

# Local Government Association briefing

## House of Lords debate on prosecutions for FGM

### 9 June 2016



#### KEY MESSAGES

- All types of female genital mutilation (FGM) have been illegal in England, Wales and Northern Ireland since the Female Circumcision Prohibition Act 1985. The Serious Crime Act 2015 extended the reach of the previous Acts and also made it an offence for any person with parental or caring responsibility for a girl to fail to protect her from FGM.
- There are a number of reasons why there have not been successful prosecutions for FGM. FGM is often carried out on young girls who may not understand what is being done to them and the overwhelming majority of cases in the UK the FGM has been carried out before the women and girls arrived in the country.
- FGM will only be eradicated in the longer term by changing practice and custom in communities where it happens. This requires working with and empowering members of these communities to change their views towards FGM.
- The National FGM Centre is a partnership programme run by Barnardo's and the LGA, funded by the Department for Education's Innovation Fund. It brings together experts to share their knowledge and skills to support and protect women and girls who are affected by FGM.
- Together we are creating a highly specialised team of skilled social workers with extensive experience of working with those at risk of FGM to be available in areas where women and girls are vulnerable. Community outreach programmes are being rolled out across the country to shift attitudes and behaviour towards better prevention of FGM and provide psychological support for survivors.

# Briefing

#### BACKGROUND INFORMATION

There are over 125,000 women in England and Wales estimated to be living with the consequences of FGM, and 60,000 girls born in England and Wales to mothers who have undergone FGM.<sup>1</sup>

All types of FGM have been illegal in England, Wales and Northern Ireland since the Female Circumcision Prohibition Act 1985. The Female Genital Mutilation Act 2003 updated the original Act and making it an offence to: perform FGM in the UK or abroad; assist the carrying out of FGM in the UK or abroad; or assist a girl to carry out FGM on herself in the UK or abroad. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 will be liable to a maximum penalty of 14 years' imprisonment and/or a fine.

The Serious Crime Act 2015 extended the reach of the previous Acts made it an offence for any person with parental or caring responsibility for a girl to fail to protect

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<sup>1</sup> FGM in England and Wales updated statistical estimates, July 2014, City Univesity London [http://www.city.ac.uk/\\_data/assets/pdf\\_file/0020/266033/FGM-statistics-report-21.07.14-no-embargo.pdf](http://www.city.ac.uk/_data/assets/pdf_file/0020/266033/FGM-statistics-report-21.07.14-no-embargo.pdf)

her from FGM. It is also an offence to publish any information that would likely lead to the identification of a person against whom an FGM offence is alleged to have been committed on. The 2015 Act also introduced FGM protection orders which can be issued by courts to protect a girl who is at risk of FGM or who has undergone FGM.

### **The role of councils and other professionals**

The Serious Crime Act 2015 requires regulated professionals such as teachers, health professionals and social workers to report all known cases of FGM for under 18s to the police (for example, when a disclosure has been made and/or medical examination has confirmed that FGM has taken place).

All professionals are required under the Children Acts 1989 and 2004 to safeguard children and young people. While the duty to report to the police is limited to the specified professionals described above, non-regulated practitioners still have a general responsibility to report cases of FGM (whether these are disclosed or visually identified, or suspected or at risk) in line with wider safeguarding frameworks.

The LGA produced a guide for councillors on FGM, setting out the national policy and legal context of what is being done to reduce FGM and how councils can contribute to prevention.<sup>2</sup>

### **Changing practice**

There are a number of reasons why there have not been successful prosecutions. FGM is often carried out on young girls who may not understand what is being done to them or, if they are aware, be willing to testify against close family members. The latest HSCIC figures on FGM in England demonstrate that in the overwhelming majority of cases in the UK the FGM has been carried out before the women and girls arrived in the country.<sup>3</sup>

Experts, including professionals and the third sector, with whom the LGA has engaged all believe that FGM will only be eradicated in the longer term by changing practice and custom in communities where it happens. This requires working with and empowering members of these communities to change their views towards FGM. A growing number of councils support community champions who are making the case against practising FGM in their own communities.

