6. CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

6.21 Female Genital Mutilation (FGM)

The World Health Organisation (WHO) defines Female Genital Mutilation (FGM) 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" [1]. WHO classifies four different types of FGM:

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, piercing, incising, scraping and cauterisation.

FGM (also called Female Genital Cutting) can cause severe harm, has no medical benefits, and is a serious form of child abuse and violence against women and girls and a violation of human rights. It has been illegal in this country since 1985, and since 2015 it is also illegal to carry out FGM overseas on a UK national or permanent resident. The 2015 Serious Crime Act also introduced a new offence of failing to protect a girl from risk of FGM, and a duty on healthcare professionals, teachers and social care workers to notify the police of known cases of FGM carried out on a girl aged under 18[2]. All agencies have a statutory duty to safeguard children and protect and promote the welfare of all women and girls.

FGM has been documented in 28 countries in Africa as well as Kurdish communities mainly in Iraq and Iran. It is also thought to occur in a number of other countries in the Middle East and Asia but there are no data about its extent in those areas[3]. Countries where FGM prevalence is known to be high include Somalia, Guinea, Sierra Leone, Djibouti and Egypt, where prevalence rates are over 90% and can be as high as 98%. In other countries, such as Nigeria, Kenya and Ivory Coast, the prevalence rates vary between 20% and 50%. There can be wide variations within countries, for instance in Senegal, the prevalence varies between different communities from well below 10% to 92%. The Appendix shows a map of known FGM prevalence in Africa and the Middle East.

6.21.1 The importance of FGM

FGM is usually performed on girls between the ages of 0 and 15, but in half the countries in a UNICEF study it was carried out on girls aged under 5[3]. The procedure can be extremely risky as it is often carried out by traditional practitioners with no

medical training, without anaesthetic and with unsterilized instruments such as blades or pieces of glass.

FGM can have serious short and long term health consequences for girls and women. Short term effects include severe pain, emotional and psychological shock, haemorrhage, infections, urinary retention, damage to other organs, fracture or dislocation as a result of restraint. The longer term consequences can be severe and wide-ranging, including chronic infections, difficulties with menstruation and/or passing urine, renal impairment and possible renal failure, damage to the reproductive system, cysts, scar formation, complications in pregnancy and childbirth, pain during sex, and psychological issues including depression and post-traumatic stress disorder. In the most serious cases, FGM can result in death. The WHO has identified a recent trend to 'medicalise' FGM procedures, with health professionals carrying it out, for example in countries such as Egypt, Yemen and Mauritania. While this may reduce the risk of infection and some other problems, FGM is still a human rights violation and there is still a risk of many short- and longer-term complications.

FGM is linked to cultural beliefs and reasons given for why FGM is carried out include social acceptance, cleanliness/hygiene, better marriage prospects, to preserve virginity, and in some places it is considered to be a religious requirement. While prevalence is highest among Muslim communities in many countries it is also found among other religious groups. The most commonly reported reason found by UNICEF for carrying out FGM was a sense of social obligation; social and peer pressure within a community appeared to be a strong factor [3].

6.21.2 Information about FGM in Buckinghamshire

As a result of migration, there are increasing numbers of women living in this country who have undergone FGM, as well as girls who may have been born overseas or in this country who are at risk of FGM.

In 2007, the Foundation for Women's Health, Research and Development (FORWARD) estimated that 66,000 women in the UK had already undergone FGM and over 20,000 women and girls in the UK may have been at risk of FGM (based on the 2001 census)[4]. In 2011, the Home Office commissioned City University, London and Equality Now to update this using data from the 2011 census and birth registration data[5]. They estimated that around 103,000 women and girls (aged 15–49 years) and 24,000 women (aged 50 and over) who have migrated to England and Wales were likely to have undergone FGM. In addition, around 10,000 girls under 15 who had migrated to England and Wales were thought likely to have undergone FGM if they experienced FGM at the same rate as girls in their countries of birth. They also estimated that up to 60,000 girls were born in England and Wales to

mothers who had undergone the practice, therefore they could also be at risk of FGM.

