



Good Practice Briefing

Hidden Scars

Understanding the Trauma and Psychological Impact of Harmful Practices

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ASCENT – Support services to organisations

Ascent is a partnership within the London Violence Against Women and Girls (VAWG) Consortium, delivering a range of services for survivors of domestic and sexual violence, under six themes, funded by London Councils.

ASCENT – Support services to organisations, is delivered by a partnership led by the Women’s Resource Centre (WRC) and comprised of five further organisations: AVA, IMKAAN, RESPECT, Rights of Women, and Women and Girls Network.

This second tier support project aims to address the long term sustainability needs of organisations providing services to those affected by sexual and domestic violence on a pan-London basis. The project seeks to improve the quality of such services across London by providing a range of training and support, including:

- Accredited training
- Expert-led training
- Sustainability training
- Borough surgeries
- BME network
- One-to-one support
- Policy consultations
- Newsletter
- Good practice briefings

Good practice briefings

The purpose of the good practice briefings is to provide organisations supporting those affected by domestic and sexual violence with information to help them become more sustainable and contribute with making their work more effective.

For more information, please see:

www.thelondonvawgconsortium.org.uk



**London
VAWG
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Women and Girls Network

Women and Girls Network (WGN) is a free, women-only service that supports women in London who have experienced violence, or are at risk of violence.

We offer counselling, advocacy and advice for women and girls who have experienced gendered violence, including sexual and domestic violence.

Our overall aim is to promote, preserve and restore the mental health and well-being of women and girls, to empower them to make a total and sustainable recovery from their experiences of violence.

Ascent services

Through the Ascent partnership, we offer free counselling for women in London who have experience of any form of gendered violence. To refer, call 020 7610 4678 or email ascentcounselling@wgn.org.uk. Check our website, www.wgn.org.uk, for information on which boroughs referrals are currently open for

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1. Understanding Harmful Practices

What are “Harmful Practices”?

“Harmful Practices” occur within the broader spectrum of violence against women and girls, resulting from gender inequality, aiming to control women and girls within the family and wider society. As noted by the UN, what commonly sets harmful practices apart is that women are engaged in perpetrating the violence:

“While some cultural norms and practices empower women and promote women’s human rights, many are also often used to justify violence against women. Women are engaged as perpetrators in the commission of “harmful practices” (UN DESA, 2009).

While actual practices change over time and across geographies and communities, common harmful practices include the following.

- **Forced marriage (FM)** became a crime in England and Wales in 2014, and is defined as a marriage conducted without the valid consent of one or both parties and where duress is a factor (CPS, 2014). Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of children under 16 and some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.
- **“Honour” based violence (HBV)** is any act of violence which is committed by family or community member/s to defend their perceived honour. HBV is normally collectively planned and carried out by the victim’s family, sometimes with the involvement of the wider community. There is no specific offence of HBV, but it encompasses other offences such as murder, forced marriage, rape, forced suicide, acid attacks, mutilation, imprisonment, abduction, beatings, death threats, blackmail, emotional abuse, surveillance, harassment, forced abortion and abductions.
- **Female Genital Mutilation (FGM)** comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. There are broadly four types:
 - Type 1: Partial or total removal of the clitoris and or the prepuce (clitoridectomy)
 - Type 2: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
 - Type 3: Narrowing of the vaginal opening and creating a seal by cutting and placing together of the labia minora and/ or the labia majora, with or without excision of the clitoris (infibulation)
 - Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incision, or scraping and cauterization.

- **Faith-based child abuse** is physical, emotional and sexual abuse, or neglect of children, linked to beliefs in five areas: (a) Abuse as a result of a child being accused of being a ‘witch’; (b) Abuse as a result of a child being accused of being possessed by ‘evil spirits’; (c) Ritualistic abuse which is prolonged sexual, physical and psychological abuse; (d) Satanic abuse which is carried out in the name of ‘Satan’ and may have links to cults; (e) Any other harmful practice linked to a belief or faith (Metropolitan Police, 2016).
- **Breast ironing** is a form of breast reduction, where at puberty breasts are flattened with a hot grinding stone, hammers, pestle for up to 2 months. Mothers do this to their daughters, aiming to protect them from rape and early marriage.
- **Acid attacks** involve sulphuric acid, a cheap and accessible weapon, which is used to kill and disfigure women. Commonly, acid attacks are in retaliation for family/dowry-related feuds, or rejection of a marriage proposal.
- **Homi-suicides** are when women are coerced or forced to take their own lives, through pressure from intimate and extended family. This is increasing, particularly in regions where there are severe penalties in place for HBV.
- **Dowry-related violence** is a form of domestic violence, and involves violence and death associated with dowry demands (UN Women, 2012).
- **Murder:** there are around 12 “honour” killings in the UK each year. These murders are rooted in the concept of family honour and shame, where honour depends on the courage and bravery of men, and the sexual modesty of women. Women are killed to preserve family honour.

