Oxfordshire Safeguarding Children’s Board (OSCB) Strategy to prevent Female Genital Mutilation 2014-2017 (FGM)  

Introduction
This strategy aims to assist agencies, services and professionals improve the protection of women and girls from FGM. The OSCB already has already adapted our own procedures to reflect the London Safeguarding Board FGM supplementary policy and guidelines. Despite the difficulties with obtaining accurate and reliable figures on Female Genital Mutilation (FGM hereafter) we recognise that there are girls and women who live within Oxfordshire who have experienced FGM or are at risk of it happening to them. Due to the impact that FGM has on the health, safety and wellbeing of girls and women, it was identified as a priority by the Thames Valley Police and Crime Commissioner. It was agreed that the Oxfordshire Safeguarding Children’s Board (OSCB) would lead on developing a sensitive response to FGM. This strategy outlines how we aim to prevent FGM from happening, improve services and professionals’ responses to women and girls who have undergone or are at risk of FGM, and ensure sensitive specialist support, information and advice is available to them.

The strategy acknowledges that FGM is a form of violence against women and girls. The Department of Health Taskforce on the Health Aspects of Violence Against Women and Children set up a sub group on Harmful Traditional Practices and Human Trafficking. This strategy incorporates findings and recommendations of the taskforce and subgroup. The purpose of this strategy is not to duplicate any existing guidance, policy or procedures, but to strengthen our local response by setting out our vision for raising awareness, and improving our safeguarding of girls and women at risk of and affected by FGM, in partnership with community and faith groups.

This OSCB strategy will ensure a coordinated and joint approach is adopted to tackle the issues across Oxfordshire in consultation with the Police and Crime Commissioner, the Children’s Trust Board, Oxfordshire Safeguarding Adults Board, Community Safety Partnerships and Health and Wellbeing Board.

Professionals and volunteers from all agencies have a statutory responsibility to safeguard children from being abused through FGM. If you require information on the safeguarding procedure for FGM, the procedures can be accessed through the OSCB website (link will be added at a later date once updated procedures are online).

Strategic principles and aims

This strategy is based on the agreed principles that FGM is:

- A violation of human rights
- A form of violence against women and girls
- Child abuse

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1 Based on: Barking and Dagenham Local Safeguarding Children Board Female Genital Mutilation Strategy 2010 - 2011
2 Together We can end violence against women and girls (2009) HM Government
3 Report from the harmful traditional practices and human trafficking sub group (2010) DOH
Reflecting the cross government strategy to end violence against women and girls and in recognition of the impact on health and welfare of women and children subject to such violence, this strategy seeks to reduce FGM through addressing key overarching themes of Prevention, Provision and Protection. In respect of this framework for developing a multi-agency, coordinated response FGM, it is expected that there will be frequent overlaps between the work themes of prevention, provision and protection.

**Protection**
To safeguard 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
- Establish a Multi-Agency consultation process in which all cases where there is evidence of FGM are reviewed
- Investigate individual cases of abuse and children suspected to be at high risk of FGM

These objectives will be supported by

- a specialist operational group of FGM leads in Health, Children’s Social Care and Police,
- strengthened referral and care pathways to implement more effective procedure
- training for practitioners in relation to FGM, including how to sensitively ask women and girls about FGM and know how to respond appropriately.

**Provision**
To 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, training staff as well as identifying care pathways for these women and girls addressing any issues within commissioning arrangements for specialist services.

**Prevention**
To 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. Prevention work will also including 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.

**What is female genital mutilation?**
FGM is defined by the World Health Organisation 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”.

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4 WHO FGM Fact Sheet February 2010
FGM is sometimes referred to as Female Circumcision or Female Genital Cutting however this does not depict the nature or impact of the practice. Communities use range of traditional and local names for this practice, a list of which can be found on the FORWARD webpages. FGM is based in ancient beliefs surrounding the need to control women’s fertility and sexuality. It is a cultural practice based on custom and tradition. It is also based on the incorrect belief that it protects a girl’s virginity, protects family honour, is more hygienic, desirable, attractive and increases sexual pleasure for men. It is practiced to enhance a girl’s prospects of marriage. It is carried out in the name of culture and religion. FGM is not a requirement of any religion. It is practiced by Christians, Muslims, Jews and non-believers in a wide range of communities and cultures. FGM is most frequently carried out on young girls between infancy and the age of 15.

Female Genital Mutilation has a devastating impact on the health and wellbeing of women and young girls, for some it may be fatal. Short term problems caused by FGM include severe pain, emotional shock, difficulty passing urine, bleeding and infection (which can lead to infertility). Long term problems include difficulty passing urine, painful periods and sexual problems.

Women who have had FGM are significantly more likely to experience difficulties during childbirth and their babies are more likely to die as a result of the practice. Serious complications during childbirth include the need to have a caesarean section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalisation following the birth.

As a result of FGM girls and women may also feel angry, depressed and suffer from post-traumatic stress disorder.

