

KIRKLEES STRATEGY FOR PREVENTING FEMALE GENITAL MUTILATION (FGM)

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1. Purpose of this Strategy

FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls. FGM is both a cause and consequence of gender inequality and can be associated with other behaviours that discriminate against, limit or harm women and girls. FGM is not acceptable or legal and the Safeguarding Children's Board, Adult Safeguarding Board and Community Safety Partnership in Kirklees will take all steps to proactively tackle the issue.

The Kirklees FGM strategy is focused on preventing FGM through education, and identifying women and girls at risk so that they can be protected from harm. Where FGM has occurred, either recently or at some point in the past, the strategy ensures that appropriate support is put in place for the woman or girl's physical and emotional wellbeing.

This document provides an overview of FGM, including definitions, prevalence and impact. Its primary aim is to provide advice and support to frontline professionals who have responsibilities to safeguard children, young people and adults at risk from the abuses associated with female genital mutilation (FGM). The Strategy sets out a multi-agency response and encourages agencies to cooperate and work together.

The guidance is designed for all frontline professionals and volunteers within agencies that work to safeguard children, young people and adults from abuse. The information may also be relevant to

non-governmental organisations, Counsellors, voluntary organisations, and members of the community involved with girls and women at risk of FGM, or dealing with its consequences.

The Kirklees FGM 5 point strategy has been developed in partnership between the Kirklees Community Safety Partnership and the Safeguarding Boards for Adults and Children. This is in recognition of the need to ensure strategic and operational collaboration across these areas to protect and support vulnerable individuals at the earliest possible opportunity.

The strategy itself is underpinned and informed by up to date intelligence of current risks and threats relating to FGM, although it is recognised that FGM is largely unreported which requires awareness raising and education of the risks for members of the community.

2. What is Female Genital Mutilation?

Female Genital Mutilation (FGM) is defined by the World Health Organisation (WHO) 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" (a full break down of types of FGM is provided in Appendix 1).

FGM is most widely practised in parts of Africa and to a lesser extent the Middle East and Asia (See Appendix 2 for percentages of girls and women 15-49 who have undergone FGM in Africa, the Middle East and Indonesia). The reasons and motives for FGM are complex and often associated with culture, traditions and beliefs such as preserving chastity, rites of passage, family honour and "cleansing" / "purifying" the girl making them more suitable for marriage. Within no religious teaching is FGM advocated or supported. There are also no health benefits to FGM; it is an extremely harmful practice.

3. Female Genital Mutilation and the Law

FGM is widely practised in some countries, including countries where it is illegal. In England and Wales the Female Genital Mutilation Act of 2003 made it illegal to perform (or aid, abet or procure) FGM on a British Citizen in the UK or overseas, even where FGM is legal in that country. Section 3A of the 2003 FGM Act also provides for an offence of failing to protect a girl from the risk of FGM. This means that person who is responsible for the girl at the time the FGM occurred could be liable under the offence.

The legislation was strengthened through the 2015 Serious Crime Act which introduced mandatory reporting by staff working in health care, social care and teachers from 31st October, 2015, where a girl under 18 discloses FGM or where signs of FGM are observed by a regulated professional. The legislation also allows courts to issue FGM Protection Orders which protects women and girls at risk from being taken abroad by seizing travel documentation, and prohibiting individuals entering the UK to perform FGM.

A person is guilty of an offence if he/she, excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris except for operations performed on specific physical and mental health grounds by registered medical or nursing practitioners. It is also an offence to assist a girl to mutilate her own genitalia.

FGM is an offence which extends to acts performed outside of England and Wales and to any person who advises, helps or forces a girl to inflict FGM on herself.

Any person found guilty of an offence under the Female Genital Mutilation Act 2003 will be liable to a fine or imprisonment of up to 14 years, or both.

FGM is considered to be a form of child abuse as it is illegal and is performed on a child who is unable to resist. Under the Children Act 1989 Local Authorities can apply to the Courts for various Orders to prevent a child being taken abroad for FGM.

Despite the legislation, there have been no convictions for FGM in England and Wales. This is something that criminal justice agencies are working hard to address at both national and local level.

