



Developing excellence
in response to FGM and
other harmful practices



End FGM
EUROPEAN NETWORK

FORWARD



Joint Shadow Report – United Kingdom

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Authors:

The **National FGM Centre** is a partnership between Barnardo's and the Local Government Association (LGA) and its objective is to achieve a system change in the provision of services for children and families affected by Female Genital Mutilation/Cutting (FGM/C). The Centre's vision is to keep children and young people safe from FGM/C and other harmful practices, including ending new cases of FGM/C by 2030. Funded by the Department of Education as part of its Children's Social Care Innovation Programme, the Centre works closely with key partners from local authorities and the health, education, police, and the voluntary sector to achieve its vision and aims. In 2017, the Centre's remit was extended to include Breast Ironing/Flattening and Child Abuse Linked to Faith or Belief.



The **Foundation for Women's Health Research and Development** is an African Diaspora-led women's advocacy and support charity set up in 1985. Its work responds to the need to safeguard dignity and advance the sexual and reproductive health and human rights of African women and girls in the UK and Africa. It focuses on tackling female genital mutilation and child and forced marriages, which disproportionately affects vulnerable girls. It aims to engage, mobilise and transform public opinion and communities including decision-makers, women, young people and community leaders to speak out and take action against gender-based discrimination.

We Speak Out strives to work for the rights of Bohra women in all spheres of life. Specifically, in relation to FGM/C (often referred to as 'Khafz' in the Bohra community) it is agreed that the practice has no place in the lives of women and that it should be eradicated.

Orchid Project is an international NGO, with offices in Nairobi and London that is catalysing the global movement to end FGM/C). FGM/C is a human rights violation that harms the lives of girls, women and their communities. Orchid Project partners with pioneering grassroots organisations around the world, and shares knowledge and best practice to accelerate change. Orchid Project also advocates among governments and global leaders to ensure work to end FGM/C is prioritised.

End FGM European Network (End FGM EU): [End FGM EU](#) is a European umbrella network of 39 organisations working in 16 European countries to ensure a sustainable European action to end female genital mutilation in Europe and beyond. Its vision is "a world free of all forms of female genital mutilation (FGM) where women and girls are empowered and can fully enjoy their human rights". Its mission is to be the driving force of the European movement to end all forms of FGM, by joining the forces of communities and civil society organisations and building synergies and cooperation with all relevant actors in Europe and globally.

INTRODUCTION

The present joint shadow report is produced by End FGM European Network in co-operation with its UK-based members: the National FGM Centre, FORWARD UK, We Speak Out and Orchid Project. This report will highlight the current situation and propose concrete recommendations on the issue of prevention, protection, prosecution and integrated policies concerning female genital mutilation in UK. Although this report focuses only on this harmful practice, its aim is not to single it out in isolation. The aim is to put emphasis on it in a holistic

and comprehensive manner while still seeing it in the *continuum* of gender-based violence against women and girls.

This report is part of a wider coordinated effort of End FGM EU to engage all its members who are under GREVIO revision to present an **FGM-focused report** in order to bring the topic to the attention of experts, which is too often neglected by State authorities. This project stems in part from the Guide on the [Istanbul Convention as a tool to end female genital mutilation](#), which was produced in coordination between the Amnesty International End FGM European Campaign (the predecessor of End FGM EU) and the Council of Europe. It puts into practice the Guide's holistic approach by considering its full application to FGM as a form of violence against women and girls which needs to be addressed through prevention, protection, prosecution and integrated policies. It does not only analyse the application of the specific FGM Article 38 of the Istanbul Convention but addresses the full range of articles in the Convention and how they are applied to tackle FGM.

