Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee - 12 March 2015

Subject: The Health Implications of Female Genital Mutilation

Report of: Director of Public Health

Summary

There are a wide range of (potential) health implications for individuals having experienced, or at risk of Female Genital Mutilation (FGM) which require a co-ordinated and concerted effort across a range of services, organisations and sectors.

Recommendations

The Committee is asked to

1. Note the report.

2. Request that the Health and Wellbeing Board should consider the issues raised in this report as part of their 2015-16 Forward Plan.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. Female genital mutilation: the case for a national action plan (House of Commons Home affairs Committee)
2. Female Genital Mutilation Prevention Programme: Requirements for NHS staff (Statement by the Department of Health and NHS England)
3. Macfarlane A, Dorkenoo E. Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk.
4. Female Genital Mutilation (FGM): A Councillor's Guide (LGA)
5. Tackling Hidden Crimes and Behaviours: MCC Communities Scrutiny Committee (January 2015)

All documents available via Public Health (Barry Gillespie, contact details above).

1.0 Introduction

1.1 This report provides an overview of the health issues related to Female Genital Mutilation (FGM) in Manchester within the context of the current national understanding and response to this issue and follows on from a paper titled 'tackling hidden crimes and behaviour' presented to the Communities Scrutiny Committee in January 2015.

1.2 FGM is illegal in the UK under the Female Genital Mutilation Act 2003 and is known by a number of names, including 'female genital cutting', 'circumcision' or 'initiation'.

2.0 Background

2.1 The prevalence of FGM in the UK is difficult to estimate because of the hidden nature of the crime. However, a recent study estimated that:

- approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM.
- approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged fewer than 15 who have migrated to England and Wales are likely to have undergone FGM.

2.2 It is possible that, due to population growth and immigration from practising countries since 2001, FGM is significantly more prevalent than these figures suggest. The distribution of cases of FGM around the country will vary but is likely to be higher in Manchester because of the diversity of the City and demographic changes (see Appendix 1).

3.0 The definition and cultural basis of FGM

3.1 FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. 2 FGM has been classified by the World Health Organization into four types (see Appendix 2)

3.2 The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

3.3 FGM is a complex issue, with a variety of explanations and motives given by individuals and families who support the practice. These include that it:

- brings status and respect to the girl.
- preserves a girl's virginity/chastity.
- is part of being a woman.
- is a rite of passage.
- gives a girl social acceptance, especially for marriage.
- upholds the family honour.
- cleanses and purifies the girl.
- gives the girl and her family a sense of belonging to the community.
- fulfils a religious requirement believed to exist.
- perpetuates a custom/tradition.
- helps girls and women to be clean and hygienic.
- is aesthetically desirable.
- is mistakenly believed to make childbirth safer for the infant.
- rids the family of bad luck or evil spirits.

3.4 FGM is often seen as a natural and beneficial practice carried out by a loving family who believe that it is in the best interests of girl and women. This also limits a girl's incentive to come forward to raise concerns or talk openly about FGM reinforcing the need for all professionals to be aware of the issues and risks of FGM. It is because of these beliefs that girls and women who have not undergone FGM can be considered by practising communities to be unsuitable for marriage.

4.0 Implications of FGM

4.1 Many men and women in practising communities can be unaware of the relationship between FGM and its harmful health and welfare consequences as set out below, in particular the longer-term complications affecting sexual intercourse and childbirth.

4.2 The short-term consequences following a girl undergoing FGM can include severe pain, emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends), haemorrhage and wound infections

4.3 The longer-term implications for women who have had FGM Types 1 and 2 are likely to be related to the trauma of the actual procedure, while health problems caused by FGM Type 3 are more severe and long-lasting. However, all types of FGM are extremely harmful and cause severe damage to health and wellbeing. World Health Organization research has shown that women who have undergone FGM of all types, but particularly Type 3, are more likely to have complications during childbirth. A fuller list of short and long term consequences are given in Appendix 3

4.4 Young women receiving psychological counselling in the UK report feelings of betrayal by parents, incompleteness, regret and anger. There is increasing awareness of the severe psychological consequences of FGM for girls and

women, which can become evident in mental health problems, and drug and alcohol dependency.

