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**To: Scrutiny Coordination Committee**

**Date: 9 September 2015**

**From: Councillor Dr Auluck, Deputy Cabinet Member for Policing and Equalities**

**Subject: Female Genital Mutilation**

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## **1 Purpose**

- 1.1 The purpose of this paper is to update Scrutiny Coordination Committee on the issue of Female Genital Mutilation (FGM) in Coventry. The paper also provides an update on National measures implemented in regards to FGM. It provides an update on the prevalence of FGM in Coventry and progress against the recommendation's endorsed by Scrutiny Coordination Committee last year. This briefing seeks to inform Councillors of local measures taken to eliminate the practice of FGM and requests their views and endorsement of the recommendations provided.

## **2 Recommendations**

- 2.1 Scrutiny Co-ordination Committee is recommended to:
- 1) Consider the progress update contained in section 4 of the report
  - 2) Identify any further areas for discussion or consideration
  - 3) Identify any recommendations for the appropriate Cabinet Member.

## **3 Information and Background**

- 3.1 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, Coventry City Council was the first Council to support such a motion, and a number of other councils have now taken a motion through to end FGM. Public Health were asked to establish a FGM Task & Finish Group to gather knowledge and intelligence on the extent of FGM in Coventry, how it is being addressed by various partners and the barriers in dealing with FGM. (Appendix 1)
- 3.2 An in depth report was developed that identified prevalence of FGM in Coventry (Appendix 2) and included recommendations to eradicate the practice. This report was presented to Scrutiny Co-ordination Committee at their meeting on 8 October 2014, Health & Wellbeing Board on 10 November 2014 and was endorsed by Cabinet on 10 February 2015. The report was also taken to the Police & Crime Board on the 29 April 2015.
- 3.3 Recommendations included;
- Prevention through awareness raising & community engagement
  - Training & empowerment through the implementation of specialist training programmes across Coventry tailored to professionals and communities.
  - Continued support to law enforcement officers

- Safeguarding, reporting & recording - ensure that professionals access the LSCB multi-agency safeguarding training. Ensure Professionals identify girls at risk and refer them as part of child safeguarding.
  - Life course approach to treatment, services & support - To support University Hospital Coventry & Warwickshire (UHCW) in their work to offer women access to a specialist FGM midwife
  - Data collection & sharing - Agencies including health, social care, safeguarding, police and midwifery should collect and share data where appropriate
  - Implementation of an Ending FGM in Coventry Service (based within the voluntary sector) for a period of 2 years months to implement these recommendations and effectively tackle FGM in Coventry
- 3.4 The Task & Finish Group has developed into the Ending FGM in Coventry Steering Group that oversees FGM related work in Coventry and reports into Coventry Health & Wellbeing Board.
- 3.5 At the request of Scrutiny Coordination Committee, the Councils Public Health Department have developed this detailed progress report which includes updates on the actions recommended in the previous report.
- 4 What has happened locally since the last Scrutiny Coordination Committee?**
- 4.1 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.
- 4.2 The Meridian GP Practice for refugees and asylum seekers has over 2000 patients, about a third of whom are female. New patients are routinely asked whether they have undergone FGM; over 40 women have been identified as having undergone FGM. Those with female children are informed of the legal aspect of FGM; if there are concerns a referral will be made to Safeguarding. Dr Callaway from the Meridian Practice has trained staff from the City of Coventry Health Centre Practice, which has 6000 patients, half of whom are female. This practice has around 40 women recorded as having FGM on their database. Dr Callaway will also be presenting on FGM at a national training day for health professionals held by Virgincare in London next month.
- 4.3 West Midlands Police have launched Sentinel. It is 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.
- 4.4 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.
- 4.5 Secondary Schools have been provided with lesson plans and are encouraged to deliver a whole school approach to FGM. Anecdotal feedback has shown that a number of schools have delivered FGM sessions to pupils and a number of students are currently leading their own projects to raise awareness of FGM. A group of students recently piloted the new FGM app developed by Coventry University and presented this work at a national and local launch.
- 4.6 A specialist FGM service has been commissioned by Public Health, with a consortium of 3 voluntary sector providers awarded the 2 year contract. The service is designed to prevent

FGM through Awareness Raising, Community Engagement & Training with a contract start date of 1st June 2015. Project progress including outcomes is discussed later in the report.

