

SUBMISSION TO CEDAW-CRC CALL FOR PAPERS ON HARMFUL PRACTICES FOR GENERAL RECOMMENDATION/ COMMENT ON HARMFUL PRACTICES

Imkaan is the only national Black, Minority Ethnic and Refugee (BMER)¹ second-tier organisation dedicated to working on violence against women and girls. We have over 13 years of experience of working in the area of gender-based violence which includes domestic and sexual violence, forced marriage and 'honour'-based violence. Imkaan's history, development and experience is grounded in the grassroots experiences and needs of services and the views and voices of the women and children they support. Imkaan works to ensure that the needs and views of the sector are highlighted to policy makers and other stakeholders, whilst also supporting the development of good practice and sustainability within the sector. There are four strands to our work which include: strategic advocacy, training, capacity building and research.

Equality Now is an international human rights organisation with consultative status at the United Nations. It focuses on stopping pervasive and severe discrimination and violence against women and girls worldwide. Working with national human rights organisations and individual activists, Equality Now documents violence and discrimination against women and adds an international action component to support their efforts to advance equality and defend individual women who are suffering abuse. Through its broad and committed Women's Action Network in 160 countries, Equality Now distributes information along with recommended actions for publicising and protesting violations of women's rights. Issues currently of concern of Equality Now include discrimination in law, sexual violence, female genital mutilation and trafficking of women and girls.

BACKGROUND

This paper is based on field experience working on Harmful Practices (HPs) and on a study carried out in London between December 2010 and March 2011 for the Greater London Authority – the strategic authority working with the Mayor of London and the London Assembly in overseeing the economic, social development and environmental improvement of London. The study, which focused specifically on three forms of harmful practices affecting Black, Minority and Refugee Women (BMER) women in London – forced marriage, 'honour'-based violence and female genital mutilation (FGM) – had a two-fold purpose. First, to address a knowledge gap on the needs of BMER women experiencing HPs. Second, the findings are intended to help engage commissioners, funders, policy-makers and practitioners to improve the way London responds to HPs. The report of the study is co-authored by Imkaan, Efua Dorkenoo, OBE (Equality Now) and Professor Alison Macfarlane (Midwifery Department, City University, London). This paper focuses specifically on forced marriage, 'honour'-based violence and FGM and its prevention in a developed country setting.

¹ We have used the term 'BMER' to refer to women who might be more recent migrants to the UK or are refugees, as well as women whose ascendants migrated to the UK, some of whom have been established in the UK for many generations.

LEGISLATIVE AND POLICY FRAMEWORK IN ENGLAND AND WALES

Female Genital Mutilation

1. A 2007 FGM report estimated that in 2001 there were 66,000 women with FGM living in England and Wales and 22,000 girls aged 8 or younger were at risk of FGM.² Their numbers are likely to have increased since then. In 2001, 4.5 per cent of maternities in Greater London were to women who were born in FGM practising countries and had some form of FGM. In this study, we estimated that numbers of births to women with FGM living in London have risen from 4,238 women giving birth in 2000 to around 7,000 in each of the years 2007 to 2009.³ These estimates do not include births to women and girls with FGM born in the UK or in other countries to which they may have migrated before coming to England.
2. In the UK there have been a number of legal and policy developments, primarily criminal legislation on FGM enacted in 2003, which restated and amended the Prohibition of Female Circumcision Act 1985. An extra territoriality clause was brought in to close a loop hole in the 1985 Act that made it possible for parents to take girls outside of the UK to undergo FGM without prosecution. A cross-government national FGM Co-ordinator was in post from October 2009 until March 2011 to raise awareness of the issues, and improve co-ordination across government, statutory and voluntary professionals. However, the abolition of this post, which was a junior position to start off with, is indicative of the lack of serious government commitment towards the prevention of FGM.
3. At policy level and on paper, FGM is acknowledged as a safeguarding issue. However, it is not addressed on an equal footing as other forms of child abuse. The seriousness of the abuse is lessened by the authorities and professionals accepting the notion that parents who commit the abuse of FGM "love their children". An example of the confused treatment of FGM as a form of child abuse and the lack of seriousness given to it can be illustrated by the new Crown Prosecution Service (CPS)⁴ guidelines on FGM, which is due to be issued to all prosecutors across the UK. The guidelines correctly emphasises the gravity of the offence of FGM and outlines the penalties, which it carries. In addition, weight is given to the fact that the FGM Act does not allow a defence of custom or culture, with a further acknowledgement that FGM is "regularly carried out on minors and is a violation of the rights of children". However, the manner in which the guidelines discuss practical difficulties that could arise during a potential prosecution and the suggestions with regard to addressing these difficulties demonstrate that the CPS has not grasped the realities of the practice of FGM. The guidelines reflect a lack of awareness that FGM is performed mainly on girls below the age of 10, or that FGM is a severe form of sexual abuse, with long-lasting

