

Counselling professionals' awareness and understanding of Female Genital Mutilation (FGM): implications for training and research

Charlie Jackson

www.bacp.co.uk

What is 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” (WHO, 2016)

Estimated to have affected at least 200 million girls and women worldwide (UNICEF, 2016)

Main types of FGM

Type 1: Also referred to as a ‘clitoridectomy’. This involves the partial or total removal of the clitoris and/or the clitoral hood.

Type 2: Also referred to as an ‘excision’. This involves the partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora.

Type 3: Also referred to as ‘infibulation’. This involves narrowing the vaginal opening by cutting and repositioning the labia minora, or labia majora, 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 or cauterising.

FGM and the law

Criminal offence in the UK since 1985

It is illegal for any person in the UK - irrespective of nationality or status of residence - to perform FGM or to assist a girl to carry out FGM on herself.

It is also an offence to assist a non-UK national or resident to carry out FGM outside of the UK on a UK national or UK resident

Counselling professionals' reporting obligations

Mandatory reporting duty for statutorily regulated health and social care professionals and teachers in England and Wales (October 2015)

Counsellors and psychotherapists are not statutorily regulated healthcare professionals but are expected to follow established safeguarding policies and procedures within their area.

The survey

Covered four broad themes:

1. Demographics and workplace information
2. Awareness and understanding of FGM
3. Experience of working with survivors of FGM
4. Training

2,073 responses in total

Data analysis

Descriptives

- Demographics
- Awareness and understanding of FGM (Likert-type scales)

Inferential statistics

- Mann Whitney-U tests to determine differences in understanding between groups

Qualitative analysis

- Thematic content analysis - presenting issues, helpful/unhelpful factors in therapeutic work

Survey respondents



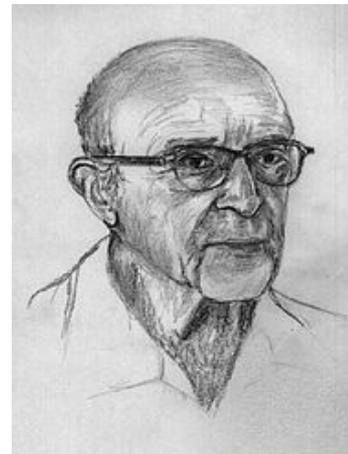
87% female



55% private practice
45% third, charitable or voluntary sector
19% healthcare
15% primary or secondary education



