Tackling FGM Special Initiative

PEER RESEARCH

Full report

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Disclaimer: The views expressed in this report represent those of the authors, and not necessarily those of the various organisations that supported the work.
About the Special Initiative
Trust for London, Esmée Fairbairn Foundation and Rosa Fund, three independent charitable organisations, have collaborated to establish a UK-wide Special Initiative to fund community based, preventative work to safeguard children from the practice of Female Genital Mutilation. By supporting organisations based within practising communities, the initiative will strengthen the voice of women and children already affected, or at risk of genital mutilation in all its forms. Approximately £1million has been invested in 14 organisations across the UK. Options UK has been appointed to support the monitoring and evaluation of this initiative. For more information:

About the funders
Esmée Fairbairn Foundation funds the charitable activities of organisations that have the ideas and ability to achieve change for the better. Its primary interests are in the UK’s cultural life, education and learning, the natural environment and enabling disadvantaged people to participate more fully in society. www.esmeefairbairn.org.uk

Trust for London is one of the largest independent charitable foundations in London, providing grants to the voluntary and community sector of over £6 million per annum. It aims to enable and empower Londoners to tackle poverty and inequality, and their root causes. Established in 1891, it was formerly known as City Parochial Foundation. www.trustforlondon.org.uk

Rosa is the first UK wide fund for projects working with women and girls. Rosa’s vision is of equality and social justice for women and girls and a society in which they:
   · are safe and free from fear and violence;
   · achieve economic justice;
   · enjoy good health and wellbeing;
   · have an equal voice.
Rosa will achieve this by championing women and girls, raising and distributing new funds and influencing change. www.rosauk.org

About the evaluators
Options UK is the UK programme of Options Consultancy Services Ltd, a leading international provider of technical assistance, consultancy and management services in the health and social sectors. Options UK was launched in early 2006 to provide technical expertise to service providers, policy makers and commissioners in the UK. Working with the NHS, Local Authorities and Third Sector organisations, the multidisciplinary Options UK team provides fresh, innovative and practical advice, support and solutions to providers and commissioners of health and social care services.

To learn more about Options UK visit http://www.options.co.uk/uk The PEER approach is a specialism of Options developed in collaboration with academics at the University of Wales Swansea. For more information about PEER contact peer@options.co.uk or see www.options.co.uk/peer.
1.1 Introduction to Peer Research

The Special Initiative will encourage projects to report the outcomes of their work; in other words, the changes in attitudes and behaviours that they see over the course of the initiative. To this end, projects have undertaken small, qualitative studies using an adapted version of PEER (participatory ethnographic evaluation and research)\(^1\) to gather data on attitudes and behaviours relating to FGM. The results form an important part of this baseline report. The results will also act as formative research, helping projects tailor their work to their local communities. PEER has been widely used by health and social development programmes both in the UK and Africa, Asia and Latin America and the Caribbean. The method is particularly suited to exploring the perspectives of community members on sensitive topics.

In peer research, ordinary community members are trained to conduct in-depth, conversational interviews with others in their social network. An emphasis is placed on collecting stories and examples, and interviews take place in the ‘third person’ (e.g. ‘What do people in your community say about…?’). These factors encourage respondents to move beyond normative responses (what they feel they should say), as discussions take place between trusted friends rather than with an external researcher, and the interviewee does not feel that their personal opinions and behaviour are being scrutinised or judged.

A benefit of peer research is that it involves working closely with a group of community members on the topic of interest, building involvement and ownership of the project among the group, and encouraging people to start talking about FGM. It is hoped that the peer researchers involved in the baseline study will go on to participate further in their respective projects.

Projects will conduct a second round of peer research in 2013, among a similar group of community members, to investigate any changes in attitudes to and perceptions of FGM, and how their projects may have contributed to this.

1.2 Methodology

O'UK conducted a day-long workshop in peer research with participating projects\(^2\), and provided them with supporting materials (including suggested interview prompts).

Staff from projects then selected between 4 - 18 community members to be trained as peer researchers. These individuals spent up to a day with the project worker in a group workshop, developing interviewing skills, learning how to obtain informed consent from interviewees, and practising using the interview prompts to obtain detailed responses (see annex 1).

Participants were mostly women, reflecting the gender of project workers and the fact that most of the projects have found it easier to engage with women on the issue of FGM. A large range of age groups and ethnic backgrounds are represented among

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\(^2\) ACCM(UK), Women’s Health and Cultural Organisation, and Sudan Women’s Group were not required to conduct peer research.
the peer researchers and their respondents, including people from Sudan, Somalia, Nigeria, Eritrea, Yemen, and Iraqi Kurds.

From July – September 2010, a total of approximately 70 peer researchers conducted conversational interviews with between one and three friends (with 130 respondents in total). They fed back qualitative interview data to project staff, who took detailed notes. Notes were typed and sent to Options for analysis (apart from OSCA, who produced their own analysis report, which has been incorporated into this report).

Results have been organised by theme rather than by geographic area, as many similar issues were apparent across the country. However, where findings differed by project area, this is highlighted in the report. The data were analysed according to the themes of particular interest to the Special Initiative, as well as arising themes, including:

- Whether people discuss FGM and in which contexts
- Attitudes towards FGM, and whether those who oppose it have the confidence to reject it as part of their cultural identity
- Levels of awareness of UK law and health and psychological risks of FGM
- What the stories that people share about FGM tell us (whether their own stories or stories about other people)
- Generational differences in attitudes towards FGM
- Whether there are any examples of FGM happening in the UK or to children taken from the UK overseas
- Factors facilitating or constraining progress towards eliminating FGM and supporting victims of FGM

The research generated a large amount of detailed qualitative data, some of which goes beyond the scope of this report. In particular, this report does not do justice to the numerous detailed stories collected which outline personal experiences of FGM. Most of these cases happened overseas over fifteen years ago, to people who were not living in the UK at the time, and hence their relevance to the aims of the current initiative is limited. However, the fact that many women shoulder a burden of pain and trauma influences the general context in which projects are working, which will be discussed in this report.

In the following sections of the report, quotations from peer researchers are italicised and followed by a brief description of the respondent (which project the data come from, gender (M/F), age group, ethnicity/country of origin). Quotations are included to illustrate typical points, or when they highlight a particularly unusual or interesting finding. All names and other identifying features have been changed.

1.3 Findings

1.3.1 Interpreting data on attitudes and practices related to FGM
Before launching into the findings, it is important to clarify what the data can and cannot tell us. Peer research findings are useful for uncovering community perceptions, attitudes, and the language used to discuss issues. They are less useful in terms of making concrete statements about the proportion of people who hold a particular opinion or practice a particular behaviour. The results of the peer research, and feedback from the projects, suggest that when it comes to the issue of FGM, people do not necessarily have an accurate idea of what other people in their community think or do, as FGM is not widely discussed, even between friends, spouses and family members. Thus the stories, opinions and ideas presented in this
report are not necessarily based on what people actually think and do, but what people think other people think and do. This makes for a complex picture, both in terms of researching the baseline and planning projects. A national survey is planned in November 2010 by FORWARD (and academic partners). This will be carried out online among young people (16-24 years) in six major cities. These data will be extremely valuable for drawing firmer quantitative conclusions about the extent to which young people in the UK have been affected by FGM, levels of knowledge about the UK law, and attitudes towards FGM.

The difficulty in generalising from qualitative data is illustrated by the following contradictory responses from people of similar backgrounds. In the Manor Gardens study, one Somali woman in her twenties said, ‘ninety percent of Somalis still do it’ while another Somali man in his twenties said, ‘they don’t want to [continue the practice of FGM] themselves; now there’s less pressure and no stigma [associated with not being circumcised]’ and a middle-aged Somali man said ‘it’s very rare in the Somali community in the UK now’. Likewise, one of the older Sudanese respondents said, ‘I would say [FGM continues] at the present rate of 90%, but it’s hidden’ (F, 50-60), whereas other Sudanese respondents said they believe FGM is very rare now.

A similar situation was found by BWHFS in London. One respondent said that, ‘people born here in the UK are lucky, in that they have most likely not been circumcised’ while another said, ‘the majority of people in our community want to continue the practice of female circumcision because although they know that it can cause some harm to girls/women they also believe it serves a good purpose in curbing immoral behaviour’.

Likewise, in Cardiff, Yemeni women held differing views: one woman (aged 38) strongly believed that most people in her community supported the ‘Sunna’ form of circumcision and saw nothing wrong with it; a second woman felt that the majority did not agree with it, and a third woman aged 20 said ‘Here in the UK most of the community carry their daughters back to the Yemen to have the procedure carried out on them. They do not reject the practice. I feel it is good for the women and girls to do this to protect them’.

This suggests that even within practising communities, the average person has no way of accurately knowing how prevalent the practice of FGM is, or how prevalent attitudes that support or oppose FGM are, as this respondent illustrated:

One can never be sure [about whether FGM is still practiced] as no-one talks about it in the Iraqi Kurdish community, no-one tells the other person. In the UK I don’t know anyone who has talked about doing it for their girls in the UK, but I have come across people who have been pressurised when they’ve gone back home to Kurdistan by family elders. (MG, Iraqi Kurdish, F, 45)

Even in a relatively small community like the Somali community in Bolton, there is no consensus over whether FGM continues. Two respondents said that it will continue because it is an important part of tradition and is used to control girls’ sexuality; three said that it is ‘slowly fading’ or that people want it to stop, and four said they were not sure, or that some people want it to stop and others do not.

However, in a number of locations, there were strong signs that people still experience pressure to circumcise. In Cardiff, two Yemeni women reported this pressure:
The pressure to circumcise is very high, as our community does not see anything wrong with the practice. Young girls are forced to have it done by their mothers, grandparents and all the older women in the community, who will decide that the circumcision will take place. (BAWSO, Yemen, F, 38)

Generally people who are over 50 years want to carry on the practice, and often the young girls are made to have it done as a result of such pressure. (BAWSO, Yemen, F, 23)

Interpretation of these quotations is complex because when people from a BME or migrant community talk about their community, they are not necessarily referring to their current community in the UK – they may be referring to their community of origin ‘back home’. For instance, the woman who gave the latter quotation (above) went on to say: ‘None of my daughters have been circumcised as they were born in the UK and there is no pressure to have them circumcised in this country’. Thus when she spoke about young girls being circumcised ‘as a result of the pressure’, it sounds as though she was referring to pressure in her community in Yemen.

