

Dudley Safeguarding Children's Board

**Strategy to prevent Female
Genital Mutilation (FGM)**

2015-2017

Dudley Safeguarding Children's Board (DSCB) Strategy to prevent Female Genital Mutilation 2014-2017 (FGM)

Introduction

- 1.1 This strategy aims to assist agencies, services and professionals improve the protection of women and girls from FGM. The DSCB already has procedures in place which are available on the DSCB website¹. Despite the difficulties with obtaining accurate and reliable figures on Female Genital Mutilation (FGM hereafter) we recognise that there are girls and women who live within Dudley who have experienced FGM or are at risk of it happening to them.
- 1.2 Due to the impact that FGM has on the health, safety and wellbeing of girls and women, it was recognised as a priority in a report by the West Midlands Police and Crime Panel². This strategy outlines how we aim to prevent FGM from happening, improve services and professionals' responses to women and girls who have undergone or are at risk of FGM, and ensure sensitive specialist support, information and advice is available to them.
- 1.3 The strategy acknowledges that FGM is a form of violence against women and girls³. The Department of Health Taskforce on the Health Aspects of Violence Against Women and Children set up a sub group on Harmful Traditional Practices and Human Trafficking⁴. The Department of Health have recently published guidance around FGM as a safeguarding issue⁵
- 1.4 This strategy incorporates findings and recommendations of the taskforce and subgroup. The purpose of this strategy is not to duplicate any existing guidance, policy or procedures, but to strengthen our local response by setting out our vision for raising awareness, and improving our safeguarding of girls and women at risk of and affected by FGM, in partnership with the community.
- 1.5 This DSCB strategy will ensure a coordinated and joint approach is adopted to tackle the issues across Dudley in consultation with the Children's Trust Board, Dudley Safeguarding Adults Board, Community Safety Partnerships and Health and Wellbeing Board.

¹ DSCB procedures http://www.proceduresonline.com/dudley/scb/chapters/p_fem_gen_mutil.html

² Tackling Female Genital Mutilation in the West Midlands: <http://westmidlandspcp.co.uk/wp-content/uploads/2015/06/WMPCP-Tackling-FGM-in-the-West-Midlands.pdf>

³ Together We can end violence against women and girls (2009) HM Government

⁴ Report from the harmful traditional practices and human trafficking sub group (2010) DOH

⁵ Female Genital Mutilation Risk and Safeguarding Guidance for professionals (2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf

1.6 Professionals and volunteers from all agencies have a statutory responsibility to safeguard children from being abused through FGM. If you require information on the safeguarding procedure for FGM, the procedures can be accessed through the DSCB website and guidance below.

2 Strategic principles and aims

2.1 This strategy is based on the agreed principles that FGM is:

- Internationally recognised as a violation of Human Rights⁶
- A form of violence against women and girls
- Child abuse

2.2 Reflecting the cross government strategy to end violence against women and girls and in recognition of the impact on health and welfare of women and children subject to such violence, this strategy seeks to reduce FGM through addressing key overarching themes of Prevention, Provision and Protection. In respect of this framework for developing a multi-agency, coordinated response FGM, it is expected that there will be frequent overlaps between the work themes of prevention, provision and protection.

2.3 Protection

To safeguard the physical safety, psychological and emotional wellbeing of girls and women who have undergone FGM and those girls at risk girls of FGM by ensuring services, agencies and professionals:

- Identify and assess risk indicators present in children and in pregnant/non-pregnant women who have experienced FGM through the delivery of training to frontline practitioners
- Establish a Multi-Agency consultation process in which all cases of evidential FGM are reviewed
- Investigate individual cases of abuse and children suspected to be at high risk of FGM

These objectives will be supported by

- The DSCB Vulnerable Children's Strategic Group
- Strengthened referral and care pathways to implement more effective procedure
- Training for practitioners in relation to FGM, including how to sensitively ask women and girls about FGM and know how to respond appropriately.

⁶ Tackling FGM in the UK 2013 http://www.equalitynow.org/sites/default/files/Intercollegiate_FGM_report.pdf

2.4 Provision

To ensure women who have undergone FGM and girls at risk can access specialist services for information, advice, support and necessary health treatment (both physical and psychological).

