

Feedback form for consultation Authorised Professional Practice (APP)– Female genital mutilation (22 July – 30 September 2014)

Please complete electronically using MS Word and return by **30 September 2014**

Add any comment or suggested change in the appropriate box – the box will increase in size to hold several lines of text if necessary. Please note this is a draft document. Formatting anomalies may exist but these will be addressed prior to final publication. In view of this, practitioners should restrict comments or suggested changes to areas that will have impact on policy, procedural or other specific content.

While reviewing this draft, practitioners should consider:

- Is our understanding of the subject matter accurate?
- Are the content and format appropriate?
- Is the tone appropriate throughout?
- Is it easy to understand?
- Is there any information missing or should anything be removed?

Practitioners should also consider the specific questions asked in relation to points on which we would like particular feedback, where something may be sensitive or controversial.

Please provide your answer in the comment box under the relevant section/sub-section. You may provide as much, or as little feedback as you wish. You may also provide any feedback on any aspect of the draft. When finished, please email completed document to: [FGM Feedback](#)

If you have any questions regarding the completion of this form, please e-mail [APP Contact](#)

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Organisation:	<i>Muslim Women's Network UK</i>
Completion date:	<i>23/09/2014</i>

General comments about APP on FGM

Recommendations:

MWNUK strongly urge culturally and faith sensitive approaches when dealing the issue of FGM, its victims/survivors and when providing support.

1)The training requires example case studies which exemplify the complexity of those undergoing FGM, methods use, and the lifelong impact on individuals, their familial relationships and their wider communities. It is only through these real life accounts that trainees will begin to gauge the true reality of FGM/FGC.

2) A significant gap in the training is that the warning signs and presenting symptoms of victims/survivors are missing.

1. Introduction

Comment or suggested change:

MWNUK strongly disagree with any suggestions that FGM is only carried out in Muslim communities. By stating on the introduction that 'within practicing communities this may be known as Sunna', there is the presumption that those communities are all Muslims because only Muslims would refer to 'Sunna'. FGM in fact is widely known to be carried out in 28+ African/Arab/Indonesian Countries (some of which are not Muslim).

For clarification, teachings in Islam are based on the primary sources; the Qur'an and Sunnah. The Qur'an is the holy scripture of Islam, believed by Muslims to be the direct and unaltered word of God. The Sunnah consists of teachings and practices of the Prophet Muhammad which were narrated through his Companions and subsequently recorded. They are accepted at varying levels of authority as guidance for many Muslims (per the beliefs of the Sunni and Shi'ite schools

respectively).

To establish the authenticity of a particular Hadith or report, it has to be checked against a number of criteria, for example, does the 'sunna' teaching contradict the teachings found in the Qur'an? *Hadith* are then graded between 'strong' and 'weak'.

So while the practice of FGM may be referred to as 'sunna' in some FGM practising communities, it is important to also note the voices of the majority of Muslims who do **not** regard the practice as a 'sunna', and at best a weak sunna which ought not to be followed. It is useful to highlight that the act of FGM was not practiced by the Prophet and in fact his own daughters were not circumcised.

However, the Hadith used to support FGM states that the Prophet stated 'that you should not cut so severely as to cause harm'. This has been interpreted by some to suggest that the Prophet did not ban FGM outright and therefore renders it permissible so long as harm is not caused.

However, in countering this justification; 1) harm is caused in all forms of FGM, 2) The mannerisms of that time do not correlate to the same ways of today and in turn the lack of an outright prohibition does not mean silent acceptance, 3) It is a weak hadith.

Thereby, MWNUK strongly urge providing trainees with this basic clarification, and providing analysis of the Hadith itself that some people rely on to allow more thorough understanding;

Therefore, it is MWNUK's recommendation that the reference should be removed.

The following table to may be used to define the practice and the different terminologies in another section. Terminologies such as Gudnin, Halalays, Tahur, Sunna, Khitan, khutairi, Bondo should also be used to ensure a specific community is not targeted.

MWNUK suggest that the term FGM/FGC needs to refer to all procedures that are involved in removing partial or totally the external female genitalia, or an injury to the female genital organs for non-medical reasons. Thus defining it as a harm from the outset.

