Local Government Association

Safer and Stronger Communities Board
13 January 2014

Item 5

Female Genital Mutilation (FGM)

Purpose of report

For information.

Summary

This paper describes the work that is currently being done to tackle FGM and also provides members with further detail on FGM in **Appendix A**.

Recommendation

Members may wish to consider which of the following next steps they will pursue:

1. Engage with the Chairs from the Children and Young People Board and the Community Wellbeing Board on this issue to see how we can raise awareness of FGM amongst council partners.
2. Engage with relevant national charities to see how we can work together on this issue.
3. Produce a toolkit for councils bringing together the materials being developed in the sector, similar in scope to the work done on child sexual exploitation.
4. Comment on the draft LGA Position statement in **Appendix B**.
5. Lobby Government for further support and help for councils to tackle this issue.
6. Agree to submit written evidence to the Home Affairs Select Committee's inquiry to be approved by Lead Members, and discuss what areas should be covered.

Action

Officers to progress as advised.

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Female Genital Mutilation (FGM)

Introduction

1. Following a discussion at the Safer and Stronger Communities Board in September this year, it was agreed that FGM would be added to the Board's work programme. This paper explores the context in which councils are working to support victims and prevent FGM.

What is FGM?

2. The World Health Organisation (WHO) defines FGM as "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"[1]. WHO estimated that between 100 and 140 million girls and women have experienced FGM and up to 3 million girls undergo some sort of procedure each year[2].

3. The Foundation for Women's Health, Research and Development (FORWARD), estimates that over 20,000 women and girls in the UK could be at risk of FGM. FORWARD is a non-profit campaign and support organisation, working globally for African girls and women. They conducted this study in 2007 based on data from the 2001 census, and also estimated that 66,000 women in the UK have already undergone FGM[3]. It is likely that due to population migration the numbers are now higher.

4. Further information on FGM is included in **Appendix A**.

The Law

5. FGM is considered a form of child abuse and is a criminal offence in the UK. It has been illegal in this country since the 1985 Female Circumcision Act and in 2003 the Female Genital Mutilation Act was passed, which, amongst other things, made it a criminal offence to take a child out of this country in order to have FGM carried out abroad. The revised act increases the length of possible imprisonment to up to 14 years following prosecution and conviction. There have been no prosecutions in the UK to date, though other countries have had more success in pursuing convictions.

6. In November 2012 the Crown Prosecution Service (CPS) produced an action plan to try and address these issues, calling for more robust data on allegations of FGM, identifying issues that have hindered prosecutions, exploring how other countries prosecute this crime and working closely with the police.

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[1] WHO website : http://www.who.int/mediacentre/factsheets/fs241/en/
[2] Eliminating female genital mutilation: an interagency statement (WHO 2008): http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf
[3] *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales;* Dorkenoo et al, Forward 2007 http://www.forwarduk.org.uk/key-issues/fgm/research

The Government's response

7. Tackling FGM is a key element in the Home Office's strategic vision for ending violence against women and girls published in 2010. This vision was followed by an action plan produced in March 2011 and updated twice since then – most recently in March 2013.

8. The Government has issued multi-agency guidance on dealing with FGM in communities, recognising the cultural sensitivities around the practice and the importance of multiple agencies working together to safeguard children. This work is in addition to the guidance "Working Together to Safeguard Children", which sets out the role of councils and other agencies in safeguarding children, and protecting them from abuse through Local Safeguarding Children Boards (LSCBs). It states that all people who come into contact with children have a collective responsibility to keep them from harm, including in cases of FGM.

9. The Government has also launched a series of national initiatives. In November 2012 the Government started a 1 year pilot of the statement opposing female genital mutilation (https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation). This is based on the Health Passport currently being used in Holland and the pilot will be reviewed soon. They have also produced a short film on FGM, launched the declaration against FGM, which was signed by Ministers and worked with the CPS on their action plan. The Government has also committed to continue engaging with communities practicing FGM and encourage individuals to report it.

10. In March this year the Government also announced the biggest ever international investment in eradicating FGM. The programme, worth up to £35 million, will work to reduce FGM by 30 per cent in at least 10 countries over the next 5 years. The work is being led by the Department for International Development.