- This will include work to empower women to help them access services, address barriers to services, training staff as well as identifying care pathways for these women and girls addressing any issues within commissioning arrangements for specialist services.
- On many occasions women are not aware that they are victims of FGM. Therefore professionals need to be aware that the women and girls need support to recognise and understand why it has happened to them.

2.5 Prevention

To improve education, awareness and prevention work around FGM with agencies professionals, community groups (such as black & minority ethnic voluntary organisations and faith groups), education/youth services to inform and help address attitudes and myths about FGM.

- This work will include FGM awareness campaigns e.g. before school summer holidays to help raise the profile of this issue with professionals and girls at risk.
- Professionals and community groups will aim to grow and share their knowledge of 'what works' in reducing the risk of FGM to girls including awareness of UK legislation.
- Prevention work will also include support and education with pregnant women and new mothers to improve understanding of FGM, children's safeguarding issues and access to help and advice from the specialist midwives.

3 Prevalence

3.1 The true extent of FGM prevalence is unknown; it is a "hidden crime however it is believed that the majority of cases of FGM are carried out in 28 of the African countries. In some countries (e.g. Egypt, Ethiopia Somalia and Sudan) prevalence rates have been reported to be as high as 98 per cent. In other countries (such as Nigeria, Kenya, Togo and Senegal) the reported prevalence rates vary between 20-50%.

3.2 An estimated 103,000 women aged 15-49 with FGM born in countries in which it is practised were living in England and Wales in 2011, compared with the estimated 66,000 in 2001. This represented an estimated prevalence rate of 7.7 per 1,000 women. In addition there were an estimated 24,000 women aged 50 and over with FGM born in FGM practising countries and nearly 10,000 girls aged 0-14 born in FGM practising countries who have undergone or are likely to undergo FGM. These groups had lower prevalence rates of 2.3 and 2.0 per 1,000 population respectively.

3.3 It was estimated that, since 2008, women with FGM have made up about 1.5 per cent of all women delivering in England and Wales each year. About three fifths of them were born in the group of countries in the Horn of Africa where FGM is almost universal and Type III is commonly practised.

3.4 From June 2015 Acute Trusts have been required to submit data as part of the FGM Prevalence Dataset via the Clinical Audit Platform system. Within Dudley the task is now fully embedded within the maternity department at Russells Hall Hospital and is ready to be 'rolled out' to the rest of the Trust. From October 2015 all GP's and Mental Health Trusts will have to do the same.

3.5 The Department of Health will publish returns on a 6 monthly basis. Data published in March 2015 confirms that within the West Midlands the prevalence is as follows for newly identified cases of FGM by Trust between September 2014 and February 2015. Due to the difficulty with collation and the fairly recent implementation of the data collection programme, these figures are most probably an underestimate.

Trust	Number identified and reported.
Dudley Group Of Hospitals Foundation Trust	17
Walsall Healthcare NHS Trust	7
Royal Wolverhampton Hospitals NHS Trust	10
Sandwell and West Birmingham Hospitals NHS Trust	310
Birmingham Women's NHS Foundation Trust	53
University Hospitals Coventry And Warwickshire NHS Trust	36

4 What is female genital mutilation?

4.1 FGM is defined by the World Health Organisation 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"*⁷

4.2 FGM is sometimes referred to as Female Circumcision or Female Genital Cutting however this does not depict the nature or impact of the practice. Communities use range of traditional and local names for this practice, a list of which can be found on the FORWARD webpages⁸.

⁷ WHO FGM Fact Sheet February 2010

⁸ <http://www.forwarduk.org.uk/key-issues/fgm/definitions>

4.3 FGM is based in ancient beliefs surrounding the need to control women's fertility and sexuality. It is a cultural practice based on custom and tradition. It is also based on the incorrect belief that it protects a girl's virginity, protects family honour, is more hygienic, desirable, and attractive and increases sexual pleasure for men. It is practiced to enhance a girl's prospects of marriage.

4.4 It is carried out in the name of culture and religion. FGM is not a requirement of any religion. It is practiced by Christians, Muslims, Jews and non-believers in a wide range of communities and cultures⁹. FGM is most frequently carried out on young girls between infancy and the age of 15¹⁰.