2. FGM table of terms

Comment or suggested change

The table of terms once again refers to 'sunna'. It is our recommendation that this term should be removed and appear separately in a table of terminologies. Instead, this section should focus on explaining the process of who carries out the act of FGM/FGC. For example, by defining:

- 1) The cutter (define who she/he is)
- 2) What instruments she/he uses?
- 3) What benefit does she/he gain?
- 4) What are the different types of FGM describe FGM 1-4 types
- 5) In a separate table you can describe De-fibulation, Re-Infibulation (describe when and how this would take place) at the time of marriage.

3. The consequences of FGM

Comment or suggested change

MWNUK strongly urge inclusion of the Long term consequences of FGM, and particularly highlighting the long term psychological damage to survivors. Our preliminary research has highlighted the severe effects on the individual can include:

- 1) PTSD (symptoms) throughout one's life
- 2) Anger; which can impact on children and sometimes can result in abuse
- 3) Emotional Distress fear and feelings of helplessness
- 4) Sexual phobia/ resulting in fear and difficulties in having sex
- 5) Feelings of not being 'whole' or a 'normal' girl or woman ; particularly when engaging with medical staff
- 6) Because the clitoris is sensitive, a woman's sexual pleasure is greatly decreased by its removal, this has further negative effects in a marriage and in sexual relations. MWNUK have also noted a potential link to other forms of abuse, For example, because sexual activities can cause pain to women, they wish to avoid it which in turn can lead to suffering abuse at the hands of their husband, and has been known to lead to bigamy/polygamy where the men decide to take a second wife to fulfill their pleasure requirements.

Re paragraph on Type 3 under the table – it is important to highlight straightaway that medical help may be available to alleviate some of the harm; as this training is for police officers it is important they understand all the necessary steps that they must take.

4. Girls and women at risk of FGM

Comment or suggested change

MWNUK would like to state that India does not have a high prevalence of FGM. India has a very tiny minority within a minority practicing FGM from a specific tribe called the 'Dawood Bora' which is less than 1% of the total population.

Comparatively, prevalence in Somalia is over 80%, and equally Gambia has a similar high prevalence. Thus the information as presented is misleading. It is therefore MWNUK's recommendation that the training highlight percentages e.g. Somalia > 80%, Mali 80%, Burkina Faso 50-80%, Uganda <20%, Egypt >80% etc.

MWNUK also believes whilst this may not be an exhaustive list it is important that those figures that can be gathered should also be highlighted in the table to further highlight the geographical range of practice

5. The reasons why FGM is practised

Comment or suggested change

MWNUK strongly suggests that the inclusion of highlighting FGM as a control mechanism to curb a women's sexuality needs to be addressed in the training.

Furthermore, Men do have some involvement in the process, men do not want wives who have not been cut and there is usually no role for girls in other than a wife. This is compounded by the fact that most women in these societies are very poorly educated because the male dominated societies do not believe in much if any education for women. Less educated people are less likely to question traditions that have continued for centuries especially if they have been led to believe that they are ensuring the future of young girls by carrying out FGM.

Young men and boys do not understand the specifics of FGM and follow what they have been taught, i.e. That FGM ensures chastity and therefore men continue to want a wife who has undergone FGM and therefore engaging men and boys would be a key recommendation in changing attitudes.

6. How FGM is carried out

Comment or suggested change

While MWNUK agree that FGM is usually carried out with knives, scissors, razors, broken glass or blades, let it be noted that thorns and herbs are also used as a method to suture those who have undergone FGM/FGC and the practice that is conducted by a finger nail on new-borns, is known as 'pinching'

Although it is most commonly practised in the circumstances described above, there is information to suggest that FGM is also being conducted in hospitals in some practising countries, by medically qualified professionals. In a recent report from Indonesia it is carried out by the 'dawlas' which are trained midwives, and in Oman the practice has been medicalised.

7. FGM perpetrators

Comment or suggested change

MWNUK strongly urges that stereotypes of the 'cutters' are not limited to older female relatives. While it is our experience that this is the majority abroad are, we must also note that males in the health profession can also perform FGC/FGM.