Similarly, some of the examples of people conducting circumcision are not specific enough to judge whether they would be illegal under the 2003 FGM Act in the UK. In the following example, a woman admitted to circumcising her three daughters, but it is not clear whether it happened in the UK or involved taking girls from the UK overseas, or whether it happened when the family still lived in Nigeria:

People in my community feel like it’s natural to be circumcised. There is no big deal. It’s not different from men’s circumcision. Men do not really have a say if the child is circumcised or not, they are told that it’s a traditional practice so they agree with it. My husband didn’t oppose my three girls from circumcision, he asked why his mother and my mother wanted us to circumcise our first daughter and we explained to him that it’s in our tradition and is very similar to male circumcision. (AAF, F, Nigerian, 25-35)

However, even though this quotation does not provide concrete information about a breach of the UK law on FGM, it shows that there is strong ongoing support for the practice among some people.

1.3.2 Evidence for the ongoing practice of FGM
In each location, respondents believed that at least some people in their community supported and/or practiced FGM:

People have different ideas about it. Sixty-five percent believe it’s illegal and it’s an old ignorant tradition. It also adds problems to the female. Thirty-five percent believe that their daughter won’t marry and isn’t seen as a clean woman, instead she is seen as a used woman. (Bolton, M, Somali, 40-50)

A small number of stories of breaches of the UK law on FGM were reported by interviewees, although none were very specific or recent. For instance, one woman said that she had attended a circumcision in Harley Street, London, over ten years ago. Another respondent reported that there was a woman who was known to do female circumcision and re-stitch women after childbirth in London, who used to be a midwife in Sudan.

Most common were stories of girls in the UK being sent ‘back home’ to be circumcised. In the following story, a young girl suffered serious medical problems
after being circumcised in Sudan. Her mother said that she felt compelled to circumcise her daughter due to continued pressure from the community, in spite of the fact that her sister-in-law tried to alert her to the risks of the procedure:

Asha’s sister-in-law, who is in her thirties, insisted on having her young daughter circumcised. Asha tried to persuade her not to do it as it was dangerous, but her sister-in-law went ahead and had her daughter circumcised at the age of seven years. The daughter was taken to Sudan to carry out the procedure. The daughter started to suffer after the circumcision; she had an infection, experienced difficulty passing urine and had a very high fever. She was treated for two months in hospital, and had to return to the hospital a couple of times, until she recovered. The sister-in-law felt that if she did not allow the circumcision to be carried out on her daughter that she would suffer all her life, as a result of pressure from the community. (BAWSO, F, 38, Sudanese)

Other respondents did not provide specific examples of FGM, but explained that they still believed it to happen, though mostly outside the UK:

I do not know any girls circumcised in Leicester, but I heard that it exists, many people think that it is shameful if girls are not circumcised. They want to practice the Sunna type of circumcision. I hear that some of them bring their daughters to another country in order to circumcise them. (SDS, Somali, F, 40-50)

The community know that the government do not allow female circumcision in this country. Most of them go back home to have it done. (BAWSO, Yemen, F, 20)

All of the people know about the UK Law in this country, and it is difficult to find someone to circumcise their daughters unless they take them back home. (BAWSO, Sudanese, F, 38)

[Are people still practising female circumcision?] Yes, but we don’t have anyone to do it here in the UK, so we usually go back to our country to get it done for our girls. (AAF, Somali, F, 36-45)

Several stories were told in which girls were circumcised against their parents’ will, typically at the wish of their grandmothers, when visiting ‘back home’.

Fatima is against all forms of FGM, so are her parents. Fatima and her family lived in Dubai; that is where she grew up though she was originally from Somalia. When she was six years old, she went to Somalia to visit her paternal grandmother. One day while playing she was captured by four women including her grandmother. One of them performed FGM type 3 on her while the others and her grandmother held her down. When Fatima’s parent heard of the news they were devastated and her father immediately flew to Somalia and took her back to Dubai. (BSWAID, F, Somali, 25-35)

My grandmother insisted that I and my three sisters should all be circumcised. She taunted our father and spoke of the shame it was for him to have four daughters aged 10, 12, 13 and 15 who had not been prepared for a clean life. During the summer holidays in 1995, we travelled back home to Eritrea and when we got there everything was ready for the procedures. I was sick for weeks and weeks. (BWHFS, F, Eritrean, 25-35)
One story was reported in which a young girl in the UK asked to be circumcised, and had it done 'back home':

Miriam said that she knew of one young girl in the UK who actually asked her mother if she could be circumcised (Sunna), because she was talking to her girl friends in school and they informed her that they had all been circumcised, each one had gone away on holidays to their own country and had the procedure done. Eventually the mother agreed to allow the girl to be circumcised and arranged for it to be done in her home country. (BAWSO, F, 35, Somalia)

This suggests that there might be areas in the UK in which the proportion of girls who have been circumcised is such that those who have not undergone FGM feel left out.

Several respondents who were opposed to FGM were so concerned about pressure to circumcise 'back home' that they feared going back to their country – either for themselves or their child(ren). The project worker at BSWAID collected this story during her work at the local African Well Woman Clinic:

Amina is 17 years old. She is against FGM and so is her mother. Amina said she was forced to have FGM by her maternal grandmother when she was seven years old. Her mother was in the UK when FGM was performed on her. Amina’s mother felt angry, sad and frustrated when this happened and she could not do anything to stop it because she was in the UK and couldn’t travel to Somalia. Amina’s mother also expressed to me that she was afraid for Amina’s two year old daughter who is still in Somalia with her great grandmother. (…) I was amazed at how strong the grandmother’s views on FGM were. This woman performed FGM on her daughter, then performed FGM on her granddaughter (who her daughter entrusted her with, and begged her not to perform FGM on her), and now there is fear that she will perform FGM on her great-granddaughter. (BSWAID project worker, F, Somali)

These cases highlight the authority of the elder generation in many societies. They may have a greater influence in matters of FGM than the parents of a child. Nevertheless, this highlights the need to raise families' awareness that under UK law, they are responsible for the child’s safety. Knowingly leaving the child with someone they believe will circumcise her could leave them vulnerable to prosecution.

At least two cases were reported of women who were afraid to take their children back home because of risk of circumcision:

If I go back home they will force my daughters to be circumcised, not because of the role of Islam – it is because they want to please grandparents, and the other village people, which I think is a crime’ (BAWSO, F, Yemen, 29)

A Gambian woman came to the UK as a student and now that she is expecting a baby girl, she is afraid to take her new born baby daughter back to Gambia. She said in Gambia the decision to circumcise your daughter lays with the elders of your family and tribe. She said she will try to stay in the UK for as long as she can but she has to return to Gambia eventually and she knows for sure that her daughter will be circumcised whether she resists it or not. She said she is totally against the practice and will fight against it but in Gambia it is extremely hard. (BSWAID, Gambia, F, 25-35)
A respondent in Manor Gardens (London) said that she knew a 24 year old woman who was afraid to go back to Somalia in case she is forced to be circumcised: ‘she was born here, but she’s worried - what if they do FGM on her if she goes back and they find out that she is not circumcised?’.

As Ayan, the project worker from OSCA, writes: ‘From these quotations we can see that addressing the heart of the issue is greater than raising awareness within Somali communities in the UK – it is an issue that needs addressing throughout the Somali regions as well. There is a need for greater space to talk about the issue in all parts of the globe if this issue is to become more mainstream, and not the subject of only strong campaigners’. One of her peer researchers expressed this as follows:

I think opinions have changed especially in the Diaspora, but mentalities have to change back home where it is still very widespread. People cannot do it in the UK because they know it is illegal. However they take their children back home and do FGM. So campaigns to raise awareness need to take place back home. Even if many mothers from younger generations are opposed to doing FGM to their daughters, once they go back home for holidays, the whole family is bullied by the clan in order to perform FGM.

Finally, a section from OSCA’s peer research report is presented, as this presents yet more compelling evidence for FGM still occurring:

Community Perceptions: does it still happen and have you heard of any cases?

The way people are talking about it, it looks like FGM is still widely practiced, not only in the Somali regions but also in the UK Somali Communities. As one woman related:

Don’t you know so and so has circumcised her daughter, the school became suspicious and the 15 year old child made a story up to protect her mother; that the mother did not know about the incident, and it was her who chose to do it, because it is her culture and she loved it.

In our interviews, when people were asked whether it happens still in the community every person answered ‘yes’. Two people had examples of people they knew who had done it, although one of the stories described an incident in the Netherlands and one was in a family in London’s East End. In one case, the girl who was circumcised was 17 years old. In this case they took the girl to Dubai. The peer researcher reported, “a woman told me she had circumcised her daughter, she took her to Dubai, but she is worried she is going to tell someone, and I don’t know what to do.”

The problem is not only that FGM is still happening but that women can be subject to the practice regardless of their age: both young women and young girls are in danger, and there is no particular age at which the procedure is carried out. In both of these incidents, the girls were young adults: 15 and 17 years of age. Previously, the assumption was that in Somali culture it happens to girls between the ages of five and seven, and sometimes slightly older.

One of the interviewees was even 21 years old when she was pressured to be circumcised. As she related:
I have a personal experience of it. At 21 years old, I went back home to visit my family I had not seen for years. As soon as I arrived my mother and female relatives told me I had to go through FGM as I was bringing shame and embarrassment to my family. Many of my female relatives put huge pressure on me to do the procedure and I was made to feel like I was something ‘haram’, dishonouring the family. I was repeatedly told that FGM was our culture and religion and I should respect and accept it. I tried to have a constructive conversation with my mother and tried to explain to her that it was not part of our Islamic faith, it was actually against it, and I would really like her to give up pressurising me to have it done. But she would not listen. She went to my father and complained to him about my stubbornness. My father was supportive and told me that if I did not want to have it done, then I should not. It was really traumatic and I felt so sad to be treated this way at the age of 21 years old! In the end, I had to leave home as I feared to be subjected to FGM without my consent.

Sometimes, even if reversing circumcision would be beneficial for health considerations, some community members think women should not follow the advice of doctors because getting married is the most important consideration, and who is going to marry a woman if she is not circumcised? According to one woman’s story:

This woman never even considered that FGM could be the cause of her health problems. When Doctors advised her to undergo an intervention to reverse FGM, people around her started to tell her not to follow the doctors’ advice, because, according to them, she was not married and did not have children yet. And if she ‘opens’ herself, no man would want to marry her.

1.3.3 Attitudes: Opposition to FGM
With some important exceptions, the majority of respondents around the UK voiced their opposition to FGM, and many believed that most people in their community also opposed it – especially the more severe forms. This probably reflects both genuine opposition to the practice, and the fact that some people may not have been willing to openly support FGM (especially if they were aware that it is illegal).

