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# FEMALE GENITAL MUTILATION

Report for Hackney, 2018 to 2023

20

23

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# EXECUTIVE SUMMARY

- The **total number** of women affected by FGM is **unknown** because it is unlikely that all women **seek help**.
- There have been **250 reported FGM cases** among Hackney residents since records began in **2017**. In **2022/23**, **35 Hackney residents** newly reported experiencing FGM.
- Between 2018 and 2023, **Hackney** recorded a **lower FGM rate** than both **NEL** and **London averages**.
- **No FGM cases** have been reported **among City of London residents** in the past five years.
- The number of newly reported FGM cases in Hackney is **decreasing**, although the **rate of decline is slowing**.
- Over the past five years, Hackney consistently reported a **higher proportion of type 4 FGM cases** compared to NEL, London, and England.
- Both Hackney and NEL consistently reported a **higher proportion of FGM cases occurring at age zero** compared to the averages for London and England.
- **No FGM cases performed in the UK** were reported among Hackney residents over the past five years.
- A **smaller percentage** of Hackney residents with an FGM record received **advice about the illegality of FGM** and its **health implications** compared to NEL, London, and England averages.
- The **FGM Protocol (2023)** outlines actions that agencies should take to safeguard girls and women who they believe are at risk of FGM or who have already undergone FGM.
- A Hackney **Violence Against Women and Girls (VAWG) Protocol** will also be finalised in 2023/2024 and will include pathways and resources for all forms of VAWG.



## WHY IS FGM A PUBLIC HEALTH PROBLEM?

**FGM** stands for **female genital mutilation**, which is a **harmful cultural practice** involving the partial or complete removal of the external female genitalia or other injury to the female genital organs. There is **no medical reason** for this to be done. (1)

FGM is also known as female circumcision or cutting, and by other terms, such as Sunna, Gudniin, Halalays, Tahur, Megrez and Khitan, among others. (1)

### There are four main types of FGM (1)

- **Type 1** - Removing part or all of the clitoris
- **Type 2** - Removing part or all of the clitoris and the inner labia (the lips that surround the vagina), with or without removal of the labia majora (the larger outer lips)
- **Type 3** - Narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia
- **Type 4** - All other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area

FGM reflects **deep-rooted inequality** between the sexes and constitutes an **extreme form of discrimination** against girls and women. (2)

FGM is widely recognised as a **violation of human rights** and is condemned globally: since 1985 FGM has been **illegal** in the UK, with the law being strengthened in 2003 to prevent girls travelling from the UK to undergo FGM abroad. (3)

# HEALTH COMPLICATIONS OF FGM

FGM is often performed by traditional circumcisers or cutters who **do not have any medical training**. It is typically performed on girls before they reach puberty and can lead to serious health complications, both physical and psychological. Including: (1)

## PHYSICAL HEALTH

FGM can cause pain, infections, heavy bleeding, urinary issues, and childbirth difficulties, needing medical care.

## REPRODUCTIVE HEALTH

FGM raises pregnancy and childbirth risks, increasing maternal and infant mortality chances.

## PSYCHOLOGICAL

FGM may result in mental trauma, anxiety, depression, post-traumatic stress, and impact a woman's ability to enjoy sex and experience sexual pleasure.

## INFECTION TRANSMISSION

Using unsterile tools during the procedure can spread infections like HIV, hepatitis, and bloodborne diseases.

# MOTIVATION FOR ANALYSIS

The FGM Enhanced Dataset was developed by the Department of Health and Social Care as part of its FGM Prevention Programme. Its purpose is to give insights into the prevalence of FGM in England.

By analysing the data presented in this dataset we can start to comprehend the scope of FGM in our local area, monitor trends, and allocate resources. This **data-driven approach** is essential for eradicating FGM and protecting the health and rights of females in our borough.



# NOTES ON THE DATA

There were no reported FGM cases among residents of the City of London from April 2018 to March 2023. Therefore the City has not been included in the below analysis.



The below report presents data published [publicly](#) by NHS Digital.

