**MWNUK RESPONSE TO HOME OFFICE CONSULTATION:**

**CONSULTATION ON STATUTORY MULTI-AGENCY GUIDANCE ON FEMALE GENITAL MUTILATION**

**September 2015**

## 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 it formally became a registered charity and operates nationally across the United Kingdom[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. Our charitable objectives include the promotion of equality and diversity, social inclusion, and racial and religious harmony.

4. At the time of writing, MWNUK has a membership of over 700 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.

[1] Charity Registration Number: 1155092

5. Supporting actions to addressing female genital mutilation is part of our overall commitment to changing attitudes to abuse against women and girls, which is one of our six 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, albeit the issue of FGM is much wider. In turn we have carried out a range of activities to tackle FGM, including: speaking at events; media appearances; presenting seminars and workshops; providing training to key organisations such as schools; liaising with government bodies and individuals to effect positive change in policies relating to FGM; campaigning at a grassroots level; undertaking research; producing reports, factsheets, podcasts and videos; providing support and advice to potential victims and survivors of FGM.

6. In January 2015 we launched the Muslim Women's Network Helpline (MWN Helpline) to provide support and advice to potential victims and survivors. In March 2015 we held the FGM Summit in partnership with St Alban's Academy, FORWARD, Bloomsbury Nursery, CCG's and West Midlands Police. The event was a great success with many tangible outcomes. The Summit brought together young people, community members, traditional and faith leaders, youth champions, practitioners, front-line staff, safeguarding, schools, police, nurses and doctors who pledged commit to 'ending FGM within a generation'. MWNUK will continue such work in our fight to eradicate FGM.

**Response**

7. 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.

8. 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 particular we have been concerned that a lack of multi-agency approach to tackling FGM has in our opinion contributed to the continued existence of this crime. We are therefore pleased that this is being addressed through the issuance of statutory guidance and most importantly by the acknowledgement that "it is unlikely that any single agency will be able to meet the multiple needs of someone affected by FGM".

9. The statutory guidance is a positive step in the right direction in ensuring that there is a concerted and collective effort by all to prevent and eradicate FGM. Our concern however is that we should not lose sight of the potential victim/survivors needs and requirements, or concentrate on some victims/survivors and not others. The starting point should always be to consider the individual, their needs and their safety. We hope that through our Response we are able to assist in ensuring that processes are fit for purpose and take into account the needs of victims and survivors.

10. 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]

**Q1. Do you agree that the draft statutory guidance provides frontline professionals with the information they need on the prevalence of FGM and the issues around it? If not, where and how could the guidance be changed?**

11. We agree that the draft statutory guidance generally provides frontline professionals with the information required on the prevalence of FGM and the issues around it. However, we do feel that further information could be provided so as to aid the understanding of frontline professionals; this does not necessary need to be contained in the same document but could be provided as supplementary information. For example, case studies should be provided so that frontline professionals can consider different scenarios and be able to properly assess each situation and the best means by which to safeguard a potential victim or survivor. Each case will be different, with different facts and different layers – forced marriage or domestic abuse could be involved – and it is unfair to assume that frontline professionals will be able to act appropriately in each situation based on statutory guidance alone. We hope that supplementary information and/or specialist training will be made available in this respect.

12. We also feel that more could be said in terms of providing the correct support for potential victims and survivors. Preventing the FGM from taking place appears to be the only aim of the statutory guidance, albeit we appreciate that the draft guidance does consider safeguarding measures such as police protection and a place of safety. However, what of the mental health issues that could be involved or the emotional needs of the individual generally?

13. We give you the example of one of our case studies: FGM was performed on the survivor at the age of five years old when living abroad and before the survivor and her family arrived into the UK and she was enrolled into school. The survivor did not exhibit any obvious signs and it is unlikely that this abuse that had been inflicted on her would have been uncovered but for her disclosure. However, this survivor – who did not show any outward issues – had been consistently suffering from flashbacks to the date of her abuse and had been suffering in silence because she had no one to talk to. Teachers were involved and this matter was referred to MASH. As the FGM occurred abroad before she came to the country nothing further was pursued in terms of a prosecution. What is worrying however is that nothing was done to address the survivor's emotional needs; counselling was not offered to deal with the flashbacks let

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

alone appropriate counselling (it is important to note on this point that not all counsellors would understand her specific situation as they may not be familiar with FGM issues). Even more worryingly the parents were informed of the situation, which essentially meant that the survivor was placed in a detrimental position as a result of her disclosure!

14. We would like to highlight that there is limited support available in terms of addressing the psychological and emotional needs of victims and survivors; a specialist helpline that victims and survivors could access would be a step towards the healing and empowerment process. We note that the statutory guidance considers health factors; what about the implications that go deeper than physical health matters? The support needed once a disclosure has occurred does not appear to have been taken into account.

