

Violence Against Women and Girls Strategy Consultation  
Home Office  
Interpersonal Abuse Unit  
Violence Against Women and Girls Team  
5th Floor, Fry Building  
2 Marsham Street  
London  
SW1P 4DF

17 March 2021

To the Interpersonal Abuse Unit,

**Building child safe communities with happy, healthy and safe children and young people at their hearts: response to consultation on the Violence against Women and Girls Strategy 2021-2024**

Given the potential size of this e-mail I will send the attachments separately (in case this gets blocked by an e-mail size filter). In response to your call for evidence in relation to the violence against women and girls strategy 2021 to 2024, I submit the following evidence:

**Document 1**

Rowland AG. Building child safe communities with children and young people at their hearts. *The University of Salford (UK)* 2020.

[Link to document 1](#)

**Document 2**

Rowland AG, Gerry F, Stanton M. Physical punishment of children: time to end the defence of reasonable chastisement in the UK, USA and Australia. *The International Journal of Children's Rights* 2017 Jun 20;25(1):165-95.

[Link to document 2](#)

**Document 3**

Rowland AG. Living on a Railway Line. The Winston Churchill Memorial Trust and the University of Salford (UK) 2014.

[Link to document 3](#)

#### **Document 4**

Gerry F, Ali H, Proudman C, Home J, Rowland AG. Widespread concerns still exist in relation to the discrimination towards women and girls and FGM. *Archives of Disease in Childhood* 2021

[Link to document 4](#)

#### **Document 5**

Rowland AG, Gerry F, Proudman C, Home J. The time is right for the UK government to introduce an independent anti-FGM Commissioner. *British Journal of Midwifery* 2021;29(1):50-51

[Link to document 5](#)

#### **Document 6**

Livesley J, Rowland AG, Fenton K, et al. Outcomes from the Children and Young People's Advocacy House Consultation Event–MediaCityUK 2018. The University of Salford (UK) 2018. ISBN: 978-1-912337-02-6.

[Link to document 6](#)

#### **Document 7**

Peach D, Rowland AG, Bates D, et al. Not Just a Thought... The University of Salford (UK), St Anne's High School, Stockport, The Pennine Acute Hospitals NHS Trust & NHS England (North) 2018. ISBN: 978-1-912337-06-4.

[Link to document 7](#)

#### **Document 8**

Home J, Rowland AG, Gerry F, et al. A review of the law surrounding female genital mutilation protection orders. *British Journal of Midwifery* 2020;28(7):418-29.

[Link to document 8](#)

#### **Document 9**

Malik Y, Rowland AG, Gerry F, Phipps FM. Mandatory reporting of female genital mutilation in children in the UK. *British Journal of Midwifery* 2018 Jun 2;26(6):377-86.

[Link to document 9](#)

#### **Document 10**

Gerry F, Proudman C, Rowland AG, et al. Why it is time for an FGM Commissioner : practical responses to feminised issues. *Family Law Journal* 2020.

[Link to document 10](#)

#### **Document 11**

Rowland AG. Life on the tracks. The University of Salford (UK) 2019.

[Link to document 11](#)

#### **Document 12**

Gerry F, Rowland AG, Fowles S, et al. Failure to evaluate introduction of female genital mutilation mandatory reporting. *Archives of disease in childhood* 2016 Aug 1;101(8):778-9.

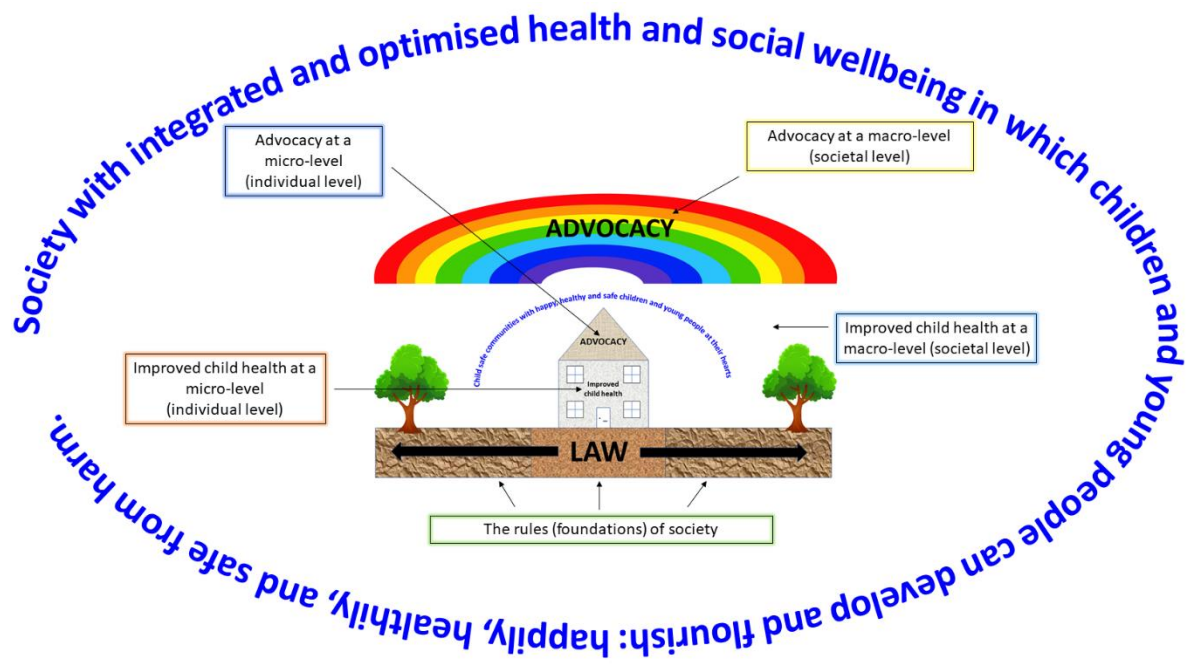
[Link to document 12](#)

