



Supporting better healthcare for FGM survivors Starting at 9.30am

A digital conference for healthcare professionals

AGENDA

09:30-10:00 Expert panel: FGM, where are we now?

10:00-10:30 An introduction to FGM; types, health risks & consequences

10:30-10:35 Break

10:45-11:00 Prevalence of FGM & the healthcare inequalities faced by survivors

11:00-11:30 A best-practice masterclass in treating survivors, asking 'One Question' & holistic care

11:30-12:00 How One Question can change a life & prioritising mental health

12:00-12:15 Have your say in affecting policy change

12:15-12:30 Questions and closing remarks



A note on terminology

Medically unnecessary ritual cutting of female genitalia is described by bodies such as the World Health Organisation (WHO) as female genital “mutilation” - this is the term recognised under UK law.

Female genital “cutting” is championed by activists, scholars and survivors in a push to use more neutral language - especially as some survivors do not like to think of themselves as “mutilated”.

The Vavengers use of Female Genital Mutilation/Cutting (FGM/C) acknowledges this debate whilst ensuring that our work is recognised legally and by institutions such as the UK Government.

Today, we will use “FGM” as this is the term you will be most familiar with, and the term you should use in your work.

More on language and its role in tackling Gender-Based Violence visit our [blog](#).



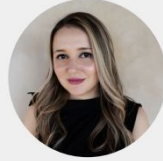
Expert Panel

FGM, where are we now?



Steve Ford

Editor of the Nursing Times



Sema Gornall

CEO of The Vavengers



Dr Leyla Hussein OBE

Psychotherapist, award winning international campaigner, and Rector of the University of St Andrews.



Joy Clarke

FGM/C specialist midwife, community educator, and establisher of the third FGM/C clinic in the UK.



Hoda Ali

Former sexual health nurse, Co-Founder of The Vavengers and one of two nurses who pioneered the FGM/C 'One Question' data collection scheme.



Huda Mohamed

RN, RM, BSc, MSc - FGM/C specialist midwife and recipient of the Gold Chief Midwifery Officer Award



Ellie Melvin

Researcher and writer of The Vavengers healthcare inequalities report presented at the House of Lords



The Vavengers

Charity committed to ending FGM/C and all other forms of VAWG.



An introduction to FGM

Types, health risks & consequences

TRIGGER WARNING

**The following post contains graphic images
that may be disturbing
to viewers.**

Viewer discretion is advised.

Types of Female Genital Mutilation/Cutting (FGM/C)



Type 1



Type 2



Type 3



Type 4

Health risks caused by FGM/C

- constant pain
- pain and difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses
- problems peeing or holding pee in (incontinence)
- psychological damage
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life threatening for mother and baby

Some girls die from blood loss or infection as a direct result of cutting.



ONE
QUESTION
CAMPAIGN

A story of change from within

In 2015, a data collection scheme was rolled out at North West NHS Trust London, led by *The Vavengers* Co-founder Hoda Ali and Activist Aissa Edon (both survivors) to address the Trust's lack of data on the scale of FGM/C. All female patients were invited to fill out a simple, confidential form, without a confronting conversation or traumatic consultation. This was conducted during primary and urgent healthcare visits.

The tick-box format ensured every woman was asked, no one was racially profiled, and any assumptions based on the patient's background were eliminated.

The results

North West NHS Trust London

- Retrieved significant data on FGM/C, previously unattained by any other organisation
- Implemented as a permanent policy in the hospital's safeguarding programme
- The one question continues to be asked in patient forms





Current landscape

FGM prevalence, inequalities faced by survivors, & care outside of the UK

1

An estimated 137,000 women and girls live with FGM/C in England and Wales and a further 60,000 girls are at risk

2

However this figure is likely far higher

3

Cases are often only detected during a physical examination and usually during pregnancy

4

When cases go undetected, countless women and girls do not receive the support and care they need

5

Between 2019 and 2020, 6,590 cases were identified in the UK during an NHS appointment

6

The average age of survivors identified was 32 years old, and 98% of them cited that the abuse had occurred at least ten years prior

Most survivors have lived silently with FGM for a large part of their adult lives

Currently, NHS regulations only require professionals to ask a woman if she has been subjected to FGM if the professional suspects something, or feels there is a reason to do so. This may be based on findings from a physical examination or from information provided by the patient.

More than half of the survivors we work with reported not being asked this question, and a further 72% reported that they had never received healthcare support because of FGM.

Asking a woman or girl if they have been subjected to FGM is not a routine nor standardised practice in the UK.

Most recent statistics

How many survivors of FGM were identified in the last year?

