NATIONAL FGM CENTRE

Developing excellence in response to FGM and other harmful practices

HILLINGDON LONDON

2023

INSIGHTS FROM COMMUNITIES

IN ENDING **FGM AND OTHER HARMFUL PRACTICES** IN THE LONDON BOROUGH OF HILLINGDON

"It's not just important for us to know professionals, but they must also know us."

– Female participant

"When you empower a girl you empower the whole family. Everything changes for them."

– Male participant

APRIL 2023

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ACKNOWLEDGEMENTS

The National FGM Centre would like to express immense gratitude to the focus group participants, who gave up their time to discuss what are sensitive topics. It is hoped that taking part will increase awareness of harmful practices and work towards normalising conversations in communities. This project was only successful because of the trust and confidence placed in the NFGMC by the women and men involved in the research.

We are particularly thankful to Vicky Lechuga from Hillingdon Women's Centre, Kaltoon Hassan, from the Somalilanders Association, Rahila Sadiqe from Austen Sewing Women's Club and Khalida Obeid from the Afghan Women's Association for their support in recruiting participants.

We would also like to express our sincere thanks to the partnership for their support during the delivery of the programmes across Hillingdon, including the community consultation.

ABBREVIATIONS

FGD's	Focus group discussions
HP's	Harmful Practices
LBH	London Borough of Hillingdon
CCG	Clinical Commissioning Group
CiN	Child in Need
LA	Local authority
DoH	Department of Health
FGM	Female Genital Mutilation
VAWG	Violence Against Women and Girls
CALFB	Child abuse linked to faith or belief
NEL	North East London
NHS	National Health Service
ONS	Office for National Statistics
DfE	Department for Education
FMU	Forced Marriage Unit
FG	Focus Group

EXECUTIVE SUMMARY

63 participants

5 focus groups

37 women

26 men

8.5 hours worth of transcriptions

13 languages spoken, including Somali, French, Dutch, Farsi, Dari, Bengali, Urdu, Spanish

Participants shared that it was the **first** opportunity they'd had in Hillingdon to speak safely about the issues

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8 women were victim/survivors of FGM

2 women were victim/survivors of forced marriage

22

22 participants knew someone affected by harmful practices

COUNTRY OF ORIGIN

Participants represented 12 countries: Somalia, Somaliland, Congo, Pakistan, UK, Sweden, Djibouti, Afghanistan, Mexico, India, Bangladesh, Tanzania and Eritrea

1. EXECUTIVE SUMMARY

Female Genital Mutilation (FGM), early/forced marriage, so-called "honour"-based abuse and abuse linked to faith and belief (CALFB) are harmful practices which are a gross violation of the human rights of children and adults. These harmful practices can have a deleterious impact on the health and wellbeing of victims/survivors. Harmful practices are a global issue and can occur in any community, so any steps to tackle the issues needs a broad approach that engages local communities.

The National FGM Centre (NFGMC) was commissioned by the London Borough of Hillingdon (LBH) to undertake a community research project focused on developing insight into communities' views and attitudes about harmful practices. The research was facilitated by and done in partnership with community organisations, and the data collection method involved the use of focus groups. A number of focus groups were conducted with 63 men and women form diverse backgrounds. The approach involved taking an asset based approach in view of the fact that, communities are the experts and are the conduit through which change is possible. The London Borough of Hillingdon's aim is to use the findings of the focus groups to inform their broader violence against women and girls' (VAWG) strategy.

This report gives voice to the participants and by extension, seldom heard communities. The findings of this research should be viewed as a the start of a conversation with communities on harmful practices and an opportunity to develop pathways for change.

1.1 Key findings:

- Male and female participants broadly, had divergent views on whether harmful practices affect their communities in the UK – most of the female participants concurred that harmful practices, such as FGM and so-called ''honour'' related abuse, exist in Hillingdon's communities, whilst most males largely held the opposite view.
- Female participants were more likely than male participants to share personal experiences regarding harmful practices, including knowing someone who was also a victim/survivor. Some women in the groups identified themselves as being survivors of practices such as FGM and early/forced marriage. Others alluded to experiencing so-called "honour"-related abuse.
- There were contrasting views concerning whether certain harmful practices are a current or past issue. Male participants were less likely to believe that it is current issue. Male participants believed FGM did not happen in the UK, and that the prevalence in affected countries overseas was reducing – only occurring in rural areas. Women generally believed that FGM, early/forced marriage and CALFB are issues currently affecting their communities. Some believed virginity testing to be a current issue and others historical.
- Male participants noted that the research provided the first opportunity to discuss harmful practices, but felt that talking about it directed unnecessary attention to their communities where harmful practices are not an issue. Female participants expressed that they never had the opportunity to discuss these issues, and wanted safe spaces to continue the conversations.
- There was some denial of the validity of data available on FGM and early/forced marriage by the Home Office. Both female and male Somali participants viewed the statistics on FGM and early/forced marriage, which highlight Somali girls/women as being victims, and believed that the data could stigmatise their community.
- Both female and male participants felt communities in Hillingdon should be given more opportunities to consult with the Local Authority (LA) on issues that are embedded in strategy and affect their communities.

- Most focus group participants of both female and male groups agreed that beliefs in witchcraft, spirit possession, djinns etc. are common in communities – especially against girls.
- Nearly all participants of both female and male groups did not know what an FGM Protection Order or Forced Marriage Protection order was, or how it could be used.
- Both female and male participants felt that a third party, such as an organisation like the NFGMC, would be an ideal conduit between communities and the local authority to obtain views and relay key messaging due to their impartiality in the LA.
- All participants approved of the London Borough of Hillingdon's approach to seek communities' views and welcomed such an opportunity to shape the future of the LA's strategy to tackle harmful practices.

1.2 Background to the National FGM Centre

The NFGMC was established in 2015 as a Department for Education's Children's Social Care Innovation Programme project, initially set up to develop a system change in the social work response to FGM and to help end all new cases of FGM in England by 2030. In 2017, the Centre's remit was extended to include other harmful practices including child abuse linked to faith or belief (CALFB) and breast flattening. It has developed a unique model of service delivery which it believes is most suited to addressing harmful practices. This combines social work, community engagement, professional development and a digital response (www.nationalfgmcentre.org.uk). The Centre's independently evaluated intervention model is different, unique and innovative. The Centre has provided training to over 20,000 multi-agency professionals across the UK. The National FGM Centre's Vision is to keep children and young people safe from FGM and other harmful practices.

Through our work we aim to:

- **Prevent** new cases
- **Protect** children and young people
- **Support** those affected by FGM and other harmful practices
- **Partner** to deliver services and learn

The Centre works across the UK with partners to deliver expert services, ensuring children and young people have safer childhoods, stronger families and positive futures. The Centre's authority on FGM, breast flattening and CALFB is rooted in excellence in achieving positive outcomes for children. The volume of cases worked on gives the Centre and its partners a unique insight into what works to safeguard children from harmful practices, and the work is influenced by those the Centre seeks to protect. Since 2015, the Centre has worked on over 900 cases in over 12 local authorities, excluding national consultancy, with over 214 survivors of FGM including 24 under the age of 18. The Centre has prevented girls from undergoing FGM by supporting applications for over 40 FGM Protection Orders and launched an award winning FGM Assessment Tool for social workers. Through the work of the Centre, communities are given a voice, are heard and professionals know how to respond effectively to safeguarding concerns.

1.3 Background to the consultation

The LBH was awarded funds through the Department for Education (DfE) to run a series of multi-agency led programmes across the authority to address FGM and other harmful practices, and to better identify and support women and girls who have experienced or are at risk of FGM. This included:

- Forming a task and finish group comprised of agency leads from Social Care, Health, Education, Police and Community to strategise and coordinate delivery of the work
- Learning and development to up-skill staff
- The development of robust pathways across agencies to better identify girls at risk

- Development and dissemination of resources and tools locally and nationally to share learning
- Focused schools' packages which address professionals' knowledge as well as teaching students

The LBH also recognised that addressing and understanding the needs of their communities was integral to the work, and to informing their strategy on violence against women and girls (VAWG). As such, they commissioned a consultation with women and men living in Hillingdon to explore views and attitudes on various harmful practices. This study was undertaken by the NFGMC with the focus group discussions facilitated by NFGMC staff. For the purposes of the consultation, the 'harmful practices' focused on included FGM, forced marriage, "honour"-based abuse including virginity testing and child abuse linked to faith or belief.