To protect privacy, all values were rounded by NHSD: values between 1 and 7 were represented as a 5, and all values greater than 7 were rounded to the nearest five. Zeroes were shown unsuppressed. Please note that percentages have been calculated using these rounded numbers. This can result in misleading figures when dealing with small numbers. Therefore, no percentages have been presented where the denominator was less than 20. To overcome this issue, years have also often been aggregated when looking at local level data.

Please also note that some records were not complete, therefore any conclusions drawn from this data should be approached with caution. Information may be missing for various reasons, including the personal nature of the questions, which some women and girls may prefer not to answer.

## THE LOCAL SITUATION

RESIDENTS WITH A NEW  
RECORD OF FGM IN 2022/23

# 35

THIS REPRESENTS

# 24

CASES PER  
100,000  
FEMALES

IN COMPARISON TO 2018/19:

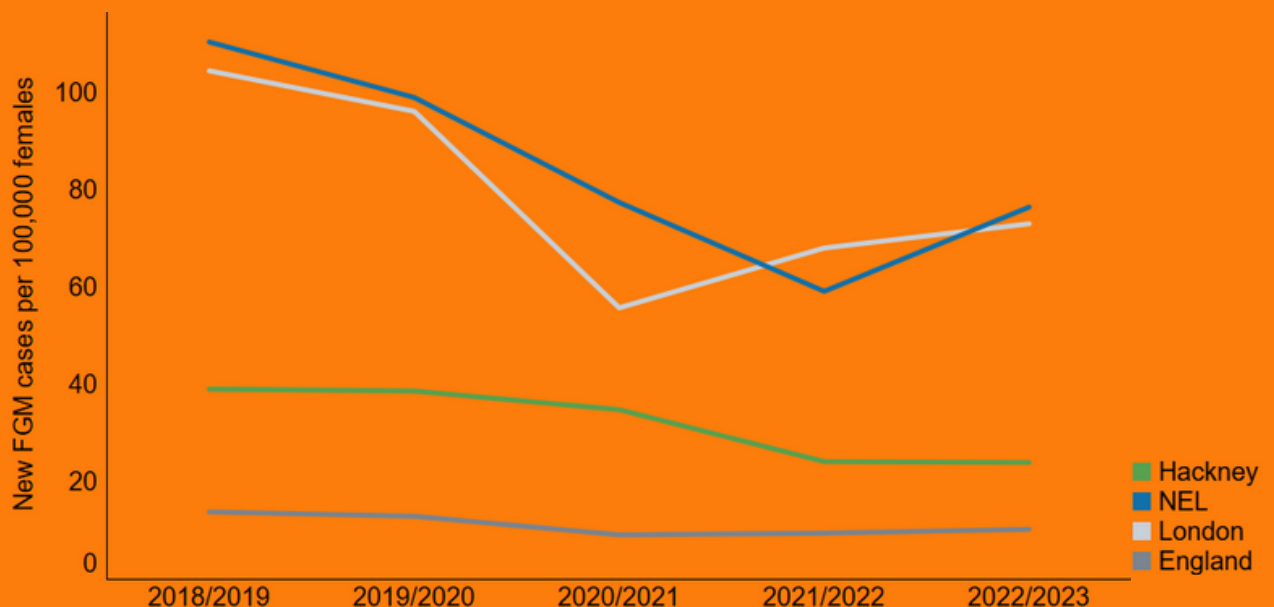
# -39%

Between April 2022 and March 2023, **35 individual** female residents of Hackney newly reported having experienced FGM at some point in the past. (4)