5870

Individual women and girls were identified as survivors between April 2022 and March 2023. On average, 1050 new cases are reported every three months.

What is the quality of NHS data on FGM?

Only
21%

Of survivors had all three key data items recorded in their appointments. The NHS also advises caution to the accuracy and reliability of their data.



Reconstructive surgery in Europe today

The UK is noticeably behind in its surgical resolutions for FGM/C survivors compared to other European countries.

Reconstructive surgery is currently operated in:
Austria, Belgium, Finland, France, Germany, Iceland, Italy, The Netherlands, Spain, Sweden, Switzerland.

26 hospitals across these countries perform reconstructive surgery

British women requesting reconstructive surgery are turned down, but are advised of its availability abroad. This means survivors must travel (far) to access the surgery at their personal cost

Since reconstructive surgeries are not available in the UK and alternative routes are economically inaccessible, survivors are left to deal with ongoing pain and medical complications

What do nurses say?

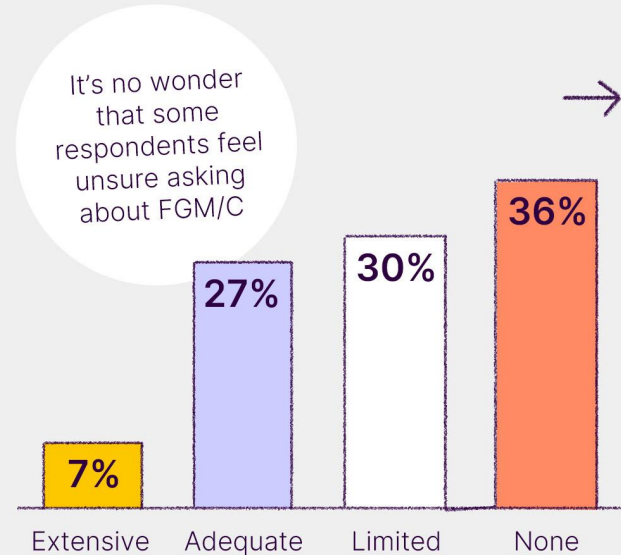
In a survey of 670 health professionals:

66% said that they had either received **no or limited FGM training**.

Less than half would inform police if a patient under the 18 disclosed that they were a survivor.

55% said that **all female patients should be routinely asked** if they have been subjected to FGM.

How much training have you received on FGM/C?





Best practice

Asking the question & holistic care

It could be the first time



I have been subjected
to Female Genital
Mutilation/Cutting

FGM survivors often suffer in silence. It is important to remember that this may be the first time that they have ever been asked the question or have been able to talk about it. So creating a safe, non-judgemental space is crucial.



Creating a safe space

FGM is a lifelong trauma and survivors may feel anxious or upset when talking about what happened to them. We can make these appointments more comfortable by:

- Ensuring a quiet, confidential space
- Avoid referring to any religious or cultural content
- Avoid accusations of cutting their child - instead aim to educate against it

Some people may be confused as to why they are being asked the question. You should explain the reasons why you ask, explain the identification processes of your workplace, and assure them that they haven't been profiled or singled out.

This can be more easily explained if all patients are routinely asked.



Asking the question

- Be compassionate
- Use direct language
- Explain the next steps
- Provide options for further care
- Inform survivors that FGM is illegal and a form of abuse



How to ask the question

You may need to establish their knowledge of FGM by asking questions like:

Have you heard of Female Genital Mutilation?

Do you come from a community that practices genital cutting?

Be direct by asking:

Have you or any family member been cut?

Have you been subjected to FGM?

Have you been circumcised?

(These can be used interchangeably, depending on circumstance)

If YES, follow up with:

What age did this happen to you?

In which country was FGM committed?

Do you have any daughters under age of 18? If yes, refer them to specialist services

