

Appendix 33: Female Genital Mutilation (General Recommendation No. 14) (See General recommendation 19)

In 2008 the CEDAW Committee recommended that the Government fully implement legislation prohibiting female genital mutilation (FGM). Recommendations included prosecution of perpetrators, and expanding training activities and programmes for public officials, particularly those in law enforcement and health (including the British Medical Association) to ensure they are sensitised to the issue of FGM and can provide adequate support to victims. The Committee wanted officials to increase efforts to design and implement targeted FGM prevention strategies, education and awareness-raising programmes.¹

The paucity of statistical data on the extent of FGM in the UK together with a lack of prosecutions under existing legislation indicate a real need for improvements in how FGM is addressed by the UK Government. To date, there have been no prosecutions under this legislation and much work needs to be done to ensure that women and girls are adequately protected. We welcome the improved criminal sanctions, implemented in 2004, to address FGM, however, we are extremely disappointed that these have not yet been used to bring perpetrators to justice and to protect women and girls. We believe this is evidence that legislation to address violence against women and girls (VAWG) cannot work in isolation but requires a sustained and far-reaching campaign of awareness raising and training to ensure that all who come into contact with a girl or woman at risk of FGM know how to provide her with the right advice and support. Although guidance² has been produced, a coordinated approach by the police and Criminal Prosecution Service (CPS) is essential to the effective investigation and prosecution of cases and is vital if we are to see the effective use of the criminal sanctions available.³ The guidelines were developed in collaboration with civil society partners and statutory professionals and show the potential for effective collaboration between government and civil society; however, they are non-statutory and have not been rolled out nationally in any meaningful way. At a meeting in February 2011 to launch the guidelines in London, Lynne Featherstone MP the then Government Champion on Violence against Women and Girls, indicated that specific training was not part of the dissemination plan but there would be evaluation after a year to assess how the guidelines had been utilised.

¹ CEDAW Committee (2008) Concluding observations of the Committee on the Elimination of Discrimination Against Women: United Kingdom of Great Britain and Northern Ireland. Forty-first session <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N09/555/92/PDF/N0955592.pdf?OpenElement> Para 32

² Crown Prosecution Service, Female Genital Mutilation Legal Guidance http://www.cps.gov.uk/legal/d_to_g/female_genital_mutilation/ Accessed 17/05/2013

³ Rights of Women (2010) *Measuring up? UK compliance with international commitments on violence against women in England and Wales*. ROW: London http://www.rightsofwomen.org.uk/pdfs/Measuring_up_A_report_by_Rights_of_Women.pdf

Recommendations:

- **The Government needs to implement a national action plan on FGM which will provide statutory guidance and a strategy for ending the practice to all key stakeholders including professionals, NGOs and communities. The action plan should include budgetary allocation for its implementation together with an effective monitoring plan coordinated by the Government**
- **Data collection should form a central part of FGM strategies in particular routine data collection in health settings to track trends and prevalence. This should include a centralised information collection point**

The cross-Government *Call to End Violence Against Women and Girls*⁴ includes FGM and when it was developed in 2010 was shared with the UK FGM Forum - a network of statutory professionals and civil society organisations originally established to support policy development. This plan has limited targets and fails to tackle underlying issues and barriers within the UK in relation to FGM. Engagement with communities is also limited to the quarterly meetings of the FGM Forum. More importantly the Cross-Government FGM Coordinator post has been abolished despite campaigns by civil society⁵ for the post to continue.

The UK Government's launch of its strategy is commendable but falls far short of effectively tackling the different forms of VAWG and the multiple forms of violence that minority women and girls experience. Actions on FGM are inadequate and piecemeal and fail to include clearly resourced targets that address prevention, provision and prosecution. It is also extremely disappointing that the Welsh Assembly Government's strategy⁶ contains no resourcing commitments to specifically address the issue of FGM. There is a lack of specialist services available to respond to the needs of women and girls despite the estimated numbers of women at risk. Funding for specialist and community based services in this area must be a priority;⁷ without specialist services working to raise awareness and to support and advise women, FGM will not be adequately addressed and the legislation will remain largely unused. It is encouraging that in England an FGM community engagement fund was launched in 2012 providing £50,000 of funding to ten local organisations to support and facilitate community engagement work to prevent FGM; however, this is not enough.

