



# Female Genital Mutilation

An assessment of the scale and nature of FGM in the West Midlands

August 2015 - Version 2.0  
Strategic Intelligence Development Team

FGM is a serious form of child abuse which is known to have affected a number of women and young girls living in the West Midlands.

9,215 women aged 16 and over are estimated to be living in the West Midlands having either undergone FGM in the past, or at risk of undergoing FGM in the future.

An estimated 358 female children at risk of FGM were born in Birmingham in 2010, 70% of whom were born to mothers from countries where there is a high prevalence of FGM and where the most severe forms of FGM are practiced.

In the last two years, the number of reports made to West Midlands Police (WMP) around FGM has tripled. Despite this rise in reporting, no crimes can be identified and it has not been possible to identify any victims of FGM under UK legislation. As a result, there have been no opportunities to secure convictions or to identify girls living in the West Midlands who have recently undergone FGM either at home or abroad.

This lack of information can be attributed to an almost complete absence of any intelligence originating from the community (just 3% of all reports). The majority of records held by WMP relate to referrals from midwives about expectant mothers who have undergone FGM, and do not require any police involvement.

Whilst giving a useful glimpse at the scale of FGM in the West Midlands, reports from partners are not comprehensive enough and the majority do not offer suitable options to provide an appropriate policing response. For instance, fewer reports are received by police during the summer holiday periods, the time when girls are typically most at risk of FGM.

Therefore, it is assessed that the current multi-agency response to FGM requires review. At this stage, it is not possible to adopt a proactive intelligence-led approach towards identifying and safeguarding girls who are at risk. There is a need for a comprehensive and co-ordinated multi-agency intelligence collection plan and community engagement plan, targeted at obtaining information from the community.

# FGM in the West Midlands

A summary of the key findings  
July 2015

Female Genital Mutilation (FGM) refers to all procedures that intentionally alter or cause injury to the female genital organs for non-medical purposes. FGM is not mandated by any religion.

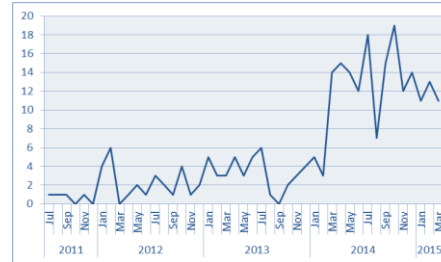
FGM has no health benefits and can result in serious harm. It is a serious form of **child abuse** which is recognised internationally as a violation of the human rights of women and girls.

## 9,215

Estimated number of women aged 16 or over living in the West Midlands having either undergone FGM or at risk of FGM.

## 254

Crimes and non-crimes recorded by WMP between 01/01/2011 – 31/03/2015.



Reporting increased after FGM was a focus of Operation Sentinel in October 2013.



Reporting levels drop significantly in the summer holidays, when girls are most at risk of being removed from the UK for FGM.

FGM does affect residents of the West Midlands

## 4 Arrests - 0 Convictions

In 2012 two Somali medical professionals were arrested for agreeing to carry out FGM. Although the case was discontinued, both were struck off the medical register.



## 358

Estimated number of girls born to mothers with FGM in Birmingham in 2010.



Percentage born to mothers from countries with a high prevalence of FGM.

**3%**  
of reports made to WMP come directly from community members



West Midlands Police receives small quantities of intelligence which could be used to identify potential victims of FGM.

## 59%

Of records relate to expectant mothers who have had FGM. Many of these are dealt with via a joint visit with social services to the parents' house.

The majority of FGM referrals recorded by WMP do not require police attendance.  
In some instances visits take place before the child's gender is known.



Although FGM poses a threat to girls living in the West Midlands, WMP hold very little information which could be used to identify girls who are at risk or who have recently undergone FGM.

It is assessed that **the current multi-agency response to FGM requires review** as it is not possible to adopt a proactive, intelligence-led approach towards identifying and safeguarding girls who are at risk.

There is a need for a comprehensive and co-ordinated multi-agency intelligence collection plan and community engagement plan targeted at obtaining information from the community.

\*Data taken from Health and Social Care Information Centre (HSCIC) figures released in March 2015.

## INTRODUCTION

### FEMALE GENITAL MUTILATION

**Female Genital Mutilation (FGM)**, also known as Female Genital Cutting (FGC) or Female Circumcision (FC) relates to all procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. Although it is most common in Muslim populations, it is not mandated by any religion.

FGM has no health benefits and can result in serious harm. It is a serious form of child abuse, which is recognised internationally as a violation of the human rights of girls and women. Worldwide, FGM results in the death of one woman every ten minutes, with immediate mortality as high as 15%<sup>1</sup>.

