much sought after following our workshops."

- Holding a **conference** on FGM (2 mentions)

- **Advisory services** (2 mentions), including drop-in information, advice and guidance sessions delivered by the local Sexual Assault Referral Centre

- **Producing resources**, such as information materials (2 mentions)

  "There seems to be a growing number of young people who would like to access information but on a more discreet level because of their families."

- **Raising the public profile** of FGM

  "We would like to increase the financial support and visibility of the work of our partners across Africa."

- **Medico-legal reports**

- **Community leadership programme**

Challenges

Respondents were asked to identify the three biggest challenges facing organisations in their work on FGM.

As to be expected, most respondents identified funding as one of their three biggest challenges. Forty per cent identified it as their number one challenge.

Challenges identified were:

- **Funding** (14 mentions).

  "Limited funding which has resulted in high staff turn over."

  "Funding is a very important and challenging issue – without it we can't do much."

  "Funds to spend time and pay for specialists to deliver information."

- Lack of awareness and understanding amongst **statutory and third sector workers** (8 mentions).

  "Understanding of FGM by practitioners at the point of receiving a referral (especially GP practices)."

  "Reluctance of front-line professionals to undertake training - GPs in particular are not keen."

  "Lack of commitment on behalf of non-BME agencies to learn about the issue."

- Sustaining and/or developing organisational **capacity**, particularly addressing staffing issues (5 mentions).

  "[We have] one member of staff dealing with the issue i.e. running workshops, advocating, attending meetings etc."

  "[We need] time to do it justice, as it [FGM] is one in a host of other issues we work on."

  "Have not got a specific, specialised, culturally appropriate worker."

- **Discrimination**, including bigotry, racism, sexism, violence against women etc (5 mentions).

- **Pro-FGM** groups and individuals (5 mentions).

"Increasing resistance in some communities to the successes of anti-FGM work."

- **Engagement with and awareness raising in FGM-practicing communities** (5 mentions).

  "The need to engage with pastors and preachers running the many local prayer groups, and men in the community."

  "It is an area that needs to be very sensitively approached as most women and girls do not believe it is an abuse and that is the biggest change that needs to occur, change in attitude and culture, huge."

  "Some women are resisting leaving their traditional and cultural attitudes towards FGM and some of them don't want to talk about FGM."

- Lack of interest, support and cooperation from public bodies, including lack of **political will** from the government to support anti-FGM services (5 mentions). In particular, the Department of Health and Home Office were specifically named by two respondents.

  "The lack of government coordination demonstrates lack of commitment to respond to this issue"

- **Other** (4 mentions).

One organisation identified gaps in knowledge and experience in working with Kurdish and Middle Eastern women on FGM and that "there is no history of work or achievement on this field we can build on, we have to start from scratch."

Another organisation identified that the brutality of FGM leaves women and girls traumatised and reluctant to engage with services for fear of having to remember their experiences.

- **Lack of services** including sustained interventions, secondary support services, targeted services (e.g. young people) etc (3 mentions).

- **Stigma and taboo** surrounding FGM (3 mentions).

  "Taboo - reluctance to talk about the issue. Enabling women/girls to challenge the taboo."

  "Stigma and shame of speaking out."

- **Asylum policy**, such as legal case law regarding FGM and difficulty in obtaining medico-legal reports to use as evidence in asylum cases (2 mentions).

- **Lack of information and resources** available for organisations and individuals.

- **Language barriers**.

Supporting providers

Respondents were asked about any support their organisations may need to help maintain or develop their FGM work.

- Overwhelmingly, better **investment** (funding) in FGM-related activities was most cited (15 mentions), including funds specifically for FGM work.

- **Staffing** was the next most mentioned support need (5 mentions). This included training for staff and also funding to employ more staff to increase the capacity of the organisation.

- **Better joint working and links** between and within the public and third sectors was identified (4), including funding to build the capacity of VCOs to effectively do this.

  "We need a pragmatic approach to stop this brutal procedure in and outside the country. Many women are suffering today because of this cultural approach to satisfy men. It is against the law, religion and [humanity]. We believe that working together we could make a difference. I don't think there [are links] between the groups who provide services to stop FGM. We would like a yearly conference for organisations working on this issue. Please link us with any other organisations that deal with FGM in the East London Region."

  "Global Women and Talented Artists would like to work in partnership with others to help address the issues pertaining to and related to FGM and also strengthen positive community action and try to identify barriers and find solutions to improving wellbeing of communities practising FGM."