1. Legal Framework

Criminal law

In the UK, FGM is criminalised through a specific legislation. However, legislation on this matter, including the definition of FGM and of the related criminal offence, differs at sub-national level:

- In England, Wales and Northern Ireland, FGM is criminalized through the [Female Genital Mutilation Act 2003](#), as amended by the Serious Crime Act 2015, Part 5 (Protection of Children and Others), Sections 70-75 (Female Genital Mutilation). Under Section 1(1) of the FGM Act 2003: It is a criminal offence to “excise, infibulate or otherwise mutilate” the whole or any part of a girl's labia majora, labia minora or clitoris. Acts criminalised include the act of carrying out FGM (Section 1, FGM Act 2003), of assisting a girl to mutilate her own genitalia (Section 2, FGM Act 2003), of assisting a non-UK person to mutilate a girl's genitalia overseas (Section 3, FGM Act 2003) and of failing to protect girls from risk of genital mutilation (Section 3A FGM Act 2003 (amended by Section 72, Serious Crimes Act 2015)). Provisions concerning protection orders, parental liability and mandatory reporting are also contained in the Serious Crime Act 2015. It should be noted that parental liability under the Serious Crime Act 2015 cannot be enforced retroactively which could present a barrier in prosecutions.

- In Scotland, FGM is criminalised through the [Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#), as amended by [Section 70 of the Serious Crime Act 2015](#). FGM is defined as excising, infibulating or otherwise mutilating the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina of another person, which is not necessary for physical or mental health or for medical purposes connected to the labour or birth. Custom or ritual cannot sustain a mental health objective (Section 1, Prohibition of Female Genital Mutilation (Scotland) Act 2005). The acts criminalised include the act of carrying out FGM (Section 1, Prohibition of FGM Act 2005), of aiding, abetting, counselling, procuring or inciting the assistance of a person to mutilate a girl's genitalia (Section 3, Prohibition of FGM Act 2005) and of assisting a non-UK person to mutilate overseas a girl's genitalia (Section 3, Prohibition of FGM Act 2005).

Extraterritoriality is applicable in cases where the act of FGM is carried out outside the UK by a UK national or resident (Section 70, Serious Crime Act 2015 amending Section 4 of FGM Act 2003 and Section 4 of Prohibition of FGM Act 2005). The perpetrator must be a UK national or be habitually resident in the UK. The permanency of the residency, which was a condition in the FGM Act 2003 and Prohibition of FGM Act 2005, was amended with a simple residency through the Serious Crime Act 2015. Whether a person is habitually resident in the UK should be determined by the facts of the case.

Child Protection Law

The UK's 4 nations: England, Wales, Northern Ireland and Scotland all have their own child protection systems, laws and policies. Each nation is responsible for designing and implementing these legal and policy frameworks.

Where FGM is included in relevant Child Protection Laws, official guidance is often given regarding the legislative requirements and scope of the provisions:

- England: [Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and promote the Welfare of Children](#) (2018), [Keeping Children Safe in Education](#) (2023) and [the Statutory Framework for the Early Years Foundation Stage \(2023\)](#)
- England and Wales: [Multi-Agency Statutory Guidance on Female Genital Mutilation](#) (2020) and the [Mandatory Reporting of Female Genital Mutilation – Procedural Information](#) (2015)

- Northern Ireland: [Co-operating to Safeguard Children and Young People in Northern Ireland](#) (2017) [Multi-agency Practice Guidelines: Female Genital Mutilation, Female Genital Mutilation \(FGM\): FGM Safeguarding Pathway and Risk Assessment](#) (2020) and the [Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse](#) (2021). Furthermore, the child protection register (CPR) is a confidential list of all children in the local area who have been identified as being at risk of significant harm. It allows authorised individuals to check if a child they are working with is known to be at risk. Also, the [Safeguarding Board for Northern Ireland \(SBNI\)](#) is a statutory mechanism that seeks to safeguard and promote the welfare and rights of children and young people.
- Scotland: [National Guidance for Child Protection in Scotland \(2023\)](#). Also, Child Protection Committees (CPCs) are responsible for multi-agency child protection policy, procedure, guidance and practice. Within 21 days of referral by a professional, a child protection case conference (CPCC) is held in order to assess the risk of the child being harmed.