Aisha’s testimony of experiencing female genital mutilation

We went into a home, and immediately women grabbed and blindfolded us and tied us to some thick bushes. There was loud drumming and older women were singing songs. I could hear other kids crying out in pain, but I didn’t know why.

I was dragged to a fence covered in leaves, and they took the blindfold off. I could see the other girls bleeding and sobbing in pain. I saw an old woman holding a knife so sharp I could see the drops of blood sliding down the edge. It was the blood of the other girls. Three other women were holding down my arms and legs, and another was sitting right on my chest, covering my mouth. They try to put pressure on you, so you don’t cry for the next girl to hear.

I can still feel the weight of her today. I can still visualize all their faces as I talk about this. I can see what each one of them looks like and the emotions that they had — so empty, like they didn’t see me as a human being. After all the girls in my group were cut, we were left to bleed into little dirt holes for hours.

Identifying risk of forced marriage and “honour” based violence

The Forced Marriage Unit’s *Multi-agency Guidance* (2014) outlines a range of potential indicators of forced marriage, while noting that these do not necessarily indicate forced marriage, and that young women may still be at risk without these indicators being present:

- **Education:** absence, extended leave of absence, fear about forthcoming holidays, surveillance, decline in behaviour, sudden announcement engagement, prevented from going into further education.
- **Employment:** poor performance, not allowed to work, financial control, leaving work accompanied, no flexibility in working arrangements.
- **Family history:** Siblings forced to marry, self-harm/suicide of siblings, family disputes, running away from home, unreasonable restrictions
- **Health:** accompanied to doctors, depression/isolation, self-harm, attempted suicide, substance misuse, early/unwanted pregnancy, FGM.
- **Police:** victim or siblings reported missing, domestic violence, harassment, threats, rape, kidnap, victim reported for offences, acid attacks.

Identifying the impacts of FGM

Female genital mutilation represents both an immediate and long-term threat to young women’s physical health and psychological well-being, as outlined in Table 1 below.

Table 1. Impacts of FGM

	Immediate impacts	Legacy impacts
Physical	<ul style="list-style-type: none"> • Severe pain • Shock • Haemorrhage • Wound infections, including tetanus and blood borne viruses (HIV, Hepatitis B and C) • Urinary retention • Injury to adjacent tissues • Fracture or dislocation • Damage to other organs • Death 	<ul style="list-style-type: none"> • Chronic pain • Pelvic and urinary tract infections • Painful and problematic periods • Renal failure • Infertility • Keloid scarring • Micturition and incontinence • Abscesses / cysts/ fistulas • Anaemia • Reproductive tract and sexually transmitted infections • Poor quality of sexual life • Birth complications • Higher rates of infant mortality
Emotional and psychological	<ul style="list-style-type: none"> • Fear • Shock • Betrayal of being subjected to the trauma by loving parents, extended family and friends • Anger • Sadness • Confusion 	<ul style="list-style-type: none"> • Chronic pain syndrome • Anxiety, depression • Traumatic memories, flashbacks • Nightmares, sleep disorders • Anger/ irritability • Somatisation disorder • Low self esteem • Attachment issues and lack of trust • Ambivalence towards family, community • Feeling of incompleteness

	Immediate impacts	Legacy impacts
	<ul style="list-style-type: none"> • Traumatic memories • Nightmares / night terrors • Eating problems • Depression 	<ul style="list-style-type: none"> • Existential crisis • Psychosexual - painful intercourse, orgasmic delay, anorgasmic • Shame / embarrassment / guilt • Sense of inferiority • Social exclusion / isolation • Grief • Chronic stress • Phobia e.g. of gynaecological examinations • Disempowerment • Self-harm, negative ways of coping • Eating disorders • Substance use