- 4.7 Coventry Safeguarding Boards are currently reviewing their policies and procedures, this will include FGM to which Public Health will support as required. This review will be completed by October 2015.
- 4.8 The FGM Steering Group continue to support organisations in ensuring that all staff are aware of their roles and responsibilities in relation to FGM and that any operational issues are resolved within organisations or referred to the appropriate body.
- 4.9 On-going partnership work with key stakeholders including UHCW, Health Visitors, School Nursing and the CCG, to develop and implement FGM risk assessment tools to ensure appropriate referrals are made to the relevant agencies.
- 4.10 Coventry Public Health have presented to the West Midlands Police & Crime Panel on behalf of Councillor Gingell. Good practice in Coventry has been included with their report on FGM<sup>1</sup> and Public Health will continue to represent Coventry on the regional FGM task force.

## **5 Progress Report**

- 5.1 The previous public health report identified a number of recommendations designed to enable Coventry to effectively tackle FGM. This report will update the Scrutiny Coordination Committee as to the progress against each recommendation and highlight future priorities needed to eradicate the practice for the Committee to consider and endorse along with identifying any further areas for discussion or consideration.

## **6 Prevention**

### **6.1 Recommendation 1 – Prevention through awareness raising**

It was recommended that prevention should be a key part of Coventry's work to tackle FGM including awareness raising through the implementation of a multi-faceted awareness campaign targeting health, education, social care, voluntary sector, practising communities and other relevant professionals and ensuring that relevant communities are fully engaged and consulted with throughout the design and implementation of any FGM communication tools and service developments.

### **6.2 Progress against Recommendation 1**

In November 2014, 300 people attended a conference to raise awareness of FGM amongst health and social care professionals. All delegates that attended the conference felt that it improved their knowledge of FGM and 100% of attendees felt it was a good use of their time. The majority of delegates confirmed that they would implement a number of changes into their daily role as a result of the conference including;

- Attending further training
- Initiate conversations with service users
- Improve staff training
- Build better relationships with parents of service users
- Adapt safeguarding policies and procedures

- 6.3 As a result of community and stakeholder engagement Coventry City Council designed a 'pledge' to end FGM that will enable all agencies across Coventry to commit to working towards ending FGM and protecting local women and girls from harm. Over 30 senior

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<sup>1</sup> <http://westmidlandspcp.co.uk/wp-content/uploads/2015/06/WMP-CP-Tackling-FGM-in-the-West-Midlands.pdf>

officers and council leaders have committed themselves and their organisations to end female genital mutilation in Coventry through supporting culture change, protecting girls at risk, supporting women affected by FGM, supporting communities to oppose the practice, raising awareness and supporting the law (appendix 3). Individual and organisational pledges have also been designed to enable everyone to commit to ending FGM in Coventry.

- 6.4 Coventry City Councils Public Health Team have commissioned a specialist FGM service for a period of 2 years to provide bespoke training and education to professionals and communities, in order to build knowledge and resources to reduce the prevalence of FGM in Coventry.
- The Service will develop a city wide FGM awareness campaign designed by community members and young people from affected communities to ensure that it is culturally sensitive and effective. This will include information leaflets, electronic resources for use by social media, posters and a website.
  - The service will provide bespoke training to professionals, young people and communities practising FGM.
  - The service will focus on asset building within communities to ensure that they are skilled to tackle FGM and able to continue FGM work once this current service finishes. This will ensure that any work carried out by this service is sustainable and value for money.
  - The service will also result in the empowerment of frontline professionals, affected girls and young women (both those at risk of FGM and those who have undergone FGM) through the development of support groups, community engagement and training.
- 6.5 Public Health and the voluntary sector worked in partnership to develop 2 films on FGM. One is an educational film featuring influential local leaders from the council, 3<sup>rd</sup> sector and faith based organisations including the chairs of the British Arab Federation and Coventry's Muslim Forum. This film educates viewers about the practice, the law in regards to FGM, the harmful consequences of FGM and the need for communities to oppose it. A second film entitled 'It Stops with Me' was developed starring local people who are committed to ending FGM. It was designed to raise awareness of the dangers of FGM and encourage practising communities to oppose it; links to the films are below. The films have been viewed approximately 800 times.