6.21.2.1 Women and girls in Buckinghamshire who may have undergone FGM

In Buckinghamshire, around 11,747 people (male and female, all ages) were recorded in the 2011 census as born in a country where FGM is practised. Approximately half of these residents were females and 61% of the population from the Black African/Caribbean ethnic group were in the 15-49 age group. Applying these proportions to the total residents who were born in a country where FGM is practised, the total number of females aged 15-49 were estimated by country of birth for Buckinghamshire and for each of the four Districts. The total number of women aged 15-49 years who may have had FGM was estimated by applying the FGM country specific prevalence to the above estimated number of women residents aged 15-49 who were born in a country where FGM is practised. Table 1 shows the population of Buckinghamshire, the estimated number of females aged 15-49 who were born in a country where FGM is practised, and the estimated number of women aged 15-49 years who may have undergone FGM. It is estimated that approximately 792 (0.16% of the total population) Buckinghamshire resident women aged 15-49 years may have undergone FGM. In addition there will also be women aged 50 and over who have undergone FGM who are not included in these estimates.

Table 2 shows the resident population of Buckinghamshire by District Council (2011 Census), the estimated number of females aged 15-49 who were born in a country where FGM is practised, and the estimated number of women aged 15-49 years who may have undergone FGM, using the same above methodology. The highest number live in Wycombe DC, although the proportion of the total population is slightly higher in South Bucks than in other Districts. In Wycombe there are estimated to be 257 women (0.15% of total residents) who have had FGM, 238 (0.14% of total residents) in Aylesbury Vale DC, 161 (0.24% of total residents) in South Bucks, and 136 (0.15%0 of total residents) in Chiltern DC.

Table 1 Population of Buckinghamshire (2011 Census) and estimated number of females aged 15-49 who were born in a country where FGM is practised, and estimated number of females aged 15-49 years who may have had FGM

Country of Birth	Bucks resident population[α]	Estimated number of Females aged 15-49*	FGM prevalence #	Estimated number of Females aged 15-49 years who may have had FGM
Total Residents	**505,283**			
North Africa	745	227	39.3%	89
Ghana	392	120	3.8%	5
Nigeria	731	223	19.0%	42
Other Central and Western Africa	246	75	30.9%	23
Kenya	1,423	434	32.2%	140
Somalia	42	13	97.9%	13
South Africa	3,166	966	10.0%	97
Zimbabwe	1,847	563	10.0%	56
Other South and Eastern Africa	1,630	497	43.9%	218
Africa not otherwise specified	114	35	39.3%	14
Iran	478	146	50.0%	73
Other Middle East	933	285	8.1%	23
Total (% of total population)	**11,747 (2.3%)**	**3,583 (0.7%)**		**792 (0.16%)**

Source: #UNICEF global databases 2014, based on DHS, MICS and other nationally representative surveys. As there was no reported FGM prevalence data for South Africa & South Africa, an estimate of 10% has been used.
Notes: [α]Census 2011 data was used to estimate the population in Buckinghamshire where the country of birth was stated as one of the African or Asian countries where FGM is practiced. *An estimate of 50% was applied to calculate the female population at County and District level. 61% of the population were estimated to be from the 15-49 age group (Census 2011). This estimate was applied to obtain figures on number of females in the 15-49 age group in Buckinghamshire at County and District level.

Table 2 Total resident population (2011 Census) and estimated number of females aged 15-49 who were born in a country where FGM is practised, and estimated number of Females aged 15-49 years who may have had FGM, by District Council in Buckinghamshire

Country of Birth	FGM prevalence #	Aylesbury Vale		Chiltern		South Bucks		Wycombe	
		Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM
Total Residents		**174,137**		**92,635**		**66,867**		**171,644**	
North Africa	39.3%	84	33	32	13	35	14	76	30
Ghana	3.8%	54	2	9	0	14	1	42	2
Nigeria	19.0%	119	23	18	3	15	3	71	13
Other Central &Western Africa	30.9%	24	7	10	3	12	4	29	9
Kenya	32.2%	87	28	93	30	149	48	105	34
Somalia	97.9%	4	4	0	0	2	2	6	6
South Africa	10.0%	283	28	195	19	152	15	335	34
Zimbabwe	10.0%	245	24	60	6	38	4	220	22
Other South & Eastern Africa	43.9%	154	67	92	41	103	45	148	65
Africa not otherwise specified	39.3%	8	3	8	3	11	4	8	3
Iran	50.0%	21	10	29	14	33	17	63	32
Other Middle East	8.1%	87	7	44	4	56	4	99	8
Total (% of total population)			**238 (0.14%)**		**136 (0.15%)**		**161 (0.24%)**		**257 (0.15%)**

Source: # UNICEF global databases 2014, based on DHS, MICS and other nationally representative surveys. As there was no reported FGM prevalence data for South Africa & South Africa, an estimate of 10% has been used.