The National FGM Centre is a partnership programme run by Barnardo's and the LGA, funded by the Department for Education's Innovation Fund.<sup>4</sup> It brings together experts to share their knowledge and skills to support and protect women and girls who are affected by FGM. It is working with six pilot local authorities (Norfolk, Suffolk, Essex, Thurrock, Hertfordshire and Southend), and it has worked on 71 cases involving 70 women and 95 girls. The Centre has made a number of referrals to the police when a section 47 enquiry has been instigated. The Centre is also engaged in active discussions with a number of other local authorities to see how the Centre can work with them to tackle FGM in their areas.

Together we are creating a highly specialised team of skilled social workers with extensive experience of working with those at risk of FGM to be available in areas where women and girls are vulnerable. Community outreach programmes are being rolled out across the country to shift attitudes and behaviour towards better prevention of FGM and provide psychological support for survivors.

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<sup>2</sup> FGM: A Guide for Councillors, Local Government Association  
[http://www.local.gov.uk/documents/10180/5854661/L14-567+FGM+guidance+for+councillors\\_09.pdf](http://www.local.gov.uk/documents/10180/5854661/L14-567+FGM+guidance+for+councillors_09.pdf)

<sup>3</sup> HSCIC FGM data set: <http://hscic.gov.uk/fgm>

<sup>4</sup> National FGM Centre: <http://nationalfgmcentre.org.uk/about-us/>

## **CASE STUDIES**

### **Newham**

As a result of demographics the London Borough of Newham expected to see high numbers of recorded female genital mutilation. This was not borne out by the Newham Children Safeguarding data, with only six recorded cases in 2013, and five reported to the police. However, in 2007 FORWARD and the London School of Hygiene and Tropical Medicine estimated that the number of births from women with FGM in Newham from 2001-2004 was circa 7 per cent a year. Using these estimates, in 2012 there were 435-470 births in Newham from women who had undergone FGM, and in turn, whose children are at risk of FGM. This meant that Newham has one of the highest estimates of residents who have experienced FGM in London.

This discrepancy in data highlighted the need to work with at risk communities to increase reporting for voluntary or statutory support and the need for greater understanding among professionals in supporting FGM victims. In 2013, the London Borough of Newham was awarded London Crime Prevention Funding to provide a one-stop shop support service to victims of violence against women and girls (VAWG).

The one-stop shop serves as the single point of contact for victims and professionals accessing services in Newham. The FGM Prevention Service is one of many services that sit within it. The service is commissioned to intervene when health professionals first become aware of FGM (normally during routine examinations in pregnancy). When a professional becomes aware of a mother who is a victim of FGM, they are required to make a referral to safeguarding, and at the same time, invite the woman to access the FGM Prevention Service. This service supports victims of FGM to empower them to understand the negative consequences of FGM and not allow FGM for their daughters.

### **Bristol**

Bristol has created a model for tackling FGM, focused on community engagement and empowerment, strong partnership working and developing the right services and resources to tackle the issue at a local level.

Bristol started work on FGM in 2006 with the development of the Bristol Safeguarding Children Board multi-agency guidelines. There was a recognition that more could be done to increase the numbers of referrals and identify potential FGM cases more effectively. This led to a series of multi-agency training events, and an FGM safeguarding and delivery partnership. FGM is now integrated into the wider violence against women and girls agenda.

Collaboration between statutory bodies and community groups has been key to ensuring that there is a joined up approach towards ending the practice, with professionals and affected communities working together. There has also been recognition that the whole community must be involved in ending FGM with women, men and young people all participating.

The Bristol FGM Community Development project has had an impact on intensifying changes in attitude and enhancing knowledge and self-determination, particularly for women as well as health workers and other professionals. The work in Bristol has led to the development of appropriate services in the community and to an increase in referrals to the police, with a 400 per cent increase in potential FGM referrals from 2009 to 2014.