15. We also feel the links to domestic violence and forced marriage could be emphasised further, as there may be many layers to an issue. A young girl could for example be "betrothed", "promised" or "engaged" to her intended future spouse at the same time as the performance of FGM.

16. To an extent we feel that focus is being placed on increasing reporting as a result of the introduction of the mandatory reporting duty and achieving prosecutions than on prevention and in actually assisting victims and survivors of FGM. For example, we note that at para 4.1.2 of the draft statutory guidance you refer to good practice mechanisms where an individual's profession falls outside the mandatory reporting duty they should still consider sharing information. However, at 4.1 (page 16) the draft guidance notes discuss how the mandatory duty does not apply in relation to at risk or suspected cases or over 18s or where a professional can identify that another individual working in the same profession has previously made a report to the police in connection with the same act. We must ask why the good practice comments do not extend to suggesting that information be shared even in such circumstances? Multiple reports would assist in ensuring a complete picture by which to properly assess the situation and assist the victim/survivor. It would allow patterns to be established and if professionals are reporting based on stereotypes and targeting of certain communities this will in turn highlight the gaps in training and knowledge to be addressed.

**Q2. Do you agree that the draft statutory guidance provides service delivery organisations with the information they need on the prevalence of FGM and the issues around it? If not, where and how could the guidance be changed?**

17. We repeat our comments at paras 11 and 16 above.

18. We would also like to stress that for such measures to work it would also be necessary to have a dedicated and effective support network together with a means by which to assist in educating perpetrators and accomplices in a bid to re-educate the communities involved and most importantly in healing and empowering the victims/survivors. Just as introducing a criminal offence has not been sufficient to address FGM, mandatory reporting and statutory guidance in terms of a multi-agency approach will not in itself suffice. Proper training, specialist guidance, adequate support mechanisms (such as specialist counselling) and most importantly an individual-centred approach is what is needed to tackle FGM.

**Q3. Do you agree that the draft statutory guidance adequately captures FGM risk factors?**

19. We are concerned that the draft statutory guidance appears to suggest a somewhat exhaustive list of risk factors and situations, when in reality we need professionals involved to be alert to all possible signs and factors.

20. The draft statutory guidance for example, concentrates on mothers and siblings. However, what of aunts and nieces? What if the mother has not had FGM performed on her but it is a practice within the paternal side of the family? What if the paternal aunt or grandmother have had FGM performed on them – will the possible risks to the niece or granddaughter be ignored? What about the fathers who do insist and force FGM upon their daughters and the alternative scenario where the fathers do not agree and FGM takes place at the grandmother's insistence? What if there is no apparent history of FGM in the family or extended family but the parents have decided to pursue this? In one case in a family of four daughters, FGM was not performed on the daughters until one day one of the daughters answered back to her father and he decided that FGM was necessary to protect his daughters from becoming "wayward". It is too simplistic to assume that there is a "type" of family model that is to be classed as a risk factor. There is no limit as to who may be at risk and who may require assistance. It is also noteworthy that the father in the case mentioned took his daughters to Dubai; a place that would be deemed a normal holiday destination and would not usually arouse suspicion if daughters are taken abroad for a holiday.

21. We would also like to highlight that some young girls have FGM performed on them because they and their families will be migrating into European countries; families see this as a means by which to "protect" their daughters from "western influences". It is unfair and unjust to ignore these girls on the basis that no legal offence has been committed; they still require physical and emotional support and a family with such a

mentality may also mean the girls are in danger of other forms of abuse either currently or in the future (such as, if their family feel the daughters are not upholding their views).

22. Also, as mentioned earlier, FGM can coincide with early forced marriages, or the preparations thereof. That is, a girl may be "betrothed" to another and FGM performed to keep her "chaste" (in their eyes). It is therefore very important to remain open to all considerations. It may be that a girl discloses information about an upcoming forced marriage only but the risk of FGM is also in the pipeline which she has not yet mentioned; or vice versa.

**Q4. Do you agree that the draft statutory guidance captures the full range of legal tools and interventions to enable professionals and public sector organisations to safeguard and protect women and girls at risk of FGM?**

23. We agree that the draft statutory guidance does capture the range of legal tools and interventions to enable professionals and public sector organisations to safeguard and protect women and girls at risk of FGM.

24. However, we would like to stress the importance of considering the delicate relationships of trust that are at stake. It is vital that a situation is properly evaluated before a decision is made in respect of next steps to be taken. For example, where a student has informed a teacher that she has had FGM performed on her it may be necessary to allow time for the teacher to continue discussions with the student so as to not further impact on the child through a breach of trust, or deter other students from coming forward to speak. On the other hand, if the student has a sibling who is at risk it may be necessary to act immediately. Or issues such as a forced marriage or domestic violence could be involved. It is necessary to assess the situation and consider the best interests of the victim or potential victim as the ultimate priority.

