



Office for Health  
Improvement  
& Disparities

The London Public Health Forum Presents:

# **All About Women: Progressing the Women's Health Strategy and tackling Violence Against Women and Girls in London**

**Tuesday 7 March 2023  
1400-1530**

Please use **#LondonPHForum** to live Tweet the event

The **London Public Health Forum** is a collaboration between Office for Health Improvement and Disparities London in partnership with Faculty of Public Health, Association of Directors of Public Health London, UK Health Security Agency, Greater London Authority, NHS England, Health Education England London

# Welcome

## **Professor Kevin Fenton**

Regional Director London, Office of Health Improvement and Disparities (OHID)

## **Jane Clegg**

Regional Chief Nurse, NHS England (London region)

# Objectives

This London Public Health Forum brings together public health leaders, practitioners and their teams from across London to:

- Reflect on progress on tackling the gender health gap since the first [Women's Health Strategy](#) for England was launched in July 2022
- Hear how the vision to improve women's health outcomes is taking shape in London to address gender inequality and disparities between different groups of women to improve women's health outcomes across the life course
- Share a regional approach to safeguard women and girls against violence and why it's a critical health issue
- Identify opportunities for further action and collaboration

# House Keeping



Please stay on mute unless you are speaking.



Please turn your camera on if possible.



Please engage and ask questions by adding to the chat or raising your virtual hand. These will be answered at appropriate points.



This webinar will be recorded and slides will be shared after this event.



To turn your own live captions, select the three dots at top of your screen and click 'turn on live captions'



# If you've been affected by any of the issues raised in this event, we've put together a list of organisations that can offer advice, guidance and support:

- London Victims and Witness Service [Home - London Victim and Witness Service \(londonvws.org.uk\)](https://londonvws.org.uk) Free, confidential and independent support for victims and witnesses of crime in London including domestic abuse and sexual violence
- London Survivors Gateway [Looking for support after sexual violence? \(survivorsgateway.london\)](https://survivorsgateway.london) the hub for London's sexual violence provision
- National Domestic abuse helpline [Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](https://nationaldahelpline.org.uk) 0808 2000 247
- NHS run sexual assault referral centres (SARCs) [Help after rape and sexual assault - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- London Holistic Wraparound Advocacy Service [London Holistic Advocacy Wrap-Around Service - Southall Black Sisters](https://southallblack.org.uk) service for black and minoritised women experiencing VAWG
- Pan London Harmful Practices Helpline [EHP Helpline | AWRC | Women's services Brent | Welfare advice Brent | Women's services Brent \(asianwomenscentre.org.uk\)](https://asianwomenscentre.org.uk) for women who have experienced Female Genital Mutilation, Forced Marriage, 'Honour' based violence and other harmful practices.



# **Keynote: Women's Health Strategy for England**

**Professor Dame Lesley Regan**

Women's Health Ambassador for England

Professor of Obstetrics and Gynaecology at Imperial College's St Mary's Hospital Campus,  
and Honorary Consultant in Gynaecology at the Imperial College NHS Trust



Department  
of Health &  
Social Care



**The London Public Health Forum – Tuesday 7<sup>th</sup> March 2023**

All About Women: Progressing the Women's Health Strategy -  
Tackling Violence Against Women + Girls in London