If I can make a measurement, I can say that 75% of the Somali people think negatively about circumcision, especially young people. (SDS, F, Somali, 40-50)

In the UK or other European countries the pressure to circumcise is not that high. (BSCA, Somali, M, 40-50)

The majority of people in this country do not believe that a woman should be circumcised – the community think that circumcision for women is not suitable, as it is unhygienic and can cause a lot of bad side effects in the future for the woman. (BAWSO, F, Yemen, 29)

In this country, they reject the practice (…) The younger generation are satisfied with it not being done (…) People from Sudan in the UK, all of the women reject the practice. She [the interviewee] explained that they had a
party a couple of months ago where all the ladies gathered and someone came to speak about FGM and the disadvantages with regards to health. All of the women who attended the meeting had undergone the Pharonic circumcision and were totally against allowing any of their young girls to have the procedure done. (BAWSO, F, Sudanese, 38)

People from the Somali community in this country do not want to continue with the practice of female circumcision. Back home they still do continue with the practice. (BAWSO, F, Somali, 22)

I personally don’t see how people can still want it done to their children, knowing how painful it is and long it takes to heal. (AAF, F, Sudan, 16-24)

At this time, the Somali community does not see circumcision as something normal since they fled their country, because girls profited from the awareness of their mothers regarding the effect of circumcision. (SDS, Somali, F, 40-50)

Time ago, the people thought that uncircumcised girls were not virgins, but now they realise that circumcision only causes destruction to women. (SDS, Somali, F, 40-50)

People that I know in the Somali community don’t [want to continue FGM]. Now people are more educated and they’re not ignorant and there’s a new generation. Men realise that sex is better with a non circumcised woman. Young people want a better sex life. (MG, Somali, F, late 20s)

OSCA’s peer research report provides the following insight: that some women simultaneously recognise the cultural significance and historical value of FGM whilst opposing its continuation:

How do you feel about FGM?
This was a difficult question to answer for most people. All the peers acknowledged that FGM is part of Somali culture and it has been widely practiced, and it has been cherished as something beautiful for women and useful for the future acceptance of women. (…) Half the women interviewed spoke about the pain they felt on the day of their circumcision/mutilation and how this has influenced the rest of their life. They were very descriptive, indicating a clear need for women to speak about their experiences and to tell their story to people they know and trust (who will hold their stories in confidence). As one woman shared:

“I have no vagina. I feel disabled to be honest, a very important organ was taken away from me. I got very tearful at this point… it was very upsetting. This has had an effect on my whole life and still is (she giggled) I hate it when I get my periods, urinating is the biggest struggle”

The group who would like to talk about FGM are also the group of people who would like to campaign against it, and who are against the practice as whole. This group had severe experiences and the practice has affected their personal, social and physical wellbeing. Some of the physical implications they mentioned included infections and many difficulties related to menstruation and/or complications in childbirth.

What makes some of the people think about FGM now is the fact that they have
been educated about the cause and the effects it had on their lives. Another factor that has had a huge effect on many is that they have to make choices about what will happen to their daughter(s). As one woman said:

“As I got older I’ve realised the damage FGM has caused me physically and mentally, I was led to believe I’ve had Type 1 but later in my early twenties realised I’ve actually undergone Type 2, but the mental scar I carry till today - it’s very difficult to explain, I’ve blocked it out for many years, pretended that it never happened, but I could no longer ignore it especially after my beautiful little girl was born. I knew as a mother I couldn’t let that happen to my daughter but that meant facing the demons from the past”

Some respondents not only opposed FGM but demanded that something needed to be done to stop it. However, there were few examples of people publicly challenging the practice. In one example, a Somali woman had confronted the mother of a 12 year old girl who she had heard crying in the toilets of a public place, in agony because she could not urinate due to Type 3 FGM. Although she confronted the girl’s mother, the mother refused to accept that she should seek help for her child or not have her other daughters circumcised, and told the Somali woman that it was none of her business. This story illustrates some of the challenges of rejecting FGM: in this story, the woman spoke out against FGM, but to what effect? What should she have done next? Would truly rejecting FGM have involved alerting the authorities, to protect the two younger children, and to ensure that the young girl got medical assistance? Is it reasonable to expect members of the community to be able to reject FGM in this way?

Some of the respondents were vocal in their calls to reject FGM, in particular in Leicester. This partly reflects the make up of different migrant communities in the UK: in Leicester, the Somali community tends to be made up of people who have already lived in Europe (e.g. Holland, Scandinavia) where there is a strong stance against FGM and a history of campaigning. The following is a selection of illustrative quotes:

I get angry when I go to the mosque in London because female preachers never say anything about FGM. Last week four different Imams came; two from Somalia. It would be a good opportunity as there are so many women there, more than 400, but they never said anything about FGM. (MG, F, 24, Somali)

Educated women would never circumcise their daughter or allow anyone to carry out the procedure on them. They were worried about the older generation wanting to continue with the practices. She stated that we need help in stopping the practice and we need someone to speak to the older generation to stop the Sunna. She explained that when you are born in the Yemen, particularly the younger generation are angry with their mother for allowing them to be circumcised… (...) The younger generation are against the practice but they are too shy to speak to people about it. (...) People from our community that are born in the UK do not want to continue with the practice and a lot of them feel that people should speak out against the practice. (BAWSO, Yemen, 23, F)

The following were seen to be the most important factors behind opposition to FGM (in no particular order):
Growing awareness of the **negative health consequences** of FGM, including health problems, lack of sexual pleasure, and psychological effects. Health problems were the most commonly cited concern, including heavy bleeding, problems in childbirth, urinary infections, and psychological problems. Awareness of negative consequences was often demonstrated through the recounting of bad stories of the effects of FGM. These are typically located ‘back home’ in contexts of inadequate medical care (e.g. mothers dying in childbirth, haemorrhage, not being able to urinate, menstrual blood not coming out).

Almost all respondents who were opposed to FGM shared some sort of dramatically negative story about the effects of FGM. Some of these gave the impression of being myths or ‘horror stories’ (e.g. one was about a baby born with two heads as a result of FGM). It is not surprising that stories are exaggerated or that the most dramatic and shocking stories are those which are most readily recounted – this is typical of the way in which people share and recount information to each other.

However, there are some disadvantages to these stories forming the bulk of the opposition’s argument against FGM. Firstly, it is potentially stigmatising and stressful for those women who are circumcised, and they may worry about related health problems. Secondly, people who support the ‘less severe’ forms of FGM will not feel that these ‘health arguments’ apply to them.

Over-emphasis on the most dangerous and dramatic health effects is therefore not the most effective or appropriate way of arguing against FGM. It is important that projects are realistic in their discussion of the health implications of FGM, and avoid scaremongering, whilst not downplaying the seriousness of the health impacts.

Others who are opposed to FGM simply believe that there is **no reason** or **scientific basis** for FGM, and that ‘it is barbaric and horrific’. Such people believe that as soon as you start to talk about and question the practice, it becomes clear that the arguments for FGM do not stand up. They believe that those who **support** FGM unthinkingly: they ‘just do what they are told’, ‘don’t think for themselves’, or ‘carry on with the practice often being told that the generations before you have all practiced female circumcision’ (BAWSO, F, 22, Somali).

**A long time ago, it was very common to circumcise the girls, but now, it has become very rare; only the nomadic people practice it (the Firooni [pharonic] type). The reason why the girls were circumcised was nobody was talking about the effect of circumcision on girls, and it was integrated into the life of the people. Now the people realize that it does not have any benefit for the girls and it causes only harm.** (SDS, Somali, F, 40-50)

**It’s a bad tradition, not based on the religion, it’s wrong, they don’t know what they’re doing, they bring their daughters into risk. They destroy the life of girls. If you are doing something, you must have a clear reason, which is based on religion or health issues. The circumcision is not based on any of this.** (SDS, Somali, F, 40-50)

**Some people in the community don’t believe this practice should be continued for the simple reason that it does not serve any kind of purposes. The reasons given “to protect girls” and put their sexual appetite under control are wrong because if someone is going to do something e.g. sleep around before marriage then they will find a way and all the other means and reasons in terms of logic and science are not valid.** (BSCA, F, Somali, 20-30)
We are living in an integrated society with a different culture and civilisation, we have everything medical available. We don’t need to cut people. (Sudanese F, 60s, MG)

Several respondents linked opposition to FGM to the fact that female circumcision is not advocated in Islam:

People are absolutely against female circumcision if they practice the proper religious belief. It is against Islamic religion to carry out this practice. The people in the community in this country understand the religion more so they do not continue with the practice. (BAWSO, F, 22, Somali)

All the religious books do not say that we should have this done; I will not have it done to my daughters. (BAWSO, F, 38, Sudanese)

Ayan, from OSCA, reports the following findings from her peer research:

The main reason that people are scared to do FGM is not because they don’t want to violate the human rights of their young daughter, but because they are afraid of the legal system on one hand, and they are starting to realise it is not their religious duty on the other. Yet, they don’t quite know how it works and why and how it is not religiously allowed. Another problem is that those who are not doing FGM because of religious reasons are committed to doing the ‘symbolic FGM’ and some think that this is a religious duty. This is mainly performed by the group who goes to Arab countries, not everyone.

The issue that some people believe less severe forms of FGM, or ‘sunna’, to be acceptable is discussed later in this report.

Some respondents spoke about FGM being against human rights, although this was only mentioned very briefly, and only by three respondents in total (one of whom did so in a slightly confused sense (though this could be an issue of inaccurate translation): They take the rights from the girls in their feelings (BAWSO, F, 47, Somali)).

Young people generally find this immoral and against human rights because it is done against the woman’s will. (Young Black African women, Rochdale)

Considering the fact that child protection is a primary concern to many working on the issue of FGM in the UK, there was very little talk about people being opposed to FGM because of the pain and suffering of children. This may have been because older women were being interviewed (and thus the health problems of women were uppermost in their minds). Those that did discuss the pain suffered by the child during FGM tended to focus on what happened when the operation went wrong or there were complications, rather than the pain inherent in the procedure:

Some of the girls try to defend themselves at the time of the circumcision and they damage themselves more, because, many of them do not get anaesthesia during the circumcision, their spasm causes that unplanned areas can be cut. (SDS, F, Somali, 40-50)

This suggests that the child protection argument against FGM requires further attention and promotion within practising communities, perhaps with an emphasis on why it is important that children should not suffer this pain (not purely to avoid long term health problems). For instance, it can lead to breakdown in trust between
generations, longstanding anger, and post-traumatic stress (as women’s stories shared during the peer research clearly illustrated).