The aim of the research was to have an increased understanding of:

- Awareness of attitudes and beliefs on HP's
- Whether HP's are taking place in the LA
- The views directly from communities on solutions and approaches to tackling HP's

The objectives of the research were to:

- Use the insight gained to inform policy and guidance
- Foster a closer working relationship with communities and promote community dialogue

Working with communities to co-produce a response to ending Harmfu practices is an evidence based and successful approach to effecting sustained change, and helping to ensure that prevention and support interventions by the local authority are accepted.

The outcome of the consultation is to ensure that the LA's response to harmful practices is appropriate to communities' needs.

1.4 Facilitators

The Centre allocated a female worker, who has a range of expertise in working with communities, to facilitate the female focus groups, and a male worker, who too has a range of expertise working with communities, to the male focus group. Focus group discussions also served as information giving sessions on harmful practices with facilitators explaining details of some of the practices being explored.

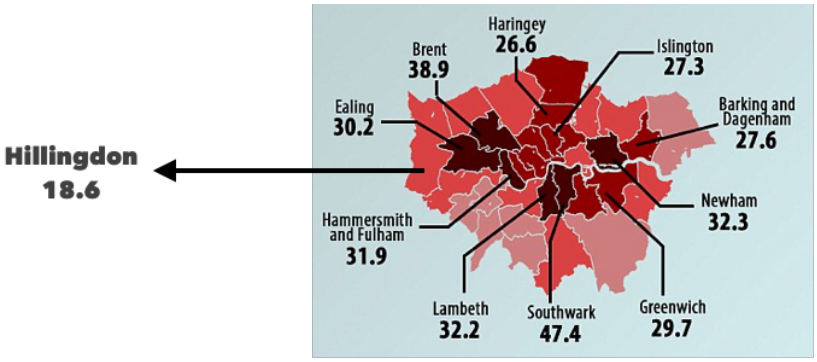
Dr Leethen Bartholomew	Leethen Bartholomew, former head of the NFGMC, is an expert in FGM and child abuse linked to faith or belief, and is a social worker by background bringing with him over 20 years of experience in child protection and community engagement - specialising in harmful practices
Rohma Ullah	With a background in human rights including refugees and child trafficking, Rohma has worked at the NFGMC on the front line as both a specialist in direct work with children, families and communities, and currently National Lead for Training and Professional development – bringing with her over 10 years experience of harmful practices

2. DEMOGRAPHICS OF HILLINGDON – DATA AND TRENDS

The population of Hillingdon is estimated to be 304,824, one of the largest of all the London boroughs. It is increasingly diverse – 49.5% of all residents in the borough are from Black, Asian and Minority Ethnic groups. The Black, Asian and minority ethnic population is projected to increase from 49.5%, to 51.6% of the total Hillingdon population between 2018 and 2023 according to the Office for National Statistics (ONS)

Department of Health (DOH) and National Health Service (NHS) data indicates that Hillingdon is an area of relatively high prevalence for the occurrence of FGM. FGM and other harmful practices are hidden forms of mainly intra-familial child abuse, serving as a barrier to disclosure. This makes It difficult to identify and accurately record, since it is less likely to come to the attention of the authorities. However, what data is available for Hillingdon is outlined by the following:

- City University in 2015 (Prevalence of Female Genital Mutilation in England and Wales, Macfarlane and Dorkenoo) estimates 137,000 women and girls are affected by FGM across the country, with the highest rates found across London boroughs. The figures in this report are estimates, based on numbers of women living in each area, (who were born in FGM affected countries), and the prevalence of FGM in those countries. It suggests that women who have undergone FGM are living in every part of London (and wider, England and Wales). The report estimates Hillingdon's prevalence per 1,000 population is 18.6 (see Figure 1). [1]



[1] City University in 2015 (Prevalence of Female Genital Mutilation in England and Wales, Macfarlane and Dorkenoo)

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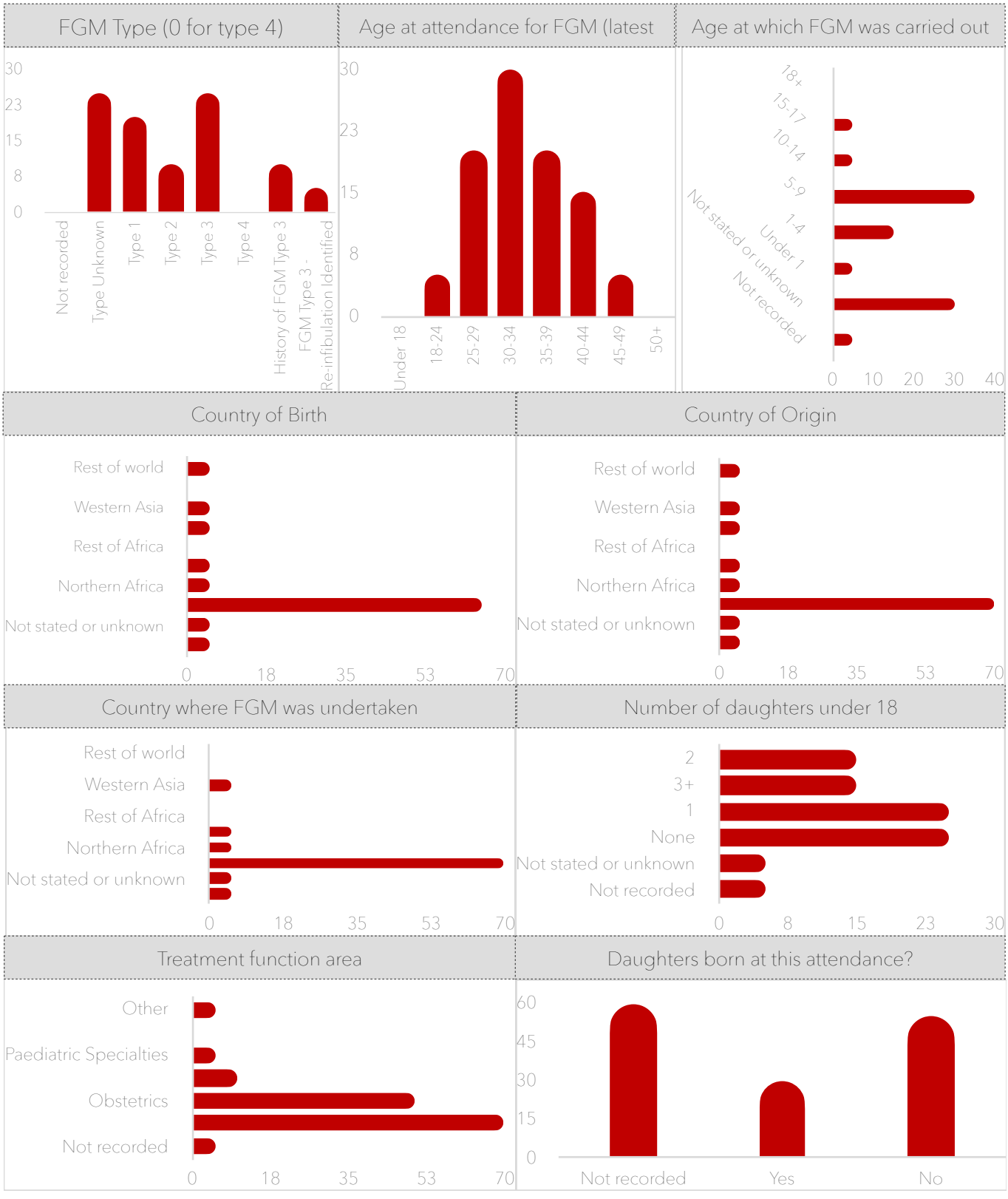
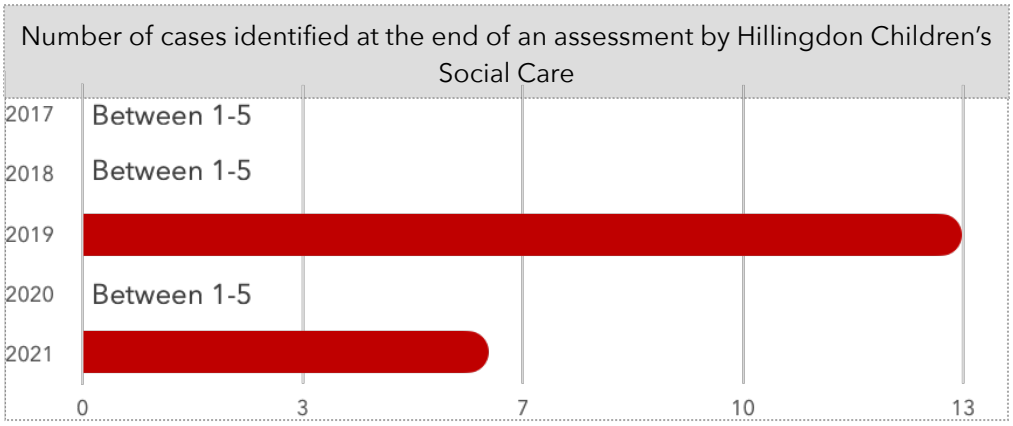
- The FGM Enhanced Dataset is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices. The most recent dataset for April 2020-March 2021 shows there were 145 total attendances in Hillingdon via health services, primarily recorded through maternity services.