## **Why do we need a Women's Health Strategy ?**

**Dame Lesley Regan**

Professor Obstetrics & Gynaecology, Imperial College

Chair Wellbeing of Women Charity

Women's Health Ambassador for England

## Why a women's health strategy?

**51%** of the UK's population is female

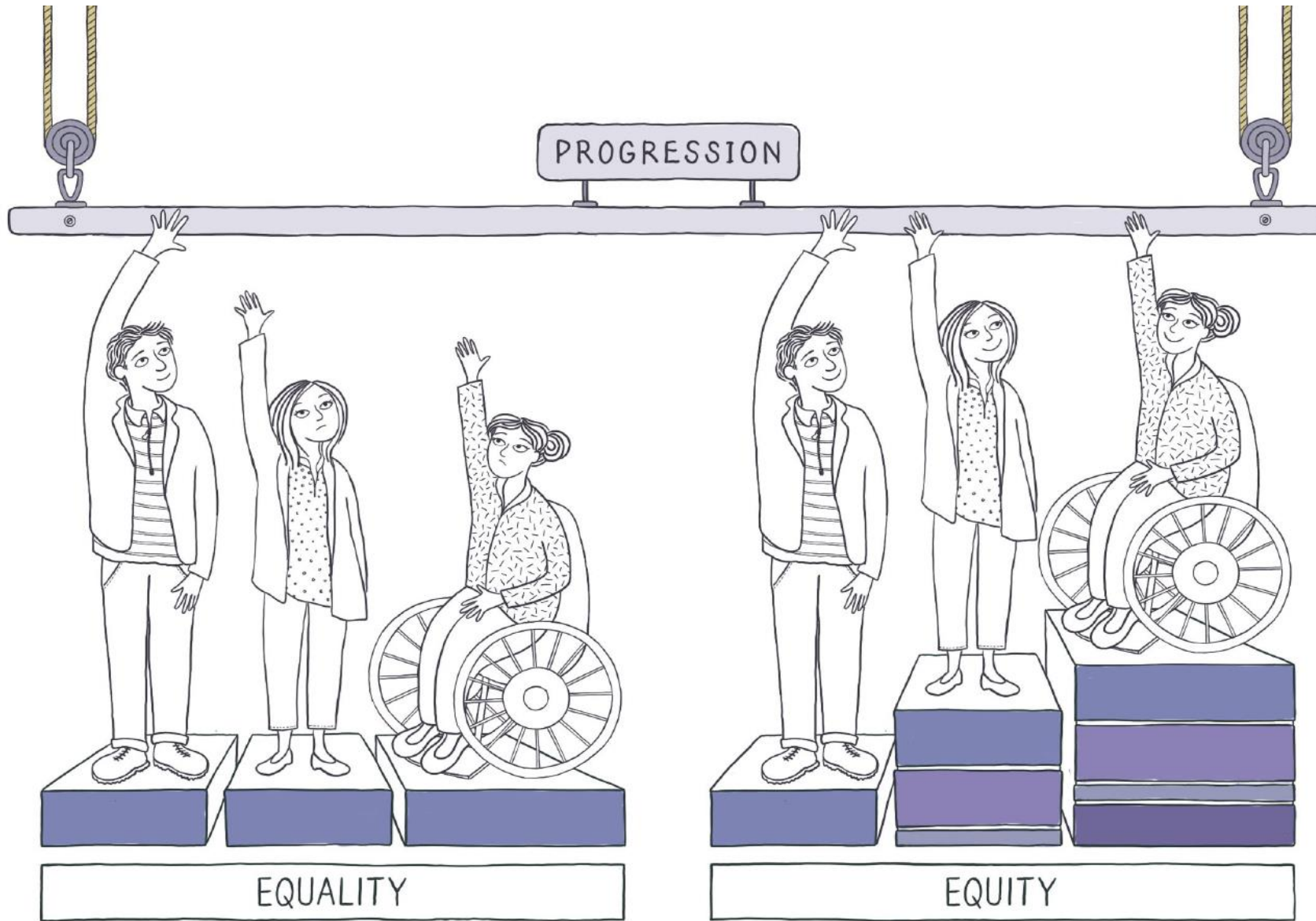
**49%** of UK's workforce is female

**68%** UK's unpaid carers are women

BUT...

- Women's health not receiving the attention it deserves
- Variations in access and quality of services across UK
- Women experiencing health inequalities and outcomes that could be easily avoided





# Life course Approach to Women's Health – cradle to grave

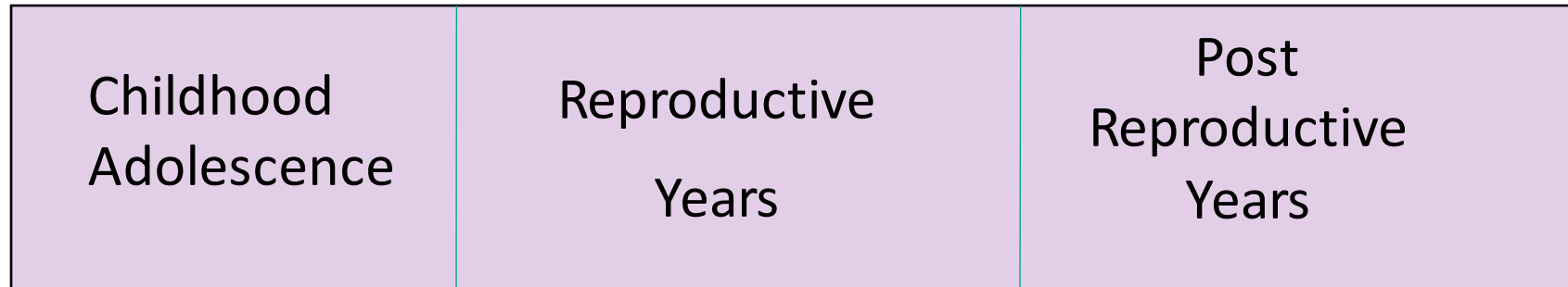


# Traditional view of women's health needs

Fetal origins adult disease  
Preconception counselling  
Contraception  
Teenage pregnancy

Subfertility  
Miscarriage  
Preeclampsia  
Growth restriction

Menopause  
Incontinence  
Heart disease



Survivors childhood  
cancer  
STD's & Abortion  
Vaccines

Preterm labour  
Stillbirth  
Neonatal death

Osteoporosis  
Screening for  
Cancers – gynae  
breast

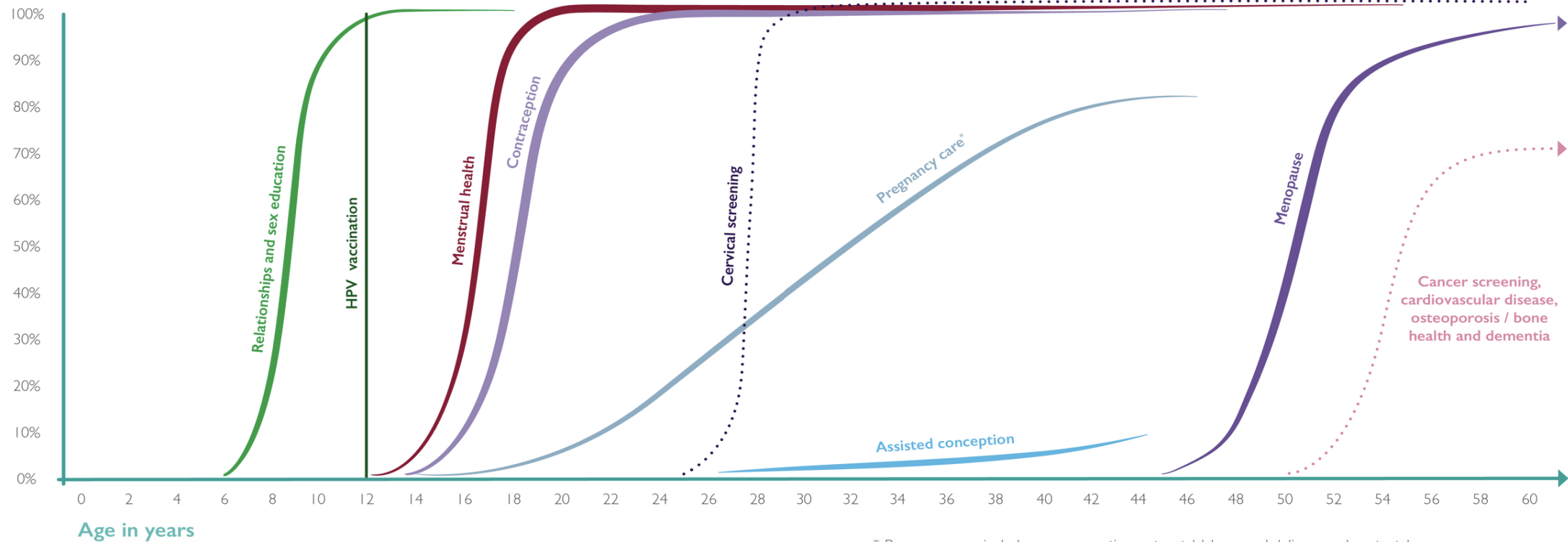


# Life-course Approach - Women's Healthcare Needs are Predictable

This graph illustrates the reproductive and sexual health needs of women as they unfold across the life course.