Copies of the above evidence will be sent as separate attachments and are also available from the above hyperlinks. There are key themes that run through the above evidence as summarised below. All of these are relevant to your consultation on the strategy to decrease and end violence against women and girls.

#### **Overarching principle: building a society with fully integrated and optimised health and social wellbeing with happy, healthy, and safe children and young people at the hearts of child safe communities**

The community has a significant role to play in preventing violence against women and girls. *Building a society with fully integrated and optimised health and social wellbeing with happy, healthy, and safe children and young people at the hearts of child safe communities* is a key principle to achieve a sea change over time. Such a change ought to ensure that communities and societies shift from their present position in which violence against women and girls (and others, of course) occurs, to a new position where violence is not tolerated, encouraged, or ignored and all children (both boys and girls) can grow up happy, healthy, and safe from harm. Over time as children grow up in that community and become adults, a new norm ought to

be reset. Legislation and Regulations introduced by the Parliaments, together with common law, sets out what is lawful and unlawful in the UK; children's rights need to be promoted and protected to give the best possible present and future to young people – including girls; and the health of children, including girls, can only be improved to the maximum potential with optimal overarching child welfare. Improvements in health include both prevention of violence against individuals and the prevention and treatment of the secondary adverse effects that result from that violence. It is only when the laws in a society properly protect children and young people, there is advocacy on a micro- and macro- basis by both professionals working with children and families and by members of the community, and when there is a focus on child-health at a micro- and macro-level, that the health and wellbeing of children and young people will be optimised. Such optimisation includes reducing violence against girls and women and is especially important given the detrimental effects of domestic abuse on children and young people, even if the “physical” violence is not targeted towards them directly. Improving the lives of children and young people in the UK and globally (which includes, of course, reducing violence against them) requires a coordinated focus on innovations in three inextricably linked areas: child rights law, children's advocacy and child health. With a legislative, policy, community, and research focus on these three areas, truly child-safe communities could be created in which children and young people can develop and flourish happily, healthily and safe from harm:



*Documents supporting the overarching principle: Documents 1, 2, 3, 6, 7, 11*

**Key theme #1: prohibition of physical punishment of children in all circumstances**

Prevention of violence against women and girls inextricably, although not exclusively, linked to the home. Such prevention must begin with prohibition of violence against children in the home from birth to adulthood. This must include the urgent removal of the defence of 'reasonable chastisement' under section 58 of the Children Act 2004. In effect, England and Northern Ireland must urgently introduce legislation to give equal protection (from assault) to children as that enjoyed by adults [in line with Scotland and Wales]. The position of a society where physical punishment of children is permitted, yet efforts are being made to try and prevent all forms of child abuse and violence in those same communities, is not a tenable one. Reducing violence against girls and women (and boys and men) must begin with a clear message from society that physical punishment of children, whatever the circumstances, is unacceptable. The current lack of such a message is likely to be contributing to continuing violence and abuse in that same society

*Documents supporting key theme #1: Documents 1, 2, 3, 11*

**Key theme #2: upstream, system-wide approaches are likely to be cheaper with better long term outcomes**

Widespread concerns still exist in relation to discrimination towards women and girls. Reducing violence against women and girls can involve 'upstream' or 'downstream' approaches to violence reduction. Downstream approaches are individualised, catering to specific needs. Upstream approaches are system-wide. Until upstream approaches have resulted in the desired change there must be equal importance attached to downstream approaches which, over time, should become less necessary as upstream approaches begin to take effect. The effectiveness of upstream interventions should improve over time as resistance to change fades and subsequent generations grow up with changes normalised. Upstream approaches tend to be cheaper with better outcomes in the long term.