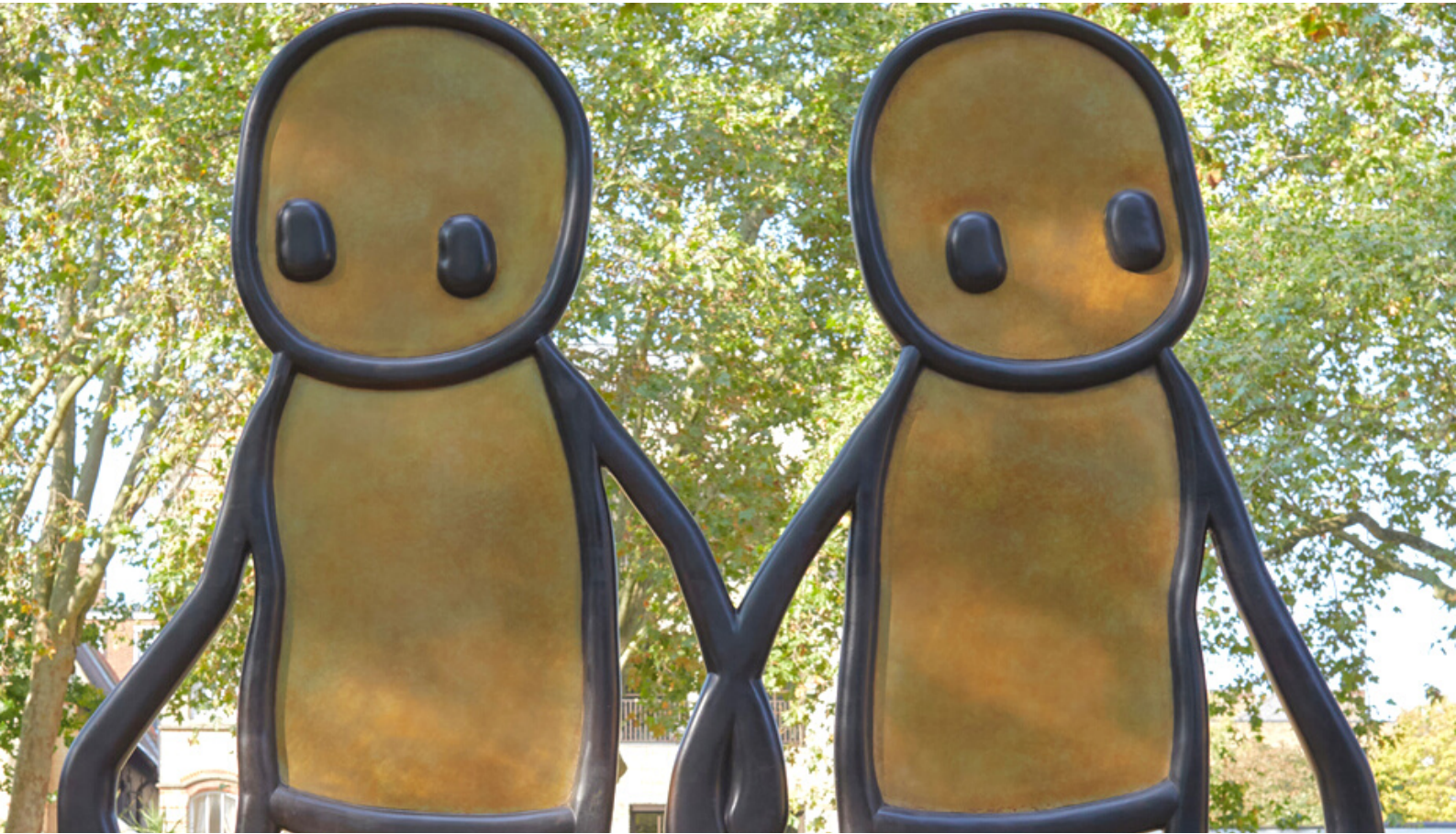
This represented a rate of **24 new FGM cases per 100,000** females, which is the same as the national average but lower than the average seen across **North East London\*** (NEL) boroughs and London as a whole, at **77** and **73** per 100,000 women respectively. (4)

Since 2018/19, there has been a **noticeable decline** in newly reported FGM cases in all four areas. However, the rate of decrease has differed by area and over time, with both **NEL and London** showing an **increase** in registration rates between **2021/22 and 2022/23**. (4)