25. It is also necessary to evaluate the effectiveness of any legal measures to be pursued. 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 (children will not want to see their parents prosecuted), 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. There is a serious need to consider alternative evidence gathering strategies. 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.

26. We note the information at 5.8 of the draft statutory guidance and would like to reaffirm your considerations in this respect. An obvious deterrent in victims/survivors and also any witnesses coming forward to seek help is the 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.

27. In our previous Response of August 2014 in respect of the introduction of a Civil Protection Order, we mentioned that such an Order may be of assistance even where additional medical procedures would assist to reduce discomfort. We ask again that the introduction of such order be considered for the assistance of victims and survivors.

28. We must repeat again the importance of allowing for proper training of professionals to ensure that they are adequately prepared to assess each situation of known or disclosed abuse, as well as be able to identify suspected cases. Knowledge of legal avenues on their own will not be sufficient if the impact on the safety of the individual has not been considered.

**Q5. Do you agree that the draft statutory guidance promotes an individual-centred approach, ensuring that a woman or girl's individual circumstances drive the decision making process at all times? If not, what additions do you consider could be made to the guidance?**

29. With respect, although a good attempt has been made, we do not think the draft statutory guidance has fully grasped the concept of an individual centred approach. The draft statutory guidance appears to envisage a process whereby as soon it is clear that FGM has been performed, either through disclosure or visual identification, this is passed on to the police. Where then is the scope for considering the individual needs of the victim and how precisely are professions to be equipped with the knowledge and skills to be able to make the necessary decisions? An individual centred approach is not just about considering the potential victim's needs as to when and how to report and prevent the FGM; an individual centred approach is also about helping the victim in every aspect of the situation.

30. Having said that, we were pleased to see the information provided at page 19 of the draft statutory guidance gave due consideration to issues such as needing to be wary of 'hostile' individuals and the issues around interpreters. Such considerations are very important and we thank you for the inclusion of such matters.

31. We would also like to stress that it is important to use appropriate language in such matters particularly where young children are involved. We believe however that the ability to do so comes from specific training in this respect and this needs to be given due consideration.

**Q6. Do you agree that the draft statutory guidance provides sufficient – and clear information for a) health care providers b) police c) children's social care and d) schools and colleges?**

32. Generally we feel that the draft statutory guidance provides sufficient and clear information in respect of the role and involvement of health care providers, police, social services and educational establishments.

33. However, the draft statutory guidance will only work with proper training and understanding within each organisation and between the organisations; how will the processes be confirmed and evaluated? We are aware of instances where disclosures of abuse (that is, of violence against women and girls) have been made by for example, teachers to social workers, or teachers to police, or social workers to police but the matter has not been handled appropriately.

34. Guidance will not automatically result in proper procedures and mechanisms to be introduced by which to ensure an appropriate and adequate response. The lack of adequate police resources need to also be considered as an affecting factor.

35. In respect of schools and colleges, 9.2 of the draft statutory guidance mentions how, "All efforts should be made to establish the full facts from the student at the earliest opportunity. Once the full facts have been established, the member of staff should be able to decide on the level of response required". We agree with these points, however our question is – will individuals be aware of the level of time that can be required to establish the full facts?

36. MWNUK regularly deal with women and young girls who have been or may be at risk of FGM. Some may divulge all the information immediately whilst others may disclose information over time as they build up trust and courage. Intervening either too soon or too late could do harm. Will schools and colleges be equipped for these differing situations? Will they be able to ask the appropriate questions so as to obtain the required information? MWNUK regularly provide specialist FGM training that is faith and culturally sensitive whilst keeping individual needs into account. We know from experience that dealing with cases of FGM is not a simple case of following a script; that is not how full facts are established.

37. MWNUK are also aware of the limited training that is provided to other professional bodies; one hour training sessions or online exercises are not in our opinion sufficient to understand the intricacies of FGM. We regularly deal with frontline professionals

including teachers, medical professionals and safeguarding teams who hold the same concerns in respect of insufficient training.

38. It is also important to bear in mind issues of trust in terms of the victim/survivors wellbeing. Where an individual's safety is at risk naturally an information sharing system needs to be implemented but this can be done with a degree of care so as to limit the emotional impact on the potential victim/survivor. In cases that have been dealt with by MWNUK most individuals have expressed that their preference would be to deal with, and disclose to, a third sector organisation which is independent to other professional services. Where ready, they would rather remain involved with the third sector organisation in dealings with the police or social services; this can be put down to a sense of security and in considering the multi-agency approach greater involvement with third sector organisations needs to be considered. It is important to consider all forms of help, support and resources available and most importantly, to take into account the needs of the individual and consider all the means by which the potential victim/survivor could be helped.

