



For women and children.
Against domestic violence.

Refuge's response to Home Office's consultation on mandatory reporting of FGM to police

Introduction

Refuge has already set out its position with regard to FGM in its response to the government consultation on FGM of August 2014, where we made clear our support for the government's plan to eradicate the practice, protect those at risk and bring its perpetrators to justice. We acknowledge however that this is a sensitive area of work and the path ahead is not straightforward. Nevertheless, given that FGM has been practised in the UK with impunity for decades, it seems beyond debate that a new, more robust strategy to the problem must be developed. We have no doubt there will be much to learn for all involved, a need for clear procedures, as well as great sensitivity towards victims and in some cases, towards families who believed they were acting in the best interests of their daughters.

Although the introduction of a mandatory duty to report FGM may seem controversial, there is evidence that devastating consequences can sometimes occur when 'discretion' is applied to professional decision making. In recent years the long term price sexually abused children and vulnerable adults paid because professionals either looked the other way or failed to investigate allegations brought at the time, has unfolded in our media. These scandals have resulted in calls for mandatory reporting of child abuse together with penalties for professionals who fail in this duty. Refuge therefore sets its response to the current consultation paper against this broader context.

Consultation questions

Do you agree with the government's proposal that the mandatory reporting duty of FGM should apply to cases of 'known' abuse?

Yes, we agree with mandatory reporting in all cases where this knowledge applies to infants, children and young people under 18¹.

Refuge does not agree that mandatory reporting should be limited to known cases only. FGM is not easily observable, many victims may be pre-verbal, others may be afraid to disclose. Refuge therefore proposes that a mandatory duty to report is also applied to females under 18 where there are *reasonable grounds* to suspect FGM has taken place or is likely to take place, as well as in circumstances where there is evidence of an agreement or plan to commit FGM.

Refuge supports the mandatory reporting of *all* known or suspected criminal child abuse (sufficient to satisfy a criminal standard) to the police and social services, not only FGM. It is not only inappropriate for FGM to be

¹ It is however important to recognise that in some cases, where FGM was carried out historically, many years before the family came to live in the UK and in a country where FGM is not criminal, there may be no case to answer.

singled out as the sole category of child abuse for mandatory reporting to the police, it stigmatises victims and the communities where FGM is traditionally practised.

We appreciate the negative impact a mandatory reporting policy might have upon the trust between victims/potential victims of FGM and professionals. We are also aware that fears of criminal intervention may impact upon an individual's willingness to disclose FGM or use health services. Such unintended consequences should be anticipated and mitigated where possible. Working closely with victims to find workable solutions to any potential problems will be vital.

Do you agree with the government's proposal that the duty be limited to FGM in under 18s?

Yes, unless there are reasonable grounds to suspect that the children of women aged over 18 (who have themselves undergone FGM) are also at risk of FGM. It is important to recognise however that many women who have experienced FGM do not wish to perpetrate or facilitate FGM on their daughters. For such women there are no reasonable grounds to report to the police or to social services.

Do you agree with the government's proposal that the duty should be placed on health care professionals, teachers and social care professionals?

Yes we agree that the duty should be placed on the above professionals, and that this should also include early years professionals as suggested in the consultation.

Do you agree with the government's proposal that all reports should be made to the police?

Yes, in tandem with social services.

Do you agree that reports should be made at the point of initial disclosure/identification?

Yes. Reports should also be made upon discovery that a child may be at risk of FGM, when a reasonable suspicion of FGM is shared or the knowledge of planned FGM is uncovered.

Refuge recognises that a CJS response alone, however strong, will be insufficient to combat FGM. It is equally important that we provide education to practising communities, to change attitudes and persuade them to abandon this harmful practice of their own accord.

Additional points

Refuge recommends that we develop a coordinated community response to FGM which includes Independent FGM Advocates and FGM Multi-Agency Risk Assessment Conferences

Refuge recommends piloting a new coordinated community approach and a statutory-funded new role – the Independent FGM Advocate – to work in a multi-agency setting to prevent FGM and to support victims and their families. Independent FGM Advocates would have a background (or training) in statutory social work and could be based in the Multi-Agency Safeguarding Hub (MASH), with police, with Social Services or in maternity units, depending on the specific safeguarding structures and resources available to each local authority. The role would be based on the successful Independent Domestic, Sexual and Gender-based

Violence Advocacy (IDVA, ISVA, IDSVVA and IGVA) models that have evolved over the past decade in the UK with many considerable successes in increasing victim safety, reducing risk and preventing harm.

The purpose of the Independent FGM Advocate would be to:

- act as the local authority's single point of contact for FGM concerns whether the child or adult in question was a) known to have experienced FGM; b) suspected to have experienced FGM; or c) considered to be at risk of experiencing FGM;
- ensure girls, women and families receive appropriate support in relation to FGM and its physical and emotional consequences;
- manage referrals of, represent and advocate on behalf of individuals at risk (children or adults) to an FGM Multi-Agency Risk Assessment Conference (FGM-MARAC) monthly meeting (based on the domestic violence MARAC model) in which professionals from key statutory agencies (including police, social services, health and education professionals) discuss the most urgent cases, mobilise resources and develop joint safety plans to ensure there is a robust safeguarding support package around the most vulnerable individuals in each borough;
- obtain FGM protection orders on behalf of girls/ women at risk;
- liaise with UKVI, Home Office FGM Unit, Foreign & Commonwealth Office, Forced Marriage Unit, UK embassies/high commissions and foreign law-enforcement agencies to prevent victims being taken overseas;
- provide education and information to families who do not understand the risks to the physical and emotional wellbeing of the victim or the criminal consequences of conducting/ arranging FGM and support them to make different choices wherever possible;
- ensure appropriate cases are referred to the police in order to pursue prosecutions where appropriate and safe.

FGM and health professionals

Refuge also recommends improved training around FGM for health care professionals, especially midwives and obstetricians. We know from supporting women that when maternity staff take the time to explain, after the event, that complications during labour were likely caused by FGM women are often shocked, occasionally having no idea that they had even undergone FGM as a very young child or that it could lead to (sometimes fatal) complications in childbirth. In our experience this can positively influence a mother's decision to reject social pressures to have her daughter undergo FGM and thus end generational practices.

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