Some respondents talked about problems with sexual relationships, sexuality and in particular, women’s relationship with their husband:

>The circumcision disfigures the private parts of the woman and you feel very ugly. As a woman, you cannot enjoy with your husband and that affects you emotionally and physically. It also affects your confidence even if you feel like being a beautiful and sexy woman. (SDS, F, Somali, 40-50)

>When women do talk about it one to one, it’s about them having difficulties enjoying their relationships because of circumcision, being dry and being negative mentally. For example, I know a woman who is married twice, she’s not happy in her second marriage – she says that this is because she’s been circumcised so she can’t form a close relationship with a man. They also talk about effects on mental health because if they have difficulty forming relationships with men it makes them very down and not enjoying life. However it’s not an issue that people will bring up unless encouraged and triggered by something. (MG, Iraqi Kurdish, F)

1.3.4 Attitudes: Ambivalence and mixed feelings about FGM

The baseline research clearly shows that in reality, attitudes and behaviours regarding FGM are not as simple as ‘for’ and ‘against’ the practice. The following quotation shows that people can feel opposed to FGM but simultaneously feel compelled to carry it out, or unable to resist the pressure:

>People tend to say things like, ‘oh, I don’t want my child to suffer, but I don’t want her to miss out, I don’t know whether to get her circumcised or not’. They do this when the girl is six to nine years old. They want her to be able to get married. (Project worker, Granby)

>In the Yemen, even if you as an individual do not want to allow your daughter to be circumcised, it is viewed as a must – you have no say in the matter. Other members of the family will arrange for your daughter to be circumcised if you do not conform to circumcising your daughter. (BAWSO, F, 23, Yemen)

Several peer research respondents hinted at positive views towards FGM even if they voiced overall opposition. For instance, in Bolton, none of the respondents were in favour of FGM but one respondent said, ‘it puts women’s health at risk and it’s hardly beneficial’ (Bolton, F, Somali, 30-40), suggesting that she did see some benefits to the practice (the emphasis being on the word ‘hardly’). Some respondents were tolerant of FGM, playing down its importance as an issue, or saying that whether or not they circumcised their daughter was up to the individual:

>Someone like me will not want my daughter to be circumcised due to what I have heard about it. But for those who want to continue, I think that for whatever reasons they do it, it works for them and anyone who does something for a particular reason and gets the desired result, he/she will definitely want to continue if he/she still wants to be getting that same result. (AAF, F, Sierra Leone, 25-35)

Young people in Rochdale thought that while young people might not necessarily support FGM, they are fairly powerless to avoid it, at least on a personal level: ‘young
people don’t decide anything because they are brainwashed by their parents’, ‘young people are forced to do it as it is part of their culture and tradition’, and ‘young people don’t decide on anything because it’s arranged by their parents behind their backs and they take you there to have it done without you being aware of what’s going to happen’. This shows how important it is that work to prevent FGM, especially with young people, includes strategies to increase their confidence and sense that they can change and influence the course of their own and other people’s lives.

In East London, OSCA found that many people simply did not prioritise FGM as an issue:

Many believe ‘there is no strong view about FGM one way or the other. I haven’t seen passionate discussions for or against FGM. It seems like Somalis have much bigger issues to worry about so FGM is at the bottom of the list.’ Or as another stated:

“I don’t think as a community we really think about FGM (aside from campaigns). It is really not something that people talk about too much. There are the people who are really passionate about it and campaign against it and the rest who just see it but don’t have any feelings about it one way or the other. But we are changing as a society and people’s ideas and values are changing. I mean it is nowhere near as widespread as it used to be, of course there are people who still practice it, but you know 10/15yrs ago it was the norm, in fact a must!”

1.3.5 Attitudes: Support for FGM
Prior to this research there was some uncertainty over whether people would be willing to reveal positive attitudes towards FGM. However, several projects collected data from people who openly – and sometimes strongly – voiced their support for FGM. Still others were able to describe the arguments for FGM that they had heard in their communities. It is important that projects are aware of the range of arguments put forward to support FGM if they are to tackle them effectively. The following quotations illustrate the broad positive arguments made for FGM, which were recorded across the UK and in different ethnic groups:

Tradition, culture, and religion: These were loosely defined concepts, and were often used interchangeably to explain FGM. Religion also enters this as it is bound up with culture and tradition. All three are linked by the concepts of continuity and identity, in the sense that FGM is an element of culture and tradition that can make people feel linked to earlier generations and to their country or region of origin. Inter-related arguments made for FGM included:

• The belief that female circumcision is a religious obligation, or that it’s ‘Sunna’ (which means, in the Islamic context, that it is ‘optional but credit-worthy’)
• It is an longstanding practice which is greater/more important than any recent law, which simply represents an interference in culture and custom
• It is a strong symbol of culture and identity: it’s where we are from, it’s what we do
• Because of all this, and the fact there is nothing wrong with it, why not?

The arguments for FGM often involved adopting the practice unquestioningly: ‘it’s traditional or culture for all the girls, so they do not have a choice’ (Rochdale, Black African young man), and ‘they are told by the prophets that males and females must
be circumcised’ (RD, Black African female young). Therefore practising FGM is partly about not questioning the ‘natural’ way of doing things. Both a Somali and a Nigerian respondent explained argued that it was natural to undergo FGM, because everyone has for generations. The following quotations illustrate a range of related rationales for FGM:

I am not born in this country, that is why I think female circumcision is right. [It’s] our culture and religion so why not circumcise females? All my family’s females have got it done. (BSC, Somali, F)

The community has not got a problem with circumcision, it is our culture and religion. (BAWSO, F, 38, Yemen)

It makes them a girl and it is meant to happen, it is a Somalia culture. (BSC, F, Somali)

Older people are in favour of the practice; they don’t think it is a matter that should be discussed. For them it is something every girl needs to go through, it is not negotiable. (BSCA, F, Somali, 30-40)

She said that most of the community, whether older or younger, agrees with having the girls circumcised. They see it as part of their religious obligation, and still need to follow their parent’s traditions and uphold their values within the community. They do not see any man marrying a woman who had not been circumcised. (BAWSO, Yemen, F, 38)

I am a well educated person - a History graduate - and all my children have been circumcised, they do not have a choice to be circumcised or not because they are circumcised at three months old. In my own community tradition is tradition whether you are educated or not. (Nigeria, AAF, F, 25-35)

Living in the Diaspora may strengthen some people’s desire to practice FGM in order strengthen an identity that may feel under threat, but living in a new country with different values and practices may weaken the need for FGM for others. There was some criticism of young people becoming more westernised and being disrespectful of their elders by rejecting circumcision:

Some feel they do not have to continue with the practise as they are now in a more civilised society. Others think they have to continue so as not to get lost in another society by losing their beliefs and heritage. (AAF, F, Sierra Leone, 25-35)

The young ones are influenced by what they hear and read, so they are not really taking the issue seriously. (AAF, F, Nigeria, 46-55)

People born in the UK don’t know anything about female circumcision; they haven’t got a clue because people keep quiet about it. People born back home are brainwashed to believe female circumcision is a good practice and that there is no other way. For them, if you are not circumcised you have become westernised, and that is like abandoning your religion and culture and that is not a good thing. (Bolton, F, Somali, 40-50)

I think that the kids born in the UK are influencing those from back home when they get here. If it was back home, none of them would disrespect their
elders and say that circumcision is wrong or that they do not want to get circumcised. (AAF, Somali, 16-24, F)

Social construction of womanhood: cleanliness and purity: many of the arguments made for FGM are concerned with its role in creating a ‘good’ woman: ‘it’s a necessary step in raising a girl properly’ and ‘it’s a vital step for preparing a girl for adulthood and marriage’. Aspects of this belief are:

- Female circumcision is part of what makes a woman: it makes her beautiful (it ties and shapes the vagina) (35, F, Sudanese, MG) and it gets rid of the ‘dirty clitoris’ or ‘dirty body parts’
- It creates a good, honourable, dignified, virgin bride (in some cases, is necessary for a good dowry)
- All women have it done – so why would any woman want to be the odd one out?
- ‘It’s halal’: food served by an uncircumcised woman is not halal. The Iraqi Kurds in particular stressed this point, explaining that sharing food is central to their culture, so this is a motivating factor in getting girls circumcised. Therefore FGM is strongly tied in with everyday life and practices, even if it is not openly discussed.

If the mother is strong enough, she can make the girls understand that Sunna is something good for the following reasons: the vagina will look more beautiful, it is clean and it is easy to have periods. (BAWSO, F, 35, Somali)

Control/protection of female sexuality: What some might see as ‘control’ of female sexuality, others would describe as ‘protection’ of women, and FGM is seen as a necessary step in controlling/protecting women. FGM is seen by some as protecting women from rape, making her safe, and calming her desires (‘It keeps the male bit of the woman subdued’). The following quotations illustrate this belief:

She [the interviewee] said that the older women in the community think that there is nothing wrong with female circumcision. It protects their girls and women. The men are reluctant to talk about it and see it as a woman’s issue. She felt that there was nothing wrong with having circumcision carried out on the girls as it curbed their sexual desires. She expressed that if the girls are not circumcised they have feelings down below which makes them want to chase boys. (BAWSO, F, 38, Yemen)

Female circumcision helps prevent our girls and women from being promiscuous. Since no one wants their girls or women to become promiscuous, there is no reason not to circumcise. With all the negative sides to not being circumcised, one will never think of not getting their girls circumcised. (AAF, Nigeria, F, 46-55)

Sudanese people say that female circumcision is very good or even I can say it is excellent for our culture and honour and dignity to have a female circumcised. It controls and keeps the young from becoming sexually active. It also prevents STDs. If you don’t the clitoris it keeps on growing and growing. When you cut the clitoris it allows the body to grow naturally and healthily and gives the woman a large shapely bottom. It makes one have a big family and very fertile. People in the Sudanese community say it’s great. Everyone likes it and adopts it. It’s a traditional, healthy civilised practice that is proved medically. It is an anti-sexual deterrent and a beautiful custom. It is necessary to keep the girl a virgin before marriage and to control social
promiscuity and keeps out pregnancy in our community during teenage years. (Sudanese, MG, F, 50-60)

I do not think I can allow my sons to get married to a girl that isn't circumcised, I do not know where they have been. (AAF, Sudan, F, 35-45)

It’s disgusting that women openly talk about Female Circumcision as it’s only done for the beauty of the women. If a woman is not circumcised, her clitoris will grow and grow and grow and will close the passage so the baby will not come out. (MG, Somali, F, c. 80)

A small proportion of respondents did not see any disadvantages to FGM and so saw no reason to stop:

(Q. Have you heard any stories of bad things happening to women as a result of circumcision?) What do you mean by bad things happening? Such as what? Never, besides, medical staff should be trained to know how to deal with such type of women. Remember that women’s vaginas are not the same, even the one who is circumcised. I am in favour of female circumcision and its advantages. (Sudanese, F, 50-60, MG)

(Q) How do people in the community feel about Female Circumcision?] The older generations agree to the practice, however young people are starting to say it’s wrong and that it causes implications, but I do not have a clue what they are talking about because I was circumcised and I am OK and I gave birth to three boys.