The recent case highlighted by the following article is an example of this, highlighting that health professionals can also abuse authority whilst upholding traditional unacceptable practices

<http://www.standard.co.uk/news/health/doctor-struck-off-for-offering-fgm-advice-9461000.html>

Also, the cutter is not the only person conducting criminal activity – those assisting are accomplices and secondary participants must also be pursued for their participation as well.

8. Advice for officers working with communities affected by FGM

Comment or suggested change

8.1 The term FGM

- MWNUK strongly suggest amending the introduction and the term 'Sunna' as per our recommendations above.
- MWNUK strongly urge culturally and faith sensitive approaches when dealing the issue of FGM, its victims/survivors and when providing support.
- MWNUK suggest the training include example case studies which exemplify the complexity of those undergoing FGM, methods use, and the lifelong impact on individuals, their familial relationships and their wider communities. It is only through these real life accounts that trainees will begin to gauge a better understanding of this harmful practice.
- FGM is a complex and sensitive issue that and this requires professionals to approach the subject carefully.

When talking about FGM, professionals should:

- Ensure that a female professional is available to speak to if a girl or woman prefer this:
- Make no assumptions
- Give the individual time to talk

- Create an opportunity for the individual to disclose, seeing the individual on their own in private
- Be sensitive to the intimate nature of the subject
- Be sensitive to the fact that the individual may be loyal to their parents
- Be non-judgmental (pointing out the illegality and health risks of the practice, but not blaming the girl or woman)
- Use simple language and ask straightforward questions
- Avoid loaded or offensive terminology such as 'mutilation'
- Use value-neutral terms understandable.

"Have you been closed?"

"Have you been cut down there?"

Also – Need to consider the fact whilst cultural/faith sensitivities need to be ignored and should not stop pursuing a prosecution, there does need to be consideration of the same when dealing with a victim or potential victim – saying to a victim your religion allows it or suggesting their culture is at fault may lead to the victim becoming defensive. This is why it is important to be fully informed and aware of various angles so as to be able to properly speak to victims

Question 1: Have we left out any commonly-used terms? If so, which ones? Please give an example of the context in which they might be used.

Add in traditional terms used for FGM, a few examples below

SIERRA LEONE	SUNNA	Religious tradition
	BONDO/ BONDE SONDE	Integral part of an initiation rite into adulthood for those who are not Muslim
SOMALIA	GUDNIIN	Circumcision –used for both FGM and male circumcision
	HALALAYS	Deriving from the Arabic word ‘halal’ i.e. (sanctioned), implies purity. Used by Northern and Arabic speaking Somalis
	QODIIN	Stitching/Sewing (refers to infibulation)/ Tightening
SUDAN	KHIFAD	Derived from the Arabic word ‘khafad’ meaning to lower
	TAHOOR	Deriving from the Arabic word ‘tahaar’ meaning to ‘purify’
GUINEA BISSAU	FANADU DI MINDJER	Circumcision of girls
GAMBIA	NIAKA	Literally to ‘weed/cut clean
	KUYANGO	Meaning ‘the affair’ the name for the shed built for initiation
	MUSOLULA KORoola	‘The womens side’ – ‘that which concerns women’

8.2 Using interpreters

MWNUK strongly recommends that an accredited female interpreter may be required. This interpreter should be appropriately trained in relation to FGM and should not be a family member, not known to the individual, and not be an individual with influence in the individuals community.

Furthermore, there is a risk that interpreters who are from the family or who are from the individuals community may deliberately mislead professionals and / or encourage the individual to drop the complaint and submit to the wishes of their community or family.

Women and girls can often recount feelings of great distress and humiliation due to the responses they receive from professionals when it is revealed that they have been subjected to FGM.

9. Tackling FGM

Comment or suggested change

9.1 Prevention

MWNUK believes that we must have a victim centered approach on FGM and that:

- Whatever an individual's circumstances, they should have the rights that should always be respected, such as the right to personal safety and to be given accurate information about their rights and choices. Professionals should listen to the victim and respect their wishes whenever possible.
- Making sure that nurseries and all teaching staff are aware. Professionals should be clear that FGM is a criminal offence in the UK and must not be permitted or condoned.
- Making sure that if girls travel out of the country to a FGM practicing country that teachers note this and look out for signs, this can happen with transition from nursery to primary or from primary to secondary as in either cases teachers will not know of the individuals or their families. Do not make an assumption that just because someone is of a particular ethnicity

or faith that they are a potential victim – engage with them and their families to spot the signs etc.