4. Kirklees FGM Strategy and Areas for Action Planning

The key components of the Kirklees 5 point strategy to address FGM are:

1. Intelligence Management Relating to FGM
2. Prevention of FGM
3. Identification of Victims of FGM
4. Protection and Support
5. Investigation of offences of FGM

Objective 1 – Intelligence Management Relating to FGM

The World Health Organisation estimates that between 100 and 140 million girls and women worldwide have experienced FGM. Research in 2015 relating to England and Wales suggests that around 60,000 girls aged 0-14 years were born to mothers who had undergone FGM and 103,000 aged 15-49 years who have migrated to England and Wales are living with the consequences of FGM. Approximately 10,000 girls aged under 15 years who have migrated to England and Wales are likely to have undergone FGM¹. It is highly likely that these cases will be concentrated in areas where there is a higher concentration of practising communities from Africa and parts of the Middle East and Asia.

In Kirklees, intelligence relating to FGM is very limited. In part this will be to do with the community make up in the district but also because of suspected significant under reporting. It is important that non-specialist staff and communities are aware of possible signs so they are able to ensure victims are appropriately safeguarded.

Actions under this theme:

- Develop an overview of current cases in Kirklees to establish **recorded** prevalence.
- Based on current intelligence, map out communities / sectors where it is likely that FGM would be more likely to be encountered to inform targeted work.

¹ Macfarlane A & Dorkenoo E (2015) Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. London: City University London and Equality Now
<http://openaccess.city.ac.uk/12382/>

- Look at other similar areas to Kirklees to (1) establish any best practice and (2) benchmark the likely scale of the volume of cases.
- Ensure agencies secure and share information that will be easily accessible if required in order to ensure the continued safety of children and adults at risk of FGM in the Kirklees area.
- Establish arrangements for collation of data and information on all cases of FGM within Kirklees utilising existing data collection in health and police.
- Scrutiny of data and case analysis to measure the effectiveness of the strategy.

Objective 2 – Prevention of FGM

Preventative work should seek to ensure that FGM does not occur. Families must be made aware that it is illegal to carry out FGM in the UK, as is removing a child from the UK for the purposes of FGM. They should be made aware of the health and legal implications.

FGM is often undertaken with full knowledge of the victim's family who feel there is an expectation in the community and they are doing the 'best' for their daughter. It is vital that there is effective communication and engagement to influence these perceived cultural norms. The prevention strand of the strategy is also about front line staff identifying possible signs of FGM, or risk of FGM, through the delivery of health and education services and also through conversations and other indicators, and reporting these to ensure that the woman or girl is protected from harm.

Actions under this theme:

- Focussed communication with the community with the broad message that FGM is not acceptable or legal, and we will take all steps to proactively tackle the issue.
- Training front line workers who have contact with children and families (some of whom will have a statutory duty) and community contacts to ensure they are able to spot the signs of possible risk of FGM, and know where to report concerns.
- Practitioners to be knowledgeable about the guidance and legislation, such as FGM Protection Orders, to prevent travel abroad associated with FGM.
- Establish effective links between community safety and safeguarding approaches such as those relating to Human Trafficking, Child Sexual Exploitation and Domestic Abuse.
- Improve education, awareness and prevention work on FGM with agencies professionals, community groups (such as black & minority ethnic voluntary organisations and faith groups), education/youth services to inform and help address attitudes and myths about FGM. This work will include FGM awareness campaigns e.g. before school summer holidays to help raise the profile of this issue with professionals and girls at risk. Professionals and community groups will aim to grow and share their knowledge of 'what works' in reducing the risk of FGM to girls.
- Schools and learning setting to ensure that no child is out of sight by ensuring non attendance is thoroughly investigated.
- 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.
- Schools, colleges and universities to raise awareness of FGM among staff and pupils / students by displaying relevant materials; by including FGM in relevant parts of the school curriculum eg PSHE; sex and relationship education; science; citizenship; and by making use of lesson plans available in the Home Office online resource pack, and other materials such as books or DVDs.

Objective 3 – Identification of Victims of FGM

FGM may be carried out when a girl is new born, during childhood or adolescence, just before marriage or during first pregnancy. However the majority of cases of FGM are thought to take place between the ages of five and eight years and therefore girls within this age band are at a higher risk. (For indications that FGM may be about to, or has taken place see Appendix 3)

Four main groups of children have the potential to be identified by professionals.