By recognising when women will need particular interventions, and how these interventions interact together, health services more effectively support women to optimise their health throughout their lives.

Women (%)



\* Pregnancy care includes pre-conception, antenatal, labour and delivery and postnatal care



Women's health in UK – underfunded for decades

# **NHS spends £124 billion treating disease and only £12 billion on prevention**

Women's healthcare providers need resources  
to provide well rounded care for their patients.  
Include emotional and psychological health  
As well as preventing future health problems.



# Health Challenges for UK Women in 2023

- UK most obese nation in Europe  
2 in 3 adults and 1 in 4 mothers overweight / obese
- Smoking claims 80,000 lives year  
1 in 5 mothers smoke during pregnancy
- Contraception increasingly difficult to access

Unplanned pregnancy rate - 45%

Teenage pregnancy rate highest in Europe

Abortion rate rising in 35-45 yr old women

# Health Challenges for UK Women in 2023

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Teenage pregnancy rate highest in Europe

Abortion rate rising in 35-45 yr women

- **Maternal mortality** – higher in Black women x 4
- **Mental health** – 15% women postnatal depression, child IQ
- **Menopausal women** – 1 in 4 of our workforce
- **Urinary incontinence** – 1 in 3 women over 60 yr
- **Cardiovascular disease** – symptoms vary, later diagnosis
- **Osteoporosis + Frailty** – major cause of morbidity + mortality
- **VAWG** – affects 1 in 3 women – escalated during Covid



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### The Report At A Glance

Women's Aid finds that the economic case is clear for the UK Government to commit to investing **£427 million** per year, as a minimum, to fund specialist domestic abuse services<sup>2</sup> for women and their children across England. As an economic analysis commissioned by Women's Aid shows, **for every pound invested in domestic abuse support services we will see a saving to the public purse of at least £9.**

To ensure provision is available and accessible to all who need it, this investment should come with a portion of funding ring-fenced for specialist services led 'by and for' Black and minoritised women, d/Deaf and disabled women, and the LGBT+ community. This level of funding will not only provide these services with the minimum level of resources they need to carry out life-saving work, but bring significant cost savings to other public services.

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Cost of domestic abuse in England:

**£77,963,000,000**

Cost of fully  
funded domestic  
abuse services in  
England:

**£426,595,806**

Benefit of fully funding  
domestic abuse services:

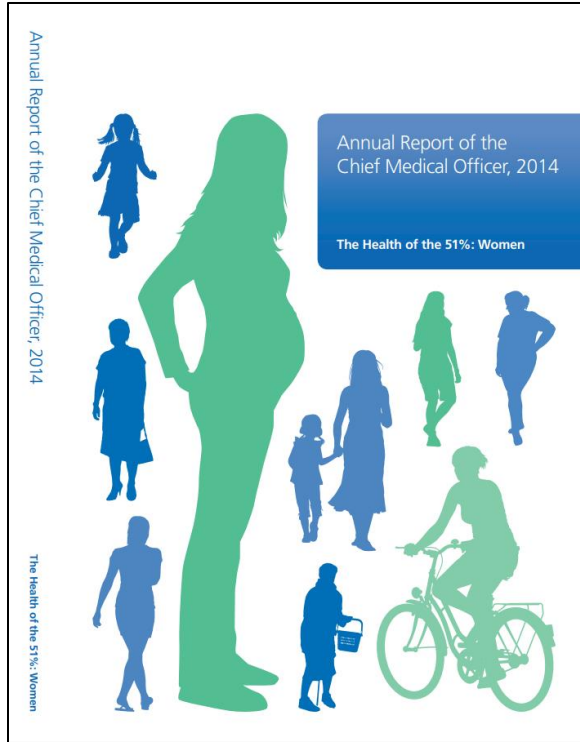
**£3,898,100,000**

Benefit-to-cost ratio:

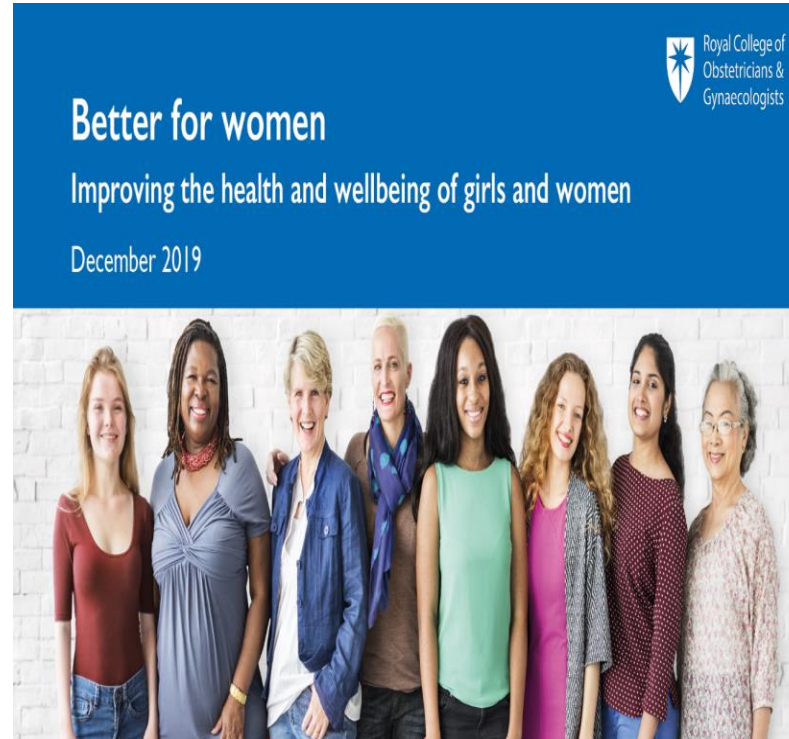
**9.14:1**



# Influential Women's Health Publications



2015



2019



2022

# RCOG : Better for women – better for everyone - 2.12.2019

Royal College of Obstetricians & Gynaecologists

## Better for women

Improving the health and wellbeing of girls and women

December 2019



Royal College of Obstetricians & Gynaecologists

## Better for women

Improving the health and wellbeing of girls and women


December 2019

- A life course approach
- Access to accurate education and information
- Prevention and empowerment
- Fragmentation and access to services

### Executive summary and recommendations

A strategic approach is required across the life course to prevent predictable morbidity and mortality and to address the determinants of health specific to women's health.