Law on asylum

In order to be recognised as a refugee under UK Asylum Law, the applicant must be unable to return to their country of origin (or in cases of stateless, the country where they habitually live) because due to the fear of persecution they are unable to live safely in any part of their country. Furthermore, they are unable to get protection from authorities in their country of origin.

Ordinarily, persecution must be on the basis of race, religion, nationality or political opinion. However, the UK Border Agency (responsible for assessing asylum claims) states that it “accepts that acts of gender-specific nature, other than sexual violence, may also constitute persecution.” Therefore, FGM can be a ground for obtaining refugee status, a form of international protection.

In order to ensure quality decision making for such sensitive cases, all FGM cases must undergo a ‘second pair of eyes’ (SPoE) process – here the decision of case works on all FGM cases are re-assessed. The approval of the person carrying out the SPoE is needed for a decision to certify a human rights claim. Agreed decisions are recorded in the Casework Information Database (CID).

The rights granted to the FGM-affected woman or girl within the international protection status obtained are: housing, cash support, extra money for mothers and young children, maternity payment, free National Health Service (NHS) healthcare, compulsory and free

access to school for children between 5-17 years old. The majority of asylum seekers do not have the right to work in the United Kingdom and so must rely on state support.

[The Guidance on Gender Issues In The Asylum Claim](#) recognises the need to consider women/girls who might undergo FGM, and their parents (provided they can prove to be opposing FGM), as members of a Particular Social Group, since they may be at risk upon return to their home country. However, there is no mention of women and girls already cut. In practice, asylum claims on grounds of FGM are often rejected because: it is presumed that the woman can refuse to undergo the practice, it is expected that the girl/woman's family will protect them, or the woman could move elsewhere to remove any risks, but legislation on FGM does not ensure protection (if one part of a State could not protect a girl, this is most likely the case for all areas).

The family courts may grant an asylum seeker a protection order. Although the Home Office may take the family court's ruling into consideration, they are not bound by it and can still reject the asylum claim.

1. Policy Framework

National Action Plans

- In England and Wales, FGM was included as part of a wider National Action Plan: Ending Violence against Women and Girls Strategy 2016 – 2020. The strategy outlines key actions required to achieve expected outcomes by 2020, including a reduction in the prevalence of all forms of violence against women and girls; increased reporting, police referrals, prosecution and convictions; earlier intervention and prevention; and ensuring that affected women and children receive appropriate support. In 2021, a [Strategy on Tackling Violence Against Women and Girls](#) was published which aims to increase victim support, bring perpetrators to justice and reduce the prevalence of violence against women and girls. The strategy includes several actions in respect of tackling FGM, for example, improving data collection to understand the prevalence of FGM and raising awareness of the duty to report. FGM was also included in the [International Women and Girls Strategy 2023-2030](#). This strategy symbolises a commitment to support women and girls, and women's rights organisations, until equality reaches every woman and girl. The strategy recognises that FGM is one of the most extreme manifestations of gender inequality.
- Northern Ireland has a regional guide on FGM.

- Scotland has a [Specific National Action Plan to Prevent and Eradicate Female Genital Mutilation \(FGM\) 2016-2020](#). The aim of Scotland's NAP is "banishing FGM", described as requiring a better understanding of why practising communities sustain the tradition, which in turn requires the support of affected communities and individuals, as well as information, guidance and training for the statutory and third sector. It focuses on 4 Ps: Prevention, Protection, Provision of services and Participation.

MAIN ISSUES AND RECOMMENDATIONS

2. Prevention

Article 12

Community Engagement:

- In England and Wales, there is a VAWG NAP which means there is a formal system in place to engage with FGM-affected communities. However, the Government relies on civil society organisations to engage with communities.
- In Northern Ireland, there is no formal system in place. According to the regional guidance, they work with communities. However, this is not systematised and there is a lack of evidence to show that this is effectively happening in practice
- In Scotland the Police partners with the Scottish Government and community-based organisations to raise awareness of FGM. Healthcare professionals are also part of this.

