WRITTEN EVIDENCE SUBMITTED BY AFRUCA - AFRICANS UNITE AGAINST CHILD ABUSE

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1. Introduction

1.1 AFRUCA - Africans Unite Against Child Abuse was established in May 2001 as a platform for advocating for the rights and welfare of African children in the UK. We have a reputation as a pioneer for change in the African community and are actively leading the way in efforts to achieve positive changes in the lives of children. Over the past 13 years, we have been actively involved in efforts to address a number of culturally based practices which impact negatively on children in our community. We are happy to mention that we have recently been awarded a grant to conduct a mapping exercise into FGM practices and prevalence across Greater Manchester and conduct awareness raising activities with some of the affected communities. We are combating the trafficking of children and young people into the UK through the provision of support for victims as well as influencing policy on human trafficking through membership of various networks including the Anti-Trafficking Monitoring Group which is a coalition of 10 NGOs working on human trafficking. We are addressing the branding of children as witches by raising awareness of the impact of branding on children as well as via our unique pilot project – the Dove Project which works to support families where there have been accusations of witchcraft in Newham. We run a National Training Programme for Practitioners where we help to improve knowledge and skills in key areas including Female Genital Mutilation. We are working in our community to recruit and train "Children's Champions" – a team of volunteers whose role it is to go into the

community to educate others on how to protect children from abuse and harm. We aim to promote the best interests of the child in all our activities. Our stance at AFRUCA is that culture and religion should never be a reason to abuse children.

2. Executive Summary

2.1 We welcome the London Assembly's Police and Crime Committee's investigation on how the Metropolitan Police Service tackles specific forms of abuse, including Female Genital Mutilation (FGM). FGM is a cultural practice that dates thousands of years. It is a social norm for those who practice it and some have used religion to perpetuate the continuance of this practice. However, our opinion at AFRUCA is that FGM is a very harmful practice and a critical human and child rights issue.

2.2 We also firmly consider FGM as a child protection and safeguarding issue. It is a violation of a girl/woman's fundamental human rights to life in cases where death occurs, right to bodily integrity, right to equality and non-discrimination on the basis of sex and right to freedom from torture or cruel, inhuman or degrading treatment or punishment. Simply put FGM is gender based violence and child abuse.

2.3 We are concerned that the Metropolitan Police's response to FGM has been inadequate and believe that more can be done to protect and support victims and potential victims of this practice. FGM has been illegal in the UK since 1985. However, no one has been prosecuted for this crime in over 29 years. AFRUCA supports a coordinated and systematic treatment of FGM as a criminal act and as child abuse as well as the need for multi-agency working together. If past cases of child abuse and serious case reviews have taught us anything, it is the need for greater multi-agency collaboration and sharing of information amongst practitioners.

2.4 Apart from our specific concerns on FGM, we are also concerned that generally speaking, the Metropolitan Police seems to be averse to prosecuting cultural or faith based abuse. Since Victoria Climbie's death more than 10 years ago, those who physically abused her were arrested and prosecuted, however, the police have not been able to bring to book at least one of the faith leaders who validate or initiate accusations of witchcraft and spirit possession against children, hence leading to untold suffering including death.

2.5 We strongly believe that a specific legal provision like in the case of FGM would empower police to act swiftly and a prosecution would encourage communities to report and

deter rogue pastors who brand children as witches and who exploit vulnerability communities. We also suggest that the police should have an updated record of faith organisations that are involved in fraudulent activities as they do in the case of other organisations when there are concerns of wrongdoing and bring them to book. It is equally important that police officers are adequately trained on various forms of culturally based abuse including Female Genital Mutilation as well as child abuse linked to accusations of witchcraft and spirit possession.

3. Questions Addressed by the Committee

3.1. What should the police be doing to tackle FGM and how well do they fulfil this role at the moment? Within the Met specifically, how effective is Project Azure?

3.1.1. If Project Azure was effective in tackling FGM there would have been at least one FGM prosecution in the capital today. The system in place is failing to protect girls from FGM and more needs to be done to intervene early and to protect girls at risk. The police need to be more proactive in tackling FGM and it needs to be made a top priority.

3.1.2. One of the major action points is to ensure that all police officers undergo mandatory training on FGM, cultural competence and working with BME communities. This is particularly useful for members of the police who may be afraid of being called racist or culturally insensitive to differentiate between culture and abuse. The police also need very clear guidelines for what to do when cases of FGM are reported to them and their roles and responsibilities in collaboration with other stakeholders.

