



Developing excellence
in response to FGM



“Between Two Cultures”

A Rapid PEER Study Exploring Migrant Communities’ Views
on Female Genital Mutilation in Essex and Norfolk, UK

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Funded by



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CONTENTS

Executive Summary	1
1. Introduction	8
2. Rapid PEER Methodology	14
2.1 Introduction to Participatory Ethnographic Evaluation and Research (PEER)	14
2.2 Sampling and recruitment	14
2.3 PEER Training	17
2.4 Data Collection and Analysis	17
2.5 Data Analysis	17
3. Research findings: In their own words	18
3.1 Life as a migrant	18
3.1.1 <i>Adapting to life in the UK</i>	18
3.1.2 <i>Accessing Services – health, education and employment</i>	21
3.1.3 <i>Changing roles</i>	23
3.1.2 <i>Maintaining cultural traditions</i>	27
3.2 Female Genital Mutilation (FGM)	27
3.2.1 <i>Community views on FGM</i>	28
3.2.2. <i>Reasons for FGM</i>	33
3.2.3. <i>Changing Attitudes</i>	35
3.2.4 <i>The UK Law and other actions to prevent FGM</i>	38
3.2.5 <i>FGM Support Services</i>	42
4. Discussion and Recommendations	44

Research Partners

National FGM Centre

Background

The National FGM Centre is a partnership between Barnardo's and the Local Government Association (LGA) to achieve a systems change in the provision of services for girls and women affected by female genital mutilation (FGM). Funded initially by the Department of Education as part of its Children's Social Care Innovation Programme, the Centre works closely with key partners from Local Authorities, Health, Education, Police, and the voluntary sector to achieve its vision and aims.

The Centre's Vision

The vision of the National FGM Centre is to end new cases of FGM for women and girls living in England within the next 15 years, in partnership with statutory agencies, government departments and grassroots organisations.

The Centre's Aims

The Centre will develop a model of social work delivery which will result in a systems change in the way that services are provided to girls and women affected by FGM, aiming to:

1. **Prevent** new cases, by building effective strategies for the identification and support of at risk girls and creating changes in community attitudes.
2. **Protect** girls and women, through proactive safeguarding and effective prosecutions.
3. **Support** those who have been affected by FGM, providing long-term holistic support for women and girls.
4. **Partner** with stakeholders to deliver solutions, bring together experience and learning on what works for tackling FGM.

FORWARD

Foundation for Women's Health Research and Development (FORWARD) is an African Diaspora women's campaign and support charity that was set up in 1985. FORWARD's work responds to the need to safeguard dignity and advance the sexual and reproductive health and human rights of African women and girls globally. FORWARD invests in individuals, groups, communities and organisations to transform social norms and harmful practices to help improve the quality of life and wellbeing of vulnerable girls and women.

FORWARD's Vision is that women and girls live in dignity, are healthy and have the choices and equal opportunities necessary for them to fulfil their potential. FORWARD educates policy makers, communities and the public to facilitate social change and realise the full potential of women and girls. They advocate for sexual and reproductive health to be central to wellbeing. They support programmes to tackle gender-based violence in particular female genital mutilation (FGM) and child marriage. FORWARD empowers and mobilises vulnerable girls and women to raise their voices and exercise their rights to services and choices.

Please note the views and opinions expressed in this report represent those of the authors, and not necessarily those of the various organisations that supported the work.

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Acronyms

FORWARD	Foundation for Women's Health, Research and Development
GYROS	Great Yarmouth Refugee and Outreach Support
NAGO	Norfolk Alliance Gender Organization
NASFAT	Nasrul-Lahi-L-Fatih Society
PEER	Participatory Ethnographic Evaluation and Research
PRs	Peer Researchers
WORD TRUST	Widow and Orphans relief and Development TRUST

Glossary

Khitan – Sudanese term for Type 1 FGM

Solima – Gambian word for a girl who is uninitiated/uncircumcised

Executive Summary

Female Genital Mutilation (FGM) is a deeply rooted tradition, widely practiced among specific ethnic populations in Africa and parts of the Middle East, Asia and South America which serves as a complex form of social control of women's sexual and reproductive rights. Women who have experienced FGM are increasingly found in the United Kingdom due to migration from countries where the practice is prevalent. Additionally, some communities continue the practice even after they have arrived in the UK, due to the cultural and traditional norms that influence the continuation of the practice. UK communities at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. Those from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

The Foundation for Women's Health Research and Development (FORWARD) was contracted by the FGM National Centre led by Barnardo's to conduct a rapid Participatory Ethnographic Evaluation and Research (PEER) study among UK based migrants who originate from FGM affected communities to help shed more light on this issue and to support their community engagement programme.

This report shares the findings from this rapid PEER study, carried out by migrant women and men living in Norfolk and Essex, UK. Eighteen Peer Researchers, (15 women and 3 men) were recruited through local community organisations and trained and supported by FORWARD and Barnardo's to design and carry out conversational interviews with their peers focusing on life in the UK, and FGM. The study focused on low prevalence areas as identified in the UK Prevalence study on FGM.¹

The aims of this research were to:

- Shed light on the lived realities of migrants from these countries and gain insights into their communities' views on FGM in the UK as well as back in their country of origin.
- For the first time, research attitudes and support for FGM in predominantly white British areas that are considered "low prevalence" for the practice.
- Use the findings to inform and strengthen FGM prevention programmes.
- Empower those involved in the research, strengthening their voice and ensuring that they are at the centre of research and programmes that concern them.

Key Findings

Life in the UK

1. Ability to adapt to life in the UK depended on the type of life people had left behind, with those escaping conflict and oppression more likely to have positive experiences.

¹ Macfarlane, Alison, Dorkenoo, Efua. (2015) Female Genital Mutilation in England and Wales: National and Local Estimates

2. For the most part, people found integration difficult, and in some cases they perceived the social, cultural and religious differences in the UK as too hard to overcome.
3. Some interviewees said that they chose not to integrate as the cultural and religious differences were too great. Many more felt that they wanted to integrate but were faced with isolation, discrimination and language barriers.
4. Almost all interviewees felt that gender roles in the UK had changed, with women experiencing more freedom and empowerment and men often feeling emasculated. Accounts of domestic violence were very common amongst interviewees and could be aggravated by the perceived change in gender roles.
5. Interviewees also felt that the rights of children were more widely protected in the UK. Many felt that was positive. Others expressed concern over the sexualisation of children and the interference of the State in the affairs of the family.

The interviewees had very different experience of adapting to life in the UK depending on the type of life they had come from, and their own personal experience of the transition. For those who had escaped conflict and oppression, it had been a welcome relief to move to a peaceful, safe country. These interviewees expressed gratitude for being accepted and supported by a country they perceive to be open, welcoming and fair.

For the most part though, people had found it very hard, especially at first, trying to adapt to a life where “everything is so different”. The challenge of integrating is ongoing, and in some cases people perceive the social, cultural and religious differences between them and their British neighbours as too great to overcome. Some of the interviewees noted that the multicultural nature of Britain, as well as having its positive side of welcoming people from all over the world, presented its challenges in terms of people struggling to understand one another and get along. Some explained that they themselves were choosing not to integrate, for cultural and religious reasons, but for many it is not their choice and they feel very lonely and isolated living in a culture where people always ‘stay indoors’ within their own houses and do not socialise with their neighbourhood or support one another as they do back home. Even outside of their homes, some of the participants felt their efforts to try and be friendly were in vain, as English people just “pass us by”. Beyond becoming accustomed to the feeling of being ignored, many had suffered from explicitly racist comments or actions.

Many of the interviewees highlighted just how much their ability to understand and speak English impacted their ability to fit in, as well as their ability to access the services they need and to find work. Struggling to get the right visas to remain in the UK as well as a visa that allows them to work is a major stressor for many. However, many feel very positive about accessing services in the UK, particularly health and education which are felt to be considerably better than back home. Others spoke very positively about all the help that they received from local community organisations, although remembered that it had been hard when they first arrived – to know where to go to access that initial support.

Almost all of the interviewees felt that roles had changed considerably for men and women since moving to the UK. Many spoke about how empowered women are here in the UK, enjoy far greater gender equality and protection of their rights, compared to a much more oppressed life for many women “back home”. They explained how gender roles have shifted such that the women are often

out at work while men find themselves needing to take on an increasing number of domestic tasks which can be a real test of their masculinity, and of their marriage. Another perceived change was related to how people have to “follow the rules” in the UK, and respecting each other’s rights as an important part of that. Despite this, however, the interviewees gave a number of accounts about domestic violence within migrant families they know in the UK. These stories are further complicated for women by the added stress of questionable legal status, lack of family support and lack of clarity around accessing the services they need.

The protection of children’s rights in the UK was also perceived as a positive change by many. However, some found the extent to which the Government and the Law are involved in family dynamics a real challenge especially in terms of how they wanted to discipline their children. Many expressed concern that their children were becoming disrespectful of their elders and were “drifting away” from their traditions and cultural values. Those who have daughters were said to be particularly concerned about their girls growing up in a more “sexualised culture” and miss the more “conservative ways” back home.

Community views on Female Genital Mutilation

1. Talking about FGM was seen as taboo or even dangerous.
2. Increasing international attention on the practice has helped challenge the culture of silence on FGM and forced conversations amongst communities.
3. The majority of interviewees were opposed to FGM because they understood the harmful consequences of the practice.
4. More traditional families, those from rural communities and the less educated are more likely to support the practice.
5. Individuals not reached by awareness raising campaigns are more likely to support the practice. These are usually individuals from non-African countries where FGM is practiced, the newly arrived communities and those facing language barriers.
6. Some interviewees who expressed strong opposition to FGM only referred to infibulation, while other types (usually Type 1 or Type 4) were seen as acceptable.
7. Women who had experienced FGM described a range of physical and psychological problems regardless of the type of FGM they had been subjected to.
8. Despite the different ethnic and religious backgrounds of interviewees, the justification for FGM was understood to be the control of the sexual behaviour of girls that was seen as prerequisite for marriageability and a condition upon which family honour depended.
9. FGM was seen as more important to the older generation, traditional families, and the in-laws, grandparents or husbands.
10. FGM was not considered to be a religious obligation. However, interviewees felt that religious leaders could play a role in ending the practice, as they are influential within communities.
11. The majority of interviewees felt that FGM was an out-dated practice and that education and awareness raising programmes in the UK have been successful in curtailing support. However, some interviewees felt that FGM was **more** important in the UK, where Western culture threatens the traditions and culture of migrant communities and promotes the sexualisation of children.

12. Most interviewees felt that communities were in favour of the law against FGM. However, support for the law was stronger amongst interviewees from countries that already have legislation against the practice. Interviewees from countries where no such legislation exists were less supportive of the UK law or felt that it could not be enforced.
13. The majority of interviewees had heard of the law against FGM, however, their knowledge was very superficial; for example, they did not understand that it was illegal to take a girl overseas for the practice or that the law covered all types of FGM.
14. Women who had undergone FGM, or those who knew of FGM survivors, felt that there was a great need for support services to help with dealing with the psychological and physical health consequences of the practice. However, survivors felt unable to seek help from professionals due to shame and were not aware of any available support services.
15. Interviewees who had heard about FGM, the law and health consequences of the practice had done so from a range of sources including community organisations, health providers or immigration services, with many speaking about the significance of community organisations in imparting that information.

After the broad introductory interview on 'Life in the UK', the Peer Researcher's second interview with their social networks focused in on the more challenging topic of Female Genital Mutilation. A few of the interviewees disclosed that they had been through FGM themselves, or came from countries where it was prevalent, while a couple came from communities where it isn't practiced. As such, their level of exposure and understanding about this topic varied greatly. While some of the women's responses were deeply personal, others simply responded to the questions based on how much they had seen or read in the news.

A number of the interviewees explained that talking about FGM within their communities was difficult, it is seen as a private issue that is "not easy to discuss". In some countries this code of silence is so extreme that, as one interviewee bravely explained, women are not able to discuss it for fear of death. Thankfully, however, due to increasing international attention on the practice in recent years, the culture of silence among practicing communities is losing its grip and people are beginning to speak up. Whether the interviewees had come from communities where FGM still occurs or non-practicing communities, most were strongly opposed to the practice as the harmful effects of FGM become increasingly well understood. The interviewees discussed the physical, psychological and emotional impact that it has on women and explained that it doesn't even achieve the objectives that people once thought it did, particularly in relation to preventing girls from having sex before marriage.

Not everyone is against FGM however and attitudes vary considerably, usually depending on a number of factors. In the more traditional families, and amongst the less educated, and rural communities, the practice still continues. Interviewees from non-African countries that practice FGM had not been reached by awareness-raising programmes and were less likely to be aware of the law and health consequences of the practice. This could be because FGM is often seen as an "African" problem and other affected communities are not recognised as at risk by professionals.

There are also different views about the different types of FGM, with type 3 generally being felt to be “horrific” while other types (usually type 1), such as “Khitan” or “sunna” as it is referred to, is more widely accepted as “okay” by some. Other people are not clear about what FGM actually is, and there seemed to be some confusion about the difference between male and female circumcision, the different types and terms for female circumcision and what the impact of the different types can be.