**Primary aim – the creation of NHS-led Women's Health Strategies**



23 practical proposals to improve women's health in UK

.....and then Covid-19 struck

## Our Vision for the Women's Health Strategy for England

Published December 2021



## THE CALL FOR EVIDENCE AND THE CASE FOR CHANGE

**On 8 March 2021, the government launched a Call for Evidence to inform the development of England's first Women's Health Strategy. Our rationale was twofold.**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1042631/dhsc-our-vision-for-the-women\\_s-health-strategy-for-england.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1042631/dhsc-our-vision-for-the-women_s-health-strategy-for-england.pdf)

# The case for change



1. To improve the way in which the health and care system **listens to women**



2. To **improve women's health outcomes** and reduce disparities in health outcomes across different groups of women



# How we approached our call for evidence



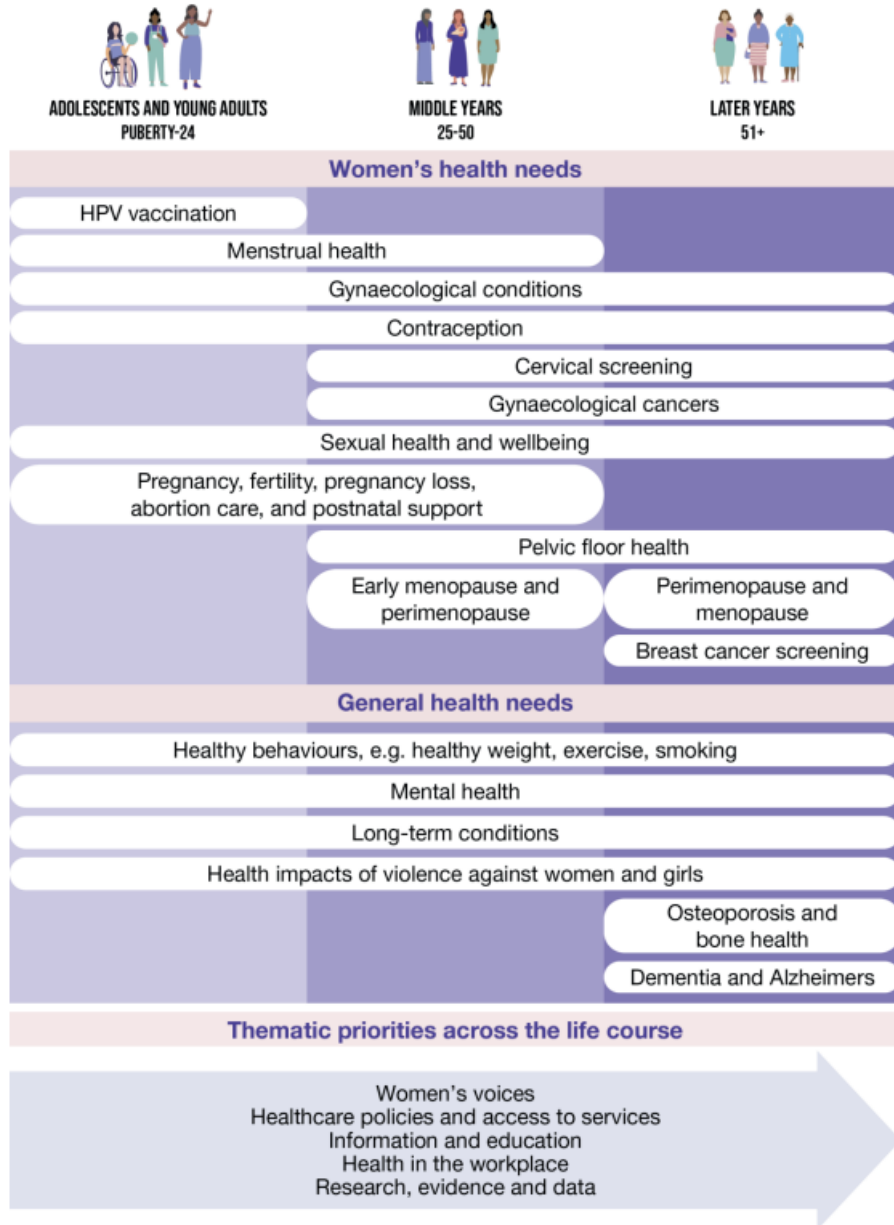
A **survey** open to anyone aged 16 or over in England, including women, their friends, family and partners, and healthcare professionals



An open call for **written submissions from organisations** and individuals (e.g., healthcare professionals and academics) with expertise in women's health



11 **focus groups** with women from under-represented groups across England, led by the University of York and King's Fund



# The strategy adopts the life course approach to women's health...

... which focuses on understanding the changing health and care needs of women and girls across their lives...

...and identifying the critical stages, transitions, and settings where there are opportunities to promote good health, to prevent negative health outcomes, or to restore health and wellbeing.

# Chapters in the strategy set out our 10-year ambitions and actions we are taking now across 8 cross-cutting themes....



Women's voices



Health in the workplace



Information and awareness



Education and training for health and care professionals



Access to services



Research and evidence



Disparities in health outcomes between women



Data and digital

# ... and seven priority areas



Menstrual health and gynecological conditions



Fertility, pregnancy, pregnancy loss and post-natal support



Menopause



Mental health and wellbeing



Cancers



The health impacts of violence against women and girls



Healthy ageing and long-term conditions



# A spotlight on: Violence against women and girls

- In the call for evidence public survey, 30% of respondents wanted to include **health impacts of VAWG** as a topic in the strategy.