FGM Interviews - [https://youtu.be/ak\\_g8woS4Zc](https://youtu.be/ak_g8woS4Zc) (11 minutes 56 seconds)

FGM It Stops With Me - <https://youtu.be/Q16OmOp26bk> (2 minutes 30 seconds)

- 6.6 Public Health have supported Coventry University in their development of a webapp for young people. Researchers at Coventry University have created the new app, endorsed by the National Society for the Prevention of Cruelty to Children ([NSPCC](https://www.nspcc.org.uk)), to help protect young girls and women from female genital mutilation (FGM). The new app, developed jointly by experts at Coventry University's Centre for Communities and Social Justice (CCSJ) the Centre for Excellence in Learning Enhancement (CELE) at Coventry University and in partnership with Coventry City Council, will prove to be a valuable resource in the fight against FGM. The app, which works across most mobile devices such as smartphones, tablets and lap tops via an internet browser, is aimed primarily at young girls living in affected communities and at risk from FGM. But it can also be used as an educational tool to teach young people and others the facts and realities of FGM. The app was launched locally by Councillors' Lucas and Gingell and a National launch featured the Secretary of State for Education and the Home Office Minister for Preventing Abuse and Exploitation, the event featured in the National press and television. The council and the

university are currently in the early stages of developing a web app for front line professionals. This will hopefully be launched in February 2016 on zero tolerance to FGM day.

**6.7 Recommendation 1a – Prevention through Community Engagement**

Effective engagement with communities to ensure FGM campaigns are successful was recommended in the original report. This should be achieved by improved partnership work with key stakeholders and a commitment from all partners to fully engage and consult with communities on all FGM interventions.

**6.8 Progress against recommendation 1a**

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 and feedback from these events helped shape the service specification for the Ending FGM in Coventry service.

6.9 Public Health have engaged with a local charity organisation designed to tackle FGM from within practising communities. This organisation played a key role at the Ending FGM in Coventry conference where they presented on community perspectives of FGM and delivered a seminar on the cultural underpinnings of the practice.

6.10 This engagement has continued with the recruitment of local community champions supported by the FGM service, who are passionate about ending FGM, the champions are currently engaged on a number of activities including leaflet designs and delivering workshops to community members.

**6.11 Recommendation 1b – Prevention through Training & Empowerment**

Through consultation with professionals, community members and the voluntary sector it was recommended that high-quality training provided by specialist organisations is commissioned 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. It is important that everyone who is affected by FGM is educated about this harmful practice, therefore education for community members and young people of both genders about FGM will be beneficial in empowering community members and the younger generation to oppose the practice and positively impact positive behaviour change.

**6.12 Progress against recommendation 1b**

The Ending FGM in Coventry service started on 1 June 2015, it has already provided training to a number of professionals and volunteers from the 3<sup>rd</sup> sector. A multi-agency training session was attended by 30 professionals including specialist sexual violence and domestic violence support workers, counsellors, health professionals, nursery workers and youth participation officers. A training session has been held at Hillfields Childrens Centre with a total of 20 staff attending.

6.13 The service has recruited a FGM co-ordinator, this post was advertised widely to ensure it reached women from practicing communities with relevant skills, knowledge and experience to fulfil the role. The post holder will co-ordinate training across the city, design and implement awareness raising campaigns in partnership with community members,

manage the community champions and provide on-going support to FGM survivors, professionals and volunteers.

- 6.14 A number of community champions from practising communities have been recruited and trained in FGM to enable them to educate their peers on the practice and offer support to women and girls, at risk of or affected by FGM.
- 6.15 There are 6 schools already on the waiting list to receive training for staff and pupils; sessions will be arranged for September 2015 onwards.
- 6.16 The service is in the process of arranging bespoke training sessions for GP Trainees in Coventry & Warwickshire deanery.

## **7 Recommendation 2 - Law Enforcement**

The report recommended 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.

### **7.1 Progress against recommendation 2**

Both locally and regionally all agencies including public health have excellent relations with West Midlands Police, their FGM lead is a member of Coventry's FGM Steering Group.

- 7.2 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 (FGMPO) 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. Breach of a FGMPO would be a criminal offence with maximum 5 year imprisonment or civil breach carrying a 2 year imprisonment. Further information in regards to the law can be found in appendix 4.

- 7.3 Public Health, supported by other key partners have presented to Coventry's Police & Crime Board an update of our progress on FGM and received full support from members. The Board will continue to be kept up to date with Coventry's work on FGM, particularly in relation to prosecutions and protection orders.

- 7.4 West Midlands Police have received 70 referrals for FGM since January 2015, 25 have been from Coventry (36%). Referral sources include UHCW midwifery, schools, GPs and parents.

