

## Female Genital Mutilation (FGM) Briefing – January 2019

### Definition

The World Health Organisation define FGM 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' (WHO, UNICEF, UNFPA, 1997).

The UK National Health Service define FGM as a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse. It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health <sup>1</sup>.

FGM is a form of child abuse and a form of violence against women and girls (VAWG). The 2017 Enfield VAWG strategy focuses on safeguarding and states that FGM is a crime under the *Anti-Social Behaviour, Crime and Policing Act 2014* and that, although accurate figures on FGM may not be available, they are aggregated into larger crime categories (FGM crimes are counted in the category 'assault with injury').

### What does current data tell us?

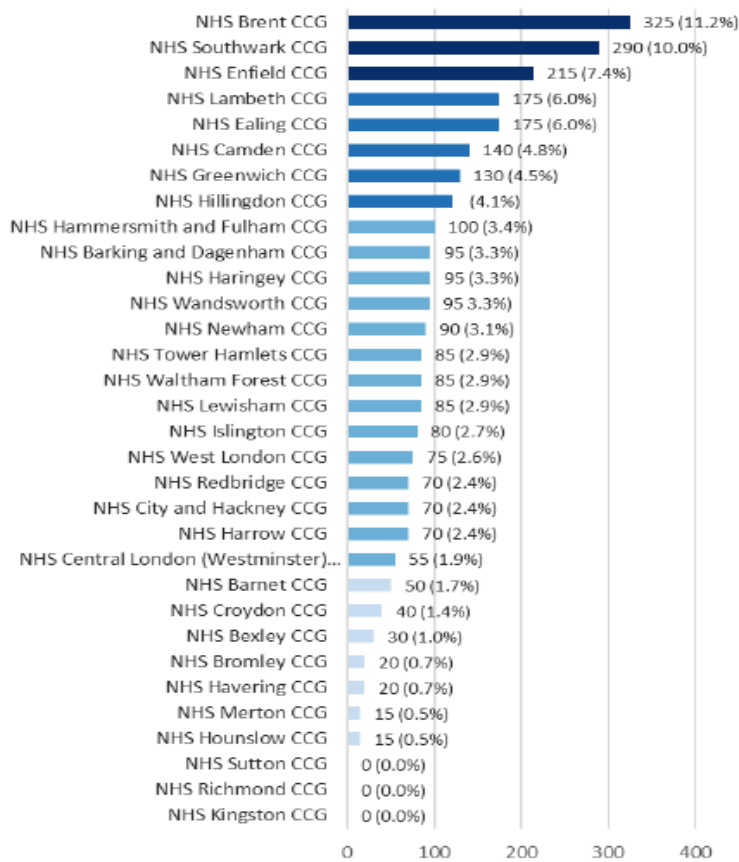
The first annual report of the FGM Enhanced Dataset, April 2015 to March 2016, was published in July 2016. It reported that nationally a total of 5,702 newly recorded cases of FGM and 8,656 total attendances at health services where FGM was identified or a procedure for FGM was undertaken. It showed that 52 per cent of newly recorded instances of FGM and 58 per cent of attendances were recorded in London.

Within London the range of incidence of attendances by NHS area ranged from 0 to 325. Of the 12 local authorities with the highest volumes of FGM, the majority were in London: Brent, Southwark, Enfield, Ealing, Lambeth, Camden and Greenwich were among the 12 local authorities with the highest incidence of newly recorded cases between April 2015 and March 2016; and Brent, Harrow, Ealing, Southwark, Enfield, Lambeth, Camden and Hillingdon were among the 12 local authorities nationally with the highest incidences of total attendances during the same period (see chart 1 below).