Article 15:

Trainings exist for different types of professionals who can come into contact with women and girls who are affected or at risk of FGM:

- The Home Office provides an online training aimed at recognising and preventing FGM for all professionals with safeguarding responsibilities (especially frontline staff in healthcare, police, border force and children's social care). Training is not mandatory however some services make the choice to mandate it internally.
- In the educational sector, all school staff receive up-to-date and appropriate safeguarding and child protection training (which also addresses FGM). This is

important given that from 2018, it became mandatory to teach FGM to secondary school pupils in England.

- In the health sector, a publication ([*Female Genital Mutilation: Standards for training healthcare professional*](#)) provides national training standards and highlights the training requirements for various NHS professionals. The Royal College of Midwives (RCM) has set up an online network for specialist midwives, nurses and health visitors to help tackle FGM and to support survivors.
- For police & law enforcement agents, Virtual College has included a free online safeguarding training course, developed for the Home Office. It is particularly targeted at frontline staff in healthcare, police, border force and children's social care.
- Concerning asylum matters, staff who work on FGM asylum applications and asylum case workers can take and complete the e-learning course for recognising and preventing FGM. However, this is not mandatory.

In Scotland, training for professionals is included in the 2017 Multi Agency Guidance, which expresses the responsibility of professionals to deal with FGM-related cases. Executive Agency of the Scottish Government tasked with improving the quality of the country's education system, has included FGM in their school inspection categories. During all school inspections, schools and centres are asked to identify how professional learning and development of staff improves their knowledge and understanding of FGM. Scotland will soon be introducing a new Bill: Female Genital Mutilation (Protection and Guidance) (Scotland) Bill. The provision will introduce statutory guidance to improve the response of services and to better prepare professionals that work with affected communities.

However, **training in the UK is not always mandatory**: schools often have the discretion to decide whether to train teachers on FGM. It is a requirement of the Office for Standards in Education, Children's Services and Skills, however, this is inconsistently applied nationally. University students who are in the health/medical profession may cover FGM as part of their course. However, this differs between universities.

3. Protection

Articles 20 and 22:

Psychological, sexological and gynaecological care is available to FGM survivors and is fully covered. Whilst women could access urogynaecology services from a hospital once referred

by their general practitioner, there are some FGM clinics for both pregnant and non-pregnant women in the UK. These latter offer a holistic approach towards caring for survivors, which includes de-infibulation service for women with Type III FGM, as well as medical and therapeutic support.

Under The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 (substitution of Regulation 5(3)(d)) and Guidance on Overseas Visitors Hospital Charging Regulations 2017, survivors of FGM are entitled to free NHS hospital treatment. These services are “free of charge irrespective of country of normal residence (as long as the overseas visitor hasn’t travelled to the UK for the purpose of seeking that treatment)”

Local authorities would usually have services for children, however, there is only one dedicated FGM clinic for children which is based at University College London Hospital. Other paediatric consultants can be found across the UK.

However, the NHS does not offer reconstructive surgery among its services.

Article 27:

- England and Wales: Section 5B FGM Act 2003, as amended by Section 74 Serious Crimes Act 2015, establishes the duty for those in a “regulated profession” in England and Wales, namely healthcare professionals, teachers and social care workers, to notify the police orally or in writing within one month when, in the course of their work, they discover that an act of FGM appears to have been carried out on a girl who is under 18. There is an obligation both if a child discloses verbally that they have undergone FGM and if the professional observes physical signs that the girl has undergone FGM. General safeguarding duties also apply to other professionals, as they have a duty to at least report any safeguarding issues to their safeguarding lead. The safeguarding lead should take appropriate action.
- In Northern Ireland and Scotland, there is no duty to report. Mandatory reporting contained in Section 74 of the Serious Crime Act 2015 noted above does not apply to professionals in Northern Ireland or Scotland. However, frontline professionals should adhere to general safeguarding procedures. For example, in Northern Ireland, Section 5 of the Criminal Law Act (Northern Ireland) 1967 on ‘Penalties for concealing offences etc.’ requires a person to report to a police constable within a reasonable time if they believe that an offence or some other relevant offence has been committed; and if the information will likely secure, or be of material assistance in securing, the apprehension, prosecution or conviction of any person for that offence. However, this requires them to be aware of the illegality of FGM.