For some respondents, FGM was linked to insecurity and the need to strengthen the community:

In the 1950’s and 1960’s and 1970’s not as many children in Kurdistan were circumcised. Although there was some community pressure, people felt confident to reject it. The reason this has changed is probably the radical changes to people’s lifestyle in the last 30 years, increasing poverty, war, an irresponsible political system. Therefore people have gone back to traditions to hold it together as a community. If a woman rejects it now she will be isolated. (MG, Iraqi Kurd, 60s, F)

Some Somalis still want to continue because they believe that they’re losing their culture. It’s hard for people to lose their culture – they feel like they’re losing it if they stop FGM. Your culture is what makes you who you are. (F, 40-50, MG, Somali)

Even if respondents did not agree with FGM themselves, most were able to describe the factors that support the practice. People are familiar with, and are able to cite readily, the ‘positive’ case for FGM, suggesting that they have heard other people talking about it, or have read about it. The exceptions to this were many of the younger people interviewed, who were born and/or brought up in the UK (especially the Somali teenaged women in Camden) who often either replied that they did not know what people thought or said about FGM, or offered very brief answers.

1.3.6 The ‘Sunna’ issue

In discussions about attitudes towards FGM, the issue of ‘sunna’ emerged as an important theme. Reports suggest that the form of circumcision known as ‘sunna’,
which is also said to comprise of a ‘little cut’ or prick (though may include drawing blood and removing part of the clitoris), is much more widely accepted in the UK than other forms of FGM.

A Kurdish woman in Birmingham (who spoke no English) openly admitted in believing in Sunna for girls. She was told by the project worker that it was against the law - so she said she would not do it to her daughters, but also said that she was against other forms of FGM because ‘it’s against Islam to torture others or yourself’ and that Sunna ‘is in the prophet’s hadith, but it’s not a must’ (BSWAID). Numerous other respondents also talked about this issue:

She said that the women should have sunna only and not the pharonic. (BAWSO, 35, F, Somali)

She explained that even educated ladies see that their culture is stronger than their education and still want to practice the Sunna. (BAWSO, F, 35, Somali)

She reflected that the young people boys and girls, they do not have any idea about the pharonic circumcision, but some girls accept having the Sunna performed on them, because their mothers had explained to them that it was important that they had it done. (BAWSO, F, 35, Somali)

I disagree with FGM but I think Sunna is OK. I don’t think Sunna is FGM. I think Sunna is OK as nothing is cut or sewn – it’s just made to bleed because they prick it. (MG, F, 40-50, Somali)

The majority of people think that stopping the circumcision will be a good thing, but if the people need to circumcise their girls, the Sunna one will be better, because it causes less harm to the women. (SDS, Somali, F, 40-50)

A friend of mine lives in the UK. She was speaking to her mother on the phone in Somalia. The mother who is living in Somalia was looking after my friend’s niece and nephew who usually live in Canada with their mother. She was telling my friend that she had had the little boy circumcised. She also said that she was going to get the girl who is 5 years old circumcised for Sunna. The mother is quite against female circumcision but she believes that Sunna is OK. Many people in Somalia who used to practice Type 4 have stopped but they believe Sunna is OK. My friend is trying to stop her mother from doing this but the mother replied, no problem, it’s only Sunna. (MG, Somali, F)

In the Somali community type 4 of FGM is very common and the sunna is also very common. Most of them know that Type 4 is very bad so everyone does sunna. (MG, F, 40-50 years, Somali)

One of my friends told me that there is a modern way of doing FGM in Kurdistan which is pricking. (MG, F, 45, Kurdish)

The sunna form of FGM is widely used to refer to the removal of the prepuce of the clitoris. However, FORWARD reports on its website that the term is often used in practising communities to refer to all forms of FGM, not just FGM that involves only the removal of the hood of the clitoris. Therefore it is difficult to be clear about what people are referring to when they talk about ‘sunna’ being OK.
Even the word ‘Sunna’ is significant. In Arabic it means ‘habit’ or ‘practice’, and the Muslim meaning refers to the sayings and living habits of the prophet Mohammed. This means by definition that it is something that is encouraged by Islam. There are therefore strong reasons for projects avoiding using the word ‘sunna’ when discussing FGM, as it implies that it is a religiously sanctioned practice. However, ‘sunna’ is also a widely understood word (and the phase FGM often is not). If projects avoid using the word sunna, what should be used instead, to ensure that people still understand?

1.3.7 Discussion: The arguments for and against FGM

It is significant that arguments for FGM are voiced in a very different paradigm to the arguments against FGM. Those arguing for FGM talk about culture, identity, purity and tradition, while those arguing against FGM talk about health, risks, and rational decision making. These different perspectives are associated with other social values:

Values associated with pro-FGM arguments:

- Religion, tradition and cultural identity (which symbolise the ‘collective’) are of primary importance
- Respecting the views of the older generations
- Acceptance of a certain level of risk and pain (stoicism, endurance)
- Protection/control of female sexuality a high priority
- High levels of social pressure to conform to group expectations

Values associated with anti-FGM arguments:

- Individual rights and freedom of choice are of primary importance
- Things should be done for a logical/rational reason
- Intolerance to avoidable risk/pain
- Women have a right to sexual pleasure/relationships

Many of the arguments for FGM are not *logical* as such – but this does not make them any less powerful or valid in supporters’ eyes, who may be unwilling to value the individual over the collective, or the ‘logical’ over the traditional/cultural. Because the arguments for FGM lie in a different frame of reference to the arguments against FGM, they cannot be dispelled with purely ‘logical’ counter-arguments. The question for prevention efforts is: how to create compelling arguments that also engage with the emotional and experiential elements that support FGM: the identity politics, the sense of continuity, the importance of shared practice linking a dispersed community and different generations?

The debate must be argued in terms that are meaningful to the communities concerned, and this will involve talking about identity, gender, the importance of a sense of belonging and the collective group. The debate around FGM is not simply the communication of ‘logical’ arguments to people who simply did not know the ‘facts’: it must involve a creative process of self-reflection and debate, and the search for alternative ways of affirming identity and creating ‘womanhood’.

One explanation for why the health arguments against FGM do not resonate with everyone is if they do not see health consequences as being of ultimate importance: if all women have to endure these problems, then this in itself may be seen as part of being a woman. Many cultures value the qualities of endurance and stoicism, and it is fairly common for societies to expect young people to undergo a painful procedure as part of a rite of passage. As one respondent (BWHFS) explains, ‘most women in
my community think of circumcision as a painful but necessary procedure’. The suffering is not necessarily seen as abnormal or avoidable:

Mostly Somali women don’t get help [for problems relating to FGM] because first they believe it is normal to go through all these problems. Their parents and grandparents go through the same. (M, 35-50, MG, Somali)

Those women who were against FGM and who had experienced it themselves recollected the pain that they had suffered, but those who were pro-FGM acknowledged that while there might be some pain, this is not a reason to stop the practice:

They know it is very painful but it is a protection for girls not to have sex before marriage (…) and they save them from men. They think it is a good thing to do. (SDS, F, Somali, 40-50)

I was circumcised at the age of ten. It was a painful experience but I got over it. In my community it’s normal for a girl to be circumcised. If she’s not circumcised then she won’t be seen as normal and no one will want to marry her. (AAF, Somali, F, 35-45)

Ultimately, the most powerful and widely applicable argument against FGM is that it is against women’s human rights. The Special Initiative needs to look at how this argument can be strengthened: projects may require extra training to enable them to communicate this argument effectively, as this perspective was largely absent from communities’ discourse against FGM.

Another important conclusion of relevance to projects is that a spectrum of opinions exists among community members regarding FGM – it is not as simple as being ‘for’ or ‘against’. There are several stages through which people must pass if they are to change their opinion from supporting to rejecting FGM:

• Promoting FGM (encouraging others to do it, protesting against those who oppose it)
• Personally supporting FGM (wanting one’s own (grand)daughter to be circumcised, but not applying pressure on others to circumcise their children)
• Tacitly supporting FGM (going along with FGM, without too much concern/thought)
• Ambivalent, confused, or unsure
• Not wanting FGM for one’s own (grand)daughter, but believing that other people have the right to choose it if they wish
• Opposed to FGM (actively not wanting one’s own (grand)daughter circumcised), but either not motivated or confident enough to publicly reject it or try to persuade others not to do it
• Strongly opposing FGM (advocating for its prevention in the wider community)

1.3.8 Men’s perspectives
Almost all stories concerning men and FGM describe them as supportive of their wife/partner if they were suffering from complications relating to FGM, or describe the empathy that men have felt towards women in this situation:

This other story is from someone that I thought I may start a relationship with. Over some time I felt that there was something that wasn’t right. In the end she told me that she couldn’t form a relationship with me or anyone else
because her femininity has been destroyed for ever. She revealed that she
had been circumcised and everything had been cut. She told me that this had
created a lot of hatred in her. I felt very sad. (MG, M, Iraqi Kurdish, 30s)

She [the interviewee] relayed that Sudanese women are to shy to speak in
front of men, but she said that she has discussed circumcision with her
husband, particularly when she had her first baby. She was informed by the
hospital that they would make her vagina look like a normal vagina, as it
would be illegal for them to stitch it back up in the same way as she had
entered the hospital before giving birth, as she had undergone the pharonic
circumcision. The doctor informed her that it was against the law. She
explained this to her husband and her husband said that it would be fine for
them to leave her with a normal vagina. She expressed that she is very
happy since they converted her vagina to a normal looking one. She now has
c four children. (F, 38, Sudanese, BAWSO)

There was only one exception to this, in which a man rejected his non-circumcised
wife, though we do not know where and when this story took place. In some senses,
it does not matter when and where it took place: as long as such stories circulate in
the community, people are still exposed to the idea that women will find it difficult to
marry if they are not circumcised:

I know a guy who got married and on the wedding night he found out the girl
he married was not circumcised and was shocked. The morning after he took
her back to her family, he divorced her and he requested the money he paid
for the wedding and the meher (money that is paid to the bride’s family by the
groom) back, because he felt cheated. (BSCA, M, Somali, 40-50)

There were several examples given of Somali families in which the father did not
want his daughters to be circumcised. In one story this placed the man in opposition
to his wife (who went ahead and had the daughters circumcised anyway, in this
particular story).