## Responses from the call for evidence highlighted that:

- Responses from organisations and experts highlighted that some groups of women are at higher risk of experiencing certain forms of violence and abuse than others, for example **disabled women experience higher rates of domestic abuse than non-disabled women**, and lesbian and bisexual women are more likely to have experienced abuse than heterosexual women.
- Responses highlighted that the health impacts of violence and abuse, including domestic abuse, are wide ranging and extensive and can have long-term impacts on women and girl's **physical and mental health**.
- Submissions from organisations also noted the particular need for healthcare professionals to be able to understand and spot the signs of domestic abuse in order to support women and girls, the specific needs of victims including having access to **trauma-informed services**, and how employers can do more to support victims of abuse both in and out of the workplace.

# Scale of VAWG – pre Covid

- **1 in 5 women** had been victims of sexual assault (or attempted assault) since the age of 16 (compared to 1 in 20 men).<sup>1</sup>
- **Over 1 in 4** women had experienced domestic abuse since the age of 16 (1 in 7 men) <sup>2</sup>
- 1 in 5 women had experienced **stalking** since the age of 16 (1 in 10 men) <sup>3</sup>
- The most prominent impacts of crimes including stalking, sexual offences, domestic abuse and female genital mutilation (FGM) which the Home Office identified through the VAWG Call for Evidence and wider literature include<sup>4</sup>:
  - **A detrimental effect on mental health**
  - **Physical harm**
  - **Negative employment, educational and financial impacts**
  - **Homelessness**
  - **A negative impact on children and family**
  - **Making women feel less safe**

Sources:

<sup>1</sup> [Sexual offences prevalence and victim characteristics, England and Wales: year ending March 2020](#)

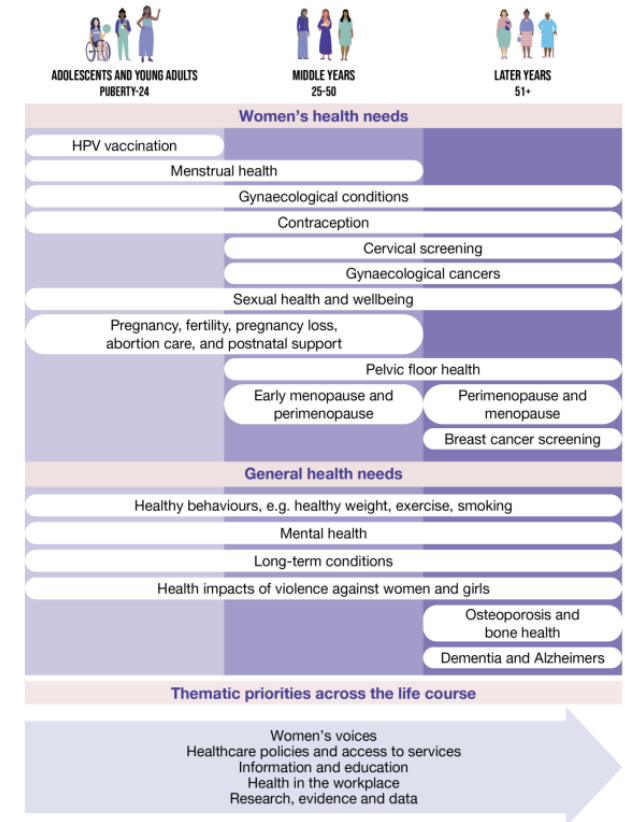
<sup>2</sup> [Domestic abuse prevalence and trends, England and Wales - Office for National Statistics](#)

<sup>3</sup> [Stalking: findings from the Crime Survey for England and Wales - Office for National Statistics](#)

<sup>4</sup> Home Office. Tackling Violence Against Women and Girls Strategy. 2021.

# Women's Health Strategy for England: Year 1 priorities

1. Encouraging expansion of women's health hubs
2. Improving information provision on women's health
3. Supporting women's health in the workplace
4. Pregnancy loss
5. Fertility
6. Improving access to hormone replacement therapy (HRT)
7. Healthy ageing and long-term conditions
8. Boosting research and evidence into women's health



# Health impacts of VAWG

## Ambitions in the strategy

- » Women and girls who are victims of violence and abuse are supported by the healthcare system and in the workplace, and the healthcare system takes an increased role in prevention, early identification and provision of support for victims.
- » NHS services and staff are able to support victims of violence and abuse and are well-equipped with the knowledge and skills to identify and respond to victims and perpetrators. Health and care workers understand the impact of trauma and have the tools available to engage in trauma-informed practice
- » There is greater awareness among the general population of healthcare services that can provide specialist treatment and support for victims of sexual violence and FGM such as sexual assault referral centres and FGM clinics
- » Robust research is carried out to understand the immediate and long-term physical and mental implications of violence against women and girls

## What we have done so far

### We are committed to tackling violence against women and girls in all its forms

- We published a **working definition for trauma informed practise** on 2 November 2022. This definition aims to support development of a consensus within the health and social care sector on how trauma-informed practice is defined, what its key principles are and how it can be built into services and systems.
- We **banned virginity testing and hymenoplasty** in the UK from 1 July 2022 and for UK residents who travel overseas to do it.



## Women's Health Ambassador

Take forward a programme of work to support delivery of the Women's Health Strategy for England

Raise the profile for women's health and increase awareness of taboo topics

Work in partnership with women and girls, organisations and stakeholders to bring a range of voices to the forefront

**Please contact me with your ideas + plans to improve women's health**

[Womenshealthambassador@dhsc.gov.uk](mailto:Womenshealthambassador@dhsc.gov.uk)

[I.regan@imperial.ac.uk](mailto:I.regan@imperial.ac.uk)



# Why we need a Women's Health Strategy

## **Better for women, better for everyone, better for less money**



# **The impact of violence against women and girls**

**Dr Claire Cunnington**

Research Associate, Sheffield University





# About me

- History
- PhD
- My research
- This presentation

# Facts and Figures

*'it happens in...all walks of life, all groups it occurs, and people don't get that, they only think it occurs in low income families, on an estate. They don't see that it happens everywhere. It could happen anywhere.'*