The duty to report differs at a subnational level but is still conditional depending on the type of professionals involved, the age of the victim and whether FGM has already occurred. For mandatory reporting, the obligation is placed on those in “regulated professions” in England and Wales, namely healthcare professionals, teachers and social care workers. However, in general all UK frontline professionals should adhere to general safeguarding procedures. Professionals have the duty to report only in cases where FGM has already been carried out and the girl is under 18 at the moment of the reporting.

Article 60:

Reception conditions do not entirely address the needs of FGM-affected asylum seekers in terms of gender-sensitivity and access to adequate specialised services. There are no mechanisms laid down by law to specifically identify vulnerable groups or people with special reception needs. Although, under section 4 of Asylum Seeker (Reception Conditions) Regulations SI 2005/7, if an asylum seeker’s medical report indicates that they are vulnerable, then the accommodation provider is required to take their vulnerability into account when providing accommodation. Whether reception conditions address the needs of FGM-affected asylum seekers depends on a case-by-case basis.

4. Prosecution

Article 50:

Some prevention/protection measures exist for persons at risk of being subjected to FGM. In the UK, FGM Protection Orders are an effective protective mechanism for girls at risk, which is a promising practice. It is also used by concerned parents to resist family/community pressure. In order to ensure their correct implementation, it is crucial to carry out adequate training for professionals, enhance victims’ support and engage systematically affected communities. An independent impact assessment would also be key. However, in Scotland there is a limitation on the age of the person at risk, only children are protected currently.

- England, Wales and Northern Ireland

FGM Protection Orders (FGMPOs) are established by Section 5A of the FGM Act 2003 (amended by section 73 Serious Crime Act 2015): The High Court or the family court in England and Wales or Northern Ireland can issue an FGMPO to protect a girl from undergoing FGM, or a girl who has already undergone FGM from the perpetrator. FGMPOs offer a legal means to

protect and safeguard victims and potential victims of FGM. Both children and adults can apply for a protection order. FGMPOs are granted by a court, are unique to each case and can include anything the deciding judge feels is necessary to protect the girl/woman from FGM/the perpetrator. So, they contain different conditions to protect a victim or potential victim from FGM. Examples of possible court orders provided in Application for a Female Genital Mutilation (FGM) Protection Order include:

- that the respondent cannot take the person to be protected abroad with the purpose of committing or attempting to commit FGM;
- the respondent does not enter into any arrangements in the UK or abroad for FGM to be performed on the person to be protected;
- the respondent surrenders their passport or any other travel documents and/ or the passport of the person named in the application.

FGMPOs can stay in place as long as the judge feels necessary for the girl/woman's protection. Legal aid is available when you are represented in an FGM protection matter and for urgent cases, an ex-parte FGMPO hearing is possible (without respondents being served with any documents). Applications for FGMPOs can be submitted by the person seeking protection, someone on their behalf or a relevant third party. A breach of an FGMPO may be dealt with as a contempt of court and carries a potential prison term of up to 5 years, a fine, or both. More information is provided in the FGMPOs guidance.

Border Control: Staff working in airports are trained on FGM. Some airports (Heathrow, Birmingham, and Manchester) work with partner organisations to carry out campaigns to raise awareness, and safeguard. Operation Limelight is an example of a good practice carried out by our member, National FGM Centre. This Operation is led by Police and Border Force with the National FGM Centre being a key partner over the years. Operation Limelight focuses on raising awareness of FGM on inbound and outbound flights to high-prevalence countries.

Statement Opposing FGM / 'Stop FGM' Passport are produced by the Home Office and available here.

- Scotland

In April 2020, the Female Genital Mutilation (Protection and Guidance) (Scotland) Bill 2020 amended the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The Act allows courts to impose new **FGM Protection Orders**. These orders can impose conditions or requirements to:

- protect others from FGM happening to them;
- safeguard a person from further harm if FGM has already happened;

- otherwise prevent or reduce the likelihood of FGM offences being committed.