Women and girls experience FGM at different ages and some spoke about uncircumcised women living in fear of it happening their whole lives. As well as the fear they experience beforehand, the shame and the stigma they feel afterwards can be crippling, especially now that there is such global attention on the practice as something that is “bad”.

Reasons for FGM

When asked about the reasons why girls and women are circumcised, the interviewees spoke about honour, history and tradition, and the importance of being “clean” and “protected” from having sex outside of marriage. When asked who FGM is most important to, the interviewees felt that it was most important for the older generations and the traditional/tribal people, to the in-laws and the grandparents of the girls and perhaps – in some cases – to the husband. Notably there was no mention at all that undergoing FGM was important to the girl herself – unless it was specifically to be accepted by others or in order to marry someone whose family demanded she be circumcised.

Some of the interviewees explained how girls who had not been circumcised were perceived in practicing communities as less honourable ‘easy-goers’, to be insulted and shunned. In some instances, this can even go so far as people refusing to eat food that has been prepared by an uncircumcised girl/woman, and curses being put upon the girl and her whole family.

However, some of the interviewees explained that this attitude was more “from the older days” and that there is less of a taboo around not being circumcised today.

Changing Attitudes around FGM

The PRs and interviewees talked about whether attitudes towards FGM were changing. A few felt that there had been very little change, but most felt that a significant shift had happened and that very few still practiced compared to many years ago.

Most perceived people to be more informed about FGM now that they have moved to the UK due to the awareness raising and education that has been taking place here. However, although living in the UK has helped change many people’s perspective, not everyone has changed their minds and there are still some residing in the UK who try to continue the practice. Indeed, some families feel that there is even *more* of a need to circumcise their daughters living in the UK in order to do all they can to hold on to their culture and traditions.

The UK Law and other actions to prevent FGM

The interviewees spoke about many people from their communities being strongly in favour of the UK Law against FGM believing it to provide an important deterrent against the practice. They explained that the UK law not only has an impact within the UK, but it also helps girls when travelling back to their country of origin where the pressure from the community to circumcise is usually a lot greater. The fact that they are now living in the UK - where FGM is illegal and there is a lot of awareness about its harmful effects – can empower people to become a spokesperson on the issue themselves and some of them try to dissuade others from circumcising their daughters when they

visit their home country. The greatest protection is felt when FGM is illegal in their country of origin as well as in the UK– as a powerful international ‘bridge’ of protection is formed.

There are some who are not in favour of the law, and see it as an attempt to eradicate their culture. However, amongst the majority who are in support, the lack of successful convictions was seen as a weakness, giving those that wanted to break the law and circumcise their daughters anyway the confidence to do so. The main reason for the law not having the impact that it might, however, was seen to be because there are still so many people that are totally unaware of its existence, or who need more clarity on what the law actually entails. For example, many interviewees were not aware of the extraterritorial reach of the law while others did not understand that it covers all types of FGM. Overwhelmingly, interviewees were not aware of the details of the law, such as, for example, the fact that it is illegal to take a girl overseas for FGM, or of changes introduced by the 2015 Serious Crime Act, such as the mandatory duty to report FGM or that parents were liable for prosecution for failing to protect their daughters from the practice.

When asked *how* people had come to know about the UK Law on FGM, the interviewees spoke about the media, workshops and trainings, conversations at immigration and with health service providers as well as word of mouth in the community. They also spoke about the good work that some voluntary sector organisations had been doing on raising awareness on the issue, and how this public awareness raising was helping to break the silence within private homes. Although most of the interviewees were in strong support of the actions to prevent FGM, they also cautioned that however ‘effective’ these actions may be, if they are not done sensitively, there is a very real risk of further stigmatising the women who have already suffered enough

FGM Support Services

Almost all participants discussed the absence of any specific support services for women who have undergone FGM. Interviewees explained that women felt it was ‘too hard’ to open up to their GP, social services or the police, as they felt too much shame. As a result, the interviewees believe that people in their community would be very interested to know about specific, sensitive support services for those who have undergone FGM.

Participants’ Recommendations

The participants were encouraged to make their own recommendations following their interviews, and these, combined with the recommendations that emerged from the data set as a whole, are set out below.

- Increase focus on, and support for migrant women and men to learn English proficiently as this dictates so much in terms of their ability to integrate, access the services they need and find work
- Increase support and funding for community based organisations and community representatives working closely with migrant families. The organisations were all not directly working on FGM and expressed interest in further training.
- Increase awareness raising and education on FGM, working particularly at the community level and ensuring that messages reach people in a way that they fully understand.
- Target the older generation within these communities specifically, as well as religious leaders to lead the dialogue

- Engage young people, especially those from at-risk migrant communities, to inform and empower them about their right to be protected from FGM especially through schools.
- Ensure that any awareness raising activities or media messages are developed with utmost sensitivity for those who have already undergone FGM
- Ensure that programmes and services work *with* people rather than against them to end this practice
- Provide communities with more (clear) information on the UK Law on FGM
- Increase enforcement of the law to maximise impact
- More reassurance and encouragement for people to report concerns they have about girls at risk in their community.
- Better signposting to specific FGM services
- More focus within the practicing countries as well as in the UK - “building a bridge” of protection for girls
- Tackle the multiple forms of abuse that women in the community face including domestic violence.

National FGM Centre’s Recommendations:

Based on the findings from the Peer Research and the expertise of the National FGM Centre team, the following recommendations are also proposed:

- Invest in awareness raising programmes that impart up-to-date, quality-assured information about the law on FGM and health consequences of the practice. Ensure that these programmes target all communities affected, and particularly those most commonly overlooked, such as Middle-Eastern and Asian communities.
- Invest in long-term community-based prevention programmes that address FGM in the wider context of women’s sexual and reproductive rights. Work with both men and women to address the harmful gender norms that allow support for FGM to exist alongside other forms of violence that seek to control the behaviour and curtail the freedom of girls and women.
- Risk of FGM can be considerable in predominantly white British areas where members of affected communities are more isolated, face language barriers and have not been reached by awareness-raising and prevention programmes. Ensure that all local authorities recognise and address FGM risk by developing a multi-agency approach and policies at a local level. Areas of low prevalence that struggle to develop the expertise to address FGM risk are particularly encouraged to work with the National FGM Centre to ensure the protection of girls and women.
- The PEER Research revealed a lack of interpreting and translation services, with many relying on relatives to act as interpreters to access mainstream services. Absence of interpreting services can put vulnerable people at increased risk of all forms of violence including FGM, as victims may be forced to depend on perpetrators to access information and support. All local authorities have a duty to provide language services to meet the rights to safety and privacy of non-English speaking community members.
- Provide support services for women living with the physical and emotional consequences of FGM. In areas of low prevalence, where it is not possible to develop

specialist provision, develop clear referral pathways to nearby local authorities. Ensure that health professionals proactively and sensitively provide information about available support services to women and girls affected by the practice.

- All professionals have a role to play in communicating information on FGM and recognising and protecting girls at risk. Ensure that quality-assured, up-to-date training is provided to professionals in health, education, social services, immigration and the police.
- Older generations are more resistant to change and more likely to support FGM, but can be very influential in decision-making around FGM. The provision of quality-assured lesson plans around FGM in schools can ensure that young people are aware of their rights and how to seek help to protect themselves and their friends from the practice.
- Community organisations can act as the first point of access for support and information amongst newly arrived communities. It is important to identify and invest in local community organisations that meet high standards of safeguarding and equalities practices to help deliver community-based awareness-raising and prevention programmes.

1. Introduction

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.² Female genital mutilation/cutting (FGM/C) is a human rights issue that affects girls and women worldwide.³

According to the World Health Organisation, FGM is classified into 4 major types.⁴

- Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and

² WHO, Female Genital Mutilation Factsheet ,2016
<http://www.who.int/mediacentre/factsheets/fs241/en/>

³ UNICEF, Female Genital Mutilation/Cutting: A Global Concern,2016
http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

⁴WHO, Female Genital Mutilation Factsheet ,2016
<http://www.who.int/mediacentre/factsheets/fs241/en/>

repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).

- Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

DE infibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.⁵ FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.⁶

Women who have experienced FGM are increasingly found in the United Kingdom. There is growing knowledge based on community-based prevention work about the reasons why some practising groups continue with FGM even when they have migrated to the UK. Some members from affected communities continue to support FGM, linking it to their cultural heritage and/or control of female sexuality⁷. Yet at the local level, FGM is still not fully integrated into the child protection system and girls at risk of FGM are not receiving adequate protection from harm.⁸

UK communities at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. Those from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.⁹

As a result of the increase in numbers migrating out of FGM prevalent countries, the prevalence rate of FGM is found to be increasing in other parts of the world including the UK. An estimated 137,000 women and girls with FGM, born in countries where FGM is practised, were permanently resident in England and Wales in 2011, which represents a prevalence rate of 4.8 per 1,000 population.¹⁰ From 1996 to 2010, 144,000 girls were born in England and Wales to mothers from FGM practising countries; and estimated 60,000 of these girls aged 0-14 in 2011 were born to mothers with FGM.¹¹

⁵ HM Government, Multi-agency statutory guidance on female genital mutilation, April 2016

⁶ Ibid

⁷ City University London –Prevalence of female genital mutilation in England and Wales: National and local estimates, July 2015 http://www.city.ac.uk/_data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf

⁸ Equality Now ,Tackling FGM in the UK-inter collegiate recommendations for identifying, recording and reporting: November 2013 http://www.equalitynow.org/sites/default/files/Intercollegiate_FGM_report.pdf

⁹ The Government equalities office ,Putting equality at the heart of governmenthttp://www.seftonlscb.co.uk/media/1827/geo_fgm_factsheet_jun09.pdf

¹⁰ City University London and Equality Now - Prevalence of Female Genital Mutilation in England and Wales: National and local estimates, 2015, Trust for London and the Home Office.

¹¹ Ibid

According to prevalence statistics derived from the Office for National statistics and analysed recently by City University London and Equality Now, the following is an overall estimate of the number of women and girls with FGM in England and Wales.

Estimated numbers of women and girls with FGM in England and Wales by age group: (*Please note that the latest data available is the Census in 2011*)

Table 1: Estimated numbers of women and girls with FGM in England and Wales (Aged 0 – 14)

Country	Girls (0-14) born in FGM practicing country	Girls (0-14) estimated to have FGM	Percentage
Djibouti	15	13	86.67%
Eritrea	589	462	78.44%
Somalia	5631	5445	96.70%
Sudan	547	458	83.73%
Burkina Faso & Mali	17	12	70.59%
Egypt	964	778	80.71%
Ethiopia	546	339	62.09%
Gambia, The	383	295	77.02%
Guinea	92	82	89.13%
Sierra Leone	405	323	79.75%
Central African Republic, Chad and Mauritania	23	10	43.48%
Guinea-Bissau	64	31	48.44%
Iraq	2227	109	4.89%
Ivory Coast	232	73	31.47%
Kenya	1659	242	14.59%
Liberia	58	21	36.21%
Nigeria	6941	1298	18.70%
Senegal	61	15	24.59%
Yemen	745	144	19.33%
Benin & Niger	17	1	5.88%
Cameroon	347	1	0.29%
Ghana	1904	29	1.52%
Tanzania	290	21	7.24%
Togo	66	1	1.52%
Uganda	537	5	0.93%
Total	24360	10208	41.90%

Table 2: Estimated numbers of women and girls with FGM in England and Wales (Aged 15 – 49)

Country	Women (15 -49) born in FGM practicing country	Women (15-49) estimated to have FGM	Percentage
Djibouti	204	191	93.63%
Eritrea	7071	6457	91.32%
Somalia	43558	42766	98.18%
Sudan	5412	4796	88.62%
Burkina Faso	81	65	80.25%
Egypt	4463	4181	93.68%
Ethiopia	6930	5379	77.62%
Gambia, The	4236	3208	75.73%
Guinea	911	874	95.94%
Sierra Leone	8903	8265	92.83%
Mali	140	124	88.57%
Central African Republic	75	20	26.67%
Guinea-Bissau	970	490	50.52%
Chad	121	54	44.63%
Iraq	18344	1612	8.79%
Ivory Coast	3625	1484	40.94%
Kenya	31740	11523	36.30%
Liberia	1234	780	63.21%
Mauritania	64	45	70.31%
Nigeria	68727	20344	29.60%
Senegal	701	185	26.39%
Yemen	5062	1161	22.94%
Benin	242	34	14.05%
Cameroon	4227	64	1.51%
Ghana	33059	1583	4.79%
Niger	76	2	2.63%
Tanzania	7729	1465	18.95%
Togo	586	27	4.61%
Uganda	15715	260	1.65%
Total	274206	117439	42.83%

FGM has been a specific criminal offence since 1985, under the Prohibition of Female Circumcision Act (1985), which was replaced by the Female Genital Mutilation Act (2003) (in England, Wales and

Northern Ireland) with similar terms ratified in the Prohibition of Female Genital Mutilation Act (2005) in Scotland. Both Acts carry a maximum penalty of 14 years imprisonment.¹²

Under the terms of these acts, it is criminal to¹³:

- Excise, infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora or clitoris of another person.
- Aid, abet, counsel or procure a girl to mutilate her own genitalia.
- Aid, abet, counsel or procure another person who is not a UK national to mutilate a girl's genitalia outside the UK.

