

Impact case study (REF3)

Institution: Coventry University		
Unit of Assessment: 19		
Title of case study: Enhancing Societal Resilience to SGBV		
Period when the underpinning research was undertaken: 2009- July 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Professor Hazel Barrett	Professor	April 1992 - Present
Dr Helen Liebling	Assistant Professor	September 2003-Present
Period when the claimed impact occurred: October 2014 - July 2020		
Is this case study continued from a case study submitted in 2014? No		

1. Summary of the impact (indicative maximum 100 words)

Sexual and Gender-Based Violence (SGBV) has become a major focus of policy and practice globally, with Coventry University's research in this area directly responding to the significant widespread societal challenges that a variety of international contexts have faced in tackling this problem. Given the prominence of SGBV and the need for new understandings, evidence and insight, it is unsurprising that Coventry's research has had significant and wide-reaching impact at the local (West Midlands and Northern England), national (UK) and international levels (EU and multiple countries in the Global South). First, it has **enhanced safeguarding and awareness** for ending SGBV, in particular Female Genital Mutilation (FGM), within communities at high risk of incidences through local government (Coventry City Council), international charities (IRISE; End FGM; FSAN; World Vision), and in international contexts (EU). Second, through innovative co-designed methodologies, it has **changed practitioner responses to SGBV** (Coventry and Warwickshire NHS Trust; Coventry City Council; Kitgum Women's Peace Initiative; World Vision International) for reducing harm and enhancing resilience of communities experiencing high levels of SGBV. Finally, it has **influenced policy responses** relating to ending SGBV in the UK (NHS England) and in Uganda (Ministry of Health).

2. Underpinning research (indicative maximum 500 words)

The research from which this impact arises rethinks and responds to the significant international challenges of countering and mitigating the impacts of SGBV. The research is structured around three complementary and interacting strands that have delivered change, evolving over a significant period of time as the understanding of the drivers of SGBV have matured, practitioners have become more prominent in dealing with the impacts of SGBV, and the policy environment has consequentially responded to the cause and effects of SGBV. The research portfolio has centred around a core group of key researchers at Coventry University led by Barrett. A number of projects within the portfolio have been led by Coventry in collaboration with other UK and international universities and non-academic partners.

The **first strand** of research, led by Barrett, focuses on FGM and commenced in 2010 and was funded by the European Commission Daphne Multi Country Action Grant [Grant 3a]. This project, REPLACE, focused on first, understanding beliefs and societal norms in the context of FGM in the EU, and secondly, the development of a community-based methodology for promoting and supporting behavioural change in vulnerable communities. The outcomes of the study were

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utilised by FSAN (Holland) and FORWARD UK, with the EC Daphne III programme commissioning a second phase of the research [Grant 3b] to further test this methodological approach in other EU countries in order to identify any particular barriers at both the community and individual level that prevent the cessation of FGM. The findings from these commissioned REPLACE research projects formed the basis of the 2020 publication by Barrett et al [R1] and the 2016 publication [R2]. The methodology was further developed in the CHANGE Plus EC Daphne III programme [Grant 3c]. The research outcomes of REPLACE identified a gap in the understanding of FGM among young people and safeguarding professionals in the UK and resulted in the development of the Petals web-applications by the REPLACE research team at Coventry (Petals for young people: <http://petals.coventry.ac.uk>. Petals for safeguarding professionals: <http://petals.coventry.ac.uk/professionals>).

The **second strand** focuses on enhancing community resilience to SGBV and was facilitated through funding in 2013 to a Coventry led team (led by Liebling) from the British Academy/Leverhulme [Grant 3d]. This project sought to understand the experiences of survivors and trauma counselling service providers in Northern Uganda and Rwanda in relation to mental health policy and provision. The results were utilised to develop a novel framework for enhancing the resilience of vulnerable individuals and communities in these countries [R3, R4]. The outcomes of this led to an additional grant from the UK National Health Service [Grant 3e] to develop new approaches for addressing the health and well-being of asylum seekers within the Coventry and Rugby NHS Clinical Commissioning Group. Results from this are presented in the 2014 publication by Liebling et al. [R5].