Identifying children at risk of faith-based abuse

In their guidance on safeguarding African children in the UK (2013), AFRUCA identify the following groups of children as being at higher risk of faith-based abuse:

- Children with disability including autism, epilepsy, downs syndrome and dyslexia
- Children living away from home in private fostering situations as well as in domestic servitude situations
- Children living with a step parent, with one of the natural parents absent or dead
- Children whose parents have been branded as witches
- Children who are perceived as being “naughty” or rude, or have challenging behaviour or involved in delinquent activity
- Children with learning disabilities or mental health problems
- Left handed children
- Children who are geniuses or exceptionally bright
- Children living in families where parents have separated or divorced.

2. Trauma and the Impact of Harmful Practices

Trauma and Harmful Practices

Trauma is a psychological, physical threat or assault on a person’s physical integrity, sense of self, safety and survival. Some of the forms of violence against women and girls, including harmful practices, that can be traumatic events include: physical/sexual abuse, neglect, rape, sexual assault, sexual exploitation, gang-related violence, bullying, and domestic violence.

It is important to note that women who experience Harmful Practices often do so within a context of poly-victimisation. That is, they have experienced many forms of violence, often over many years e.g. FGM, forced marriage, domestic violence and rape.

These multiple experiences of trauma will have impacts in women’s whole bodies, with symptoms across five domains, as shown in Table 2 below.

At 12 years old, Zena was married, fell pregnant, and miscarried. Arriving in Britain at 15, she became pregnant again at 16 and miscarried.

Now, she has her life but does not have her freedom.

"When I first ran away I would go to the library and read loads of spy books to pick up tips. You have to teach yourself how to best keep hidden. My life is about keeping a very low profile now and about looking over my shoulder, but at least I know I am alive and I grieve for those poor girls who are not."

Table 2. Global impact and sequela of symptoms

	Symptoms
Emotional	Mood swings, hopelessness, fear, anger, hypersensitivity, pre-occupation with danger
Cognitive	Diminished concentration, self-blame, fragmented memory and recall problems, flashbacks, nightmares, phobias
Physical	Sleep / eating problems, gastro-intestinal problems (IBS), impaired immune system, chronic fatigue syndrome, asthma, migraines
Behavioural	Self-harming, suicidal ideation/ activation, risky sexual behaviour, impulsive and aggressive behaviour, irritable, impatient
Interpersonal	Withdrawn, difficulties with trust, problems relating to others, lack of inter-personal boundaries, isolation and sense of alienation, intolerance