Over the past few years, the UK is at last witnessing far greater interest in the issue of FGM. The media; national campaigns; the first ever prosecution to be made on FGM; the first Public Enquiry to be held on FGM by the Home Affairs Select Committee; and the UK's first ever Girl Summit hosted by the Prime Minister, David Cameron and UNICEF have all brought FGM into the public arena raising the profile of the issue.¹⁴

A number of policy documents and guidance papers have been produced to provide guidelines for front-line professionals and various government departments including the Department of Health, Department of Education, Department of Justice, Department of Foreign Affairs, and the Home Office. These comprise a specific policy guidance document on FGM, such as the statutory multi-agency FGM guidelines (HM government, 2016) and policy guidance which mentions FGM, such as the Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (Department of Education, 2010).¹⁵

The UK is a current signatory to a number of international and regional human rights laws against FGM including the Convention on the Rights of the Child (CRC) in 1990 and the most recent Istanbul Convention in June 2012.¹⁶

A number of fundamental events in the UK have occurred in the policy arena over the past two years on the issue of FGM, including a *Public Enquiry on FGM by the Home Affairs Select Committee* and an *International Summit against FGM, Child and Forced*.¹⁷

The Foundation for Women's Health Research and Development (FORWARD) has been commissioned by the FGM National Centre led by Barnardo's to conduct a rapid participatory study amongst migrant communities in Norfolk and Essex, to help shed more light on this issue and to support their community engagement programme.

The aims of this research were to:

¹² Tackling FGM in the UK-inter collegiate recommendations for identifying, recording and reporting: November 2013 http://www.equalitynow.org/sites/default/files/Intercollegiate_FGM_report.pdf

¹³ Ibid

¹⁴ FORWARD UK - Research Findings on Young People's Views on Female Genital Mutilation in the UK, February 2015 (unpublished)

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

- Shed light on the lived realities of migrants from these countries and gain insights into their communities' views on FGM and the programmes and laws that target it in the UK as well as back in their country of origin.
- For the first time, research attitudes and support for FGM in predominantly white British areas that are considered "low prevalence" for the practice.
- Use the findings to inform and strengthen FGM prevention programmes.
- Empower those involved in the research, strengthening their voice and ensuring that they are at the centre of research and programmes that concern them

2. Rapid PEER Methodology

2.1 Introduction to Participatory Ethnographic Evaluation and Research (PEER)

PEER is a qualitative, participatory research methodology, particularly effective when working with marginalised or minority groups. It sheds light on insiders' perspectives on behaviour, beliefs and risk perceptions. In PEER, members of the target community are trained to carry out in-depth conversational interviews with trusted individuals they select from their own social networks. PEER has been implemented in over 15 different countries in the past decade and has a strong track record in health and social research.

Using PEER is beneficial as it allows researchers to gain insights into sensitive topics that are typically difficult to research such as sexual behaviour; gender relations; power dynamics within households and communities; and barriers and motivators to behaviour change. Similarly, PEER enables access to marginalised communities that can be hard to reach effectively with other research methods. The power dynamic between researcher and researched is fundamentally different from extractive focus group discussions or in-depth interviews.

The PEER participants are empowered through their involvement in the study. Over the course of the research they build knowledge on the research subject and gain experience designing research questions, carrying out interviews, and collating the data. Working with other people like themselves, in a well-supported group, means PEER raises the confidence of the participants to speak out about their experiences and needs. PEER received ethical approval from the University of Wales Swansea Research Ethics Board in 2007 and has been trialled and refined extensively by Options, the international consulting arm of Marie Stopes. FORWARD and Barnardo's collaborated to design the methodology specific to this research, summarised below.

2.2 Sampling and recruitment

The research team firstly selected the sites for the research. These were Norwich and Great Yarmouth in Norfolk and Grays in Essex. Suffolk was initially chosen in as an additional site but this was later removed due to time limitations. These sites were selected as although they do have a certain migrant population from FGM practicing countries, they are predominantly 'white' British towns – in comparison to the bigger more racially mixed cities where the majority of the research has taken place until now.

Once the sites had been selected, the research team contacted local community organisations in each of these towns who are already working with migrant communities in order to reach out and find peer researchers for the study. The names and a brief description of each of these organisations are listed in the table below.

Table 3: Community based Organisations in Norfolk and Essex involved in the PEER study

Name of Org.	Location	Brief Description
GYROS	Norfolk	Support services for asylum seekers, refugees and other newcomers to the UK living in Norfolk. Information, advice and guidance. Offer a multi lingual referral pathway for complex needs (e.g. domestic violence, substance misuse,

		homelessness), and provide training to support integration (ESOL, women's empowerment, volunteering, employment).
New Routes	Norfolk	A registered charity aiming: to promote social inclusion for the public benefit by preventing people from becoming socially excluded and assisting them to integrate into society; to develop the capacity and skills of the disadvantaged minority ethnic individuals and communities of Norwich to support the fulfilment of potential and enable the active involvement in society; to contribute towards social and racial cohesion by building positive images and new connections among people of different backgrounds, thereby integrating marginalised people into the wider community.
WORD TRUST	Norfolk	To advance education including the education of orphans, widows, widowers and single parents in developing countries so as to promote social justice, equality and wellbeing of people and the education of the general public throughout the world on issues of poverty, ill health and injustice experienced by groups mentioned above in parts of Africa, the UK or the world as the Trustees think fit.
NAGO	Norfolk	The organization aims to raise awareness about traditional practices for migrants most primarily Africans, and other immigrants resident in Norfolk and mainly Norwich City. The organization aims for the preservation of beneficial practices as well as the elimination of all forms of harmful traditional practices. Norfolk Alliance Gender Organization (NAGO) is committed to the promotion and protection of all gender primarily women and female children's, social, sexual, reproductive health and educational rights of its targeted beneficiaries.
NASFAT	Essex	A non-profit Islamic organisation with a Mission to develop an enlightened Muslim society nurtured by a true understanding of Islam for the spiritual upliftment and welfare of mankind. NASFAT works on improvement of the general welfare of Islamic community, and socio-economic advancement, promotion of family values, provision of sound spiritual guidance, and Arabic and Islamic education
Life Change Support Network	Essex	A charitable organisation working within the UK Community and Social Care System. Provide support and associated services for groups (including the minority and overlooked) who have experienced violence and abuse to enable them to recover and regain independence

Barnado's nominated female staff members in Norfolk and Essex to be trained as Supervisors for the study. Their role was to support the Peer Researchers throughout the interviewing process, provide backstopping and respond to any problems.

Using a "snowball" sampling methodology, the research team worked with the local Community Organisations to recruit 18 volunteers from migrant communities, through word of mouth, to become Peer Researchers for the Study.

The Community Organisations were asked to recruit men and women from FGM affected countries, who were 'typical' of their community as far as possible, as PEER depends on selecting normal members of the community rather than seeking out those with special skills or experience, or only those who are literate. This also allowed the research to benefit from the views of the PEER researchers on attitudes to FGM in their communities during the debriefing sessions.

The PEER researchers were given a small fee for their participation in the PEER process to cover their travel and other expenses.

The basic demographic information about each of the PEER Researchers is set out in the table below.

Table 4: Profile of Peer Researchers

No	Sex	Religion	Country of origin	No. of years in the UK	Marital status	Number of Children
1	F	Catholic	Eritrea	4 years	Married	0
2	M	Muslim	Eritrea	1 year	Married	0
3	F	Muslim	Iraq	8 years	Married	2
4	M	Christian	Mali	11 years	Married	3
5	F	Christian	Mali	10 years	Married	3
6	F	Christian	Kenya	17 years		1
7	F	Catholic	Mozambique/Portugal	10 years	Married	3
8	F	Catholic	Guinee- Bissau	7 years	Single	3
9	F	Muslim	Gambia	3&1/2 years	Married	2
10	M	Muslim	Gambia	5 years	Married	0
11	F	Muslim	Gambia	7 years	Married	3
12	F	Muslim	Nigeria	Over 7 years	Single	2
13	F	Muslim	Nigeria	14 years	Married	3
14	F	Muslim	Nigeria	Lifetime	Single	0
15	F	Christian	Ghana	11 years	Single	3
16	F	Muslim	Nigeria	Lifetime	Single	0
17	F	Christian	Nigeria	16 years	Single	3
18	F	Muslim	Nigeria	6 years	Married	1

Each of the PRs then selected two friends or peers to be interviewed. These interviewees were assured anonymity but some very basic data about their sex and country of origin was captured and is found in Table 5 below.

Table 5: Interviewee Profile

No	Interviewee Country of Origin	Gender	Locations
1	Eritrea	F	Norwich
2	Eritrea	F	Norwich
3	Eritrea	M	Norwich
4	Sudan	M	Norwich
5	Kurdistan	F	Norwich
6	Kurdistan	F	Norwich
7	Nigeria	F	Norwich
8	Nigeria & Gambia	F	Norwich
9	Gambia	F	Norwich
10	Gambia	F	Norwich
11	Zimbabwe	F	Norwich
12	Cape Verde	F	Norwich
13	Gambia	F	Norwich
14	Gambia	F	Norwich
15	Gambia	F	Norwich
16	Gambia	F	Norwich

17	Gambia	M	Norwich
18	Guinee-Bissau	F	Norwich
19	Mozambique	F	Norwich
20	Mozambique	F	Norwich
21	Nigeria	F	Essex - Grays
22	Nigeria	F	Essex - Grays
23	Nigeria	F	Essex - Grays
24	Sierra Leone	F	Essex - Grays
25	Nigeria	F	Essex - Grays
26	Nigeria	F	Essex - Grays
27	Nigeria	F	Essex - Grays
28	Nigeria	F	Essex - Grays
29	Nigeria	F	Essex - Grays
30	Sierra Leone	F	Essex - Grays
31	St. Lucia	F	Essex - Grays
32	Ghana	F	Essex - Grays
33	Nigeria	F	Essex - Grays

2.3 PEER Training

Due to time constraints, the 'rapid' PEER methodology was chosen. The PEER researchers were trained during a one day workshop, facilitated by FORWARD and supported by Barnado's staff. The process was participatory, with emphasis on empowering the PRs as 'experts' on the issues being researched. The trainers and PRs worked together to develop and practice prompts for their in-depth conversational interviews. The interviews were based around two key themes. The first theme was life as a migrant, and the second theme was female genital mutilation (FGM).

2.4 Data Collection and Analysis

Having completed the training, each of the PRs chose two friends/peers to interview for the study.

They carried out two interviews with each friend over a period of 6 weeks. The PRs made notes during and immediately after the interviews on the key issues or stories that emerged. The supervisors met the PRs between interviews to provide support and guidance, and to collect the information.

Once the interviews were complete, the lead researchers from FORWARD and Barnardo's conducted additional debriefing sessions with the PRs individually. During these debriefs, they unpacked and gained more detail on the responses and stories that arose in the interviews.

Following the debriefing, the PRs assembled again for a final workshop in each county to discuss the research findings and to give their recommendations and their feedback on the process. The participants were thanked with gifts and certificates.

2.5 Data Analysis

The data were then fully processed and analysed thematically by the lead researcher. Emerging themes were assigned codes according to the coding framework and the data were divided into text

units, paragraphs and stories. Data were then re-read, and illustrative quotations were selected to capture the essence of each theme. These quotes are used extensively throughout this report to exemplify key themes and stories.

3. Research findings: In their own words

The findings of the study, guided by the voices of the participants themselves, are set out below. Their quotes are indented and labelled with their country of origin, although all are now residing in the UK.

In section 3.1, the interviewees describe life as a migrant, discussing in intimate detail how it feels to have left their home country and be living in the UK, the challenges of ‘fitting in’ and accessing the services they need, the shifting of roles within the family, and the importance of maintaining cultural traditions.

Section 3.2 sets out the findings from the peer researchers’ second interview with their friends in which they discussed female genital mutilation (FGM). The participants spoke about community views on FGM, how attitudes are changing over time, the UK law and other actions to prevent FGM, and FGM support services.

3.1 Life as a migrant

3.1.1 Adapting to life in the UK

The interviewees had very different stories of adapting to life in the UK depending on the type of life they had come from, and their own personal experience of the transition.

For those who had escaped conflict and oppression, it had been a welcome relief to move to a peaceful, safe country.

Life here is really good, there is freedom and protection compared to Kurdistan. There is not much freedom for women there, and there is war. It is really comfortable living here. (woman, Kurdistan)

Life here is relaxing and safe and free from instabilities. Because at home (Iraq) there was conflict (woman, Iraq)

These interviewees expressed gratitude for being accepted and supported by a country they perceive to be open, welcoming and fair.

