Coventry City Council

Report

To: Coventry Health & Wellbeing Board **Date: 10 November 2014**

From: Councillor Alison Gingell, Cabinet Member Health and Adult Services

Subject: Female Genital Mutilation

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1 Purpose

1.1 The purpose of this paper is to brief the Health & Wellbeing Board on the issue of Female Genital Mutilation (FGM) in Coventry. The paper provides an outline of what FGM is, the legislation in relation to FGM, implications of the practice on women and outcomes for survivors, prevalence of FGM and local actions so far. This briefing seeks to inform Board Members of National recommendations to eliminate the practice of FGM and requests their views and endorsement of the local recommendations provided.

2 Recommendations

2.1 Coventry Health & Wellbeing Board is recommended to:

1) Identify any further areas for discussion or consideration
2) Approve the recommendations contained in section 4 of the report

3 Information/Background

The issue of FGM in Coventry was raised by Councillor Gingell at Council in December 2013 where a motion to condemn the practice was supported. Council requested further work on FGM and the establishment of a Task & Finish Group. The purpose of the Female Genital Mutilation (FGM) Task & Finish Group is to gather knowledge and intelligence on the extent of the problem in Coventry, how it is being addressed by various partners and the barriers in dealing with FGM. An initial briefing paper was presented by the Director of Public Health at the Health & Wellbeing Board on 24th February 2014. This report was presented to Scrutiny Co-ordination Committee at their meeting on 8th October. The Committee supported the proposals for action detailed in the report and recommended that the Health and Wellbeing Board also accept these proposals. The Committee also requested that consideration to be given to alternative educational approaches for dealing with the issue of Female Genital Mutilation which will encourage local schools to engage in raising pupils' awareness of FMG. A briefing note informing of the Board's discussions is attached at Appendix 5.

3.1 At the request of Council and the Health & Wellbeing Board, the Council's Public Health Department have developed this detailed report which includes actions recommended by the task & finish group which are needed to eradicate FGM in Coventry. These are discussed in further detail later in this report.

3.2 FGM Prevalence

3.2.1 It is important to note that data for FGM both locally and nationally is limited, much of which is based on the 2011 census. This issue is being tackled nationally with the introduction of

mandatory requirements for healthcare professionals to record FGM implemented from April 2014.

3.3 **National Prevalence**

- It is estimated that 170,000 women and girls are living with FGM in the UK.
- It is estimated that 65,000 girls aged 13 and under are at risk of FGM in the UK.
- Over 200 FGM-related cases were investigated by the police nationally in the last five years.
- It has taken 29 years since the criminalisation of FGM for the first prosecutions to be brought.

Further information on national prevalence can be found in appendix 2.

3.4 **Prevalence of FGM in Coventry**

Since 1 April 2014 Acute NHS Trusts (Foundation and non-Foundation) must provide returns to the Department of Health on a monthly basis of the prevalence of FGM within their treated population. Between April and September 2014 there have been 35 women accessing UHCW midwifery services that have been affected by FGM, from a total number of 3,181. This is approximately 1.1% of all deliveries, which is slightly lower than the National prevalence of 1.5%

Women affected by FGM attending UHCW Midwifery Services by Country of Birth:

Country of Birth	**Total**
Nigeria	9
Somalia	7
Eritrea	4
Other (including UK)	15

Evidence suggests that for these women there may be an increased risk of childbirth complications and new-born deaths. For those mothers who have undergone FGM there is also the potential risk that their female children will also undergo the procedure.

Police data for the West Midlands shows referrals to West Midlands Police (WMP) of girls who are potentially at risk of FGM:

Year	**Total referrals to WMP**	**Coventry Referrals**	**Percentage**
2013	41	16	39%
2014 (to date)	84	48	57%

These figures may be due to the well-established referral processes and reporting procedures established in Coventry or it may indicate that we have a high incidence of girls potentially at risk of FGM amongst the communities that reside here.

To try to gain an understanding on the prevalence of FGM in Coventry, Public Health have compared the countries with the highest prevalence to local communities in Coventry. Table one, describes the female population aged 0-49 who are living in Coventry but were born in regions where there is a high prevalence of FGM.

According to the 2011 Census data 3% (868) children aged 0-15 and 7% (5,422) women aged 16-49 living in Coventry were born in regions likely to be affected by FGM.