The **third strand** focused on the health and justice responses, as well as service provision available to refugees from South Sudan arriving in Northern Uganda. The research concentrated on the lived experiences of both male and female refugees and the impact of these responses on their individual and community resilience. Outcomes from the research identified a series of policy and practice recommendations that demonstrated that a holistic approach to health and justice is fundamental for more appropriate and effective services for SGBV survivors. This project was funded through a grant from the British Academy/Leverhulme [Grant 3f] in 2018 and evidenced in the publication [R6]. This was a collaborative project led by Coventry in partnership with Cape Town University (South Africa), Ugandan based non-government organisations including Kitgum Women's Peace Initiative (KIWEPI), Isis-WICCE and Refugee Law Project.

3. References to the research (indicative maximum of six references)

- [R1] Barrett, H.R., Brown, K., Alhassan, Y. *et al.* (2020) 'Transforming social norms to end FGM in the EU: an evaluation of the REPLACE Approach'. *Reproductive Health* 17, 40. <https://doi.org/10.1186/s12978-020-0879-2>
- [R2] Alhassan, Y., Barrett, H., Brown, K., & Kwah, K (2016) 'Belief systems enforcing female genital mutilation in Europe'. *International Journal of Human Rights in Healthcare*, 9 (1), 29-40. [doi.org 10.1108/JHRH-05-2015-0015](https://doi.org/10.1108/JHRH-05-2015-0015).
- [R3] Liebling H., Davidson, L., Akello, G. F., & Ochola, G. (2016) 'The Experiences of Survivors and Trauma Counselling Service Providers in Northern Uganda: Implications for Mental Health Policy and Legislation.' *International Journal of Law and Psychiatry*, 49, 84-92. <https://doi.org/10.1016/j.ijlp.2016.06.012>
- [R4] Liebling, H., Davidson, L., Akello, F.G., & Ochola, G. (2014). 'Improvements to National Health Policy: Mental Health, Mental Health Bill, Legislation and Justice'. *African Journal of Traumatic Stress*, 3 (2), 55-64.

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[R5] Liebling, H., Burke, S., Goodman, S., & Zasada, D. (2014) 'Understanding the Experiences of Asylum Seekers'. *International Journal of Migration, Health and Social Care*, 10 (4), 207-219. <https://doi.org/10.1108/IJMHS-06-2013-0016>

[R6] Liebling, H., Barrett, H., & Artz, L. (2020) 'South Sudanese Refugee Survivors of Sexual and Gender-Based Violence and Torture: Health and Justice Service Responses in Northern Uganda.' *Int. J. Environ. Res. Public Health*, 17(5), 1685; <https://doi.org/10.3390/ijerph17051685>

The quality of the underpinning research is evidenced by publications in leading peer reviewed journals (see above), and research funded via the succession of grants received from sources with a particular interest in enhancing societal resilience to sexual and gender-based violence, including:

Grant 3a: Researching FGM Intervention Programmes Linked to African Communities in the EU (REPLACE)- EC DAPHNE III- £151,000

Grant 3b: Researching FGM Intervention Programmes Linked to African Communities in the EU (REPLACE2) – EC DAPHNE III – £650,000

Grant 3c: Change Plus – EC DAPHNE III - £18,000

Grant 3d: Experiences of Survivors and Trauma Counselling Service Providers in Northern Uganda and Rwanda – BA/Leverhulme - £9970

Grant 3e: Understanding and Addressing Asylum Seekers' Health and Well-being in Coventry and Rugby - NHS Coventry and Rugby Clinical Commissioning Group - £14,335

Grant 3f: Sexual and Gender-based Violence and Torture Experiences of South Sudanese Refugees in Northern Uganda- BA/Leverhulme-£9990