⁴ Home Office (2010) *Call to End Violence against Woman and Girls: Taking action – the next chapter*. HM Government <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/action-plan-new-chapter>

⁵ Williams, R. (2011) 'Female circumcision prevention post abolished by government', *The Guardian*, 30th March 2011 <http://www.guardian.co.uk/society/2011/mar/30/female-circumcision-prevention-post-abolished>

⁶ Welsh Assembly Government (2010) *The Right to be Safe*. Cardiff: WAG <http://wales.gov.uk/topics/housingandcommunity/safety/domesticabuse/publications/besafe/?lang=en>

⁷ Rights of Women (2010) *Measuring up? UK compliance with international commitments on violence against women in England and Wales*. ROW: London http://www.rightsofwomen.org.uk/pdfs/Measuring_up_A_report_by_Rights_of_Women.pdf

The FGM Act was introduced in 2003, came into effect in March 2004 and applies in England, Wales and Northern Ireland.⁸ The Act⁹ effectively protects only UK citizens and permanent residents and fails to protect residents in the UK who potentially take their children abroad for the purpose of FGM. In describing its work to tackle FGM, the Government does not refer to female asylum seekers. Although FGM is considered a form of persecution in UK asylum case-law, women still face barriers to this being recognised as grounds for international protection.¹⁰ (para 285) The law only protects British nationals or those who have permanent residence and unlike legislation to protect women from forced marriage, (See Appendix: 29) does not provide protection for non-permanent residents such as those on spousal or student visas. Migrant women, in particular girls and young women, face multiple barriers in relation to reporting.¹¹

While in 2011 the Government developed guidelines for the CPS and Multi-Agency Guidelines¹² for Responding to FGM, both guidelines can only be accessed online and do not include funding to train key professionals in the relevant skills and knowledge to respond effectively when they come into contact with women and girls affected by FGM. Key professionals including midwives are not properly trained to support women affected by FGM. In a study conducted by Royal College of Midwifery, they found that a large majority of midwives had no knowledge of where to refer women for specialist FGM services and only 15.3% reported having attended a training session.¹³ In terms of policy on FGM there has been a disproportionate focus on enforcement and criminal justice and a general lack of integration of different guidelines within Local Authorities and the National Health Service.¹⁴

Recommendation:

With the changes in the NHS, FGM specialist clinics at risk of closing down should be protected to enable women to access local services. The Government has to ensure that there is standardisation and oversight of FGM specialist services and that the good practice developed by specialist services is rolled out and resources allocated to ensure that women and girls are provided with the appropriate support to meet their needs

⁸ The Prohibition of Female Genital Mutilation (Scotland) Act 2005 makes FGM a criminal offence in Scotland.

⁹ Female Genital Mutilation Act 2003 <http://www.legislation.gov.uk/ukpga/2003/31/contents>

¹⁰ Querton, C. (2012) *"It feels like as a woman I'm not welcome": A gender analysis of UK law, policy and practice.* Asylum Aid: London

http://www.asylumaid.org.uk/data/files/ifeelasawoman_reportv2.pdf.

¹¹ Imkaan, Equality Now and City University (2011) *The Missing Link: A joined up approach to addressing harmful practices in London.* Greater London Authority: London

<https://www.dropbox.com/sh/4zqOjgk4xyez91i/9xvCKa5r0H/The%20Missing%20Link%20Exec%20Summary%20September%202011.pdf>

¹² HM Government (2011) *Multi-Agency Practice Guidelines: Female Genital Mutilation,* <http://www.homeoffice.gov.uk/publications/crime/FGM>

¹³ Royal College of Midwives (2012) *Female Genital Mutilation: Report of a survey on midwives views and knowledge.* Royal College of Midwives <http://tinyurl.com/b8yeqpa>

¹⁴ Imkaan, Equality Now and City University (2011) *The Missing Link: A joined up approach to addressing harmful practices in London.* Greater London Authority: London

<https://www.dropbox.com/sh/4zqOjgk4xyez91i/9xvCKa5r0H/The%20Missing%20Link%20Exec%20Summary%20September%202011.pdf>