² Efua Dorkenoo, Linda Morrison and Alison Macfarlane (2007) *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales*, London: FORWARD with The London School of Hygiene and Tropical Medicine and City University.

³Unpublished estimates, A Macfarlane, Midwifery Department, City University, 2011.

⁴ The Crown Prosecution Service is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales. The guidelines referred to within the text are the Female Genital Mutilation Legal Guidance, CPS, Home Office (to be published on 7 September 2011).

consequences. This is despite the fact that prosecutors are advised to consider using the law on assault or child cruelty where a victim is not a UK citizen or permanent resident.

4. The guidelines state that "FGM prosecutions should ...be addressed within an overall framework of violence against women and an overall human rights framework." However, this seems to have led the CPS to overlook the child protection and child abuse framework which could, and it is suggested should, be applied to cases of child victims of FGM. The only mention of child abuse in the guidelines section on Reluctant Victims is to say that:

"FGM differs from other forms of child abuse in two important respects:

(a) parents who have done this to their children genuinely believe that it is in the child's best interest to conform with their prevailing custom. They believe it makes the child socially acceptable and do not intend it as an act of abuse; and

(b) there is no element of repetition - it is a one-off act of abuse (although younger female siblings of any child found to have been mutilated may be at risk)."

5. First, in terms of prosecution under the FGM Act, it is irrelevant that parents may believe the practice is in the child's best interests. The FGM Act provides absolutely no defence or plea in mitigation on the grounds of culture or custom. Furthermore, it is simply not the case that all parents who allow FGM to take place believe it to be in the interests of their child. Some parents who do not want their child to undergo FGM are put under pressure by other close or extended family members to do so, and the absence of a single successful prosecution of FGM in the UK hugely disempowers these parents from preventing the practice taking place.
6. Second, the fact that FGM only takes place once makes it even more important that it is prevented. FGM has enormously harmful implications for the physical, mental and sexual health of the child for the rest of her life, and its one-off nature is certainly not a reason to treat it less seriously than other forms of child abuse.
7. In the section on Reluctant Victims, the guidelines state that FGM cases are difficult to prosecute primarily because of "difficulties in obtaining evidence where a complaint is made, and maintaining continued cooperation with the victim". The obvious questions that arise are: what is current practice in cases of child sexual abuse? How are the difficulties of evidence collection and continued cooperation with the victim overcome in these cases (e.g. video evidence, physical examination, victim protection, etc.)? The UK has one of the most advanced and successful systems of child protection and prosecution in cases of child abuse in the world, yet, why can this expertise not be used in the case of child FGM? The CPS needs to broaden its vision of child FGM, to recognise how the practice is similar to child sexual abuse in its performance, its effects, the difficulties on the part of the child in describing or giving evidence about it, the fact that it takes place within the family unit, etc.

8. There is a need for statutory guidelines on FGM by the CPS, which would incorporate measures already being used in the prosecution of child sexual abuse cases in the prosecution of child FGM cases.