*Lynne*

- 1 in 5 girls and 1 in 10 boys
- Average age 7-9.
- More common – disabled children, children in care, children with 'distracted' parents
- Perpetrators – Most often family or acquaintances

# Effects

*'for most people the body is the safest place you can be, you live there. You live in your house and if somebody burgles your house you feel violated and you can't go into certain rooms but this is your body there isn't anywhere else you can go. You can't move to a new body and if somebody violates that they take away not just your control of it but they take away your ownership, so your body does not belong to you.'* Ruth

*'Whether I cut myself or whether I hook up and then end the marriage early, you know, it's all the same.'* Michael

# Diagnosis and Treatment

*'You are treated so differently by everyone, particularly medical professionals, if you tell them you have PTSD rather than BPD - I think because it makes people think of your issues in the framework of you having experienced trauma, rather than in the framework of you having something intrinsically wrong with you.'* Helen

- 86% will have complex Post Traumatic Stress Disorder (cPTSD), with fluctuating symptoms – children may have PTSD
- 'a body-based disorder—the whole organism is reliving, re-enacting, and replaying the threat' Van Der Kolk
- NICE Guidelines – recommend CBT or EMDR
- [www.nice.org.uk/guidance/ng116](http://www.nice.org.uk/guidance/ng116)

# Disclosure

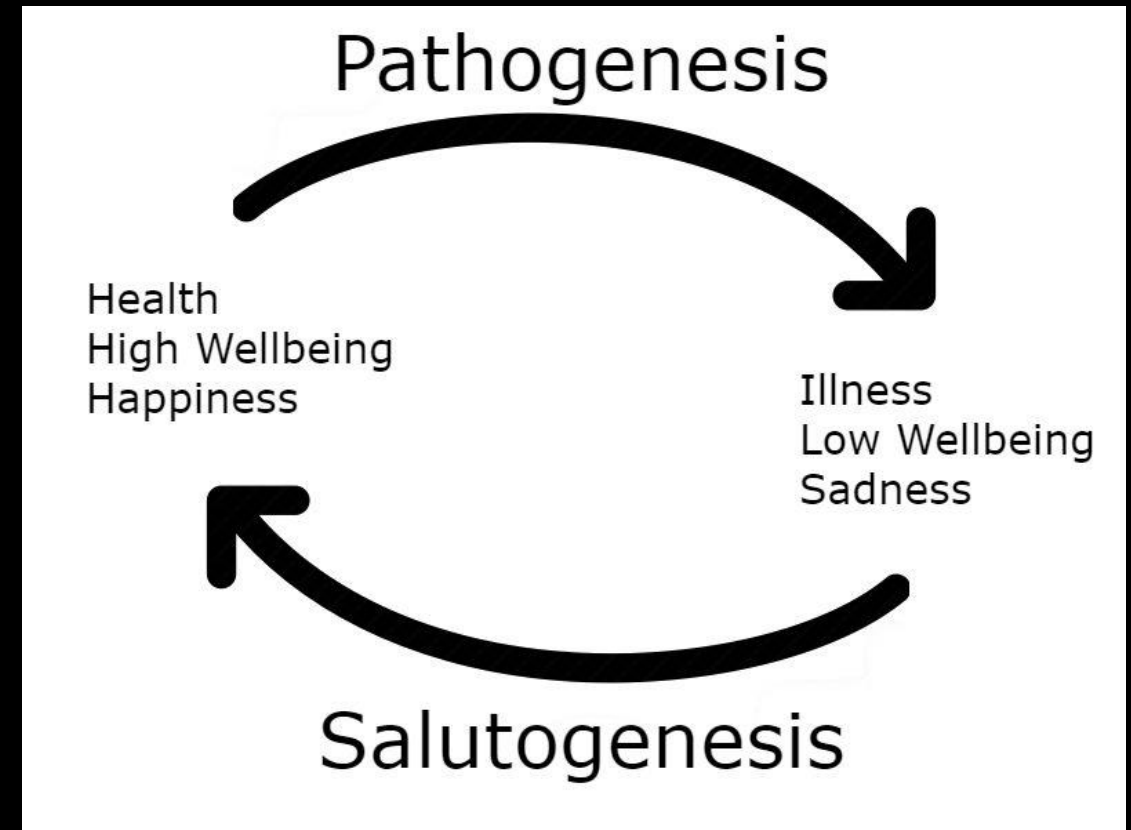
*'I haven't really felt safe to be open about what happened to me very much.'* Anon

*'I went to my GP and he basically said '25 years ago, well, it was a long time ago. Buddy suck it up. Get over it.'* Fred

- Average age of disclosure – mid 20's
- Palmer et al. (1999) 384 cases of childhood disclosures to professionals, only 12% were acted upon.
- In my research out of 56 individuals there were 17 comments about non-offending family members ignoring or enabling the abuse, 14 people were disbelieved, 8 felt the abuse was minimised, 8 people were blamed, 7 families supported the abuser over the accuser and 2 people were disowned.
- Film 'Flow'  
<https://player.sheffield.ac.uk/events/flow>

# Strengths Based Individualized Practice

*'The best way I can describe  
recovery is the shift from  
being a big bundle of trauma  
with just a bit of person on the  
side, to a person with an  
amount of trauma on the side'*  
Carly



# What helps? Relationships

*'If I had known that there was somebody out there who missed me and cared about me and valued me and didn't see me as a problem...I think I probably would have been able to cope better.'* Ruth

- May reduce PTSD
- Over a quarter of the survey respondents (n=38) valued relationships as *the* most important factor for recovering.
- 61 people said that good healthcare was THE most important factor in recovering.
- 107 people viewing talking therapies as a positive influence upon recovering



*'Exercise is really important. I feel that it has a very calming effect on me, on my mind, on my body... I love the movement, the motion of it. It gives me a different kind of focus... The movement feels nice, the left rightness of it all. You feel your arms moving and I haven't thought about it until now but I feel un-judged'* Charlotte

*'Writing, in particular, gives me a safe retreat, a place where I can get satisfaction and distraction in complex ideas and language.'* Judith



# Flow

- 'a state created through carrying out a task that is intrinsically rewarding, challenging but possible and gives immediate feedback (Csikszentmihalyi)
- Reduces anxiety



# References

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Palmer, S., Brown, R., Rae-Grant, N., & Loughlin, M. (1999). Responding to children’s disclosure of familial abuse: what survivors tell us. *Child Welfare*, 78(2), 259–282.