Clinical conceptualisations of the impact of trauma

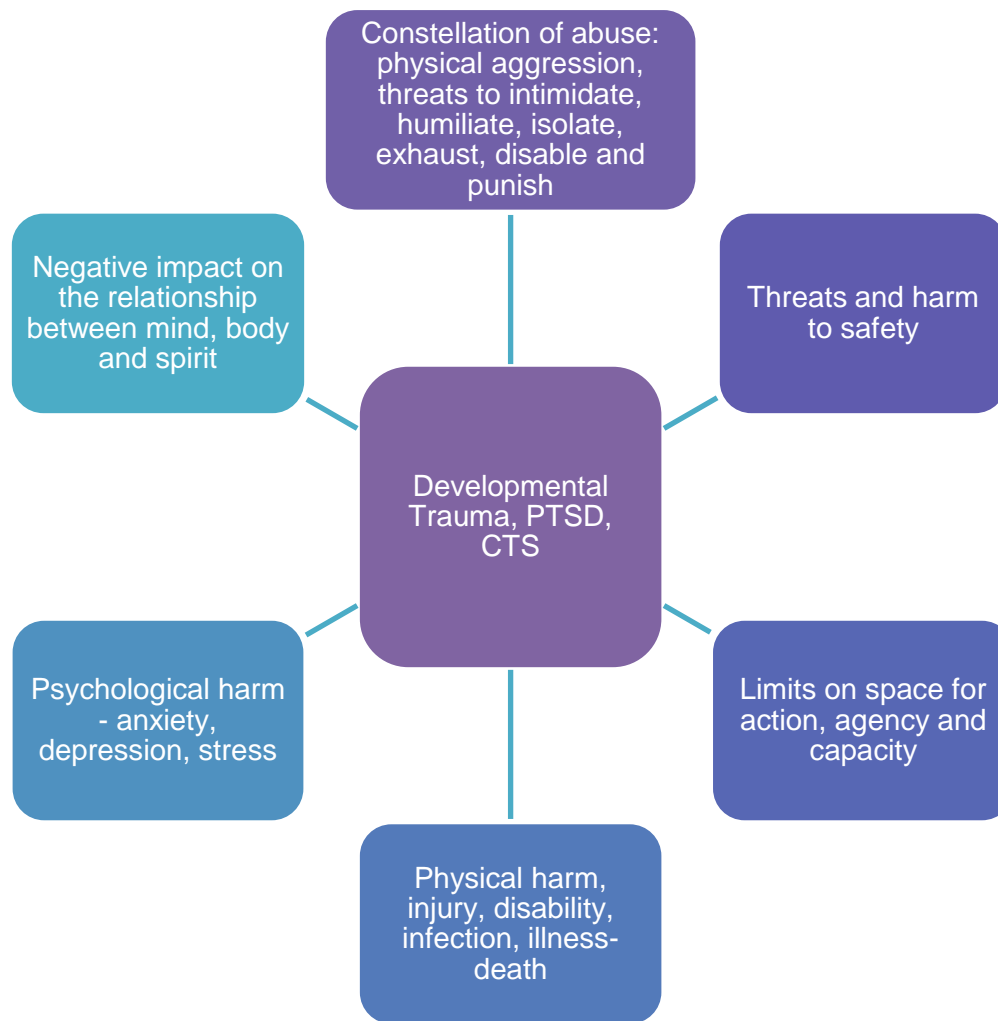
The long-term impacts of harmful practices can be described through three clinical conceptualisations: developmental trauma, post-traumatic stress disorder, and complex traumatic stress (Figure 1, following page). These can provide an essential diagnostic framework to understand how young women might engage with services, and the interventions they need.

Figure 1. Developmental Trauma, PTSD, CTS

Developmental Trauma	Post-traumatic Stress Disorder (PTSD)	Complex Traumatic Stress
<ul style="list-style-type: none">• Who it impacts: young women who have experienced adverse interpersonal trauma during childhood e.g. harmful practices• Symptoms: Confusion, depersonalisation, failure to achieve cognitive competencies, interpersonal disturbances, negative self-concept, affect dysregulation	<ul style="list-style-type: none">• Who it impacts: Individuals exposed to actual or threatened death, serious injury or sexual violation.• Symptoms: Intrusive thoughts, avoidance, alterations in cognition and mood, alterations in arousal and reactivity	<ul style="list-style-type: none">• Who it impacts: Typically, individuals with a history of subjection to totalitarian control over a prolonged period involving situations where the individual is trapped• Symptoms: Alterations in systems of meaning, alterations in somatic experiences, alterations in relationships, alterations in perception of the perpetrator/s, alterations in self-perceptions, alterations in consciousness, alterations in emotional regulation

Since harmful practices are often perpetrated against children and young women, by multiple men and women who are either intimate family members or close community members, survivors may be particularly at risk of experiencing complex traumatic stress. This relationship is outlined in Figure 2 on the following page.

Figure 2. Relationship between Harmful Practices and Trauma



3. Good Practice in Working with Young Women at Risk

Consensus on “good practice”