Forced Marriage and 'Honour'-based Violence

9. There is no specific criminal offence on forced marriage or 'honour'-based violence. However potential offences are encompassed in existing legislation (e.g. *Domestic Violence Act 2004*) and may include kidnapping, abduction, common assault, grievous bodily harm, sexual and/or domestic violence and murder. The CPS embarked on a pilot project in December 2007 to explore methods for improving prosecution rates in forced marriage and 'honour'-based violence cases, therefore there are now systems in place to separately monitor prosecutor performance in cases of forced marriage and 'honour'-based violence.
10. In terms of civil remedies, the Forced Marriage (Civil Protection) Act 2007 was enforced in November 2008. The forced marriage protection orders are aimed to protect a person from being forced or from any attempts to be forced into a marriage. The order can also protect someone who has already been forced into a marriage. In 2010, 149 orders were made, an increase of 48 orders from 2009. Of the total number of applications made, 57 were from applicants who were aged 17 or under.⁵ In addition, the Forced Marriage Unit (FMU) was established in 2005 and offers case-based support, which includes help for victims to return to the UK if abducted or held captive. The FMU is also actively involved in awareness-raising, and publicises good practice on its website, as well as producing an e-learning package and multi-agency guidelines on forced marriage, incorporating guidelines that addresses the links between sexuality, learning disabilities and forced marriage. The FMU takes a proactive role in improving local, national and international responses to forced marriage. Finally, the unit has a funding initiative for UK voluntary sector activities.
11. The government consulted widely on the proposal to create a specific criminal offence on forced marriage in 2005.⁶ The proposals at the time were not supported, with respondents arguing this would deter women from coming forward for help, driving the practice underground, and what was required instead was a strengthening of existing civil legislation and a centrally coordinated violence against women and girls (VAWG) strategy. As mentioned above, the Forced Marriage (Civil Protection) Act 2007 came into force on 25 November 2008.⁷ The Immigration Rules were also changed in 2008 and the minimum age for sponsors and applicants for marriage visas was raised from aged 18 to 21 as a measure for protecting women from forced marriage. However there was some concern that this would not be effective in itself, given that a large number of forced

⁵ See Ministry of Justice (2011) *Judicial and Court Statistics 2010*, <http://www.justice.gov.uk/downloads/publications/statistics-and-data/courts-and-sentencing/jcs-annual-2010.pdf>; also <http://www.justice.gov.uk/downloads/.../family-matters-tables-chp2-2010.xls> for the statistics themselves (accessed 26/8/11).

⁶The Foreign and Commonwealth Office and the Home Office published a consultation paper, *Forced Marriage: A Wrong not a Right*, September 2005.

⁷ The 2007 Act introduces powers that require individuals to, among other things to hand over passports; stop intimidation and violence; reveal the whereabouts of a person and stop someone from being taken abroad.

marriage take place in the UK. The debate on the criminalisation of forced marriage has recently re-surfaced with a committee of parliament recommending that the government retain the civil remedy while criminalising forced marriage.⁸ The views of the VAWG women's sector remain largely the same since the 2005 debate. In addition to ensuring that the existing legislation is better implemented and enforced, an integrated approach is needed to ensure that women can access advocacy from specialist organisations so that girls and women feel safe and able to disclose within the criminal justice agencies and during the course of a prosecution.

