MUSLIM WOMEN'S NETWORK UK
WRITTEN EVIDENCE:

INQUIRY INTO FEMALE GENITAL MUTILATION (FGM)

12th February 2014

Introduction

1. Muslim Women's Network was formally established in 2003 with the support of the Women's National Commission (WNC), to give independent advice to government on issues relating to Muslim women and public policy. In 2007, Muslim Women's Network decided to establish itself as an independent organisation to ensure its autonomy from Government. We renamed the group 'Muslim Women's Network UK' (MWNUK) and became a Community Interest Company in 2008. In December 2013 we formally became a registered charity[1].

2. Our aim is to gather and share information relevant to the lives of Muslim women and girls in order to influence policy and public attitudes, to raise the profile of issues of concern to Muslim women and to strengthen Muslim women's ability to bring about effective changes in their lives.

3. At the time of writing, MWNUK has a membership of 500 that includes individuals and organisations with a collective reach of tens of thousands of women. Our membership is diverse in terms of ethnicity, age, religious backgrounds, lifestyles, sexual orientation and geographic location. Members are also from a range of employment sectors including: higher and further education; voluntary sector and support services including services workers; health and legal professionals; the police and criminal justice sectors; and local and central government. Our members are mainly Muslim women living and working in the UK while our non-Muslim members work with or on behalf of Muslim women.

4. Supporting actions to addressing female genital mutilation is part of our overall commitment to combatting violence against women and girls, which is one of our seven current priority areas. As the only national Muslim women's organisation in the UK we have been very aware of the issue of FGM within Black Minority Ethnic (BME) communities with an overlap into the Muslim community. In turn we have carried out a range of activities to tackle the issue including creating fact sheets and podcasts raising awareness and educating others as well as talking in the media and at a grassroots level; in February 2013 we included FGM as an abuse within our postcard campaign directed at mosques and also spoke to the residents of East London on the matter.

Evidence

[1] Charity Registration Number: 1155092

5. MWNUK's constant concern has been that whilst FGM is a complex issue prevalent within a wide cross-section of communities of varying faiths and ethnicities, there are particular hurdles and barriers as well as systematic failures which as a collective are contributing towards the continued existence of FGM in UK.

6. We believe that victims/survivors, including potential victims are at particular risk of being overlooked by service providers and support agencies due to a lack of will, understanding and/or ability. In turn, it leads to an inability to deter perpetrators. We attempt to address these matters within the following questions of the Inquiry and hope our comments are taken into consideration during your investigation into female genital mutilation.

7. At this stage, we would like to clarify that MWNUK strongly disagree with any suggestions that FGM is an Islamic practice; on the contrary we consider FGM to predate Islam with no authentic basis to validate any such connection. We consider it to be a form of violence inflicted upon women and girls which must be eradicated throughout the whole world, not just the UK. For further information please see our website.[2]

How effective is the existing legislative framework on FGM, and what are the barriers to achieving a successful prosecution in the UK?

8. Despite FGM being a criminal offence in the UK, not everyone is aware of this legislation and more worryingly, there are individuals who are aware but are still not deterred. Thus, whilst a framework exists, the lack of prosecutions despite the continuing abuse highlights its serious ineffectiveness.

9. Evidential issues are consistently put forward as key hurdles in achieving prosecution despite the very physical and visual proof that FGM has occurred on the victim. We are aware of the complexities involved including the fact that perpetrators may be family members themselves, the age of the victim, and issues of stigma within the community. However, we suggest that there is a misguided overemphasis on needing victims/survivors to shoulder a case – if this approach was taken towards all violence against women and girls offences, would this not naturally affect prosecutions?

10. There is a serious need to consider alternative means by which to pursue prosecutions. This would not only include better policing strategies such as surveillance of serial perpetrators who carry out FGM on behalf of family members but also an evaluation of any circumstantial evidence available which may help strengthen a case. We would also suggest legislative changes by which parents and potential others may be charged due to a failure to protect under-age victims from harm; the fact that FGM has occurred would therefore directly implicate those with parental responsibility thus alleviating the need for a child's evidence or even the need to identify who performed the FGM etc. We suggest that a similar method of responsibility is placed on professionals such as those working in health and education for not reporting an offence or potential risk.