FGM is a form of violence which can have far reaching physical and mental health consequences and raises serious concerns related to the right to health. (See [Article 12](#)) Up to 6,500 girls are at risk of FGM in the UK every year¹⁵ and in 2007 research revealed that nearly 66,000 women with FGM are living in England and Wales and there are nearly 16,000 girls under the age of 15 at high risk of World Health Organisation (WHO) Type III FGM and over 5,000 at high risk of WHO Type I or Type II.¹⁶ A study on harmful traditional practices found that estimated numbers of births to women affected by FGM living in London rose from 4,238 women in 2000 to around 7,000 each year from 2007 to 2009.¹⁷ Almost one woman every day has had hospital treatment for FGM since 2006, with 708 women needing hospital admission or surgery.¹⁸ Despite evidence of the extent of the practice¹⁹ which in each case necessarily involves a breach of the criminal law as set out in the FGM Act 2003, there have still been no prosecutions in England and Wales.²⁰

Incredibly worrying is the evidence that there are GPs and other health professionals in the UK who illegally perform FGM. In April 2012 journalists investigating the practice secretly filmed a doctor, dentist and alternative medicine practitioner who were allegedly willing to perform FGM or arrange for the operation to be carried out. The investigators claimed that as many as 100,000 women in Britain have undergone FGM with medical practitioners in the UK, some of who have performed the extremely illegal procedure on girls as young as 10.²¹ Because FGM disproportionately affects children, it raises a number of concerns

¹⁵ FORWARD, Female Genital Mutilation (FGM) <http://www.forwarduk.org.uk/key-issues/fgm>
Accessed: 21/04/13

¹⁶ FORWARD (2007) *A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales*. FORWARD: London <http://www.forwarduk.org.uk/key-issues/fgm/research>

¹⁷ Imkaan, Equality Now and City University (2011) *The Missing Link: A joined up approach to addressing harmful practices in London*. Greater London Authority: London
<https://www.dropbox.com/sh/4zq0jgk4xyez91i/9xvCKa5r0H/The%20Missing%20Link%20Exec%20Summary%20September%202011.pdf>

¹⁸ figures from 11 London NHS trusts, including Guy's and St Thomas', UCL and St George's in Tooting, showed a peak of 442 women seeking treatment in 2010 - a 30% increase on 2007
Woodhouse, C. and Clayton, J. (2012) '2,100 women seek treatment for mutilation', *London Evening Standard*, 16th February 2012 <http://www.standard.co.uk/news/health/2100-women-seek-treatment-for-mutilation-7443780.html>

¹⁹ See for instance the *London Evening Standard* (2012); more than 2,100 women and girls in London have sought hospital treatment for genital mutilation over the past six years
Woodhouse, C. and Clayton, J. (2012) '2,100 women seek treatment for mutilation', *London Evening Standard*, 16th February 2012 <http://www.standard.co.uk/news/health/2100-women-seek-treatment-for-mutilation-7443780.html> The figures were obtained by Freedom of Information Act requests to London NHS hospitals. The figures showed that 2,167 women accessed hospital treatment for female genital mutilation since 2006, with 708 of those needing to be admitted or have surgery.

²⁰ Ellison, J. (2011) *Child Protection System in England, Written evidence submitted by Jane Ellison MP to the Education Select Committee*, Session 2010-12, 11/11/11

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmeduc/writev/1514/cp60.htm>
Contrast the situation in France where there have been about 100 convictions relating to FGM, many of them resulting in parents and FGM practitioners being sent to prison. Report available from BBC, FGM reconstructive surgery made me 'complete', Accessed 17/05/2013
<http://www.bbc.co.uk/news/world-18976217>

²¹ The Telegraph (2012) '100,000 British women mutilated', *The Telegraph*, 22nd April 2012
<http://www.telegraph.co.uk/news/uknews/crime/9219217/100000-British-women-mutilated.html>

under the UN Convention on the Rights of the Child²² and is also relevant under the Convention Against Torture.²³

Recommendation:

There is a clear need for increased awareness and understanding of the criminal law sanctions for FGM amongst the communities where it is practised as well as amongst the professionals most likely to come into contact with women and girls at risk. Clearer protocols for the identification and reporting of suspected cases of FGM are vital to ensure that they are appropriately investigated and ultimately prosecuted.

Questions:

- **What concrete steps is the government taking to encourage prosecutions?**
- **How are communities supported to abandon the practice?**
- **How is the effectiveness of this support measured?**

²² Convention on the Rights of the Child (CRC) www.unicef.org/crc/

²³ Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) <http://www.hrweb.org/legal/cat.html>