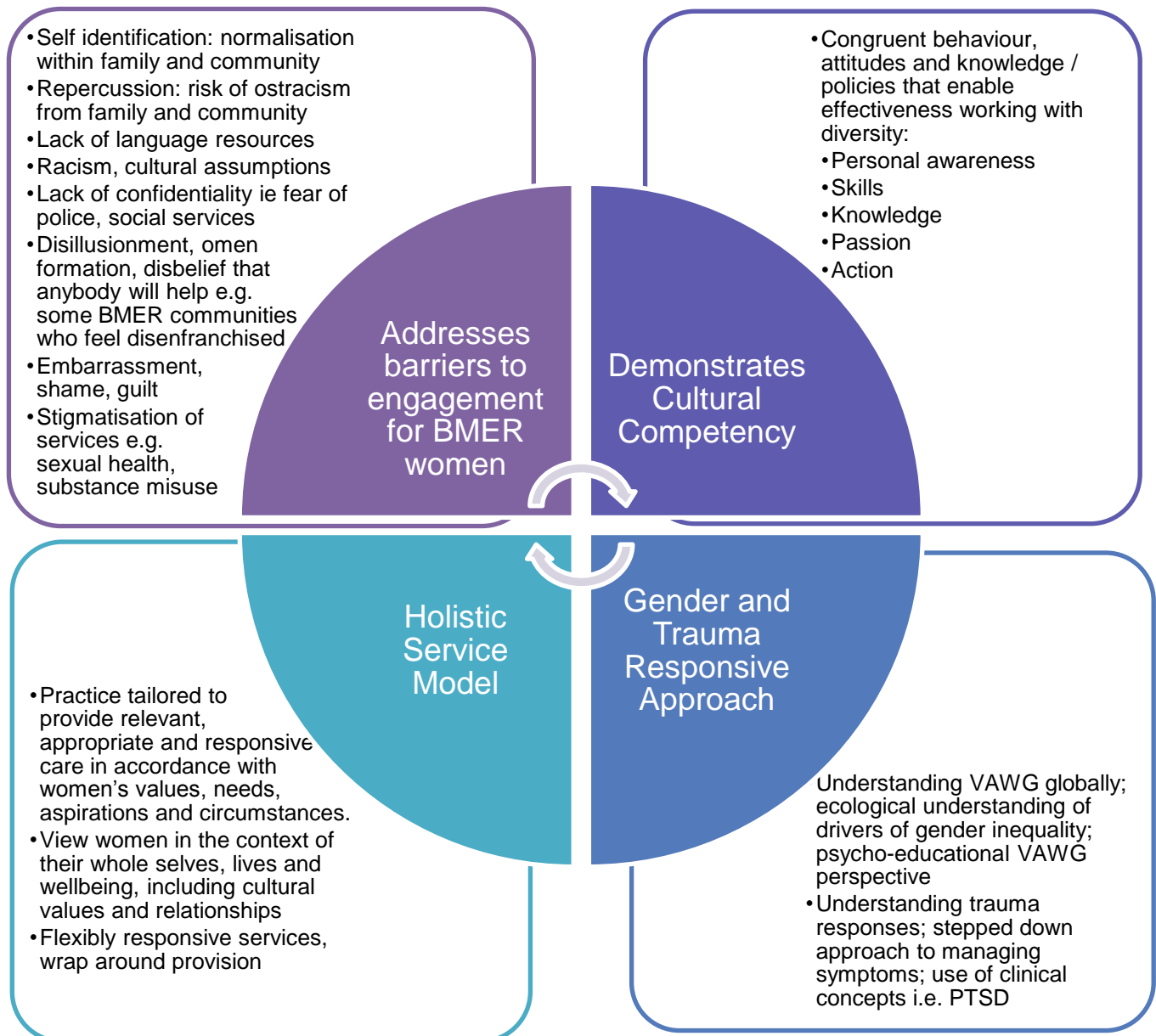
Several “good practice” guidance documents have been published on supporting women experiencing harmful practices, both in the UK, and by the EU and the UN. Key themes have emerged across these documents, demonstrating a consensus on the elements of effective service provision, described below.

- **Specialised shelters** should have staff with understanding and skills to respond to the specific needs of young women fleeing harmful practices
- **Helplines** provide a vital low-threshold service, and should be 24/7 and free to access
- **Holistic:** services must be multidisciplinary, and take account of women’s varied needs
- **Victim-centred:** services must foreground the victim’s right to safety, and listen and respect their wishes as far as possible
- **Changing cultural norms** through awareness-raising programmes, to prevent the perpetuation of harmful practices
- **Multi-agency/inter-institutional coordination** should be leveraged to increase women’s safety and access to a broad range of services.

Characteristics of an effective service

Services for young women who have experienced – or at risk of – harmful practices must be holistic, culturally competent, and gender- and trauma-responsive. Figure 3 below outlines what this service model looks like, and that it must be reflected at all levels of service.