In spite of several examples of men’s opposition to FGM, many women, from
different ethnic backgrounds, reported that they believe the majority of men to
promote FGM:

Men in my community want women or girls to undergo circumcision because
if they don’t they are seen dirty and used. From a religious point of view, men
believe women are ‘haraam’ (prohibited) if they are not circumcised. (BSCA,
F, Somali, 40-50)

In my community many women are rejecting female circumcision for their
daughters, however, men are advocating a return to tradition by voicing
opinions that women were better/more obedient when the practice was
upheld. (BWHFS, F, 25-35, Somali)

It’s very common, deep-rooted in Somali culture, men desire totally stitched
girls, men want it most, it’s easy for women because it’s an old tradition and
everyone does it. (SDS, Somali, F, 40-50)

I know a man who has divorced his wife, because she was not circumcised.
Men believe that if not circumcised, not a virgin. Men love and feel
comfortable with a circumcised girl. (SDS, Somali, F, 40-50)
Two male respondents tended to agree with the quotations above, and supported the idea that at least some men do support circumcision:

(What do people say about the reasons to circumcise?) I’ve heard other men say that it’s been done in Kurdistan for years – it’s cultural but it’s required in the religion. It’s good as it controls women and women’s sexuality needs to be controlled. I don’t think men care about the cultural or religious aspect but they do care about controlling women’s sexuality and that’s why they turn a blind eye to it. It’s the women who actually arrange the circumcisions in the home but the men turn a blind eye. (MG, Iraqi Kurdistan, M, 30s)

(Q. What kinds of things do people in our community say about female circumcision?) Most Somali men think it’s a good thing. They like the idea that a woman has to be untouched. It makes men feel very strong and domineering and powerful. Also our religion states that men are more powerful than women. They also like the idea that they’re the first to break her virginity. Also they believe that our religion should be maintained. I know some men who think FGM is bad but they wouldn’t say that. (MG, Somali, M, 29)

Other respondents reported that men feel FGM is ‘women’s business’ and do not really get involved. Kurdish respondents in London discussed men’s role in FGM, saying that men ‘shrug their shoulders’ and ‘turn a blind eye’ when it comes to FGM.

Several female Kurdish respondents stated that they believe FGM is about control of female sexuality, and that the man is head of the family, so female circumcision is one way of strengthening his position:

[Do people from Iraqi Kurdistan want to continue the practice?] Men in Kurdistan want to continue the practice. Many men shrug their shoulders and don’t want the responsibility as they believe it’s just something women do. Some men who are heads of their families may prevent their daughter being circumcised but many would not. (M, 30s, IK, MG)

Although there are differing ideas about the extent to which men are involved in perpetuating FGM, several respondents talked about FGM being implicitly linked to patriarchy, even if men are not actively promoting it.

Perhaps because FGM is not a subject that is discussed openly between men and women, there is a gap between the stories and experiences of men, and what women think men think. Sharing men’s stories and experiences could be a powerful way of challenging the idea that most men support FGM.

Again, this section finishes with an extract from OSCA’s peer research report, which summarises what the three Somali men interviewed in East London believed:

**Men and FGM**
The men who were interviewed were also under the impression that FGM is still widespread, although all three were against the practice. They said that women are not paying attention to men’s wishes, and that they somehow assume men want a circumcised woman. All three did feel that they are, at least, responsible for their own family, although there are limits to what they can do or say, and how persistent they...
can be. They also felt many men have to publicly say that they are against FGM, as they believe that this can really help.

What impressed two of the men was to hear from their sisters about what they have gone through and how they have coped. These men not only made the choice that it is not necessary to circumcise their daughters, but they would also prefer not to have a mutilated partner for the future. All three were very outspoken. We end this section with dialogue from a group session summarising their thoughts about FGM:

*Man:* Well, it affects us a great deal even though men’s voices are not heard in the fight against FGM. I have two daughters and they are not mutilated and I refuse to have them done… My wife’s family wanted our daughters to have it done but as a father I have to protect my daughters from harm.

*Interviewer:* So you are stating that men play a big role in protecting their daughter?

*Man:* Yes, daughters, sisters and all girls from harmful practices.

*Interviewer:* You seem to really passionate about this.

*Man:* Yes, I had to hear two of my sisters go through this, I can still hear them crying in my head sometimes. It’s very sad.

1.3.9 Generational differences

Across the country, many respondents made a clear distinction between the views of younger and older people on the issue of FGM. For example, among respondents at BWHFS, there was a strong difference between what people said older people thought (‘they are truly proud of traditional practices especially female circumcision’) and what younger people thought (‘young people in my community are very passionate about not carrying on the tradition of female circumcision’ and ‘if you ask young people in my community the things they dislike about their culture, most would probably say circumcision’). At BAWSO, several Somali respondents said that older people (‘from the village, back home’) are more likely to be in favour of FGM, and to want the practice to continue. They contrasted this with younger people who are said to recognise the health disadvantages (period problems, urine infections, problems giving birth).

*People in the UK don't know about circumcision. There were four generations of people before them who carried out the practice: those our age (35), our mothers, their mothers and grandmothers. These days it is seen by the younger community as being old fashioned to carry out the pharonic circumcision [note: not sunna]. (BAWSO, F, 35, Somali)*

Similar ideas were expressed by respondents at AAF:

*Although it is still widely practised in my community, for the youngsters it is more about evidence. Nothing proves that it is right. Younger people are more aware about it ignorance and its savage behaviour. For the elder people it is seen as a good thing. It is hammered into their system that it is important. They are stuck in their ways. (AAF, Uganda, F, 16-24)*
Older generations were frequently held responsible for any ongoing support or promotion of FGM – grandmothers were described as the ‘most dangerous’ (F, 35, Sudanese, MG). In Leicester, one respondent said ‘my community says we have to give up what the old ignorant people were doing’. Others expressed this sentiment as follows:

The biggest difference in opinions is between younger and older people, because younger people don’t believe FGM should be practised, they believe it is not a protection for girls but a sexist idea and a way to control girls, whereas the older generation see what goes on in the western world and believe there is even greater reason to hold on to this tradition as the girls are in even greater risk. (BSCA, F, Somali, 20-30)

I wish I could stop them [from doing FGM] but no one from the old generation wants to stop them, I know that the young ones who are born here are against it and I am glad that they are against it. (AAF, Somali, F, 35-45)

In this sense, there is blame attached to the people who supported FGM in the past. This might not be the most useful way to frame the situation, as it could provoke a defensive reaction from older people themselves. A small number of people acknowledged that changes in attitudes could occur even among older people:

Nowadays, it seems that many old mothers realise that what they have done to their daughters was something bad and against the women’s rights and many of them are sorry for their actions. (SDS, Somali, F, 40-50)

Changes in attitudes among the younger generation led some respondents to predict that FGM was coming to an end. In BAWSO, a woman from Yemen gave a similar interpretation of trends in the practice:

These days, the more modern-day people, do not believe in female circumcision and it is no longer practiced as much as it previously had been. (BAWSO, F, 25-35, Somali)

However in some families it was not just the youngest generations who were against FGM, but also women who are now in middle age. In BSWAID, one respondent explained the situation in her family:

She said she was done by her grandmother who raised her; [she said] ‘if I was raised by my mother she would not have performed FGM on me, because my mother was educated and would have found it absurd’. She went on and told me that she suffered and still suffering because she was genitally mutilated. (…) Hodo concluded in saying she has three daughters who she will guard with her life and will never let anyone, perform FGM on them. (BSWAID, F, 25-30, Somali)

In spite of the almost universal reporting of young people being more opposed to FGM than older generations, in general it was harder for projects to involve young people in peer research than older people, and several projects have reported challenges in engaging with younger people on the issue of FGM. There are several possible explanations; and some or all of the following may contribute:
• Young people do not think that it is something that affects them (either because they are less likely to be affected by it than older generations, or because they may not even be aware that they could be at risk)
• Young people growing up in Europe have a more developed sense of individual privacy than older generations who grew up ‘back home’. (This argument was put forward by Ayan at OSCA).
• For those young women who have experienced FGM, the experience may be too recent and ‘raw’ to want to discuss it at length

1.3.10 Speaking out
Previous successful initiatives against FGM, such as those based in Africa, have stressed the importance of communities discussing and critically reflecting upon the issues surrounding FGM. Understanding the degree to which people can and do talk about FGM, and with whom, is therefore important. The majority of responses suggest that people do not talk regularly about FGM in their daily lives, either because it is seen as a private or taboo matter, or because people are not particularly interested in talking about it or do not believe it requires comment or discussion:

People in my community do not talk about female circumcision, I have never heard of it being spoken about in the open but it is done in private. (AAF, Ghana, F, 25–35)

I didn’t actually know much about it to be honest, it’s not like it is common conversation. (AAF, F, Sudan, 16-24)

People in my community do not really discuss female circumcision openly; it’s not a taboo, it’s just that because when children get circumcised they do it at a very young age before the baby girl is one. (AAF, Nigeria, F, 25–35)

People in my community don’t really say anything about female circumcision because it is not open for discussion. It goes unsaid really, it’s accepted by most. (AAF, Somali, F, 16-24)

I think people do not talk about female circumcision for many reasons. Some do not talk about it because they are not sure what the other people believe about the issue and will not want to get into an argument. Some do not have any idea about what female circumcision is about so do not talk about it and for others, I think they are more bothered about their means of livelihood to be bothered about female circumcision. Those that care to mention it at all, will either just say that they are taking their daughter for circumcision or that they will not be circumcising their daughters. People do not really go into details about the issue. (AAF, Sierra Leone, F, 25-35)

Here in the UK no one is really bothered about it. I do not think I have heard anyone from my community discuss the issue of planning to circumcise their girls. (AAF, Nigeria, F, 25-35)

Most women in my community do not like to talk about circumcision let alone criticise or examine the implications. (BWHFS)

Once I tried to bring this up as an issue with a group of women and I was silenced. Only close friends in our community will talk about it. (MG, F, Iraqi Kurd, 45)
She said that it’s difficult to speak to men about circumcision, we feel shy. (BAWSO, Yemen, F, 20)

In general, people who are against FGM believe that it should be discussed more openly, while those who support FGM do not believe it needs to be discussed. However, this does not mean that all those who do not want to discuss it are supporters of FGM: they may have other reasons for not wanting to talk about it. One such reason is that some people feel ashamed, or feel that discussing FGM affects their community’s reputation:

In the UK, the Kurdish community is made up of very different people. There are people who came here more than 20 years ago, for education and cities. This part of the community denies that FGM exists as they think it will ruin the reputation of the community by admitting to it. In the Iraqi Kurdish community since the issue has started to be written about in the media, people have started to talk about it too but it’s still very taboo, not an issue that women talk about. There is a quote in Kurdistan, ‘when there is a difficult issue, it’s like an injury to the genitals – we don’t talk about it’. (MG, F, Iraqi Kurd, 60s)

This highlights the need for ‘safe spaces’ to talk about FGM, where people do not feel judged or ashamed. This may involve limiting the discussion to people of the same gender, age group or ethnic background, as well as emphasising the importance of anything discussed within the group staying within the group. It also explains why some people are reluctant to use mass media or general awareness-raising approaches to address FGM. In Tower Hamlets, project workers at OSCA explained that in the 1980s, when the issue of FGM began to be discussed more widely (especially on the TV), young Somali girls experienced bullying in schools, with other children verbally abusing them about the fact that they presumed them to be circumcised. This is one of the reasons why several projects have taken a ‘softly softly’ approach: they do not want to risk negative ‘backlash’ from community members who feel they are bringing shame on the community.