12. In terms of 'honour'-based violence, the murders of Heshu Yones and Bahnaz Mahmood reflected institutional failures within the police and forced a radical change in police practice. As a consequence, training is available for police officers on 'honour'-based violence, and forced marriage. They are also expected to use tailored methods of risk assessment and monitor their performance in these sorts of cases. However, there is concern that police training will be cut and current programmes are insufficient. For example, frontline officers who are likely to be the first contacts for women are least likely to be trained and it was these types of issues that were directly linked to failures in previous cases.
13. Methods of risk assessment are more developed on forced marriage and 'honour'-based violence compared to FGM. However, women are more likely to be risk assessed when they come into contact with the police, an independent domestic violence advisor service, BMER VAWG service or FGM clinic. Overall, there is no requirement that should a young woman approach a GP, Social Services or school that there are systems in place to assess and identify women or girls at risk. The risk assessment developments are very much police-led, however, and only a small proportion of women are likely to come into contact with the police.
14. Multi-agency government guidelines on FGM and forced marriage have been produced for local authority professionals to enhance the safeguarding work with women and girls on FGM and forced marriage. However, the devolvement of government powers has meant that there is no central government steer on ownership at the local authority level nor accountability or assessment of the implementation of the guidelines. For example, the statutory guidance on forced marriage specifically mentions that "All Chief Executives, directors and senior managers providing services to victims of forced marriage and honour-based violence need to be aware of the 'one chance' rule... their staff may only have one chance to speak to a potential victim... this means that all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases".⁹ Yet the implementation of the guidelines has been left to the goodwill of individual professionals who from experience are

⁸House of Commons, Home Affairs Committee (2011) *Forced Marriage, HC 880, Eighth Report of session 2010-12 Report, Together with Formal Minutes, Oral and Written Evidence*, London: TSO. See also Dr Aisha K. Gill (2011), *Exploring the Viability of Creating a Specific Offence for Forced Marriage in England and Wales: Report of Findings*, University of Roehampton, http://www.roehampton.ac.uk/staff/AishaGill/pdf/Forced-Marriage-Legislation-Survey_Report%20of%20Findings_Gill_14July11_printversion_FIN.pdf (accessed 26/8/11).

⁹ HM Government (2010) *The Right to Choose: Multi-agency Statutory Guidance for Dealing with Forced Marriage*, www.fco.gov.uk/forcedmarriage, para 2.

reluctant to take on forced marriage and 'honour'-based violence or FGM, as it is deemed as a sensitive cultural practice of minority communities.

15. While government policy and legislative developments on HPs are very necessary, we are concerned that government policy responses to HPs are reactive and crisis focused with a disproportionate focus on emergency protection cases, enforcement and criminal justice outcomes rather than holistic responses that addresses the need for early intervention and prevention, advocacy, and advice and support services.

OTHER BARRIERS

Lack of Official Data on HPs

16. The marginalisation of HPs is reflected by limited investment in research and as a consequence limited data on the issues. This in turn hampers policy implementation on HPs at local authority level. Agencies are not routinely expected to collect data, for example, local authorities do not collect data on HPs consistently, and are therefore not aware of the needs of women experiencing HPs, nor are the authorities able to analyse emerging trends. The only government agencies that collect data on a consistent basis have been the police and the CPS, yet women are less likely to use the criminal justice system, which means that the official data is likely to be an under-representation of the numbers of women experiencing HPs.
17. In this report, we include available data on HPs in London alone, gleaned from the grey literature (largely NGO attempts to pull together data), some official data from the police, CPS and other agencies working with girls and women. However, it is difficult to make any reliable estimates of the prevalence of HPs in the UK. Existing data are likely to be underestimates as the number of incidents of HPs which are not reported are unknown but likely to be substantial.
18. Some of the official data have been reported as follows: In 2010, 375 incidents related to possible forced marriage were reported to the Forced Marriage Unit (FMU) by residents of London, 330 of whom were women and 106 of whom were under 18 years old.
Numbers of recorded cases of forced marriage and 'honour'-based violence combined, in London boroughs, increased from 127 cases in 2008/09 to 237 in 2009/10.¹⁰
In 2009/10, the FMU Helpline supported 137 women in London who identified as experiencing forced marriage and 136 women who identified as experiencing 'honour'-based violence. From April to September 2010, there were 23 prosecutions for criminal offences related to forced marriage (four successful prosecutions) and 38 for 'honour'-based violence in London (13 successful prosecutions).