Country of birth of the Female population aged 0-15 and 16-49 in Coventry. Census 2011				
	Age 0 to 15		Age 16-49	
Country of Birth	**Number**	**%**	**Number**	**%**
Total Numbers of women in Coventry	**31,065**		**78,219**	
Africa: North Africa e.g. Egypt	68	0.2	247	0.3
Africa: Central and Western Africa e.g. Mali, Sierra Leone, Guinea	228	0.7	1651	2.1
Africa: South and Eastern Africa e.g. Northern Sudan, Eritrea, Somalia, Djibouti, Ethiopia	454	1.5	2854	3.6
Africa: Africa not otherwise specified	4	0.0	58	0.1
Middle East and Asia: Middle East e.g. Yemen	114	0.4	612	0.8
Total	**868**	**3%**	**5,422**	**7%**

*The age range has been split to capture the numbers of potential victims of FGM (aged 0-15 years) and those who may have already had the procedure.

3.5 What is happening locally?

Intelligence gathered from a small number of statutory and voluntary agencies, has found that many agencies are not identifying FGM as an issue within their services. There are many potential reasons for this for example; not working with populations most affected, lack of professional knowledge around the law and FGM, or a lack of awareness of the symptoms and signs of FGM. For some agencies that have identified cases of FGM there appears to be no systematic way for them to record or code it appropriately. Although there is not a true picture of need, a number of local agencies have been working hard to raise awareness of FGM.

- The Local Safeguarding Children's Board (LSCB) has been working in partnership to address FGM locally since 2009 and offers training, has developed a safeguarding procedure and a website:
    - Training:
        - Multi-agency safeguarding children training aimed at anyone working with children in Coventry or parents/carers who may be from practising communities. This training has been running for 6 years, initially there were a large number of sessions per year due to demand, demand has decreased resulting in the amount of training reducing over the last two to three years to two session per year being delivered.
        - The training consists of a 3 hour course delivered by local professionals. The content includes background, history and origins, reasons which sustain it, when it takes place (age), how it takes place, types, physical and mental health and sexual implications, practising countries, UK issues, law, indications that it might be going to take place / has taken place, safeguarding and how to respond including terms to use/not use & resources. The course is continuously reviewed to include additional "new" relevant information that we are aware of e.g. prosecutions, new helplines etc.

- Safeguarding Children Procedure
  - There is a child protection procedure in place for all agencies working with children. The procedure covers when it is suspected a child may be going to have FGM or has undergone FGM. This procedure is reviewed periodically to ensure the information is up to date.
  - A link to the procedure on the Safeguarding Children Board website http://coventryscb.proceduresonline.com/chapters/p_fe_gen_mut.html
- Website page on FGM
  - Resources include (http://www.coventrylscb.org.uk/prof_fgm.html)
  - Along with information about the helpline operated by NSPCC
  - Higher Risk of FGM
  - Post Summer Notice
  - Female Genital Mutilation Factsheet
  - Professionals Factsheet
  - Female Genital Mutilation Leaflet
  - Female Genital Mutilation Poster

- Meridian General Practice routinely asks new patients whether they have been affected by FGM. If they see female clients who have under gone FGM who have female children they will inform them of the legal aspect of FGM and if they have concerns they will refer them to Safeguarding.

- West Midlands Police ran Operational Sentinel from July to December 2013. This was a force wide initiative aimed at protecting the most vulnerable members of society in the West Midlands particularly those who are victims or are at risk of child sexual exploitation, honour-based violence, human trafficking, female genital mutilation and domestic abuse. There have also been a number of joint visits carried out with the Police and Social Care in regards to FGM. This work will continue through 2014-15 and will be known as Sentinel, and whilst covering the same topics as last year West Midlands Police have extended it to cover other areas of vulnerability too. Sentinel aims to continue to build upon the success of Operation Sentinel and enhance the service provided by West Midlands Police and partners to victims who are vulnerable. West Midlands Police have invested in a proactive approach to FGM with a Bronze lead Detective Constable responsible for FGM both at a force level and nationally.

- Coventry University are currently a partner in the REPLACE 2 project. REPLACE 2 aims to implement and evaluate community-based behaviour change intervention frameworks to tackle female genital mutilation in the EU. This project marks a significant shift in the 'approach' to ending FGM. REPLACE 2 represents a radical change to the way female genital mutilation (FGM) is tackled in the EU, by developing a new approach that integrates individual behaviour change within a community-based approach.

- A conference on FGM in Coventry will be held on Thursday 13th November at the Welcome Centre. The conference will aim to raise awareness of FGM amongst relevant professionals and community members and provide opportunities to educate delegates on specific aspects of FGM including the consequences and impacts on women affected by FGM, health outcomes, the law on FGM and community engagement.
- Secondary Schools have been provided with lesson plans and encouraged to deliver a whole school approach to FGM.