There is goodness in British culture - you can embrace it but still hold onto yours. (woman, Kenya)

Everyone who came to the UK believe they are British. You have enough benefits to finally support you, whereas there is financial corruption back home. (woman, Nigeria)

I decided to change culture, for example my religion before I was Muslim and now am Christian. This is because I was unsafe as a Muslim. Nobody restricts me from doing anything here¹⁸. (woman, Iraq)

People feel accepted and understand that we all come from different walks of life. (woman, Gambia)

Some had found it very hard, especially at first, trying to adapt to a life where “everything is so different”

People find it.. hard especially at the beginning because it's so different from where they came from. The weather, language, food, clothes. The first time when I came I fell down in the snow.. as I did not have the clothes appropriate for the weather such as what kind of shoes to wear for snow. (woman -Eritrea)

Many had found it hard to try to integrate, and in some cases perceived the social, cultural and religious differences between them and their British neighbours as too great to overcome. They also noted that the multicultural nature of Britain, as well as having its positive side of welcoming people from all over the world, presented its challenges in terms of people struggling to understand one another and get along.

We are not part of the larger British community due to religious and cultural differences. Interests are not the same and cultures are not the same so naturally feelings are different. (woman, Nigeria)

It is also multicultural so it is difficult to understand the different cultures of other immigrants as well as the British. (woman -Eritrea)

Some explained that they themselves were choosing not to integrate:

No we don't feel part of the larger British society. We associate mainly with Gambian communities. We talk to people generally but do not socialise with them. I have chosen to live this way because I am a strict Muslim. (woman, Gambia)

Here all people do is re-enact their life from home (woman, Kenya)

But for many it is not their choice and they feel very lonely and isolated living in a culture where people always ‘stay indoors’ within their own houses and do not socialise with their neighbourhood or support one another as they do back home.

There is no social life among the neighbourhood and as a result people feel isolated. (woman, Nigeria)

In the UK we are indoors all day which can cause depression and people get upset over any little thing. (woman, Gambia)

Even after many years of living next to each other, our neighbour does not want to see us (woman, Malawi)

If something goes wrong, you do not have anyone to help you and it makes them feel isolated and bad. Back home there is extended family who can help. (woman, St Lucia).

¹⁸ Although the PEER questions are always phrased in the 3rd person, if the interviewee chooses to respond in the 1st person and share personal stories this is still included.

People do not interact with their neighbours. For example, someone has been neighbours with someone for 7 years. That person's child was sick and in hospital but the neighbours did not even ask where or how the child was. In 7 years they have never been to each other's house. (soman, Nigeria)

Neighbours do not talk or interact. For example, someone's neighbour's son died and the person did not even know about the funeral. (woman, Nigeria)

It was very challenging to have a baby in the UK because you don't have any support. In Gambia there would be family around to help always. She felt isolated because people won't talk to her even when she talks to them even when she started conversations (woman, Gambia)

Even outside of their homes, some of the participants felt their efforts to try and be friendly were in vain, as English people just "pass us by"

English people look at him, say nothing and just pass. When he first came they were no black people so he stood out...When his dreadlocks grew longer, people came over to him because they wanted to touch it and he thought that helped because it was an opportunity to make friends. (man, Nigeria)

Beyond becoming accustomed to the feeling of being ignored, many had suffered from explicitly racist comments or actions:

People would not sit next to us on the bus – people would say they didn't want to sit next to a monkey. (woman, Malawi)

When someone was living in Motum Road in Norwich, people were throwing things at the house and telling them to go back to their country. (woman, Gambia)

Racism is a big big problem in Grays and Tilbury (woman, Nigeria)

There are difficulties to integrate due to racism and xenophobia. People dislike each other because of different ethnicities. Racism is in the workplace. This is worse from Eastern Europeans as they are also fighting to stay here. They will report someone for anything. (woman, Gambia)

One interviewee argued that it came down to each individual's personality, and that people could integrate much more if they were confident enough to make a real effort and create the life they wanted.

The challenges are depending on one's personality. Some people from our community are confident and outgoing and they find it easy to integrate. But for those people who are shy it can be lonely. (woman, Nigeria)

Many of the interviewees highlighted just how much their ability to understand and speak English impacted on their ability to fit in.

To speak English is power (woman, Kenya)

Language is a barrier for the community in general. Most people don't integrate because they're scared of speaking the language (woman, Kenya)

Some people don't make the effort to learn English and become dependent (woman, Kenya)

My experience with the general public outside of fellow Gambian community is alright as I am able to speak and read English so I can communicate well. (woman, Gambia)

Although it is certainly easier for those who speak English, there is another frustration for those coming from Commonwealth / English speaking countries who can still find it hard to integrate despite having a shared language.

Cultural differences contribute to lack of relationships within the community. It is hard for foreigners to integrate, although migrants are coming from commonwealth countries where English is spoken in Public Office and schools. (woman, Nigeria)

The wider population have stereotypical views and opinions about migrants and used to make negative assumptions about them. For example, my dad was a doctor and my mum was a dentist but people assumed they were in 'lower' job roles i.e nurse etc. (woman, Nigeria)

3.1.2 Accessing Services – health, education and employment

The challenge of language and accent as well as a sense of being looked down upon because of skin colour clearly plays a big role in how the migrant community perceive their ability to access the services they need and find work

Failure to communicate in English also contributes to difficulties in finding a job and this makes life miserable...Accent, not just language, is a barrier to employment. When an employer hears an African accent they are put off. An interview that should take 20 mins instead takes 10 mins and the person does not get the job. (woman, Nigeria)

People have to apply for jobs and they can't even speak English and they don't use interpreters any more at the jobcentre. (woman, Kenya)

The skin of the ethnicity, black, makes it difficult for people to get a job of their own qualification. Only a degree in the health sector and social work services enables foreigners to work. (woman, Nigeria)

Finding a suitable job is difficult and peoples' choices are limited to restaurants, cleaning, etc. (woman, Eritrea)

Most of the time there is issues with employment, they don't want to give professional jobs to black people or to immigrants. As a new comer we have to build everything from zero. (woman, Nigeria)

Most people can't read and write English, how are they going to understand and know what services are available? Getting information is a challenge. (woman, Nigeria)

People face a lot of racism, especially the hospital that is very notorious for that is James Padget hospital (woman, Kenya)

There is inequality is practices in the UK health sector especially against black people, for example many people are being detained in mental health hospital unlike white people. (woman, Nigeria)

It's hard to even talk to people, let alone get support. No jobs, education, unless you have friends and families. Migrants find it hard to get a job when they first arrive. The English become worried about migrants, they distrust them. Also they worry about their immigration status. If they don't have ILR, they want to stay but they can't work. They have a lot of worries. (man, Gambia)

Struggling to get the right visas to remain in the UK as well as a visa that allows them to work is a major stressor:

I still do not have a passport which makes things difficult. I spent a long time as an asylum seeker. (woman, Iraq)

It is very difficult as an asylum seeker when getting only £35 a week and not being able to work. (woman, Sudan)

The bad experience apart from employment is visa restrictions. Most people are moving back to Africa because they are finding it hard to find professional jobs that they like and feel comfortable with. (woman, Nigeria)

One woman believed that some of the migrants' mistrust of British people and assumptions about racism especially when it comes to finding a job and accessing services has been blown out of proportion

Some people in the community feel the British people/society are out to get them which is not necessary so. Migrants need to be tolerant and have a better understanding of the culture and be able to adapt to the system (woman, Nigerian)

Indeed, the interviewees confirmed that many people feel very positive about accessing services in the UK, particularly health and education which are felt to be considerably better than back home.

Health and education is very much accessible for everyone and it doesn't matter what your background or where you are from. (woman, Gambia)

Support services are respectful and accessible. I've always had help when I needed it, from schools and health. As soon as I learnt a little English they stopped providing interpreters for me. It was a bit difficult at first but it helped me learn more English. (woman, Kurdistan)

The education for kids is good too and they are supported well. (woman, Nigeria)

Even stateless people can still access education and it is easy to access adult courses. You can access children centres – play centres and sessions. People have really good experiences accessing community centres. (woman, Nigeria)

She's very satisfied with the health services they get, especially for the people who just arrived in the UK, they get support, house, and financial support. The Red Cross has helped some of her acquaintances with interpreting and information about services...No one complaints about the health service though sometimes it's difficult to get appointments, (woman, Kurdistan)

Housing is very good here in the UK – even though someone is not working they can get a council house. (woman, Iraq)

I have had a good experience in finding employment, I was working in the elderly care industry for many years and my employer treated me fairly (woman, Gambia)

Some people have been able to achieve things they would have only ever dreamed of:

He only dreamt about how to become a businessman in Norwich, now he keeps a shop and he can have his dream (man, Sudan)

Many spoke very positively about all the help that they received from local organisations

I didn't expect people to be so welcoming. Organisations like New Routes help people with personal problems and can provide mentors to help with planning our lives. (woman, Eritrea)

Gyros (a community organization) helps most of us (woman, Kenya)

Accessing health services is very easy. City Reach in Norwich helps with medical problems and is very good for the community...Education: For under 18s there is good service and for adults there are charities that help, for example New Routes who offer English classes and help with homework. (Man, Sudan)

Only Red Cross and a couple of voluntary organisations provide help for interpreters (woman, Kenya)

Accessing Services is not too bad, there are organisations available to help; it is however difficult to know where these services are at the time of need. The job centre or friends tell you where to go. Found Women's Refuge centre to be very helpful (woman, Gambia)

Although most were happy with the support they had received from these organisations, others remembered that it had been very hard when they first arrived – to know where to go to access that initial support.

It was not easy to know where to go for help initially (woman, Gambia)

3.1.3 Changing gender roles and expectations

Almost all of the interviewees felt that roles had changed considerably for men and women since moving to the UK. Many spoke about how empowered women are here in the UK, enjoying far more gender equality and having their rights protected, which, for many, had marked a significant change compared to a much more oppressed life for women back home.

Women have freedom to enjoy their lives while in other countries they're kept under men and not allowed to even go shopping (woman, Kurdistan)

In the UK, women have more rights to talk (woman, Kurdistan)

Generally there is a cultural difference for instance women's empowerment. Women are in high positions for examples managers etc and have a say in policies and their voices are heard. In Africa there is some empowerment but not like the UK. (woman, Gambia)

UK has a balanced work opportunity for both sexes and between young and old. Women are allowed to work are encouraged to go to school and have laws which protect them. They are more protected than in Africa and cannot be chased away from the house by their spouse. (woman, Nigeria)

The interviewees explained how gender roles have shifted such that the women are often out at work while men find themselves needing to take on an increasing number of domestic tasks which can be a real test of their masculinity and of their marriage.

When it comes to men helping their wives, in Africa men don't help their wives at all. They go out and work and come back to a ready meal. They even call their wives on their way back home to check for their food being ready. But here they help with the shopping, looking after kids and cleaning. They do struggle with cooking but its ok. So men here are more helpful. (woman, Nigeria)

Men have had to step out of their 'traditional shell' (woman, Kenya)

Roles have changed due to bill sharing and also due to shift patterns the man is forced to do female roles in the house while she is away at work (woman, Gambia)

My husband has learnt to cook small food stuffs e.g. boiling rice and taking care of the children, changing nappies, buying things for the house, cleaning the house etc. He could not do these things before (woman, Gambia)

Dads tend to be more involved in their children's lives. It is a great test for marriages, it is hard for men to depend on women financially. I found work before my husband and when women are the breadwinners it can be a culture shock. Some people adapt well and others don't (woman, Kenya)

It is very different in the UK. In Gambia the man had more power; if there was an issue it's the woman who has to move out with the children. However in the UK, women have more rights. The men feel they have lost their place especially if they are unemployed. (woman, Gambia)

Girls are more empowered here in the UK and able to challenge stereotypical opinions and views. They have means and facility to be able to feel empowered. As more women are becoming more educated and independent some men feel emasculated and want a traditional wife. (Nigerian woman, born and raised in the UK)

One interviewee's story shows how even if the husband is able to adapt to the changing roles, the wider family's opinion, especially from the more traditional older generation, can add a further layer of difficulty to an already delicate dynamic between the sexes.

I know one women and her husband. He really is supportive of his wife in household matters. But, it's always a problem for his family & parents to see him being involved in house work. They don't want to see him cooking and doing all that women should do. So for her they are a challenge. They think she is using him. Sometimes they comment about him to be a proper man in front of her and husband and wife argue about their comment. They can live happily but they can't because of his family. (woman, Nigeria)

People have to "follow the rules" in the UK, and respecting each other's rights is an important part of that:

The community believes men have less power, women have rights in the UK, whereas they don't in her community in Kurdistan. She couldn't work in Kurdistan, but her husband wouldn't mind if she worked here....Women in the UK are more respected, they have

freedom, men have to follow the rules and treat their wives nicely. It is compulsory for men to do that. (woman, Kurdistan)

Violence against women and children is not accepted in this community unlike where we come from. (woman, Gambia)

Despite this, however, the interviewees raised a number of stories about domestic violence within migrant families they know in the UK. These stories are made even worse for the women involved by the added stress of questionable legal status, lack of support and lack of clarity around accessing the services they need.