1. A child at risk of FGM
2. A child who has undergone FGM
3. A baby who has been born to a Mother who has undergone FGM.
4. Female siblings of a child who has undergone FGM

FGM has significant, sometimes fatal, physical and mental health consequences for women and young girls experiencing it. (Further details about short and long term complications are given in Appendix 4)

Actions under this theme to enhance measures already in place:

- Support the reporting of FGM where it has occurred or where there is a risk that it will occur.
- Staff in services and voluntary organisations delivering services to women and girls to have access to training which ensures they have the correct skills to ask about FGM.
- Training and awareness raising to ensure professionals are aware of, and can fulfil the statutory duty to report FGM, and to ensure FGM is recorded on systems and shared with partners as required.
- Promotion of the pathway for referrals from services where identification of FGM for women is more likely such as Maternity services, Obstetrics and Gynaecological services to support services in the community to ensure longer term support.
- Raising awareness within prevalent communities of the support that is available and how it can be accessed.

Objective 4 – Protection and Support

Professionals working in communities should be alert to the possibility of coming into contact with a girl / woman who has been abused through FGM. At the first contact, professionals should consider the cultural background of the girl / woman. If the service user is a woman who has experienced FGM herself, but has no children, educational and preventative advice and support should be provided which could include a specialist FGM physical and mental health review. Consideration should be given to the welfare of any female children in the wider family and any future female children.

From 31 October 2015, all regulated health and social care professionals and teachers in England and Wales are legally required to report 'known' cases of FGM in girls aged under 18 to the police (See Appendix 5). The new duty, created by section 5B of the 2003² Act, requires regulated professionals to make a report to the police where, in the course of their professional duties, they either:

² As inserted by section 74 of the Serious Crime Act 2015

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have 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

Child Victims

Any professional or agency concerned that a female infant, female child or young woman is likely to be, or has been subject of FGM, in or outside of the UK, should refer the matter to Children's Social Care in accordance with the Safeguarding Children procedures, and consider referral to the Police if immediate action is required.

Children's Social Care may undertake section 47 enquiries if there is reason to believe a child is likely to be, or has been subject to FGM. As part of the initial assessment Children's Social Care should establish if either parent or child has had access to information about the harmful aspects and illegality of FGM. If not, parents and child, subject to age and understanding, should be given the opportunity of considering information about FGM via educational or preventative programmes or by discussion with someone appropriate known to the family with information about FGM.

The family will be required to reconsider their plans for FGM in light of all relevant information available to them. If a member of the family has experienced FGM, therapeutic services should be offered. The intended outcome for the child is that the family agree to stop the process, ensuring that the child is protected from significant harm.

If there is no agreement by the family and the child remains at risk of significant harm from FGM, Children's Social Care should initiate section 47 enquiries beginning with a strategy discussion involving Children's Social Care, the Police, Paediatrician, Education and any other relevant agency or professional.

The strategy discussion should take the form of a meeting with access to appropriate paediatric and cultural advice, and should consider information about who within the family has been involved in the decision making regarding the plans for FGM.

If, ultimately, there is no agreement from the family that the child should not undergo FGM, legal advice should be sought with a view to ensuring the child's protection. The objective of any legal action should be to prevent the child from undergoing FGM, whilst ensuring that the child is not removed from the family, unless this is required to protect the child. A legal order to prevent FGM may be required such as an FGM Protection Order or Prohibitive Steps Order. There may also be consideration for Police Protection or Emergency Protection Orders to be sought if an immediate risk is apparent.

A Child Protection conference should be convened if there is no agreement by the family that FGM should be avoided and/or the process has happened in respect of an older child within the family and there is information to indicate that other female children are at risk.

Adult Victims.

There is no requirement for automatic referral of adult women with FGM to adult social services or the police. Professionals should seek to support women by offering referral to community groups for support, clinical intervention or other services as appropriate, for example through an NHS FGM clinic.

FGM may affect women who may be considered adults at risk. Women who fall into this category are most likely to come to the attention of services during pregnancy and child birth. An adult at risk will be:

- Aged 18 and over.
- Actually or potentially in need of community care services because of frailty, learning, physical, sensory disability or mental health issues and actually or potentially unable to take care of herself, or take steps to protect herself from significant harm or exploitation.