Next Steps

11. There are two main ways in which councils can contribute towards this work:

    11.1. Engaging with communities, to not only help support victims, but also to raise awareness of the legal sanctions around the practice

    11.2. And by working with these communities to prevent FGM from happening.

12. Councils already have significant experience of engaging with their communities on difficult subjects, such as the prevent agenda or honour based violence. Raising awareness of the issue within councils, and ensuring that people know how to deal with victims sensitively and appropriately, is the key to helping councils to combat FGM. There is some evidence to suggest that if a mother has undergone FGM, then their children maybe more at risk, this is the same if a child's older sibling has undergone FGM, it is therefore vital that victims are given appropriate support. Giving the right support to victims, who maybe under pressure from communities or families, will also help to encourage reporting and the use of prosecutions, which will send a clear message that this is a serious form of child abuse.

13. It is essential that council partners are also engaged in this work. The long summer holidays are a particular risk for girls, who maybe taken abroad for the procedure. It is therefore vital that all schools have the right information to properly identify those at risk as well as victims and that they know who to flag those concerns to. As the schools system becomes more autonomous, councils must use their influence with academies and free schools to ensure that they have the same level of knowledge and training on the issue as in maintained schools. It is important that all schools are aware of the issues whether or not they are in local authority control, to really help identify those at risk.

14. Health care professionals, including GPs, nurses, school health visitors etc also need to know what questions to ask if women present with symptoms that could be linked to FGM — for example recurring urinary tract infections, severe stomach pains or painful periods. Doctors must also be on alert when vaccinations are requested to take a girl abroad for an extended stay. Council partners need to have the knowledge to be able to ask the right questions and proceed accordingly.

15. Due to the nature and wide ranging consequences of this crime, the important role of council partners in identifying victims and those at risk, both the Children and Young People Board and Community Wellbeing Board should have a role in determining how this work proceeds.

16. Some councils are already working on this agenda and there is already some notable practice from the London Safeguarding Children Board, which has bought together various materials to create a resource for professionals. Bristol Safeguarding Children Board has also been active in raising awareness.

Home Affairs Select Committee

17. On 18 December the Home Affairs Select Committee announced an inquiry into FGM. The inquiry will be looking to answer a number of questions including:

    17.1. How effective is the existing legislative framework on FGM, and what are the barriers to achieving a successful prosecution in the UK?

    17.2. Which groups in the UK are most at risk of FGM (whether in this country or abroad), and what are the barriers to identification and intervention?

    17.3. What are the respective roles of the police, health, education and social care professionals, and the third sector; and how can multi-agency co-operation be improved?

    17.4. How can the systems for collecting and sharing information on FGM be improved?

    17.5. How effective are existing efforts to raise awareness of FGM?

    17.6. How can the available support and services be improved for women and girls in the UK who have suffered FGM?

18. Members are asked to decide if they would like to submit written evidence to the inquiry and discuss what issues they would wish it to consider. The deadline for the

submission is 12 February therefore if the Board does want to submit written evidence, members may wish to agree that the Lead Members approve the final version.

Conclusion

19. This is a piece of work spanning several boards and as such we have identified a number of actions that members may wish to pursue:

    19.1. Engage with the Chairs from the Children and Young People Board and the Community Wellbeing Board on this issue to see how we can raise awareness of FGM amongst council partners.

    19.2. Engage with relevant national charities to see how we can work together on this issue.

    19.3. Produce a toolkit for councils bringing together the materials being developed in the sector, similar in scope to the work done on child sexual exploitation

    19.4. Comment on the draft LGA Position statement in **Appendix B**.

    19.5. Lobby Government for further support and help for councils to tackle this issue.

    19.6. Agree to submit written evidence to the Home Affairs Select Committee's inquiry to be approved by Lead Members, and discuss what areas should be covered.

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Appendix A

What is FGM?

1. There are 4 different types of FGM, and WHO classifies these as follows:

   1.1. Type I: Clitoridectomy: Partial or total removal of the clitoris and/ or the prepuce.
   1.2. Type II: Excision: Partial or total removal of the clitoris and the labia minora, with or without removal of the labia majora.
   1.3. Type III: Infibulation: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with, or without excision of the clitoris.
   1.4. Type IV: All other harmful procedures to female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterisation.

