



HARMFUL PRACTICES: DEFINITION AND CONTEXTUAL BACKGROUND

Harmful Practices are forms of violence which have been committed primarily against women and girls in communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted 'cultural' practice. In these cases, religion, culture, patriarchal codes of behaviour and perceived notions of 'honour' are used by one or more perpetrators as an excuse for coercive control, threats and abuse. The most common are forced or early marriage, so called 'honour' based violence, female genital mutilation or cutting (FGM/C) and other lesser reported forms such as faith-based abuse, menstrual huts, acid attacks, so called 'corrective' rape and others. Harmful practices occur across all sexes, sexual identities and genders. They are not unique to a culture or religion. Often one and more forms of harmful practices occur at the same time, escalating risks and resulting in barriers to disclosure.

The notion of 'honour' is as relevant in broader discussions on coercive control and other forms of violence against women and girls globally. It is important that we understand this continuum while distinctively understanding the specific risks (such as multiple perpetrators) and needs of women from BME backgrounds who experience so called 'honour' based abuse and harmful practices. In the UK 'honour' based abuse and harmful practices definitions are shaped by the experiences of global majority/BME women's barriers to access, institutional racism and the specific contexts of escalation of risk in migrant and diaspora communities. Therefore, within the multiagency coordinated community response model of domestic abuse, harmful practices and so called 'honour' based abuse response is more effective when defined, informed and delivered by led by and for BME/global majority women's organizations.

WHAT IS FEMALE GENITAL MUTILATION (FGM)?

FGM[1] comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons - World Health Organisation 2020.

A harmful practice with no health benefits, FGM can cause long-lasting physical, emotional and psychological trauma; and in some cases, death - FORWARD UK.

FGM has been categorised into four types- ranging from a symbolic prick to the clitoris or prepuce, to the extensive removal and narrowing of the vaginal opening. All these forms of FGM have been found in the UK.

FEMALE GENITAL MUTILATION



Children as young as newborn, toddlers to teenagers and adult women can be at risk. Research has shown that girls between age of 8-14 are at highest risk.

Under the Female Genital Mutilation Act 2003, it is a serious offence in the UK[2] to:

- Perform FGM.
- Take a child abroad for an FGM procedure.
- Help anyone perform FGM in the UK.
- Help anyone perform FGM outside the UK if the victim is a UK national or resident.
- Help a female perform FGM on herself.
- Fail to protect a girl from FGM.

An amendment to the Serious Crime Act 2015 stipulates the mandatory reporting of FGM. The legislation requires regulated health and social care professionals and teachers in England and Wales to report to the Police where, during their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.

SIGNS OF FGM MAY INCLUDE, BUT ARE NOT LIMITED TO:

- Pain and discomfort.
- Difficulty walking, standing or sitting.
- Difficulty performing their usual daily tasks.
- Spending longer than normal in the bathroom.
- Complaining of pain but not going into more detail.
- Refusing to go to a doctor or speak to a medical professional.
- Long periods of absences from school or repeated absences.
- Refusing or unable to take part in physical activities.
- Showing changes in behaviour or their emotional state, such as appearing anxious, tearful, depressed, stressed or withdrawn.
- PTSD and flashbacks.
- Struggling to concentrate in class.
- Asking for help but not being explicit about the problem.

FEMALE GENITAL MUTILATION



- Making indirect disclosures to friends or other trusted individuals, for example saying that something has happened to them, but they are not able to give more information.
- Showing physical symptoms such as bleeding, discharge, infections and pain.
- Having unusual menstrual issues or frequent menstrual problems.
- Signs of child marriage/forced marriage or other forms of harmful practices, or history of it in the family.
- Sudden discussions on a special event to “become a woman”.

DOS AND DON'TS

DO:

- Follow the ONE Chance rule - this may be the only opportunity you have to speak to the victim.
- Take them seriously and be patient in understanding the dynamics of power and risks.
- Consider multiple perpetrators.
- Consider mandatory reporting if you fall under the relevant professional categories
- Listen to what the victim wants to happen and be honest if you will need to break their confidentiality.
- Establish safe means of contact.
- Do safety planning and recognise survivors are experts by experience.
- If under 18, follow child safeguarding procedures.
- If over 18, follow adult safeguarding procedures.
- If over 16 consider a MARAC referral.
- Offer specialist by and for support where possible (see agency details below).
- Be extremely careful how information is recorded and shielded within your organisation.
- **ALWAYS REMEMBER - IN AN EMERGENCY DIAL 999.**

DON'TS:

- Attempt to mediate.
- Send them away.