I know most women from Nigeria here who are wives and mothers but are treated like slaves by their husbands and suffering from domestic violence. If a women who has been abused want to go to the police it is very challenging to think about what people from their community will think of her for reporting on their husband. There is an assumption that you should be strong and deal with it. You can die if you keep quiet. Nobody in our community considers being quite can kill. Most of the time the wives have visa issues and that can be a reason for not going to the police. Not having a family here is a big problem too. If a husband is abusive back home, at least the women who is being abused can go back to her families and the husband knows she has brothers and father or people around. But here where would she go while she has kids from him and her visa is a problem if she gets a divorce. (woman, Nigeria).

I know a woman who developed psychological problem as a result of an abusive relationship. Because she doesn't know where to go and what to do she kept silent for a very long time but finally she was admitted to Basildon hospital because she just went crazy. But the worst thing is the abusive husband was given the right to have the kids and can you imagine what this does to a mother who has been a victim already (woman, Nigeria)

These women long for a time when their children will not have to witness a man's violent domination over a woman.

Women have to stand no matter what. We don't want our kids to see that an abusive man is always on top to kill a woman.(woman, Nigeria)

There is a sense from a number of the interviews that people had moved over for a better, safer life and to give their children a chance at a better future. And as such they accept that the challenge of changing roles – often in a good way - is a part of that.

Roles change because we want a better future and are living in a very advanced economy. I personally want my children to be educated and stay enough to be qualified for their careers. (woman, Gambia)

Over the years changes have come slowly as we have had kids born in the UK and therefore they stand a better chance. (woman, Nigeria)

Boys and girls are treated equally here unlike where we come from where a male child is preferable over a female child. (woman, Gambia)

Our community is copying the British way of life. Kids has got their own voices. They can express themselves which is good. (woman, Nigeria)

Children's rights are protected far more than they are back home.

In Africa people can get away with underage relationships due to poverty and corruption but in the UK a teacher, for example, would lose their job and be in trouble with the law if they had a relationship with a pupil. (woman, Nigeria)

However, a number of interviewees explained that people in their migrant communities found the extent to which the Government and the Law were involved in family dynamics a real challenge especially in terms of how they wanted to discipline their children.

If you smack the child, shout at the child, the government is involved saying because of child protection, you are not fit to keep the child safe. As a result, the government is encouraging a high number of anti-social behaviour since parents' responsibility has been taken away. (woman, Gambia)

People feel strange as the cultures are totally different. Also threatened because everything is centred within the Law. Things that people feel are minor for example to smack your child when they do something wrong, is considered child abuse. (woman, Gambia)

Not punishing the children when they are wrong is hard to adapt to because in Gambia, when children are wrong, they smack them with a stick so that they should not repeat their mistakes but here it's not allowed as a result children have no respect for their elders (woman, Gambia)

A number of interviewees mentioned great concern at this issue of children becoming disrespectful to their elders and 'drifting away' from their traditions and cultural values.

The young people in the UK seem to have a wrong attitude towards their parents. They are rude and abusive to them, in Gambia, children are brought up to respect their elders. People in the community are worried about this and the effect it would have on their own children and their family. We pray for our children that they can be the best. She would like to go back home one day and would not want to live here forever. (woman, Gambia)

Men want children raised a certain way, like they do in Africa which is difficult to do here. (woman, Kenya)

Language is still an issue between parents and their kids in my community. Kids who are born here mostly don't speak the language of their ethnic group and the parents are not fluent in English which create gaps in a family. (woman, Nigeria)

Boys and girls change their behaviour to fit in with their friends and this can be challenging for their families because they don't want to speak their language anymore; they prefer English and street language. (woman, Eritrea)

Those who have daughters are particularly concerned about what will happen when they grow up and miss the more conservative ways back home:

Women are respected in Nigeria and are viewed in a respectful way. In the UK, girls are seen as sexual objects and pressured to dress certain way and fulfil men's fantasy. (Nigerian woman born and raised in the UK)

Dressing is another issue. In Gambia, women were not allowed to wear trousers when going out as it was considered an abomination. As a woman, you were supposed to wear a wrap when going out unlike here where people wear trousers and short dresses showing all private areas e.g. navel, thighs and sometimes even breasts. (woman, Gambia)

3.1.2 Maintaining cultural traditions in the UK

Striking the balance between 'fitting in' to the UK culture and maintaining cultural traditions from back home is not easy. The interviewees spoke about the different ways they try to keep their traditions going, even while living in such a different culture, and the challenges that can arise.

It's not easy but we try to maintain our culture. She goes to the mosque here and her son goes to Arabic school. They come together to celebrate Eid with the family. (woman, Gambia)

Majority of the time people in our community try to associate with ourselves by going to the same mosque or church with- in the community. We go to parties where we have people from back home. There are associations for East and West African people and we try to meet up and maintain our culture (woman, Nigeria)

We do try to maintain our cultural traditions but just to what is applicable here. Some of our practices cannot or won't be allowed and resources may not be available. This puts our family in a dilemma and they are in between two different cultures which makes it difficult. (man, Gambia)

We organise ourselves into one big family to be aware of each other and setup organisations and leaders...We make regular meetings to discuss issues affecting families and announced events and programmes. (woman, Gambia)

(People) sing African songs in the church and speak the language with people from their country. (They) teach the children their mother's native language and how to cook their own cultural food (woman, St. Lucia)

As Muslims we are supposed to pray 5 times a day but it is not possible for us to do so because of time. For example, when I started working I told my line manager about my religion but was told that I could not pray as there is no time and they don't provide such places in the work place. (woman, Gambia)

I know people who strongly feel like they need to teach their kids on the African way of life. For example hand washing of clothes and dishes. Taking kids for a visit back home so that they learn about their origin. Kids need to learn that they can't get things at the tip of their finger always. There is laundry machine, dish washer etc. here. But not in Nigeria. Most people feel like they have to teach their kids how to cook their local food, music's and musical instruments too to avoid identity crisis. (woman, Nigeria)

3.2 Experiences and Views on Female Genital Mutilation (FGM)

3.2.1 Community views on FGM

After the broad introductory interview on 'Life in the UK', the Peer Researcher's second interview with their friends focused in on the more challenging topic of Female Genital Mutilation. A few of the interviewees had been through FGM themselves, or came from countries where it was prevalent, while others came from countries in Africa or the Caribbean where it isn't practiced. As such, their level of exposure and understanding about this topic varied greatly. While some of the women's responses were deeply personal, others were simply responding to the questions as any other British person would have, based on how much they had seen or read in the news.

A number of the interviewees explained that talking about FGM within their communities was difficult, it is seen as a private issue that is "not easy to discuss"

People don't talk about it, it's only recently...that they've been talking about it. People had never spoken about it before. (woman, Kurdistan)

Generally both men and women they don't like discussing about it, because it's private. (woman, Gambia)

Younger generation talk and find out about female circumcision through online and social media. It's not something that is talked about and no one talks about this in real life. (woman, Nigeria)

People don't talk about it generally people in the community think it's a barbaric act. They say that a girl will be promiscuous if they want to be whether they are circumcised or not. (woman, Nigeria)

Not many families do it and it is against the law back home so it is kept quiet so you really don't know who does it. (woman, Nigeria)

The women who are openly able to talk about FGM are the ones who have not personally experienced FGM. (Nigerian woman born and raised in the UK)

In some countries this code of silence is so extreme that, as one interviewee bravely explained, women are not able to discuss it for fear of death:

It is a taboo to not discuss it with anyone and if you discuss it you would die. It is therefore a secret kept to themselves. She had never talked about it with anyone and the conversation brought back memories of what she went through as a child; and gave her flashbacks. (PR told the lady she could connect her to someone to talk to if she needed counselling). In her case, it was her aunt that cut her. Her mum had to travel and she was left in care of her aunt who told her to the bush to have her circumcised before her mother came back. (woman, Sierra Leone)

Thankfully however, due to increasing international attention on the practice in recent years in countries like the UK and in Africa, the culture of silence among practicing communities is losing its grip and people are beginning to speak up.

Whether the interviewees had come from countries where FGM still occurs or non- practicing countries, most were strongly opposed to the practice.

FGM is abuse and creates pain and sadness in the lives of the women involved. (woman, Eritrea)

People in our community believe that FGM is a great wrong and it is a tradition that has to be stopped. Open-minded Kurdish people think it's a big crime to do to girls but it's a crime done for men (woman, Kurdistan)

We know girls are being taken to Africa for FGM its very bad and they take them to the bush for 3 months for those girls back home they end up in missing classes for 3 months and it's dangerous! (woman, Nigeria)

People say that it (FGM) is disgusting as it's like killing the person. They do it when girls are young and force them. It is done by old dirty women in the community in agreement with your parents. (woman, Iraq)

Community feel sorry and empathy towards girls and women who have been circumcised. Community would say: "aww you have been circumcised?.. That's so sad" (woman, Nigeria)

Some voluntarily shared their own experience on FGM:

People say that girls (that have undergone FGM) have been abused and are victims. Some children are cut without the consent of their parents. From my own experience it happened when I went to my grandparents for holiday; my parents did not know anything about it. (woman, Gambia)

It is wrong because equipment is not safe – a sharp knife is used and they grab you like an animal. They don't let you decide if you want it done or not. They cover your face so that you don't see the people doing it or when it is happening. (woman, Gambia)

I went through it at 7 years old when 100 children were cut in one go. Some died during the 3 month recovery period when we had to stay in the bush. (woman, Gambia)

Some of the interviewees made the comparison between male and female circumcision:

People agree that circumcision should be done for men as it has no bad effects. But it should be stopped for women because of the effects when they get married. (woman, Gambia)

For a man it is helpful for cleanliness but for a woman – it is not useful, it hurts (woman, Iraq)

Now that people, organisations and governments are starting to speak out about FGM, the harmful effects of this practice are becoming increasingly well understood.

Now community has understood the consequences and feel sorry for the victims, the women who have been cut. (woman, Kurdistan)

They believed it's their tradition and culture and normal to them. However people are beginning to realise the implications and have stopped doing this because of the horror inflicted on girls and women by FGM. (woman, Eritrea)

The communities from GB recognised FGM as a form of child abuse. They know that it is dangerous because of all the diseases that are contracted. (woman, Guinea Bissau)

My sisters went through it and they were away for three weeks. Some of them got sick. But they didn't understand it was because of FGM. In the UK, health is a physical thing. Most

people back home, if something happens and the girls get sick, they think they've been touched by evil (woman, Gambia)

The interviewees discussed the physical, psychological and emotional impact that FGM has on women:

It affects the women throughout their life for example when urinating it hurts and during sex there is no feeling (woman, Iraq)

The impact is great as it leaves women with lifetime abnormalities, no feelings during sex and stress and anxiety as to what will happen next. (woman, Iraq)

The ones who have been cut can't enjoy themselves during sex and that causes issues with their husbands. This can become a big problem the husband cheats etc. I was a survivor and had problems with my husband because I don't feel anything (becomes tearful) (woman, Kurdistan)

There are problems with child delivery as the path is very narrow and they have to have a caesarean and labour is prolonged. (woman, Gambia)

A lady had 4 kids and the 1st one was normal birth and after that 3 kids with surgery. The doctor told her that she had FGM and it blocked which had made her not to deliver normally. So in most women in the community there is an obvious consequence during birth. (woman, Nigeria)

As one interviewee from Sierra Leone explained, there is also a spiritual component to FGM which is more mysterious and hard to define:

Some women had been hospitalised after FGM due to infection and it's affected them for life. One of the reasons is the same knife is used for all the girls resulting in infections which can sometimes affect their lives forever. In one case, a girl was cut and bleeding and she later died: she had no treatment. However the community believes anyone who dies after being circumcised has a negative power and is classified a witch. In my own case, I had difficulty giving birth and had tears which had to be stitched after birth. (woman, Sierra Leone)

Another interviewee believed that most men do not want girls to be circumcised either as they are increasingly aware of the harmful effects:

Most Eritrean men do not want the girls to suffer. They know it's bad. (woman, Eritrea)

People are realising that aside from being a very harmful practice, it doesn't even achieve the objectives that people thought it did, particularly in relation to preventing girls from having sex before marriage:

It's being stopped, they know that FGM will not stop girls from having a sexual desire; in fact a lot of them are having sex and pregnancy outside of marriage. (woman, Nigeria)

It doesn't achieve the objectives that the elders think of for example stopping sexual pleasures. (woman, Iraq)

It is a myth that there is 'no sexual desire' for woman who have been cut. I have a sister who had sex out of marriage and she had been cut. (woman, Nigeria)

Not everyone is against FGM however and attitudes vary considerably, usually depending on a number of factors. In the more traditional families, and amongst the less educated, and rural communities where people are less likely to have been reached by awareness raising campaigns, the practice still continues.

