



# The FLOURISH Project

Women's Health in Women's Hand Community Health Centre

---

December 1, 2017  
March 31, 2020

Financial contribution from the Public Health Agency of Canada  
*Supporting the Health of Survivors of Family Violence*

# **Collaborative Approaches for Supporting Survivors of Female Genital Mutilation/Cutting (The FLOURISH Project)**

Lead Organization: Women's Health In Women's Hands Community Health Centre

Contact: Wangari Tharao [Wangari@whiwh.com](mailto:Wangari@whiwh.com)

Funding Period: December 1, 2017 –March 31, 2020

Funding for this project has been made possible through a contribution from the Public Health Agency of Canada.



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

## INTRODUCTION

Collaborative Approaches for Supporting Survivors of Female Genital Mutilation/Cutting (The FLOURISH Project) is funded by the Public Health Agency of Canada and implemented by Women's Health in Women's Hands Community Health Centre (WHIWH CHC). The project was funded for a total amount of \$284,447 during the period December 2017 through March 2020. FLOURISH is a collaborative community-based project that aims to engage, empower and support women affected by FGM/C through arts-based workshops and advocacy initiatives. The project aims to develop an integrated FGM/C initiative which engages survivors of FGM/C, community leaders and service providers for the purpose of enhancing supports for survivors and increasing opportunities to reduce risk for FGM/C by developing a service provider's framework for providing support for survivors of FGM/C; developing a sustainable network of community leaders and organizations active in addressing the impact of FGM/C and working towards reduced risk and producing awareness-raising resources for survivors, and mainstream media in order to strengthen the voice of women and communities to speak out against FGM/C.

## BACKGROUND

FGM/C is a form of gender-based violence against women and girls in over 30 countries and is estimated to affect nearly 200 million adolescent girls. Gender-based violence (GBV) is a global phenomenon with wide-ranging physical, psychological, social and economic implications to girls and women. In the early 1990s, FGM/C became a prominent issue for Canadian healthcare providers who began caring for refugees and newcomers from countries where FGM/C was prevalent. Until this point, few healthcare providers in Canada were familiar with FGM/C and its implications for women's health and rights. A significant proportion of newcomer women from countries where FGM/C is prevalent may be impacted with estimates ranging of 98% to 5% of women affected in such countries.

This project intentionally supports women with a lived experience of FGM/C and acknowledges their lived experience at the intersections of gender, race and migration which are often amplified by poverty, lack of access to services and opportunities as well as barriers to healthcare due to their experiences with FGM/C. Centering these communities is critical for addressing health and economic inequities impacting survivors of FGM/C and their communities. A focus on social determinants of health is central to the project's knowledge generation/transmission and programming.

## KEY ACTIVITIES AND OUTPUTS

Survivor's engagement and community capacity building:

- **Digital story telling workshop:** A three day workshop was conducted and participants engaged in a storytelling process with an arts-based educator and two staff from the FLOURISH project. They wrote and recorded their narratives and then individually built their digital stories on laptops. Digital storytelling is an empowering and accessible process that combines the use of writing, audio recording, images and video to create short digital narratives. This process was used due to the arts-based and skills-building components, as well as the power, impact and transformative possibilities of stories to educate inform and inspire positive social change.
- **Focus group discussions:** Three (3) focus group discussions were conducted with 26 survivors from diverse communities including Somalia, Nigeria, Ethiopia, Eritrean, Gambia, Sudanese and Sri Lanka.
- **Survivors and community leader's workshop:** During the project life we had offered several workshops and community talks to discuss the issue, create awareness and understand challenges facing the community and survivors.
- **Survivors' support group:** survivor support groups have been created to support sustainable safe spaces for women with lived experience of FGM/C beyond the project's tenure.
- **Outreach and awareness raising campaigns (e.g. International Day of Zero Tolerance for Female Genital Mutilation, International Women's Day, etc.):** hosted events open to the public periodically to raise awareness. Presentations include the basic information on prevalence, historical and cultural implications and the short- and long-term consequences for women.