## **8 Recommendation 3 - Safeguarding**

- 8.1 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.

### **8.2 Progress against recommendation 3**

Standard safeguarding procedures are in place for children at risk of and affected by FGM with the LSCB ensuring that all agencies are aware of their roles and responsibilities in regards to FGM and the protection of children. The LSCB is currently in the process of updating its policies and procedures and FGM will be included in this work, this will be

completed by October 2015. Information on the LSCB website in regards to FGM is currently being updated to reflect local and national progress and FGM will feature regularly in the boards newsletters.

- 8.3 The Multi Agency Safeguarding Hub (MASH) has recently implemented FGM data recording requirements and will be able to share this intelligence from autumn 2015 onwards.
- 8.4 The Government have launched a consultation seeking views on draft statutory multi-agency practice guidance on Female Genital Mutilation (FGM) for frontline professionals in England and Wales. A multi-agency consultation event is being organised in partnership with Warwickshire County Council to enable front line professionals to discuss the implementation of the statutory requirements.

## **9 Recommendation 4 – Life course approach to FGM**

- 9.1 This report recommends that if a child or woman has 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 practising community. Further information as to the impacts of FGM throughout the life course of a woman can be found in appendix 5.

## **10 Progress against recommendation 4**

- 10.1 The Ending FGM in Coventry service will focus on developing and improving referral pathways with key stakeholders including police, children's services, safeguarding, midwifery and psychological support to improve access to services and outcomes for women and girl's affected by FGM. The service will signpost affected women to external support agencies and also provide 121 support through the provision of specialist counselling.

## **11 Recommendation 5 – Access to specialist midwifery FGM clinics**

- 11.1 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.
- 11.2 **Progress against recommendation 5**  
Public Health liaise regularly with UHCW Midwifery services and senior staff are members of the FGM steering group, we therefore provide on-going support to UHCW as and when required. UHCW currently have a specialist consultant who deals with all FGM cases, this will continue to be monitored and if need increases UHCW midwifery will look to increase access to specialist clinicians for women affected by FGM.

## **12 Recommendation 6 - Information Gathering & Data Sharing**

- 12.1 It was recommended that data gathered should be shared across all agencies to ensure Coventry has a clear as possible picture of the prevalence of FGM in Coventry.
- 12.2 **Progress against recommendation 6**  
Progress in the collection of FGM data has improved both locally and nationally. Locally Public Health continue to work with key stakeholders such as the MASH, UHCW and WMP to gather data and share intelligence to ensure that we improve our knowledge of the extent of FGM as a local issue and gather information in regards to practising communities, this will help shape services and ensure that all initiatives can be monitored in terms of success.

### **13 National Picture**

- 13.1 The national picture shows that 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)
- 13.2 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. 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.
- 13.3 By October 2015, all GP Practices in England will be required to submit information to the Health and Social Care Information Centre when they have identified that a patient has FGM through the standard delivery of care, or if she has disclosed this. This is known as the FGM Enhanced Dataset.

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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.

#### **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. FGM Prevalence

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.

### Global Prevalence

- It is estimated that 125 million women and girls worldwide have undergone FGM.
- It is estimated that 3 million girls are subjected to FGM every year.

Groupings of the 29 countries where FGM is concentrated, by FGM Prevalence amongst girls and women aged 15-49.

<b>Groupings by FGM prevalence levels (15-49 year old females)</b>	<b>Countries</b>
Very high prevalence countries Prevalence rates >80%	Somalia, Guinea, Djibouti, Egypt, Eritrea, Mali, Sierra Leone, Sudan
Moderately high prevalence countries Prevalence rates 51-80%	Gambia, Burkina Faso, Ethiopia, Mauritania, Liberia
Moderately low prevalence countries Prevalence rates 26-50%	Guinea-Bissau, Chad, Ivory Coast, Kenya, Nigeria, Senegal
Low prevalence countries Prevalence rates 10-25%	Central African Republic, Yemen, Tanzania, Benin
Very low prevalence countries Prevalence rates <10%	Iraq, Ghana, Togo, Niger, Cameroon, Uganda

### National Prevalence

It is estimated that 137,000 women and girls are living with FGM in the UK and that 60,000 girls aged 13 and under are at risk of FGM.<sup>2</sup>

