Female Genital Mutilation

Southwark’s Joint Strategic Needs Assessment

People & Health Intelligence
Southwark Public Health

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Health Needs Assessments form part of Southwark’s Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.

- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:

  - **Tier I**: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

  - **Tier II**: JSNA Factsheets provide a short overview of health issues in the borough.

  - **Tier III**: Health Needs Assessments provide an in-depth review of specific issues.

  - **Tier IV**: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: [www.southwark.gov.uk/JSNA](http://www.southwark.gov.uk/JSNA)
This needs assessment provides an overview of female genital mutilation in Southwark

AIMS & OBJECTIVES

This health needs assessment aims to provide a broad overview of female genital mutilation (FGM) in Southwark.

The report is structured to include:

- An introduction to the legislative and policy landscape
- An overview of FGM risk factors and at risk groups
- An estimation of the extent of FGM in Southwark
- An overview of the national data collection process for FGM
- An overview of identified cases of FGM in the borough including their characteristics
- A summary of the local resources available to support victims of FGM and to help professionals to identify women at risk of FGM
- An outline of next steps in developing our local understanding of FGM in Southwark

The purpose of this report is to inform stakeholders interested in preventing FGM and providing better outcomes for those affected.
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Female genital mutilation is a serious form of child abuse and violence against women and girls

INTRODUCTION

Female genital mutilation (FGM) is classified into four types:

- **Type 1 Clitoridectomy**: partial or total removal of the clitoris and sometimes only the prepuce (fold of skin surrounding the clitoris)
- **Type 2 Excision**: partial or total removal of the clitoris and the labia minora with or without excision of the labia majora
- **Type 3 Infibulation**: narrowing of the vaginal opening through the creation of a covering seal. The seal is created by cutting and repositioning the labia minora or labia majora sometimes through stitching
- **Type 4**: all other harmful procedures to the female genitalia e.g. pricking, piercing, incising, scraping and cauterisation

Procedures can cause severe bleeding and problems urinating along with cysts, infections, complications in childbirth, and increased risk of new-born death.

FGM has no health benefits for girls and women and is a violation of their human rights. Reasons for performing FGM vary by region and include a range of social and cultural factors.

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Performing or assisting in FGM is a criminal offence in the UK

NATIONAL & REGIONAL CONTEXT

FGM has been illegal in the UK since 1985. Criminal and civil legislation are contained within the Female Genital Mutilation Act 2003.¹

In England, it is a criminal offence for any person to:
- Perform FGM in England
- Assist a girl to carry out FGM on herself in England
- Assist (from England) a non-UK person to carry out FGM outside the UK on a UK national/resident

It is also a criminal offence for any UK national or resident to:
- Perform FGM abroad
- Assist a girl to carry out FGM on herself abroad
- Assist (from abroad) a non-UK person to carry out FGM outside the UK on a UK national/resident

Under civil law in England, an FGM protection order may be submitted to protect actual or potential victims.
- This was included in an amendment by the Serious Crime Act 2015
- Health and social care professionals and teachers also have a mandatory duty to report FGM in girls under 18 years

In 2016, the Home Office ‘Violence against Women and Girls Strategy 2016-2020’¹ was released to combat FGM and wider issues of VAWG.
- They committed to continuing outreach work to educate and raise awareness of FGM
- A national FGM Prevention Programme (£3m) was launched in partnership with NHSE to improve the response of healthcare workers to FGM and support prevention

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² NSPCC. Female genital mutilation (FGM). Legislation, policy and guidance.
Significant risk factors include family history and the practice of FGM in the community or country of origin

RISK FACTORS & AT RISK GROUPS

In 2016 the Government released new statutory guidance on FGM\(^1\) that identified a range of factors that are associated with an increased risk of FGM.

- The most significant factor to consider when deciding whether a girl or woman may be at risk of FGM is whether her family has a history of practising FGM
- In addition, it is important to consider whether FGM is known to be practised in her community or country of origin

Alongside information about a child’s community or country of origin, there are a number of factors that can also be used to determine a child’s potential level of risk, including:

- A female child is born to a woman who has undergone FGM
- A female child has an older sibling or cousin who has undergone FGM
- A female child’s father comes from a community known to practise FGM
- A female child is born to families who believe that FGM is integral to their cultural identity or have a limited integration within the UK community
- A girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent
- Children may talk of having a long holiday to their country of origin where the practice is prevalent, children talk 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

Note: This is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. For example, in certain communities FGM is closely associated to when a girl reaches a particular age.