There is limited data on other harmful practices, although it is noted that the DfE Children in Need census (CiN) for 2016/17 required LA's for the first time to provide data on FGM and CALFB as factors identified at the end of a social work assessment. In the years 2016-2019, the CiN census recorded 54 assessments undertaken for CALFB and 28 cases of FGM in Hillingdon.

The data for FGM highlights a rise in cases in 2019 from between 1-5 to 13 cases and then, a decline in cases in 2020 during the start of the pandemic to between 1-5, which then increased to 6 in 2021. According to the data from NHS Digital, attendances in health are significantly higher for Hillingdon than those assessed by children's services.



3. DATA COLLECTION

The qualitative research design incorporated 5 focus group interviews using semi-structured questions with female and male participants from Hillingdon. Data was then transcribed and analysed thematically.

The research team contacted a range of community organisations working in Hillingdon who come into direct contact with service users and community members via email, phone, WhatsApp announcements and in-person visits. Three key community organisations acted as gatekeepers and assisted in the recruitment of participants:

Hillingdon Women's Centre	A non-profit organisation working to end gender-based violence via support and advocacy for women in Hillingdon.
Somalilanders Association	The West London Somalilanders Association is a non-profit organisation seeking to empower Somali and other citizens including support and provision around education, family matters, sports and youth activities, and meaningful integration in the mainstream society.
Afghan Women's Association	The Afghan Women's Association is a non-profit organisation striving to assist Afghan women living in Hillingdon via support and advocacy.

Further to this, partners on the FGM task and finish group also assisted in extending the reach to other service users for recruitment, including advertisement through all Children's Centres in the Borough.

3.1 Focus group participants

Participants were Hillingdon residents and recruited via advertisement through each organisation as listed above. All participants were offered a £15 'love to shop' voucher for participating. A total of 63 participants attended 5 focus groups, one with men and four with women. A total of 37 female participants and 26 male participants participated in the study.

Countries represented in the female focus groups included:

- Somalia
- Somalilander
- Afghanistan
- India
- Iran
- Bangladesh
- Mexico
- Tanzania
- Pakistan

Countries represented in the male focus groups included:

- Somaliland
- Somalia
- Congo
- UK
- Sweden
- Kenya
- Pakistan
- Djibouti

3.2 Method

Data was collected via focus groups using an adapted version of the 'REPLACE 2 approach'. The REPLACE 2 approach, designed specifically to focus on FGM, recognises that FGM is a social norm and that each community has different belief systems and enforcement mechanisms supporting its continuation. Therefore, to address this requires individualistic and community focussed theories of behaviour change to fully capture the complexity of the practice of both FGM and other harmful practices in an approach to end them. Using the REPLACE 2 approach achieves this outcome by:

- Engaging with affected communities and ensuring they are active participants in the development and implementation of an intervention in order to gain their trust and commitment.
- Drawing on community readiness theory to assess where the whole community sits in relation to addressing FGM and other harmful practices.
- Working with communities, in particular with community peer group champions, to develop interventions aimed at moving the community towards ending FGM and other harmful practices.
- Monitoring and evaluation, both quantitative and qualitative, to capture community as well as individual responses.

3.3 Information for participants

Each participant was sent a poster on the study prior to focus groups. Participants were also provided with a resource pack on the day of the focus group containing further information

on the study and more information around harmful practices, including on FGM Protection Orders, Forced Marriage Protection Orders, as well as resources for further support including on specialist FGM clinics and the Forced Marriage Unit (FMU).

3.4 Transcription

All focus groups were recorded for the purpose of transcription and analysis. Focus group recordings, totalling 8.5 hours, were transcribed over a period of 34 hours, and subsequently analysed for themes and sub-themes.

3.5 Consent and safeguarding

Consent was obtained verbally prior to the recording of the discussion, and participants were assured that anything they said during the discussion would be kept confidential unless it involved a safeguarding concern. Anonymity was also assured i.e. their names would be anonymised should they be quoted, and in the event that any quote were to be identifiable, it would be redacted.

4. FINDINGS FROM THE FOCUS GROUP DISCUSSIONS

For the purposes of the consultation, the harmful practices focused on include FGM, so-called "honour"-based abuse, forced marriage and early forced marriage, child abuse linked to faith or belief and virginity testing.

4.1 Level of awareness in relation to harmful practices

Most focus group participants were familiar with the terms forced marriage and FGM, although some had less in-depth knowledge, which required facilitators providing explanation. Most participants were also aware of the complex interplay between witchcraft, spirit possession and child abuse. Facilitators spent time explaining the varying practices, which sparked a debate around why they happen. Most female participants argued that patriarchy had a key role to play, with one participant saying, *'it's a man's world'*.

Male participants were aware of the occurrence of harmful practices but denied that the practice persisted in their communities, for instance:

> 'FGM nobody does it for the last 30 years, apart from the countryside, it doesn't happen no more'

> 'Forced marriage doesn't happen in England nobody can force a girl to marry'

> 'We wouldn't force or beat you up in Somali culture'

> 'In Somali culture that doesn't happen because the Jinn doesn't harm people. We also believe in the Quran.'

4.2 Female Genital Mutilation (FGM)

There was mixed feeling around whether FGM still happens. Some women argued that it didn't, because more communities are aware of the physical and psychological impacts, whereas others argued that the hidden nature of the abuse would make it difficult to truly know. However, one woman had a different viewed and commented:

> 'FGM is not hidden. It's not something you can hide; because the girl will bleed, the girl will suffer, and it has to be done at a very young age. It's not hidden. My daughters have not had it. I have several sisters who haven't done it to their daughters. However, there isn't as much stigma around it. It's seen as prideful. 'I'm proud I've done that', they would say. They give gold to the girls.'

Several women acknowledged the complexity of the issue which is, on the one hand, abuse and a violation of girls and women's rights but, on the other hand, a celebration.

There were 11 women who shared their experiences of FGM, early forced marriage and so-called "honour" related abuse. Participants also shared stories of people they knew in

Hillingdon and other local authorities who experienced so-called "honour" related abuse and virginity testing. Eight of the women who took part in the study had experienced FGM.

Most men felt that FGM is not an issue in Hillingdon, despite acknowledging the hidden nature of the practice. The general consensus amongst the male participants was that FGM is a *'village'* issue, rather than something that happens in *'big cities'*.