It is a criminal offence to breach an FGM Protection Order.

Temporary suspension of custody of a parent: a general Child Protection Order (CPO) is available (to remove a child) or an exclusion order (to remove a suspected abuser).

Article 45: effective, proportionate and dissuasive sanctions

- England, Wales and Northern Ireland: The penalty is up to 14 years imprisonment, a fine (or both) for those who aid, abet, counsel or procure a girl to undergo FGM, and up to 7 years imprisonment, a fine, or both for those who fail to protect a girl at risk of FGM (Section 5, FGM Act 2003).
- Scotland: The penalty is up to 14 years imprisonment, a fine or both.

In the UK, there is jurisprudence on FGM related matters. For example:

- England and Wales: The case of [R v N](#), was the first ever instance in which a person was convicted for performing FGM. This occurred in 2019 and the mother was sentenced to 13 years imprisonment, 11 years of which is being served for performing FGM. Recently, in the [Amina Noor case](#), a woman was found guilty of assisting another person to carry out FGM during a trip to Kenya. This illustrates how the law on extraterritoriality has been operationalised to effectively vindicate a survivor's rights. Sentencing has not occurred yet.
- Scotland: AM v Secretary of State for the Home Department [2010] CSOH 25. AAS and Another v Secretary of State for the Home Department [2010] CSIH 90, this was an appeal case whereby the court found that there is not enough evidence to show FGM cannot be avoided in the home country.

The Crown Prosecution service released a VAWG Strategy 2017-2020 which focuses on how they will prosecute these crimes.

5. Integrated Policies

Article 7:

- In England and Wales, there is an inter-agency coordination mechanism on FGM. The Home Office Interpersonal Violence team is leading on this and chairs meetings with all other governmental departments and other relevant stakeholders (who come

together on a quarterly basis to discuss FGM). There is a multi-agency statutory guidance on FGM for support and care services, for affected women and girls. It assists frontline professionals, such as teachers, health professionals, police officers and social workers, in safeguarding children and protecting adults from the abuses associated with FGM.

- In Scotland, there is a **Multi-Agency FGM National Action Plan Implementation Group**. This group consists of members with “a broad range of skills and experience and are able to give practical assistance and strategic oversight to the work required to realise our ambitions in this agenda”. This group consists of members from the statutory, third sector and community-based organisations. Since 2017 they have been meeting on a quarterly basis. This group has developed guidance for agencies and organisations responding to and supporting those responsible for the health and welfare of women and girls. This includes the NHS and police. The implementation group oversee and monitor progress, review actions and bring forward suggestions.
- There is no multi-agency coordination mechanism on FGM in Northern Ireland

Article 8: Funding/Financial Resources

In England and Wales, between 2016 and 2020, as part of its National Action Plan, the Government has allocated £80 million in funding for VAWG services (this applies to all forms of VAWG). £2.5 million was provided to support a project across five London boroughs working with social workers and hospital based FGM clinics and organisations working to end FGM. In Scotland, and in line with the NAP, £226,000 was invested in 2016-2017 and £270,000 between 2017-2018.

In general, the government has a funding scheme in place dedicated to activities to end FGM. In 2020, the UK funding to eliminate FGM has been reduced by 76 per cent. Just £432,000 was awarded in government grants in 2019-20 which was a drop from £1.8m in the previous year, and down by 84 per cent (or £2.7m) compared to 2015.

There is funding for FGM specific projects in Scotland. For the financial year 2017/18 to 2019/20 the Scottish Government provided a total of £427,500 over three financial years to FGM specific projects. The Scottish Government provided a further £1,550,000 over three financial years to organisations that have a heavy Honour-Based Violence focus and, who through this, support victims and potential victims of FGM. In March 2015, the first minister announced nearly £220,000 of funding to prevent FGM) in Scotland.