3.1.3. We believe it is crucial for the Metropolitan Police to be more reflective of the diversity of London. Currently, the Met has a serious underrepresentation of BME officers which is not reflective of the demography of London. Many of these officers do not have any in-depth knowledge of key cultural practices across the board, including, for example, the indicators of FGM within affected communities. We believe having more police officers representative of London will make it easier for different communities to liaise successfully with the police, report cases of abuse, including those linked to FGM as well as be more accommodating of the Police.

Currently, it is our belief that many people do not regard the Police as their "friend". This view of the police in London needs to change drastically so as to enable a more collaborative way of safeguarding children from abuse and harm.

3.1.4. London is a very diverse city with people from all over the world living in the capital. The police must improve its knowledge of FGM as it occurs in various communities – for example through having a very strong knowledge and intelligence on how the practice occurs in such communities. Currently, it seems to us that Project Azure focuses solely on FGM in the Somali community. This is however not the right approach. FGM occurs in at least 35 countries all over the world. People from those countries live in London. The Police needs to conduct a mapping exercise like we are doing in Greater Manchester to understand how FGM occurs in different communities, what children are at risk, what types of FGM are practiced in different communities and where these practices happen. Only then can there be an effective effort to prevent abuse and prosecute offenders.

3.1.5. We welcome the proposed conference on FGM by the MET taking place on the 29th of March. This is a very first step in efforts to work with the communities in tackling FGM and we hope that the conclusions from this event will be taken forward in tandem with the communities.

3.1.6. During the summer holidays which is known as a high risk period. Awareness raising campaigns should be carried out by the police in schools, health centres and community groups to inform people about FGM. Simply put, the MET needs to be seen to be making concrete efforts at prevention and community engagement in order to encourage reporting as well as an end to the practice.

3.2. How well do the Met engage with key agencies and community groups to raise awareness, reduce the risk and prevent cases, and increase the confidence of victims of FGM to come forward?

3.2.1. We believe that the police are not doing enough to engage with community groups to raise awareness on FGM and to increase the confidence of victims to report cases of abuse. It is important to note that many members of FGM practicing

communities are from countries where there is a gross distrust of authorities especially the police who are often seen as corrupt and unfriendly. Therefore, mechanisms need to be put in place by the police to effectively engage with both victims and the community in order to build mutual trust as well as an assurance that there are several avenues of reporting suspected cases of FGM anonymously and protection for victims. As mentioned, we welcome the forthcoming FGM Conference holding on 29th of March and we hope that this is a first step in efforts to work closer and better with communities across London where FGM is concerned.

3.2.2. Victims of FGM may not be willing to come forward because of their lack of confidence in the treatment they will receive from the police. For example, we work with African children and young people who are victims of trafficking for different forms of exploitation especially domestic slavery. These young people come in contact with the police either while in still exploitation or when escaping their ordeal. Unfortunately, most of our services users have not had very good experiences regarding their contact with the police. Only about 20% of them have had positive experiences. It is important that the police can learn from the experiences of these young people to inform their work with victims of FGM so that they can better liaise with any victims of abuse when they come in contact with them.

3.2.3. The lack of FGM prosecutions in the UK serves as a deterrent to reporting cases or potential cases of FGM as the general consensus is that nothing concrete will be done about it. Besides, members of practicing communities who campaign against FGM have very publicly spoken about the verbal and death threats made on their lives. Therefore, people are afraid to come forward to report cases of this nature. If the police are to increase the confidence of victims to come forward, more needs to be done around protecting the victim's identity and ensuring their safety and most importantly, in prosecuting offenders.

3.2.4. We have observed that most of the work carried out around engaging with communities has mostly been targeted to one community that is, the Somali community. We agree that Somalia has one of the highest prevalence rate of FGM

in the world. However, FGM is practiced in over 28 African countries and some countries in Asia and the Middle East. The prevalence rate of FGM in Egypt is actually a lot more than in Somalia and Egypt also have Type 3 FGM performed on women and girls, just like in Somalia. Yet we do not seem to have the same focus placed on targeting Egyptians living in London. Additionally, most of the FGM practicing countries have representations here in the UK and in London in particular. Therefore the Met needs to be doing more work on engaging with other communities in order to raise awareness on FGM. Specifically, work with community groups needs to be tailored appropriately to fit their exact needs. Again, we would recommend that the Police conduct a mapping exercise like we are doing in Greater Manchester to understand how FGM occurs in different communities, what children are at risk, what types of FGM are practiced in different communities and where these practices happen. Only then can there be an effective effort to prevent abuse and prosecute offenders.

