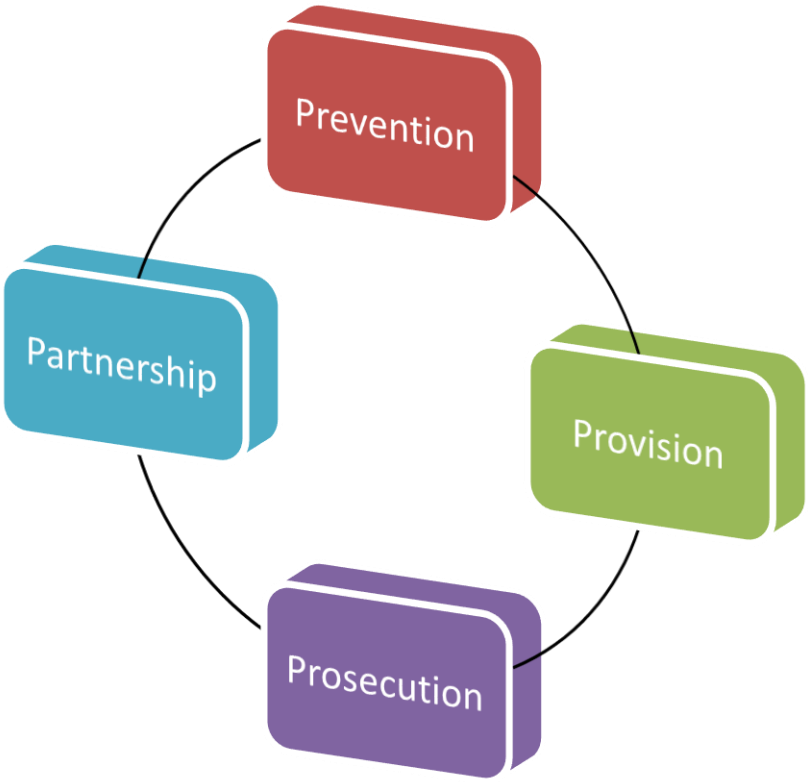
Northamptonshire Safeguarding Children Board

Female Genital Mutilation (FGM) Strategy 2015 - 2018[1]



1 Based on: Barking & Dagenham and Oxfordshire Safeguarding Children Boards Female Genital Mutilation Strategies 2010 - 2011

1. Introduction

This strategy aims to assist agencies, services and professionals improve the protection of women and girls from FGM.

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 Northamptonshire who have experienced FGM or are at risk of it happening to them.

Due to the impact that FGM has on the health, safety and wellbeing of girls and women, it was identified as a priority by the Northamptonshire Safeguarding Children Board (NSCB) who will lead on developing the county response to FGM.

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 specialist support, information and advice is available to them.

The strategy acknowledges that FGM is a form of violence against women and girls[2]. 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 community and faith groups.

This NSCB strategy will ensure a coordinated and joint approach is adopted to tackle the issues across Northamptonshire. Professionals and volunteers from all agencies have a statutory responsibility to safeguard children from being abused through FGM.

Strategic principles and aims
This strategy is based on the agreed principles that FGM is:

- A violation of human rights
- A form of violence against women and girls
- Child abuse
- A criminal offence

This strategy seeks to reduce FGM through addressing key overarching themes of Prevention, Provision Prosecution and Partnerships.

2. Definition of Female Genital Mutilation (FGM)

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".[3]

[2] Together we can end violence against women and girls (2009) HM Government.
[3] WHO FGM Fact Sheet February 2010

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 a range of traditional and local names for this practice, a list of which can be found on the FORWARD webpages[4].

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, attractive and increases sexual pleasure for men. It is practiced to enhance a girl's prospects of marriage.

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 cultures[5].

FGM is most frequently carried out on young girls between infancy and the age of 15[6].

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.

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, dangerously heavy bleeding after the birth of the baby and prolonged hospitalisation following the birth[7].

As a result of FGM girls and women may also feel angry, depressed and suffer from post-traumatic stress disorder.

3. Prevalence of FGM

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%. There is inadequate data on FGM prevalence in the UK. Estimates of prevalence in the UK are based on census data and are grossly inadequate.

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[4] http://www.forwarduk.org.uk/key-issues/fgm/definitions
[5] Female Genital Mutilation (2009) Government Equalities Office Fact Sheet.
[6] 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.
[7] World Health Organisation 2006.
[8] Macfarlane, A. & Dorkenoo, E. (2014) 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 [Online]. London: City University London. Available from:
http://www.equalitynow.org/sites/default/files/FGM%20EN%20City%20Estimates.pdf
[9] Northamptonshire Analysis. (2012) Census : Country of Birth (General/Top Level): Northamptonshire [Online]. Northampton: Northamptonshire County Council. Available from:
http://www.northamptonshireanalysis.co.uk/dataviews/tabular?viewId=229&geoId=28&subsetId
[10] Taylor, L. (2016) Female Genital Mutilation in Northamptonshire (Female students only). Northampton: Northamptonshire.
[11] Health and Social Care Information Centre. (2015b) Female Genital Mutilation (FGM) March 2015: Data Tables [Online]. London: HSCIC. Available from:
http://www.hscic.gov.uk/searchcatalogue?productid=17885&q=%22female+genital+mutilation%22&sort=Relevance&size=10&page=1#top