1. Home Office, Department for Education (DfE) and Department for Health and Social Care (2016) Multi-agency statutory guidance on female genital mutilation
The estimated prevalence rate of FGM in Southwark is over 7x the national rate among 15-49 year olds

PREVALENCE

An estimated 7,000 women are affected by FGM in Southwark, however, we know that many cases of FGM are not identified in services.

- The estimated prevalence of FGM in Southwark is significantly above the London and national average
- Estimates suggest that over 5,300 females aged between 15-49 in the borough have been affected by FGM, with a further 1,700 affected women aged over 50

Figure 1: Estimated prevalence rate of women aged between 15-49 years old, 2015

- England: 7.7
- London: 28.2
- Southwark: 57.5

Figure 2: Estimated prevalence rate of women aged over 50 years old, 2015

- England: 2.3
- London: 15.8
- Southwark: 49.3

1. City University. Prevalence of National and Local FGM estimates; Dr Alison McFarlane. July 2015
Over 8% of women in Peckham and Camberwell Green are estimated to be affected by FGM

FGM PREVALENCE BY WARD

A local model has been developed in an effort to estimate the number of women affected by FGM in different parts of the borough.

- Local-level information on country of origin was obtained from the 2011 Census.
- The prevalence rates of countries where FGM is practised was applied to these population numbers to produce estimated numbers of women affected by FGM in each ward.
- The proportion of each ward’s female population estimated to be affected by FGM was used to produce the map seen in Figure 3.
- Central Southwark is estimated to have the highest prevalence of FGM; from Peckham in the east to Camberwell in the west.

It should be noted that these estimates rely on data from the 2011 Census and should be interpreted with some caution due to population changes since that time.

Figure 3: Estimated prevalence of FGM across Southwark, 2015/16
NHS professionals are now required to record incidences of female genital mutilation

FGM ENHANCED DATASET

Every clinician that encounters a woman or girl who confirms that they have been affected by FGM MUST record the information in the FGM Enhanced Dataset.

- National and local data are collected from NHS acute trusts, mental health trusts, and GP practices by NHS Digital on behalf of the Department of health
- Data collection from a range of clinical settings aims to provide nationally consistent information, to improve how the NHS supports women and girls affected by FGM, and to inform the development of preventative interventions in related organisations
- Any case of FGM in a girl under 18 years requires the clinician to refer the query to the police under clinical responsibility of the Serious Crime Act 2015

When recording a case of FGM, a range of information should be included, however, only four data fields are considered mandatory:

- NHS Number
- Forename & Surname
- Postcode of usual address
- Care contact date

A large proportion of newly identified records have missing data due to clinicians being unable to confirm details or patients unwilling to disclose information.

Caution is advised when interpreting findings from the enhanced dataset as data completeness is often low and varies significant between submitting organisations.
In 2016/17, 250 cases of women affected by FGM were recorded in Southwark through the enhanced dataset.

**FGM PREVALENCE BY TYPE**

In 2016/17, Southwark had the highest number of new cases of FGM in London and the third highest in England.¹

- Southwark has a high proportion of records (73%) where the type of FGM has not been recorded, accounting for 175 cases.

Where the type of FGM is recorded, Type 2 (excision) is the most common procedure used on females in Southwark.

- 15 cases were identified as Type 1
- 35 cases were identified as Type 2
- 10 cases were identified as Type 3
- 5 cases were identified as Type 4

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¹ NHS Digital. Female Genital Mutilation Datasets. 2017
More than half of new cases of FGM in Southwark were aged over 25 years old when they were identified

AGE AT ATTENDANCE

Of the new cases of FGM identified in Southwark in 2016/17 the majority were among women over the age of 25 at time of attendance, mirroring the national picture.