3.2.5. Apart from community groups, the police needs to do more work with faith groups such as churches and mosques in raising awareness of the legal and health implication of FGM amongst their members. Faith leaders within many African communities for example are well regarded and will be very instrumental in helping to dispel myths about FGM especially in relation to it being a religious edict.

3.3. **Is there any evidence to suggest that FGM is being physically performed in London?**

3.3.1. There are an increasing number of girls and women living in the UK who have undergone FGM. Also, there are increasing numbers of girls who are at risk of undergoing FGM. Studies show that 66,000 girls/women in the UK have undergone FGM and 24,000 girls are at risk of having this procedure done. Recent research places the number of at risk girls in London at 6,000 a year.

3.3.2. Newly arrived immigrants, asylum seekers and refugees from FGM practicing communities are very likely to bring along with them their beliefs and practices when they come into the UK. London is one of the most diversified and multi-cultural cities in the UK and has one of the highest settlements of people who are from FGM

practicing communities. It then follows that if they bring along this practice depending on what age it is practiced, pressure from family and community members and their integration into the British society, they are more than likely going to look for ways of ensuring this procedure is performed on their daughters either here in the UK or back in their home countries.

3.3.3. Although evidence has shown that the summer holidays are the most likely time for children to have this procedure done, we believe it is a mistake to focus on this period alone. Children are flown out of the country to either their home country or the procedure is done here in the UK and this can happen at anytime. Especially with the credit crunch there have been reports that parents organise for the cutters to be flown to London and to cut girls in groups in what is known as "Cutting parties". Communities such as Ugandan and Zimbabwean practice Type 4 FGM which is elongation of the labia. Community intelligence suggests that these practices are ongoing in London and there are people whose job it is to do this.

3.3.4. Midwives have also reported that husbands of women who have given birth have requested that their wives be stitched back (re-infibulated). More surprising is that they have often received request for FGM to be performed on their new born daughters. Additionally, some of the women who left the hospital de-infibulated after childbirth come back during the birth of another child re-infibulated. We must ask ourselves who performed the procedure? If a mother is willing to go through so much trouble to get re-infibulated the chances of her taking her daughters to have this procedure done is very high. AFRUCA believes that re-infibulation and de-infibulation should be seen as constitution a risk of harm to children and women presenting evidence of re-infibulation must be seen as an indication of risk of harm to their girl-child. Such women must be questioned about the person or persons who re-infibulated them as it is clear that there would be other women with similar experiences.

3.3.5. Isabelle Gilette-Faye an FGM Activist and Campaigner reported that two girls and their parents were about to leave France for London to have their girls aged six cut, when they were intercepted by French police. This clearly shows that there are cutters/practitioners here in London who performs this procedure on young

girls/women. It also shows that parents/guardians who practice FGM and are resident in parts of Europe see the UK as a soft- touch and more needs to be done to address this.

3.3.6. In 2012, BBC News night ran a story on FGM. A Gambian woman in Glasgow who is an FGM survivor was interviewed and she reported that mothers in Glasgow are allowing their daughters to be cut in Glasgow. She noted that "there were two children on the estate one aged three and the other two weeks old who were cut recently by the elderly women. They used razors and sharp knives".

3.3.7. Additionally, from our research in Manchester we know that FGM type IV (elongation of the labia minora) is being performed on young girls within the Ugandan and Zimbabwean communities. We were told that if parents cannot perform the pulling themselves, they look for elder women who are able to do so and take their daughters to them. They believe that this is a cultural practice and in the best interest of their child. It follows that if FGM is being performed in Glasgow and Manchester there are very high chances that it is also being performed in London as well especially because London has a higher representation of people from these communities.