4. Discussion and actions

Whilst it has been well documented that there has been some intensive work in Coventry focused on raising awareness of FGM, it is still practised. Coventry's FGM Task & Finish Group recommends that Coventry adopt a zero tolerance approach to FGM and strive to eliminate it entirely from society. To achieve this vision a number of actions need to be implemented:

4.1 Prevention

4.1.1 Awareness Raising

The Home Affairs Committee consulted with key stakeholders including the Intercollegiate Group, 28 Too Many, the Tackling FGM Initiative, FORWARD, and ACPO and concluded that 'there is need for a comprehensive and on-going national awareness campaign that is multifaceted targeting health, education, social care and other frontline professionals, practising communities, and the wider general public.' The Task & Finish Group has also discussed the need for greater awareness raising; consultation with representatives from the voluntary sector, BME males and females and migrant communities found that communities who do not practice FGM are unaware that it exists. In communities that do practice FGM it is often hidden, therefore those affected are often unaware of the implications, support available and the legal position of FGM.

It is therefore recommended that a multi-faceted awareness campaign is implemented targeting health, education, social care, voluntary sector, practising communities and other relevant professionals. The campaign should seek to raise awareness of FGM, inform practitioners of the illegality of the practice and the health risks associated with it, provide information to practitioners seeking advice on making a referral and signposting women who have undergone FGM to the services that are available to them. This awareness raising should also include the education and engagement of GPs about the legal position of FGM, what to look for and how to proceed in terms of recording or reporting instances. The campaign should also include awareness raising targeted at communities who practice FGM, this should be developed in partnership with influential community members to ensure it is culturally sensitive and ultimately effective at stopping FGM. Such a campaign would need to use a range of media, including social media. This should include the use of leaflets and posters in GP practices, A&E, nurseries, schools, community centres, youth clubs, churches, mosques and electronic resources such as Facebook and twitter.

4.1.2 Community Engagement

Through consultation with key stakeholders and individuals who have been affected by FGM, the need for effective community engagement has been highlighted.

Coventry Public Health Department, in partnership with Voluntary Action Coventry and Coventry University have held two very successful community engagement events to discuss FGM in August and September 2014, with one being specifically aimed at men. Both events were attended by 40 people from a range of health & social care professionals, voluntary sector staff and community members & leaders from minority populations. Both sessions involved in depth discussions as to how we can work together to tackle the issue of FGM. Feedback included;

- There is a real lack of awareness of FGM amongst many communities and whether it is happening in their community.
- Communities and Professionals need educating on FGM, a standardized training programme needs to be implemented to ensure that everyone has the same knowledge of the area.
- The training should cover FGM prevalence, impacts, those at risk of FGM and spotting the signs that someone may be at risk, how to raise the issue with communities, cultural aspects, care pathways, how to raise a concern, legalities and law around FGM

Specific feedback from the Men Only event included:

- Whilst some individuals will quote religion in trying to justify FGM, Islam does not in fact promote or justify FGM – it is a cultural practice, not a religious practice. Many non-Muslim countries practice FGM; many Muslim countries do not.
- There is strong support in migrant communities for stopping FGM. Informal events can be very effective.

There has also been engagement with a local community organisation called CelestineCelest. The charity offers on-going support to women, children, men and families living with and at risk of Female Genital Mutilation and encourages African communities to get engaged with professionals and access services.

This report recommends further partnership work between the Council, Coventry University and the Voluntary Sector to effectively engage with communities to ensure the FGM campaign is successful. Partnership work will offer support to these organisations to empower communities to tackle FGM in their own localities. This can be achieved through the development of good relationships, training and capacity building through staff and financial resource and identifying community champions to influence behaviour change amongst their peers. Particular focus should be placed on effective engagement with males from practising communities. This should include working with communities identified as practising FGM to ascertain their views on FGM, their readiness to change and the best ways for organisations to engage on the topic – each community may respond differently to key messages. With this kind of insight Coventry will be in a strong position to undertake an awareness campaign that is successful in supporting a reduction in instances of FGM.

4.1.3 Training & Empowerment

FGM training is currently included in the multi-agency safeguarding children training for all professionals and agencies that work with children and families. Work is needed to ensure that all agencies ensure that all employees that have contact with children and families access this training.

In addition through consultation with professionals and the voluntary sector the Task & Finish Group have concluded that high-quality training provided by specialist organisations is necessary to ensure all practitioners are capable of recognising the risks of FGM, understand when it has taken place, how to respond and the subsequent referral pathways. Support for professionals to develop the confidence to approach the subject of FGM in a culturally sensitive way is also vital.