39. Different organisations also need to have open and transparent discussions with one another about how they can work together most effectively. A procedure of immediate involvement of the police will only go towards deterring individuals from seeking the assistance of healthcare professionals and other service providers and will do more harm than good. Bearing in mind that the problem we currently face is that individuals are unwilling to implicate family members, naturally knowing that their doctor, teacher or even charity worker, is under a duty to report to the police will only silence victims and survivors further. This will be especially concerning should those in need of medical attention be deterred. The multi-agency approach should be used to work together to help the victim or survivor; not to scare them away.

**Q7. Do you agree that the draft statutory guidance captures how professionals and public sector organisations can work with communities to prevent FGM?**

40. With respect, we cannot see much information on this point but appreciate that an extensive discussion cannot be included in the statutory guidance.

41. We would for example, have liked to see further information challenging the misconception that FGM is recommended in Islam by explaining the basis individuals use for their justifications and why their views are incorrect and inconsistent with Islamic principles. Such information would allow for better discussions to be had challenging the misconceptions held by those in the community as well as to empower potential victims and survivors.

42. We agree with the points at 10.3 of the draft statutory guidance but it is of course important to work with the correct individuals and organisations who are truly committed to ending FGM and not those who are paying lip-service to the subject.

Having said that, we should also seek to work with such individuals and organisations and make them understand that FGM is a crime and violence against women and girls so that this understanding can resonate across all communities; the point we wish to make however is that it should not be assumed that all community leaders and community organisations can be useful or that they are as committed to the fight as we hope them to be.

43. We agree that it is important to find individuals from within the community to assist in tackling FGM so that the message can be portrayed clearly and in a manner by which the community members can understand. We also agree that it is necessary to build up a relationship of trust particularly with new migrant families who may feel insecure and in need of community acceptance and who can feel (and have expressed to us) that topics such as FGM are brought up as an "othering" exercise and an excuse to remove them from the country (where their legal status may be a concern). It is important to build relationships with the communities so that discussions around the law can be had openly. Story-telling mechanisms are an effective means by which to bring to light the serious human rights implications involved.

44. However, it is also important to consider the alternative side and the need for community members or leaders and/or community based third sector organisations to liaise with the likes of schools and colleges too so as to ensure that schools do not feel reluctant in addressing FGM. In one case example available to MWNUK, two sisters were studying at two different schools. One sister made a disclosure to her teacher and her school tried to contact the other school – an example of good multi-agency practice. The second school however was unwilling to become involved due to a lack of understanding of FGM and due to fears that they may offend the BME communities of which the children in the school were predominantly from. Therefore work needs to be done on both sides. We also believe that it is vital to involve young girls into the conversation and they should be taught about FGM in schools for their own safety, understanding and empowerment.

45. On that note, we would like to highlight concerns of the possibility that there may be individuals within some professions that are involved in the continuation of FGM. In one instance, a survivor made insinuations (anonymously) that her FGM was performed by a medical professional in private practice although further information could not be obtained in this respect. We would ask that all professional bodies issue strict guidance prohibiting such acts and also encourage professionals to report any colleague who practice, facilitate or condone FGM so that criminal and disciplinary actions can be pursued.

46. It is also possible that in some situations reporting is not forthcoming due to reasons of wishing to protect community interests; for example, where a doctor is a part of the practising community and offenders are known.

47. We would also like to question the application of the statutory guidance to private and/or faith schools; we note that Section 5B of the FGM Act 2003 applies to teachers but how will this be monitored?

**Q8. Do you agree that the draft statutory guidance describes a multi-disciplinary approach which will allow for the voice of the child to be heard and respected whilst working to protect and support her? If not, where and how could it be improved?**

48. Generally we agree but as stated throughout our Response, it needs to be ensured that all individuals are provided with the relevant training, guidance and resources which would make it possible for them to consider the needs of the child and ensure their safety and wellbeing. Where a case of FGM has been missed, due consideration needs to be provided as to why it was missed so as to ascertain what steps can be taken to plug the gaps in knowledge.

49. We would also like to see considerations for those over 18 too; there are adult women in the UK who have and continue to suffer due to FGM. By virtue of having had FGM performed on them, sexual intercourse becomes a painful experience for these women as would child bearing, and their daily lives may also be affected by health implications. They may be unlikely to want to engage in sexual activity which can result in domestic abuse at the hands of their husbands, polygamy and/or divorce. These women may then find they are castigated from society for being divorced and more so because they would be regarded as at fault for failing to fulfil their duties as a wife. They will be victimised again and again and again. Why then are they not a priority?

**Final Comments**

50. 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.

51. 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.

52. Our case studies are anonymised for the safety and protection of those involved. Some cases however may have come to us anonymously and remained as such throughout our involvement.

53. 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.

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

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

**Muslim Women's Network UK**
**The Warehouse**
**54-57 Allison Street**
**Digbeth**
**Birmingham**
**B5 5TH**