¹⁰ Metropolitan Police Authority (2010) MPA Overview of MPS Domestic Violence Performance. Report by the Chief Executive to the Strategic and Operational Policing Committee. 10 June 2010.

19. In terms of FGM, police data indicates that no prosecutions have been brought under the legislation prohibiting FGM, however the Metropolitan Police's Project Azure whose coverage is limited to London investigated 46 allegations of FGM in 2008/09 and 58 in 2009/10.¹¹

Early Identification and Prevention

20. There has been a lack of early identification and early prevention work in relation to HPs. The attitude of policy makers is to ghettoise the problem and place the responsibility of stopping HPs solely on BMER women from the communities directly concerned. However, it is important to note that whilst community awareness raising and behaviour change activities organised by BMER women are very important, challenging the value system underpinning HPs is extremely complex:
- HPs are forms of violence against girls and women and are part of the social control of BMER girls and women. There is a vested interest by families and communities to continue with HPs. In this context, education of the communities whilst important is not sufficient to stop HPs;
 - Due to immigration policy of dispersal of asylum seekers, BMER girls and women affected by HPs are spread out all over country, however the work of civil society organisations is limited to inner cities and in areas where there are large sectors of specific populations;
 - Girls – being minors – who are affected by HPs are less likely to disclose or seek help and it is vital for statutory agencies to intervene;
 - Locally, policies and mechanisms already exist to support joined up work on vulnerable children and families, such as the Common Assessment Framework (CAF), yet, FGM or other forms of HPs are not fully embedded within these processes.¹² This effectively means that professionals are not utilising existing powers in cases where there are clear child protection and safeguarding concerns.
21. Bearing in mind that the majority of girls at high risk of FGM are minors under the age of 10, while there is a significant impact on those under the age of 15 in relation to forced marriage, promoting information to parents and monitoring the wellbeing of minors through the health and social care system for the under-fives and work in primary and secondary schools are very important. However such work is currently ignored or at best misplaced. For example, the Metropolitan Police work on FGM focuses on girls in secondary schools but it is known that most of the FGM procedures occur during the primary school stage. Equally the government plans to integrate HP education for young people into Personal, Social and Health Education (PSHE). However, PSHE is not compulsory as parents are allowed to withdraw their children from PSHE, in particular, sex education. It should be noted that girls from BMER communities are likely to be withdrawn from such classes for cultural and religious reasons. Moreover more schools are being encouraged to be independent and are likely to favour non-introduction of PSHE.

¹¹ Metropolitan Police Service (2010) Female Genital Mutilation – MPS Project Azure, Report: 8. 4 November 2010, <http://www.mpa.gov.uk/committees/cep/2010/101104/08#h2005> (accessed 23/2/11).

¹² The Common Assessment Framework provides a standardised shared approach to carrying out assessment of a child's additional needs and deciding how those needs should be met. The CAF aims to help the early identification of such needs and promote a coordinated service provision to meet them.

22. Community engagement initiatives that combine awareness-raising of the law and statutory obligations with longer-term programmes to educate and empower women and girls, young people and communities, reinforced with joint working between law enforcement, child protection teams, education and primary health services to identify and respond to potential risks and child protection concerns are much more effective in the long-term.
23. An example of promising practice which highlights an integrated approach is Bristol Council, which has initiated a targeted approach on FGM in relation to minors. 1,500 front-line professionals working in health, education, the police, social services and the voluntary sector have been trained to recognise the signs in girls who might be vulnerable to FGM. There is a strong partnership approach and Bristol Council has established a strong multi-agency approach with a Public Safety Board, represented by VAWG local authority leads, NHS leads, child protection teams, the police, local and national women's organisations with a specialism on FGM. The group is currently developing an area-wide FGM strategy to improve multi-agency responses, levels to the issues. If such an approach were to be applied across all HPs then not only would HPs be embedded within the safeguarding children framework, there is a stronger likelihood that greater progress will be made to eradicate HPs much sooner.