4. Details of the impact (indicative maximum 750 words)

In a policy environment requiring significant new evidence and insights for understanding, countering and mitigating the impacts of SGBV, Coventry's research has had significant and wide-reaching impact across three inter-linked areas. These areas include '**Enhancing Safeguarding and Awareness of SGBV**', '**Changing Practitioner Responses to SGBV**', and also '**Influencing Policy Responses to SGBV**'

1. Enhancing Safeguarding and Awareness of SGBV

Coventry's research has significantly enhanced safeguarding and awareness of the impact of FGM across the UK, Europe and in countries in the global south. In the **UK**, results from the REPLACE project [R1, R2] has been implemented by Coventry City Council (CCC) who became the first local authority in the UK to support a full council motion to condemn the practice of FGM with Barrett's research used as evidence. In a joint letter by the Deputy Chief Executive and Director of Public Health and Wellbeing at Coventry City Council [S1], they detail that the research is "**ground breaking**" and that "**applying the REPLACE Approach in our city has provided new insights into the devastating impact of such a practice on our citizens**". Further evidence highlights that insights from the research "**are highly relevant for the work we are doing in trying to embed the service provision to eradicate FGM in our city**".

At the **EU level**, findings from the REPLACE Project [R1, R2] provided evidence that FGM is not an individual decision made by women, as previously assumed, but was a community-led decision often supported and influenced by men. Evidence from the project informed the development of an adaptable toolkit for advocacy groups enabling communities themselves to take action (www.replacefgm2.eu and www.change-agent.eu). Project evaluation demonstrated that the approach positively impacted on attitudes and practices concerning the ending of FGM [R1]. As a consequence of this validation, the research approach and findings are now widely used in Europe and have directly supported widespread change. In a testimonial, the Director of the End FGM

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European Network, an umbrella network for 27 European organisations based in 14 European countries, states that **‘REPLACE recognises that communities themselves are core to ending FGM.....The model is one that we recommend because it is flexible in nature and draws on the strengths of communities involved.’** **“Indeed the model has been used successfully by the European End FGM network and our members.”** [S2]. In the **Netherlands**, the Federation of Somali Associations in the Netherlands (FSAN) works towards ending all forms of FGM. In a testimonial from their Senior Project Manager, they state that they **“implement this approach during pre-services and upgrading training for FGM cultural mediators/facilitators”** and that they use the approach to **“train 31 new facilitators from different countries mainly from Africa, Iraq-Kurdish and Yemen”**. They also detail that the research is currently utilised by 75 current facilitators that provide upgrading courses for ending FGM [S3].

In relation to impact in the **global south**, the REPLACE Approach has been used to change practitioner responses to SGBV, in particular focussing on the significant enhancement of community engagement. In **Uganda**, Irise International highlights that they have implemented the REPLACE Approach in their operations. As detailed by their Chief Executive, Irise **“incorporates elements of the REPLACE Approach, in particular, the participatory community engagement elements”** in their work on tackling Menstrual Hygiene Management of girls. In doing so, this helps to protect them from stigma and discrimination and to enable them to attend school during menstruation [S4]. While Irise operate at the international level, the learning from the impact in the global south has resulted in Irise also implementing the REPLACE Approach in the UK. In this case, Irise has adopted **“elements of the model to our work to end period shame in the UK, in particular, a two year project funded by the prestigious Act for Change Fund, part of a joint funding venture by the Department for Culture, Media and Sport and the Big Lottery Fund”**. Additionally, World Vision International is using the approach in its global ‘Celebrating Families’ programme and has revised its theory of change for the programme using REPLACE research outcomes as its foundation. In confirming this, their Senior Director of Faith in Programming highlights that Barrett’s research **“has had a highly significant impact on the policy and practice of one of World Vision’s most widespread programmes and the Theory of Change is now being implemented in 61 countries”** [S5].

2. Changing practitioner responses to SGBV

In the context of changing practitioner responses, Coventry’s research has had significant impact for local government and charities in the UK, for the NHS, and for charitable organisations in Uganda.