If the female is an adult at risk the adult safeguarding procedure should be followed and an urgent strategy meeting undertaken. Any safeguarding alert that alleges FGM of an adult at risk should be referred immediately to the Police and Adult Social care. Immediate protection for adults without mental capacity may be secured through the Court of Protection. An adult with capacity who is at risk of harm and does not give consent can be protected by using the process of Inherent Jurisdiction from the High Court. Legal advice should be taken on a case by case basis in such situations

A female child connected to this adult or their extended family would initiate a child safeguarding referral to Children's Social Care and the Police. Awareness of the risks will require long term monitoring.

Actions under this theme:

- Children's Social Care, Adult Social Care and Police to give consideration to a joint pathway for referral and assessment of FGM.
- Funding for campaign opportunities to be sought. Posters & leaflets to be made available for the relevant community in different languages and distributed.

This objective will be supported by:

- Investigation of individual cases of abuse and children suspected to be at high risk of FGM
- Safeguarding the physical safety and emotional health of girls and women who have undergone FGM, and girls at risk, by ensuring services, agencies and professionals identify and assess risk indicators present in children and in pregnant / non-pregnant women who have experienced FGM
- Strengthened referral and care pathways to implement more effectively the FGM Safeguarding procedures
- Training for practitioners in relation to FGM, including how to sensitively ask women and girls about FGM and know how to respond appropriately.

There are additional considerations to be made when the case has happened some time ago.

In addition to the individual who has experienced the FGM themselves, there may be scope for prosecution of associated people coercing people into FGM and also for people carrying out procedures or arranging for people to come from overseas or outside area to undertake multiple procedures.

If FGM has occurred relatively recently, there needs to be support for the individual and also for children or other family members who might be at heightened risk. Ensure women who have undergone FGM and girls at risk 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, train staff as well as identifying/developing care pathways for FGM victims/survivors addressing any issues within commissioning arrangements for specialist services.

Objective 5 - Investigation of Offences

The main role of the Police in respect of incidences of FGM is to prevent crime, uphold the law and protect citizens. Both adults and children are included in the term citizen. All citizens have the full right of protection offered by the criminal law. Under section 11 of the Children Act 2004 the police must ensure their functions are discharged having regard to the need to safeguard and promote the welfare of children.

In addition to their duty to investigate criminal offences the Police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering or likely to suffer from significant harm.

Sections 70 to 75 of the Serious Crime Act 2015 introduced the following new measures:

- extension of extra-territorial liability to 'habitual' UK residents
- lifelong victim anonymity
- parents' and guardians' liability for failing to protect a child from FGM
- civil protection orders for FGM
- mandatory reporting for relevant professionals.

The first three provisions took effect on 3 May 2015, FGM Protection Orders (FGMPOs) came into force on 17th July 2015 and the duty to report commenced on 31st October 2015.

Actions under this theme:

- Ensuring all actions from this strategy are in place to assist with any future investigation of FGM.
- Assurance that local Police colleagues have the relevant knowledge to identify and investigate cases of FGM or future FGM.
- The force and local tasking and coordination group (T&CG) processes have a defined intelligence requirement in respect of FGM.
- Police Officers to be aware of the intelligence sources available to them at local and force level, and how these sources can be tasked and used to assist in developing investigations. This would include Analysts, Neighbourhood Policing Officer's links to communities, Intelligence Management Units and IT systems.

- Ensure the CPS legal guidance on FGM evidential considerations are available to inform Officers when gathering evidence.
- Highlight the protocol between the CPS, Police and local authority for investigation and prosecution of cases of FGM.
- Establish procedures to target perpetrators directly and also those assisting or arranging the procedure, they too are perpetrators under the law.