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<sup>1</sup> <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

**Chart one: Number of newly recorded FGM cases in London during the year April 2015 to March 2016**



Source: [NHS Digital FGM Enhanced dataset](#)

Within the 2017/18 annual report of the FGM Enhanced Dataset, there were 6,195 (nationally) individual women and girls who had an attendance where FGM was identified or a procedure related to FGM had been undertaken. These accounted for 9,490 attendances reported at NHS trusts and GP practices where FGM was identified or a procedure related to FGM was undertaken.

Nationally, there were 4,495 newly recorded women and girls in the period April 2017 to March 2018. Newly recorded means this is the first time they have appeared in this dataset. It does not indicate how recently the FGM was undertaken, nor does it mean that this is the woman or girl's first attendance for FGM<sup>2</sup>. The Around 50% of all cases of recorded FGM

<sup>2</sup>Annual Report of The FGM Enhanced Dataset (FGMED) this supports the Department of Health's FGM Prevention Programme by presenting a national picture of the prevalence of FGM in the NHS in England. Data is collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices. <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation/female-genital-mutilation-fgm---annual-report-2017-18/content>

occur in London. Across London the largest numbers of women identified with the FGM Enhanced Dataset were born in Eastern and Western African countries.

The table below shows that across North Central London boroughs, Enfield has the highest number of recorded incidence of FGM (175). No women/ girls under the age of 18 were recorded as attending. 88% of attendances among Enfield residents were aged between 25 and 39 which is likely to reflect that many of the women were identified via maternity services. There is a high degree of unrecorded data regarding womens age at time that FGM was carried out and country of birth.

**Table: Female Genital Mutilation (FGM), April 2017 – March 2018, North Central London boroughs- experimental statistics**

		Enfield	Barnet	Camden	Haringey	Islington
<b>FGM Type</b>	<b>Not recorded</b>	0	0	0	0	5
	<b>Unknown</b>	175	75	45	75	20
	<b>Type 1</b>	5	5	10	5	10
	<b>Type 2</b>	5	5	20	5	15
	<b>Type 3</b>	5	5	10	5	15
	<b>Type 4</b>	5	0	5	0	0
	<b>History of FGM Type 3</b>	0	5	10	5	15
	<b>Type 3 - Re-infibulation Identified</b>	0	5	0	0	0
<b>Age at Attendance for FGM (latest attendance in period)</b>	<b>Under 18</b>	0	0	0	0	5
	<b>18-24</b>	20	10	10	10	10
	<b>25-29</b>	45	20	25	25	25
	<b>30-34</b>	65	25	25	25	20
	<b>35-39</b>	45	15	15	15	15
	<b>40-44</b>	15	10	5	10	10
	<b>45-49</b>	5	5	5	5	0
	<b>50+</b>	0	5	5	5	5
<b>Age at which FGM was carried out</b>	<b>Not recorded</b>	135	5	5	60	20
	<b>Not stated or unknown</b>	35	50	35	20	5
	<b>Under 1</b>	5	5	10	5	15
	<b>Age 1-4</b>	5	5	5	5	10
	<b>Age 5-9</b>	10	15	30	0	20
	<b>Age 10-14</b>	5	5	5	5	5
	<b>Age 15-17</b>	0	0	0	0	0
	<b>Age 18+</b>	5	5	5	5	0
<b>Country of Birth</b>	<b>Not recorded</b>	35	5	5	10	15
	<b>Not stated or unknown</b>	140	75	45	70	5
	<b>Eastern Africa</b>	5	5	35	10	45
	<b>Northern Africa</b>	0	0	5	0	5
	<b>Western Africa</b>	5	0	0	5	5
	<b>Rest of Africa</b>	0	0	0	0	0
	<b>UK</b>	0	0	5	0	5
	<b>Western Asia</b>	0	0	0	0	5

	<b>Rest of Asia</b>	0	0	0	0	0
	<b>Rest of World</b>	0	0	5	0	5
<b>FGM Identification Method</b>	<b>Not recorded</b>	45	25	10	20	5
	<b>Self-Report</b>	10	5	20	15	20
	<b>On examination</b>	5	5	30	5	45
	<b>Other clinician</b>	10	0	5	5	5
	<b>Other</b>	150	100	60	70	5
<b>Total attendances for each borough (including repeat attendances)</b>		220	135	125	110	80

Source: NHS Digital 2017,18.