  "FGM work in the UK has grown over the past few years and FORWARD has seen an increase in requests to support training. However the absence of a strategy from the national government means that work is not effectively coordinated and programme lessons are not captured adequately."

  "This is a brilliant idea to get information of current FGM services, funding and work taking place."

- Respondents identified **research and information** as a support need (4 mentions).

  "The strategy for this work should link voluntary sector with health care providers in order to sustain the confidence of the beneficiaries."

- **Commitment from decision-makers** was also identified (2 mentions).

  "International mobilisation to increase awareness about FGM as a human rights violation."

Potential providers

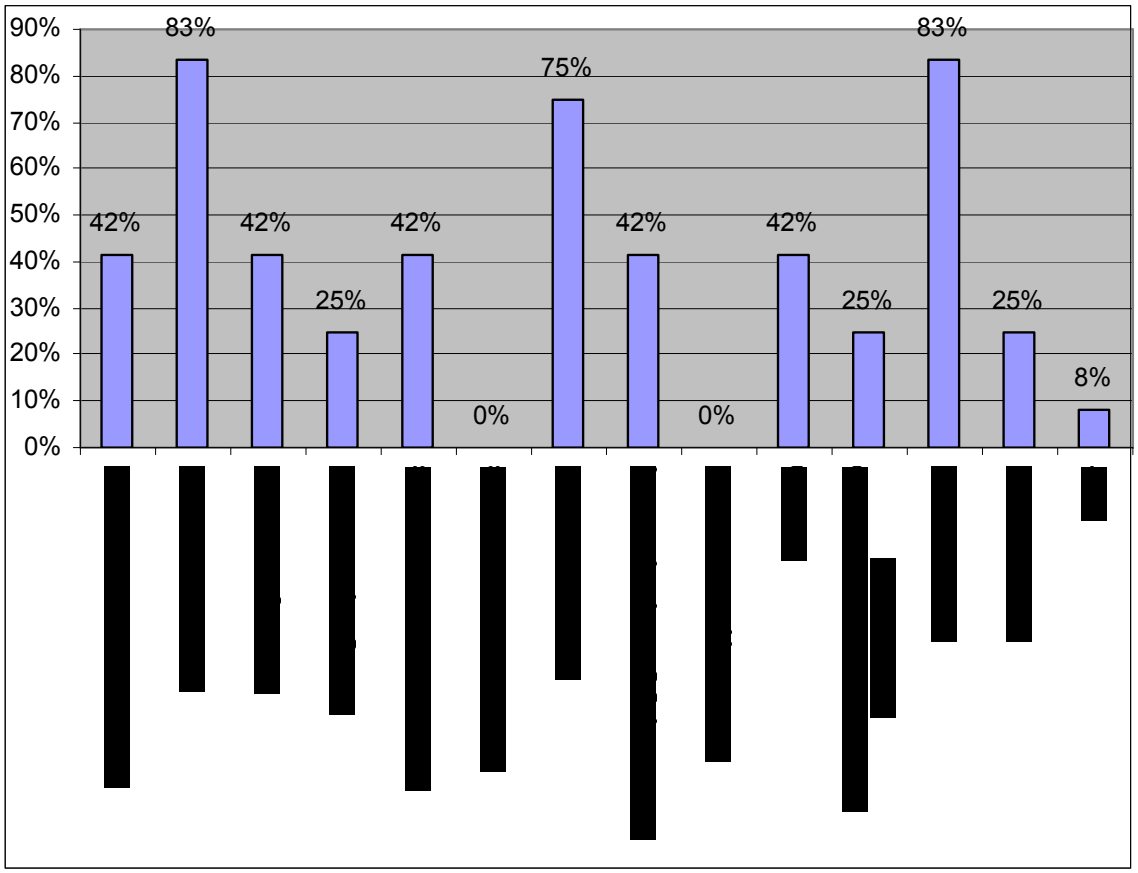
Twelve respondents (31% of all respondents) were categorised as 'potential providers' – VCOs who are interested in or have the potential to deliver FGM-related support, services and activities.

Potential activities

Respondents were asked to identify services and activities that their organisation was interested in delivering, or could potentially deliver, in the future.

Eighty-three per cent of respondents stated that they would be interested in providing advice and information, and a further 83% were interested in delivering awareness raising activities. Three quarters were interested in referring and sign posting to appropriate organisations.