- 10% of new cases were aged 18 to 24
- 24% of new cases were aged 25 to 29
- 31% of new cases were aged 30 to 34
- 35% of new cases were aged 35 and over

Where the age at which FGM was carried out is known, more than half of new cases were under the age of 5. However it is important to note that more than half of records did not state the age.

Figure 5: Age at attendance for new cases of FGM in Southwark, 2016-17

No. new cases

18-24 25-29 30-34 35-39 40-44 45-49

10 20 30 40 50 60

25 60 80 55 30 5

1. NHS Digital. Female Genital Mutilation Datasets. 2017
Over half of newly recorded cases of FGM in Southwark were from women born in Eastern Africa

COUNTRY OF BIRTH

In 2016/17, 43% of new cases in Southwark were from women born in Eastern Africa
- Eastern African countries include Ethiopia, Eritrea and Somalia
- Nationally, Somalia in Eastern Africa accounts for more than one third of all newly recorded women and girls with a known country of birth (37%)
- Other countries with a large volume of cases include the Sudan in Northern Africa, and Nigeria and the Gambia in Western Africa

Cases of FGM among girls and women born in the UK account for a small proportion of overall cases (2%).
- There were 5 cases of FGM in UK-born women and girls

Figure 6: Country of origin of women with FGM in England
A small minority of identified cases of FGM are referred from General Practice

REFERRALS AND TREATMENT

There are a number of routes that the woman or girl with FGM may have taken to the care contact at which the FGM was first recorded

- Where referral organisation is known, 60% of cases were referred by an NHS organisation that was not a general practice
- Where treatment service is known, 50% of cases in Southwark were treated at midwifery services
- When recorded, 86% of women seen in Southwark were pregnant at the time compared to 85% regionally
- 65 women were treated by obstetricians which also implies that the women’s conditions were only identified due to pregnancy
Latest data show an increase in proportion of women who are being advised on the health implications of FGM

ADVICE ON HEALTH IMPLICATIONS

Studies have shown that FGM increases the short and long term health risks to women and girls. There has been a 33% increase in the proportion of women being advised of the health implications of FGM at point of contact compared to the previous year.

- In the first quarter of 2017, 39% of women who were affected by FGM were advised on the health implications compared to 34% nationally. This represents an improvement on 29% of women seen between April and June of the previous year.
- Southwark has also seen a 13% decrease in the number of cases with unknown or not recorded data despite there being a 4% increase nationally which can positively impact the accuracy of the data collected.

![Figure 9: Proportion of cases in Southwark where patient advised on health implications of FGM, April – December 2016](slide18.png)
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Female genital mutilation is recognised as an important issue affecting our local population

LOCAL RESPONSE

At Southwark Council FGM is a standing item on the Violence Against Women and Girls (VAWG) delivery group, on behalf of Southwark Safeguarding Children and Safeguarding Adults Boards.

One of the barriers in supporting women and preventing FGM is in training staff and partners to recognise FGM.

- FGM e-learning training is available to all partners on ‘My Learning Source’: [https://www.mylearningsource.co.uk/course/view.php?id=865](https://www.mylearningsource.co.uk/course/view.php?id=865)
- Most individual partners provide their own single-agency training on FGM
- FGM Specialist Midwives provide training across health services
- Across health, FGM training of health staff are part of the on-going training programme. In both acute hospitals (Kings College Hospital Trust and Guys and St Thomas’s Trust), referral and information pathways are in place
- Training of GPs is undertaken annually and is part of the CCG work-plan. There is a quarterly GP Safeguarding Lead Forum and FGM is part of the on-going programme

For women and girls who are survivors of FGM, various support options are available.

- Survivors are aided in accessing services and support to mitigate the physical and psychological consequences of FGM
- High-risk women and children are risk assessed for possible exposure to FGM and take appropriate action to protect them is taken
- Women who are survivors of FGM are offered the possibility of having this revised and appropriate referrals are made
- Families are educated about the legalities of FGM and given advice on family planning
- Families are given access to interpreting services if they do not speak or understand English
- Training is offered to those working in the community and social/health professionals on how to routinely and sensitively ask women questions about their ‘circumcision’
Health services are critical in recognising risk and supporting victims of FGM

LOCAL RESPONSE: HEALTH SERVICES

Providing a holistic approach to FGM is the way forward to support survivors, including the provision of quality physical and mental health services.