**New FGM cases per 100,000 females by areas of residence and year recorded in the Enhanced Dataset**

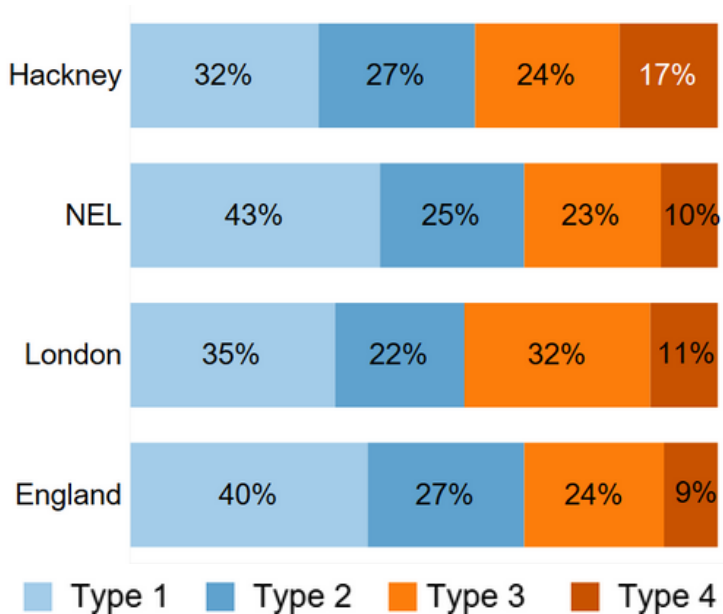


Note: \*NEL boroughs include Barking and Dagenham, the City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.



In 2022/23, 41% of FGM cases in Hackney were detected through self-referral. In contrast, self-referrals only accounted for 30% in NEL and 6% in both London and England. In these areas, NHS organisations made the largest proportion of referrals. (4)

**Percentage of FGM records with a known FGM type by type and area, 2018/19 to 2022/23**



Data on FGM-type was available for 75% of women and girls with an FGM record in Hackney (450 people).

Every year from 2018/19 to 2020/23, in Hackney, NEL, London and England:

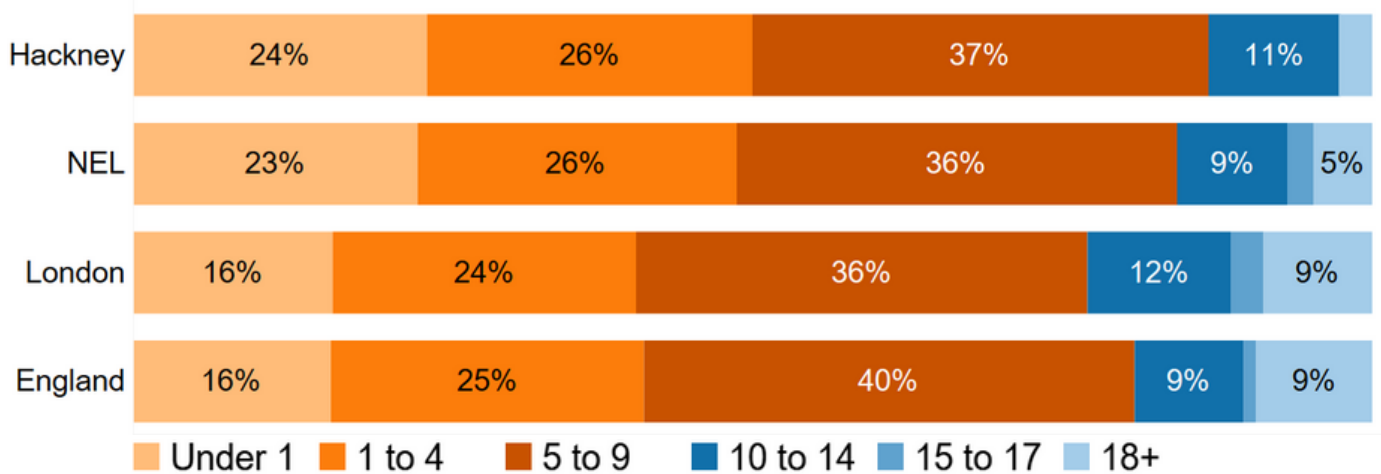
**Type 1 was the most common**  
**Type 4 was the least common**