In 2014 a local needs assessment was undertaken to estimate the number of girls from communities where FGM is practised and who may at risk of FGM themselves. Based on country of origin and language spoken, this estimated that there may be as many as 2,823 girls **at risk** of being subjected to FGM living in Enfield.

### Local Activity Data

The North Middlesex University Hospital (NMUH) established the Iris clinic in August 2015, which provides care and support for women who are experiencing problems because of FGM in an environment where women are invited to discuss their health needs in a sensitive and non-judgmental environment. This specialist service is staffed by an all-female team, who understand the sensitivity and complexity of issues relating to FGM. Interpretation is available and the service is confidential and private. Psychological and social support, and deinfibulation (reversal) are provided, as well as general gynaecology, sexual health and contraception advice.

Any girls attending the Iris clinic will have first been seen in a specialist paediatric clinic at UCLH.

### Local response

Although the actual prevalence of FGM in Enfield, in both women who have had it performed and in girls at risk, is uncertain local actions have been and are being put in place. In planning services to meet the needs of women with FGM, and assessing whether there is a need for child protection for their daughters, it is important to recognise the diversity of this group of women and to assess their needs at an individual level. Prevention and education are important and training is key to empowering professionals and communities to speak up about what may be happening locally. Schools and community groups are essential parts of the response to protect vulnerable girls from FGM.

The Enfield Safeguarding Children Board established a multidisciplinary group in 2014 in response to an increasing understanding of FGM and the need for a more coordinated approach to tackling it and providing support. The key actions from this were to continue working with local communities to raise awareness of the issue and of the local services

available. There is also an ongoing programme of training for social workers and health professionals that includes advice on the types of FGM, data on countries that practice FGM and local implications, health issues related to FGM, cultural and religious reasons behind the practice, legislation on FGM and support services.

In recognition of the mental and physical impact FGM has on health Enfield Health & Wellbeing Board now oversees work in this area. Updates on the implementation of local actions will be taken to the Board during 2018/19.

### **Required Action**

- Re - establish the FGM Steering Group to develop Enfield Action Plan- Led BY Public Health, Social Care – Children and Adults, Education, Police, CCG, BEH, voluntary sector, IRIS clinic.
- Revise membership and Terms of Reference
- Update needs assessment originally conducted in 2014
- Update action plan
- Identify areas of best practice – topics to include training, protocol, awareness raising
- Identify local Champions within each organisation, department (could be extended to schools/ EY settings)
- Review Enfield FGM protocol based on case learning

Other factors to consider;

- How outcomes can be assessed/ monitored – how do we know we are making a difference
- Engagement with young people and high prevalence communities
- Is adherence to Enfield Safeguarding Children’s Board FGM protocol identified in commissioning arrangements

### **Published resources & examples of FGM Action Plans**

<https://www.gov.uk/government/publications/female-genital-mutilation-the-case-for-a-national-action-plan>

<https://www.gov.scot/binaries/content/documents/govscot/publications/report/2016/02/scotland-national-action-plan-prevent-eradicate-fgm/documents/00493752-pdf/00493752-pdf/govscot%3Adocument>

<https://www.londoncouncils.gov.uk/our-key-themes/crime-and-public-protection/sexual-and-domestic-violence-including-vawg/case-studies-2>

[https://www.towerhamlets.gov.uk/ignl/community\\_and\\_living/community\\_safety\\_crime\\_prevention/domestic\\_violence/vawg/fgm.aspx](https://www.towerhamlets.gov.uk/ignl/community_and_living/community_safety_crime_prevention/domestic_violence/vawg/fgm.aspx)

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/>