

## “Stigmatising” and “traumatising” approaches to FGM-safeguarding need urgent review

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### About the research

Female Genital Mutilation (FGM) is considered by the UN to be a ‘global concern’. International organisations routinely claim a 98% prevalence rate among the Somali population (UNICEF 2013). As a consequence, Somalis living in the UK have attracted particular attention from FGM-safeguarding policy. This research presents the perspectives of Somali families living in Bristol with experience of FGM-safeguarding services.

Somalis in our study are committed to eradicating FGM. Many have already invested considerable time and energy in this endeavour. But, some have been seriously affected by statutory approaches to FGM-safeguarding. This report highlights valuable opportunities for policymakers and other professionals to improve approaches to FGM-safeguarding in schools, health care settings, and by social services and the police. There is considerable work to be done by local and national authorities to undo this damage and prevent further traumatisation and victimisation of both individual

Somali families and the community as a whole. Without this work, these policies will continue to undermine the positive efforts of some individual professionals and many community activists and anti-FGM campaigners, and efforts towards a truly integrated society.

The evidence was collected during six focus groups conducted in the summer of 2018. In total, we spoke to 30 mothers, fathers and young adults about their experiences.

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## Key findings

A sense of the exploitation of a disempowered community pervade discussions of FGM-safeguarding. Safeguarding authorities are seen to put pressure on families to comply with demands which are stigmatising, unjustified, and contrary to their rights as British citizens. They are perceived as indifferent to whether this engagement is traumatising, offensive, confusing or inaccurate, both in terms of the specific information on FGM they circulate and the risk within particular families.

## Health Care Providers

Women in our focus groups experienced FGM-safeguarding repeatedly in routine health care settings with midwives, GPs and health visitors. They believed medical staff prioritised extracting the information required for government statistics over and above their health needs and without consideration of their trauma in connection with their past experiences of FGM. Health professionals repeatedly “put salt on the wound” caused by these previous experiences through relentless and insensitive questioning, and “fixated” on FGM to the detriment of the patient in front of them. As a result, participants reported often avoiding medical care and/or approaching appointments with hostility and fear.

**“Before they cared about your health and how the child was feeling. Now it’s just FGM.”**

## Schools

FGM-safeguarding in schools typically occurred when parents asked to take their children on holiday during term time. Professional guidelines indicate that coming from an FGM-affected community, maternal experience of FGM and planned travel to an FGM-affected country do not, in themselves, constitute a level of risk requiring referral to social services. However, participants believed that Somalis in Bristol were referred to social services as a matter of course, simply because they were going on holiday, regardless of destination or length of stay. Some mothers were asked by school teachers about their experience of FGM, directly contravening this guidance. Such encounters were reported as upsetting, invasive and offensive. They stigmatised, traumatised and alienated Somalis and their children, damaging their relationship with and trust in schools.

**“I thought that safeguarding was when a child is in danger. But for us it was just because we were Somali.”**

### Aliyah’s Experience with the Midwife

Last year, when I was in early pregnancy and not feeling well, I had my first meeting with the midwife. I was hoping that she would ask me, ‘How are you feeling? What can I do for you?’ But she had a form, and she just followed the form:

“First I would like to talk to you, do you know anything about FGM? Have you had FGM? What type did you have? Did your mother have FGM?”

I was shocked. It was like an interview. She was desperate to fill in this form. I was uncomfortable. In the end I told her to look it up on her computer if she really wanted to know, because I’d been asked before, but that I wasn’t going to tell her. It frightened me really. If you go to the GP, it’s the same questions.

### Halwa’s Experience with the Head Teacher

In 2016, we planned to go to Somalia to see family. The Head Teacher called me in and she read an agreement and she asked me, “Did they make you do this thing?” [Did you have FGM?]

I hate that question. It’s personal. It hurts me a lot. Why do you need to know what’s happening on the inside of my legs?

She said, “It’s the law, you must answer, otherwise you cannot go, you cannot travel.”

I told her. I said “Ok, yes, they did do that to me.”

She said “Ok, well that makes you high risk.” She said there was no choice. “It’s my job to refer you to safeguarding.”