Figure 3. Essential service characteristics



Demonstrating cultural competency

- Culturally significant and relevant services need to consider individual context and complexities of women's lives e.g. LBT identity, disabled, age
- Understanding of multiple identities, although one aspect maybe more central (e.g. religious belief): intersectionality is a way of taking into consideration all the factors that together make up political identities: in terms of individuals' gender, race, ethnicity, class and status in society, sexuality, physical abilities, age. Intersectionality tries to make visible the multiple factors that structure experiences of oppression.

- Appreciation of divergent cultural nuances: for example, the needs of refugee communities may include language, immigration knowledge, and awareness around risks of harmful practices, whilst second or third generation refugee communities have very different experiences and needs.
- Understanding of the processes of harmful practices, to illuminate shock and professional curiosity.

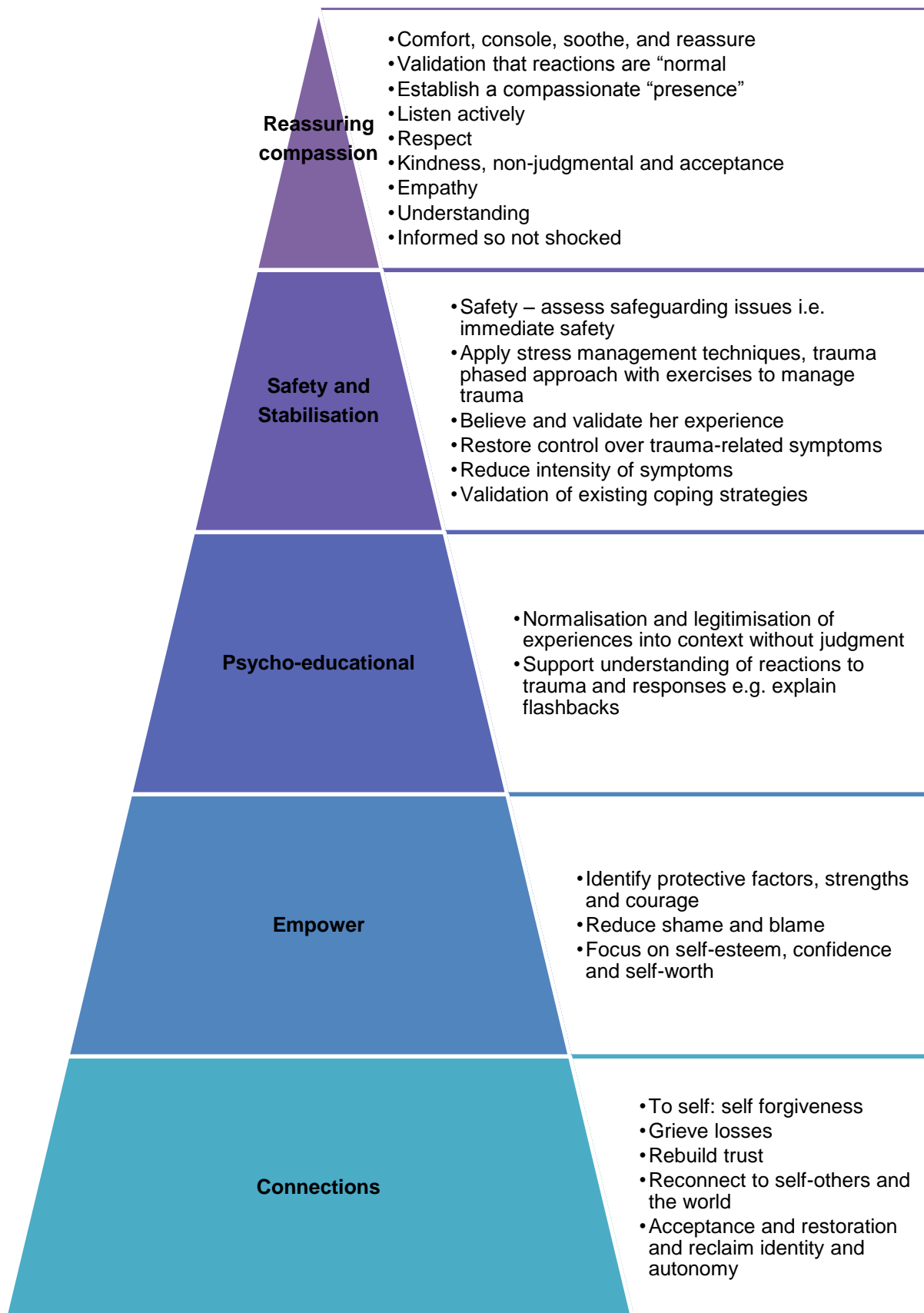
Responding effectively to women experiencing harmful practices