1.3.11 Levels of awareness
This section considers levels of awareness about FGM and its health and psychological risks. There are high levels of awareness about the possible health risks of FGM among most older people in practising communities (as the surveys among projects also show): they talk about bleeding, pain, problems during sex, menstrual problems, and needing to be cut and stitched again after birth, among other things. However, those who were supportive of ‘less severe’ forms of FGM were adamant that there were no side effects and that it was not a ‘big deal’:

The older generations agree to the practice, however young people are starting to say it’s wrong, and that it causes implications, but I do not have a clue what they are talking about, because I was circumcised, and I am okay, and I gave birth to three boys. (AAF, Sudan, F, 36-45)

However, there is a difference between knowing that various health problems exist, and possessing a balanced and comprehensive understanding of the health issues, and what to do and where to go if they need addressing. This more nuanced level of understanding was not apparent among many of the respondents.

The group thought to have the lowest levels of awareness of FGM are young people. Among young women in Camden (BSC) there were lots of ‘don’t know’s when
answering questions such as ‘who decides whether a girl is circumcised?’ and ‘what do people in the community say about circumcision?’ This may have been because the interviewer did not probe adequately, but it could be that these young people have never learned about FGM. However the majority knew that FGM is against the law. A young woman (aged 19) in Middlesbrough also felt that young people were not well informed about FGM:

I don’t think anyone is given any information about it, I only found out about it through reading a magazine and doing my own research. I think they should introduce it as part of sexual health. (FORWARD, M’bro, Black African F, 19)

This young woman had done her research, and did know about the health complications, and spoke about FGM as a rights issue (‘it’s their body, and if anything goes wrong they are the ones who will suffer’). However, she felt that FGM would always be a private issue that people would not want to talk about. Several other young people across the UK said that they had never been taught anything about FGM. A woman in Bolton said there are many young people born in the UK who do not even know what FGM is, whereas anyone born in a country where it is widely practiced would know what it is (Bolton, F, Somali, 20-30).

1.3.12 Perceptions of the UK law on FGM
It is very difficult to generalise about levels of awareness and perceptions of the UK law against FGM. Mixed responses were heard from across the country: some people were sure that everyone knows it is illegal; yet others in the same community felt that many people were not aware of the law. If people do not discuss FGM in their everyday lives, then this goes some way towards explaining the lack of clarity about levels of awareness about the law.

Among the AAF respondents (who were particularly open about sharing pro-FGM sentiments), 14 out of 18 did not know there was a law against FGM. Several respondents were surprised that the UK government had an interest in FGM:

I didn’t know there was a law. I am shocked that there is a law and that people don’t stop doing it. It’s a long sentence but I’m proud of it. I can’t believe that people carry on doing this when they know there’s a law. People need to let other people know that there’s a law. I’m at university, I read the internet and the newspaper but I still didn’t know about this. How can our mothers be expected to know about the law if someone like me doesn’t? (MG, M, 20s, Somali)

In Rochdale, the young people universally said that young people do not have information about UK laws on FGM, and one said that ‘they think it is normal and any country can do it because it’s a cultural thing’ (Black African man). In Cardiff, most respondents said that they did not think people knew the law about FGM, particularly how long the prison sentence could be:

My mother and aunties were shocked when I told them that FGM practice in the UK carries a 14 year prison sentence. They say that term is more suited to a murder conviction. Most people in my community believe that the UK government does not understand our culture and has therefore attached a disproportionate punishment to female circumcision. The practice is not done with the intention to hurt or harm girls. (BWHFS, F, Somali)

Similarly, a Somali woman in her 30s in London said:
Most people are not aware of the law against FGM in the UK. I had never heard about this law until I went to a workshop and I heard it about it there. If I hadn't gone to this workshop I wouldn't have heard about it. There is no information that reaches us. There were only 20 women at this workshop but there are thousands of us living in the borough who don't know. (MG, F, Somali, 30s)

Kurdish respondents in London said that most do not know the law, especially outside London, and that materials on the law are not available in Kurdish. One man had discussed the law with other men, and one man had said that he did not believe it. He therefore felt there was a need for a leaflet or information about it to explain the law and sentencing. In Bolton, most respondents said that people are not aware of the law about FGM in the UK, and even those who know it is illegal do not know about the details of the law (e.g. that taking your child abroad for FGM is also illegal).

There were also different interpretations of what the law entails. A Yemeni woman (BAWSO) said that although people know FGM is against the law, they do not really know the law, because one of her interviewees said that ‘the police come and take your children and for six months your do not see your family’. A Somali woman (BAWSO) said that ‘the community know that the girls - when they come from the airport - can be examined, that if the authorities become aware that the child has been circumcised, that the social worker will take their children off them’ (F, 35).

Several respondents said that the UK law deterred people in their communities from practising FGM. A Yemeni woman reported that although there are still some Yemeni people in the UK who believe in the Sunna form of female circumcision, they will not perform it in the UK because it is against the law. (BSWAID)

They know it is not allowed that is why most don’t practice it. She is aware that women used to take girls to some places in the UK to be done, but nowadays if they want the girls to be circumcised they take them back home. She has heard that if the government finds out they take away the children and the mum will go to prison. People talk about a lot of things in the community so most of them know about it or hear stories about the law. Therefore fewer and fewer people are taking girls out to have it done. (BAWSO, F, 40+, Somali)

My relatives live in Scandinavia. The wife has three daughters. She took two of the daughters back to Somaliland. Due to peer pressure when she was there, she had both of the girls circumcised aged 8 and 10. When she came back to Norway, she was arrested. She said that she didn’t know the law. They told her that if she did her third child she would be imprisoned and all her children would be taken away. As a result she has not circumcised the third child and she hasn’t been back to Somalia again and she doesn’t want to again. (Somali, peer researcher comment)

The law prevents them from doing it, but they would have circumcised their daughter. (BSCA, F, Somali, 20-30)

In the UK the government offers protection to children, so many parents are deterred from circumcising their daughters. (BWHFS, F, Somali, 25-35)

People in my community do not know about the UK government views on FGM. However many still remember the case of the Yemeni FGM practitioner
who was arrested many years ago. That case has deterred many families from seeking the same kind of service, even though they would like to have their daughters circumcised. (BWHFS, F, Somali, 25-35)

Others said that people could find a way around the law:

Some Sudanese are aware but the law does not cater for their interest. There are various ways to continue such as doing it during the vacation. You must know that when you introduce a law, it makes people want to do female circumcision more. People will find a way to do it. It has become more in demand. (MG, F, 60s, Sudanese)

They know about the law but don’t take it seriously, or they don’t think they’ll go to prison or that they’ll be any consequences’ (MG, M, Somali, 29)

Several people said that parents fear that if their child does not agree to be circumcised, they will inform their teacher, such that ‘when they reach nursery, the child is no more under the parent’s control’ (Somali, F, 35, BAWSO). Ayan from OSCA wrote in her peer research report that:

Mothers are scared that their daughter will speak to schoolmates and the school will find out. What freaks the mother out is that the schools have been speaking to students, saying ‘if anyone knows about any case, please inform the school’. The real changes (in terms of practising FGM) are regardless of the opinion one holds: the majority of people are scared of the legal system, and they don’t want to take the risk, as they are not sure that their child will not open their mouth to anyone.

In terms of perceptions of the law, one Kurdish respondent said that people feel the law is too harsh: ‘it’s just a little injury’:

People who do know about the law of fourteen years would think it’s too harsh a sentence. Within the Kurdish Iraqi community, it’s believed that the parents are loving and that the prospect of circumcision is that this is a little person, there will be a small injury, they will be well in a few days, given sweets and presents and everyone will be happy. They don’t see why that would result in 14 years in prison. And they don’t see it as something that would destroy someone’s life. (MG, Kurdish, M, late 30s)

One perspective reported by several people who were sympathetic towards FGM is that the law is a challenge to a whole community and way of life. They saw the law as being unfair to parents who believe they are doing something positive for their child:

[Do people in our community want to continue the practice?] Of course the Sudanese people do. It’s a unique and important tradition that has been carried out for centuries. It is a habit in our Sudanese community. We would not want to change the custom even by law. Where was the law 100 years ago? You must be joking. Before people start interfering in other people’s culture or custom they must know the people’s history. (MG, Sudanese, F, 50-60)

I am not sure people are aware of the law against FGM, and even if they are, they will advise the UK government to divert their attention to their own inherent problems like jailing parents whose children go around stabbing and
killing others, and look into how to make children born in the UK respectful, responsible and upright. These people practising it are doing it as they believe it will not make their children promiscuous, at least they are doing something to prevent that. Anyone who sees how loose these UK girls are will do anything to prevent their girls from being like that. I am sure that some of the people pretending to support this call are just collecting their money and are still continuing the practice. (Congo, AAF, 46-55, F).

1.3.13 Prominence of personal stories

Although peer researchers asked questions in the third person, a large number of interviewees volunteered their own stories. FGM is clearly an issue that inspires personal reflection, and many women wanted to open up and express their own feelings. Women almost universally framed themselves as unwilling victims in these stories, and emphasised the distressing and traumatic nature of their experiences.

In Manor Gardens, two very sad personal stories were recounted: one from a woman whose baby had died because of obstructed labour, and one from a man whose relationship had broken down because his girlfriend said that her femininity had been destroyed because of FGM. Other women spoke about feelings of hatred towards those responsible for FGM, and never being able to forget horrific scenes that they had seen. Very painful memories can be awoken by discussing these issues, as the following long story illustrates:

A Somali woman who I was interviewing for my peer research told me how and when FGM was performed on her. She said when she was ten years old, her mum took her to another town to circumcise her. ‘That day,’ she said, ‘I will never forget. I begged my mother not to circumcise me but she would not hear of it’. She said her mum said, ‘I have to circumcise you. It is a must. A girl can’t go through life without circumcision. People will talk - they will say, ‘you are a bad girl because you are not circumcised’, my daughter, don’t resist, I will have to tie you down if you resist’. ‘So I was tied and a woman circumcised me at her home’.

