

The Equality Q&A Sessions will focus on an issue of UCU equality campaigning and/or interest arising from existing or new policy. We will cover all equality strands for example looking at topics such as action against violence against women, disability hate crime, racism / xenophobia or challenging homophobia and transphobia for example.

To coincide with **International Day of Zero Tolerance to Female Genital Mutilation (FGM)** observed **February 6th**, we focus on the theme of **Violence against Women** and in particular, Female Genital Mutilation. Female Genital Mutilation (FGM) or cutting has been a criminal offence since 1985 and figures from the 2001 census put the number of victims of FGM in the UK at around 66,000. However, it is a sad indictment that since legislation was introduced, there has yet to be a successful prosecution in the UK.

Heather Vacciana, Anti-Bullying Coordinator & Domestic Violence Prevention Officer (Islington) regularly speaks and provides training for practitioners in the field of FGM gives her views on this issue. UCU would like to thank Heather Vacciana for responding to these questions.

Female Genital Mutilation

1. Why do you think the practice of FGM is still continuing?

FGM is a deeply imbedded cultural practice used as a mechanism of social control against women and girls from practising communities. It forms part of the patriarchal framework by which women and girls' sexual autonomy is subjugated, and has much wider implications for women, including economic independence and freedom of choice regarding marital status. Without national and international initiatives to prohibit the practice through legislature; empowerment of young people; the education and engagement of practising communities; effective safeguarding for those at risk; national and international publicity campaigns to inform the general public; and effective training monitoring and reporting for relevant professionals, the practice will no doubt continue unchallenged.

2. Do you think that with the increased level of awareness from anti-FGM campaigners and government, that we will see a decrease in the number of cases or that FGM will be pushed underground? Especially with the announcement that passports will be removed from those whenever there is a danger that a girl will be taken overseas to be cut?

Sadly the numbers of reported cases are already extremely low; hopefully with greater awareness/training for professionals and survivors about FGM, and with specialist support infrastructure (e.g. the newly established NSPCC helpline and the Home Office FGM Unit) there will be an increase in the number of cases.

3. Do you think that younger women more likely to come forward to talk about their concerns around FGM?

In order for survivors/those at risk of FGM to feel confident to talk about their concerns, there has to be specialist lessons/workshops within and across all education settings to educate and inform girls, young women and young men about the law prohibiting the practice; about the availability of specialist therapeutic and protection services; and advice lines and other options to disclose or report their concerns. Without this preventative/awareness raising framework in place, girls and young women will feel less confident to talk/report or may even be unaware of how to seek help and advice about FGM.

4. In your experience, how well informed are health practitioners and those working in the education sector in looking for signs of a young girl who has had FGM?

Considering that FGM is not currently included in the syllabus for trainee teachers, and that only those teachers with a designated safeguarding remit within schools access mandatory safeguarding training, the general population of professionals working in schools/education settings are poorly informed about this form of child abuse. Currently the training is piece-meal and dependant on local area initiatives and/or individual establishments. To ensure a standardised approach vis-à-vis FGM prevention training, the government should implement a national policy for all frontline professionals in contact with children and young people to access FGM prevention training.

5. Do you think the Government is doing everything to raise the issue of FGM?

I welcome the recent steps that the government has taken to raise awareness of FGM through, for example, the Girls Summit in July 2014 and the establishment of the FGM unit also in 2014. However, there is a great deal more to be done if FGM is to be eradicated. This includes mandatory lessons as part of the national curriculum on gendered-based violence/child protection issues; mandatory training for all frontline professionals; national publicity campaigns; more robust data collection/reporting/investigations/prosecutions of alleged cases of FGM and funding for more specialist services for survivors of FGM.

6. Do you think that the announcement in April by the Director of Public Prosecution of a possible conviction of a GP would send out a clear message to those thinking of having FGM performed on young girls?

I think that a conviction would send out a message that FGM is prohibited under UK law and that those who perpetrate FGM will face due process of the law. However, 1 (possible) conviction after 30 years of legislation does still require the government/CJS not to be complacent around the detection, investigation and prosecution of perpetrators.

7. The announcement that passports will be removed if found that young girls are being taken abroad for FGM will push the practice to be performed more widely in the UK?

In light of this initiative those individuals/communities determined to perpetrate the practice may decide to carry out the procedure in the UK instead of abroad.

In trying to prevent girls' from practising communities undergoing the procedure, whether in the UK or abroad, the government should ensure that any prevention strategies, policies, procedures and actions are risk assessed regarding 'due regard' of any potential adverse impact on those at risk of FGM. Further, that robust monitoring mechanisms are established to gauge what, if any, impact such policies have had on improving outcomes for those at risk of FGM.

8. What do you think our members should do in supporting students and colleagues who have undergone FGM?

It is important to follow the updated multi-agency FGM safeguarding guidelines issued by government regarding support for students. It is also essential to remain survivor-centred, which is key to empowering those that have undergone FGM, whether they are students or colleagues. Good practice would include ensuring that relevant information is made available (survivors may often be living with the emotional and physical consequences of FGM without ever accessing help). Use UN international dates to host events and discussions (e.g. 6th February, 8th March and 25th November); ensure posters are displayed; set up working groups that include discussions on FGM; and consult with colleagues/specialist services as to how best to implement positive strategies to raise awareness and to support students/colleagues that may have undergone FGM.

9. Do you think that FGM can be eradicated?

I think that if all sectors of society work together towards the eradication of FGM then yes it can. This would mean national and international strategies to educate children and young people and to safeguard those at risk/survivors; statutory training for frontline professionals; sustained funding, for example, to fund specialist medical and therapeutic counselling services to support survivors of FGM and those at risk of FGM; public campaigns (with representation from survivors, health, faith leaders, medical, legal, law enforcement and education etc.) to raise and maintain awareness of the issue in the public domain; and a robust legal process to investigate, prosecute, and where appropriate, convict perpetrators of FGM.

FGM FACTS

FGM is carried out on young girls from infancy through to 15 years

FGM has NO health benefits

FGM affects an estimated 140 million girls and women worldwide according to the World Health Organisation

FGM has no bearing with ANY religion

FGM is practised by specific ethnic groups, rather than by a whole country as communities practising FGM straddle national boundaries

The act of FGM has a long term impact on young girls and women including physical, sexual and psychological.

International Day of Zero Tolerance to FGM

<http://www.un.org/en/events/femalegenitalmutilationday/>