*Notes: ᵅCensus 2011 data was used to estimate the population in Buckinghamshire where the country of birth was stated as one of the African or Asian countries where FGM is practiced. *An estimate of 50% was applied to calculate the female population at County and District level. 61% of the population were estimated to be from the 15-49 age group (Census 2011). This estimate was applied to obtain figures on number of females in the 15-49 age group in Buckinghamshire at County and District level.*

6.21.2.2 Girls in Buckinghamshire who may be at risk of FGM

The UNICEF report[3] highlights that while progress is being made in abandoning FGM/cutting in many practising countries, there are still millions of girls at risk of FGM. It also highlights that people in practising communities, including women who have had FGM and many men, do not necessarily think their daughters should have FGM. It is not known whether rates of FGM remain the same in migrant communities as in their country and community of origin.

In 2014, there were 5,914 live births to resident mothers in Buckinghamshire, including 154 babies (64 girls) born to mothers who were born in a country where FGM is practised (table 3). To estimate the number of these babies who might be at risk, an average prevalence of FGM among these mothers of 30% has been assumed (see table 6.*: range from 3.8% in Ghana to 97.9% in Somalia). The range of risk to the daughters might be between 10% (ie. daughters of one-third of the mothers who had undergone FGM are at risk) and 30% (ie. the daughters of all the mothers who had undergone FGM are at risk). This gives an estimated number of babies born in Buckinghamshire who might be at risk of FGM of between 6 (i.e. 10%) to 18 (i.e.30%) each year.

If the same methodology is applied to the population of girls aged 0-18 in Buckinghamshire to give a very rough estimate of the numbers who might be at risk, this suggests that there might be between 108 and 324 girls aged up to the age of 18 at risk of FGM.

Table 3 Total number of live births to mothers who were born in a country where FGM is practised, Buckinghamshire by District Council, 2014

District Council	Boys	Girls
Aylesbury Vale DC	32	30
Chiltern DC	10	7
South Bucks DC	12	8
Wycombe DC	36	19
Buckinghamshire	**90**	**64**

Source: ONS Annual Birth Extract for Buckinghamshire

In addition to the child's community or country of origin, there are a number of other factors that also indicate that a girl may be at increased risk[6]:

- If they come from a community traditionally affected by FGM which is less integrated into the UK
- If a girl's mother has undergone FGM
- Any girl with an older sister who has had FGM

- A girl who is withdrawn from personal, social and health education or personal and social education could be at risk as parents may wish to keep her uninformed about the procedure and her rights.

Professionals should also be aware of a number of other risk factors that can indicate that FGM may be about to happen, including:

- A girl may talk of having a long holiday to their country of origin where the practice is prevalent
- The girl talks of undergoing a "special procedure" or having a ceremony to "become a woman"
- Parents state that a relative may be taking the child out of the country for an extended visit
- A girl may confide in a teacher or another person if she is at immediate risk
- a professional may hear a reference to FGM in children's conversation
- Families may perform FGM when a senior female family member is in the country, particularly if she is visiting from their country of origin.

6.21.2.3 Women who have undergone FGM who are in contact with health services

All services provided by the NHS are now statutorily required to report all cases of FGM on a regular basis. The Female Genital Mutilation (FGM) Enhanced Dataset (SCCI 2026) is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices. The data are published quarterly by the Health and Social Care Information Centre since September 2014, and the latest available are for the period July to September 2015 (table 4). They report "newly recorded" women and girls with FGM, who are those who have had their FGM information collected in the dataset for the first time within that reporting period (although this does not necessarily mean that the attendance is the woman or girl's first attendance for FGM). They also report the total attendances by women and girls with FGM for treatment or to give birth.