Training for Professionals

24. As briefly mentioned earlier in this paper, the notion that HPs are *normal* in some communities is problematic in protecting girls and women from BMER communities from abuse. This has particularly been the case in terms of FGM. Despite the outlawing of FGM in the UK since the mid-1980s, some professionals are still unsure of how to respond: "Agencies are anxious as being seen as being racist and don't want to be seen to be insensitive to other cultures when dealing with FGM". Quality training on HPs is inconsistent and not mandatory. Specialist units within the police or CPS are more likely to be trained on forced marriage and 'honour'-based violence. However training is less likely to be available in relation to FGM. Future training for the police is a concern, within the context of the public spending cuts in policing. This is likely to reduce the number of officers trained on forced marriage and 'honour'-based violence and may lessen the impact of the work by the police on HPs. Where training is available, the knowledge and confidence of professionals has increased. Consistent multi-agency training would improve current practice. One practitioner commented: "One of the groups stated that following training on FGM/'honour'-based violence, the social worker received a referral of a case of a 20 year old woman whose life was under threat as the parents discovered that she was pregnant. Rather than refer the girl on, the social worker was able to intervene swiftly and both the woman and child are now safe. The department has since seen an increased level of referrals of cases, indicating that the training has greatly assisted in identification of potential cases".

Existing Service Provision in London and Addressing Need

25. The report found that access to support for some communities was limited or non-existent. Study respondents felt that policy makers, researchers and other professionals need abetter

understanding of how to support communities that are less visible within current strategic policies, research and service interventions, “That while forced marriage and ‘honour’-based violence can occur across communities and sub groups, there are culturally specific responses appropriate for certain groups of people” (BMER refuge).

26. In London there are 37 organisations delivering a range of services including refuge provision, FGM clinics, resource centres and organisations that deliver short-term programmes of community engagement work. However, as already mentioned earlier in this paper, statutory bodies are not responding effectively to the needs of girls and women.
27. Self-harm, anxiety, depression, post-natal depression, psychosis and trauma have clear associations with cases of forced marriage, ‘honour’-based violence and FGM, yet this is rarely recognised in service provision. FGM can have a tremendous impact on girls and women, causing depression, nightmares, flashbacks and many of the psycho-sexual issues that are common in cases of sexual violence. However, support services for FGM are mainly geared towards obstetric care and de-infibulation services. There has been a lack of investment in appropriate therapeutic services, including one-to-one therapies, group-work and other forms of self-development even though there are links between suicide, self-harm, violence and BMER women and girls.
28. The importance of working with young women through age-appropriate interventions was repeatedly highlighted as a need, whether this is through social media, support groups or services that address specific needs. In addition, there is a lack of dedicated spaces and targeted provision for BMER young women experiencing HPs. FGM support services are predominantly offered through maternity-based services. There are few safe spaces where women, especially young women, can talk to someone openly about the impact of FGM, in relation to their feelings of confidence, choice, sexuality, intimacy and relationships. Young women and girls who have experienced or who are at risk of FGM or other forms of HPs are highly unlikely to find mixed-gender youth provision as appropriate or safe spaces for support and disclosure. We are concerned that these types of provision are also more likely to expose girls to greater risks of being found by the perpetrator. As one practitioner commented: “[BMER organisation] service users inform us that they are unlikely to access single access points, as such spaces are not perceived as safe and free of violence – as perpetrators and predators will be accessing the same points”.