[2] http://www.mwnuk.co.uk//go_files/factsheets/518708-FEMALE%20GENITAL%20MUTILATION%20factsheet.pdf

11. We would also like to highlight an obvious deterrent in victims/survivors and also any witnesses coming forward – a lack of protection and support available. As well as a need for better training and understanding of the complexities involved, we ask that consideration be given to legal mechanisms available such as witness anonymity or pre-recorded evidence. Such measures may not only assist in preventing external factors such as social stigma or threats but will also take account of the very personal difficulties involved in recounting such experiences.

12. Finally, we ask that you consider introducing similar strategies to that followed in cases of domestic violence or sexual offences, such as domestic violence protection notices and orders, forced marriage protection order or sexual offences prevention orders. As stated, we are aware of the particular issues of victims/survivors not wanting to report their family members however at the same time it is necessary for such family members to understand that an offence has been committed which has, and will, have a detrimental impact on their child. In such situations an alternative approach may be to serve a notice akin to that for domestic violence for example thus allowing evidence for any further FGM committed on a member of the family; by following a similar process it will allow police and other agencies to be alert as to risk to any other potential victims and also hold evidence for future prosecutions whilst at the same time providing victims/survivors with the opportunity to come forward without feeling guilt for criminalising their family – that is, they can be reassured that it was not their actions in coming forward but rather the persistence of the perpetrators despite warning and support in addressing the practice that has led to any prosecutions. We hope you appreciate of course that this is not a clear-cut procedure being put forward but rather a potential idea to be further developed. For such measures to work it would also be necessary to have a dedicated support network together with a means by which to assist in educating perpetrators and accomplices in a bid to re-educate the communities involved.

13. On a further note, we ask that you address the clear discriminatory aspect of legislation by which it is only an offence if victims are British nationals or "settled"; all children and young people should be protected irrespective of their arrival date into the UK.

Which groups in the UK are most at risk of FGM (whether in this country or abroad), and what are the barriers to identification and intervention?

14. Whilst we appreciate that FGM is more common in certain groups in the UK perhaps more than others, we respectfully suggest however that this line of enquiry is unhelpful in tackling the issues. By attempting to identify the groups at most risk it is possible that other potential victims are missed or ignored. We would suggest that an alternative approach would be to start treating FGM just the same as any other form of violence against women whereby the focus is on the offence and the individual vulnerabilities of the victim are included as part of an overall assessment; when identifying those at risk of sexual abuse in UK for example, it would not be appropriate to start by considering which groups are more at risk but rather it is, or should be, understood that sexual abuse is a sad and unfortunate reality in all

communities. During our research into sexual exploitation of Asian girls and young women we had uncovered that Asian victims were being missed as a result of a misbelief that Asian girls and young women are not subjected to such abuse (Unheard Voices, 2013). Taking such an approach towards FGM may lead to similar consequences whereby a belief that the practice is more prevalent in one group creates an assumption that it is not in another. This is irrespective of the fact that we do understand that there are indeed groups more at risk and our suggestion of utilising an approach more in line with other forms of violence against women will encompass such risk assessment without potentially leading to missed victims.

15. The above approach will also allow us to take account of any changes within communities and ensure vigilance against FGM at all times. It must be remembered that the reasons for performing FGM vary from person to person - some may do so in order to protect cultural ideals and/or identity, some may wrongly believe this to be a part of their faith, some may consciously adhere to the patriarchal notions that underpin the existence of the practice – and in turn, people may be drawn towards FGM for such reasons even if the practice was previously unknown to them.

16. One individual for example, who was not a victim nor knew a victim, was told that FGM is an Islamic practice which whilst not compulsory was a preferred practice and it was only through further research that she was able to uncover that this was incorrect – her concerns upon finding out that she was fed false information was that others on a spiritual journey like her who are trying to better themselves in their faith may fall into such traps and may begin pursuing a practice due to a lack of knowledge and understanding of the exact effects.

17. Interestingly, a particular point raised by the above individual was her lack of understanding of what in fact entailed FGM and in our opinion this is a part of the barriers towards identification and intervention. There may be individuals within a community, such as young men, who are aware of the practice but unclear on the specificities and the harm caused. Similarly, there may be front-line professionals in a position to provide information on a potential victim but a lack of knowledge of the exact practice and impact makes them minimise the issue. Better education and training in this regard would therefore assist in overcoming such barriers and assist in disclosures.