However, the sustainability of funding is critical. Funding for voluntary sector organisations is usually time limited e.g. projects generally receive funding for no more than three years. Moreover, individual funding pots would have their own funding requirements. In recent years, there has been a significant reduction in funding directed toward ending FGM. The situation has worsened with Brexit, making it difficult to monitor funds and have a comprehensive picture of the activities developed on the territory.

Another limitation:

Type of organisation: Trust and Foundations offer funding along with individual local authorities. Funding is available for voluntary sector organisations and statutory services to apply for.

Other: Trust and Foundations offer funding along with individual local authorities. However, funding is difficult to obtain and may not be attractive for under resourced organisations given that it may not be sufficient and requires large key performance indicators.

Article 10: Monitoring & Evaluation System of the NAPs:

- England and Wales: There is a lack of effective monitoring and evaluation system for this NAP. The 2016-2020 NAP breaks down actions for implementation and identifies the leads and delivery date for each action – however it fails to clarify how this will be monitored. In general, the Domestic Abuse Commissioner’s role is to hold the government to account on this matter.
- Scotland: The NAP sets out objectives/timescales, actions, activities, action owners. A National Implementation Group is set up by the Scottish Government, to oversee the implementation of the agreed National Action Plan and monitor its progress. The Scottish Government receives updates from agencies and organisations in relation to their delivery against actions and the outcomes within the plan. This is set out in the yearly updates on the NAP and progress made (so far only one yearly update in Oct 2017)

Article 11: Data collection

Some estimations exist to calculate the prevalence of FGM in the UK and to identify how many girls are at risk of FGM, but this differs at subnational level. The data was collected by NGOs or Academics: FORWARD (2007); Equality Now together with the City University London (2015); The Scottish Refugee Council with the support of the London School of Hygiene and Tropical Medicine (2014).

- In England and Wales, registers exist, but are not centralized. Since September 2014, NHS Digital (HSCIC) has been collecting data on FGM within the NHS in England on behalf of the Department of Health. NHS Digital also releases quarterly and annual reports of cases where FGM has been identified or a related procedure. If FGM is identified, it is mandatory for any NHS healthcare professional to record this within a patient's clinical record. This is recorded in the **FGM Enhanced Dataset Information Standard (SCCI2026)**. It is also mandatory for Acute Trust to collate and submit such anonymised aggregated data about the number of patients treated who have undergone FGM to NHS Digital every month. The FGM Enhanced Dataset Information Standard (SCCI2026) is a promising practice, providing a non-discriminatory database with systematically disaggregated data which can be an important basis for data collection on FGM. Moreover, in England since 2016-17 local authorities are required to provide the Department for Education with data on the number of assessments undertaken where FGM was a concern. This is called the **Child in Need Census data**.
- There is no national register centralising all FGM cases in Northern Ireland and Scotland.

There is no data collection system to record asylum cases granted on grounds of FGM.

Duty to record for professionals:

The **duty to record FGM cases** differs at subnational levels. In England, Wales and Scotland there is a duty to record (health records), while in Northern Ireland it is regulated but not mandatory.

- In England, it is mandatory for NHS professionals to record FGM cases, regardless of age since 2014. It is mandatory for any NHS healthcare professional to record within a patient's clinical record if they identify through the delivery of healthcare services that a woman or girl has undergone FGM. This is recorded in the FGM Enhanced Dataset Information Standard (SCCI2026)
- In Wales, mandatory recording only applies to children. For patients who have undergone FGM and are adults (for whom mandatory reporting does not apply), patient's notes on FGM should still be recorded. The multi-agency statutory guidance also states that FGM cases should be recorded. In June 2017, the Health Board commenced a pilot to collect recorded cases of FGM concerning both women and children on a web based DATIX data collection tool. Such data is subsequently transferred to the Welsh Government via Public Health Wales on a quarterly basis.