3.4. **What are the barriers to achieving a successful prosecution in the UK? How significant is the police's role in this and what do other partners need to contribute?**

3.4.1. There are multiple barriers to achieving a successful prosecution in the UK. One of the major barriers is the fact that the success of a prosecution relies heavily on a victim giving evidence and subsequently, the low level of reporting cases of abuse. There are several reasons why this is problematic. One, most victims of FGM are usually very young girls between the ages of 5-8, some are even babies. It will be very difficult for a baby to give evidence about a procedure they cannot even remember was done to them. It will also be difficult for a young girl to describe in detail the procedure which was performed on her. Two, many young girls who undergo this procedure are from very loving families and are told that FGM is a cultural practice which all girls in their family and community must go through in order for them to be part of the community and in order for them to get

married. In some instances, girls are told that it is part of their religion and a religious obligation. Therefore, it will be very difficult for such a child to come forward to report otherwise loving parents, especially if that child believes it is part of their culture. Three, a girl will be very reluctant to come forward to report her parents for fear of the implications of what will happen to her parents. Four, girls will also be scared of the implications of what will happen to them as well if they came forward to report. They may be ostracised from their community which serves as a safety net for them especially if they are not well integrated into mainstream society. Or, they may fear that they will be removed from their family. If a successful prosecution is to be achieved the heavy reliance on victims to give evidence must be reviewed.

3.4.2. Another major barrier is the fact that FGM is a social norm and a social construct with multiple decision makers. This implies that it is a self-enforcing social convention with involves interdependent decision making where the choice of each person depends on the choice of all. Stated alternatively, what one family chooses to do will depend on what other families in that community chose to do, meaning that it will be difficult for individual families to chose to stop the practice on their own. Research shows that even when women do not want the procedure done on their daughters they often yield due to the immense pressure put on them by members of their family or community especially for fear of being ostracised. Communities who practice FGM operate a patriarchal society and are founded on deep respect for elders. Consequently, until this practice is challenged amongst practicing communities as a whole, it will be difficult for families to come forward to report cases of FGM.

3.4.3. Other barriers to achieving a successful prosecution include a lack of training of professionals and a lack of coordinated efforts and a failure to view FGM as child abuse. Cases are not reported or even when reported it seems they are not treated with urgency, not recorded nor followed up. Feedback from our training programmes on FGM show that 50% of practitioners do not know about the implications of FGM and are unclear about the law on FGM. About 20% had no real understanding of FGM prior to the training and more than 70% have asked that their colleagues also be allowed to attend training on FGM.

3.4.4. A further barrier to prosecution is the FGM Act Section 3 which does not extend an offence of FGM to non-UK residents. This is a gap in the law that needs to be corrected. This gap leaves it wide open for non-UK residents to commit this offence abroad. This needs to be addressed because whether or not a victim is or is not a UK resident the UK is a signatory to the UNCRC and thus has a legal obligation to protect children.

3.4.5. The police have a significant role to play in order to achieve a successful prosecution in the UK. This is because the police are responsible for protecting victims of FGM and investigating FGM related cases. It therefore means that the police must collaborate with other agencies and frontline staff especially teachers and medical staff who are well placed to come into contact with victims or potential victims of FGM in order to build a strong working relationship and partnership with them. The most important part partners need to play is to ensure that they have adequate mechanisms in place to report cases of FGM to the police, share information with them and provide the police with any evidence they have. FGM is a hidden and complex issue. Therefore, all hands must be on deck to tackle this problem.

3.4.6. Both the police and other partners need to remove the onus from the victims of FGM to give evidence in order for a prosecution to happen. This can be difficult because as discussed earlier girls are either too young to give evidence or are afraid to do so as a result of greater family issues. We welcome the Met's strategy to target and prosecute cutters. However, we caution that parents and guardians also need to be held accountable for commission or omission that is; either taking their girls to be cut or failing to protect them from being cut.

4. Key Recommendations

4.1. The heavy reliance on victims to give evidence in order to achieve a successful prosecution needs to be reviewed. Instead more emphasis should be placed on prosecuting the cutters and parents/guardians with evidence obtained elsewhere.

4.2. Specialist training on FGM should be made available for all frontline police in order to be better equipped to identify and investigate cases of FGM.

4.3. There needs to be greater collaboration between the police and key stakeholders who are well placed to come in contact with victims or potential victims of FGM. Multi-agency collaboration is key to securing a successful prosecution.

4.4. Greater work needs to be done in expanding the reach of awareness raising on FGM beyond the Somali community and awareness raising sessions need to be tailored to each communities needs and type of FGM practiced.

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