There's always differences of opinion- some people think it should be practiced and some not. It's not about religion, it's about culture. (woman, Gambia)

She said open-minded people, people from the capital who have been here from long think like that (disagree with FGM). But there is someone here who is from a village and took her daughter abroad and now they deny they did it. Most of the community think they've done it – they took extended holiday, the mum had already been cut - and they're now laying low. (woman, Kurdistan)¹⁹

We know girls are being taken to Africa for FGM its very bad and they take them to the bush for 3 months for those girls back home they end up in missing classes for 3 months and it's dangerous! (woman, Nigeria)

Modern/city people think it's cruel and backward. (woman, Kenya)

Educated people know it is harmful and are against it. They think it's harmful...Uneducated people have no awareness from the government and they don't know its harmful (man, Sudan)

There are also different views about the different types of FGM, with type 3 generally being felt to be “horrific” while type 1, or “Khitan” as it is referred to in Sudan is more widely accepted as “okay” by some. As explained by a Sudanese male interviewee:

Men don't want FGM but see Khitan as okay (man, Sudan)

When it comes to Khitan (Sudanese word for circumcision) everyone knows it doesn't hurt the women in fact it's good for the women to reduce sexual desire like male circumcision. (man, Sudan)

Nothing will happen to the girls who have been cut, “Khitan” (in this the person was referring to Type 1 FGM) it doesn't hurt them. The community think that there is nothing wrong with khitan. It's not like the very bad FGM whereby they remove all of the female genitalia (man, Sudan)

Other people are not clear about what FGM actually is, and there seemed to be some confusion about the difference between male and female circumcision, the different types and terms for female circumcision and what the impact of the different types are:

Among the Sudanese culture speaking about FGM was difficult. He was told that there is a difference between circumcision and FGM...and they made a difference between the two and they see circumcision as okay but FGM was seen as unacceptable.. They said one was

¹⁹ This case has been followed up by the National FGM Centre Specialist Social Care team. No evidence of FGM was found on the child in question.

harmful. Type 3 was therefore commonly seen as not good but type 1 was widely accepted as ok. (man, Sudan)

Community have a limited knowledge of the health impact particularly in regards to the impact of having type 1. However, some people are aware of the complications of type 3 and see it as 'horrific' and there is no need for it. (man, Sudan)

Men who are sexually active do not want their women to feel pain or discomfort during intercourse. (Nigerian woman born and raised in the UK)

The interviewees gave their own opinions about how prevalent FGM is in their home countries and different parts of the world:

It is normal in Saudi Arabia

It has stopped in Niger delta.

In south Saudi Arabia it is practiced in hospitals. The health consequences are not properly known.

In Mozambique they don't practice it

It is believed that Muslims practice FGM in Guinea Bissau

Women and girls experienced FGM at different ages and some spoke about uncircumcised women living in fear of it happening their whole lives:

When you're a baby it (FGM) is bad, but you do not know (woman, Nigeria)

Young girls often run away and stay with friends as they are scared of FGM (woman, Guinea Bissau)

Even if you're old, if you've not had circumcision they might grab you to have you cut because they think it would do you good. (woman, Gambia)

As well as the fear they experience beforehand, the shame and the stigma they feel afterwards can be crippling, especially now that there is such global attention on the practice as something that is "bad".

They feel ashamed and don't want to talk about it anymore. Because they understand that what they have been doing is wrong. (woman, Eritrea)

People don't want to discuss it (FGM) as people are too ashamed. (woman, Mozambique)

It affects women really badly, women don't enjoy themselves during sex. They feel miserable. No one ever talks about it. They feel embarrassed about it, they'd rather hide it. (woman, Kurdistan)

This story gives a very real insight into how the shame of FGM can affect a woman's self-esteem and dignity:

A friend (from Calabar) had been cut and had very low self-esteem and no dignity, the women felt different from other women and embarrassed as she could not feel any sensation when having sex and struggled to "get wet". She had lots of problems with relationships with men and felt embarrassed as her FGM was very obvious. She had lots of psychological

problems with herself and with men and really struggles with self-esteem .The women was lucky because she found someone who loves her and will marry her for how and who she is. (woman, Nigeria)

3.2.2. Reasons for the practice of FGM

When asked about the reasons why girls and women are circumcised, the interviewees spoke about honour, history and tradition, and the importance of being 'clean' and 'protected' from having sex outside of marriage.

For most Gambians back home it is widely regarded as an honour to a woman. (woman, Gambia)

It's because our ancestors, grandparents, parents have been performing circumcision. Our ancestors passed it onto us and that's how we maintain our culture and history. The Fulas, Jolas, Mandingas etc think that. (woman, Gambia)

They say it's a pride for the family in the community, in the village. People celebrate, they feel they are grown up and dress up with lots of ceremony when they go out on the last day. (woman, Gambia)

Some do it to protect the girls from sexual relations. Some do it as a tradition, it's like Christmas to them (woman, Gambia)

(They circumcise girls) to catch her from sex outside of marriage (woman, Nigeria)

They need it for good marriage. They think it helps to control the sexual desire and keep the girl from having sex outside of marriage (woman, Nigeria)

They learn good manners, become strong in thinking and are able to deal with difficulties in the future. They are then prepared for marriage as the husband will meet a virgin. (woman, Iraq)

Those cut are respected and accepted in the community. Their parents are proud of them. They make sure women don't have relationships before marriage. Parents feel like they have to be respected in the community they live in. (woman, Gambian)

It stops them from having a high sex drive. They become clean. It is important to the parents of both sides to maintain the honour of the family. (woman, Gambia)

When asked who FGM is most important to, the interviewees felt that it was most important for the older generations and the traditional/tribal people, to the in-laws and the grandparents of the girls and perhaps – in some cases – to the husband.

It is very important to some in-laws – some believe a girl has to be circumcised before they can marry her. (woman, Sierra Leone)

It's tradition, most important to old people only (woman, Kurdistan)

Grandparents usually pressure children to have FGM (woman, Guinea Bissau)

It's mostly the in- laws who want it done. (woman, Gambia)

The husband as they want a virgin. (woman, Iraq)

To the entire family, village elder man, community chief and for the women who do the girls circumcision it's a good business. (woman, Nigeria)

It's important to the entire village (woman, Gambia)

Poorer people and tribes are more likely to practice FGM (woman, Guinea Bissau)

Some of the tribes – like Mandinga, Jolas and Fulas, their parents say their sons won't marry uncircumcised girls. (woman, Gambia)

Traditionally the fathers make the children have FGM but they do not realise what it entails. They are ignorant to the practice itself but still insist it happens. It is tradition (woman, Guinea Bissau)

Some grandmothers and mothers still believe in the practice. They still want to continue and make sure that their daughters and granddaughters follow the tradition and ritual. (woman, Nigeria)

Notably there was no mention at all that undergoing FGM was important to the girl herself – unless it was specifically to be accepted by others or in order to marry someone whose family demanded she be circumcised.

Women do it to be accepted (woman, Sierra Leone)

The Creoles don't do FGM. She gave an example of a Creole lady who was dating a man from another part of Sierra Leone and the man's family refused to let them marry. The lady then went to get herself circumcised to be accepted; after she did it, the husbands family insisted they had to check and confirm it had been done before they allowed the marriage to go ahead. The marriage did not last. They divorced after 5 years and the lady is now a single parent and she regrets what she did to herself for a man. (woman, Sierra Leone)

Some of the interviewees explained how girls who had not been circumcised were perceived in practicing communities as less honourable 'easy-goers', to be insulted and shunned.

For the communities who practice they see the girls who have not been cut as less desirable and less honourable. (Nigerian woman born and raised in the UK)

People who are not cut are called names ('Solima' – they are not cut). This makes people very embarrassed and ashamed in the society. (woman, Gambia)

Women and girls who have not been cut can be insulted / disgraced in the public, excluded from community activities. Parents might be against you marrying a girl who's not been through it, or who's from a tribe that doesn't do it. (woman, Gambia)

Some of the tribes – like Mandinga, Jolas and Fulas, their parents say their sons won't marry uncircumcised girls (woman, Gambia)

They (uncircumcised girls) are seen as easy goers who meet men for sex before marriage. (woman, Iraq)

In some instances, this can even go so far as people refusing to eat food that has been prepared by an uncircumcised girl/woman, and curses being put upon the girl and her whole family.

When we left Kurdistan 14 years ago you would not even eat from a hand of an uncut woman (woman, Kurdistan)

There is a lady we know and she has 2 daughters and she went to Africa to visit her family and her husband's family. As soon as she got there her girls became an issue. Her husband's family really insisted on the girls to be cut. But the mother said no. it's not even her own family who was pushy. It's the in-laws. But finally she said she is not going to put her hands in this cutting culture. She said to her in-laws, if the girls get cut, it's their own son who is the father of the girls who will be in consequence when they come back to the UK. There had been lot of disagreement and the in-laws put a curse on the children. The father agreed with his wife and he said no to cut too. They now don't feel like going back home because their daughters are not welcome because of the curse. (woman, Nigeria)

This story exemplifies how FGM has had such a strong hold in traditional communities that the practice itself can be perceived as more important even than the bonds of family. And beyond family even, the whole community feel involved and feel 'insulted' by those who do not go through it.

It is like they're an insult to the community because they haven't been cut. (woman, Nigeria)

However, some of the interviewees explained that this attitude was more 'from the older days' and that there is less of a taboo around not being circumcised today.

Nothing happens to those who are not cut, what matters is her virginity therefore so long as she is a virgin there is no problem. (woman, Eritrea)

Nothing happens to girls who are not cut. (man, Eritrea)

Nothing. Men and boys would not be able to tell the differences (type 1) (Nigerian woman born and raised in the UK.

Nothing happens to people who haven't been cut now, but in olden days they were looked at as a bad person. They thought they were 'different'. (woman, Kurdistan).

3.2.3. Changing Attitudes

The PRs and interviewees talked about whether attitudes towards FGM were changing. A few felt that there had been very little change:

They still want to do it they haven't changed and they go back to Africa to do it. (woman, Mali)

Things haven't changed so much (woman, Mali)

No, they have done it there and they still do it here. (woman, Sudan)

However, most of the interviewees felt that a significant shift had happened and that very few still practiced compared to many years ago.

They say "no no no – not doing that (FGM) – no way no more" (woman, Eritrea)

Most in the community have stopped this as they believe it's an old cultural thing and should be forgotten (woman, Kurdistan)

They (attitudes) have changed, especially in communities where women have campaigned against it. (woman, Kenya)

Compared to many many years ago it's changed, they know what FGM is. But with kitan (Sudanese word for Type 1 circumcision) they still want it (woman, Sudan)

Ages ago, people thought if the daughter was not circumcised they wouldn't have control of their sexuality, would lose their virginity. Now people have realized this is ridiculous (woman, Kurdistan)

In olden days, people thought it's the best thing to do because if you don't, when they get married, the in laws, will say it's haram to eat from their hands. Nowadays, it's not like that. (woman, Kurdistan)

95% of the community don't agree with FGM being done anymore as they've experienced the consequences and they know it gives them a bad life experience. (woman, Kurdistan)

People feel that a lot is changing from one generation to the next:

Adults (both male and female) are angry that their parents put them through FGM – this is an indicator that it will not happen to their children. (woman, Guinea Bissau)

Young ones are changing but the old ones still have the same mentality – they think they should follow the same culture. (woman, Nigeria)

Young ones are changing their minds because of education. (woman, Nigeria)

People here know about the law, the risks. People here try to educate those back home, but even back home people are changing their minds, saying they wouldn't want their daughters to have it done. (woman, Gambia)

The interviewees spoke a lot about how attitudes were changing 'back in home countries'. In the countries where the governments had really got behind the campaign to end FGM, people were seeing big changes.

It has changed because we have been taught and learned much more in our home country before arriving here, everyone understand the need to stop it. (woman, Eritrea)

The president has spoken out and forbidden FGM in Guinea Bissau, instead they have groups to teach children to cook/knit and sew. (woman, Guinea Bissau)

People believe that FGM will stop from now on in Guinea Bissau, they think that children will not be cut anymore as the president has spoken against it. People are afraid of the law and believe it will be implemented. (woman, Guinea Bissau)

The government back home in Eritrea have been doing a lot to eliminate such activities by providing events to raise awareness with communities, discussions and implementation of new laws and hard punishment to stop this practice. The ministry of Education and the religions institutions play an important role in eliminating this old fashioned way of thinking. (woman, Eritrea)

It is not safe in the Gambia because people might decide to do it to your girl anyway. At least you can take a leaflet with you now and that helps. (woman, Gambia)

It is not talked about as much in Guinea Bissau, but it is discussed more than it used to be, due to media and TV documentaries (woman, Guinea Bissau)

FGM is now in the school and media in Eritrea..and they talk about fistula problems in the media (woman, Eritrea)

In Eritrea there is a campaign against FGM and there is discussion in the media, schools and the old generation and there is law against FGM and one can inform or report if there is FGM done (woman, Eritrea)

The government is making a push to stop it back home. The new changes majority of people support the law because they believe FGM is barbaric. (woman, Sierra Leone)

Others explained that those who wanted FGM to continue were still doing it, even if it meant going against the government and the law.

In 2015 FGM became illegal in the Gambia. Some religious leaders consider this an insult – why do you want to talk about it? Even your mums went through it. People feel shame to talk about it. But Government put a law to stop it. (woman, Gambia)

People believe that rural tribes might continue to practice FGM. The chief of the tribe might be opposed to government legislation and reject it to demonstrate he still has ultimate power. (woman, Guinea Bissau)

It has changed mostly in cities because people are complaining about it but it is still going on in the village back home. (woman, Sierra Leone)

She heard of one woman who was circumcising babies in Eritrea and was taken to jail. (woman, Eritrea)

Most perceive people to be more informed about FGM now that they have moved to the UK due to the awareness raising and education that has been taking place here.