One male participant commented:

> 'I think there's two factors really and what stopped them, is people got educated and they knew the severity of the pain young women go through – and I am a father I have daughters and I would never put my children through this. This was mainly the older generation that went through this system, and they don't want the children or grandchildren don't want the women to go through this. It's a painful memory. The other thing is religion, people have learnt more about religion says, our religion does not allow people to use FGM, even though it's not part of religion they still do it, mainly African community in villages.'

4.3 Forced Marriage

There was some debate around the existence of forced marriages among the women, but the persistence of this practice was largely accepted. All female participants argued patriarchy had a key role to play and acknowledged the intersections between different harmful practices, including the stigma around speaking about them, lack of support for survivors and control and coercion over women in their everyday lives.

The majority of focus group (FG) participants acknowledged that there was a strong connection between a communities' country of origin and decision making around girls and women, arguing that communities in Hillingdon/the UK are largely influenced by *'what happens back home'.* In one consultation, when asked whether decision making with regard to so-called "honour" related abuse could come directly from country of origin, women strongly agreed, adding that its often because of the 'control' of girls that are now deemed *'western'* since moving to the UK. Interestingly, 2 women shared that there is tighter regulation

of the behaviour of girls and women in the UK than there is in their country of origin, because of the perceived threat of the 'West' and communities wanting to preserve culture:

> 'Girls can dress completely freely back home, but here, you can't – because of what people will say.'

One woman highlighted that some girls are starting to become aware of risk:

> 'I've heard forced marriages like girls they are going from here to Pakistan parents are saying let's go for a holiday but no they are getting married, like forced marriage. Yeah I've heard that a lot but they don't discuss these and even the girls with other girls they don't want to. But some girls are getting a bit intelligent in this way they can find out what their parents are thinking and making plans, their leaving their houses the girls are getting a bit quick.'

This highlights the strength in programmes, particularly in schools, to combat violence against women and girls, and which specifically talk openly about harmful practices.

Views around forced and early forced marriage amongst male participants varied. Some male participants denied the existence of forced marriage, and others rejected Home Office FMU statistics. However, there was also agreement that it was an issue that communities are still contending with. One man said:

> 'Someone paid me so much money to take my daughters hand and I was like who are you talking to, I wouldn't do that. It's a very big business. They offer 50 thousand pounds to take a girl. And if the girl complains, the father just says stay, he's given you food, clothes and a good life.'

Nearly all the female and male participants had no knowledge of what FGM Protection Orders or Forced Marriage Protection Orders are, or details of how it could be used. One female participant commented:

> 'If only we had that at the time it happened to me. But I didn't know it existed now. It's so good we have that now – but not many people know about it. None of us here knew about it'.

Many women asked for more information around what the protection orders could do and argued that more communities needed to know about them.

4.4 Culture and harmful practices

All participants agreed on the importance of culture and cited it as being central to identity formation. A large proportion of the participants across the five FGD's had been in the UK for over 10 years. Participants felt that their communities had a strong cultural attachment to their countries of origin. One woman said:

> 'Their head is here but thoughts are back home'.

There was also some discussion about decision making in families coming from extended family in country of origin:

> 'They force upon us what we wear, where we go and whom we have to be with'

Some female participants shared that the attachment to cultural identity and the influence of extended family from country of origin led to a continuation of practices embedded in culture, which included harmful practices. Female participants also felt that there were differences in practices enforced in their countries of origin compared to their experience in the UK. One woman gave an example of this difference:

> 'Small things like period; there's so much hesitation between mum and daughter, you know, but over here if you see they consider period as a normal women thing you know, but back home they think you have to hide it, it's not good that you should be telling your brothers.'

The overall feeling from female participants was that these issues all contributed to harmful attitudes towards women and girls, which perpetuate harmful practices.

Participants consistently cited FGM as a 'cultural' issue as opposed to 'religious', but acknowledged the role faith leaders had in ending it because of the myth of it being associated with the practice.

Participants suggested that culture perpetuated several harmful practices, and believed that '*honour*' was inextricably linked to all. Both female and male participants in FGD's largely placed the perceived transgressions of women's behaviour as a source of contention within communities which lead to practices intended to '*control*' them.

One participant described how '*honour*' strongly influences relations between partners and can fuel intimate partner violence. For some women, it structured their societies in a way that placed pressure on women to remain in abusive relationships:

> 'Name and reputation is a very big thing where I come from. It is everything. Suppose a husband and wife, abusive relationship, she has to suffer because they don't want anybody to say Mr so and so's daughter left the husband, the house or even told a friend or neighbour'.

There was debate around whether harmful practices are carried out for the purpose of maintaining family or community honour, or for financial gain – or a blend of both. One female participant shared how she felt the reasons for carrying out FGM are rooted in associations with 'honour' and virginity:

> 'It isn't about money, in my culture it's not about money at all but it is a pride. Like [they say]– "my daughter is a virgin, she's beautiful, she has never been touched"'.

Women largely agreed with this, however, men mainly argued that money is a strong contributing factor. In response to the facilitator asking whether forced and early forced marriages still happen today, one man said:

> 'Yes, to take someone back and get them married and the girl says no no papa I don't want to marry an old man but men get money, many, many parents are in this situation. The population is poor and it happens. Some men take food or money for this.'

One male participant argued that the attachment to harmful practices may be difficult for communities to part from, due to its association with tradition which is largely associated with identity, but perhaps also creates a sense of belonging and connection that may be lost in an otherwise foreign country.

Female participants shared that the attachment to cultural identity and influence of family in country of origin led to a continuation of practices embedded in culture, which included harmful practices.

4.5 Proof of virginity

Being able to provide evidence of the virginity of a girl was raised by several female and male participants and appears to be one of the driving factors behind some harmful practices, such as so-called "honour" related abuse, early/forced marriage and virginity testing (done by checking the tightness of the entrance of the vagina). Women felt that men continued to uphold the importance of virginity. When asked if they thought virginity mattered to men, one woman stated:

> 'Of course, it's like I think when did they go to get married and if they see she still all knitted well they will celebrate its like they celebrate the virginity of the girl.'

Another woman said:

> 'They will make sure that night you know she will spend the wedding night and then the next day they will check. Third they checked the bed sheets for blood and if there is no blood, she is not a virgin they say. It's not really spoken about these days, it's quite hidden.'

Another woman added:

> ''Sex in general is not something spoken about no, no, no, no".

Women also discussed the rise in practices like hymenoplasty – a surgical procedure that involves reconstructing the hymen. One woman shared how the cultural significance attached to virginity made her consider getting a hymenoplasty:

> 'Yeah, I have heard back home now they are doing the woman's… but as a woman you are thinking I have lost my virginity and feeling you, like I need to do this surgery to make sure that I get married.'

There was a general consensus amongst the female participants that proof of virginity is still important and charts the course on how girls and women manoeuvre the world, but in some cases their lives are decided for them. The determination of how parents choose to raise their daughters based on concepts of virginity were discussed, and the importance of raising awareness that a girl's worth is not determined by her virginity.

Male participants found virginity to be very important and spoke about it as being mainly applicable to girls and women. Women's pleasure was seen as problematic. One male participant questioned how, in the absence of FGM, a women's pleasure could be controlled:

> 'There are too many things, boys and girls have sex and they just get on with their life. Like normal because there are too many girls. Girls, they get excited and have sex with anyone and carry on as normal. And how can you stop them from thinking like that'?

The importance of female chastity was ingrained and promoting it as a parent was viewed as core to parenting:

> 'I tell my daughter always you have to marry someone, not sleep around.'

For male participants, there was a strong link between virginity and the relative worth of a girl and woman. This was also linked to the dowry price, with virgins having a higher bride price. The men did not view this as problematic and purported that women also agreed with this

because it boosted their self-esteem. A male participant aged between 25-34 commented on his experience:

> 'I paid a high bride price for my wife and because of this she's respected in the community…you see, the higher amount her family receives for her people would know that she is a good woman. I have four daughters and any man that wants to marry them must pay a high amount.'