18. Moreover, we are consistently told, and have been for many years, that there is reluctance by key professionals including health care professionals and police, to interfere in what they regard as culturally or faith sensitive matters. It is vital that this is addressed immediately through proper education and training; we would suggest that this include information highlighting the alternative voices of the communities, that is, highlight that there are key individuals and organisations including faith leaders within the communities themselves striving to end FGM and therefore it is not about cultural factors but rather about violence against women.

What are the respective roles of the police, health, education and social care professionals, and the third sector; and how can multi-agency co-operation be

improved? How can the systems for collecting and sharing information on FGM be improved?

19. As highlighted above, front line professionals such as those within education and social care are key in tackling FGM in the UK. Indeed, we believe it is the lack of multi-agency approach thus far that has allowed FGM to continue in UK. Health, education and social care professionals have a particularly important role to play given they are likely to be the first point of call in terms of disclosure. We would suggest that a policy is put in place making it mandatory for any evidence or potential risk to be reported in the first instance for further investigating; we further suggest that a dedicated team of trained officers is set up to pursue the lines of enquiry further.

20. Further training, education and support will be necessary to ensure success in such an approach. It is also necessary to have proper information sharing procedures in place which ensures immediate actions and continuous reviews where necessary; for example, where a teacher has raised concerns of a child being taken abroad it is vital that this is kept under review by both police and social care professionals so that the child at risk is not missed later on down the line.

21. We must also highlight that teachers themselves have a very important task to play in this regard – that is, they are best placed to educate students on issues such as FGM and other forms of violence. In fact, we would like to see such topics becoming a part of the curriculum in a bid to increase awareness and assist in prevention. By doing so, this would allow awareness-raising without specifically targeting any particular students.

How effective are existing efforts to raise awareness of FGM?

22. Whilst there has been an improvement over the years, in our opinion credit for such can only be given to NGO's and individuals working at a grassroots level to tackle the issues rather than on a wider scale. Indeed, much needs to be done in raising awareness across all sectors.

23. Our work has highlighted the lack of awareness in schools even from students who are regarded as being part of a community in which FGM is practised; better awareness may mean students are able to call for help for friends and peers.

24. We are also concerned as to how FGM tends to be discussed generally with a link to immigration and/or religion, which we believe conflates an issue and takes it to a direction that is both unhelpful and unfair for victims/survivors. Training sessions and presentations during university lectures for example, can include language and terminology by which the practice is regarded as one only of relevance to the deviant "other" which rather than promoting collective actions can seem divisive. It is essential therefore that a properly effective training programme is developed which can be utilised across the board; if the intention to stop FGM is sincere we would ask that proper attention is directed to training and development as without a thorough multi-agency approach, FGM will continue.

How can the available support and services be improved for women and girls in the UK who have suffered FGM?

25. The key theme within our Evidence has been the need to keep the victim/survivor at the forefront of all considerations who may face a range of issues including physical, psychological and societal, such as the fear of abuse or stigma. There may also be additional issues of consideration which may or may not be linked to the issue of FGM.

26. We ask therefore that due consideration is given to the needs of victims/survivors whether this is at initial disclosure and evidence gathering, in terms of health related matters or issues stemming from societal problems such as the need for alternative accommodation or relocation.

Final Comments

27. We have already commented on the need for collective action and a multi-agency approach; we ask that you bear in mind that this is sought in order to assist those who have fallen victim and protect those at risk from becoming victims. This is only possible if an unqualified commitment is made to ending FGM in UK which takes into account all the issues of relevance.

28. As a point of clarification, we must explain that our comments and examples have been limited to BME and/or Muslim victims due to the nature of our organisation and its work. As a national Muslim women's organisation our work predominantly deals with Muslim and BME women albeit we also work with individuals of other faiths and are therefore also aware of issues of relevance to other faith communities. In turn we wish to clarify that where we ask for faith and culturally sensitive support packages and mechanisms we do so on behalf of victims of all race, ethnicity, religion and faith.

29. We also wish to reiterate that we do not consider FGM to have any basis within Islam and therefore from our perspective it is not a practice justified through the Islamic faith; we consider it to be violence against women and girls and ask that it be treated accordingly.

30. As a national women's organisation committed to combatting FGM, Muslim Women's Network UK would like to express its willingness to assist through training, support, information or advice or any other means in order to ensure that any cases are prosecuted accordingly and preventative measures put in place for the future.

31. We would like to thank you for providing us with the opportunity to respond to your Inquiry and hope that our evidence proves to be helpful in your considerations.

On behalf of Muslim Women's Network UK,
Nazmin Akthar
Vice-Chair