## **Health Care and service provider capacity building:**

- **Advisory group:** Developed and sustained participation in a community advisory group composed of women with lived experience as well as service providers, researchers, community developers, community leaders and youth representatives.
- **Policy paper:** Developed a policy paper and brief for trans-disciplinary decision makers in Canada. It provides an overview of the policy and legal issues associated with FGM/C in Ontario and Canada.
- **Health care provider's engagement and capacity building (training and surveys):** A knowledge, attitudes and practices survey was implemented with service providers to inform the design and delivery of service provider workshops.
- **Health care provider's workshops:** Training for community healthcare providers, post-secondary students in midwifery and nursing, doctors, nurses, social workers etc. have been undertaken.
- **Partnerships (e.g. Gender Net Plus):** The interdisciplinary nature of the FLOURISH project places it in a unique position to create substantial partnerships with other programs and agencies, both within Canada and externally. We have established links with hundreds of organizations at various levels over the past three years.
- **Media (toolkit, digital story videos, and promotional videos):** a number of important knowledge sharing videos have been made in collaboration with survivors and service providers. All media content will be packaged into a toolkit for organizations to use for capacity building.

## **PROJECT OUTCOMES**

- A number of evaluative activities were undertaken including a needs assessment (knowledge, attitudes and practices survey for health professionals) focus groups for survivors and post activity surveys for both groups. 92% of participants reported changes in knowledge 75% of participants reporting changes in behaviour and 60% of participants reporting improved health outcomes. Due to limited responses to survey questions focus groups were used to augment findings. Findings from the focus group showed that laws alone were insufficient to prevent/address FGM/C globally and that greater education, awareness, advocacy and support are needed. When asked what they wanted or would help with healing group supports, conferences and talks aimed at educating communities, public days of recognition, conferences, and physician trainings were common themes. Many of these issues were then used to develop and evaluate activities.
- With respect to health professionals 72% of respondents reported changes in knowledge, 84.6% respondents found the knowledge products or events valuable and 92.3% of respondents reported changes in behaviour.

## **Some of the learnings from the use of integrated trauma and violence informed health promotion approaches include:**

1. Using and understand data, but also listening to people's experiences if they diverge from said data
2. Getting feedback formally and informally
3. Educating providers of all stripes on social and institutional barriers
4. Enforcing anti-black racism and anti-oppression guidelines, principles, and policies across the board supports trauma informed health promotion approach
5. Cultural safety is contextual and needs to be understood at the micro, meso and macro level, some examples are below:
  - Sometimes cultural/linguistic interpreters are beneficial, sometimes they aren't (i.e. confidentiality in a small community)
  - Language expression and words may be a challenge as euro-centric professional terminologies may not exist in different languages
  - Consideration of tone, voice, body language may get lost in translation between service providers/clients
  - Providers need to formalize develop approaches to prevent diagnostic opportunities from being missed
  - There are conditions of injustice that make the world a place where FGM happens and these macro issues need to

- be addressed globally
- Recognize the contributions of communities that have been leading interventions for years for meaningful collaboration
- Survivors are all very different and health outcomes depend on creating spaces where agency, control, choice and voice are possible
- Stigma associated with FGM must be addressed for across all outcomes/interventions.

## **NEXT STEPS**

The project has provided a framework for compassionate service delivery through the creation of best practices documents, educational opportunities and accessible resources which are culturally and linguistically sensitive and relevant to better meet the needs of FGM/C survivors and to prevent retraumatization. Participants and their communities will benefit from survivor centered resources/knowledge transmission resulting in long term positive health outcomes for those who are particularly vulnerable within those communities. Increasing the capacity of service providers and scaling up training around FGM/C, the social determinants of health and the resulting barriers caused by stigma and discrimination will reduce these barriers and increase access to care for survivors and their communities. WHIWH CHC is proud to support ongoing support groups, maintain the health care providers' network and disseminate knowledge products including the media toolkit and evaluative component.