GPs and other health professionals should be vigilant and aware of the symptoms, legal protocols and support networks for patients to help secure better support for affected young girls and women. The home office currently offers training for professionals which should be attended by a Coventry health professional to identify if it addresses the issues we are experiencing in Coventry. If deemed an appropriate training programme, primary care professionals should be encouraged to complete home office training as it is free training, accredited and can be used as evidence of level 3 child protection training.

It is important that everyone who is affected by FGM is educated about the implications and legalities. Therefore access to training for community members and other front line professionals that may come into contact with those affected by FGM is essential. The charity FORWARD has been at the forefront of training professionals and voluntary and community organisations in the UK on the issue of FGM and Child Protection. Based on the premise that professionals and community groups must play an important role in the campaign against Female Genital Mutilation (FGM), and in the provision of good quality services and support for women that have undergone FGM, FORWARD offers a range of FGM training sessions. FORWARD continues to deliver this training to professionals from the statutory sector - including health, education, social services and the police, as well as to organisations from FGM practicing communities, and to the voluntary sector at large. **Therefore this report recommends the implementation of training programmes across Coventry for professionals and communities.**

Training should aim to;

- Empower frontline professionals: Develop the competence, knowledge and awareness of frontline health professionals to ensure prevention and protection of girls at risk of FGM. Ensure that health professionals know how to provide quality care for girls and women who suffer complications of FGM.

- Empower and support affected girls and young women (both those at risk and survivors). This should be a priority public health consideration; health and education professionals should work together to integrate FGM into prevention messages and better education to support girls to resist FGM, boys to oppose this and to empower communities to confront it.

- Education staff will be offered training sessions in a format that meets their schools identified needs.

4.1.4 Health Focus on preventing FGM: There is a lack of clarity as to what professionals should do when they have explored risk with parents / families and have been assured

that FGM is not going to be performed as it is unlikely that families will disclose their intention. Practice guidance should be developed for all professionals.
There is no available risk assessment tool to support practitioners in determining level of risk; a multi-agency risk assessment tool should be developed in Coventry.

4.2 Law Enforcement

4.2.1 Prosecution

FGM was first made a criminal offence in England and Wales under the Prohibition of Female Circumcision Act 1985. This was repealed and replaced by the Female Genital Mutilation Act 2003 in England, Wales and Northern Ireland, and the Prohibition of Female Genital Mutilation (Scotland) Act 2005. Both Acts extended the offence of FGM to cover acts committed outside the UK by UK nationals or permanent UK residents. They also increased the maximum penalty on conviction from five to 14 years' imprisonment. The failure to achieve any prosecutions under existing legislation has caused many to question the effectiveness of the 2003 Act. **This report recommends that Coventry should strive to prevent FGM through Law Enforcement. Professionals and Communities need to continue to support the Police to enforce the law against parents / guardians who permit FGM and the practitioners who carry it out and prevent women and girls being taken out of UK legal jurisdiction with the intention of carrying out FGM.** Continued partnership work with West Midlands Police and a multi-agency approach to support and uphold law enforcement is vital.

4.3. Safeguarding, Reporting & Recording

The Local Safeguarding Children's Board (LSCB) has been working in partnership to address FGM locally since 2009. There is a child protection procedure in place for all agencies working with children. The procedure covers when it is suspected a child may be going to have FGM take place or have undergone FGM; this procedure is reviewed periodically to ensure the information is up to date. **It is recommended that all suspected cases should continue to be referred as part of existing child safeguarding obligations. Information and support should be given to families to protect girls at risk. Better awareness of FGM and the law amongst professionals should be implemented as part of a specialised training programme**. If FGM is diagnosed but there are no safeguarding implications (if the woman does not have children for example) then this should be recorded for information gathering purposes.

4.4 Life course Approach to Treatment, Services & Support

The physical implications for a girl who has undergone FGM can be severe; however girls and women who have been subjected to FGM also suffer serious psychological damage (See appendix 4). Research carried out in practising African communities found that women who had undergone FGM suffered the same levels of post-traumatic stress disorder (PTSD) as adults who had experienced early childhood abuse. 80% of the women in the study suffered from mood and/or anxiety disorders (Behrendt et al, 2005; HM Government, 2011).

This report recommends that if a child has already undergone FGM she should be offered medical help, psychological support and counselling. Action should be taken to protect any female relatives who are at risk and to investigate possible risk to other children in the practicing community.

The report also recommends that key stakeholders support UHCW in their work to offer women access to a specialist FGM midwife or consultant through the provision of dedicated clinic time.