A Lack of Recognition and Long-Term Investment in HPs Services for BMER Women

29. Despite a higher policy profile and awareness of HPs, BMER service practitioners were concerned that commitment to legislation has not been matched by an adequate investment in voluntary sector activity. As well as being involved in service delivery BMER services play a key role in the development of local, regional and national strategies on VAWG and HPs, and educating mainstream organisations about HPs.
30. The study found that a number of local authority commissioners did not think that HPs were significant issues in their area or they had not seen any data that persuaded them that this type of

work should be prioritised. Many also admitted that their awareness of HPs was limited and that they would benefit from more information being available. It is evident from the study and from existing research that for many BMER women, their experiences of violence may have different dimensions and therefore they require targeted service responses that address the specificity of their experiences and needs. Women from BMER backgrounds are unlikely to report incidents of domestic violence, and they may have additional needs in relation to support, including language, cultural understanding, immigration status, forced marriage, 'honour'-based violence and FGM.¹³ BMER women are often dealing not just with their experiences of the violence from their perpetrator(s) but also the combined impact of other issues, including racism, social exclusion and marginalisation within wider society. It follows then that BMER women are far more likely to approach and access specialist services that are able to recognise and respond to this duality of experience. A number of BMER women also feel safer in disclosing within these types of services.

31. Many services were concerned that with the ensuing public spending cuts and a move towards the notion of Big Society, this would in effect lead to the further erosion of specialist services, particularly as VAWG issues within BMER communities are not consistently prioritised.¹⁴ The current reality is that a number of HPs specialists in London are struggling to maintain their services in the current environment, which, in part, is also due to the cuts to the organisations' funding. At the same time that funding is being cut, organisations are dealing with a higher demand for their services. For example: Newham Asian Women's Project works with girls and young women in relation to all forms of domestic violence, sexual violence and rape, 'honour'-based violence, forced marriage and self-harm. However, the organisation has had cuts to its counselling provision and the training and employment service for clients has been closed.

RECOMMENDATIONS

- i. It is important to embed HPs within existing child protection procedures across General Practitioner practices, health clinics, schools, social services departments, the police and other relevant agencies. It is important to ensure that agencies know what to ask, have systems for recording risk, share critical information about the girl child, and intervene earlier where there are risks of FGM and/or forced marriage and 'honour'-based violence.
- ii. There is need for consistent training of professionals in schools, health and the National Health Service.
- iii. There is need for awareness-raising and engagement in schools.

¹³ Equality & Human Rights Commission (2009) *Public Sector Guidance, Cohesion and Equality: Guidance for Funders*, Manchester: Equality & Human Rights Commission, at http://www.equalityhumanrights.com/uploaded_files/PSD/cohesion_and_equality_-_guidance_for_funders.pdf (accessed 19/4/11).

¹⁴ 'Big Society' is the current Conservative-Liberal Democratic coalition government's vision of a society where individuals and communities are given more power along with responsibility. The government envisages that the transfer of power will be from central government to local communities with the support from local community groups and NGOs. <http://www.communities.gov.uk/communities/big society/> (accessed 18/8/11).

- iv. More sustainable support should be available for women's organisations with expertise on harmful practices to help women and girls access practical and emotional support. Specialist BMER services provide a crucial avenue for support for women and girls, particularly those who are not engaging with statutory services. These services have a broad level of expertise that responds to generic forms of VAWG as well as having specialisms in HPs. Existing services are likely to be working towards a range of national service standards. Services that have expertise in working with BMER women and girls experiencing HPs should be funded as should a greater level of investment be made.
- v. Holistic approach should include community engagement work to challenge the values and attitudes that underpin FGM, forced marriage and 'honour'-based violence.
- vi. There is a need to embed HPs within national, regional and local policies and action-planning on VAWG.

COMMISSIONING SERVICES FOR WOMEN EXPERIENCING HPS

It is essential that commissioners do not take a one-size-fits all approach to funding HPs services. Commissioned services should be rooted both within a VAWG framework whilst being able to demonstrate that staff are trained, skilled and experienced in working with women experiencing HPs. There is a need to ensure that commissioners fund the following types of services: **crisis-based support** (refuge provision, advocacy, FGM clinics, services for children and young people (including targeted services for young women); **early intervention and prevention** (work in schools and youth-based settings, community awareness-raising and engagement, outreach services (use of effective models of peer-development); **long-term support** (therapeutic interventions, resettlement and aftercare services).