4.5 The results from research in practising African communities are that women who have had FGM have the same levels of Post Traumatic Stress Disorder (PTSD) as adults who have been subjected to early childhood abuse, and that the majority of the women (80 per cent) suffer from affective (mood) or anxiety disorders. The fact that FGM is 'culturally embedded' in a girl's or woman's community does not protect her against the development of PTSD and other psychiatric disorders.

4.6 Professionals, particularly those in the health sector, should ensure that mental health support is made available to assist girls and women who have undergone FGM, as well as treatment for any physical symptoms or complications.

5.0 Manchester's response

5.1 Although a range of community and voluntary organisations, and schools, in Manchester had been working to raise awareness and education about FGM and its consequences, the issue was raised at a national level in February 2014. With no successful prosecutions related to FGM since it was made illegal in the UK this has prompted action to identify the prevalence of FGM, to train health and social professionals to recognise FGM and those at risk of FGM, improve the services available to respond to FGM, and to engage with communities where FGM is culturally acceptable.

5.2 NHS hospital trusts have been collecting and submitting FGM data to the Department of Health since September 2014.

NHS Trust	Recorded FGM cases
Pennine Acute Trust (PAT)-North Manchester General figures	45
Central Manchester Hospitals Foundation Trust (CMFT)	135
University Hospitals of South Manchester (UHSM)	11

A FGM Enhanced Dataset will be introduced in April 2015, and will apply to all Acute Trusts, Mental Health (MH) Trusts and GP Practices. This will introduce:

- Local sharing of FGM information, mandatory in April for all
- Central return of FGM information
- Expansion of existing Acute FGM Prevalence returns
- Mandatory from June 2015 for GPs and MH Trusts where FGM prevalence exists locally
- Mandatory from October 2015 for all others.

5.3 A key development required is the establishment of a referral pathway (initially for children) to ensure an appropriate response to FGM. This will also include the identification of high risk individuals and the provision of counselling services and appropriate support regarding physical and emotional health issues (see 4.2, 4.3 and Appendix 3).

5.4 There have been a number of recent referrals (of children) to the Sexual Assault Referral Centre (SARC) at St. Mary's Hospital which is not, currently, commissioned to provide medical examination for FGM. Key issues include understanding why a medical examination is being requested and how will any medical findings be utilised. A recent SARC FGM case illustrated how the lack of preparation had a detrimental impact on the child involved. It was agreed that, ideally, a mediator should be involved with the family pre- and post-medical examination. The Police and Crime Commissioner's office is exploring where funding to commission such a service could be sought whilst the SARC is drafting a FGM pathway and monitoring FGM referral numbers/sources coming to SARC.

5.5 Staff training for public sector services is an important element in responding to the challenges FGM presents to service provision for those working with communities that practice FGM. The table below summarises the training delivered and planned for Manchester's three hospital trusts, GP practices and the Council's Children's Services.

Organisation	**Training delivered**	**Training plans**
CMFT	3 multi-disciplinary course (60 staff). 1 Genito Urinary Medicine course (25 staff). Other ad hoc training.	1 multi-disciplinary course (30 staff). On-going training programme to be determined.
PAT	Included in the maternity mandatory training programme. Specific training to key midwives- community midwives and antenatal clinic. Included in mandatory safeguarding training.	Ongoing maternity mandatory training programme. Ongoing mandatory safeguarding training. The Safeguarding Team is hosting a master class in April 2015.
UHSM	Included in mandatory safeguarding training.	Ongoing mandatory safeguarding training.
Primary Care/GPs		The CCG Safeguarding Team will be offering a Level 3 programme on FGM to all GP practices in 2015/16. Manchester IRIS (Identification and Referral to Improve Safety) domestic abuse training and service has added more detailed training about FGM for the

		2015/16 programme.
MCC Children's Services	The new e-learning package on FGM has been circulated. http://www.fgmelearning.co.uk/ Staff have attended a range of local/regional conferences and seminars.	Identified as a training need for 2015/16 and communicated beyond Children's Services to Manchester Safeguarding Children's Board (MSCB). Two courses being planned for 2015/16.