A FGM risk assessment tool was developed by the Department of Health and Social Care in 2016.¹

- All health professionals within relevant services (e.g. primary care, sexual health and maternity within Kings College Hospital NHS Trust and Guys and St Thomas’ Hospital NHS Trust) use this tool

GPs are critical in recognising and responding to FGM.

- General practice, as expert medical generalists at the heart of the community, is in a strong position to identify FGM, provide support to the affected patient, and refer the case onto the relevant agencies/services
- In Southwark FGM training is on-going to ensure that there is a consistent approach in the recognition and reporting of FGM

Paediatricians at community health services are skilled in undertaking health and safeguarding assessments.

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¹ Department of Health and Social Care (2016). FGM Risk Assessment Template
Health services are critical in recognising risk and supporting victims of FGM

LOCAL RESPONSE: HEALTH SERVICES

Health visitors and school nurses are skilled and experienced practitioners who are well-placed to facilitate and respond to disclosures of FGM through the close relationship they have with children and families.

The Looked After Children (LAC) health team considers FGM within the annual LAC health assessment. A child will be risk-assessed and signposted to appropriate services if:

- The assessment reveals a family history of FGM is revealed in the child’s assessment
- If the child discloses that they are at-risk or have had FGM
- If the child comes from a community that practices FGM

Routine enquiry of FGM is part of general obstetric, gynaecological and sexual health assessment for female unaccompanied minors or asylum seekers.

- Further work is to be undertaken for the routine enquiry of all women and girls accessing other health services
- Local Health organisations have a clear FGM care pathway for Adults and Children which includes mandatory reporting and involvement of Children's Social care where appropriate
Schools are supported to understand and recognise when a girl is at-risk of FGM

LOCAL RESPONSE: SCHOOLS

FGM is included in the Personal, Social and Health Education (PSHE) & Wellbeing curriculum offer for schools within Southwark.

It is also one of the areas covered in the three yearly whole school safeguarding INSETs and in the two yearly schools Designated and Deputy Designated safeguarding leads training.

In addition to PSHE, other initiatives work to support schools in understanding and being aware of FGM.

- At Rotherhithe Primary School, FGM is spoken about to the parents through regular workshops and there are advocate parents who raise awareness in the community on the illegal practice of FGM
- The school is also part of the project led by the National FGM Centre and Barnardos to raise awareness and empower girls. Each year, as part of the SRE programme, age-appropriate lessons are taught to Years 3-6 about FGM and other hidden practices
- A dedicated FGM clinic was run previously at Rotherhithe through joint working between Health and Education. This was discontinued when Dr Comfort Momoh, the lead midwife, retired
- Rotherhithe Primary School offers school staff and other frontline practitioners across Southwark “FGM awareness raising training” as part of the Healthy Schools CPD programme
In the event that a school suspects FGM, actions must be taken to prevent harm to the child concerned

LOCAL RESPONSE: SCHOOLS

Non-attendance at school may signal to Early Help Localities teams that a young female is at risk of FGM. Each case is dealt with in a sensitive and considered manner.
- Holiday resource packs are shared with schools to raise awareness of FGM prior to school holidays

If an application for a term time holiday has been made and a school suspect FGM, they must consider the following:
- Is the family originally from a country where girls or women are circumcised?
- Have female siblings been taken out of school previously to travel to high risk areas?
- Have you spoken to the child/young person and ask them about their holiday – how long is it for, is it a special occasion, who else is going, what activities are planned?

If schools are still concerned they invite the Education Welfare Officer (EWO). The EWO will explain the legal situation in regards to term time leave and the possibility of a Penalty Notice.
- The EWO will also explore the reasons for the holiday and ask for travel documents
- If the family disclose they are travelling in relation to FGM the EWO will inform them that FGM is illegal in the UK – even if it is performed overseas
- The EWO will follow guidance from the local authority’s safeguarding office and seek advice from Children’s Social Care

1. Engagement with Deputy Head of Rotherhithe Primary school
The Africa Advocacy Foundation (AAF) runs a range of interventions to support women survivors of FGM across Southwark.