Chart 7: Percentage of respondents by type of service that they could potentially deliver



'Other' issues including working with women asylum seekers in raising awareness of the problems experienced (by women seeking asylum) after fleeing threats of FGM.

Needs were identified through feedback from service users and professionals (such as lawyers), knowledge of the VAW sector and research.

Two organisations stated that they did not expect to support large numbers of women in the future, but felt it was important that their organisations are prepared and able to appropriately support women.

> *"We are a violence against women support organisation, but have had very little contact with FGM survivors as we are located in a rural area. It is likely that we will come into contact with FGM survivors at some point but do not foresee supporting large numbers."*

> *"At the moment we have not been approached by anyone requesting support or information on this area, but have attended presentations so are aware of the scale of the problem."*[10]

Partnership working

Half of respondents stated that they would prefer to work in partnership with other organisations to deliver activities. Some of the organisations already have good relationships with organisations that could be potential partners in future FGM activities.

Potential funding

None of the organisations had identified any potential funding to deliver services and activities. However, comments from respondents indicate that, as yet, no funding had been sought.

One respondent stated that the organisation would like to prioritise the development of services once current funding issues are addressed:

> *"We are considering approaching a local organisation who has a women's support group. Our funding situation is insecure at present but when core funding is addressed it would be a priority development to research incidence, demand and type of support needed locally."*

[10] This organisation was a Somali community group

Challenges

'Potential providers' were asked to describe the three biggest challenges facing their organisations in delivering potential services and activities.
There was significant overlap in challenges identified by current and potential providers.

As with current providers, funding was the most identified issue, with half of respondents ranking it their top challenge.

However, funding was closely followed by lack of capacity. Half of respondents identified it as their second biggest challenge.

- **Funding** (10 mentions).

  "Current level of resources for undertaking necessary research and supporting individuals to speak out."

- Lack of organisational **capacity**, such as time to develop services, build partnerships etc. However, most comments were about the need for more staff (including specialist staff) and staff training (9 mentions).

  "Linked professionals having time to attend [meetings etc] - service providers are always really, really busy."

  "Developing our own understanding of the FGM agenda, developing and sharing expertise with other organisations and tailoring support and training."

- Need for **information and resources**, especially for organisations developing FGM-related services (3 mentions).

  "We have no information base."

  "Lack of awareness of support organisations to sign post to."

- Need for **better joint working and links** between organisations (3 mentions).

- **Reaching and engaging** women who have experienced FGM or are from FGM-practicing communities (3 mentions).

  "Identifying the women and girls who may benefit from counselling support - rape and sexual violence are under reported and it has taken years to build the reputation of our service as a safe space and for women to self refer."

- Lack of awareness and understanding amongst **statutory and third sector workers**.

"The practice of FGM is a criminal activity in our country. Organisations supporting women and girls need to raise their own and others' awareness, incorporate [FGM] into existing training, deliver specialist training in conjunction with the experts etc."

"FGM is common practice in Somalia, and although things are becoming better, the practice is still common so there is real need to tackle [the issue] here in the UK and Somalia due to its negative impact on women lives."

- **Attitudes** towards FGM.

- Lack of **interest, support and cooperation from public bodies**.

Supporting providers

Respondents were asked about any support their organisations may need to help develop their FGM work.

- **Training** (4 mentions).
- **Resource materials**, including training toolkits for organisations, and **information on support organisations** to enable appropriate sign posting (4 mentions).
- **Funding**, including core funding (3 mentions).
- More **staff** time.
- Support with **ICT**.
- **Networking** with other organisations to share best practice and knowledge.
- **User input** in to the development of services.
- **Access to client group**.

Non-VCS providers

The survey was aimed specifically at the VCS, but five responses from non-VCOs were received. These were responses two FGM clinics, a local authority, a well-known doctor in the FGM field and a consultant who has undertaken FGM-related work in a London borough.