2. Estimates reveal that around 16,000 girls under the age of 15 in the UK are at risk of Type III FGM and over 5,000 are at high risk of Type I or Type II[4].

Where is FGM practised?

3. FGM is practiced in up to 42 African countries and in some countries in Asia and the Middle East[5]. African countries where FGM is most practised are Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Mali, Sierra Leaone, Somalia and the Sudan. There are also a large number of women affected by FGM from communities such as Kurdistan, Iraq and Pakistan[6]. In some countries, (e.g. Egypt, Ethiopia, Somalia and Sudan), prevalence rates can be as high as 98 per cent. In other countries, such as Nigeria, Kenya, Togo and Senegal, the prevalence rates vary between 20 and 50 per cent[7].

Why is it performed?

4. The WHO states a number of different reasons why FGM takes place, particularly highlighting it as a manifestation of gender inequality, comparing it to practices such as foot-binding[8]. The process is often seen as a part of the culture[9] and the WHO states

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[4] *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales* FORWARD 2007 http://www.forwarduk.org.uk/key-issues/fgm/research
[5] International Development Committee: Violence Against Women and Girls, Second Report of session 2013-14 http://www.publications.parliament.uk/pa/cm201314/cmselect/cmintdev/107/107.pdf
[6] Eliminating female genital mutilation: an interagency statement (WHO 2008) http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf
[7] FORWARD Website: http://www.forwarduk.org.uk/key-issues/fgm
[8] *Eliminating Female Genital Mutilation,* World Health Organisation 2008: http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf
[9] Multi-Agency Practice Guidelines: Female Genital Mutilation, HM Government 2011 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97857/FGM.pdf

that there is often huge pressure to carry out FGM, and those who transgress can often face ostracism and condemnation within their communities[10].

5. It is often seen as a rite of passage for women and as an important part of raising a girl properly (Ibid), and making her ready for marriage. Another reason often given is that the procedure reduces the sexual desire of women and girls, therefore promoting virginity and chastity as well as maintaining fidelity in marriage[11]. Numerous other reasons include: the mistaken belief that it is a religious requirement, hygiene, cleanliness, increasing sexual pleasure for the male and enhancing fertility[12].

Consequences of FGM

6. FGM is performed on women and girls at different ages, depending on the community or ethnic group that carries it out, though it is mostly carried out on girls between the ages of 0 and 15 years (Ibid). The procedure is traditionally carried out by women with no medical training. Anaesthetics and antiseptic treatments are not generally used and the practice is usually carried out using knives, scissors, scalpels, pieces of glass or razor blades. Girls may have to be forcibly restrained[13].

7. There are both long and short term health consequences of FGM for women. These can include pain, haemorrhage, infections, cysts and abscesses and difficulties during pregnancy and childbirth. The practice can also create a number of psychological issues for women, including depression and post-traumatic stress disorder. The most serious possible consequence of FGM is death[14].

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[10] *Eliminating Female Genital Mutilation,* World Health Organisation 2008: http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf
[11] *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales* FORWARD 2007 http://www.forwarduk.org.uk/key-issues/fgm/research
[12] *London FGM Resource Pack* http://www.londonscb.gov.uk/fgm/
[13] NHS Choices: http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx
[14] *Female genital mutilation in the European Union and Croatia* European Institute for Gender Equality 2013 http://eige.europa.eu/sites/default/files/EIGE-Report-FGM-in-the-EU-and-Croatia_0.pdf

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Appendix B

Draft LGA Position Statement

1. Female Genital Mutilation (FGM) is child abuse and can leave women and girls in severe pain and can even lead to death. Councils are committed to preventing this crime and raising awareness of the serious consequences to both mental and physical wellbeing that can arise from its practice.

2. FGM is defined as “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” and can have serious long and short terms consequences for women and girls’ health and wellbeing. Over 20,000 girls in the UK could be at risk, and over 60,000 are already living with the consequences.

3. Councils can work with their partners to shine a light on the potentially devastating impact FGM can have and ensure that communities are fully informed of these consequences and the legal sanctions for those who perform FGM, or allow it to happen. People need to know how to report it and victims need to know who to turn to, if councils and their partners are going to succeed in preventing this crime.