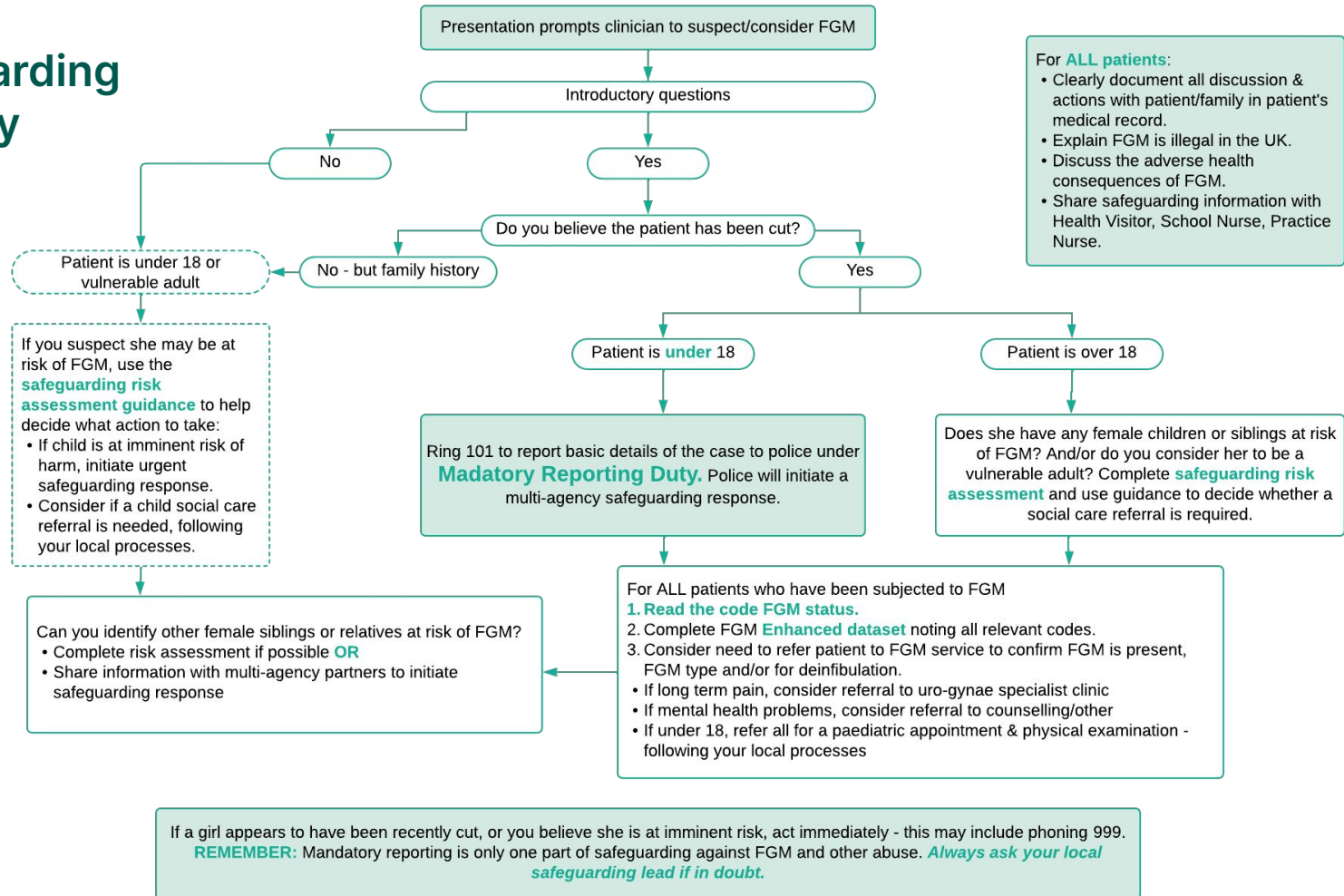
Ask about family history of FGM



Pathways

Maintaining sustained & direct lines of care

FGM Safeguarding Pathway



Scan for full document



Additional considerations

We have certain duties and obligations as health professionals. If you are the first to identify a survivor, it is critical that you take a holistic approach

Survivors will likely need multiple consultations - especially if this is the first time that they have been identified as surviving FGM

Survivors may need or wish to be referred to other services such as counselling or health support

You have a mandatory, legal duty to report a case of FGM (in under 18s) to the police

Make sure to follow your local Safeguarding Guidelines, Referral Pathways, and policies

Guidance through the process



These pathways may seem overwhelming to those navigating them for the first time. Make sure that you clearly communicate the process to the survivor by:

- Explaining what to expect
- Explaining what services are available to them
- Connecting them with somebody they can talk to, whether that be you, a counsellor, or somebody else
- Discussing the adverse health consequences of FGM - this may help to explain previous health issues or unresolved problems



How 'One Question' can change a life

Leyla's story



Dr Leyla Hussein OBE 'What if you knew' campaign - The Vavengers 2021

Prioritising mental health

Professional considerations



Championing mental health support

- Consideration for healthcare professionals' own mental health
- How to champion mental health support for survivors
- Reaching out for help (charities and local support groups)
- Keeping track of recurring issues and reporting these to managers to inform wider change
- Taking part in national conversations and change-making



The background of the entire page is a teal color with a subtle, repeating pattern of large, overlapping leaves, possibly from a tree like a maple or oak, creating a textured, organic feel.

Have your say

Affecting policy change & House of Lords Change Board



Sabrina Elba outside the House of Lords

How can we make change happen?