4.6 Witchcraft and spirit possession

Women largely agreed that spirit related abuse is common in several communities, and particularly against girls:

> 'Anything wrong happens to someone, oh that's Nazar[2] or that's evil eye on you but that's, we shouldn't be believing in these things but yeah that is common in my culture. I don't understand if some special thing is going to come to the girl only why is there discrimination there – it can be a boy as well but mostly it is a girl.'

The gendered nature of allegations was viewed as unfair and discriminatory. The services of 'healers' were cited as being required for removal of evil spirits; often in these contexts, it is girls that usually fall victim, and individuals are abused in varying forms in the process. Transgressions of norms, such as sexual norms, are also sometimes dealt within the context of faith or belief by using deliverance, exorcisms, conversion therapy etc.:

> 'They take the girl to some random person just to get cured and that person rapes her and does anything he wants to do and that's really common practice back home. They take them like oh please my daughter she's possessed please help her and then they take her into a room and they we don't know what's happening in that room. It's very common.'

The men did not discuss witchcraft and spirit possession in terms of it being a gendered issue. They agreed that it is a reality, with some men disclosing that they had seen people

[2] Nazar, translated as 'sight', refers to the belief that a person can cast bad luck and misfortune

who are spirit possessed. They opposed any views that were contrary to this and cited that according to their religion, *'these things are real'.* The abuse of people through deliverance was viewed as wrong and the remedy for support was prayer. Male participants explained that some faith leaders/healers were exploiting people but that it didn't negate the reality of the belief. They agreed that harming children was wrong and that steps must be taken to prevent this from happening. However, if a child is believed to be possessed and the family seeks the intervention of a trusted faith leader, this should be permitted.

Participants largely agreed that there was not enough awareness of spirit related abuse in communities, citing that it was largely hidden:

> 'In terms this witchcraft, possessions and faith abuse I don't think that's its actually understood and I don't think it's a topic people are talking about, not like the other ones, I think it's pretty common. I'm thinking about women and men who are homosexuals or lesbians who are taken in my case I'm thinking about a Christian background they are taken to church and they are forced to take these confessions therapies or exorcism so whatever practices they do.'

A female participant added:

> 'For me this is one of the most hidden practices and something needs to be done'.

5. SPECIFIC BARRIERS FOR WOMEN

Various barriers for accessing support and preventing harmful practices were discussed across focus groups including stigma, awareness, lack of physical and mental spaces for peer support, intersectional complexities, and gender biases (primarily against females). The following sub-themes are categorised:

5.1 Stigma

Female participants largely explained that they are unable to speak openly about their experiences with FGM and other harmful practices due to shame and stigma in their communities. Not knowing where to seek support in the community was a concern. This is highlighted by one woman:

> 'If FGM may happen within specific communities; if you are against it how are you going to talk about it with family members or religious leaders or other people because you will be ostracised or judged probably you wouldn't like that to happen so in that case I guess other members of communities are good to create those spaces where women can actually disclose what's going on, but also if you do this with someone who's not aware of the specific cultural background you will not even trust them'.

As well as stigma, this participant also cites an issue with trust; linking to earlier themes around communities requiring a sense of belonging. It can be suggested that there is a deep fear of rejection and ostracism, aligning greatly with women who identify with collectivist cultures as opposed to individualistic, whereby individual identity may greatly rely on the community.

Moreover, participants across both female and male FGD's shared that communities felt stigmatised by professionals. Some women made reference to specific beliefs they felt professionals had in relation to which communities are affected by harmful practices. One woman said:

> 'The focus is always on specific communities and they give you this picture like people from these, these and these countries are poor people, from "developing countries" these poor women, they are forced to be married, what a "barbaric" situation. They don't look at themselves. For me it was a process, of thinking well this also happens in my country and people don't see how severe it is all over the world, forced marriages has been happening for ages all over, it's just that people see it as a natural thing and they think that they are better people than people in other parts of the world they think oh yes these women India, these women in Pakistan, poor women are getting forced to get married and I'm thinking jeez, you just have to look at the, look around the corner all these women who are or have

been forced to marry, I mean girls being forced to get married these elderly guys for centuries, it's not just in one place its happening'

5.2 Accessing support

There are issues for women with awareness and actions taken in the religious and cultural context. One participant shared feelings of alienation when she did not receive support from her local mosque after being forced into marriage at age 16:

> 'Imaam's wouldn't know, I wish they would have known then and now. Ok if I had known at the time that I could have gone to an Imaam to speak about it but I think back in the days erm I think we weren't allowed to speak to an Imaam about something like that and he didn't know the knowledge so growing up it was really hard I didn't have anybody to speak to I wish I did'.

For both female and male participants, the requisite need for religious support is highlighted prominently, aligning to the reliance on religion and culture as an important part of identity. It is relevant to take stock of this when considering how services reach out to those who need support, who services train to offer support, and how to break down stigmatic barriers. This issue is further highlighted through the lack of support women felt they could access overall; including a lack of safe female-only spaces for women to gather, share resources and support each other.

5.3 Understanding the spectrum of harm

Participants highlighted intersections of harmful practices with each other. Some forms of harmful practices were seen as being hidden and requiring greater responses from the local authority. One woman summed this up:

> '[possession] is even more hidden than any other practises because FGM and forced marriages are criminal offences now so there has been some sort of information, schools know about it, NHS, different practitioners have received some kind of training although I'm sure not all of them know it or

> understand how to deal with it but there has been a bit of exposure in terms of this topic but in terms this witchcraft, possessions and faith abuse I don't think that's its actually understood and I don't think it's a topic people are talking about, not like the other ones, but I think it's pretty common'.

The need to understand issues like FGM within the context of harmful practices is centrally important in protecting children and vulnerable adults, and for female FGD participants in particular, it was of central importance.

5.4 The power of gender

Women in the FGD's felt that they were made to bear the responsibility in being perpetrators of harmful practices. This, according to one female participant was reflected in everyday, sexist behaviours:

> 'This a problem of the mothers, we are all women, and we make this our fault, we support our boys more than our girls it's our fault'.

For another female participant, women were responsible for continuing the practice of FGM, but at the hand of men:

> 'It's actually women who are enforcing it, but is it for them? The people who are advocating it is the women, the mothers. But women will never stop until men stand up and say we don't want to do this anymore. That is not the only solution, I think women need to understand that doing this is not good for them, they need to understand this. But men make the decisions, it's for them'.

Male participants largely held the opposing view, with one arguing:

> 'My friend, this is issues with women, so why men need to know?'.

It is important to highlight the issue of gender and that the responsibility to advocate for change is seen as a mechanism that requires both female and male backing. This unearths the dichotomy in power balance (or imbalance) between the genders. One woman said:

> 'If the men knew why we were here today, discussing these issues, they would say 'Ah! So that's why you go to these groups.' and not let us come anymore.'

Other female participants in the group agreed with this statement, highlighting the strong stigma associated with openly speaking to others in the community about a taboo topic.

5.5 Virginity

Female FGD's largely held the belief that proving virginity through testing wasn't a 'cultural' requirement for women anymore, however displaying behaviours associated to virginity, such as modest dress, was still an issue, potentially highlighting that the definition of what it means to be a virgin is shifting. One woman linked virginity before marriage to self-respect:

> 'Some girls maybe just respect themselves more, they want to save themselves for someone special but it's not necessary'.

It can be argued that this highlights conscious and unconscious biases and beliefs held within communities which will categorically influence and perpetuate beliefs associated to the chastity of girls generationally.

5.6 Contention around the existence of harmful practices

There was a prevailing sense in all five female FGD's that there was a generational change which has led to the reduction of harmful practices, like FGM and early/forced marriage. When talking about the existence of forced marriages, one woman said:

> 'I think everything has changed, I think a lot has changed now. I think it still happens maybe not as much as my generation 30 years ago, but it still happens people don't like to talk about it'.

Participants across all five FGD's felt that the illegality of FGM had led to a reduction in the number of cases and gave several other reasons. One woman summed-up the reasons for the reduction in cases of FGM as:

> 'Because they see people travelling, open minded, educated and see what's the point, people went through learning, education mainly, it's not religion and it's not good for health'.