As with all disclosures of violence against women, your primary role when women disclose harmful practices is to be a witness and a compassionate presence. This requires active listening skills and verbal support, including:

- Eye contact
- Facial expression
- Tone of voice i.e. not too loud
- Head movement, encouraging prompts
- Try not to interrupt
- Ask questions to clarify
- Occasionally restate a part of the story in your own words to make sure you understand
- Establish sequence.

As illustrated in Figure 4 on the following page, a holistic, culturally competent, and gender- and trauma-responsive service requires a five-stage response to women's experience of harmful practices. These stages are not necessarily sequential, and you should be led by women themselves in deciding how and when to work across these areas of need.

Figure 4. Components of an effective response



Helping young women understand the law around harmful practices

In many cases, 'harmful practices' are not considered criminal offences of themselves, but involve other offences such as assault, rape, or murder. However, FGM and forced marriage are both separate offences, and professionals should have at least a basic understanding of these, to help young women understand their rights, as well as the limits of confidentiality in services.

FGM is illegal under the Female Genital Mutilation Act 2003. It is an offence for any person, regardless of nationality, to perform FGM in England or Wales, to assist a girl to carry out FGM on herself in England and Wales, or to assist someone to carry out FGM anywhere in the world. The maximum penalty is 14 years in prison. It is also an offence for someone with parental responsibility to fail to protect a girl from the risk of FGM. The maximum penalty is 7 years in prison.

Women can apply for a Female Genital Mutilation Protection Order, which is a type of injunction that is tailored to their circumstances, to prevent the violence.

Detailed information is available in the Government's *Multi-agency statutory guidance on female genital mutilation*.

Forced Marriage is illegal under the Anti-social Behaviour, Crime and Policing Act 2014. It is illegal to physically, emotionally, or psychologically pressure someone to marry, including taking someone overseas to force them to marry (even if the marriage doesn't take place), or marrying someone who doesn't have the mental capacity to consent to marriage. The maximum penalty is 7 years in prison.

Women can apply for a Forced Marriage Protection Order, which is a type of injunction that is tailored to their circumstances, to prevent the marriage happening (e.g. handing over their passport to the court).

Detailed information is available through the Forced Marriage Unit, and in Rights of Women's guide, *Forced Marriage and the Law*.

4. Resources

Organization	What they do	Contact
AFRUCA (Africans Unite Against Child Abuse)	Prevention and early intervention services in London and Manchester, for African children and families	www.afruca.org
FORWARD	African women-led organisation working on female genital mutilation, child marriage and other forms of VAWG in the UK and Africa.	www.forwarduk.org.uk
Home Office FGM Unit	Provides outreach support to local areas to support them in developing their local response to fighting FGM	fgmenquiries@homeoffice.gsi.gov.uk
Home Office Forced Marriage Unit	Public helpline to provide advice and support to victims of forced marriage as well as to professionals.	+44 (0) 20 7008 0151 fmufco.gov.uk
IKWRO (Iranian & Kurdish Women's Rights Organisation)	Services for Middle Eastern and Afghan women and girls who are at risk of 'honour' based violence, forced marriage, child marriage, FGM and domestic violence.	0207 920 6460 www.ikwro.org.uk
Karma Nirvana	A dedicated helpline to support victims and professionals addressing forced marriage and honour-based violence	Helpline: 0800 5999247 www.karmanirvana.org.uk
Rights of Women	Provides legal information and advice for women, including on forced marriage	
Southall Black Sisters	Information, advice, advocacy, counselling for domestic and gender-related violence, including forced marriage, honour crimes, dowry-related abuse.	Helpline: 0208 571 0800 www.southallblacksisters.org.uk
Women & Girls Network	Free, women-only service providing counselling, advocacy and advice for women and girls who have experienced gendered violence, including harmful practices.	Helpline: 0808 801 0660 www.wgn.org.uk

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