A recent report by City University London and Equality Now (July 2015)<sup>2</sup> looked at prevalence of FGM in England and Wales and developed estimates of the numbers of women with FGM living in England and Wales, the numbers of women with FGM giving birth and the numbers of girls born to women with FGM. To derive these estimates the report used the results of household interview surveys in the countries in which FGM is practised, demographic data about women born in these countries and girls born to them was derived from the 2011 census and from birth registration. The survey found that;

- London as a whole has the highest prevalence rates, with 21 women per 1,000 affected by FGM. The 10 highest prevalence rates are located in local authorities within the capital.
- Manchester, Slough, Bristol, Leicester and Birmingham have high prevalence rates, ranging from 12 to 16 per 1,000,
- Milton Keynes, Cardiff, Coventry, Sheffield, Reading, Thurrock, Northampton and Oxford had rates of more than seven per 1,000.
- Rural areas show prevalence's of well below one per 1,000, but cases were found in all local authorities in England and Wales.

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<sup>2</sup> City University London and Equality Now. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates, July 2015

### 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 2014 and March 2015 there have been 77 women accessing UHCW midwifery services that have been affected by FGM from a total of 6218 births, this is 1.2% of all deliveries. 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 FGM referrals to West Midlands Police (WMP):

Year	Total referrals to WMP	Coventry Referrals	Percentage
2013	41	16	39%
2014	135	80	59%
2015 (to date)	70	25	36%

These figures may be due to the well-established referral processes and reporting procedures established in Coventry or it may indicate that there is a high incidence of FGM amongst the communities that reside here. Historically it has been UHCW policy to refer all females affected by FGM who give birth to a girl to West Midlands Police for a joint visit with social care. However more recently it has been noted by professionals that a home visit by police in uniform is not always appropriate and can sometimes alienate community members. As a result the Department of Health developed the FGM risk assessment tool to clarify referrals processes dependant on risk to the child, this risk assessment tool has been implemented at UHCW to ensure that appropriate referrals are made.

West Midland Police FGM Referral Source - 2015 only	
UHCW Midwifery	14
Other	11
<b>Total</b>	<b>25</b>

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.

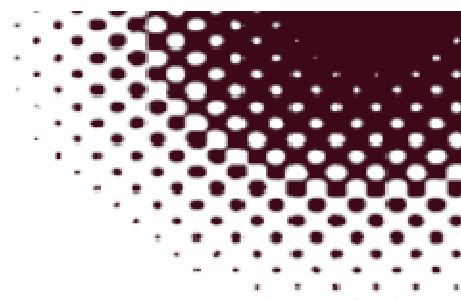
Country of birth of the Female population aged 0-15 and 16-49 in Coventry. Census 2011				
	Age 0 to 15		Age 16-49	
Country of Birth	Number	%	Number	%
<b>Total Numbers of women in Coventry</b>	<b>31,065</b>		<b>78,219</b>	
Africa: North Africa e.g. Egypt	68	0.2	247	0.3
Africa: Central and Western Africa e.g. Mali, Sierra Leone, Guinea	228	0.7	1651	2.1
Africa: South and Eastern Africa e.g. Northern Sudan, Eritrea, Somalia,	454	1.5	2854	3.6

Djibouti, Ethiopia				
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
<b>Total</b>	<b>868</b>	<b>3%</b>	<b>5,422</b>	<b>7%</b>

\*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.

## Appendix 3 – FGM Pledge

### Ending Female Genital Mutilation in Coventry



**Female Genital Mutilation (FGM)** is recognised internationally as a violation of the human rights of girls and women. FGM has been proven to have a devastating impact on women's and girl's emotional, physical, and mental health and well-being. That's why together we strongly condemn the practice of FGM.

### Our pledge

#### We will tackle FGM by

- Supporting culture change
- Supporting communities to oppose FGM
- Protecting girls at risk
- Raising awareness
- Supporting women affected by FGM
- Enforcing the law

#### Signatories

**Cllr Ann Lucas,**  
Leader of the Council

**Cllr Alison Gingell,**  
Chair, Coventry Health  
& Wellbeing Board

**Cllr Philip Townshend,**  
Chair, Police and Crime Board

**Dr Adrian Canale-Parola,**  
Chair, Coventry & Rugby  
Clinical Commissioning group

**Janet Mokades,**  
Chair, Children's  
Safeguarding Board

**Steven Banbury,**  
Chief Executive,  
Voluntary Action Coventry

**Claire Bell,**  
Commander Chief  
Superintendent  
West Midlands Police

**Rachel Newson,**  
Chief Executive,  
Coventry & Warwickshire  
Partnership Trust

**Christine McNaught,**  
Chief Operating Officer  
FWT - A Centre for Women

**Fadel Takroui,**  
Chair, British Arab Federation

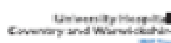
**Virginia Ringane,**  
Founder, Celestineceleste  
Community Organisation