MacFarlane & Dorkenoo (2014)[8] estimate that 127,000 women aged over 15 and 10,000 under 15 years old who have undergone FGM have migrated to England and Wales. These estimates were derived from 2001 census data and ONS data, which the authors identify themselves as having limitations with regards to migration patterns, the use of estimates of FGM prevalence and a lack of regional information. Localised datasets are problematic; available census data merely tells us that 5.8% of Northamptonshire's population was born outside the European Union[9]. There is no further differentiation by country of birth and, even if this was available, it would not appreciate the risk to girls and women who are born in the UK but who are part of a culture who practice FGM.

To understand the risk of FGM for female pupils in Northamptonshire, Taylor (2016)[10] used 'first language' data from Northamptonshire school census to determine the likeliest country of origin. By correlating this against prevalence of FGM given by MacFarlane and Dorkenoo (2014)[8] it suggested that 636 female school pupils are at risk of FGM10. 81.3% of these pupils are pupils in schools in the district of Northampton though 102 schools across Northamptonshire have female pupils identified as being at risk. Though this data does not capture those girls from cultures which practice FGM whose first language is English, it does provide a valuable insight as to the picture of FGM in Northamptonshire and evidences the need for awareness of FGM across Northamptonshire schools.

Health has started to address the issue of FGM data. Experimental datasets were collated by the Health & Social Care Information Centre (HSCIC) from 145 acute hospital trusts in England from September 2014 to March 2015[11]. This identified 3,963 newly identified cases of FGM in England with 60 cases related to girls under the age of 18 years. Northampton General Hospital recorded 30 cases of FGM in this data whilst KGH reported no cases (HSCIC, 2015).

Strengthening partnership information sharing is crucial to this strategy, as the burden of FGM within Northamptonshire cannot be fully understood without all available data being appraised.

4. Community Education and Engagement

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 and will be supported by the developing Northamptonshire Police Community Engagement Action Plan.

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.

We will continue to work closely with the Community group and wider communities affected by FGM and partnership agencies to ensure that there are clear pathways and clear access routes to support services. This strategy is supported by an Action Plan, which is reviewed and progressed by the FGM Sub Group. The Community Group meet regularly and attend the Sub Group on a quarterly basis, which enables them to actively feed into and help shape the Action Plan.

5. Strategic Priorities for Northamptonshire

The following key strategic priorities have been identified. Each priority has associated actions within the NSCB Female Genital Mutilation Action Plan.

5.1 Overarching Strategy and Governance

We will ensure there is a co-ordinated multi-agency response to FGM throughout Northamptonshire, which continually takes account of national guidance and strategies.

5.2 **Prevention**

We will ensure there is more awareness amongst all professionals in universal and specialist services of their role in identifying and addressing FGM and protecting children who are vulnerable to FGM. We will improve education, awareness and prevention work on FGM with agencies professionals, community 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. Prevention work will also include support and education with pregnant women and new mothers to improve understanding of FGM (including legal position), children's safeguarding issues and access to help and advice. Our focus will be assisting with the identification and assessment of risk indicators present in children and in pregnant/non-pregnant women who have experienced FGM.

5.3 **Provision**

We will **e**nsure children and young people and their parents and carers have the right information and provision to help them keep safe and make healthy choices. For those women who have undergone FGM and girls at risk we will ensure they can access specialist services for information, advice, support and necessary health treatment. 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.

5.4 Prosecution

We will work with prosecution agencies to develop a victim focussed and proactive response to FGM. This will include developing the use of FGM Protection Orders and other criminal or civil orders as tools for preventing further instances of abuse and developing a protocol for responding to those who have previously facilitated FGM being performed on a child but are now looking for support to prevent further instances. The needs of the victim will be taken into account when considering any prosecution process.

5.5 **Partnership**

It is recognised that individuals and organisations in the voluntary and community sector have been delivering support and guidance to victims of FGM for a considerable time. The NSCB is committed to working in partnership with community groups and individuals and recognises their knowledge and experience in this area.

We will work to safeguard the physical safety and emotional health of girls and women who have undergone FGM; and girls at risk, by ensuring services, agencies and professionals review the response to all cases of FGM (including where FGM has not occurred). We will investigate individual cases of abuse and children suspected to be at high risk of FGM.
We will strengthen referral and care pathways to implement more effective procedures and ensure there is training for practitioners in relation to FGM, including how to sensitively ask women and girls about FGM and know how to respond appropriately.

These objectives will be supported by a specialist operational group of FGM leads in Health, Children's Social Care and Police.

5.6 **Monitoring, Scrutiny and Impact**

Continual service development will be based on monitoring compliance and success factors in addressing FGM.