5. Appendices

Appendix 1

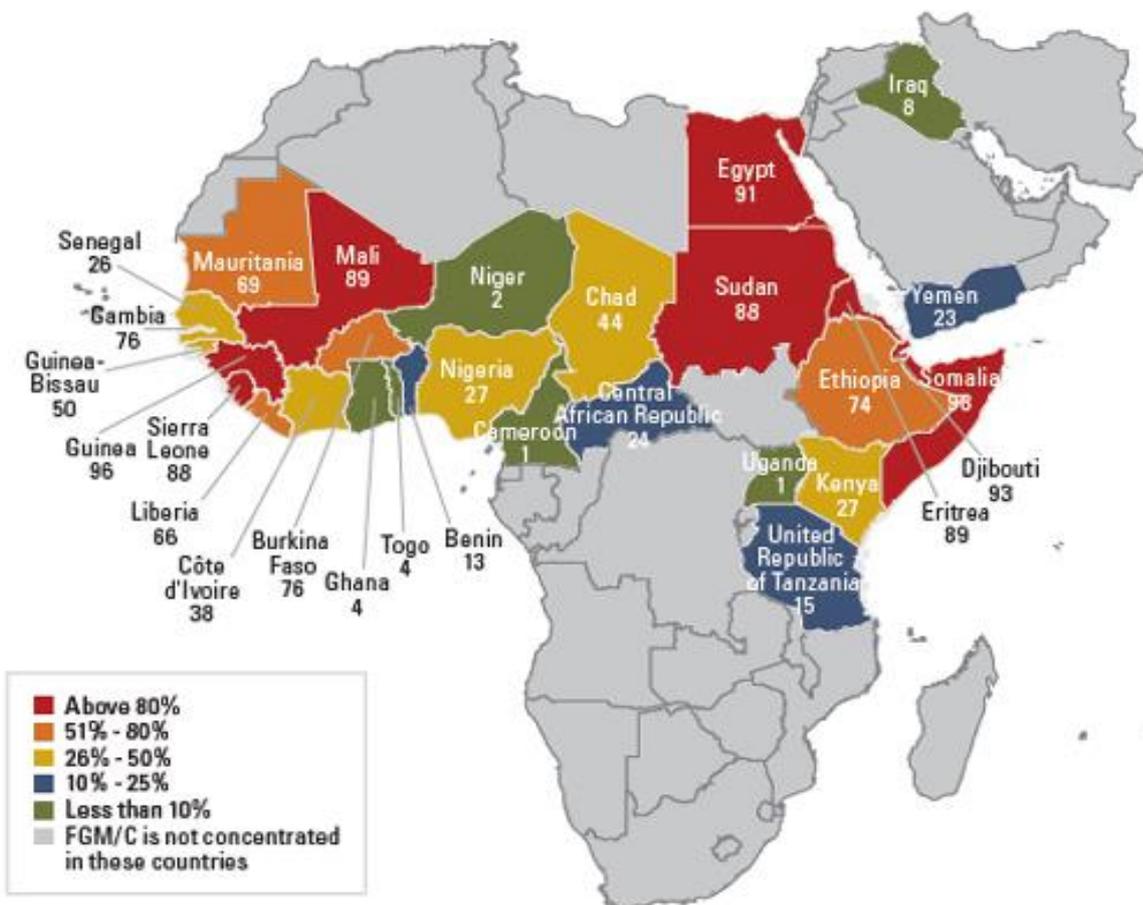
Types of FGM

There are four different types of FGM, which the WHO classifies as:

1. Type I: Clitoridectomy: Partial or total removal of the clitoris and/or the prepuce
2. Type II: Excision: Partial or total removal of the clitoris and the labia minora, with or without removal of the labia majora
3. Type III: Infibulation: Narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with, or without excision of the clitoris
4. Type IV: All other harmful procedures to female genitalia for non-medical purposes, for example pricking, incising, scraping and cauterisation, and piercing for girls up to 16years.

Appendix 2

Percentage of girls and women aged 15-49 who have undergone FGM in Africa, the Middle East and Indonesia (Source UNICEF global databases)



Appendix 3

Indications that FGM may be about to take place include:

- The family comes from a community that is known to practice FGM, so it may be more likely that they will practice FGM if a female family elder is around
- Parents state that they or a relative will take the child out of the country for a prolonged period
- A child may talk about a long holiday to her country of origin or another country where the practice is prevalent, including African countries and the Middle East
- A child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion
- A professional hears reference to FGM in conversation, for example a child may tell other children about it
- A child may request help from a teacher or another trusted adult
- Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family
- Any female child who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family.

Indications that FGM may have already taken place include:

- A girl may spend long periods of time away from the classroom during the day with bladder or menstrual problems
- There may be prolonged absences from school.
- A prolonged absence from school with noticeable behaviour changes on the girl's return could be an indication that a girl has recently undergone FGM.
- Professionals also need to be vigilant to the emotional and psychological needs of children who may / are suffering the adverse consequence of the practice, e.g. withdrawal, depression etc .
- A child may confide in a professional or a close friend that something has happened to them or say they have an important secret
- A child requiring to be excused from physical exercise lessons without the support of her GP
- A child may ask for help.