Whilst most participants accepted that FGM was an ongoing practice, there was some denial of the prevalence of other harmful practices. Forced marriage in the UK was particularly disputed in one female focus group which comprised a number of Somali women. One female participant expressed her doubts:

> 'We aren't saying it doesn't happen at all but the likelihood of it happening is very low this used it happen long time ago and how is this possible in the UK?'.

Female participants in this group doubted that forced marriage takes place in the UK and thought that it is more likely that the victim-survivor is taken back to the country of origin where it would happen. When it was clarified that the marriage ceremony could have taken place abroad, but girls in the UK are at risk and have experienced this, participants agreed that the practice exists. Men also largely agreed with this.

Both Somali women and men in particular felt stigmatised by national statistics which highlight their communities as being affected by, and continuing to practice, FGM and forced and early forced marriage, leading to their overall rejection of the statistics as factual. It could be argued that the stigmatisation that Somali communities have felt in general, as articulated by one female participant as *'over represented in the criminal justice system'*, has morphed into an overall rejection of these statistics. These beliefs could be explained by arguments relative to stigma, shame, and perhaps even protection of practices that are seen as an integral part of one's faith or culture.

There was a rejection of statistics on prevalence of harmful practices within male FGD's. Most of the participants victim-blamed women and implied that they have a role in the continuation of harmful practices. One participant doubted that forced marriages were truly always forced:

> 'Could it be the lady wants to get married? And then something goes wrong and the girl says it was a forced marriage it doesn't always have to be a forced marriage. This girl I knew was happy to marry this man then said it was forced marriage.'

6. HARMFUL PRACTICES AND THE LOCAL AUTHORITY

Nearly all female participants said that they had no knowledge of any previous awareness activities that had been held by the local authority in Hillingdon concerning harmful practices. As one woman says:

> 'I haven't heard of anything, this is the first one I've heard of. Is not advertised as such. I certainly didn't hear anything today is probably the first one. There should be more I think. They need to be actually active'

When asked if they felt connected to the local authority, one woman echoed the general sentiment that was voiced during the women's FGD's:

> 'No, that's the lack of communication we have.'

Female participants shared not knowing where in Hillingdon to seek support for harmful practices. In the FGD's, women who were involved with local communities and charities, and acted as local leaders, reported a lack of funding and training for professionals to carry out adequate support work with survivors of harmful practices and vulnerable groups. There was

a sense amongst the female participants that there needs to be better training for professionals who support women and survivors, particularly training that encompasses cultural literacy. Women generally felt that services within the local authority needed to understand them and their communities better, which can only be done through continued dialogue. One participant summed up the general sentiment about the local authority among women:

> 'I always say it's not just important for us to know professionals, but they must also know us.'

6.1 Work in schools

> 'The local authority should be leading on that effort to talk to about FGM but they must make sure that community groups or leaders are also involved in it as well as schools'

There was a general consensus amongst the FGD's that more awareness was needed across schools, to ensure children and young people knew and understood their rights and what harmful practices are, as well as for those messages to filter out into communities through parental engagement. This view differed to some from the male focus group, where beliefs around teaching about the issues was thought to invariably create a rise in teaching around sex, which was deemed to be *'encouragement'* to engage in the act, rather than as a tool for education and prevention of potential abuse. One female participant said:

> 'We have to work with everyone because this country and this city we have multi-cultural backgrounds and you have friends from all over the world. So let's say if we're talking about a girl who's at risk of being taken back home to be cut, obviously she's not going to tell her family because they are the perpetrators of the crime but she has a friend in school from a different background and she can trust her and if the friend knows she could also support if not give advice at least embracing her and telling her yes you are right this is not correct maybe we should talk to the teachers or talk to the police, whatever… but if we do not educate young people this is never going to change'.

Whereas one male participant disagreed with this, highlighting that teaching about it could lead to engagement in sexual and other activities:

> 'When you put all this in a kids head what are they going to do?'

6.2 TRUST IN POLICE AND SOCIAL SERVICES

There was a general mistrust amongst both female and male focus groups in statutory services, particularly police and social care, due to conceptions and some misconceptions about service processes.

Most female participants shared feelings of mistrust and lack of faith in the police. One female participant's reasons for mistrusting the police were cited as a perceived lack of response from the police to her community's support needs, and a sense that the police *'had more serious problems on their hands'*. She said:

> 'How would they police help us? Back in the days they said go to your local Imaam in the mosque or do it privately. The police wont deal with it, the local authority wont deal with it. There's murders going on the streets every-night the police have got so much to be dealing with.

According to participants, their lack of trust in services combined with their beliefs, particularly amongst female participants, that religious leaders have a lack of insight into or refuse to speak about issues perceived to be associated with sex, leaves communities feeling unsupported.

There was also a sense among the female FGD's that reporting to the police didn't result in action. One female participant shared her mistrust:

> 'It's hard to trust police as they don't do much. Things like this happen in my area and they say ok we will contact you take a reference but in the end there's no action, before I came to this country I thought this country is the safest country in the world now that I am living here I see it's not safe you have to save yourself'.

This overall mistrust may have influences on how individuals from communities seek support, what they seek support for, and issues with reporting for cases of harmful practices – leaving children, young people and vulnerable adults unprotected.

There was an unanimous sense of mistrust in social care and a fear of them *'taking children away'*. When asked if they would access social care for support, one female participant said:

> 'No, I would think a lot before going to the police or social worker'

Another woman, who worked in the community shared her experience of dealing with this mistrust in social services:

> '[Social services are] like another a monster, seen as a hidden monster and I can see lots of women I don't want to work with they called me I am frightened they are going to take my children away and I'm telling them this is a standard procedure they are just going to ask you questions nothing is going to happen you don't have to fear but even me as a mother I'm thinking what if for any reason I shout at my child and the neighbour calls the police or children's services and my children are good at creating stories like, oh my god you almost killed me and I haven't even touched them and what if he goes to school and tells them something about me and suddenly I have children's services around me. No I don't trust them'.

Although this sense of mistrust is not necessarily driven by cultural fear, it is important to highlight how this fear is perpetuated by intersectional complexities from a cultural context. Some female participants in FGD's who had migrated to the UK shared that services like social care do not exist in their country of origin, and moreover that police forces are *'corrupt'* – something which invariably influences their views of the services in the UK.

Some female participants also shared that their mistrust amounted from the police forces treatment of men, as well as the repercussions that involvement with police could have on them – for example, around immigration status. This also combined with the repercussions women themselves would face from men for reporting concerns. One female participant said:

> ‘if we do that… say a man was abusive, so his wife told the police, and he went back to Afghanistan and got married again and said this is because you told the police.’

6.3 DISSATISFACTION WITH HEALTH SERVICES

Health services were somewhat seen as a point of support, signposting and prevention for harmful practices. However, there was an overwhelming feeling of dissatisfaction in access to some health services – particularly around not being able to see GP’s in person. According to one female participant:

> ‘I think covid has changed a lot of things, like over the phone appointments, but still I feel they should not leave important things behind even with the doctors they give you 10 minutes. They are always rushing if you want to discuss something further with them they say you only have 5 minutes. You can do it over the phone but you can’t explain your facial expressions, I want to be able to see a person at least face to face for one appointment – you can’t explain everything properly over the phone’.

When considering previous accounts relative to support, one may consider the value of face-to-face support in comparison to the degree of separation created by covid for a variety of reasons (such as signs of abused being missed, lack of trust, no safe or confidential space to speak on the phone, lack of physical support valued in collectivist cultures). This can cause those in need of support to withdraw; particularly in communities already struggling to trust and have confidence in authorities – the effects of which culminate in a lack of reporting.

During the female FGD’s, participants echoed each other’s experience of long wait times in getting in-person appointments:

> ‘Same here (no GP appointment in 2 years), I get phone calls. No face to face unless it’s a major thing. You just can’t explain your pain on the phone some things they need to see. Oh my god’.

The complex nature of harmful practices, such as FGM, requires trust and rapport, which many of the female FGD participants felt was disconnected from their realities, leaving them questioning how communities would access the support if they needed it.