- Activities include specialist culturally appropriate FGM one-to-one and group counselling sessions (talking therapies) with qualified professionals in a non-judgemental environment.
- The ‘Sacred Bodies Project’ works to reduce the risk of FGM for young girls in Lambeth, Southwark and Lewisham. They educate and empower men, women, and youths about the health implications of FGM and the law.
- These services are accessible by referrals or walk-in.

Solace, although mainly recognised for its work with domestic abuse offers and provides help through advice and support for FGM and will accept referral from sixteen years.
The NSPCC FGM Hotline is 24/7 UK-wide service staffed by specially trained child protection helpline counsellors who can offer advice, information, and assistance to members of the public and to professionals. Call 0800 028 3550 or email fgmhelp@nspcc.org.uk

- Helpline counsellors will also be able to make referrals, as appropriate, to statutory agencies and other services
- This service is available for anyone who has suffered FGM, is at-risk of FGM, or just would like to speak to someone about FGM

The Iranian and Kurdish Women’s Rights Organisation (IKWRO) helps Middle Eastern and Afghan women and girls who are living in the UK and advise on issues on violence against women and girls including FGM.

- They provide advice and training for professionals, run groups for women and girls aimed at developing empowering them to make decisions, and campaign to raise awareness of FGM

The Metropolitan Police have information and guidance in relation to FGM:
Engagement work is coordinated by the Safeguarding Children’s Board and Community Engagement group

LOCAL RESPONSE: AWARENESS & COMMUNITY ENGAGEMENT

Engagement with professionals is carried out in a number of ways, including:

- A joint multi-agency conference on FGM was hosted by the Southwark Safeguarding Children and Safeguarding Adult Boards in 2016
- FGM briefings are routinely sent out to Primary Care via the GP Bulletin and CCG intranet

Locally, community engagement work is undertaken by the Africa Advocacy Foundation and supported by the VAWG delivery group and the Community Engagement Subgroup. Activities include:

- Training of Community Champions
- Monthly women only discussions
- Monthly man to man talks
- Faith group activities
- Community outreach
- Support for survivors
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Southwark has one of the highest levels of FGM in England but our understanding is limited by poor data

SUMMARY

Estimates suggest that over 7,300 women in Southwark are affected by FGM with the borough having one of the highest rates in England. This is largely due to our demographics.

- It is estimated that the highest prevalence of FGM is across central Southwark, from Peckham to Camberwell
- In 2015-16 Southwark had the second highest number of newly identified cases of FGM in London, after Brent, and the fifth highest in England
- More than half of new cases of FGM in Southwark were aged over 25 years old when they were identified
- Where the age at which FGM was carried out is known more than half of new cases were under the age of 5 when FGM took place. However it is important to note that more than half of records did not state the age
- More than half of affected women originate from Eastern Africa where FGM is commonly practiced
- With most cases being identified as a result of pregnancy, girls under 15 and women over 50 may be underrepresented using current data collection methods

Locally, it is well-recognised that FGM is an important issue, however, challenges remain in ensuring professionals are sufficiently trained and comfortable asking about FGM.

Caution is advised when interpreting these findings as data completeness is often low and varies significant between submitting organisations. Missing data may be due to information not being recorded or the patient being unwilling to disclose information. Improvements in the collection of data and reporting would improve understanding of FGM locally and support local action to support those affected and those at risk.
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## Next steps for Southwark

### RECOMMENDATIONS & NEXT STEPS

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<td>To continue to build on the community profile by including data from non-statutory sources and updated data from the 2021 census</td>
<td>Public health</td>
<td>Dec 2022</td>
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<td>To further develop and deliver a comprehensive multi-agency FGM training offer</td>
<td>FGM-subgroup*</td>
<td>May 2018</td>
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<td>To support the LA community engagement team in expanding their portfolio with faith groups</td>
<td>Public health</td>
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<td>To continue to monitor and be alert to trends in cases of FGM, and consider FGM a standing item at the board</td>
<td>VAWG board</td>
<td>Ongoing</td>
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*The FGM-subgroup was subsumed under the VAWG group in June 2018
Find out more at southwark.gov.uk/JSNA

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