## Home Visits

School referrals frequently led to unannounced home visits by social services and (often uniformed) police. These visits received particular condemnation from participants and were seen to have a particularly negative impact on children who were left scared and traumatised. Safeguarding officers were described as failing to respect people's rights to privacy and autonomy, using formal interrogative styles such as detailed and lengthy questioning, the physical searching of property and at times the separation of family members (including children). Participants were required on these occasions to sign a 'travel form' - a declaration that they would not place their daughters at risk of FGM. Participants described being compelled to sign the travel form in the face of implicit and explicit threats including preventing travel and exposing children to medical examination. No translations were provided and those whose English was less proficient were not provided with the opportunity to fully understand what they were being asked to sign.

**“Everybody is a suspect. You are guilty until you are proven innocent.”**

## Fawzia's Experience with Social Services and Police

They came to my house. They asked me so many questions. When the police finished the questions, the social worker started. She was rude. She told me, “You must sign otherwise you cannot fly.” She said, “When you come back we will contact you, we will check your daughter.”

My daughter was so scared. The social worker told her about FGM. She became so anxious. She was standing up, then sitting down, then standing up.

She said, “Are you going to do that to me Mummy?” She was 10 years old. They made her scared of me. I was so upset, and scared too. It was terrible – coming to my house like I was criminal.

## A Suspect Community

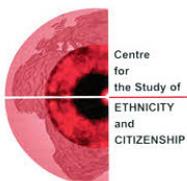
Participants repeatedly stated that Somalis were treated like criminals during FGM-safeguarding. They felt distrusted, their intentions suspected and their needs ignored. There was a sense that the whole Somali community was unfairly targeted and had become a 'suspect community' (Pantazis and Pemberton 2009): a group considered by the state to be suspicious despite there being no evidence of criminal involvement. Participants also described FGM-safeguarding policy as inherently racist and gave examples of how wider debates on FGM directly contributed to experiences of racist violence from the public.

Participants believed that Somalis were targeted due to a perception that FGM was still highly prevalent and accepted among the Somali population. They argued that while FGM had been part of their culture historically, it was not condoned among Bristol Somalis. Participants reported feeling alienated from their Britishness as a direct consequence of FGM-safeguarding. They also described the significant work which had been undertaken by local activists to reduce the incidence of FGM and voiced their concerns that this was being ignored in state-led approaches which fed into negative stereotypes about Somali culture. This encouraged a sense of victimisation and social dislocation from service providers and wider society and a feeling that these efforts had been in vain.

**“We are trying to find our identity as British Somalis and we don't want FGM to be part of that.”**

## Policy implications

- All organisations involved in FGM-safeguarding must acknowledge the ways in which these negative experiences reinforce a sense of Somalis as a 'suspect' and stigmatised community.
- All organisations involved in FGM-safeguarding must address the negative impact these experiences have had on service engagement and trust, and on the sense of inclusion of Bristol Somalis in wider British society.
- A Governmental review of statistical evidence underpinning FGM-safeguarding policies is urgently needed.
- Policymakers and healthcare professionals must address concerns regarding the re-traumatisation of FGM victims and poorer care associated with FGM-safeguarding in medical settings.
- Schools and educational authorities must ensure that all approaches to FGM-safeguarding concur with existing guidance. The recent work undertaken by Bristol City Council to clarify this guidance will provide schools with valuable support towards achieving this.
- Social services and the police must ensure that home visits are only conducted once reasonable risk has been identified; they must also address the distressing, criminalising and coercive nature of such visits. The recent decision to discontinue the use of the 'travel form' in Bristol is a significant step in the right direction.
- Social services should also ensure key documents are translated and that, where required, provision is made for translators in all safeguarding meetings with families.
- Statutory authorities must improve professional education regarding FGM and FGM-risk for all staff involved in FGM-safeguarding.
- Statutory authorities must develop more collaborative approaches to FGM-safeguarding policy planning, development and implementation - to involve diverse sectors and affected communities - to improve its sensitivity and accessibility and minimise risk of stigma.



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## Further information

Karlsen S, Carver N, Mogilnicka M, Pantazis C (2019) *When safeguarding becomes stigmatising: A report on the impact of FGM-safeguarding procedures on people with a Somali heritage living in Bristol* Bristol: University of Bristol

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