One woman described how health professionals need to help support potential victims and survivors in understanding their rights during reproductive procedures:

> 'If they are not taking time to talk… so let's say a midwife can ask you something and you can say no because you are afraid and then nobody is looking down there in your vulva and then you get to this point and then they are surprised, FGM! The woman didn't even know it or the woman didn't disclose it and now C section because we don't want to risk it. Why are you taking away a woman's right to have a vaginal birth if she can just because no one took the time or effort to find out and give her the different options? I am pregnant now but haven't been asked so far if I have had FGM.'

Survivors of FGM in one FGD questioned the facilitator on where specialist support could be received as some had never had support, despite the health issues it had caused them. The facilitator spoke about the FGM specialist clinics and signposted participants to further information in their resource packs. The need to ensure access to information for support at the grass-roots level is clearly identified.

7. RECOMMENDATIONS BY PARTICIPANTS

There were four varying interventions suggested by FGD participants to end harmful practices in communities in Hillingdon and beyond, which are summarised as below.

1. A CONSULTATIVE, ASSET-BASED APPROACH TO END HARMFUL PRACTICES DRAWING ON KNOWLEDGE WITHIN COMMUNITIES WHO KNOW AND UNDERSTAND THEIR MEMBERS

The diversity of Hillingdon should be recognised and explored, and concerted investment in understanding such diversity of local communities should be taken. Female participants of FGD's in particular felt that the local authority should be leading on the effort to create opportunities to speak to people about FGM and other harmful practices but that they must ensure community groups or leaders are also involved. Both female and male FGD's cited a

particular need for social care and police to work closer with communities to build and enable trust.

Male participants highlighted that statutory services needed to be more visible in communities, and not solely in times of hardship. One male participant said:

> 'They dont come enough. Their presence isn't strong enough. If we dont tell them about our issues how are they supposed to know? Like we only see the Police when they want to come and arrest us.'

2. IDENTIFICATION OF INDIVIDUALS WHO CAN ACT AS CONDUITS BETWEEN THE LOCAL AUTHORITY AND COMMUNITIES

The lack of trust in LA's, as identified by both female and male FGD's, highlights the need to have a conduit independent from both statutory and community as one way to prevent and increase reporting of harmful practices, such as FGM:

> 'Yeah police ain't got time. That's why it's important to have community groups to be honest because the leader of the community group should know the point of contact because then they know what's going on and then they can get in touch with others like our Imaam's and stuff like mosque's.'

The identified individuals who communities trust would act as links into the local authority, also serving as role models to promote dialogue on violence against women and girls within communities.

3. INCREASED EDUCATION AND AWARENESS ABOUT HARMFUL PRACTICES

Participants across all female and male FGD's highlighted the need for education and awareness about harmful practices, both for young people and adults. Most of the participants in the FGD's were not aware that teaching around harmful practices happens in schools.

One female participant described how children at risk could be protected by age-appropriate and engaging lessons in education. She describes how authorities should go about it:

> 'They should create a safe space for them, for the girls and the boys to come and then they can talk about it maybe in dance classes or after football club or after karate or something like that they can affect the teenager. Make them aware of what's going on and protect them educating them much more that's very important I think.'

Another female participant describes the importance of FGM preventative education from a young age:

> 'The pants rule is really good and it needs to be there like in their brains they need to know that their private parts are private that no one has to touch them, watch them or hurt them they need to know that'.

A need for more workshops on harmful practices for adults across communities was also echoed across FGD's. As one woman said:

> 'I think our people in our community need to be more educated and they need to be able to talk to people outside of the community as people in my community can't talk to anyone out of the community, but if someone comes and arrange groups like this they can talk about their problems, and they will be more open. Maybe events like this and people who can come and talk to you separately. Because you have trust and aren't in the local authority.'

Again, the need to have an independent conduit was highlighted, in order to start to build trust between communities and the authority.

Another suggestion included that there needed to be more leaflets accessible in places individuals may access.

4. A CULTURALLY LITERATE RESPONSE

Whilst most female and male FGD participants were in favour of greater dialogue around harmful practices across the authority, some participants across FGD's also highlighted that this needed to be done in a culturally literate way. One female participant said:

> 'they need to understand people's cultures are different. If a social worker goes out to speak to a family, they need to consider that their culture might be different from their own and respect that.'

Other female participants also largely agreed with these sentiments, adding that in order to end harmful practices, the local authority needed to find ways to engage with communities in meaningful ways that ensure variations in culture were embedded in the practice of practitioners.

For example, some female participants identified that constraints linked to culture restrict women's engagement and actions, and can be an issue. Any work with local communities, particularly in religious and cultural settings needs to take into account the marginalisation that women face in these spaces. Some participants emphasised the need for culturally specific, yet neutral spaces for women. One female participant said:

> 'We need to give these opportunities where there are neutral spaces with people of knowledge of your cultural background, otherwise they (women) are not going to talk.'

Many female participants also highlighted that more consideration needed to be given to men across the community, the role they play and decisions they make which impede women's participation in ending violence against women and girls. In one focus group, some female participants shared that they would not be allowed to participate in such conversations if men knew this was why they were meeting – highlighting a need for early education around attitudes towards women and girls which enable their full participation in society.

5. ADEQUATE RESOURCING AND SPACES TO ENABLE CHANGE

Female and male FGD participants pointed out multiple times that any initiative to tackle harmful practices across communities requires adequate resourcing in order to be effective. Many female participants in particular pointed out that there was appetite and desire for communities to lead on the change, but that they needed the resources and funds to be able to do so.

One female participant said:

> 'For us, we need physical spaces, physical safe spaces and we need funding to get professional people working with our communities. I know my community well, but I don't have the funds to be able to do it all'

There was also an urgent need for culturally specific and higher quality training for health, social care professionals. One female participant elaborated on this:

> 'When they ask you about FGM but that question is like oh, it's not even like have you been cut or something like that have you ever had FGM, no, yes they ask you, and they say FGM just imagine you don't anything about it and they ask you have you ever undergone FGM? That's so strange. FGM what is that? They don't take the time to explain and say because they are assuming that if you belong to specific communities you would actually know what FGM means but probably back home it is named with a different language a different word, I don't know what's the word or some women don't even know that they have been cut until they come to this country. Let's say you have a smear test and the nurse just see's this and says ok we have a problem and the woman was like what problem I thought this was my body and this is the way it was supposed to look like well no its not so they are not properly trained and they are also afraid to ask the question I don't know why.'

6. PROGRAMMES WHICH ADDRESS PATRIARCHY, THE ROLE OF GIRLS, WOMEN, BOYS AND MEN WHICH FEED INTO THE NARRATIVE AROUND HARMFUL PRACTICES

A strong need for clarity around what harmful practices are and what they entail, instead of the focusing on blanket terms which could be confused and conflated with other issues emerged.

Female participants across FGD's with actual experience as well as those who knew of or worked with survivors emphasised the need to create greater awareness around what FGM is, what it entails and its effects on survivors. One female participant said:

> 'without this awareness, it is sometimes difficult, even for survivors who have undergone FGM at a young age to know what FGM is and if they have undergone it. This can affect health and she might not want to or get the help she needs'

There was also some confusion around the term 'forced marriage' in both female and male FGD's – with the grey area between 'arranged' and 'forced' not being clearly understood – highlighting the need for awareness.

8. RECOMMENDATIONS BY FACILITATORS

1. INCREASING VISIBILITY OF STATUTORY SERVICES

Participants had a general sense of mistrust of statutory services and there was a strong need for statutory visibility amongst communities. Reasons for mistrust were borne out of misconceptions about the roles and responsibilities of services. There is a demand for statutory services to be visible in communities and to have a presence throughout – not solely in times where there are concerns.

2. ACCESS TO INFORMATION

To remove barriers to accessing services, participants highlighted the need to make information more accessible to them. For example, not one female or male participant knew what FGM/FM protection orders were, and how they can be used to protect girls, women and communities. Whilst the law may act as a deterrent to FGM, the LA should make consideration to whether the communities they serve know and understand such legislation. This is vital as information on harmful practices exists but is unavailable to communities. Therefore, the local authority should consider developing a communication and dissemination strategy which is community focused. Consideration should be given to using communities to develop resources as well as lead on developing and delivering comms messaging.