Appendix 4

Physical and Mental Health Consequences of FGM.

Immediate / Short term consequences	Longer term consequences
<ul style="list-style-type: none">•severe pain• emotional and psychological shock• haemorrhage• infections• urinary retention• damage to other organs• fracture or dislocation as a result of restraint• death	<ul style="list-style-type: none">• chronic infections• difficulties with menstruation and/or passing urine• renal impairment and possible renal failure• damage to reproductive system• cysts, scar formation• complications in pregnancy and childbirth• pain during sex• psychological issues, including depression and post-traumatic stress disorder• increased risk of blood borne infections eg Hepatitis B, Hepatitis C and HIV

Appendix 5

Mandatory Reporting of FGM to the Police

There is a duty on all regulated health and social care professionals and teachers in England and Wales, to report 'known' cases of FGM in girls aged under 18 to the police. This duty created by section 5B of the 2003³ Act, requires regulated professionals to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have 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 does not apply in relation to at risk or suspected cases or in cases where the woman is or was over 18 at the time the FGM is believed to have occurred. The duty does not apply in cases where a female aged over 18 is believed to have suffered FGM when they were a child. In these cases, professionals should follow local safeguarding procedures.

Each report to the Police must be recorded as a crime of FGM at the first point of contact as set out in the National Crime Recording Standard (NCRS) and Home Office Counting Rules (HOCR)

³ As inserted by section 74 of the Serious Crime Act 2015

and all reports made by relevant professionals under this duty are to be recorded as crimes of FGM. (See Appendix 4 for reporting information required)

Forces should initiate a multi-agency safeguarding response, in line with local safeguarding arrangements – this includes giving consideration to applying for an FGM Protection Order (FGMPO) either to protect the girl or to protect other girls who may be at risk (e.g. siblings). An FGMPO is a civil order which may be made for the purposes of protecting a girl at risk of FGM or protecting a girl against whom an FGM offence has been committed.

A reporting form is provided by WY Police and can be accessed at

<http://www.kirkleessafeguardingchildren.co.uk/femalegenitalmutilation.html>.

Alternatively reports can be made to 101 the non-urgent police contact number. Information required by Police when professionals report FGM:

- explain that they are making a report under the FGM mandatory reporting duty
- their details:
 - name
 - contact details (work telephone number and e-mail address) and times when available to be called back
 - role
 - place of work
- details of their organisation's designated safeguarding lead:
 - name
 - contact details (work telephone number and e-mail address)
 - place of work
- the girl's details:
 - name
 - age/date of birth
 - address
- If applicable, confirm that they have undertaken, or will undertake, safeguarding actions taken from Working Together to Safeguard Children as appropriate.]

6. References / Further Resources

Multi-agency Statutory Guidance on Female Genital Mutilation, HM Gov April 2016

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Responding to Female Genital Mutilation: A guide for key professionals: Available at:

<http://www.forwarduk.org.uk/wp-content/uploads/2014/12/CHANGE-Responding-to-FGM-A-Guide-for-Key-Professionals.pdf>

LGA (2015) FGM – A Councillors Guide: Available at;

http://www.local.gov.uk/documents/10180/5854661/L14-567+FGM+guidance+for+councillors_09.pdf/7196465e-4b63-4b58-b527-a462f5b5cc9d

Home Office Statement opposing FGM (2015) – available at:

<https://www.gov.uk/government/publications/statement-opposing-female-genital-mutilation>

Department of Health (2015) Female Genital Mutilation Risk and Safeguarding – Guidance for Professionals: available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_D_H_FGM_Accessible_v0.1.pdf

Home Office (2015) FGM Resource Pack: available at

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

Home Office (2016) New duty for health and social care professionals and teachers to report female genital mutilation (FGM) to the police: available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf

Department of Health and NHS England Female Genital Mutilation Prevention Programme

<http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Documents/FGMstatementNHSCDec2014.pdf>

Other available links:

West Yorkshire procedures document.

Offences of FGM and protection orders. FGM Protection order/Prohibitive steps order. Police Protection Order and Emergency Protection Orders.

Working together 2015, Children Act 1989, Children Act 2004, WHO