Female Genital Mutilation: How can Social Workers break the cycle and support young girls impacted by FGM practices?

SOLENT UNIVERSITY SOUTHAMPTON

INTERNATIONAL DAY of ZERO TOLERANCE for
FEMALE GENITAL MUTILATION
#endfgm
6TH FEBRUARY

Introduction

Female Genital Mutilation (FGM) refers to the procedure in which a female's genitals are deliberately altered or removed without medical benefit (NSPCC 2018). FGM is an extremely harmful procedure that results in many long-term physical and mental challenges. There are four procedural types: Clitoridectomy, Excision, Infibulation and all other forms of alterations such as burning. The majority of FGM survivors undergo the procedure before their 10th birthday. **FGM is child abuse and a criminal offence in the UK**. Legislation such as the Female Genital Mutilation Act 2003, Children Act 2004, Serious Crime Act 2015, and the Human Rights Act 1989 aim to protect girls and women against FGM. However, FGM remains legalised in some countries and remains a prevalent, current societal norm. **Every day almost 12,000 young girls are at risk of FGM practices around the world.** 2024 has over 200 million living survivors (UNICEF 2024, a).

This poster explores the research from a total of six articles. I aim to review recent research relating to generational FGM practices and the impact of these harmful practices on the female's physical and mental health to identify the most effective support for this vulnerable and silenced minority group.

Methodologies

The collated research consisted of both qualitative and quantitative data. **The studies used female participants of reproductive age between 15 and 49 years old.** Wulfes et al. (2022) is the only biomedical study to medically examine their participants to verify FGM. The remaining five relied on the participant's self-reports within their surveys and interviews for data collection to explore the generational cycle of FGM practices and/or the impact on physical and mental health. The location of the studies varies around the world to analyse the global and cultural implementation of mutilation practices and perceptions.

Ethics

The Informed and explicit consent was gathered from all research participants, with approval from ethical boards or committees. Participants individualised data was either not included in the study or anonymised through pseudonyms.

Findings & Themes

Anyanwu et al. (2022), Cappa et al. (2020), Fagbamigbe et al. (2021) and Newton and Glover (2021) identify the significance of **societal and religious requirements for FGM practices**, and the **conflict for survivors to locate blame**. Survivors want to protect and preserve perceptions of their parents and religion, therefore focusing the blame on wider cultural and ancestral traditions. They highlight survivor's struggle with self-blame whereby participants highlighted the desire of "wanting to be like everybody else" by participating in 'exciting' ceremonies.

Bendiksen et al (2021) and Wulfes et al (2022) identify the **multiple health impacts of FGM practices on survivors.** The most common challenges are menstruation, PTSD, low self-esteem and depression. It identifies the frequent and immediate complications of the procedure. Bendiksen highlighted that 60% of participants required immediate help following FGM practices, and their source of help came from the circumciser or a religious leader, not a trained surgeon. And that menstruation caused the severest health complaints among participants. Wufles revealed that **PTSD is the most common impact at 55.4% of medically examined participants**.

Impact on Social Work practice

FGM is a recognised hidden and urgent topic of social concern. The research articles have identified the practice as a generational cycle that is highly influenced by positive perceptions. It highlights a theme of 'obligation' whereby many families perceive the procedure as a religious requirement which makes the female 'marriable' and makes childbirth safer. Education about the harmful and long-term implications on survivors has influenced a reduction in practice in recent years. With new mothers being generally unsupportive of its continuation (Anyanwu et al. 2022). Survivors experience significant trauma from the procedure and highlight challenges in menstruation, urination, sexual activities, PTSD, low self-esteem and depression. The research pleads for social care professional training developments to provide holistic, specialised and effective support to end the cycle of FGM. Particularly for social workers working with asylum-seekers and refugees (Wulfes et al. 2022).

Social work principles for trauma-informed practice:
- A knowledge base of trauma and stress
- Providing compassion and empathy
- Promoting safety
- Maintaining cultural humility
- Collaboration and empowerment
- Supporting resilience and recovery

Social workers have a duty to ensure the safety and welfare of children. '**Trauma-informed practice'** is acknowledged as an essential professional tool to effectively support mutilation survivors. Professionals should be mindful of the many barriers that can negatively impact the effectiveness of the service, such as sociocultural assumptions, stigma, shame and our use of language. Our Intervention with families must include gathering relevant information, assessing the risk and implementing a safety plan to ensure the prevention of FGM (National FGM Centre 2023). We should also demonstrate a comprehensive knowledge base on the practice and protective legislation to inform families. FGM protection orders offer legal protection to safeguard against potential mutilation. If mutilation is already suspected or disclosed a medical examination should be undertaken by a FGM paediatrician to verify.

