

## Female Genital Mutilation (FGM) Fact Sheet

### **Background**

Note: A key source of information for this Factsheet is a report published in 2015 by City University by Macfarlane and Dorkenoo.<sup>1</sup>

Female Genital Mutilation (FGM) or Female Genital Cutting (FGC) refers to any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM has been reported in all parts of the world, but is most prevalent in western, eastern, and north-eastern regions of Africa, some countries in Asia and the Middle East, and among certain immigrant communities in North America and Europe.

FGM is mostly carried out on girls between 0 to 15 years old. However, occasionally adult and married women are subjected to the procedure. It is commonly performed by traditional practitioners with no formal medical training, without anaesthetics, often using crude instruments such as knives and razor blades. Sometimes FGM is carried out by health professionals.

FGM violates human rights principles. It is considered a form of violence against women and a form of child abuse. In the UK it is a criminal offence both for perpetrators and for anyone who is involved with it including those providing transport, those organising transport to a country to perform the procedure, those choosing to ignore it and those failing to report recently performed procedures.

FGM has no health benefits. It is extremely harmful and dangerous to girls and women in many ways. It is painful and traumatic and even life threatening. The removal of or damage to healthy, normal genital tissue interferes with the natural functioning of the body and causes both immediate and long-term health consequences. Babies born to women who have undergone FGM suffer a higher rate of neonatal death compared to others.

WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to such procedures.

The map in the accompanying **FGM Data Sheet** illustrates the countries where FGM is most prevalent. **Map: FGM by country**

### *Mandatory reporting of female genital mutilation*

A new mandatory reporting duty for FGM was introduced via the Serious Crime Act 2015, following public consultation. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. It came into force on 31st October 2015.<sup>2</sup>

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<sup>1</sup> Macfarlane A, Dorkenoo E. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. City University 2015. [http://www.city.ac.uk/\\_data/assets/pdf\\_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf](http://www.city.ac.uk/_data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf)

<sup>2</sup> Home Office and DfE. Mandatory reporting of female genital mutilation: procedural information. October 2015. <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

The World Health Organisation has classified FGM into four types as follows:<sup>3</sup>

Four types of FGM
<b>Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).</b>
<b>Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).</b>
<b>Type III: 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 (infibulation).</b>
<b>Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.</b>

There are an estimated 137,000 women and girls with FGM permanently resident in England and Wales, representing a prevalence rate of 4.8 per 1,000 population. Mostly people born in countries where FGM is practised are concentrated in urban areas, but there are likely to be some affected women and girls in every local authority area.

#### **Risk factors**

- There is an increase in the number of women who have experienced FGM resident in the UK.
- There are no health benefits and the practices pose serious health risks to women, both at the time and later in life.
- Immediate health risks include pain, injury to adjacent organs, urine retention, shock, haemorrhage and serious infection.
- Longer term risks include chronic pain, infections, keloid formation, infertility, and the risk of obstetric complications.
- In most countries the prevalence of women with FGM varies by educational level, with lower rates in more educated women and with more household wealth.
- Many British girls in minority ethnic communities in the UK are taken abroad to their family's country of origin during the school summer holidays to be subjected to FGM though there are no estimates of numbers.

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<sup>3</sup> UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO. Eliminating Female genital mutilation An interagency statement. WHO 2008.

## The Local Picture

In 2015 estimates of the numbers and prevalence of women and girls with FGM nationally and for each local authority were produced by researchers from City University. From this source, estimated numbers of women with FGM and prevalence in 2011 in Sutton are as follows. The highest rate is in the age group 15-49 years.

### Numbers and prevalence of FGM in Sutton, Source City University

Ageband of women	Estimated numbers with FGM	Estimated prevalence per 1,000	Numbers of women born in FGM practising countries resident in Sutton
0-14 years	17	1.0	90
15-49 years	292	6.0	1,432
50+ years	118	3.7	840
<b>Total</b>	<b>426</b>	<b>4.4</b>	<b>2,362</b>

The following table shows that compared to London overall, the estimated percentage of births to women with FGM in Sutton is much lower than for London, and half the rate for England.

### Estimated numbers and percentage of maternities to women with FGM, Sutton and comparators, Source City University

2005-2013	Total maternities to women from FGM practising countries	Estimated numbers of maternities to women with FGM	Total maternities	Estimated percentage of maternities to women with FGM
Sutton	995	204	23,173	0.88
London	142,335	60,618	1,134,824	5.34
England	239,908	97,525	5,918,291	1.65

These estimates are supported by [Figures 1 to 4](#) which show that compared to other London boroughs, estimated FGM prevalence rates overall and for defined age ranges in Sutton rank low, and are lower than both London and England. For the age group 0-14 years they are the lowest in London.

[Figure 1: Estimated prevalence of FGM, London Local Authorities, all ages](#)

[Figure 2: Estimated prevalence of FGM, London Local Authorities, 0-14 years](#)

[Figure 3: Estimated prevalence of FGM, London Local Authorities, 15-49 years](#)

[Figure 4: Estimated prevalence of FGM, London Local Authorities, 50+ years](#)

## **Sutton progress**

Despite Sutton's comparatively low estimated numbers and prevalence rates of women with FGM, given the borough's increasing ethnic diversity over the course of time, this should still be considered a serious issue. There needs to be initial and update training for staff in the health services and partners in social services, police and schools.