4.5 Information Gathering & Data Sharing

It is widely accepted that data concerning FGM is limited owing to the secretive nature of the practice and community reluctance to disclose any issues relating to FGM due to the illegality of the practice. There is currently a project happening nationally to gather data on FGM from Obstetrics and Gynaecology departments, current data 5 months in to the project shows 35 women affected by FGM accessed UHCW midwifery services (1.1% of all deliveries). This will enable Coventry to more accurately determine the prevalence of FGM across Coventry. However community based services and primary and secondary care professionals are often ideally placed to ask questions regarding FGM, enabling data recording. The Task & Finish Group currently includes Health Professionals who are in a position to influence other professionals in community based services and primary and secondary care to ask the question regarding FGM.

As of 1 April 2014, the 'Female Genital Mutilation Prevalence Dataset' was published. Within it are rules for healthcare professionals. This includes General Practitioners and other primary healthcare staff.

- All clinical staff MUST record in-patient healthcare records when it is identified that a patient has had FGM
- If it can be determined what type of FGM the patient has, (according to the WHO classifications) this MUST be recorded.
- Where it is not possible to determine the type of FGM, then 'Female Genital Mutilation' MUST still be recorded within the clinical notes.

(DH, 2014)

The full requirements also mean that Acute NHS Trusts (Foundation and non-Foundation) must provide returns to the Department of Health on a monthly basis of the prevalence of FGM within their treated population. GPs are not required to provide information to the prevalence dataset however if local GPs wish to contribute to the dataset the facility to do this is in place and the guidelines for recording / reporting have been circulated to all local GPs. The requirement to submit the FGM Prevalence Dataset is mandatory for all Acute (Foundation and non-Foundation) Trusts, including A&E departments. Coventry & Rugby CCG has confirmed that this requirement is to be written into contracts by CCGs for acute providers as of the 1 September 2014.

The Home Affairs Committee state 'the low level of reporting by frontline practitioners who have a responsibility for child safeguarding is in part because of a lack of awareness of the indicators of a girl who might be at risk or has undergone the procedure. Even when they are aware, professionals may be reluctant to intervene because of cultural sensitivity and a fear of being seen as racist, or because they are unsure how to make a referral.' Therefore the training for front line staff will also support professionals to enable them to develop the skills and confidence needed to tackle the subject of FGM.

This report recommends that community based clinics and primary and secondary care professionals should ask individuals if they have undergone FGM or if themselves or members of their families are at risk.

The Royal College of Midwives recommend that 'Health and social care professionals have a pivotal role to play in identifying, sharing information and reporting cases of FGM. It is through identifying women who have already gone through this barbaric and painful procedure that we can better help to prevent potential victims in the future – their female babies – from having to undergo the same practice. By reporting and sharing information, the necessary safeguarding strategies can be put in place and, when there are concerns that a

child is at risk, the right action can be taken'. **Data gathered should be shared across all agencies to ensure Coventry has a clear as possible picture of the prevalence of FGM in Coventry. Information should be shared systematically: protocols should be developed for sharing information about girls at risk of – or girls who have already undergone FGM with other health and social care agencies, education and the police.**

Midwives, nurses, doctors, teachers and others are bound by professional standards to work to make the care of children their first concern. Information sharing is a crucial part of early intervention and prevention. In the case of FGM, the focus should be on information sharing between health services, primary care and schools, to ensure a comprehensive preventative response at times when girls are at higher risk of FGM.

4.6 Implementation of a Project Manager

The subject of FGM and how to eliminate the practice is complicated and culturally sensitive. It needs effective engagement from community members and a number of statutory agencies and voluntary organisations. It is proposed that any future work is led by a project manager that is based within the voluntary sector, to ensure success in this area.

5. Governance

5.1 Coventry's FGM project will be subject to robust monitoring and evaluation processes to ensure that it is successful in achieving its aims. This will be in the form of regular quantitative and qualitative data submitted to Coventry City Council's Public Health Department on a monthly basis for the duration of the project. Mechanisms will be developed to collect data from a variety of sources and will be acted upon.

5.2 Progress reports will be provided as required to Coventry's Health & Wellbeing Board for overall ownership of this initiative. Coventry Children's Safeguarding Board and Coventry's Police and Crime Board will be kept informed of the project, specifically as to their areas of interest in terms of safeguarding and law enforcement.

6. References

Behrendt, A. et al (2005) **Post traumatic stress disorder and memory problems after female genital mutilation.** American Journal of Psychiatry, 162(5): 1000-1002.

Faculty of Sexual and Reproductive Health. **Recording FGM How the New Rules Affect General Practitioners.** Department of Health, 2014.