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- Let the family, community or social network know about the disclosure.
- Meet in a place where you could be seen by a member of the family/ community.
- Use members of the family or community to interpret.
- Underestimate the perpetrator/s of FGM.
- Demonize the community/faith as these may be an integral part of the survivor's life and abuse needs to be challenged without stigmatizing any group.
- Underestimate the risk even if there have been no previous reports - FGM can escalate very quickly.

HPSP FACT SHEET

FEMALE GENITAL MUTILATION



AGENCIES

National Society for the Prevention of Cruelty to Children (NSPCC) FGM Helpline 0800 028 3550
fgmhelp@nspcc.org.uk

Foundation for Women's Health Research & Development (FORWARD) www.forwarduk.org.uk 020 8960 4000 - Midaye www.midaye.org.uk 020 8969 7456

Childline www.childline.org.uk 0800 1111 (24 hr free helpline for children) - Home Office FGM Unit
FGMEnquiries@homeoffice.gov.uk

Metropolitan Police Child Abuse Investigation Command/Project Azure 020 7161 2888

If you are abroad and require help or advice, please call the Foreign and Commonwealth Office
on +44 (0) 20 7008 1500.

Information on applying for FGM Protection Orders: [FGMPO](#)

If someone is at imminent risk of FGM, you should contact the police immediately.

You can refer cases and enquire about training on harmful practices via your local P&ACT Ending Harmful Practices Agencies:

Women and Girls Network - Bromley, Ealing & Hounslow

Email: rcc@wgn.org.uk Phone: 0808 801 0660

Phoenix (P&ACT) Project at PLIAS Resettlement - Barnet, Brent, H&F, Harrow & Ealing

Email: shirley.ricketts@plias.co.uk Phone: 07494 091586 or 0208 838 6800

Midaye - H&F, Kensington & Chelsea, Westminster

Email: contact@midaye.org.uk Phone: 07593440944

FORWARD - Croydon, Bexley, Greenwich & Merton

Email: forward@forwarduk.org.uk Phone: 0208 960 4000

Southall Black Sisters - Ealing, Hillingdon & Hounslow

Email: info@southallblacksisters.co.uk Phone: 020 8571 9595

Ashiana Network - Barking & Dagenham, Havering, Newham, Redbridge, Tower Hamlets & Waltham Forest

Email: info@ashiana.org.uk Phone: 02085390427

IKWRO Women's Rights Organization - Camden, Enfield, Merton, Southwark & Sutton

Email: info@ikwro.org.uk Phone: 020 7920 6460

Kurdish and Middle Eastern Women's Organization - Enfield, Hackney, Haringey & Islington

Email: referrals@kmewo.com Phone: 020 72631027

Latin American Women's Rights Service - City of London, Haringey, Lambeth, Lewisham, Southwark & Sutton

Email: priscila@lawrs.org.uk Phone: 020 7336 0888

Asian Women's Resource Centre - Brent, Barnet, Kensington & Chelsea, Richmond & Harrow

Email: info@awrc.org.uk Phone: 020 8961 6549

DVIP - Kensington & Chelsea, Kingston upon Thames, Lambeth & Wandsworth

Email: DVIP.al-aman@richmondfellowship.org.uk Phone: 020 8563 2250

IMECE - Barking & Dagenham, Hackney, Islington, Lewisham, Redbridge, Tower Hamlets & Waltham Forest

Email: vawgferral@imece.org.uk Phone: 0207 354 1959



REFERENCES

[1] FGM is sometimes known as 'female genital cutting' or female circumcision. Communities tend to use local names for referring to this practice, including 'sunna'.

[2] Prevalence and statistics of FGM in the UK:

- An estimate of 1700 cases of Female Genital Mutilation was reported in a period of 2 years (2014-2015) in the UK (NSPCC- FMG Statistics and Facts).
- Census figures, birth registration figures and other data conclude that there is a national total of 137,000 women and girls affected by FGM, compared with a previous estimate of 66,000 in 2001.
- London accounts for almost two thirds of the total with **64,342 women aged 15-49** and another **17,569 over aged 50** affected.

City University London and Equality Now 2014