- Getting the message to community leaders and training all faith leaders on FGM
- Getting communities to provide a platform and support for women who want to talk about the issues around FGM, so women can further inform women from other communities as to the danger of the practice.
- Engaging men and boys around the issues of FGM, and the girl that is not cut is also ‘clean’
- Work with charitable organizations who are able to assist in the education and awareness raising process; mention that MWNUK are happy to assist in such work.

Question 2: Is it correct to refer to FGM as a form of honour-based violence, especially where a girl is not unwilling or actively wishes to undergo the procedure?

Yes – The concept of family honor is extremely important in many communities. The family is viewed as the main source of honor and the community highly values the relationship between honor and the family. Acts by family members which may be considered inappropriate are seen as bringing shame to the family in the eyes of the community. Such acts often include female behaviors that are related to sex outside marriage or way of dressing, which is one of the reasons why FGM is performed to stop a young girl from being sexualized.

9.3 Prosecution

Question 3: Bearing in mind its technical nature, is the section on prosecution as a whole clear and easy to understand?

Yes, however the law does needs to be strengthened and extended and the loopholes to be closed. We are aware of the fact that despite FGM being a criminal offence in the UK and having been so for decades, this form of violence is continuing. We are concerned that not everyone is aware of this legislation and more worryingly, there are individuals who are aware but are

still not deterred. We consider this to be a result of desire and ability in that, perpetrators wish to uphold this cultural practice and know they are able to do so without facing repercussions due to evidential hurdles or a lack of understanding shown by those tasked with tackling FGM.

We are also aware of the particular hurdles resulting from victims and/or survivors not wishing to report their family members. However, it is also necessary for such family members to understand that an offence has been committed which has, and will, have a detrimental impact on their child.

9.3.1 Law

Unfair that you need a settled immigration status to be able to prosecute

9.3.2 Examples of offences

9.3.2.1 Basic scenario

Scenario is good

Question 4: Are the names used in the basic scenario generic enough to avoid singling out or causing offence to any particular community? An alternative would be to use letters instead of names, but we found this made understanding the examples more difficult.

Only Muslim names have been used? Does this not single out the Muslim community as the only one in which FGM occurs? Why not have two examples? Or have an additional layer to the story?

9.3.2.2 Examples involving acts taking place in the UK

9.3.2.3 Examples involving acts taking place outside the UK, carried out by a UK person

Question 5: The examples are designed to highlight and draw out the different components of the offending, and therefore necessarily somewhat artificial, but are they sufficiently realistic to achieve their purpose?

Yes

9.3.3 The difficulties associated with prosecuting cases of FGM

- Evidential hurdles can be overcome by better evidence gathering methods
- Need to move away from the reliance on victims
- Need to also need to think wider than only prosecuting the perpetrator – Families are accomplices
- And therefore we must ensure victims/witnesses are in a safe environment and not relocated to a place where they are near community or relatives of potential offenders. Think there is a section in FGM consultation response that talks about these issues that can be copied and pasted.

10. Further information

Comment or suggested change

Question 6: Is there anything else you think should be included as further information?

MWNUK suggests that

1. Real case studies should be adopted in order to be used to identify gaps in services
2. FGM specialized Lead organizations should deliver the training for effective delivery and understanding.
3. The Global context should also be included in the training and how the UK government are dealing with tackling FGM abroad.
4. The European context on FGM should be highlighted especially that of France and its prosecutions.
5. Current Statistical Data on FGM in the UK
6. FGM as a violation of human rights
7. Limitations within the FGM Law
8. Community based strategies and interventions
9. Engaging men and boys in discussions
10. Case studies (participants could work in a group setting) trying identify services

Diversity Impact Assessment – Is there any content in the draft document which you consider would have a negative impact on any diverse group?	
Section No.	Comment
2	FGM Table of terms ‘Sunna’
9.3.2.1	Only Muslim names have been used in the practice case studies