In the **UK**, the Petals [R1, R2] for Young People application was endorsed by the NSPCC and Childline and is a linked resource on their website (<http://childline.org.uk/info-advice/bullying-abuse-safety/abuse-safety/female-circumcision-fgm-cutting>). Petals for Young People has also been adopted by Coventry City Council [S1] and implemented by Wolverhampton City Council to **“raise awareness of FGM amongst children and young people and professionals and help reduce instances of this awful crime”** [S1]. Additionally, the Clinical Nurse Specialist for Safeguarding Children and Young People at University Hospitals Coventry and Warwickshire NHS Trust details [S6] that the findings from Petals has underpinned the **“training of 150 health care professionals”** and that it has **“played an important part in raising awareness of FGM and changing how frontline staff deal with the issue with patients who come from FGM affected communities, in particular handling discussions around the topic in a sensitive manner”** [S6]. As a consequence of the success of Petals in clinical practice, the Petals for Young People web-application won the London Design Gold Award (see the following link for corroboration <https://drivenxdesign.com/LON16/project.asp?ID=15128>).

In **Uganda**, research undertaken on SGBV by Liebling [R3, R4] has also generated significant impact. In a testimonial about the impact of the research, the Director of Kitgum Women’s Peace

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Initiative (KIWEPI) evidences that findings from the research has influenced and resulted in the opening of “**3 trauma centres in Kitgum, Soroti and Gulu**” and that “**it is estimated that approximately 250 male and female SGBV and torture survivors per week use the trauma centres and around 150 young women benefit from the services at KIWEPI each week**”[S7].

3. Influencing Policy Responses to SGBV

Research by Barrett and Liebling has also influenced policy relating to SGBV in both the UK and Uganda. In the **UK**, the National FGM Lead and Chair of the National FGM Health Group of NHS England provides testimonial that Barrett’s “**research has contributed to the development of the FGM strategy by NHS England and the associated action plan**” [S8]. At the **EU level**, The CHANGE Plus project is explicitly mentioned in the European Parliament resolution Zero Tolerance for FGM (2017/2936(RSP)) adopted on 7th February 2018 [S9]. Liebling’s research [R3, R4] was presented to the Uganda Parliament which led to inclusion of the research recommendations concerning human rights provisions in the Mental Health Legislation, in particular, the Mental Health Act 2018. As Assistant Commissioner of the Division of Mental Health and Control of Abuse, Ministry of Health states as a “**direct result of Dr Liebling’s research Ugandan legislation now includes specific provision for the protection of survivors of SGBV and torture and protection of their rights, including against stigma and discrimination**” [S10].

5. Sources to corroborate the impact (indicative maximum of 10 references)

[S1] Joint Corroborating Statement: Deputy Chief Executive and Director of Public Health and Wellbeing at Coventry City Council and Press releases for Wolverhampton City Council and Coventry City Council

https://www.coventry.gov.uk/info/191/public_health/2623/female_genital_mutilation_fgm/2
<https://www.wolverhampton.gov.uk/news/new-apps-launched-help-stop-female-genital-mutilation>

[S2] Corroborating Statement: Director of End FGM European Network

[S3] Corroborating Statement: Senior Project Manager, Federation of Somali Associations in the Netherlands (FSAN)

[S4] Corroborating Statement: CEO, Irise International

[S5] Corroborating Statement: Senior Director of Faith in Programming, World Vision

[S6] Corroborating Statement: Clinical Nurse Specialist for Safeguarding Children and Young People at University Hospitals Coventry and Warwickshire NHS Trust

[S7] Corroborating Statement: Director of Kitgum Women’s Peace Initiative (KIWEPI)

[S8] Corroborating Statement: National FGM Lead and Chair of the National FGM Health Group, NHS England

[S9] European Parliament resolution of 7 February 2018 on zero tolerance for Female Genital Mutilation (FGM) (2017/2936(RSP)) https://www.europarl.europa.eu/doceo/document/TA-8-2018-0033_EN.html (online as at 12.03.21)

[S10] Corroborating Statement: Assistant Commissioner, Division of Mental Health and Control of Substance Abuse, Ministry of Health, Uganda