4.5 Female Genital Mutilation has a devastating impact on the health and wellbeing of women and young girls, for some it may be fatal. Short term problems caused by FGM include severe pain, emotional shock, difficulty passing urine, bleeding and infection (which can lead to infertility). Long term problems include difficulty passing urine, painful periods and sexual problems.

4.6 Women who have had FGM are significantly more likely to experience difficulties during childbirth and their babies are more likely to die as a result of the practice. Serious complications during childbirth include the need to have a caesarean section, haemorrhage following delivery and prolonged hospitalisation following the birth¹¹. As a result of FGM girls and women may also feel angry, depressed and suffer from post-traumatic stress disorder.

5 The Law and FGM

5.1 The Female Genital Mutilation Act (2003) made it illegal for UK residents (in England and Wales) and permanent residents to practice FGM within or outside in the UK (there is different legislation for Scotland). The act also made it illegal for someone to take a British Citizen abroad to perform the operation whether or not it is against the law in that country.

5.2 It is also illegal to assist in carrying out FGM abroad and whilst the practice of FGM has been a criminal offence for over a decade, there have been no convictions to date.

5.3 Research conducted by FORWARD (2009)¹² looked at the impact of FGM on the lives of affected women, to see how these women interact with health services and to understand their feelings about the practice of FGM.

⁹ Female Genital Mutilation (2009) Government Equalities Office Fact Sheet

¹⁰ WHO (2008) Female Genital Mutilation as quoted in Report from the Harmful Traditional Practices and Human Trafficking Sub Group (2010) DH Taskforce on the Health Aspects of Violence Against Women and Children

¹¹ World Health Organisation 2006

¹² FGM is always with us, Experiences, Perceptions and Beliefs of Women affected by FGM (2009) FORWARD

5.4 A number of women stated that communities living in the UK are no longer practicing FGM on their daughters: *“People living in the UK are aware of FGM and do not want to practice it, and their children that are born here do not know what FGM is about. When people are here the practice is finished”*

5.5 However other women reported that there was determination amongst some community members to continue the practice and thought that the law was not considered to be powerful enough to prevent FGM:

“All of them see that it is important to continue the practice. If it is not possible to circumcise girls here, then those who support circumcision take their daughters back home to perform it. The place does not prevent us from changing our practices and traditions, as it is part of our culture”.

5.6 FGM is a form of child abuse and violence against women and girls, and therefore should be dealt with as part of existing child and adult protection structures, policies and procedures. A local authority may exercise its powers under section 47 of the Children Act 1989 if it has reason to believe that a child is likely to suffer or has suffered FGM. Under the Children Act 1989, local authorities can apply to the Courts for various Orders to prevent a child being taken abroad for mutilation.

5.7 FGM Protection Orders

5.8 Section 73 of The Serious Crime Act 2015 (the 2015 Act), which received Royal Assent on 3 March 2015, inserts a new section 5A into the Female Genital Mutilation Act 2003 (the 2003 Act). This makes provision for a new civil law remedy - the Female Genital Mutilation (FGM) Protection Order (at Schedule 2 of the 2003 Act). The FGM Protection Order will apply in England, Wales and Northern Ireland and offers a means of protection to girls and women who are victims, or may be at risk, of FGM.

5.9 An FGM Protection Order is a civil measure which offers the means of protecting victims or potential victims from FGM under the civil law. Applications for an FGM Order can be made by:

- The girl or women to be protected (in person or with legal representation);
- A relevant Third Party (RTP) (a person or organisation appointed by the Lord Chancellor. Currently, only local authorities have been classified as relevant third parties); or
- Any other person with the permission of the court (for example, this could be the police, a voluntary sector support service, a healthcare professional, a teacher, a friend or family member).

Court guidance on FGM PO's can be accessed below:



FGMPO - external
court guidance - July

5.10 FGM Mandatory Reporting – support pack for health professionals

From **31 October 2015** a professional duty to report known cases of FGM in girls under the age of 18 to the police was commenced for all regulated health and social care professionals and teachers in England and Wales. ‘Known’ cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003. It must be emphasised that this Duty to inform the police cannot be delegated to another professional or another person.