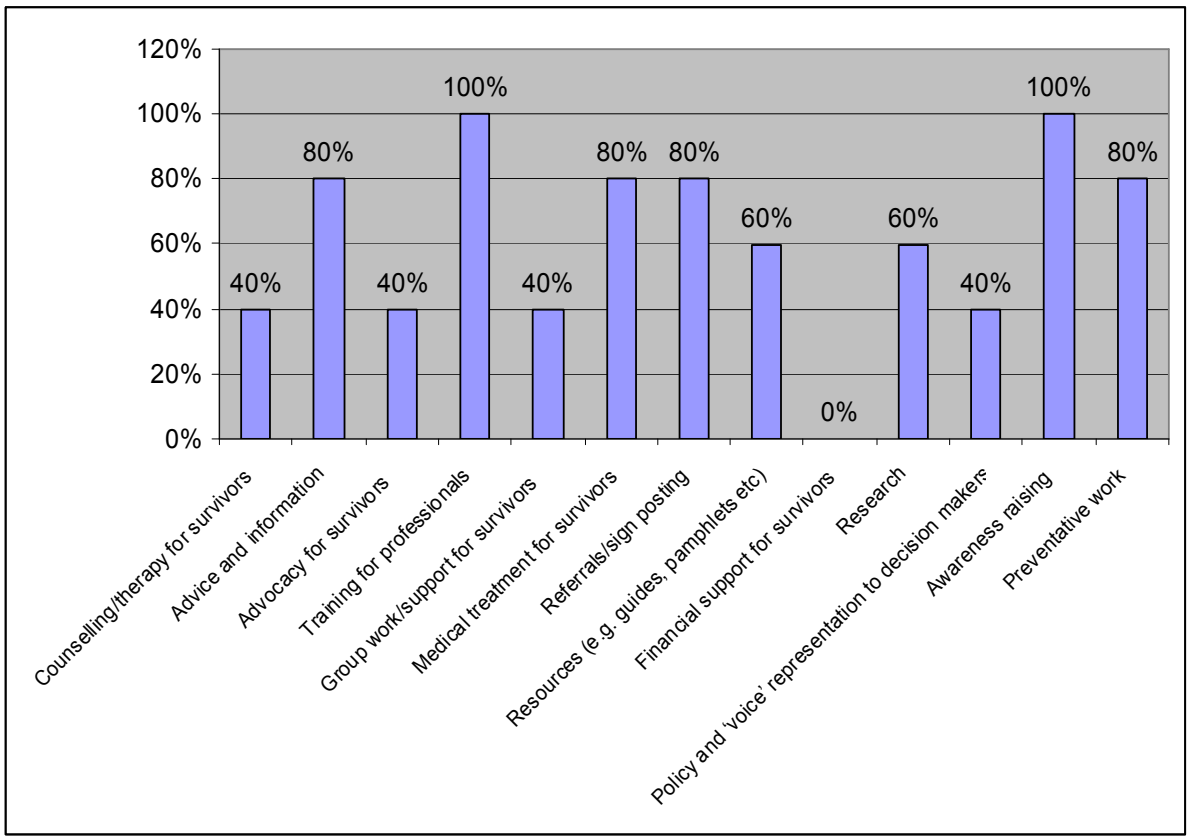
The non-VCS respondents answered the same survey questions as those in the 'current provider' category.

Current activities

All respondents delivered training for professionals and awareness raising.

The non-VCS providers were the only respondents to provide medical treatment, as two of the five respondents were health clinics.[11]

Chart 8: Percentage of respondents delivering type of service



[11] Acton African Well Woman Centre has set up a community-based, midwifery-led, de-infibulation service

Partnership working

Four of the five respondents work closely with other agencies and organisations. These include local authorities, the police, health workers, child protection workers, schools, VCOs and Social Services.

The Acton African Well Woman Centre is a pilot project funded by Ealing Primary Care Trust in partnership with Queen Charlotte's hospital.

Preventative work and awareness raising

Target audiences for preventative work and awareness raising included communities practising FGM and front-line workers in statutory agencies and VCOs.

In one of the clinics, all women booking for a pregnancy-related visit are informed of the FGM Act 2003 and are referred to Health Visitors for further support. Documentation is made in paediatric notes of all female children born to mothers with FGM to allow continued surveillance.

Number of service users

Respondents were asked to provide approximate numbers of service users worked with from January 2008 to December 2008.

As with current providers, large numbers of beneficiaries are benefiting from activities and services, particularly health workers and other professionals and women.

Table 6: Number of respondents per beneficiary category

Beneficiary category	Number of respondents to question	Total number of beneficiaries
Women who have experienced or are at risk of FGM (aged 18 years or older)	4	601
Girls and young women who have experienced or are at risk of FGM (up to 17 years old)	2	6
Other voluntary and community organisations	3	37
Health and other professionals (e.g. nurses, doctors, social workers, teachers etc)	4	770
Government/policy decision makers	2	120

Future activities

De-infibulation services, including community based services and leaflets for care following the procedure (including pelvic floor exercise) were named by the two clinics as activities they would like to deliver in the future.