Between September 2014 and September 2015 there were 6,384 newly recorded cases of FGM reported in England, more than half of which were from the London NHS Commissioning Region, with the lowest number in the South of England Region. Data are also reported by NHS provider Trusts and CCGs, but to date none have been reported from Buckinghamshire. If less than 5 cases are recorded by any organisation during any reporting period, they are not published for confidentiality reasons. Therefore it is not possible to say whether there have been very few or no cases identified in Buckinghamshire so far. Given that over 150 women from countries where FGM is practised gave birth in Buckinghamshire during 2014, it

seems unlikely that no women who had undergone FGM came into contact with maternity services during any year.

Table 4 Number of newly identified FGM patients in England by commissioning region, Sep 2014 to Sep 2015 [7]

Period of identification / reporting	Newly Recorded[i] FGM by Commissioning region[ii] (NHSCR)				
	London	Midlands and East of England	North of England	South of England	England Total
Sep-14	308	101	80	74	**563**
Oct - Dec 2014	869	415	298	143	**1,725**
Jan - Mar 2015	863	333	329	150	**1,675**
Apr - June 2015	N/A	N/A	N/A	N/A	**1,036**
July- Sep 2015	758	227	245	155	**1,385**
Total					**6,384**

i. Patients first identified during the reporting period as having undergone FGM. This will include those diagnosed/identified within the provider within that period.

ii. For information on geographical coverage of commissioning regions please see the NHS England website: http://www.england.nhs.uk/about/regional-area-teams/

6.21.3 Demand

There are 3 groups of women and girls with whom different interventions are needed to reduce the risk of, and harms arising from FGM:

Girls who may be at risk of FGM: work with communities to change attitudes to FGM, along with effective safeguarding arrangements to protect girls at risk

Girls who have undergone FGM: FGM is dealt with as child abuse and requires a legal and safeguarding response as well as dealing with any physical and psychological effects and protecting others who may be at risk;

Women who have undergone FGM: may require physical (eg surgical deinfibulation) and psychological (eg help with post-traumatic stress disorder) interventions.

With population growth and immigration from practising countries, local services will increasingly need to ensure they can identify and provide appropriate support for these girls and women, and staff must be trained so they feel able to raise and discuss these questions in a sensitive and appropriate way. A partnership approach to training, safeguarding, service provision and working with communities is essential.

Census and birth registration data do not differentiate between different communities within the same country, which may have different attitudes towards FGM. They also do not identify second generation women from affected communities, who may also have different attitudes towards the practice. This highlights the importance of local knowledge and the need to work with local communities to identify the extent of FGM, as well as working with stakeholders to ensure that a range of data is used, including anonymised health data or information from voluntary organisations.

6.21.4 Horizon scanning

It is difficult to gain an accurate picture of how many women and girls have undergone or are at risk of FGM in Buckinghamshire. This report estimates that there were 154 babies born to mothers who were born in a country where FGM is practised in 2014. A proportion of these women are likely to have undergone FGM, although local NHS services have so far identified very few or no women who have had FGM. Local policies and strategies need to acknowledge that most practitioners will see few or no cases of women with FGM or girls at risk. However, it is important that they are aware of risk factors, have the skills to identify them early, and knowledge of existing local and national specialist resources to provide women with advice, support and interventions when needed.

6.21.5 Conclusions

FGM can cause severe harm, has no medical benefits, and is a serious form of child abuse and violence against women and girls and a violation of human rights. It has been illegal in this country since 1985, and since 2015 it is also illegal to carry out FGM overseas on a UK national or permanent resident. It has been estimated that over 127,000 women aged 15 and over in England and Wales have undergone FGM, and a further 70,000 girls who have migrated to or were born in this country may be at risk.

In Buckinghamshire, around 11,747 people (male and female, all ages) were recorded in the 2011 census as having been born in a country where FGM is practised. Among them, it is estimated that approximately 792 women aged 15-49 years may have undergone FGM, as well as an additional number of women aged 50 and over who are not included in these estimates. However, to date very few or no women who have undergone FGM have been identified through NHS services in Buckinghamshire. In 2014 there were also 154 babies (90 boys and 64 girls) born to mothers who were born in a country where FGM is practised. This gives an estimated number of baby girls who are at highest risk of FGM in Buckinghamshire of between 6 (i.e. 10%) and 18 (i.e. 30%) annually using 2014 birth statistics. Using

the same methodology, there may be between 108 and 324 girls aged up to the age of 18 in Buckinghamshire who are at risk of FGM.