NHS E and professional bodies, have developed a package of support including:

- [Quick guidance](#) – a 2-page summary of the duty including a process flowchart
- [Poster](#) – a poster for health organisations to display about the duty
- [Training slides](#) – a training presentation organisations can use to help them deliver 10 – 15 minute updates to staff to explain the duty
- [Video interviews](#) with Vanessa Lodge, NHS E National FGM Prevention lead

An [information leaflet](#) for patients and their families which professionals can use to help when discussing making a report to the police.

The website for written materials is: <https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare>

The video can also be found at www.nhs.uk/fgmguidelines

6. Community Education and Engagement

6.1 Community engagement activity is crucial in ensuring the success of this strategy. Any work must facilitate the effective engagement with our local communities. It is anticipated that this engagement will be locality and district based.

6.2 A change in cultural norms and practice requires active engagement by the communities in education and awareness raising, openly discussing the impact of FGM and human rights issues. Such activities allow greater understanding in relation to the issues and promote empowerment of those within the community to lead in eradicating this practice.

7. Intercollegiate Health Group Guidelines

7.1 In 2013 an intercollegiate group launched a report Tackling FGM in the UK: Intercollegiate Recommendations for identifying, recording and reporting¹³. The report recognises that implementing a multi-agency action plan is required to ensure that young girls at risk of undergoing FGM are protected by the existing UK legal framework. This strategy will ensure that the nine recommendations within the report are adequately accounted for within the action plan.

8. Implementation Plan

8.1 The DSCB and Dudley Adults Safeguarding Board will work closely to work to implement this strategy and the DSCB Vulnerable Children and Young Peoples strategic group will review and monitor the action plan (including data collection) on behalf of the DSCB.

The key points in this action plan are:

8.2 Protection

- Local procedures and pathways for responding to safeguarding concerns in relation to FGM have been developed reviewed and updated and are available via the DSCB procedures.
- A Multi-Agency consultation process in which all cases where there is evidence of FGM are reviewed
- The investigation of individual cases of abuse and children suspected to be at high risk of FGM
- Access for practitioners to the Home Office document: Female genital mutilation: multi-agency practice guidelines¹⁴
- From 1st July 2015, all cases of known FGM are reported monthly to the Department of Health (DH) from Acute Trusts. From 1st October 2015 all GP practices and Mental Health Trusts are also mandated to report to the DH. www.hscic.gov.uk/fgm

8.3 Provision

- All pregnant women are screened for FGM
- Pregnant women with FGM are 'booked' for Consultant Led Care who can advise on the course of action for women who have undergone FGM.
- Specialist Midwives are available to offer advice to staff regarding FGM.
- Training of professionals to ensure knowledge of issues, procedures and pathways

¹³ http://www.equalitynow.org/sites/default/files/Intercollegiate_FGM_report.pdf

¹⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

8.4 Prevention

- FGM awareness information and resources to raise the profile with at risk groups in community settings to be developed
- DSCB to link with public health to increase public awareness of FGM, including the potential use of social media such as Facebook and Twitter in awareness raising campaigns
- Scoping document to establish prevalence in Dudley
- Multi agency training delivered on behalf of the DSCB by specialist midwives with experience in dealing with FGM

8.5 This is supported by an action plan which is a living document which will be monitored through the Vulnerable Children and Young Peoples strategic group.

ACTION PLAN TEMPLATE:

Priority 1: Protection. To provide support to women who have undergone FGM and girls at risk, by improving the responses of services, agencies and professionals to help identify and respond to those at risk and who have experienced FGM

Actions	When	Person Responsible	Monitored and evaluated by:	Resources	Progress (BRAG)

Priority 2: Provision. To ensure women who have undergone FGM and girls at risk can access specialist services for information, advice, support and necessary health (physical and psychological) treatment.

Actions	When	Person Responsible	Monitored and evaluated by:	Resources	Progress (BRAG)

Priority 3: Prevention. To improve education, awareness and prevention work on FGM with all professionals, community groups (such as faith groups) and education/youth services to help address attitudes and myths about FGM

Actions	When	Person Responsible	Monitored and evaluated by:	Resources	Progress (BRAG)