Prevalence of FGM

The true extent of FGM prevalence is unknown; it is a “hidden crime however it is believed that the majority of cases of FGM are carried out in 28 of the African countries. In some countries (e.g. Egypt, Ethiopia Somalia and Sudan) prevalence rates have been reported to be as high as 98 per cent. In other countries (such as Nigeria, Kenya, Togo and Senegal) the reported prevalence rates vary between 20-50%. There is inadequate data on FGM prevalence in the UK. Estimates of prevalence in the UK are based on census data and are grossly inadequate. It is estimated that in England and Wales nearly 66,000 women have experienced FGM and over 20 000 girls under the age of fifteen are at high risk of FGM. The most recent research was a statistical study conducted by FORWARD in 2007 to estimate the prevalence of FGM in England and Wales. The geographical distribution was extremely uneven with the highest estimated percentages in London but with prevalence of over 2% in some cities including Oxford. Using 2011 census data it is known that across Oxfordshire there are 12,688 people who were born on the African Continent. This figure does not account for second and third generations family members who may have been subject to or at risk of FGM.

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5 http://www.forwarduk.org.uk/key-issues/fgm/definitions
6 Female Genital Mutilation (2009) Government Equalities Office Fact Sheet
8 World Health Organisation 2006
The law and FGM

The Female Genital Mutilation Act 2003 made it illegal for UK residents (in England and Wales) and permanent residents to practice FGM within or outside in the UK (there is different legislation for Scotland). The act made also made it illegal for someone to take a British Citizen aboard to perform the operation whether or not it is against the law in that country. It is also illegal to assist in carrying out FGM abroad. It is unknown if the act has served as a deterrent and if FGM is still being practiced in the UK or if girls are being taken abroad to undergo FGM. Thames Valley Police have had three intelligence reports concerning possible cases of FGM reported to them in the last four years (2010-2014) but there have been no confirmed crimes or prosecutions under this act to date. The Police and Crime Commissioner has stated that tackling FGM is a priority in the Thames Valley, and this is documented in his Police and Crime Plan 2013-2017.

In 2014 the Chief Constable of Thames Valley Police signed a protocol between the Police and the Crown Prosecution Service in relation to the investigation and prosecution of allegations of FGM to ensure both parties understand the complexities and deal positively with the allegation and prosecution of such abuse.

Research conducted by FORWARD (2009) found that women felt that the law has had an impact on FGM, as people are reluctant to take their daughters to their countries of origin to undergo the procedure due to the fear of police and social care involvement. Women who took part in the research stated that even if people’s attitudes towards FGM have not changed, the law has encouraged their behaviour to change.

FGM is a form of child abuse and violence against women and girls, and therefore should be dealt with as part of existing child and adult protection structures, policies and procedures. A local authority may exercise its powers under section 47 of the Children Act 1989 if it has reason to believe that a child is likely to suffer or has suffered FGM. Under the Children Act 1989, local authorities can apply to the Courts for various Orders to prevent a child being taken abroad for mutilation. In Oxfordshire, this power has not been used.

Community Education and Engagement

Community engagement activity is crucial in ensuring the success of this strategy. Any work must facilitate the effective engagement with our local communities. It is anticipated that this engagement will be locality and district based.

A change in cultural norms and practice requires active engagement by the communities in education and awareness raising, openly discussing the impact of FGM and human rights issues. Such activities allow greater understanding in relation to the issues and promote empowerment of those within the community to lead in eradicating this practice.

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10 FGM is always with us, Experiences, Perceptions and Beliefs of Women affected by FGM (2009) FORWARD
Intercollegiate Health Group Guidelines
In 2013 an intercollegiate group launched a report Tackling FGM in the UK: Intercollegiate Recommendations for identifying, recording and reporting. The report recognises that implementing a multi-agency action plan is required to ensure that young girls at risk of undergoing FGM are protected by the existing UK legal framework. This strategy will ensure that the nine recommendations within the report are adequately accounted for within action plan.

Implementation Plan
To implement this strategy two working groups have been established:
- FGM Strategy Group
- FGM Operational Group, with identified professional leads for FGM

The key points in this action plan are:
Protection
- local procedures and pathways for responding to safeguarding concerns in relation to FGM have been developed reviewed and updated.
- a Multi-Agency consultation process in which all cases where there is evidence of FGM are reviewed
- The investigation of individual cases of abuse and children suspected to be at high risk of FGM

All of these will be reviewed and monitored by the Operational Group including data collection

Provision
- A specialist Health Clinic for women who have undergone FGM (The Oxford Rose Clinic). This service needs to be properly commissioned and funded
- The school health nursing service and health visiting services to provide ongoing monitoring and preventative work with vulnerable groups and identified individuals
- Training of professionals to ensure knowledge of issues, procedures and pathways

Preventative
- FGM awareness information and resources to raise the profile with at risk groups in community settings
- Develop resources for professionals to enable them to engage appropriately with at risk groups.
- Development of a community engagement programme including a multi-agency programme coordinator
- Scoping document to establish prevalence in Oxfordshire
- Identification of funding streams to support FGM work in Oxfordshire

This is supported by an action plan which is a living document which will be monitored through the FGM Strategy Group.

ACTION PLAN TEMPLATE:

Priority 1: Protection.
To provide support to women who have undergone FGM and girls at risk, by improving the responses of services, agencies and professionals to help identify and respond to people at risk, and have experienced FGM.

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Priority 2: Provision.
To ensure women who have undergone FGM and girls at risk can access specialist services for information, advice, support and necessary health treatment.

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Priority 3: Prevention.
To improve education, awareness and prevention work on FGM with agencies professionals, community groups (such as faith groups), education/youth services to help address attitudes and myths about FGM.

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