Factors which increase the risk of a girl being subjected to FGM can be identified, and all organisations should be aware of relevant national[6,8,9] and local[10,11] guidelines to tackle FGM and safeguard girls at risk, and be able to implement them in Buckinghamshire. They should have clear systems in place to identify girls and women who have undergone or are at risk of FGM, with training for staff to enable them to identify those at risk, discuss issues sensitively, and offer support and referral as required. All organisations which are required to submit the mandatory FGM reporting data should ensure they are doing this consistently. It is also important to work with local communities where the risk of FGM may be higher to better understand the views and needs of those who might be affected.

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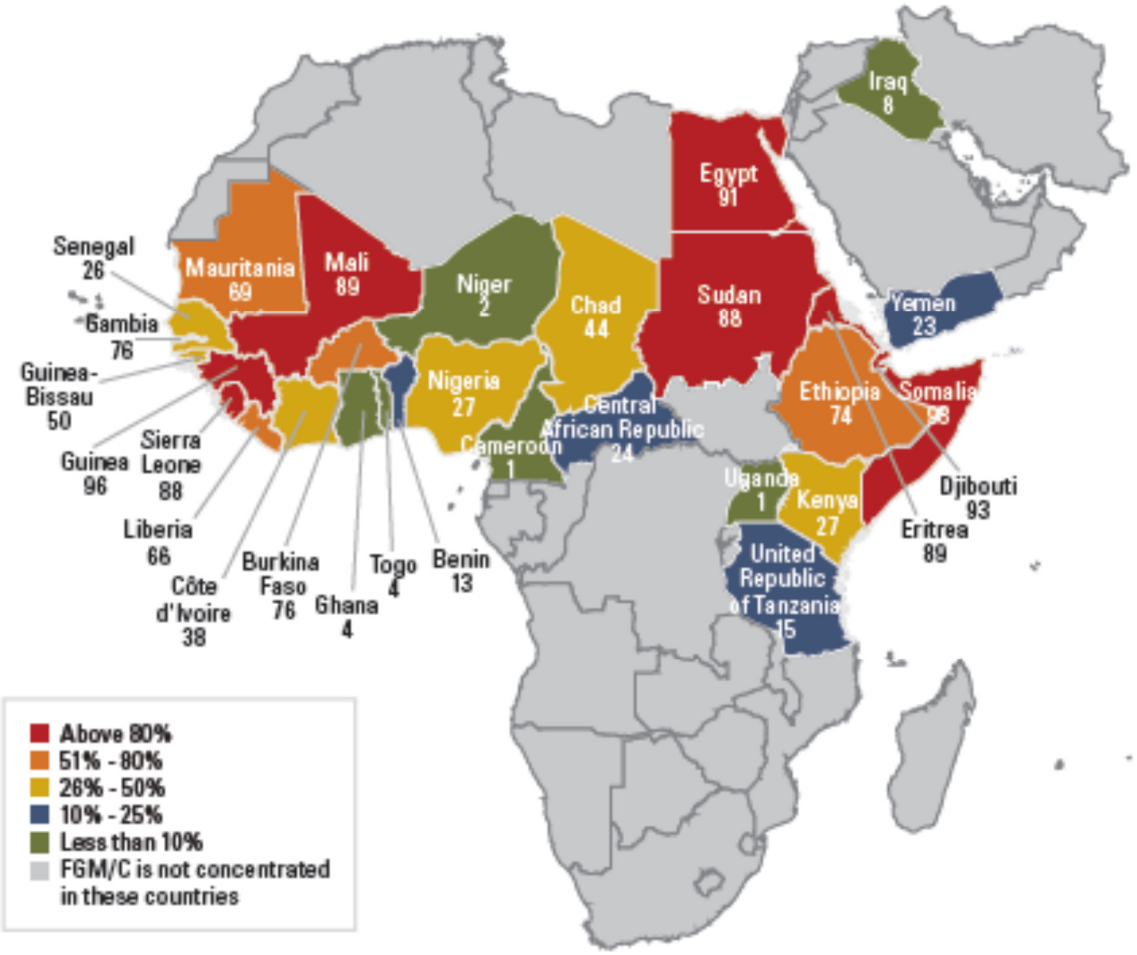
Appendix 1 Percentage of women and girls aged 15-49 who have undergone Female Genital Mutilation/Cutting, by country [3]



Source: UNICEF, 2013

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