A resource pack for communities as well as professionals could also be considered, to give those in communities access to key information, including the legislation, as well as for them to understand the support available to them by professionals. Likewise, such a resource pack for professionals should also exist which contains mapping of which grass-roots organisations are available for consultation and support in Hillingdon.

2. EDUCATION IN SCHOOLS

There was aa fear amongst communities that any work on this could stigmatise their communities. Any educational work in schools and pushes by the local authority must thus be mindful of adopting strategies which do not disadvantage communities, but rather shine a light on the issue as being a *global* concern. Schools must also adapt an approach that is educative and empowering to girls. To understand what work is currently being undertaken on the issues in schools, what tools are being used and the strategy being taken, the LA could consider an audit which would help to understand and strengthen this work.

3. ENGAGING MEN ON VAWG

The discrepancy in the views and knowledge between the male and female participants, namely that the men did not see these issues as prevalent or on some level worth discussing suggests there is a lacuna in knowledge and understanding, and that work needs to be done in particular with men in communities to provide them with accurate information on gender based violence as a whole, including FGM. Based on the views of the male participants around the lack of trust in statutory services, this should be done at a community level in settings where they are accessible, facilitated by an independent party. The local authority should also consider where these conversations could be facilitated on an individual level with men to increase open dialogue.

4. STRENGTHENING THE RELATIONSHIP BETWEEN COMMUNITIES AND THE LOCAL AUTHORITY

Opportunities for dialogue with communities are an effective and quick way to build trust, and works towards addressing issues concerning a lack of trust of statutory services. Any work in this space should be co-delivered with community groups; especially those led by women. To make this a reality would require providing funding for grassroots organisations. Using an approach that encompasses other wider issues affecting the community and using a "You said, We did" theme would be effective as it could show that communities are being heard and action is being taken.

9. LIMITATIONS

Whilst focus groups are a good way to gauge collective views and allows participants to explore, consider and re-evaluate their views, there are limitations to using the approach.

To begin with, the sample size (n64) is small and reflects the participants' views which may not entirely represent their singular community's views. Although it is not the aim of a qualitative study to reach universal conclusions, these is a common limitation to this research method.

Although focus groups are an effective data collection method which allows for participants to reconsider and re-evaluate their views, there are bounds to using the approach. For example, the male focus group comprised largely of men from African diasporic communities and thus were not representative of the diversity of population demographic of Hillingdon. This could have provided only the positioning of a handful of communities. Although homogeneity of the sample creates a cohesive and potentially collective account of experience, it is possible that the data collected is restrictive in reference to understanding the experiences of those in other communities that also experience harmful practices.

Focus groups also limit the ability of the facilitator to direct the discussion, particularly in larger groups. Whilst the focus of the consultations were harmful practices, most participants shared it was the first time they had the 'safe space to talk', which generated conversations around wider issues affecting women and men in communities. However, the benefit to this is that focus group environments generate organic, unbiased narrative, and data is therefore not extracted through leading questions, providing validity and reliability whence conducting an analysis.

Contrarily, discussing a sensitive issue like harmful practices in an open forum could have resulted a more guarded discussion, as some participants may not wish to share personal experiences in a group setting, particularly those with fear of stigma.

10. CONCLUSION

The consultation served as an opportunity to gather information of the viewpoints of harmful practices in varying communities. Participants had the opportunity to engage in a focus group to discuss their experiences and understandings of the varying degrees of harmful practices.

There was a dichotomy between Middle Eastern and South Asian women's knowledge around harmful practices which was higher with regards to honour related abuse and early/forced marriage, despite the issues being ubiquitous in both continents, vs participants who were of African heritage whose knowledge was higher with regards to FGM.

This study indicates that those selected to participate in the FGDs are opposed to harmful practices, including female genital mutilation, forced marriage, breast flattening, so-called "honour"-based abuse, and child abuse linked to faith or belief in their communities. Participants saw harmful practices as a 'cultural issue' and female participants in particular felt that these were linked to 'honour'. Most participants were aware of harmful practices and their illegality; however, many were unaware of the legal protections such as FGM or forced marriage protection orders. Moreover, participants also placed doubts on available statistics around FGM and early/forced marriage.

Participants across the FGD's felt that their communities had strong cultural attachment to their countries of origin that they had immigrated from. Female participants shared not being able to speak openly about their experiences with FGM and other harmful practices due to shame and stigma in their communities. Implications for these were discussed on a latent level within the analysis, whereby it was hypothesised that there is a need for a sense of belonging that may connect communities to harmful practices, particularly to enhance a sense of community belonging, or belonging in a foreign country.

Female participants across FGD's felt that women also bore responsibility in perpetrating harmful practices. All participants were in agreement over the cultural importance of virginity

and men's preference of it. Interestingly, the data suggests that there is a rise in awareness of practices like hymenoplasty in attempts to curb dishonour in communities.

Female participants shared that they had no knowledge of any previous awareness activities that had been held by the local authority in Hillingdon and likewise shared not knowing where in Hillingdon to seek support for such issues. With this, female participants expressed a mistrust in the police; for reasons which included a lack of action on previous incidences, immigration precarity, and poor experiences with the police in their home country. There was also a unanimous sense of mistrust in social services and a fear of them 'taking away children'.

Men displayed awareness of harmful practices but also blamed victim/survivors, denied the existence of harmful practices in their communities, shared concerns about female pleasure and blamed harmful practices on sex education in schools. These results juxtaposed with data collected from female participants, who largely believed that men carry significant weight in making decisions around the lives of girls and women. It is possible that this tension could be considered an issue in the scope of reducing the frequency of such occurrences.

The study also highlighted that the LA should seek the views of communities present in the area on issues which may affect them to strengthen trust in statutory agencies, foster education, foster clarity about harmful practices and their specificities, and take into account the barriers to support and engagement that women face within their communities.

11. APPENDIX A: FRAMEWORK OF QUESTIONS FOR THE FOCUS GROUP DISCUSSIONS

THEME 1: KNOWLEDGE ABOUT HARMFUL PRACTICES

1. Tell me what you know about FGM/FM/BF/CALFB
2. Do you know the scale of the issue in Hillingdon?
3. Do you think these are issues that affect people in Hillingdon? Do they happen a lot? Do you personally know anyone affected?
4. Do you think these issues require more attention in Hillingdon?

THEME 2: COMMUNITY EFFORTS

1. Are you aware of any work being done in your community or Hillingdon to address these issues?
2. (Follow up question) How long have these efforts to address FGM been going on in your community?
3. What is going well and what else needs to be done?
4. Which people in the community do you think these actions or programmes are not reaching? (Prompt: For example, individuals of a certain age group, sex or ethnicity)
5. Are you aware of any laws or policies on these issues in the UK?
6. How does the community view these policies and laws?
7. Who would you feel safe communicating your concerns with?
8. What the barriers to reporting abuse in communities?

THEME 3: COMMUNITY LEADERSHIP

1. Are there any community leaders involved in any effort to tackle FGM in your community?
2. Are community leaders concerned about these issues?

3. Who are other community leaders or stakeholders who should be involved in any effort to tackle FGM in your community? (Probe to identify critical players?)

THEME 4: COMMUNITY WILLINGNESS CHANGE

1. Do you think that there are any reasons for some members of your community to still want to continue the practice of FGM in the UK? (Probe)
2. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding this issue?
3. How do you think communities in the UK are influenced by what happens back home? In what ways?

THEME 5: PREVENTION (TIME, MONEY, PEOPLE, SPACE, ETC.)

1. How do you think we could best raise awareness of harmful practices in Hillingdon?
2. How best do you think we could protect children and adults from harmful practices?
3. Are you aware of any community based organisations or groups that are working at the community level to provide services or programme to tackle FGM?
4. What role do you play in preventing these issues?

THEME 6: ENDING HARMFUL PRACTICES

1. What do you think are the solutions to ending harmful practices in Hillingdon?
2. Do you think you could help to end harmful practices in Hillingdon?