The attitude about FGM in the community has changed. We now have a lot of awareness of the harm it causes because we're in the UK. We wouldn't do it to a girl child now. Being in the UK we get lots of education. (woman, Gambia)

Most people know about the law, but they don't understand there's a new law. They would like more legislation in schools because there's people from villages who now live here and they might do it. They have to know that if they do it they may lose their children. She heard someone had taken their daughter back and cut her there. They now deny they did it. (woman, Kurdistan)

People's attitudes are more informed now that they are in the UK. (woman, Kenya)

The community's attitude has completely changed compared to what it was before. People here are more open minded they've learned the meaning of life, they've realized it (FGM) is a crime and shouldn't exist anymore. (woman, Nigeria)

People in the UK have changed due to different trainings. Trainings have made people realise that FGM has no benefit and only causes pain. (woman, Gambia)

Men in the UK are more open minded about FGM, they are supportive of their wives who have undergone it. (woman, Guinea Bissau)

Being in the UK people are made aware that it is not acceptable and the aftermath is worse. (woman, Sierra Leone)

This story illustrates that although living in the UK has helped change many people's perspective, not everyone has changed their minds and there are still some residing in the UK who try to continue the practice.

In Bristol a girl was about to be taken out of the country but they alerted the authorities and the community supported her. There are still people in the community who support and condone the practice and will take their daughters back home, it is an embedded practice that is difficult to eradicate. The UK has helped change people perspectives however some people still do it and believe in the practice. (woman, Nigeria)

Some of the interviewees explained that some families feel that there is even *more* of a need to circumcise their daughters living in the UK. When some people feel that their traditions and culture are under threat, they want to hold on even tighter, and circumcising girls that have moved to the UK is a clear example of this.

It is important for the older generation- it is tradition (and) the issue of honour. This is very important to keep family honour and the dignity of the girls. Especially in the UK, they are more afraid and therefore how can they protect their daughters? (woman, Nigeria)

Sometimes people here are more behind than back home and people are more ahead back home on these issues. (woman, Kenya)

Somethings don't change, you just move geographically. A number of Africans still continue the practice (woman, Kenya)

3.2.4 Views on the UK Law on FGM and other actions to prevent FGM

When asked about their community's views on the UK law on FGM, many were strongly in favour of it:

Almost everyone knows it's against the law in the UK. If anyone gets caught they will be arrested. People get a lot of information in the media, community meetings. People think the law is right, FGM should not be practiced. (woman, Gambia)

People accept the law because women are facing a lot of trouble. Nowadays you get training programmes, you get information from the media. Even if you take your girl abroad you'll be in trouble. (woman, Gambia)

They support the law because there is no benefit from FGM, girls die due to weeks of bleeding (woman, Nigeria)

It (the law) is okay, good. Most of the community is happy as don't want children to go through what they went through. (woman, Gambia)

I'm very happy with the law and wished if I had the power to, I would go to wherever it is still being practised to stop it. (woman, Iraq)

The law saves lives. (woman, Gambia)

I am aware of the law that whoever is found practising it will be prosecuted. Most are aware due to trainings. Whoever is found doing it or sending children to have it done will be prosecuted. (woman, Iraq)

People from GB know that it is not practiced in the UK and agree that it should be illegal (woman, Guinea Bissau)

Many of the interviewees felt that the law is playing an important role in providing a strong deterrent to the practice and therefore is protecting girls who might otherwise be put through it. They explained that the UK law not only has an impact within the UK, but it also helps girls, and parents to protect their girls, when travelling back to their country of origin where the pressure from the community to circumcise is usually a lot greater.

It has changed because it's not allowed here. People do not take their kids out of the UK to be cut and neither will they do it here. This is because it's against the law. (woman, Gambia)

There is a story of a Gambian family who were under pressure (to circumcise their daughters) from both sides of the grandmothers. Fortunately, the family managed to use the UK law as a deterrent. When the mother was being pressured to have her daughters done she said that she will agree to the children going through FGM but the implications will be that their son will be arrested on return to the UK...she was able to stop them from taking the children through FGM (woman, Gambia)

I went home to Gambia with my children and saw my family. My grandmother wanted my children to have FGM done. I told her that I would be arrested in the UK if they had it done so she said leave it. (woman Gambia)

It is not safe in the Gambia because people might decide to do it to your girl anyway. At least you can take a leaflet with you now and that helps. (woman, Gambia)

The fact that they are now living in the UK - where FGM is illegal and there is a lot of awareness about its harmful effects – can empower people to become a spokesperson on the issue themselves and some of them try to dissuade others from circumcising their daughters when they visit their home country.

When people who have migrated to UK go back to Guinea Bissau they are able to tell parents not to practice FGM (woman, Guinea Bissau)

However the greatest protection comes when FGM is illegal in their country of origin as well as in the UK – a much more powerful ‘bridged’ international approach.

They believe the law helps to stop the brutal act towards women. The fact that the law is being supported in the UK and in the cities back home gives people the will to fight it and ensure it is not done to children back home. (woman, Sierra Leone)

When asked *how* people had come to know about the UK Law on FGM, the interviewees spoke about the media, workshops and trainings, conversations at immigration and with health service providers as well as word of mouth in the community.

They get to know about the law through the news, social services and police. They feel happy that it is not allowed here and you go to prison if you are caught doing it. (woman, Gambia)

Through police organised workshops and through the news. (woman, Nigeria)

They get to know about the law (because) police and immigration raise it at arrival ports to the UK. Also midwives, they inform women about female circumcision and its impact on their health especially for immigrants during their pregnancy and when they give birth. They explain that it is a serious crime to violate the law and its consequences. However immigration

officers only seem to only tell new people and the midwives only to those who are expecting girls. (woman, Eritrea)

I am aware as I have watched something in the media and know there is a law on FGM. (woman, Kenya)

People hear it from each other. They don't read much, they don't use the internet, and it's through gossip and word of mouth, not mainstream channels. (Kurdish woman)

It's only word of mouth, or if something happens and there's gossip otherwise they wouldn't know. (woman, Kurdistan)

If people are interested they would research the topic and what the law says. People usually find information about the law through health such as their midwife and doctor. (woman, Nigeria)

A few of the interviewees mentioned people *not* being in favour of the law.

The elderly and older generation might not agree with the law (woman, Nigeria)

Some were concerned that such a law was an attempt to eradicate their culture.

Many people in the community did not agree that FGM should be a criminal offence because it's part of their culture that has been done for generations. Most people consider it a cultural practice (woman, Gambia)

Some people might still believe in FGM and think the government is trying to eradicate their culture. (woman, Sierra Leone)

Amongst those who supported the law, the lack of successful convictions was seen as a real weakness that was resulting in the law having less impact, giving those that wanted to break the law and circumcise their daughters anyway the confidence to do so.

It (the law) hasn't had any effect on the community. People who intentionally want to cut their daughters will find ways of doing it. Because of lack of successful convictions people feel it's easier to take girls out of the country and perform FGM (woman, Gambia)

There has been lots of coverage about the law but it has not been stated explicitly that FGM is against the law. Some people feel that as there has been no successful conviction, FGM is not seen as 'important' in the view of the community and the government. (Nigerian woman born and raised in the UK)

It is a good law but needs to be put into practice (woman, Mozambique)

The main reason for the law not having the impact that it might, however, is because there are still so many people that are totally unaware of its existence.

People don't know about the law (Nigerian woman born and raised in the UK)

No one in the community have any idea about this law. Nothing, what law? The community has no information about the law. (woman, Sudan)

Not many people know about the law, they haven't heard any particular law about female circumcision. They think no law has been made about this matter and they are unhappy about it, especially after what happened to this family. They were complaining that there was no law to protect that girl. (woman, Kurdistan)

Some know that a law on FGM exists, but still need a lot more clarity on what the law actually entails.

The community knows there is a law that makes the practice illegal however they do not know the specific of the law but feel it's a good thing (woman, Nigeria)

Not everyone knows that it's also a crime to take your kids abroad for FGM. They think if they do it in secret no one will find out. (woman, Gambia)

Most people know about the law, but they don't understand there's a new law. They would like more legislation in schools because there are people from villages who now live here and they might do it. They have to know that if they do it they may lose their children. She heard someone had taken their daughter back and cut her there. They now deny they did it. (woman, Kurdistan)

The community is aware (of the law) but not of the specific details. (woman, Kenya)

When asked about wider actions to raise awareness about FGM, some of the interviewees spoke about the good work that some community organisations had been doing:

People in the community get a lot of information from community organisations – they invite professionals that are dealing with health to talk about this problem (woman, Gambia)

In the community he lives in, there are organisations who speak and educate women in the community to make them aware of the harmful effects of FGM. This empowers women to make a choice and educate the women who carry on doing it. (woman, Gambia)

One woman explained that this public awareness raising is helping to break the silence within private homes.

She went home and asked her mother about FGM when she was told about FGM in school and her mother confirmed that she has been indeed done. She told her that "My mother did it for me and I also did it for you so I don't know anything else." (woman, Gambia)

Some of the interviewees spoke about the power of individual women who had gone through FGM bravely speaking out in the media.

Back home I have seen some victims testimony on TV. They experience a lot of pain and negligence from their community (some women as a result of FGM experience fistula due to complications with child birth thereafter some of the babies die and they smell because they cannot control their bladder) and, also they consider themselves cursed. (woman, Eritrea)

There was a Portuguese documentary where someone from Guinea Bissau talked about FGM and her experience, this had a massive impact in educating people about the health implications any many stopped practising it because of this. It made people start talking about the practice and recognise the health implications. (woman, Guinea Bissau)

Me and my friends saw a TV programme and said it should never happen.(woman, Mozambique)

Although most of the interviewees were in strong support of the actions to prevent FGM, one woman cautioned that however 'effective' they may be, if these actions are not done sensitively, there is a very real risk of further stigmatising the women who have already suffered enough

When she was pregnant with her first child (a girl) the midwife realised she was cut and told her she cannot take her child out of the UK. This created a lot of worry for her. She was eventually able to take her daughter to Gambia and brought her back without being cut (woman, Gambia)

3.2.5 FGM Support Services

Almost all participants discussed the absence of any specific support services for women who have undergone FGM.

We don't know about any services (woman, Sudan)

The community do not have any information about services. (woman, Eritrea)

The community are not sure where to access specialist services from. Some girls and women are reluctant to go to their GP as they believe the GP would not understand their problems and would feel uncomfortable with the probing questions. Some are scarred that the GP would make referral to 'unwanted' professionals i.e. social care. There are no after care service for women apart from talking to someone initially. (Nigerian woman born and raised in the UK)

There are none (FGM support services) back home and we are not aware of any support services in Thurrock for women who have been through FGM. Nobody has spoken to us about FGM and support services available. (woman, Sierra Leone)

She does not know of any support services, however she is aware of 'women's aid' who support women who are experiencing violence. It is also about making an effort to look out for these services. (woman, Nigeria)

Interviewees explained that women felt it was 'too hard' to open up to their GP or social services or the police, and they felt too much shame.

Back home there are no support services. Women just live with their difficulties. In the UK people get information from local health centres and the police – community organisations link them up to other support services. Women would know where to go but it's hard to say 'this is what I'm facing'. You can even go to the GP, or health visitor. But it's hard to open up. (woman, Gambia)

Women here get help through social services, the police, and their doctor. It would be hard to talk to them, but at least there are services here. In the Gambia there is nothing. (woman, Gambia)

In Norfolk there is no Centre that is known, there are in other cities. Females would feel shame to bring this up with their GP – they would think they're not interested. They would just sit back because they'd feel shame to talk about it. (woman, Nigeria)

As a result, the interviewees believe that the people in their community would be very interested to know about specific, sensitive support services for those who have undergone FGM.

I don't know how to access these services and I would like to know. (woman, Eritrea)

We've not seen anyone get any help from anywhere. They don't give anything. (woman, Kurdistan)

Community usually get their information through the council, the hospital, GPs and charities .However, more awareness is needed as most people don't know about these specialist services and how to access them" (woman, Nigeria)

Never spoke to her GP about it. They would really like information about support services if there are any. (woman, Kurdistan)

4. Discussions and Recommendations

The Peer Researchers' findings from this rapid PEER study have provided rare and important insights into the lived realities of migrant men and women living in the UK with a specific focus on their views on Female Genital Mutilation – a very taboo topic that has been hard to authentically shed light on using other research methods. The study has been particularly important in being the first to research attitudes to FGM in predominantly white British areas where the risk to girls and women is often overlooked. This study has not been without its limitations though. The gender balance of the Peer Researchers and interviewees in hindsight could have been better steered for a more balanced picture, and the disparate levels of exposure to and understanding of FGM according to which countries and backgrounds participants came from posed its own challenges. However, the fact that they *had* come from these different countries and cultures enabled an unusually broad-brush global picture to emerge – one which shows just how similar attitudes to FGM and motivations for the practice are or have been, in despite of such geographical, tribal and cultural differences. Now that all the participants are living in the UK, these differences are lessening more and more, and the way in which the participants viewed the way forward, and made their recommendations based on the interviews they had carried out, were for the most part, very similar

The following section weaves together their specific recommendations (quotes in italics, indented), together with the main recommendations that the author has drawn out from the data set as a whole (in bold).