*Documents supporting key theme #2: Documents 4, 5, 8, 10*

**Key theme #3: combatting violence against women and girls includes a need to end female genital mutilation (FGM) globally**

The United Kingdom (UK) has a key role to play in ending FGM (as one example of violence against girls and women) globally. Recognising that legislation alone is not sufficient to achieve the desired outcome but that health, education and law combined have the potential to end FGM in our generation is important. Such global efforts to end FGM must begin with a robust domestic agenda to combat FGM with further measure, over and above those currently in place, being necessary. In the UK (or at an individual national level for matters which are devolved) these measures should include:

- The introduction of an independent anti-FGM Commissioner (similar to the posts of Children's Commissioner, Independent Anti-Slavery Commissioner, or Domestic Abuse Commissioner). The appointment of such a Commissioner is an important step in ensuring good practice in the prevention, detection, investigation, and prosecution of FGM crimes as well as in the identification of victims and potential victims;
- A coordinated public educational programme, including children, young people and families, should be co-designed, co-produced and co-delivered to

contribute to a different future from one where FGM occurs to one where it does not; not because FGM is not permitted in law, but because the community no longer supports or tolerates FGM; and

- A full academic evaluation of legislation and policies surrounding FGM, domestic abuse (inter-partner violence), and child abuse (against boys *and* girls) is required so that robust outcome-based (not process-based) conclusions can be drawn regarding the effectiveness of current legislation and policies, and so that recommendations can be made for future developments.

*Documents supporting key theme #3: Documents 1, 4, 5, 8, 9, 10, 12*

**Key theme #4: legislative or policy changes must be subject to a robust, independent, full academic evaluation**

Outcome-focussed (not procedure- or process- focussed) robust academic evaluation, including traditional scientific methods and focussing on the desired and actual outcomes for women and girls, must be undertaken in relation to the initiatives developed or implemented as part of the combatting violence against women and girls strategy 2021-2024.

*Documents supporting key theme #4: Documents 1, 3, 5, 8, 9, 11, 12*

**Key theme #5: there should be the introduction of advocacy centres for children and young people**

Unmet need has been identified by young people and, because of the effects of COVID-19 on the lives of children and young people over the last 12 months, this unmet need is likely to increase. Young people have identified the need for “advocacy centres” where they can independently seek confidential advice and this includes in situations where they are fearful of abuse or abuse has happened. Accordingly, it is axiomatic that the introduction of advocacy centres is a key strategic part of combatting violence against girls just as it is to combatting violence against boys.

*Documents supporting key theme #5: Documents 1, 3, 6, 11*

**Key theme #6: there must be new engagement of members of the community, including potential and actual victims of violence as well as potential and actual perpetrators of violence against women and girls**

As part of the violence against women and girls strategy 2021-2024 there must be extensive consultation with members of the community who are at risk of violence, or have already been subjected to violence, as well as with potential and actual perpetrators of that violence. Solutions, including legislative changes, policy implementation, and community education and intervention programmes, must be co-designed and co-produced with the community. The term “hard to reach communities” must no longer be used by government or statutory services. Instead terms such as “seldom heard communities” should be used to ensure that those communities whose views are seldom heard (and who may previously have been considered ‘hard to reach’) understand that this is a problem with the method of engagement (which needs to change) rather than a problem with them as a community. This refocused emphasis may lead to increased community engagement. Bespoke models of communication, co-designed with members of the community, should be used to ensure that those community members feel safe to disclose their worries about being subjected to violence (or violence that has actually occurred) and that those who believe they are at risk of becoming future perpetrators of violence (or those who have already subjected women and/or girls to that violence) are able to be heard and bespoke strategies are able to be put in place to address issues raised.

*Documents supporting key theme #6: Documents 1, 2, 3, 6, 7, 11*

**Key theme #7: seven concepts underpin the above key themes and overarching principle**

There are seven concepts that underpin the above key themes and the overarching approach:

1. Improve education of children and young people as well as adults who may have missed out on a full and comprehensive education, or who might have left education without reaching their potential;
2. Increase employability and employment of individuals in society;



3. Decrease poverty within communities and the society in which those communities exist;
4. Tackle neglect at a local, regional, national, and international level;
5. Encourage individuals to recognise their roles as community leaders and hence agents of change;
6. Use a rights-based approach to empower children and young people – both girls *and* boys – as it is only by a coordinated focus on all children that society has the best possible chance of future change; and
7. Ensure the strategy to combat violence against women and girls follows the recognized levels of public health intervention and is public-health-focused in its widest sense

*Documents supporting key theme #7: Documents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12*

I hope the above is helpful. Please do confirm that you have safely received the attachments that will follow in the next six e-mails so that I know these have all got through to you.

Thank you very much.

Yours faithfully,

A handwritten signature in black ink, consisting of the letters 'A', 'R', and 'R' in a stylized, cursive font, with a horizontal line underneath.

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Honorary Professor (Children's Rights, Law, and Advocacy)  
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