**Andy Hardy,**  
Chief Executive Officer  
University Hospital Coventry  
and Warwickshire

**John Latham,**  
Vice Chancellor,  
Coventry University

**Dr Sue Ibbotson,**  
Centre Director,  
Public Health England

**Joan Beck,**  
Chair, Adults  
Safeguarding Board



## **Appendix 4. Serious Crime Act 2015 Factsheet – female genital mutilation**

### **Current law**

Under the 2003 Act it is an offence for any person in England, Wales or Northern Ireland (regardless of their nationality or residence status) to perform FGM (section 1); or to assist a girl to carry out FGM on herself (section 2). It is also an offence to assist (from England, Wales or Northern Ireland) a non-UK national or resident to carry out FGM outside the UK on a UK national or permanent UK resident (section 3).

Section 4 extends sections 1 to 3 to extra-territorial acts so that it is also an offence for a UK national or permanent UK resident to: perform FGM abroad; assist a girl to perform FGM on herself outside the UK; and assist (from outside the UK) a non-UK national or resident to carry out FGM outside the UK on a UK national or permanent UK resident.

### **Extension of extra-territorial jurisdiction**

Against that background, section 70(1) of the Serious Crime Act 2015 (“the 2015 Act”) amends section 4 of the 2003 Act so that the extra-territorial jurisdiction extends to prohibited acts done outside the UK *by* a UK national or a person who is resident in the UK. Consistent with that change, section 70(1) also amends section 3 of the 2003 Act (offence of assisting a non-UK person to mutilate overseas a girl’s genitalia) so it extends to acts of FGM done *to* a UK national or a person who is resident in the UK.

### **Anonymity of victims of FGM**

Section 71 of the 2015 Act amends the 2003 Act to prohibit the publication of any information that would be likely to lead to the identification of a person against whom an FGM offence is alleged to have been committed. This is similar, although not identical, to the anonymity given to alleged victims of sexual offences by the Sexual Offences (Amendment) Act 1992.

Anonymity will commence once an allegation has been made and will last for the duration of the victim’s lifetime.

### **Offence of failing to protect a girl from risk of FGM**

Section 72 of the 2015 Act inserts new section 3A into the 2003 Act; this creates a new offence of failing to protect a girl from FGM. This will mean that if an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time of FGM occurred will be liable under this new offence. The maximum penalty for the new offence is seven years’ imprisonment or a fine or both.

### **Female Genital Mutilation Protection Order (“FGMPO”)**

Section 73 of the 2015 Act provides for FGMPOs for the purposes of protecting a girl against the commission of a genital mutilation offence or protecting a girl against whom such an offence has been committed. Breach of an FGMPO would be a criminal offence with a maximum penalty of five years’ imprisonment, or as a civil breach punishable by up to two years’ imprisonment.

The court may make a FGMPO on application by the girl who is to be protected or a third party. The court must consider all the circumstances including the need to secure the health, safety, and well-being of the girl.

<https://www.gov.uk/government/consultations/female-genital-mutilation-proposal-to-introduce-a-civil-protection-order>

Under the new provisions an FGMPO might contain such prohibitions, restrictions or other requirements for the purposes of protecting a victim or potential victim of FGM. This could include, for example, provisions to surrender a person’s passport or any other travel document;

and not to enter into any arrangements, in the UK or abroad, for FGM to be performed on the person to be protected.

### **Duty to notify police of female genital mutilation**

Section 74 inserts new section 5B into the 2003 Act which creates a new mandatory reporting duty requiring specified regulated professionals in England and Wales to make a report to the police. The duty applies where, in the course of their professional duties, a professional discovers that FGM appears to have been carried out on a girl aged under 18 (at the time of the discovery).