1) Increase focus on, and support for migrant women and men to learn English proficiently

According to the participants, the ability to speak English proficiently is a critical factor that determines so much – from accessing essential services and ability to find work, to making friends and integrating into the wider community. The study shows how migrant women are particularly at risk of feeling isolated and cut off. If these women were more empowered and supported to learn better English, they would be able to connect more with life around them, and feel less dependent on their husbands and children. As one woman from Kurdistan recommends:

They (women who move to the UK) should be learning how to speak English because otherwise they become dependent on their husbands for everything.

Better language skills would also allow the older generation of migrants to stay more connected with their increasingly British children and grandchildren, and potentially minimise some of the 'fear of the unknown', as they themselves would start to bridge the cultural divide more easily with more confidence in their own English. In terms of FGM specifically, better language would also increase the probability that men and women coming from practicing countries were able to be involved in the dialogue around these issues, and to understand talks or media messages about the harmful effects of FGM and the UK Law preventing it.

The focus and commitment to learning a new language ultimately comes down to the individual themselves, but it is essential to ensure that the right local policies and programmes are in place to encourage and enable all members of migrant families, especially women and older adults who are most often left out, to learn English to a proficient level.

2) Increase support and funding for community based organisations and community representatives working closely with migrant families.

The participants spoke very highly of the community based organisations that are already helping people in their communities, but also highlighted a number of important gaps and ways in which many migrant men and women still need a lot more support. For example one participant mentioned how important it is to have people who the community trust – well informed community representatives – signposting them to the essential services they need, especially when they first arrive.

It is very important for people who are representative of the communities to ensure good access to services because the communities would.. believe they understand the issues and (therefore) trust the system

The findings of this Rapid PEER study will hopefully be a useful resource for the community organisations and community representatives already working with these communities, as the critical issues affecting migrant men and women living in Norwich and Grays – and arguably many living in the UK as a whole – have been brought to light so clearly through this research.

More support for people to bridge the gap between their past lives in their home countries and their new lives in the UK is required - helping people to find a balance between maintaining their cultural identities and integrating into the wider British society. The research shows just how similar most peoples' experience of settling in the UK is, even though the participants were from a range of different countries across Africa, the Middle East and the Caribbean. Well facilitated community discussions on this topic, encouraging people to share openly and honestly, could be beneficial for people to help them see that they are not facing these challenges alone, and could also be the starting point for bringing in the more difficult topics including FGM.

Promoting and encouraging more social community activities and 'neighbourly behaviours' particularly among women is a very real need. This would not only benefit the newcomers from other countries who can feel very isolated and unwelcome, but would also benefit all the local British people who are also suffering from the break down in community structure that affects the wellbeing of everyone. Supporting women to start up women's groups and social clubs could be one approach.

Supporting migrant couples, and men in particular through the challenging transition around the 'blurring' of gender roles and changing sense of identity also emerged as an important recommendation, particularly as it can potentially link to very negative behaviours such as domestic violence, abuse and potentially even FGM. Hosting informal evening discussions for men, as well as mixed gender discussions around this topic could be effective.

Because the PEER methodology is based on conversations between trusted friends and there is a focus on third person interviewing and anonymity, these more taboo topics that are otherwise so hard to bring up can often be brought to the surface. One study participant voiced a very serious concern about sexual abuse and made a very specific request for help with this:

A lot of fathers sleep with their children and we will need to talk about that.. no one talks about that. Sexual abuse is so rife and there is something going on- we need to talk about this.

Addressing the very challenging topics of sexual abuse and domestic violence as well as racism and bullying is an important recommendation emerging from this research. Breaking the culture of

silence around these very taboo issues is essential in order to bring them to light and to be able to tackle them and heal all that needs healing.

3) Increase awareness raising and education on FGM

The majority of the participants' main recommendations were around FGM and the need for more awareness raising and education on this issue.

Almost all of the Peer Researchers and interviewees had a very negative view of FGM – some because they had been through it themselves and suffered the consequences, and others through what they had heard or learned about its impact on others.

Although they spoke about the practice still continuing particularly in rural and more traditional parts of practicing countries, for the most part - amongst the diaspora living in the UK, and amongst educated urban communities in their home countries - the participants felt that peoples' attitudes and behaviours were already starting to shift significantly. This is particularly the case in the UK and in countries where the Government and international and local organisations are aligning to raise awareness and implement laws and policies to try and bring this practice to an end.

Although most of them perceive this change to be well underway, the participants voiced their strong recommendations for increasing these efforts even more because, as their responses revealed, there are still many who are unaware about FGM or do not have enough clear information about it:

Community need more awareness and people to be educated about the harm it causes: a lot of people are ignorant and unaware

The more awareness there is the more people would talk about it and the more girls could be identified and protected

More education (about FGM) is needed in the community.

They see community organisations once again as having a critical role here as it is only if community organisations talk about FGM that people in the community are able to talk about it with each other – otherwise it is considered too much of a taboo topic and they keep silent about it. **Work at the community level is therefore essential to continue to break the silence.**

People don't talk about it amongst themselves, only if community organisations talk about it.

The participants' specific recommendations included:

Organising meetings in the communities and inviting professionals from the health sector to enlighten us about the health difficulties that women and men are experiencing is good.

Organisations should be more stringent so they can continue their awareness raising and information about legislation and reproductive health of women and girls.

The conversation and awareness raising should not be one off, there should be a continuous programme

This should not be a one off and it should be continued, we need a proposal to have these discussions and have women's programmes

Some of us get information about women's issues from women's aid but women's aid needs to work with the community on FGM

Working with women's aid is very important to talk about the issues

In the UK midwives need to explain FGM better.

The issues with FGM is linked with mental health and so much but we don't talk about it

More leaflets and posters in public buildings

Nation -wide advert about FGM (advert on public areas such as train stations etc.)

This research has shown that some people are still confused about what FGM actually is, especially in terms of the different types and different names for these types. If the campaigns are to have real impact, **it is essential that the information reaches those that come from practicing countries in a way that they understand.** This may be about getting messages translated into the relevant languages or about ensuring that the terms used are clearly understood. Linked with this, **it is also vital to ensure that the messages that reach people are clearly communicating that all types of FGM are harmful,** not just the most extreme form (type 3). This study has revealed that there is a relatively common view, even amongst those who seem to be 'anti FGM', that 'khitan' (type 1 FGM – cutting the clitoris) is acceptable. It is therefore essential that these terms are clarified and the negative aspects of *all* types of FGM are stressed, so that communities do not simply think that what they practice is not really FGM.

4) Well targeted programmes

A common recommendation from participants for how best to reach people was to **work with religious leaders.** Not only are they an obvious choice to lead discussions as respected members of their community, but they are also the best ones to dispel any myths around FGM being part of their religion. As one woman said, "in the Koran there is no single statement saying FGM should be practiced". Their recommendations included:

Working with religious leaders to ensure that they don't use religion as an excuse

The community should talk about it in their churches and mosques and denounce it

They should speak to the imams. People who do this are very religious so the imams could change their minds - The family who have done this, the father always goes to mosque.

How are we going to make a difference if we don't talk about it? It is important that we discuss it in mosques and churches to keep up the conversations about FGM and to make it similar to the HIV/ AIDS campaign.

Recommendations also included **targeting the older generation specifically,** because, as discussed repeatedly by the participants, they are much more likely to want to 'hold on tight' to their traditions.

Older generation needs to be targeted for advocacy action to stop the practice of FGM.

A strong sense emerged from the study that the younger generations within the migrant communities are very much against FGM, and that therefore it is hoped that much of the risk for girls may 'die out' with the older generation. That said, the participants still recommended that **more work needs to be done with young people, especially those from at-risk migrant communities, to inform and empower them.**

Educating kids at school (about FGM) will be a good thing

Young girls need to know their rights to say “NO” to their parents (with regard to FGM) whether they have gone home or not.

Another important recommendation that emerged from the study is to **ensure that any awareness raising activities or media messages are developed with utmost sensitivity for those who have already undergone the practice.**

The PR’s research highlights just how much shame and stigma there is around FGM. Their discussions reveal how although it was traditionally those back home who had *not* been circumcised who were shunned and stigmatized, the shame is now commonly felt by those who *have* been through FGM, especially for those who are living in the UK – or other cultures where they are in a small minority and yet there is a lot of attention on the practice.

People feel ashamed to talk about FGM and therefore need more (sensitive) awareness - it is so important to have these conversations.

Females would feel shame to bring this up with their GP..They would just sit back because they’d feel shame to talk about it.

These girls and women have already suffered too much by having to go through FGM, and it is therefore essential that they do not have to suffer further by feeling stigmatised. The challenge is therefore to find ways to work on this issue that helps to bring it to light without stigmatising the women who have already been cut.

It is also very important that those designing programmes and messages on FGM are able to understand the perspective and pressures on those who circumcise their girls rather than simply judging them and making them wrong . This PEER research helps to put into perspective how these people are not ‘bad’ people – their backgrounds and realities are very different and, in a fast changing world, they are trying, desperately in some cases, to hold on to their traditions no matter what the consequences. It is essential therefore, that as far as possible, **programmes and services work with people rather than against them to end this practice**, and that those in the UK are still encouraged to hold on to other important aspects of their traditions so that they do not fear that they will disconnect entirely from their people and their past.

We don’t want the traditions to break but we don’t want any negative things to stop our girls grow healthy

We should take the good parts and drop the bad

5) More information on, and implementation of, the UK Law on FGM

The UK Government’s Law on FGM, banning those residing in the UK from circumcising girls – including when visiting their previous home country, has, according to some of the participants, contributed significantly to the protection of girls. They believe that simply the existence of the law is having a positive effect.

Other participants feel that there is not enough knowledge or understanding about the law, and they recommend that **more awareness raising about the specifics of the UK law is required.**

We need more awareness and education about the UK law

We don’t know enough about the law – we need more information

In the UK nobody has spoken to us until now about FGM law in the UK until this survey and we would now like to know more.

If people really knew about the law and the specifics it would dissuade them from performing FGM on their daughters

As one PR shares, the fact that the law exists is good, but **the community needs to see the law being enforced if it is to have a significant impact**

People believe that the Government should make good legislation to stop the practice continuing, and enforce it - parents should be punished so others hear about it so they stop doing it

Participants also recommended that **people need to be more encouraged to report concerns they have about girls at risk in their community**. People need to be assured that they will not get in any trouble for reporting these concerns, and they will be greatly helping to protect girls and prevent this harmful practice.

Let people know that they are safe to report concerns and they won't get into any problems if they report

Let people know not to be scared or afraid to report. Encourage the community to be proactive and report concerns

6) Better signposting to specific FGM services

Migrant women – and men – affected by FGM and in need of specific services need to be more clearly, and sensitively guided towards these services, where they exist.

More awareness is needed as most people don't know about these specialist services and how to access them

People have little knowledge about where they could go to get support for FGM

7) More focus of prevention work should target practicing countries

Some of the participants believe that no matter how much work is carried out in the UK, there will not be enough change unless existing interventions focus enough attention on practicing countries – as this is where the girls are being circumcised and most at risk.

The UN should step in and enlighten women about the ills of FGM; engage with the countries with prevalence to have the practice stopped. The UK government cannot make a big impact (by working only) in the UK. The real issues are back home with practicing communities

Their recommendation is therefore for **simultaneous and cohesive work in the UK and in practicing countries – “building bridges”**

It is important that we work in both Africa and the UK. We need to be building bridges

The findings of this PEER research give confidence that the process of building the foundations of this bridge has already begun. The shroud of silence that has allowed this practice to continue unchallenged for centuries is losing its grip as people start speaking out about FGM and Governments, the media and international and local organisations the world over align to tackle this harmful traditional practice. There is of course much more that urgently needs to be done here in the UK and internationally, and the PEER participants have helped highlight some of these key areas,

but at least it seems that real changes are starting to be seen and therefore every effort that is made is worthwhile – and essential - when it comes to ending this practice.

Annex- Sample Interview questions

Below is a sample of the questions used in the PEER. The PRs covered each theme in turn, in the two interviews they carried out with their peers.

Theme 1

1. What is life like for migrant women and men for your community living here?
2. What do people from your community say about accessing support services in your local area?
3. In general how have the roles or expectations changed for women/men/boys/girls in the UK
4. What are people from your community's experiences of feeling part of the larger British Society?
5. How does the community maintain their cultural traditions in the UK?

Theme 2

1. What do people in your community say think about Female Circumcision?
2. What is the general view about discussing Female Circumcision in your community? Among Men and Among Women?
3. What do people say about women and girls who have been cut?
4. Have community attitudes about FGM changed?
5. What are the community views about the UK law on Female Circumcision
6. What are the communities' views on the impact of Female Circumcision on women and girls?
7. Where do women and girls affected by FGM access support services?
8. What are the communities' views knowledge/views about actions to end or stop Female circumcision?