5.6 It is clear that a wide variety staff groups from a range of services have attended events on FGM over the past year, including those provided by Salford University, the NHS and various community and third sector organisations. The voluntary sector response covers community engagement, awareness raising and training. There are three key organisations that are working in collaboration with local groups, schools, Greater Manchester Police and other public services as set out below.

5.6.1 AFRUCA (Africans Unite against Child Abuse) carried out a mapping exercise to inform schools of the potential risk of children being a victim of FGM. This was shared at District Head Teacher meetings and High School Head meetings.

AFRUCA has also undertaken community and engagement with community leaders and members from Nigeria, Kenya, Uganda, Sierra Leone, Rwanda, Burundi, Eritrea, Ethiopia, Somali, Zimbabwe and Sudan. The research outcomes and report on the Estimate of the Presence and Prevalence (Voices of the Communities) will be launched on the 30th March 2015.

AFRUCA is also starting a 6 month project next month working with the youth and young adults called AFRUCA Anti-FGM Champions. The group will work within their own communities and schools to fight FGM by delivering workshops supported by an AFRUCA FGM lead person.

5.6.2 The BME Network was successful in obtaining Home Office to run a 12 month awareness raising project. This included:

- Training 16 individuals from 8 community organisations that are linked to communities who are from FGM practicing countries. Each organisation was tasked with raising awareness in its community. The organisations engaged include UCOMM (Ugandan community), Jitahidi (African and significant Kenyan), Welfare Foundation for East Africa (significant Somali community), Command Prayer Centre Ministries (African faith organisation), Vision 2020 (Nigerian), Warm Hut (reaches refugee communities), Rainbow Noir Family (refugees) and Rochdale Mind (mixed community).
- Awareness raising with public services including MCC social workers, Wright Robinson College (teachers and safeguard leads), Claremont Primary School (parents) and Northwood Housing (outreach and housing staff) has also taken place. Furthermore there are plans to bring together a number of community organisations based in Manchester with an active

work programme on FGM with the goal of establishing a local FGM community forum.

5.6.3 NESTAC (New Step for African Community), in partnership with FORWARD (Foundation for Women's Health Research and Development) plan to deliver FGM training in 3 high schools.