The duty applies where the professional either is informed by the girl that an act of FGM has been carried out on her, or observes physical signs which appear to show an act of FGM has carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

The duty applies to professionals working within healthcare or social care, and teachers. It therefore covers:

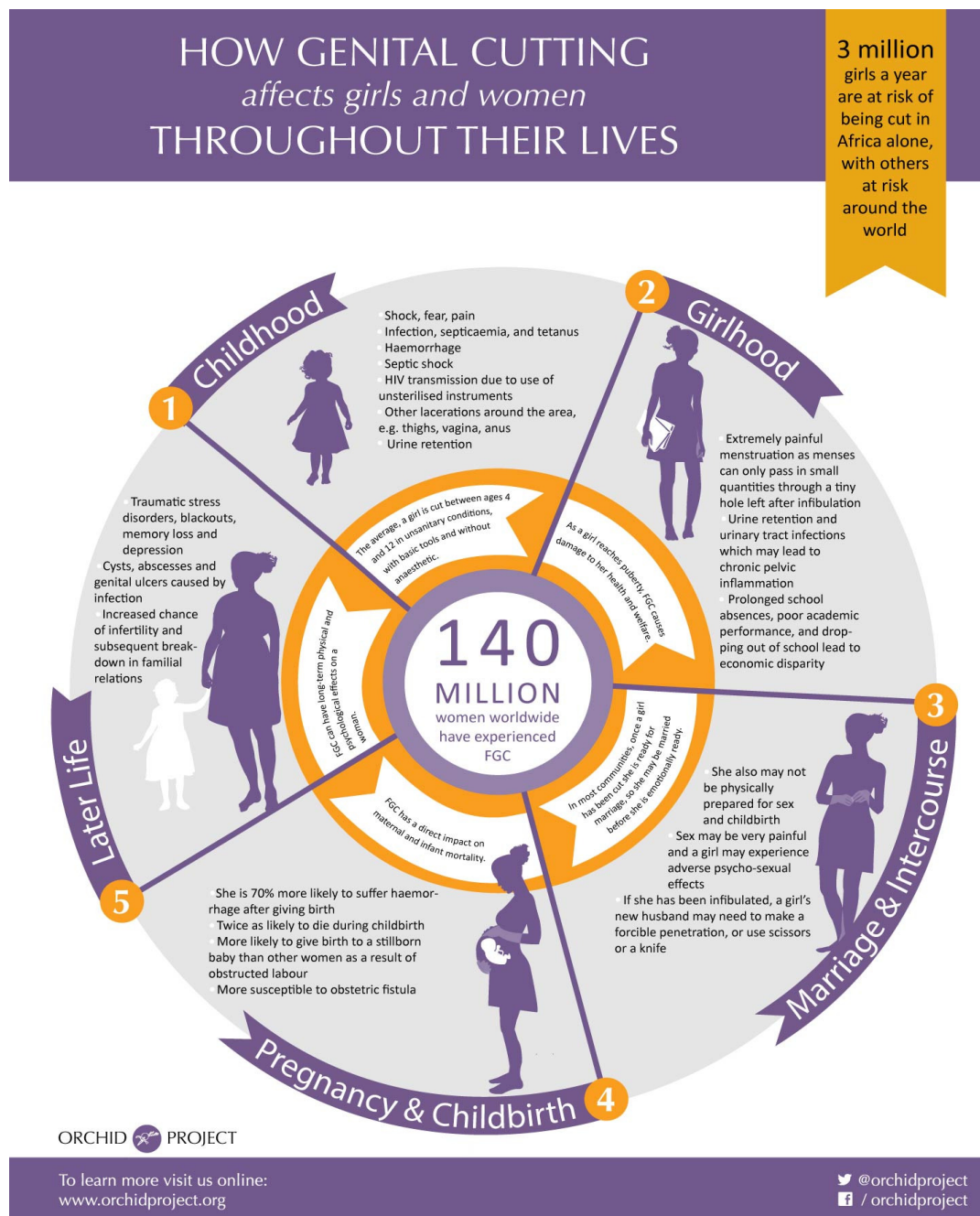
- Professionals regulated by a body overseen by the Professional Standards Authority (with the exception of the Pharmaceutical Society of Northern Ireland). This includes doctors, nurses, midwives, and, in England, social workers,
- Teachers
- Social care workers in Wales.

The duty does not apply where a professional has reason to believe that another individual working in the same profession has previously made a report to the police in connection with the same act of FGM. For these purposes, professionals regulated by a body which belongs to the Professional Standards Authority are considered as belonging to the same profession.

**Ministry of Justice/Home Office**  
**March 2015**



## Appendix 5. FGM & the life course impacts



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