House of Commons Home Affairs Committee **Female genital mutilation: the case for a national action plan Second Report of Session 2014–15** *Report, together with formal minutes relating to the report Ordered by the House of Commons to be printed 25 June 2014*HC 201 [Incorporating HC 1091, 2013---14] Published on 3 July by authority of the House of Commons London: The Stationery Office Limited

HM Government (2011) **Female genital mutilation: multi-agency practice guidelines (PDF).** London: The Stationery Office.

London Safeguarding Children Board (2009) **London female genital mutilation resource pack (PDF).** London: London Safeguarding Children Board.

Macfarlane, A. & Dorkenoo, E. **Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk Interim report on provisional estimates**. City University London July 21 2014

Tackling FGM in the UK – **Intercollegiate recommendations for identifying, recording and reporting.** 1 November 2013. Published by The Royal College of Midwives

World Health Organisation 2013, Female Genital Mutilation Factsheet 241

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Appendices

Appendix 1 – Background Information

What is Female Genital Mutilation?

Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons".

The World Health Organisation (WHO) have classified Female Genital Mutilation into four types:

- Type 1 - excision of the prepuce, with or without excision of part or all of the clitoris;
- Type 2 - excision (Clitoridectomy) of the clitoris with partial or total excision of the labia minora (small lips which cover and protect the opening of the vagina and the urinary opening). After the healing process has taken place, scar tissue forms to cover the upper part of the vulva region;
- Type 3 - Infibulation - This is the most severe form of female genital mutilation. Infibulation often (but not always) involves the complete removal of the clitoris, together with the labia minora and at least the anterior two-thirds and often the whole of the medial part of the labia majora (the outer lips of the genitals). The two sides of the vulva are then sewn together with silk, catgut sutures, or thorns leaving only a very small opening to allow for the passage of urine and menstrual flow. This opening can be preserved during healing by insertion of a foreign body;
- Type 4 - Unclassified - pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it; and any other procedure that falls under the definition given above.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths.

Procedures are mostly carried out on young girls sometime between infancy and aged 15, and occasionally on adult women.

FGM and the Law
Since 1985 it has been a serious criminal offence under the Prohibition of Female Circumcision Act to perform FGM or to assist a girl to perform FGM on herself. In 2003, the Female Genital Mutilation Act tightened this law to criminalise FGM being carried out on UK citizens overseas. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. Female Genital Mutilation has been illegal in the UK since the Prohibition of Female Circumcision Act 1985. The Female Genital Mutilation Act 2003 came into force in March 2004.

The Female Genital Mutilation Act 2003 makes it a criminal offence for a person to excise, infibulate or otherwise mutilate the whole or any part of a girl’s labia majora, labia minora or clitoris, except:

- In the case of a surgical operation which is considered necessary for the girl's physical or mental health if carried out by a registered medical practitioner; or

- For purposes connected with labour or birth, and which is carried out by a registered medical practitioner or registered midwife (or a person training to become a registered medical practitioner or midwife);or
- Where the surgical operation is performed outside the UK by someone exercising the same functions as an approved person.

The Act also makes it an offence for UK nationals and those with permanent UK residence to be taken overseas for the purpose of female circumcision, to aid and abet, counsel, or procure the carrying out of Female Genital Mutilation.

In addition to the offence of female genital mutilation the Act also makes it an offence to assist a girl to mutilate her own genitalia, and /or for any non-UK person to mutilate overseas a girl's genitalia.

The Act makes it illegal for anyone to mutilate girls and women for non-medical reasons, including traditional and cultural requirements used to justify a mental need for the operation

The Act also increases the maximum penalty for committing or aiding the offence to 14 years imprisonment and/or a fine.

In addition there are two international conventions, which contain articles, which can be applied to FGM. Signatory states, including the UK, have an obligation under these standards to take legal action against FGM:

- The UN Convention on the Rights of the Child
- The UN Convention on the Elimination of All Forms of Discrimination against Women

These conventions have been strengthened by two world conferences: the International Conference on Population and Development (ICPD, Cairo, September 1994) and the World Conference on Women (Beijing 1995).

What are the implications of FGM?

Immediate complications can include severe pain, shock, haemorrhage, tetanus, gangrene or sepsis, urine retention, open sores in the genital region and injury to nearby genital tissue, wound infections, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C and in some cases death.

Long-term consequences can include recurrent bladder and urinary tract infections, abnormal periods, cysts, infertility, an increased risk of childbirth complications and new-born deaths, chronic vaginal and pelvic infections, kidney impairment and possible kidney failure and the need for later surgeries.

Psychological and mental health problems include depression and anxiety, and flashbacks during pregnancy and childbirth.
Cultural underpinnings and motives
Although FGM is practised by secular communities, it is most often claimed to be carried out in accordance with religious beliefs. However, FGM predates Christianity, Islam and Judaism, and the Bible, Koran, Torah and other religious texts do not advocate or justify FGM. In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation. Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others oppose it and contribute to its elimination.

Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.

Reasons given for practising FGM:

- It brings status and respect to the girl.
- It preserves a girl's virginity/chastity.
- It is part of being a woman.
- It is a rite of passage.
- It gives a girl social acceptance, especially for marriage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is cosmetically desirable.
- It is mistakenly believed to make childbirth safer for the infant

Appendix 2 – National prevalence

City University London have recently published an interim report containing provisional estimates of the numbers of women with female genital mutilation (FGM) living in England and Wales, the numbers of women with FGM giving birth and the numbers of girls born to women with FGM. These are headline figures for England and Wales as a whole. Further work is under way to provide estimates at a local authority level and to refine these national analyses.

Table 1. Comparison of numbers of women aged 15-49 born in FGM practising countries, England and Wales Censuses, 2001 and 2011

Country	Enumerated number of women aged 15-49, 2001	Enumerated number of women aged 15-49, 2011	Difference 2011 - 2001 Group
Djibouti	93	204	111
Eritrea	2,804	7,071	4,267
Somalia	15,744	43,558	27,814
Sudan	3,200	5,412	2,212
Total	**21,841**	**56,245**	**34,404**
Burkina Faso	33	81	48
Egypt	3,698	4,463	765
Ethiopia	3,421	6,930	3,509
Gambia	1,387	4,236	2,849
Guinea	101	911	810
Mali	41 140 99	140	99
Sierra Leone	6,625	8,903	2,278
Total	**15,306**	**25,664**	**10,358**
Central African Republic	163	75	-88
Chad	44	121	77
Guinea Bissau	155	970	815
Iraq	7,546	18,344	10,798
Ivory Coast	1,082	3,625	2,543
Kenya	45,396	31,740	-13,656
Liberia	555	1,234	679
Mauritania	13	64	51
Nigeria	33,485	68,727	35,242
Senegal	264	701	437
Total	**89,795**	**130,663**	**40,868**
Benin	99	242	143
Cameroon	1,353	4,227	2,874
Democratic Republic of the Congo	1,199	8,783	7,584
Ghana	22,116	33,059	10,943
Niger	39	76	37

Tanzania	10,512	7,729	-2,783
Togo	174	586	412
Uganda	19,640	15,715	-3,925
Total	**55,132**	**70,417**	**15,285**
Total	**182,074**	**282,989**	**100,915**

The report also found that nationally:
An estimated 103,000 women aged 15-49 born in countries in which FGM is practised were living in England and Wales in 2011, compared with the estimated 66,000 in 2001. Nearly 10,000 girls aged 0-14 born in FGM practising countries who have undergone or are likely to undergo FGM currently reside in the UK.

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.

From 1996 to 2010,144,000 girls were born in England and Wales to mothers from FGM practising countries. It was estimated that 60,000 of these girls aged 0-14 in 2011 were born to mothers with FGM. In both cases, well over half of the mothers came from the countries in the Horn of Africa where FGM is almost universal and Type III is practised and slightly under a fifth came from the countries in West and East Africa where Types I and II are highly prevalent.

Appendix 3 - National Policy & Guidance

Home Affairs Committee Report

The Home Affairs Committee published its report 'Female genital mutilation: the case for a national action plan' on 3 July 2014. The Committee recommends the immediate implementation of a national action plan and specific steps to respond to this growing crisis.

The Committee stated that:

'The failure to respond adequately to the growing prevalence of FGM in the UK over recent years has likely resulted in the preventable mutilation of thousands of girls to whom the state owed a duty of care. This is a national scandal for which successive governments, politicians, the police, health, education and social care sectors all share responsibility.'

The report noted that the Government has started to take action, and welcomed the commitment to end FGM in a generation. The report recommends that the Government 'must now implement a comprehensive and fully-resourced national action plan for tackling FGM. The plan should provide clear leadership and objectives, setting out the standards expected of all relevant bodies, and to which they will be held accountable.'

The Home Committee recommended that the National plan should incorporate a number of interlinked aspects, including:

- the achievement of successful prosecutions for FGM
- working with professionals in the health, education, social care and other sectors to ensure the safeguarding of at-risk girls
- changes to the law on FGM
- improved working with communities to abandon FGM
- Better services for women and girls living with FGM

Girl Summit 2014

The Girl Summit 2014 hosted by the government and UNICEF, was aimed at mobilising domestic and international efforts to end female genital mutilation and child & forced marriage (CFM) within a generation. It brought together domestic and international work to accelerate the work of campaigners, governments and charities around the world to bring an end to these practices.