In May, The Vavengers team and healthcare experts presented a healthcare inequalities report at the House of Lords. The report highlighted the healthcare inequalities faced by survivors of FGM in the UK.

The team called upon NHS Chief Nursing Officer for England, Dame Ruth May and the office of NHS Chief Executive Officer Amanda Pritchard to deliver on three critical solutions.

With our Patron Baroness Boycott, we're now establishing a change-making board to support the NHS with the execution of these three asks. This board will be made of health specialists, policy experts and government leaders who plans to meet every 6 months to prevent healthcare inequalities through the implementation of a new NHS FGM plan.



You have a voice

As nurses and health workers, you have more power than you might realise.

Like Hoda, you can impact the internal policies of your workplace. You can speak to your manager, directors and chiefs to encourage them to do more for survivors of FGM.

You may ask for 'One Question' to be added to patient surveys for female patients or advocate for better implementation of the FGM Safeguarding Pathway.

[Sign our pledge](#) in support of asking One Question, providing long-term counselling, & making reconstructive surgery available to survivors.



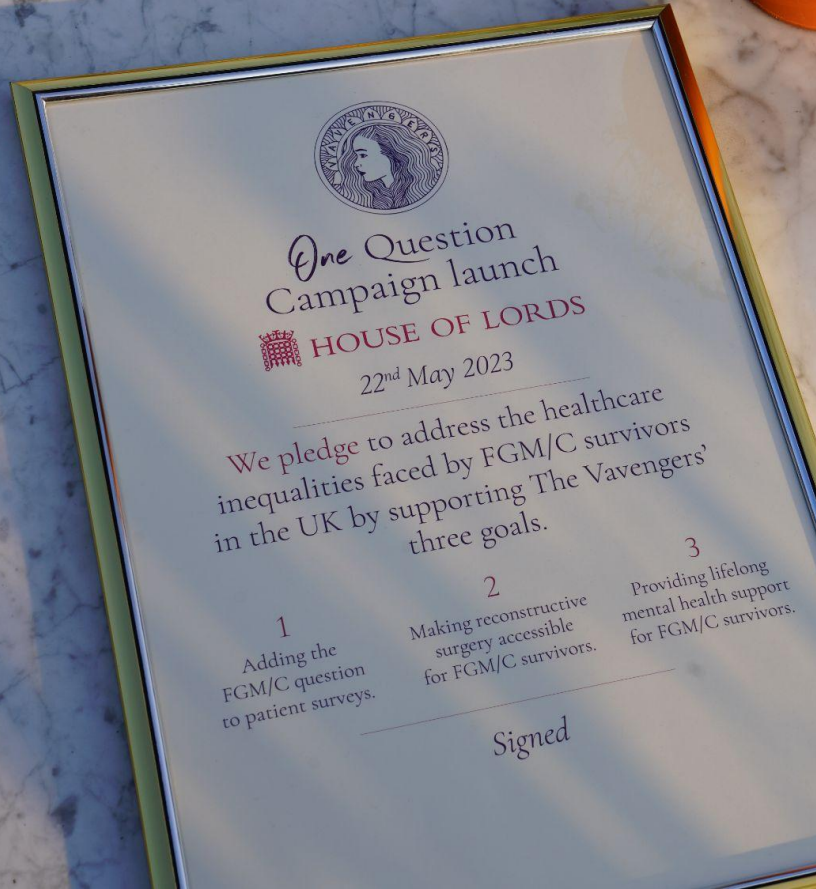
We value your opinion

We will read out 3 professional statements submitted from this webinar today at the House of Lords.

These statements will be heard by the likes of NHS Chief staff and members of the House of Lords.

Your statement should:

- Describe your experience as a healthcare professional treating survivors
- Describe the impact that current treatment policies and pathways have had on your patients
- Assess what is going well
- Outline what you think needs to be improved



Signing the pledge

I agree that the NHS should implement three interventions to address the healthcare inequalities faced by FGM/C survivors:

1. Ensure that all female patients are asked “One Question”.
2. Make reconstructive surgery available to FGM/C survivors.
3. Provide lifelong mental health support for FGM/C survivors.

First name*

Last name

Email address*

Postcode

I'm signing because...

PLEDGE

Scan to sign



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First name*

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I'm signing because...



Scan to sign



IT WAS LIKE
GETTING MY
BODY BACK



"WHEN *women*
RISE, WE *all rise*."

Thank you

Email info@thevavengers.co.uk

Website thevavengers.co.uk

Social media [@thevavengers](https://www.instagram.com/thevavengers)



THE VAVENGERS