The APPG for Adult Survivors of Childhood Sexual Abuse. (2019). *Can adult survivors of childhood sexual abuse access justice and support? Part One: Achieving quality information and support for survivors*.  
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Claire.Cunnington@sheffield.ac.uk

# **Making a positive impact in London**

**Jemma Gilbert**

Director of Transformation, Transformation Partners in Health and Care

# **Violence against women and girls as a public health issue – London's approach**

**Jain Lemom**

Head of Tackling Violence Against Women and Girls, MOPAC

**M O P A C**

**MAYOR OF LONDON**

OFFICE FOR POLICING AND CRIME

# **Tackling Violence Against Women and Girls as a Public Health Issue – London's Approach**

**Jain Lemom**

Head of Tackling VAWG

**M O P A C** |

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# Launch of Mayor's Tackling VAWG Strategy 2022 - 2025

- The Mayor's refreshed Strategy was launched in June 2022
- The Strategy has a public health approach, with prevention being one of the priorities
- It is a call to action for all to pay their part in working towards the eradication of VAWG.

# Priorities for the refreshed VAWG strategy 2022 - 2025



# Key ambitions

## **Preventing and reducing VAWG:**

- Londoners, and all of London's public sector agencies, have a greater understanding of VAWG and their role in tackling it at every level
- Londoners, especially men, are more committed to challenging VAWG and the attitudes that enable it
- Women and girls experience more equality and freedom in private, public and online space

## **Supporting all victims:**

- Recognising their intersectional needs, more victims and survivors can rebuild their lives through access to specialist support services and spaces that provides tailored support to London's diverse communities
- Victims and survivors are treated with care and respect by the MPS, other criminal justice agencies and public bodies
- There are better criminal justice responses and outcomes for all victims and survivors
- Safe reporting and support are available for all victims and survivors

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# Key ambitions

## Tackling perpetrators

- Holding perpetrators to account
- Improve investigation, detection, charging, prosecution rates and sentencing outcomes.
- Early intervention options - what can be delivered to tackle behaviour earlier and therefore minimise perpetration.
- The development of a perpetrators protocol and support the implementation of a national perpetrator strategy across VAWG
- The importance of long-term perpetrator funding.

## Trust & Confidence

- Lack of confidence felt in the police & other statutory agencies and the urgent need to address the culture
- The strategy commits to ensuring the MPS deliver on their action plans;

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# What is a public health approach to tackling VAWG?

## Key principles:

- Data and evidence-based decisions
- Prioritise early intervention and prevention
- Communities at the heart of change
- Develop immediate and long-term solutions with partners
- Evaluate our activities to understand what works

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# The Tackling VAWG Public Health Approach in action

- Waltham Forest community approach to tackling VAWG, public health central to this
- Convening the Health Roundtable
- Creation of the Integrated Care Boards and Panels
- Stronger collaboration with the Violence Reduction Unit (VRU)
- IRISi expansion?
- A longer term VAWG Prevention Plan to identify how to eliminate VAWG
- Women's Night Safety Audits
- Mayor's Design Advocates

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# VAWG Strategy delivery

## Next steps

- New campaigns across all VAWG
- Support to existing services especially through the impact of the cost of living
- Design of new services with victims and survivor voices at its core
- Strengthen partnerships particularly across health services and international partners
- Continue to hold the Metropolitan Police Service to account

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**Jain Lemom**

Head of Tackling VAWG

Jain.lemom@mopac.london.gov.uk

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# Brief closing reflections



**Dr Will Maimaris**

ADPHL Vice-Chair and DPH  
London Borough of Haringey



**Lucy Hadley**

Head of Policy, Women's Aid



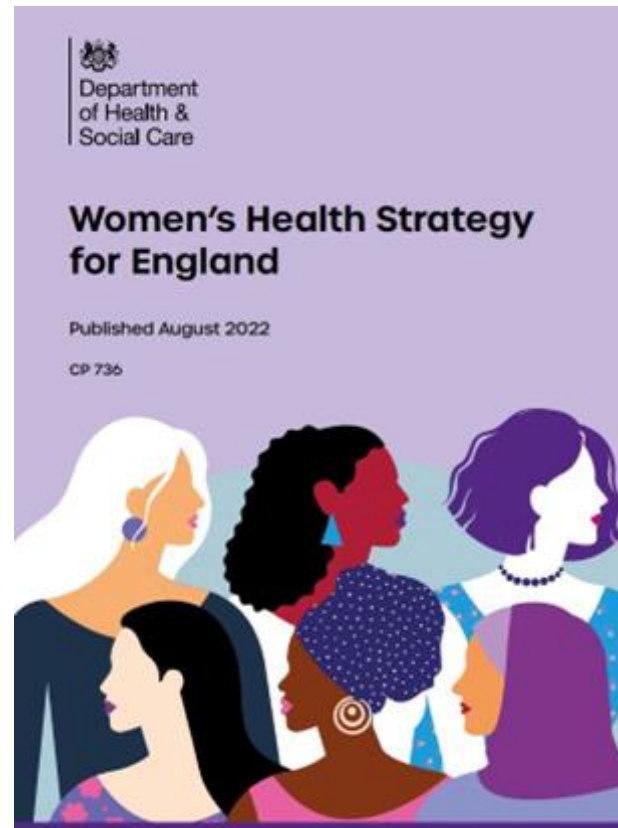
**Gwen Kennedy**

Director of Nursing  
Leadership & Quality, NHS  
England (London Region)



# Women's Health Strategy & NHS England London Safeguarding

Public Health Forum- Tuesday 7th March 2023



# Women's Voices

## Women's Health Strategy

- Women and girls **feel listened to and have their concerns taken seriously** at every stage of their journey