> *"We knew that women preferred local anaesthetic and felt that they would benefit from going to a GP surgery out in the community rather than having to go to hospital for de-infibulation. This feedback came from talking to women."*

Community research and training and education for health professionals were also identified.

Challenges

Again, many challenges identified by non-VCS respondents were the same as those noted by the other provider categories.

Four of the five respondents identified **funding** to continue services as their biggest challenge. This was followed by **lack of awareness** amongst staff (3 mentions) and difficulties in **reaching women** and **effectively publicising** services (both health clinics identified this).

Other challenges identified were the inconsistency of support services, the lack of a comprehensive local policy, lack of time to dedicate to services and service development, and concerns that FGM is not a political priority. One respondent also stated that there is a reluctance to "tackle 'cultural' issues".

Supporting providers

Respondents were asked about any support their organisations may need to help develop their FGM work. Support needs identified were:

- Funding (3 mentions).
- Staffing issues including dedicated workers, the provision of culturally sensitive training, and supporting staff to report as opposed to them fearing being termed racist (3 mentions).
- Awareness raising in the community such as drop-in sessions in Southall and leaflets being disseminated to community centres, libraries, hairdressers, mosques etc.
- Details and information about a prosecution under the FGM Act 2003.
- Statutory requirements for all health care professionals to have FGM training.

Appendix A: Clinics

Clinic details were taken from FORWARD's website 20/02/09: www.forwarduk.org.uk/resources/support/well-woman-clinics

Name of clinic	Address	Tel:	Opening hours	Contact:	Email:
African Well Women's Clinic	c/o Antenatal Clinic 8th Floor Guy's & St. Thomas's Hospital Lambeth Palace Rd London SE1 7EH	020 7188 6872	Monday – Friday, 9am – 4pm	Comfort Momoh MBE	comfort.momoh@gstt.nhs.uk
African Well Women's Clinic	Antenatal Clinic Central Middlesex Hospital Acton Lane Park Royal London NW10 7NS	020 8963 7177 020 8965 5733	Friday, 9am – 12pm	Kamal Shehata Iskander	kamal.shehataiskander@nwlh.nhs.uk
African Well Women's Clinic	Antenatal Clinic Northwick Park & St. Mark's Hospital Watford Rd Harrow Middlesex HA1 3UJ	020 8869 2870	Friday, 9am – 5pm	Jeanette Carlsson	
African Well Women's Clinic	Whittington Hospital Level 5 Highgate Hill London N19 5NF	020 7288 3482 ext. 5954	Last Wednesday of every month, 9am – 5pm	Joy Clarke or Shamsa Ahmed	joy.clarke@whittington.nhs.uk
Women's & Young People's Services	Sylvia Pankhurst Health Centre Mile End Hospital Bancroft Rd London E1 4DG	0207 377 7898 0207 377 7870	Monday – Friday, 9am – 5pm	Dr. Geetha Subramanian (Consultant Gynaecologist)	geetha.subramanian@thpct.nhs.uk
African Women's Clinic	University College Hospital Huntley St London WC1E 6DH	020 7387 9300 ext. 2531	Monday afternoon	Maligaye Bikoo (Clinical Nurse Specialist)	maligaye.bikoo@uclh.nhs.uk