- In Northern Ireland, it is not mandatory to record, although recording is incorporated into the health care system. Cases concerning children and adults are recorded (adults are recorded in clinical settings).
- In Scotland all cases of FGM are recorded, but it is only required in cases concerning under 18s. In 2016 the Chief Medical Officer/ Chief Nursing Officer released a letter requesting that health professionals in Scotland implement processes for the recording of FGM within health boards. Currently, healthcare professionals have been asked to record the diagnosis and types of FGM, along with any corrective procedures, in the appropriate clinical records. The condition is then able to be coded, and relevant codes for hospitals and primary care have been provided to encourage national consistency. This should assist in collecting baseline information regarding some of the aspects of FGM, starting with healthcare services.

However, the duty to record is still limited depending on the type of professionals involved, the age of the victim and the case of performed FGM. FGM is recorded only in cases where it has happened. In England, Wales and Scotland this is only valid for NHS healthcare professionals. In Wales and Scotland, recording is only compulsory for children. In England, Wales and Scotland, while it is mandatory to record it is not mandatory to ask the question, which is a way of getting out of one's responsibilities. NHS England and the Department of Health state that there is no requirement for NHS staff to ask every girl and woman whether they have had FGM. Staff should be aware of the risk factors and use their professional judgment.

CONCLUSIONS

In conclusion, National FGM Centre, FORWARD UK, We Speak Out, Orchid Project, and End FGM EU would like to call upon the authorities in the UK to keep working towards putting an end to FGM, by taking the following measures:

- **Provide systematic and homogenous training on gender-based discrimination and violence**, including FGM, to all professionals coming in touch with FGM affected women and girls throughout the national territory. In particular, specific training and awareness raising targeting early years educators is essential. In relation to medical professionals, (particularly gynaecologists, andrologists, midwives, aesthetic surgeons and paediatricians) it is important they receive training on gender norms, stereotypes

and human rights as part of their curricula. This should include training on female genital cosmetic surgery and the underlying societal and cultural pressures to conform to the image of the 'ideal vulva'.

- **Mobilise a community engagement mechanism** which is backed by funding. In order to prevent, protect and support girls and women, affected communities must know and understand the legislation pertaining to specified offences as well as support mechanisms which are available to them. Ensuring consistent and regular involvement of communities will foster effective participation in co-designing policies which are relevant to them.
- **Include reconstructive surgery for FGM Survivors in the support services available, within holistic care and multi-disciplinary centres.** Reconstructive surgery can be beneficial and efficient but not always the most appropriate care and so should be assessed on a case-by-case basis. Screening by a multi-disciplinary team would ensure that other treatment options, such as treatment by a psychologist or sexologist, could be explored before opting for reconstructive surgery as the most effective route. By including reconstructive surgery within holistic care and multi-disciplinary centres it can be guaranteed that care is tailor-made, and survivor centred.
- **Provide specialised training and awareness on the duty to report for professionals.**
- **Harmonise the duty to record and report** to overcome the subnational differences and limitations that exist and ensure that it applies to all frontline professionals.
- **Extend the extraterritorial application** of the Acts, regardless of the double criminality principle, to include situations where the victim is a UK national or a resident of the UK, but the perpetrator is not.
- **Data collection:** develop a national register centralising all FGM cases and also put forth a data collection system to record asylum cases and/or granted on grounds of FGM. Data collection should be increased and systematised in national registers and made publicly available. Data should be collected and published on cases which meet the criteria for prosecution but are not proceeded with, or in criminal proceedings which are dismissed. This will enable multi-agency professionals, including the police, to understand the nature of the prosecution and so learn from and strengthen responses. Such published data should take into account the anonymity of survivors and ensure that particular communities are not stigmatised.
- **Adopt a specific National Action Plan on FGM** and establish an effective monitoring and evaluation system, identifying the objectives and timescales of each action and



activity. In the event that FGM remains in the wider National Action Plan, an effective monitoring and evaluation system focused on FGM under the Tackling Violence Against Women and Girls Strategy should be adopted.

- **Ensure that asylum can be granted on grounds of FGM risk.**
- **Ensure the sustainability of funding.**

We thank the GREVIO for the opportunity given to civil society to provide our expertise and concrete recommendations to improve the UK authorities' actions to end FGM.