Hackney consistently recorded a greater proportion of type 4 FGM cases compared to the other areas. (4)

# AGE AT MUTILATION

Age at FGM was only available for 30% of women and girls with an FGM record in Hackney (190 people)

Percentage of FGM records\* by age at FGM and area, 2018/19 to 2022/23\*\*



- Across all areas, the greatest proportion of **FGM procedures** are carried out between the **ages of 5 and 9**, followed by ages 1 to 4, and then age zero. (4)
- Both **Hackney and NEL** consistently reported a **higher proportion** of FGM cases occurring **at age zero** compared to the averages for London and England from 2018/19 to 2022/23. (4)
- Nationally, **type 1 and type 2** FGM were most common among infants **under 1 year old**, **type 3** FGM was most common among children aged **5 to 9**, and **type 4** FGM was most common among residents aged **18 and over** in 2022/23. (2)

Notes: \*Records with a known age at FGM. \*\*Years have been combined due to small counts.





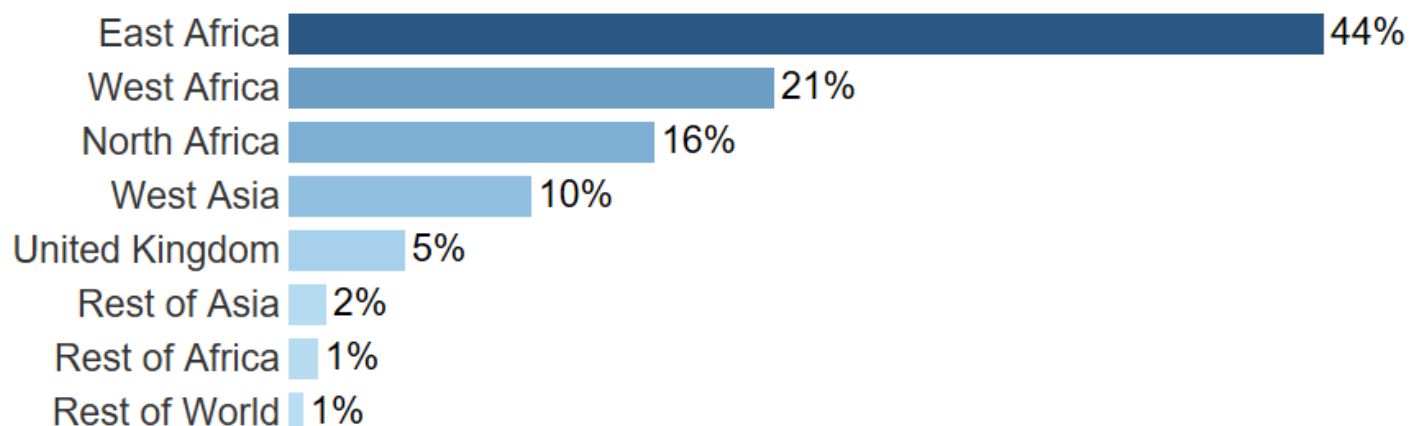
## AREA OF COMPLETION

Data on the place of FGM completion was only available for 16% of women and girls in Hackney, 20% in NEL, 43% in London, and 46% in England.

For residents with data on where FGM occurred between 2018/19 and 2022/23:

- The greatest proportion of procedures on Hackney residents (50%) took place in East Africa.
- The same was seen in NEL, London, and England, at 47%, 55%, and 47% respectively.
- No FGM procedures among Hackney residents were performed within the UK.
- 1% of NEL FGM cases, 3% of London cases, and 5% of England cases had their procedure performed within the UK.
- No FGM cases performed in the UK have been reported among residents of NEL or London since 2019/20. (4)

### Percentage of FGM records (with complete data on the location of completion) categorised by the region of completion, 2022/23, England.