Conclusion

FGM is a harmful and hidden practice whereby social norms, religious requirements, and education can influence the continuation of generational cycles. The data shows a clear generational decline in practices. However, it remains a prevalent practice in countries such as Somalia, Mali and Sierra Leone. Generational FGM is also significantly associated with a mother's level of education and therefore highlights the importance of empowering survivors to speak up about their experiences. Research identifies the importance of social workers implementing trauma-informed practice when working with survivors to identify effective support methods. It highlights the need for training development for professionals to understand the lasting impact of FGM practices on their lives. Informed social work practice can encourage the abolishment of FGM by empowering and educating families and implementing protection plans to safeguard young girls.

HER STORY MATTERS

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What are the barriers to multi-agency working in children's services and how do they impact on effective safeguarding?

Keeping children safe is everyone's responsibility

INTRODUCTION

Multi-agency working is a term used throughout social care and has been highlighted in recent years as a necessary step to facilitate effective safeguarding. The Children Act, 2004, identified the need for professionals from multiple agencies to come together to safeguard children. Guidance such as, Working Together to Safeguard Children (2023), mentions multi-agency working numerous times throughout, highlighting the importance of working with other agencies to ensure effective safeguarding and positive outcomes. Peter Connelly and Victoria Climbie both died due to failings from multiple agencies involved in their care which was highlighted in the Serious Case Reviews (SCRs) that were carried out as a result of their deaths. However, children like Peter Connelly have tragically continued to die as a result of failures in safeguarding measures. It is important that services recognise the importance of multi-agency working and understand how it can be used to safeguard children from abuse and neglect and prevent tragedies from occurring unnecessarily. Do the barriers identified in research to multi-agency working impact on effective safeguarding?

Baginsky (2019), Bullock (2019), Jahans-Baynton and Grealish (2021) and Richards (2017) qualitative research focuses on multi-agency practice, neglect and county lines and Sharley's mixed methods research (2019) looks at inter-agency practice and neglect.
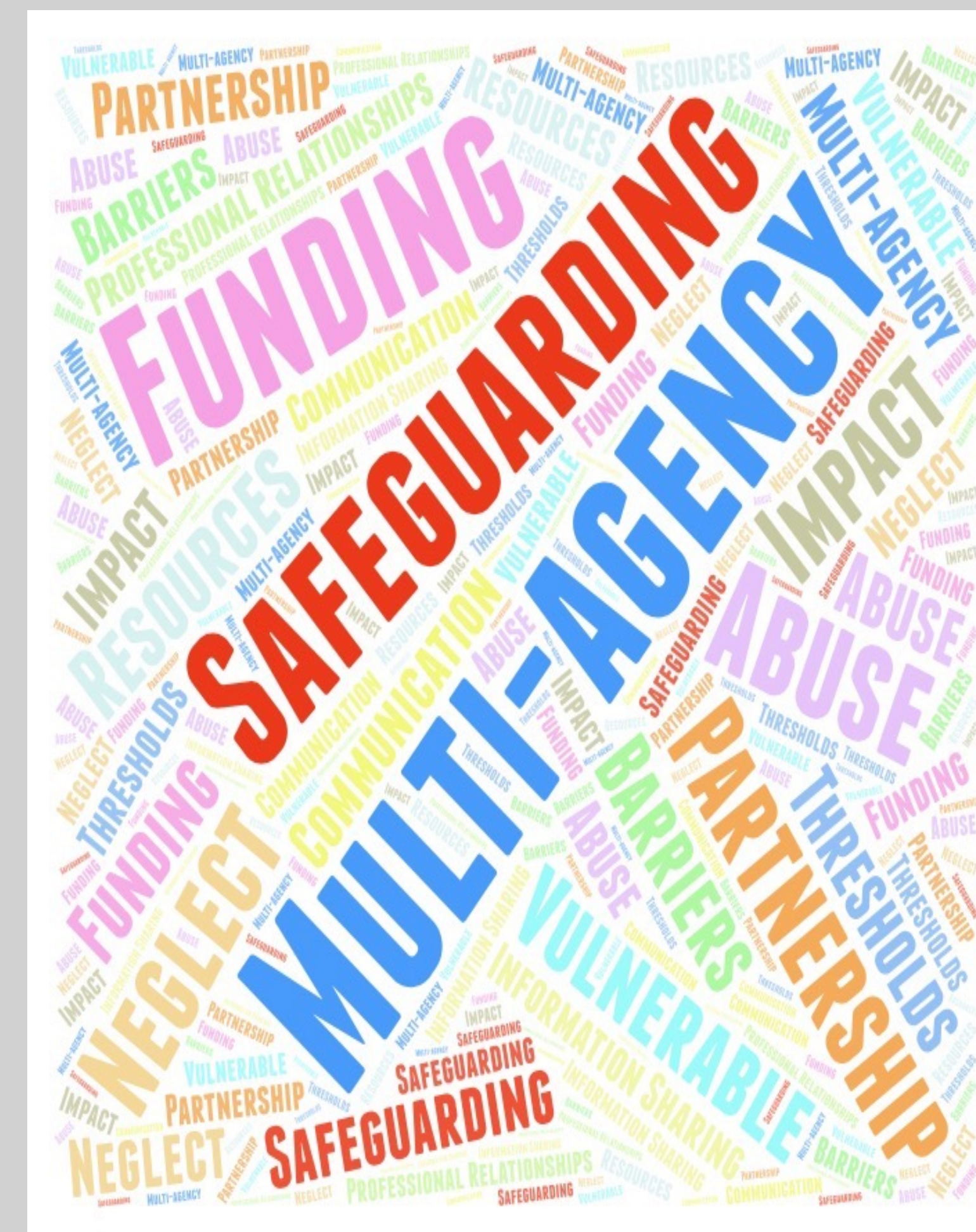
METHODOLOGY