In terms of FGM services in South London, Guy's & St. Thomas's Hospital hold a Female Genital Mutilation clinic that offers the following services:

- Access to information, care and treatment
- Support and referral to appropriate agencies
- Counselling
- Surgical de-infibulation
- Community support and training for all professionals

## **What works**

*London Child Protection Procedures: Safeguarding children at risk of abuse through FGM*

The London Safeguarding Children Board (SCB) Child Protection Procedures are updated on a six monthly basis with relevant changes to legislation, statutory and local guidance. The priorities of Procedure 24 *Safeguarding Children at risk of abuse through Female Genital Mutilation*<sup>4</sup> are as follows:

- Identifying a child who has been subject to FGM or is at risk of being abused
- Professional responding to FGM and mandatory reporting duty
- Prevention activities to reduce the prevalence of FGM

At this point London SCB is drawing attention to statutory requirements but the procedures will not be updated until 31st March 2016. However, there is draft FGM practice guidance in Section B (based on DH guidance). Part A contains core procedures.

Extract from the London Safeguarding Board procedure page:

*Mandatory Reporting of Female Genital Mutilation [FGM]:*

In response to the Mandatory Reporting Duty which came into force on 31st October 2015, the Editorial Board would like to draw your attention to the following requirements, which will be incorporated into the procedures as part of the next update in March 2016.

- Where a professional, who is subject to the mandatory reporting duty, has either been told by a girl that she has had FGM or has observed a physical sign appearing to show that a girl has had FGM s/he should personally report the matter to the police by calling 101.
- In all other cases, professionals should follow normal safeguarding processes. This is in line with guidance produced by NHS England and the Metropolitan Police Service.

Part B Practice guidance available at: [http://www.londoncp.co.uk/chapters/B\\_contents.html](http://www.londoncp.co.uk/chapters/B_contents.html)

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<sup>4</sup> London Safeguarding Children Board. 5th edition 2015. London Child Protection Procedures. 24. Safeguarding children at risk of abuse through female genital mutilation (FGM). [http://www.londoncp.co.uk/chapters/sg\\_ch\\_risk\\_fgm.html](http://www.londoncp.co.uk/chapters/sg_ch_risk_fgm.html)

### *Multi-Agency Practice Guidelines: Female Genital Mutilation, 2014*

The government has produced guidance that seeks to provide advice and support to frontline professionals with responsibilities for safeguarding children and for protecting and supporting adults from the abuses associated with FGM (Multi-Agency Practice Guidelines: Female Genital Mutilation, 2014).<sup>5</sup>

FGM is child abuse and a form of violence against women and girls and should be dealt with as part of existing child and adult safeguarding/protection structures, policies and procedures. The guidance is designed for all frontline professionals and volunteers within agencies that work to:

- Safeguard children and young people from abuse
- Protect adults from abuse
- Support those who have had FGM

This includes, but is not limited to, NHS staff and other health professionals, police officers, child social care workers, teachers and other educational professionals.

As it requires more than any single agency to meet the multiple needs of a person affected by FGM, it sets out a multi-agency response and strategies to encourage agencies to cooperate and work together.

The guidance provides information on:

- Identifying when a girl (including an unborn girl) or young woman may be at risk of FGM and responding appropriately to protect them
- Identifying when a girl or young woman has had FGM and responding appropriately to support them
- Measures that can be implemented to prevent and ultimately eradicate FGM

### **Key indicators and targets**

***International:*** One of the targets of the UN Sustainable Development Goals (SDGs) is for the total elimination of FGM by 2030 as follows:

*Gender Equality: 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation*

***National:*** The FGM Prevention Programme led by the Department of Health aims to improve the NHS response to FGM. It includes projects to improve awareness, provision of services and management of FGM and safeguarding of girls at risk. It became mandatory for acute NHS trusts to submit FGM data to the Health and Social Care Information Centre in July 2015 and for GP practices and mental health trusts from October 2015. A new FGM Enhanced Dataset requires organisations to record collect and return detailed information about FGM within the patient population as treated by the NHS. To date no statistics are presented for Sutton due to suppression of small numbers with respect to confidentiality.

***Local:*** As quoted in 'The Local Picture' section, estimated numbers and prevalence for all local authorities, as well as regional and national statistics are available from research by City University.

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<sup>5</sup> HM Government. Multi-Agency Practice Guidelines: Female Genital Mutilation, 2014. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf)

### **Links to further information**

- As cited in 'The Local Picture' section: Macfarlane A, Dorkenoo E. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. City University 2015. [http://www.city.ac.uk/\\_data/assets/pdf\\_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf](http://www.city.ac.uk/_data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf)
  - NHS Choices. Female Genital Mutilation. <http://www.nhs.uk/conditions/female-genital-mutilation/Pages/introduction.aspx>
  - Government declaration against female genital mutilation. [http://www.nhs.uk/Conditions/female-genital-mutilation/Documents/FGM\\_June\\_2015\\_v10.pdf](http://www.nhs.uk/Conditions/female-genital-mutilation/Documents/FGM_June_2015_v10.pdf)
  - NHS Networks. FGM Quarterly Statistics. <https://www.networks.nhs.uk/networks/news/female-genital-mutilation-quarterly-statistics>
  - London Safeguarding Children Board. 5<sup>th</sup> edition 2015. London Child Protection Procedures. 24. Safeguarding children at risk of abuse through female genital mutilation (FGM). [http://www.londoncp.co.uk/chapters/sg\\_ch\\_risk\\_fgm.html](http://www.londoncp.co.uk/chapters/sg_ch_risk_fgm.html)
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### **Priorities for Sutton**

- Training of front line staff, whether working in antenatal and maternity services, gynaecology and sexual health services, primary care, A & E, pre-schools, schools, police etc.
- Relevant professionals all to be familiarised with what FGM looks like and how to respond professionally so as to avoid stigmatisation which could act as a barrier to accessing services
- Familiarisation and knowledge for all relevant professionals of the pathways of referral
- For employers who come under the mandatory reporting duty, to review their HR policies to respond to statutory requirements
- To continue to work with partners on the knowledge and educational aspects of FGM, e.g. schools, specific cultural groups etc.