Major steps to stamp out these practices include:

- a £1.4 million FGM Prevention Programme, launched in partnership with NHS England to help care for survivors and safeguard those at risk
- new police guidance from the College of Policing and an inspection programme by Her Majesty's Inspectorate of Constabulary (HMIC) that will look at how the police handle cases of FGM
- a consultation on proposals to introduce new civil orders designed to protect girls identified as being at risk of FGM
- new legislation that will mean parents can be prosecuted if they fail to prevent their daughter being cut
- new legislation to grant victims of FGM lifelong anonymity from the time an allegation is made
- a new specialist FGM service which will include social services, to proactively identify and respond to FGM
- new programmes to prevent child and forced marriage in 12 developing countries
- an international charter calling for the eradication of these practices within a generation

Appendix 4 FGM & the life course impacts

(http://orchidproject.org/category/about-fgc/infographics/)

Appendix 5 - Briefing note from Scrutiny Co-committee

Coventry City Council

Briefing note

To: The Coventry Health and Well-being Board **Date: 10th November 2014**

Subject: Female Genital Mutilation

4 Purpose of the Note

4.1 To inform the Coventry Health and Well-being Board of the discussions following consideration of a report on Female Genital Mutilation by the Scrutiny Co-ordination Committee at their meeting on 8th October 2014.

5 Recommendations

5.1 The Scrutiny Co-ordination Committee recommends that the Coventry Health and Well-being Board:

1) Accept the proposals for action contained in the report, namely that;

   a. A multi-faceted awareness campaign is implemented targeting health, education, social care, voluntary sector, practising communities and other relevant professionals.

   b. Further partnership work between the Council, Coventry University and the Voluntary Sector to effectively engage with communities to ensure the Female Genital Mutilation campaign is successful

   c. The implementation of training programmes across Coventry for professionals and communities.

   d. Coventry should strive to prevent Female Genital Mutilation through Law Enforcement. Professionals and Communities need to continue to support the Police to enforce the law against parents / guardians who permit Female Genital Mutilation and the practitioners who carry it out and prevent women and girls being taken out of UK legal jurisdiction with the intention of carrying out Female Genital Mutilation.

   e. All suspected cases should continue to be referred as part of existing child safeguarding obligations. Information and support should be given to families to protect girls at risk. Better awareness of Female Genital Mutilation and the law amongst professionals should be implemented as part of a specialised training programme.

   f. If a child has already undergone Female Genital Mutilation she should be offered medical help, psychological support and counselling. Action should be taken to

protect any female relatives who are at risk and to investigate possible risk to other children in the practicing community

g. Key stakeholders support UHCW in their work to offer women access to a specialist Female Genital Mutilation midwife or consultant through the provision of dedicated clinic time.

h. Community based clinics and primary and secondary care professionals should ask individuals if they have undergone Female Genital Mutilation or if themselves or members of their families are at risk.

i. Data gathered should be shared across all agencies to ensure Coventry has a clear as possible picture of the prevalence of Female Genital Mutilation in Coventry. Share that information systematically: Develop protocols for sharing information about girls at risk of – or girls who have already undergone Female Genital Mutilation with other health and social care agencies, education and the police.

j. Implementation of a Project Manager

5.2 In addition the Committee also recommended that:

2) Consideration to be given to alternative educational approaches for dealing with the issue of Female Genital Mutilation which will encourage local schools to engage in raising pupils' awareness of FGM.

5.3 The Board would like to be informed of progress on the implementation of these recommendations by March 2015.

6 Information/Background

6.1 At their meeting on the 8th October 2014 Scrutiny Co-ordination Committee received information on the subject of Female Genital Mutilation. (FGM)

6.2 The information covered what Female Genital Mutilation is, the legislation in relation to Female Genital Mutilation, implications of the practice on women and outcomes for survivors, prevalence of Female Genital Mutilation and local actions so far. It also covered national recommendations to eliminate the practice of Female Genital Mutilation and the local recommendations to the Health and Well-being Board.

6.3 The Board also heard evidence from representatives of the Celestineceleste Community Organisation, a group which provides support and education to those who are victims of or are at risk of FGM. The board particularly welcome their contribution to the discussion.

6.4 The Members questioned officers and community representatives on aspects covering:

- Cultural acceptance
- The different roles of men and women within African communities where FGM is practiced, both in supporting and challenging the practice of FGM
- The difference between a medical model and a cultural or social model that could be used to address the issue
- The barriers to schools for education programmes
- The positive role that UHCW plays in identifying and reporting cases of FGM

6.5 Members were particularly concerned that schools were not participating in education programmes when offered.

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