Baginsky (2019, (Bullock (2019), Jahans-Baynton and Grealish (2021), Neaverson and Lake, (2023) and Richards, (2017) used a qualitative method through interviews and focus groups. While Sharley (2019), used a mixed methods approach using qualitative and quantitative data. A thematic analysis was used in all the research journals to deduce their findings from the interviews and focus groups. The inferential statistics from the quantitative data in Sharley's (2019) analysis was used to inform them on which schools to use for the qualitative aspect of the research.
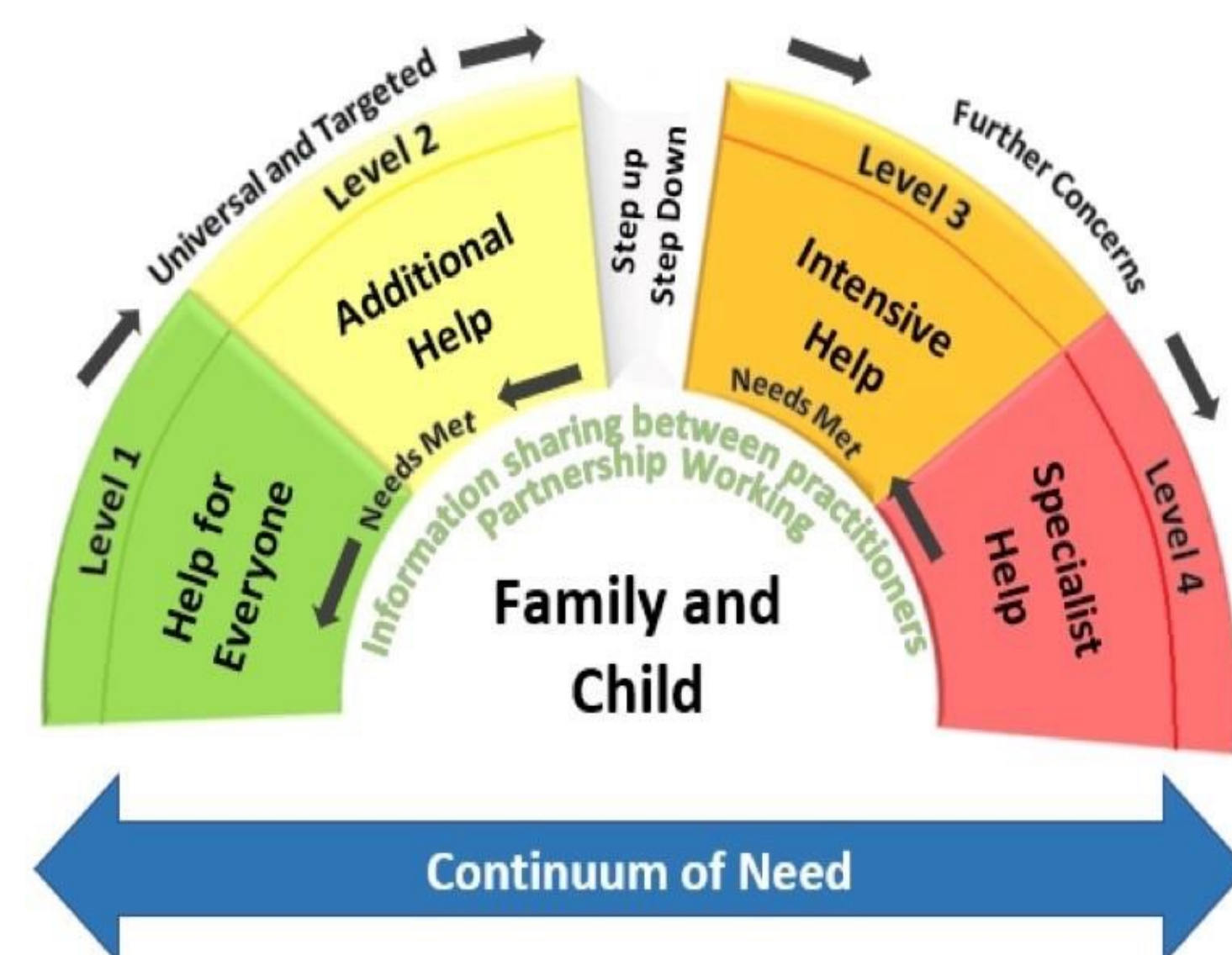
Research Themes