The woman became very emotional and I had to stop the interview and give her emotional support. I told her she didn’t have to talk about it anymore, but she refused, saying she has never talked about her circumcision before and she felt that was not healthy, so... She went on to say, ‘my mum and I came back home and after a few days my mum looked at my vagina and said the circumciser didn’t remove all her external bits, therefore my mum took me back and circumcised me for the second time. It was so painful I wanted to die’. She said they travelled back home on that same day, and she kept bleeding heavily for three days until she passed out. Then she remembered waking up in a hospital and the doctor saying ‘we almost lost you’ and her mum crying.

At this point she stopped and cried, she said - while crying – ‘my mother’s words stayed with me, I can still remember my mum saying, ‘this is what good girls have to endure and go through, otherwise they are no good and no men will marry them’. She went on to say that her mum was a caring mum, ‘she never beat me but because of the hatred I have developed when she circumcised me, I couldn’t bring myself to love my mum or have a relationship with her’. She said, ‘I believe my mum did what she did to me because she didn’t know better, that was what her peers, society and culture were doing, and there was no one to tell her that this was wrong on so many levels, and tell her how to cope with what people say or do. (BSWAID, 25-35, Somali, F)
These stories remind us that from an ethical standpoint, **FGM prevention projects must offer support** to affected women (which indeed almost all the projects do). There has to be sensitivity that some women are not ready or willing to talk openly about FGM in a group or public setting, but may be willing to do so on a one-to-one basis. Talking about the consequences of FGM in the contexts of the projects in the initiative may be the first time that some women ‘realise what has been done to them’. They may have gone through life not associating certain emotional or physical problems with FGM, and attending talks or workshops may lead to them making this connection. This raised consciousness may prompt women to seek extra support or someone to talk to.

There were also some (relatively) positive stories shared, which showed that individuals and families could successfully fight against social pressure and reject FGM, and that changing people’s attitudes is possible. One story was recounted by a young woman who had fled Somalia during the civil war. Her mother had asked her older sister to take her to be circumcised, but her sister was able to protect her:

*A Somali woman I met at the antenatal FGM group told me she was one of the lucky ones. She said she was the last born in her family and her mum was too occupied because they fled the civil war in Somalia. ‘So I was way past the age at which my mum circumcised her other daughters. One day when I was 13 years old my mum - who believed in female circumcision - couldn’t put off my circumcision anymore, so she asked my 18 year old sister to take me to the circumciser’s home, and circumcise me in the form of Type 3. My sister - who didn’t believe in circumcision - was faced with a dilemma. If she refused, my mum would find the time and take me herself. So my sister took me to a circumciser who believed in only sunna type. She told her that she didn’t want me to have any kind of circumcision, so my sister asked her if she could lie to our mum, by saying that she had performed Type 3 FGM. The women agreed and I was never circumcised’. The women told me she was glad to have had her sister and that particular circumciser in her life, because they protected her. (BSWAID, F, Somali)*

In another story, a Kurdish woman managed to persuade another woman in her community not to circumcise her daughters, by getting her to watch an Imam on TV speaking out against FGM:

*A woman living in the UK was determined to take her three daughters back to Kurdistan. She used to watch many Islamic channels of Imams and believed it was a religious obligation. One day there was an Islamic channel with an Imam speaking against FGM. We phoned her up and asked her to watch this channel and hear what the Imam was saying as we didn’t want her to circumcise her girls. She did so and also watched another channel again advocating for FGM. In the end however, she did listen to the Imam who was saying it was wrong and she didn’t take her daughters back. This emphasises the strong role that religion and religious leaders can play but also shows how much power they hold in continuing the practice. Whilst some Imams do say that it’s not in the Qur’an they don’t outwardly condemn it by saying it’s harming girls and it’s wrong. (MG, F, 60s, Iraqi Kurd)*

People find sharing stories and experiences a powerful way of communicating about issues around FGM. The complexities, ethics and emotions inherent in the topic of FGM can be explored and discussed through the medium of sharing stories. However, women must be ready to share them, and must be guaranteed anonymity
if they desire it. Projects may benefit from presenting case studies or stories in other forms in their workshops and group discussions, as these do not put any individual women on the spot.
2 Discussion and Recommendations

2.1 Issues Arising from the Peer Research

2.1.1 ‘Sunna’ form of FGM
Across the different projects, there was evidence that a certain proportion of people are increasingly rejecting the more severe forms of FGM, but support the idea of ‘a little sunna’ (which they do not even consider to be FGM). It is not clear what ‘sunna’ consists of: it could be anything from a small prick to removal of the clitoral hood, or even more severe forms. Sunna is thought to be religiously desirable, and to act as a symbol of purification. The powerful idea that ‘sunna’ is OK, as it does not pose the same health risks as the more severe forms, is a significant barrier to eliminating FGM. ‘Just a little sunna’ can be used to counteract many of the health-related arguments put forward against FGM. The implications of this are:
• Projects must become more adept at dealing with FGM as a child protection, gender and human rights issue, rather than simply a health issue (though of course there are still health risks associated with ‘sunna’).
• Projects need to be careful about avoiding using the term ‘sunna’ to refer to Type 4 FGM, as the very meaning of the word implies religious credit, which sends out confusing messages.
• Health-related arguments against FGM do not apply as strongly when arguing against the less severe forms of FGM: ‘a little nick’ or ‘Sunna’.

2.1.2 Who is at risk of FGM?
The time at which girls are most at risk of FGM is when they visit ‘back home’ (with or without their parents). The age range during which they are at risk may be wider than previously thought, as young women in their early twenties reported experiencing pressure to undergo FGM. Projects should take note of these findings and respond appropriately in their community-based prevention strategies.

2.1.3 Strategies for rejecting FGM
It is not enough to persuade families to reject FGM for their daughters, as girls are still at risk of FGM (particularly ‘back home’) even if their parents do not want them to be circumcised. Families therefore need both awareness of this risk, and strategies for rejecting FGM when they are in a risky context.
• Do children and young women need to know how to respond to the risk of FGM too? (Just as children are taught to speak up about child abuse or taught not to speak with strangers?)
• Work on assertiveness, religious knowledge (so that religious arguments can be deployed against FGM) and confidence are centrally important in terms of preventing FGM
• How can people in the community effectively intervene/make referrals when they suspect or know that a girl is at risk?

2.1.4 Creating new opportunities to talk openly about FGM
The research has reinforced the principle that creating safe spaces to talk openly about FGM is the first step towards changing attitudes. This was shown in the following contexts:
• The prominence of people’s personal stories suggests that women in particular seize the opportunity to tell their experiences to someone who they trust and who will hold these stories in confidence. Projects must ensure that they provide confidential support services for women who want to talk about their experiences, or are able to refer women to appropriate counseling services.
• The gap between what men think about FGM, and what women think men think, suggests that dialogue about FGM between the sexes is rare. Promoting enhanced dialogue, not just between husbands and wives but also between family members could help to erode erroneous assumptions.
• One barrier to open communication about FGM is fear of further stigmatisation of practising communities. This highlights the need for 'safe spaces' to talk about FGM, where people do not feel judged or ashamed. This may involve limiting the discussion to people of the same gender, age group or ethnic background, as well as emphasising the importance of anything discussed within the group staying within the group.

2.1.5 Religion
The influence of religion on FGM is strong, but there is a lot of confusion about what the Qur'an and the Prophet's Hadiths do or do not say about female circumcision.
• Projects could pool together their contacts/expertise on this matter, and produce materials (e.g. leaflets, a DVD on YouTube) that promote the religious case against all forms of FGM?
• Could mainstream religious media be engaged to speak out against FGM?
• Projects could work together to identify a network of

2.1.6 Developing compelling arguments against FGM
FGM prevention projects must recognise that the pro-FGM case is persuasive – and that culturally compelling arguments against FGM need to be constructed.

This may not fit neatly with the most widely proposed argument used to counter FGM, - that it violates women's basic human rights. At present, this is a poorly understood and rarely expressed mode of argument. The Special Initiative needs to consider how the human rights component of projects can be strengthened: projects may require extra training to enable them to communicate this argument effectively, as this perspective was largely absent from communities’ discourse against FGM.

Likewise, over-emphasis of the most dangerous and dramatic health effects of FGM is not the most effective way to argue against FGM. People who approve of the ‘sunna’ form of FGM will simply not consider these arguments to be relevant. It is important that projects are realistic in their discussion of the health implications of FGM, whilst not downplaying the seriousness of health impacts.

There was very little talk of people being opposed to FGM because of the pain and suffering experienced at the time by the child. This suggests that the child protection argument against FGM requires further attention, perhaps with an emphasis on why it is important that children should not suffer this pain (not purely to avoid long term health problems). For instance, it can lead to breakdown in trust between generations, longstanding anger, and post-traumatic stress (as women's stories shared during the peer research clearly illustrated).

2.1.7 ‘They believe they’re doing good’
One simple but important fact emerges clearly from the data: people believe that they are doing the right thing when girls are circumcised – both for young women and for society. They feel they are protecting girls, and ensuring that they can marry and take their place as full members of society. The fact that people do intend to damage their children can easily be overlooked. It is important to bear these positive intentions in mind when conducting community based preventive work, for the following reasons:
• Parents or grandparents who have been responsible for FGM can feel that the label of ‘child abuser’ does not fit them. Such labels may lead to them becoming defensive and thus less receptive to messages of change.

• ‘Blaming’ parents/grandparents as individuals (rather than holding the wider society responsible for the perpetuation of harmful practices) can build resentment between generations (e.g. between circumcised women and the relatives whom they hold responsible).

Projects will have to strike a delicate balance between not tolerating FGM in any form, and appreciating the wider social factors that lead to its perpetuation. As one respondent said, projects should be ‘tactful and not aggressive’ when they work with communities to build their understanding of FGM and child protection. It may be necessary to distinguish between those people who support and/or conduct FGM without possessing the knowledge and social support they need to reject the practice, and those who persist in advocating for FGM in full knowledge of these issues. For the latter group, it could be argued that a less empathetic, tougher stance is required.
Annex 1: PEER interview questions

These are suggested questions to use in your PEER study. However, where necessary, you may need to adapt the questions slightly. If you adapt them, please keep a written record of the questions that you do ask, to send along with your data.

1. What do people in our community say about Female Circumcision?
2. How do people in the community feel about Female Circumcision? Is it different for:
   o Men and women?
   o Older and younger people?
   o Educated and non-educated?
   o People born in the UK vs. people born at home?
3. Do people want to continue this practice? Why/why not?
4. What do people in our community say about the reasons to circumcise? What about the reasons not to circumcise?
5. What do people say about the pressure to circumcise? Who decides?
6. What do people in our community know about the UK government views on Female Circumcision?