## The safeguarding team has

- Included the **voice of people with lived experience to guide the work** both directly and by highlighting to the systems the importance of learning from experts such as including their voice in the VAWG conference
- Prioritise **community engagement** for FGM



# Women's Voices

## Women's Health Strategy

- 'We are working with NHS England and our other arm's-length bodies to **increase the representation of women from a wide range of backgrounds at senior – including board– level** across the health and care system'

## Joint working

- **A VAWG Clinical Lead (Dr Liz Henderson)**, who provides support to the team alongside her work as the **Deputy Medical Director for Systems Improvement and Professional Standards** in NHS England London Region. Her extensive knowledge and experience in **VAWG, DVA and Trauma Informed Care** compliment the team's skills, resulting in a strong robust team

# Domestic Homicide Reviews

## Women's Health Strategy

- 'learnings and recommendations from the [Domestic homicide review](#) (DHR) that relate to health organisations are taken forward, and embedded into the healthcare system at a national and local level'

## The safeguarding team has

- Following a London DHR, the **NHS London DVA clinical reference group**, co-chaired by Dr Liz Henderson, are currently producing some **guidance for maternity settings**
- Created a joint strategic support meeting with identified **ICB leads** in VAWG / Domestic Violence Abuse (DVA). An element of this work will be **learning from DHRs at a London level**

# Perpetrators

## Women's Health Strategy

- 'The health and care system prioritises the prevention and reduction of violence against women and girls, and has an increased role in prevention, early intervention (**including through identification of perpetrators**), and supporting victims of violence and abuse.'

## The safeguarding team has

- Commissioned **bespoke London wide course** with Respect - "Holding perpetrators to account in the NHS – steering policy and practice"
- The course focussed on **policy and practice in the NHS pertaining to domestic abuse perpetrators** and accountability abusive behaviour. Aimed to empower staff to use Trust policies in their practice, identify gaps in policy and identify a way forward that empowers staff and survivors; and **hold perpetrators to account.**

# Virginity testing and hymenoplasty

## Women's Health Strategy

- 'Virginity testing and hymenoplasty are both forms of violence against women and girls, and are harmful practices that stem from dangerous misconceptions about a woman's sexuality. Such practices will not be tolerated in the UK and we have banned them through the Health and Care Act 2022. We have developed **safeguarding guidance** for agencies and those working on the frontline that will sit alongside the legislation'

## The safeguarding team has

- created an **animation to highlight the key aspects of the guidance** to support staff in understanding the new legislation, safeguarding responses (including consideration of forced marriage) and support for women and girls. The team consulted with the Department of Health and Social Care, National Police Chiefs Council, Royal College of Midwives, Royal College of Obstetrics and Gynaecologists and Karma Nirvana



# FGM

## Women's Health Strategy

- 'there is **greater awareness among the general population of healthcare services** that can provide specialist treatment and support for victims of sexual violence and FGM, such as sexual assault referral centres and FGM clinics'.

## The safeguarding team has

- **Updated the public NHS page** to make finding clinics easier. Planning a national campaign for clinics awareness 6<sup>th</sup> Feb 2024
- **Commissioned a local charity to provide community engagement sessions across London, one per ICB.** These will raise awareness of what support is available, including the clinics
- **Commissioned an evaluation of the NHS FGM clinics (nationally)** to review their impact on woman's health and their cost effectiveness
- Currently **updating the NHS Commissioning Guide** to assist ICBs in planning for NHS FGM services

# FGM

## Women's Health Strategy

- The NHS will **raise awareness of FGM among healthcare professionals** who are involved in women's health screening services, so they know:
  - how to identify FGM
  - how to provide a sensitive service
  - where to refer women for expert services

## The safeguarding team has

- Produced an **animation** based on trauma informed care, to support health professionals to have conversations with survivors of **FGM regarding cervical screening**
- Commissioned an **Easy Read format of FGM information** to support people with a learning disability. This was coproduced by people with lived experience (double click on picture to access)
- The team are **updating the national eLearning for FGM**

**Female Genital  
Mutilation**  
What it is and  
how to get help



Some of the content inside this information may be distressing.  
We recommend that a social worker, support worker, teacher, or healthcare professional reads through this information 1-to-1 with the person with a learning disability, and makes sure follow up support is available.  
Please consider if it is appropriate to give this to someone to read independently and without support.

V 11.05.22

## Cervical Screening

An animation for health professionals working  
with survivors of Female Genital Mutilation (FGM)

# Knowledge and Skills

NHSE VAWG Conference 25 November 2022

(in collaboration with MOPAC)

- Aim of the day was to equip delegates with tools to support those they see who have suffered abuse
- Lived experience –important element - shared experience of sexual and domestic abuse. Provided tips regarding language to use with survivors and signposted to numerous resources
- National and London context and legislation changes

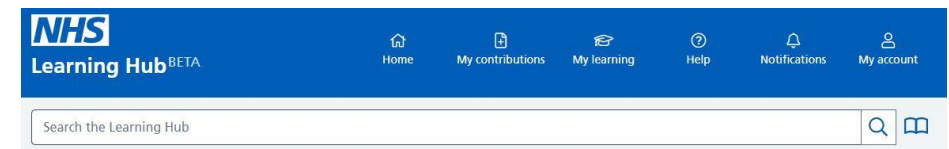
# Knowledge and Skills

## Women's Health Strategy

- 'NHS services and staff ....are well equipped with the **knowledge and skills to identify and respond to victims and perpetrators**'

## The safeguarding team has

- Created a **Learning Hub** page to gather resources in one easy to navigate place



[Add bookmark](#)

NHSE London Safeguarding VAWG, Domestic Violence/ Abuse & Harmful Practices



# Future Plans

## Harmful Practices sessions in June

- FGM (before summer holidays)
- Forced Marriage

## VAWG Conference November 2023

- Carers
  - Young carers
  - Carers for older people
  - Carer's assessment

## Case Study Series

- Learning from case studies across various topics

**Question and comments from the audience**

# Session Close

## **Professor Kevin Fenton**

Regional Director London, Office of Health Improvement and Disparities (OHID)

## **Jane Clegg**

Regional Chief Nurse, NHS England (London region)

**Please complete our evaluation form**

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