All six research journals highlighted the need for good relationships between agencies to ensure effective safeguarding takes place. They all had common themes identifying which areas were needed to enable positive outcomes. These included: Information sharing, resources, professional relationships, co-ordination, funding and I.T. Multi-agency working is needed for positive outcomes otherwise these themes are barriers to ensuring effective safeguarding. Sharley, (2019), Richards, (2017), Jahans-Baynton and Grealish , (2021) identifies knowledge and understanding from education staff as a barrier to working effectively with children's services. Knowledge on thresholds and definitions of neglect left school staff confused around raising concerns. Five of the research journals identified thresholds as a barrier to multi-agency working. Either they did not know what the thresholds were, or they felt thresholds were too high to trigger help and support by children's services, especially when it comes to neglect.

Not all the research was conducted solely on multi-agency working, however, all of them note the importance of multi-agency working and the barriers that impact positive outcomes in relation to safeguarding children.

Threshold of Needs

Findings

❖ All six research journals identified the same barriers to multi-agency working.
❖ They all mentioned the same themes with mostly equal weight across the research journals baring in mind their differences in research topics.
❖ The research spans over a large area in the UK, including Wales, Nottinghamshire and Southern UK with similar views to Multi-agency working from participants, including social services, school staff and
❖ While all research journals mention funding as a barrier, Baginsky (2019), Neaverson and Lake (2023) and Richards (2017) acknowledge that funding impacts their practice and ability to carry out effective safeguarding which does not diminish their relationships with other services.
❖ Baginsky (2019) and Sharley (2019) both found that staff turnover within children's services has an impact on effective multi-agency working.
❖ Five out of the six research journals found that information sharing or access to information outside of children's services caused safeguarding concerns. They established that a lack of information did not provide a holistic view of the child and therefore did not always understand what might be a concern or establish preventative interventions.
❖ There were no stark differences regarding barriers and multi-agency working within all the research journals.

ETHICS

Each research journal obtained the relevant approval from committees and panels via the NHS or a university. Consent was obtained from participants through informed consent or in writing. Baginsky (2019), Neaverson and Lake (2023) and Richards (2017 also mentioned confidentiality and data protection as an ethical consideration.

CONCLUSION

The consensus from the research carried out on multi-agency working is that it is necessary to ensure effective safeguarding. Consistent barriers were identified throughout the research, with the most frequent themes including problems with information sharing, lack of resources, funding and thresholds (to high or lack of understanding) from other agencies outside of children's services. All the research journals identify that the barriers mentioned above have an impact on effective safeguarding. Furthermore, the research suggests that successful collaborative working can only occur when the identified barriers are removed. There was no contrasting evidence from any of the six research journals and no single barrier stood out which highlights the complexities of multi-agency collaboration.

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