Name of clinic	Address	Tel:	Opening hours	Contact:	Email:
Multi-Cultural Antenatal Clinic	Liverpool Women's Hospital Crown St Liverpool L8 7SS	0151 702 4085 0771 751 6134	Monday – Friday, 8:30am – 4:30pm	Dorcas Akeju (Specialist Midwife)	dorcas.akeju@lwh.nhs.org
Gynaecology & Midwifery Department	Chelsea & Westminster Hospital 3rd Floor 369 Fulham Rd London SW10 9NH	0207 751 4488	Tuesday, 10am – 6:30pm, Second Thursday of every month, 3:30pm – 6:30pm (by appointment only)	Gubby Ayida (Obstetrics Service Director)	gubby.ayida@chelwest.nhs.uk
Gynaecology & Midwifery Department	St. Mary's Hospital Praed St London W1 1NY	020 7886 6691 020 7886 1443 020 886 6763		Judith Robbins or Sister Hany	foong.han@imperial.nhs.uk
Princess of Wales Women's Unit	Labour Ward Birmingham Heartlands Hospital Bordesley Green East Birmingham B9 5SS	0121 424 0730 0798 981 4207	Thursday and Friday	Allison Hughes or Teresa Ball	allison.hughes@heartofengland.nhs.uk
African Well Women's Services	Oliver Road Medical Centre Ground Floor 75 Oliver Rd Leyton London E10 5NF	0208 430 7381 0777 073 0600	Drop-In Thursday 10am – 3pm	Jennifer Bourne (Specialist Nurse) Dr. Faduma Hussein (Community Health Advisor) Leyla Hussein (Youth Outreach Worker)	jennifer.bourne@wf-pct.nhs.uk faduma.hussein@wf-pct.nhs.uk leyla.hussein@wf-pct.nhs.uk
African Women's Clinic	Women & Health 4 Carol St Camden London NW1 OHU	020 7482 2786	Women can self refer for services	Maligaye Bikoo (CNS)	maligaye.bikoo@uclh.nhs.uk
Acton African Well Women Centre	35-61 Church Road London W3 8QE	0773 097 738	Tuesday, 2pm – 5pm Self referral for free confidential services	Julia Albert (Midwife and project lead)	julietjalbert@gmail.com

Name of clinic	Address	Tel:	Opening hours	Contact:	Email:
				Hayat Arteh (Health Advocate)	
Minority Ethnic Women's & Girl's Clinic	Charlotte Keel Health Centre Seymour Road Easton Bristol BS5 OUA	0117 902 7100	Drop-In Last Wednesday of every month, 9:30am – 12pm	Dr. Hilary Cooling	

Appendix B: Survey

Are you a voluntary and community organisation or project addressing the issue of **female genital mutilation** (FGM)? Or perhaps your organisation is interested in developing activities and services in this area?

The Women's Resource Centre has been asked by a group of independent charitable funders to conduct an assessment of **voluntary and community organisations** and **projects** in the **UK** who are:

- **Interested in** or **have the potential** to services and activities to address FGM; or
- **Currently working** in this area.

We want to ensure that as many appropriate organisations as possible respond to this survey. If you know of any organisations that would be interested in this survey, please forward it to them or contact us.

The survey should take 20 minutes to complete.

WRC aims to be accessible and inclusive. This survey is available in other formats and can also be completed over the phone.

The **survey closes Tuesday 17 February** at **3pm**. If you would like to respond to the survey, but think you may have problems meeting the deadline, please contact us.

●

A report on the survey results will be available in February 2009. All information will be anonymous. The report will be sent to all respondents and will be available to download from www.wrc.org.uk.

For more information, or to request the survey in a different format or complete the survey over the phone, please contact:

Tania Pouwhare
Head of Policy
Women's Resource Centre
Email: tania@wrc.org.uk
Ph: 020 7324 3030
www.wrc.org.uk

Question	Options	Notes
A. Is your organisation **currently** doing any work in the FGM field?	• Yes • No	If 'Yes', survey takes respondent to QA1. If 'No', survey takes respondent to QB below.
B. Is your organisation interested in or has the potential to work in the FGM field?	• Yes • No	If 'No', survey takes respondent to a message ending the survey. If 'Yes', survey takes respondent to QB1.
Respondent 'A' questions:		
A1. What types of FGM services/activities does your organisation deliver? Choose any of the following options that are applicable	• Counselling/therapy for survivors • Advice and information • Advocacy for survivors • Training for professionals • Group work/support for survivors • Medical treatment for survivors • Referrals/sign posting • Resources (e.g. guides, pamphlets etc) • Financial support for survivors • Research • Policy and 'voice' representation to decision makers • Awareness raising • Preventative work • Other Comments:	Multiple answers allowed.