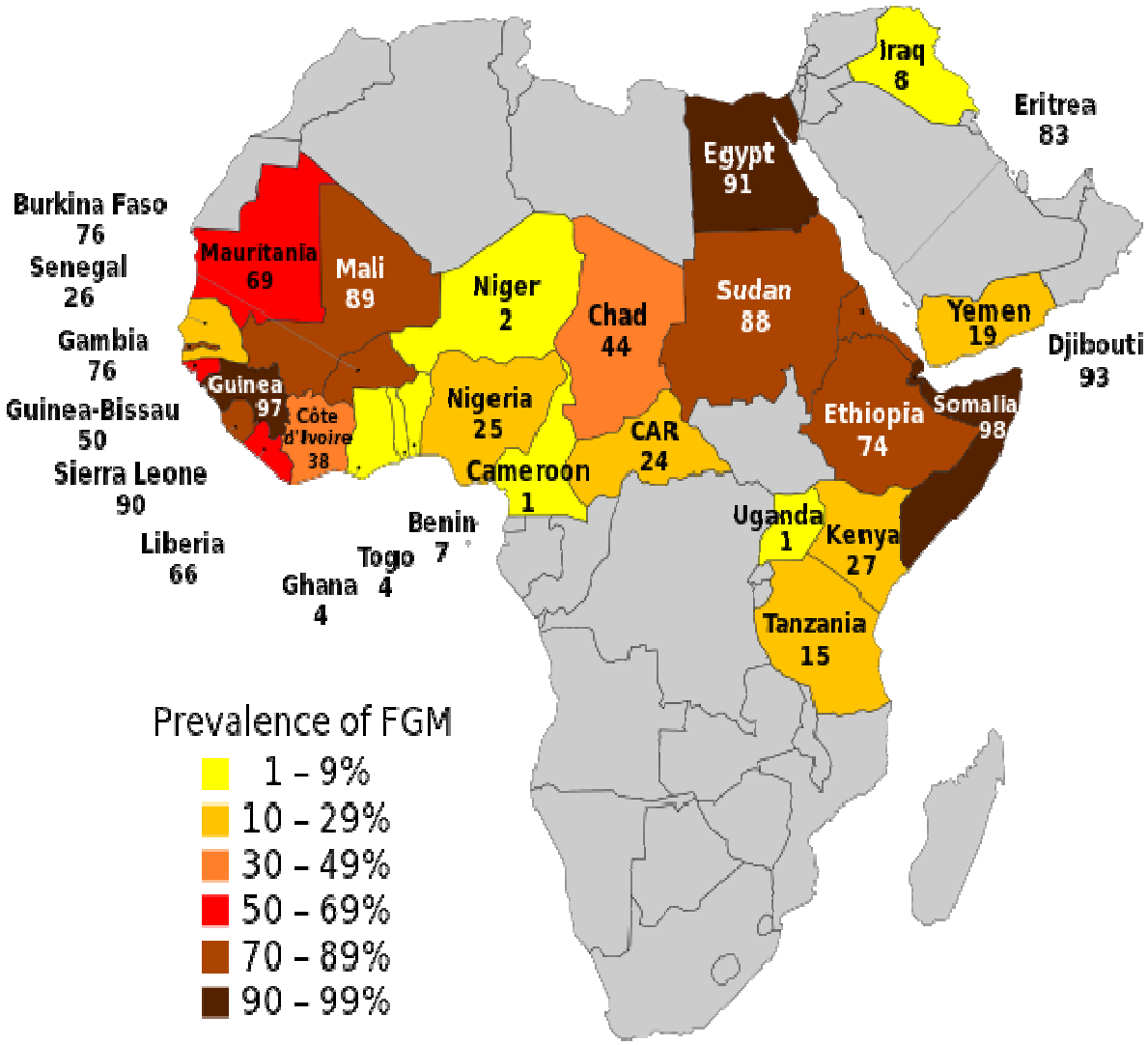
5.7 Finally awareness of FGM for schools was raised through circular letters to all head teachers in March 2014. Schools are getting better at identifying the signs and risks associated with FGM but gathering enough evidence to make a decision on whether action can be taken is still a challenge. An action for schools is to engage with their communities to make information around FGM clear and accessible.

6.0 Conclusions and next steps

6.1 This report highlights that there is a considerable amount of good work being undertaken in relation to this complex area. However it is recognised that better coordination across agencies is needed. It is therefore suggested that the Health and Wellbeing Board consider some of the issues raised in this report to ensure appropriate actions by individual agencies represented on the Board are taken forward.

Appendix 1

Prevalence of FGM in African/Middle East countries



Appendix 2

World Health Organisation classification of FGM

Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the 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 (the labia are the 'lips' that surround the vagina).

Type 3 – Infibulation: narrowing of the vaginal.

Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Appendix 3

Consequences of FGM

The short-term consequences of FGM can include:

- severe pain.
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends).
- haemorrhage.
- wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C);
- urinary retention.
- injury to adjacent tissues.
- fracture or dislocation as a result of restraint.

The long-term health implications of FGM can include:

- chronic vaginal and pelvic infections.
- difficulties with menstruation.
- difficulties in passing urine and chronic urine infections.
- renal impairment and possible renal failure.
- damage to the reproductive system, including infertility.
- infibulation cysts, neuromas and keloid scar formation.
- obstetric fistula.
- complications in pregnancy and delay in the second stage of childbirth.
- pain during sex and lack of pleasurable sensation.
- psychological damage, including a number of mental health and psychosexual problems such as low libido, depression, anxiety and sexual dysfunction; flashbacks during pregnancy and childbirth; substance misuse and/or self-harm.
- increased risk of HIV and other sexually transmitted infections.
- death of mother and child during childbirth.