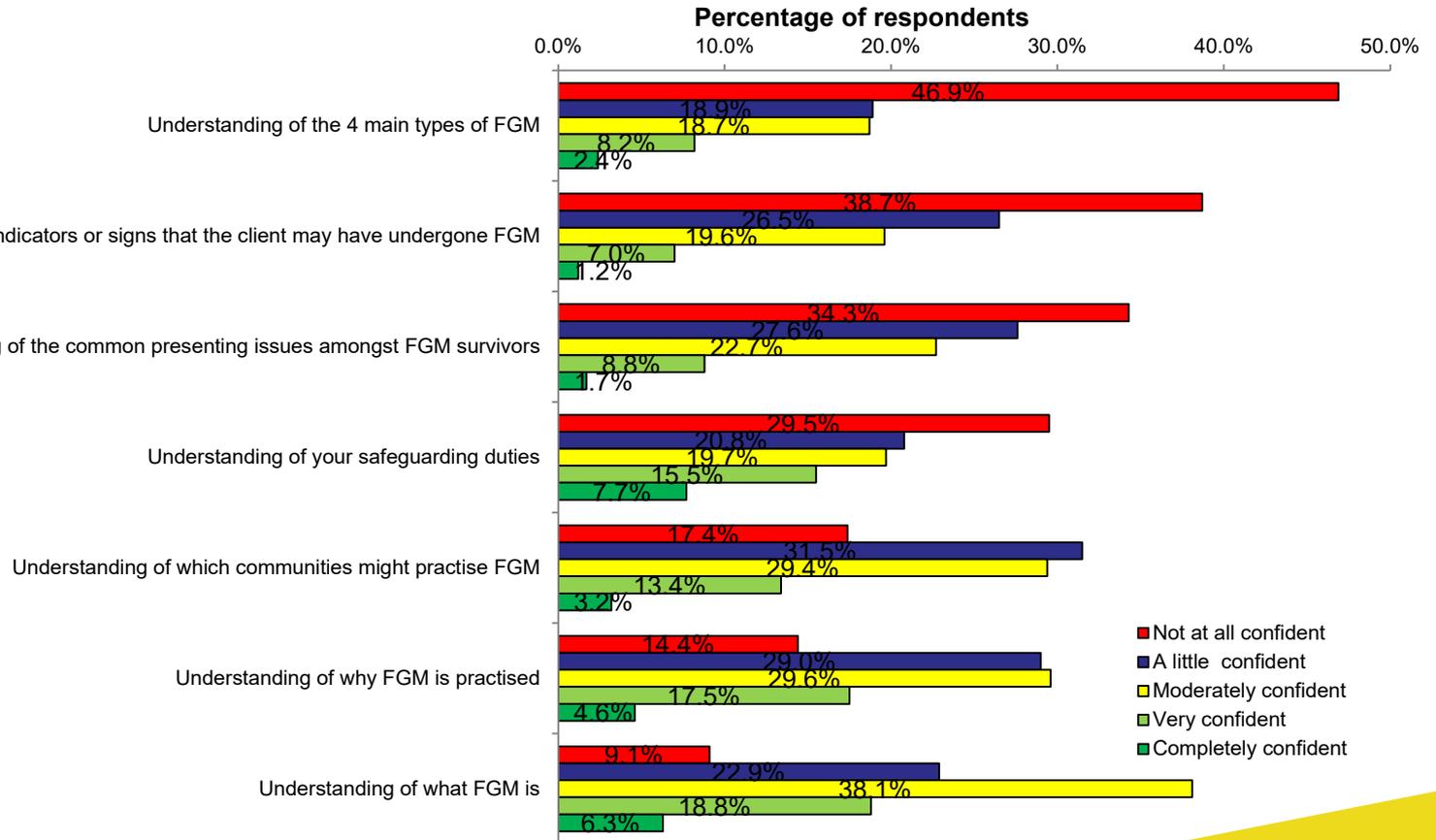
80% 40-69 years old



73% humanistic/
person-centred
training

Awareness and understanding of FGM

Areas of awareness and understanding



How does FGM affect survivors psychologically in terms of presenting issues?



Helpful factors in therapeutic work with survivors of FGM

1. Cultural respect, knowledge and understanding
2. Non-judgemental/accepting attitude
3. Listening
4. Safe space to talk, reflect and explore feelings
5. Empathy
6. Knowledge and understanding of FGM

“FGM holds potential for cultural misunderstanding and the essential part is to first ascertain where the client’s understanding of what has happened is...it is very easy to assume the traumatic experience has the same meaning as I would interpret it (if it were me). For some it is seem as completely normal and positive”

(Respondent 339)

Unhelpful factors in therapeutic work with survivors of FGM

1. Lack of, or assumption of, awareness and understanding
2. Therapist reaction or expression of emotion
3. Focus on child protection/ safeguarding duties
4. Time-limited work
5. Assumption that clients perceive FGM negatively

Training experiences and requirements

- <25% had undertaken training specific to FGM, but around two-thirds of those who had worked with FGM had also done some training.
- Most of the training had been undertaken as part of a different professional role.
- General training required, but may be useful to also focus on how to recognise FGM, how to work therapeutically with survivors and their safeguarding duties.

Key recommendations

- Better signposting to existing resources.
- Localised safeguarding training.
- Organisational responsibility to ensure training and information on FGM appropriate to employees role.
- Cultural competency and sensitivity to be included in core practitioners training

Outputs



Counselling professionals' awareness and understanding of Female Genital Mutilation: training needs for working therapeutically with survivors

Charlie Jackson, Matthew Smith-Lilley & Martin Bell

- 1. Internal report, can be disseminated externally**
- 2. Academic paper**
- 3. Policy event presentation**
- 4. Presentation to staff**
- 5. BACP Research Conference**