In 2022/23, the greatest proportion of FGM procedures reported by English residents were performed in East Africa, followed by West Africa, North Africa, and West Asia. A higher proportion of cases were completed within the UK compared to all remaining areas of the world in combination. (2)

# CHARACTERISTICS OF FGM PERFORMED IN THE UK

Between April 2022 and March 2023, **160 women and girls** in England had records showing that their **FGM was completed in the UK**. (2)



Among them, 135 had age information. The majority of these individuals (**89%**) were **aged 18 or older** when the procedure took place. This is **considerably higher** than the average for FGM cases performed outside the UK, where **7%** were **aged 18 or older**. (2)

Out of the 160 individuals, 155 had information about their FGM type. Among these cases, **90%** were categorised as **type 4**. This is considerably higher than the average for FGM cases performed outside the UK, where **10%** were categorised as **type 4**. (2)

This data emphasises that, although the numbers are relatively low, **FGM persists in the UK**, and that FGM cases performed in the UK are often performed on **older individuals** and fall under **type 4**. This highlights the the need for **targeted interventions**.



## TREATMENT

Once identified, treatment is often prescribed to alleviate the physical and psychological consequences of the practice, and prevent long-term health issues.

### TREATED AT MIDWIFERY SERVICES

# 89%

In Hackney, **midwifery services** account for a larger portion of treatment functions (**89%\***) compared to other areas between 2018/19 and 2022/23, whereas obstetrics make up only 1% of treatments, considerably lower than the 12% in NEL. This pattern has remained consistent over time. (4)

### UNDERWENT DEINFIBULATION

# 33%

**Surgery** can be performed to open up the vagina if necessary and help alleviate symptoms; this procedure is called **deinfibulation**. **33%\*** of Hackney residents with an FGM record underwent deinfibulation between 2018/19 and 2022/23. This was higher than in all comparison areas: **26%** in NEL, **22%** in London, and **13%** in England. (4)

Healthcare providers also play a crucial role in educating communities and individuals about the risks and consequences of FGM.

### ADVISED ON ILLEGALITY

# 79%

**79%** of Hackney residents with an FGM record\* between 2018/19 and 2022/23 **received advice on the illegality** of FGM. This compares to **89%** in NEL, **95%** in London, and **97%** in England. (4)

### ADVISED ON HEALTH IMPLICATION

# 74%

**74%** of Hackney residents with an FGM record\* between 2018/19 and 2022/23 **received advice on the health implications** of FGM. This compares to **89%** in NEL, **94%** in London, and **97%** in England. (4)

Note: \*FGM records of 'unknown' or 'not stated' have been excluded from analysis.

## ACTIONS

Stopping FGM is vital to safeguarding the **health and rights** of girls and women. This requires raising awareness, providing medical care, changing cultural norms, and safeguarding females' rights and well-being.

The NEL **Integrated Care Board** is committed to [six pledges](#) to combat misogyny, sexual harassment, and VAWG. This includes specialised training and support for general practices, a dedicated role in City and Hackney for high-risk domestic abuse case health referrals, and improving child sexual abuse services. (5)

The **FGM Protocol** has also been updated for Hackney and the City of London. This outlines actions that agencies should take to safeguard girls and women who they believe are at risk of FGM or who have already undergone FGM. (6)

A Hackney **VAWG Protocol** will also be finalised in 2023/2024 that will include pathways and resources for all forms of VAWG. This protocol will be available to professionals and the public and promoted through events and training. (6)

## CITATIONS

1. NHS, [Female genital mutilation \(FGM\)](#), 2022.
2. NHS England, FGM Enhanced Dataset April 2022 to March 2023, England, experimental statistics, Annual Report.
3. World Health Organisation (WHO), [Female genital mutilation](#), 2023.
4. NHS Digital, FGM - Additional Data, April 2018 to March 2023 datasets.
5. NHS North East London, Stakeholder Update Email, 25 September 2023.
6. London Borough of Hackney, Draft: Hackney Borough Serious Violence Needs Assessment, 2023.

