

Psychological Impact of Female Genital Mutilation: A Grounded Theory Approach

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Executive Summary

This executive summary is based on research carried out in 2015-2016 as part of the lead researchers Doctorate in Clinical Psychology. The research sought to understand the psychological impact of female genital mutilation. Material selected for this report was considered by the researchers to be helpful to policy makers, service providers, survivors and stakeholders. Overall, 20 women volunteered to participate in in-depth interviews during the research.

1. Background

It is estimated that 200 million girls and women worldwide have experienced one of the four types of FGM (UNICEF, 2016). Globally, an estimated 3 million girls are at risk of being 'cut' every year (WHO, 2016). Although practised worldwide, it is most prevalent in 30 African and Middle Eastern countries. As a consequence of the immigration and refugee movement, 60,000 girls born to mothers with FGM are now living in the United Kingdom (UK) (Macfarlane & Dorkenoo, 2015). Although the UK's Female Genital Mutilation Act 61 (2003) makes conducting FGM an offence punishable by up to 14 years imprisonment, it is approximated that annually 20,000 girls in the UK are at risk of being cut (Yoder et al., 2004). This has particular implications for UK health, social welfare and justice care professionals (Girls Summit, 2014; Global Summit to End Sexual Violence in Conflict, 2014).

The physical impact of FGM is widely documented (WHO, 2016; Berg et al., 2014), however there is little understanding of the psychological impact of FGM on survivors. The current research was therefore unique in a number of ways. (1) It allowed for the development of a theoretical model to understand the psychological impact of FGM on survivors. (2) It focussed on the role of women's resilience in managing the impact of FGM. (3) It allowed for understanding of how women construct their identities. (4) It advanced existing knowledge by exploring the role of patriarchy relating to the psychological impact of FGM. (5) The study demonstrated the significant impact on the attachment relationship between mothers who had FGM and their child.

2. Findings as regards to health provision for survivors

Survivors reported that the healthcare system in the United Kingdom is not equipped to cater for the needs of survivors of FGM. This is due to:

2.1. Poor understanding and training of healthcare staff

- Interviews identified that staff in the UK do not appear to have sufficient training in working with survivors of FGM. Women reported feeling stigmatised, misunderstood and not listened to during health care appointments, leading many of them to avoid discussing their needs.
- The research shows that due to the physical complications that FGM caused to women during pregnancy and giving birth, women's ability to bond and form an attachment with their child was negatively impacted. This is not understood by maternity services thereby leaving the needs of survivors unmet.
- Whilst at present it is acknowledged that healthcare professionals are required to ask about FGM as part of an assessment, survivors related there appears to be no training or policies regarding appropriate support and service provision.

2.2. Lack of provision and facilities

- The need for a specialist clinic to perform a reversal procedure [a procedure in which the closed scarring is opened up] was emphasised as a central theme within the interviews, with women feeling this would positively impact on their physical and mental health.
- Research findings emphasised a need for increased psychological support for survivors of FGM, both in the form of the offer of individual therapy, in addition to group therapy. The value of group therapy is noted in research by others (Wright et al. 2003; Liebling-Kalifani, 2009) who argue that women's groups can contribute positively to the development of collective empowerment and positive growth for survivors of gender-based violence.
- Similarly, due to the evidenced relational difficulties that women experienced, increased provision for individual and group counselling as well as family and couple psychological therapy could be provided as options for survivors.
- The interviews highlighted that there is a lack of specialist holistic understanding of the impact for women who have undergone FGM.

3. Health rights and education

3.1. Consent

- Many women had FGM against their mother's wishes as parental consent was not required. Further women interviewed feared their children going back to their native countries as with parents not having to give consent for FGM on children, they felt powerless to protect their children.

3.2. Education

- The research revealed that many women considered religion to have been blamed as a 'scapegoat' for the practice of FGM and that there needs to be an increased understanding of the role of religion in the prevention of its practice.

3.3. Reproductive health rights

- The research found that FGM survivors experienced a number of reproductive health effects: increased risk of physical health complications during childbirth, an increased risk of losing a child, risk of reliving the FGM procedure and potential difficulties forming a bond with their child.

4. Recommendations

- 4.1. *Training needs:* Whilst at present it is acknowledged that healthcare professionals are required to ask about FGM as part of an assessment, there appears to be no training or policies regarding appropriate support and service provision. Staff working in primary, secondary and tertiary sectors need specific training in the needs of women who have undergone FGM. Training would benefit

from being compulsory and delivered by specialist in FGM. It would be helpful to address this issue on a national and international level.

- 4.2. *Maternity training needs:* Staff working in maternity would benefit from training with a specialist psychologist into the impact of FGM on bonding and attachment between a mother and baby.
- 4.3. *Cultural training:* Maternity services need to be improved to have a greater cultural understanding of the meanings of losing a child for women from African countries and its impact on identity. Services should consider an increased integrated approach to working with survivors, which brings together physical and mental health services.
- 4.4. *Policy and pathways:* A clear pathway for women who have undergone FGM needs to be developed by policy stakeholders, medical and psychological professionals. Specific focus to FGM needs to be given in mental health policy documents. Primary health, community-based and social care services need to be developed whereby their holistic needs, including psychological, social, legal and physical health needs of survivors could be properly assessed and treated.
- 4.5. *Consent:* Within the UK there is need for increased scrutiny and protection for children being taken out of the country without parental consent (Female Genital Mutilation Act, 2003).
- 4.6. *De-infibulation:* Clinical where women can have the FGM procedure reversed need to be opened and made accessible to women via both self-referral and referral from a health professional.
- 4.7. *Outcome Measures:* Services need to improve the use of outcome measures, including qualitative information, regarding the effectiveness of their engagement with FGM survivors, including during pregnancy and childbirth. Services need to provide feedback forms in languages relevant to survivors of FGM to encourage feedback of the service they have received. Feedback needs to be audited annually.
- 4.8. *Psychological support:* Survivors of FGM should be offered psychological support from a specialist Clinical Psychologist. This should be offered as a group, or individually. Couples work should also be offered.
- 4.9. *Education:* Whilst powerful structures that perpetuate FGM practice, including patriarchy and religion are hard to alter, there is the need for greater involvement of religious and cultural leaders in the education of communities about the relationship between patriarchy, religion and FGM. Such education programmes are currently being established in Egypt and Tearfund/Sexual Violence Research Initiative have established an international steering group working on prevention of gender-based violence practices (see United Nations Development Programme, 2015; <http://www.svri.org/> and <http://www.tearfund.org/>).
- 4.10. *Human rights:* Reproductive health services and gynaecological care needs to be improved and survivor's resulting health needs should be viewed as a human rights issue.

5. References

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