Question	Options	Notes
A2. Do you deliver any of the services/activities in partnership with others?	*Free text.*	
A3. **Approximately** how many of the following service user/beneficiary groups did your organisation work with from January 2008 to December 2008? Leave blank if not applicable	• Women who have experienced or are at risk of FGM (aged 18 years or older) • Girls and young women who have experienced or are at risk of FGM (up to 17 years old) • Other voluntary and community organisations • Health and other professionals (e.g. nurses, doctors, social workers, teachers etc) • Government/policy decision makers • Other Comments:	
A4. If your organisation does preventative work and/or awareness raising, who are your target audience/s?	*Free text.*	
A5. Are there any FGM services/activities that you would like to deliver in the future? If so, how have you identified the need?	*Free text.*	
A6. What are the **three** biggest challenges facing your organisation in its work on FGM?	• 1: • 2: • 3: Comments:	
A7. What support might your organisation	*Free text.*	After this question,

Question	Options	Notes
need to help maintain or develop its FGM work?		respondent taken to 'Final questions for all respondents' section
Respondent 'B' questions:		
B1. What are the services/activities that your organisation is interested in delivering, or could potentially deliver, in the future?	• Counselling/therapy for survivors • Advice and information • Advocacy for survivors • Training for professionals • Group work/support for survivors • Medical treatment for survivors • Referrals/sign posting • Resources (e.g. guides, pamphlets etc) • Financial support for survivors • Research • Policy and 'voice' representation to decision makers • Awareness raising • Preventative work • Other Comments:	Multiple answers allowed.
B2. How has your organisation assessed the need for the identified services and activities? E.g. feedback from service users or staff, needs assessments, research etc	*Free text.*	
B3. What are the three biggest challenges facing your organisation in delivering the identified support services/activities?	• 1: • 2: • 3:	Free text next to each heading.

Question	Options	Notes
	Comments:	
B4. Is your organisation considering/planning to deliver FGM services or activities in partnership with others?	*Free text.*	
B5. Has your organisation identified any possible funding for FGM services/activities?	*Free text.*	
B6. What support might your organisation need to help develop its FGM work?	*Free text.*	After this question, respondent taken to 'Final questions for all respondents' section
Final questions for all respondents:		
Name of person completing this survey	*Free text.*	
Position	*Free text.*	
Name of organisation	*Free text.*	
Address	*Free text.*	
Postcode	*Free text.*	
Email	*Free text.*	
Phone number	*Free text.*	
Website address (if your organisation has one)	*Free text.*	
Which of the following options best describes the geographical coverage of your organisation?	• Local area • Borough or county • Regional • Country-wide • UK-wide • International	Only one answer allowed

Question	Options	Notes
	• Work in both UK areas and internationally • Other	
Which local authority area(s) does your organisation work in?	*Free text.*	
Which of the following fields does your organisation work in? Choose any of the following options that are applicable	• Health (general) • Sexual and reproductive health • Mental health • Sexual violence • Domestic violence • Employment • Education and training • Housing/homelessness • Drug and alcohol • Criminal justice system • Other	Multiple answers allowed
What was the total income for your organisation in 2007/08? Choose from the following income bands	• £10,000 or less • £10,001 - £50,000 • £50,001 - £70,000 • £70,001 - £100,000 • £100,001 - £150,000 • £150,001 - £200,000 • £200,001 - £250,000 • £250,001 - £300,000 • £300,001 - £500,000 • £500,001 - £1 million • More than £1 million	Only one answer allowed

Question	Options	Notes
	• Not sure	
Does your organisation work **specifically** with any of the following equalities groups? Choose only the groups that represent ¾ or more of your service users/beneficiaries For example, an organisation for young disabled women would choose: • 'Women and/or girls' • 'Children and young people' and • 'Disabled people'	• Women and/or girls • Men • Children and young people • Black, Asian and minority ethnic people • Refugees and asylum seekers • Disabled people • Lesbian, gay and bisexual people • Trans people • People from specific faith/religious groups • Working class people • Older people • Gypsies and Travellers • Other • Not sure • We are a generalist organisation that has service users/beneficiaries from a wide range of groups Comments:	Multiple answers allowed
Any final comments?	*Free text.*	
The Women's Resource Centre is conducting this survey on behalf of a group of independent, charitable UK funders who may wish to contact your organisation for further information to help them in their decision making about funding this area of work. Please indicate that you are happy for	• Yes, I am happy to be contacted • No, please don't contact me	

Question	Options	Notes
WRC to pass the contact details you have given to the group of funders. We will never pass your contact details to another party		

Thank you for completing this survey. We appreciate the time taken!

A report on the survey results will be available in March 2009. All information will be anonymous.

The report will be sent to all respondents and will be available to download from www.wrc.org.uk.

If you have any queries about the survey, or would like to find out more about the Women's Resource Centre, please contact:

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Women's Resource Centre
Email: tania@wrc.org.uk
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