The World Health Organisation identifies four classifications of FGM:

**Type 1 (clitoridectomy):** partial or total removal of the clitoris and/or the prepuce

**Type 2 (excision):** partial or total removal of the clitoris and labia minora, with or without excision of the labia majora

**Type 3 (infibulation):** narrowing of the vaginal orifice with creation of a covering seal by cutting and apositioning the labia minora and/or the labia majora, with or without the excision of the clitoris

**Type 4 (unclassified):** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterisation.

Recent research estimates between 137,000-170,000 women and girls living in the UK have already undergone FGM or are at risk of FGM in future.<sup>2</sup> Between 1996 and 2010, 144,000 girls were born in England and Wales to mothers from FGM practicing countries and it is estimated that 60,000 of these were born to mothers with FGM<sup>3</sup>.

Charities and third sector organisations suggest that FGM is practiced amongst communities within the UK<sup>4</sup>, although there are no official statistics to support this. The Metropolitan Police has gathered anecdotal evidence from communities that suggest that cutters are based in London but they also can provide no data to support this.<sup>5</sup>

In 2014 ACPO assessed that FGM is not practiced within the UK to the extent suggested by prevalence statistics (see Demographics)<sup>6</sup>. This assessment is supported by this research, which has found **no recent intelligence** that FGM is being carried out in the West Midlands area. This is not to say that FGM does not or could not take place within the West Midlands but it does suggest that it may not be taking place to any significant degree.

<sup>1</sup> WHO Factsheet 241

<sup>2</sup> See further, Macfarlane, A and Dorkenoo E (2014) 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 - interim report on provisional estimates and Bindel J (2014) An unpunished crime: The lack of prosecutions for female genital mutilation in the UK, New Culture Forum. Figures quoted are 137,000 = Macfarlane (2014) p3. 170,000 = Bindel (2013). This is up from 66000 in 2001 (Dorekenoo (2007) p19)

<sup>3</sup> MacFarlane (2014) p3

<sup>4</sup> Home Affairs Select Committee Written and Oral Evidence. Also see The Guardian (06/02/2014)

<sup>5</sup> Home Affairs Select Committee Oral Evidence from Metropolitan Police Service / Met Police FGM Profile p.4

<sup>6</sup> Home Affairs Select Committee (June 2014) written evidence from ACPO

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## RESEARCH CONTEXT & DEFINITIONS

In October 2013 WMP analysts produced a problem profile into FGM in the West Midlands. As very little data was available, the research was not able to provide an indication of the scale of FGM in the West Midlands. Since October 2013, the work of Operation Sentinel (and similar non-police-led programmes) has led to an increase in awareness amongst police and partners and a consequent increase in referrals.

The WMP Strategic Assessment 2015-16 identified that an intelligence gap remains around FGM and recommended that research be completed to develop the force's understanding of how the issue affects the communities it serves.<sup>7</sup>

On 22/06/2015 the West Midlands Police and Crime Panel published the report 'Tackling Female Genital Mutilation in the West Midlands'. The findings of this report largely support the findings of this research. The key recommendation from this work was for a time-limited West Midlands Task Force on FGM to develop procedures and build understanding of FGM across the West Midlands.

In this document the below **definitions** and **terms** have been used:

**Girls at risk:** females between 0-15 years old who are most at risk of FGM. Typically they will have migrated from FGM risk countries or were born to parents who originate from countries where FGM is practiced.

In 99% of all cases of FGM recorded by WMP the victim is aged 15 or under. Young girls are most at risk if their parents are from ethnic backgrounds where FGM is practiced, with increased risk if the parent's country of birth has a high prevalence of FGM or if any member of the immediate family (mother/sister) has already been subject to FGM.

**FGM Risk Group:** Women or children who have either undergone FGM or are at risk of being subject to FGM in the future.

**Prevalence:** Percentage of women and girls in an area who have undergone FGM at any point in time. Estimates of FGM prevalence worldwide are published by UNICEF ([http://www.unicef.org/protection/57929\\_58002.html](http://www.unicef.org/protection/57929_58002.html)).

**Referral:** Used here to refer to any record held by any organisation around FGM. This includes police crime and non-crime records.

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## MANDATORY REPORTING

On 31/10/2015 the Serious Crime Act 2015 made it mandatory for teachers, health and social care professionals to report known cases of FGM to the police. This act came into effect after the preparation of this document. It can be expected that mandatory reporting will increase the number of reports made to WMP; however, it is not yet possible to assess the impact this will have on our understanding of FGM in the West Midlands.

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<sup>7</sup> West Midlands Police Strategic Assessment p.104

## THE PREVALENCE OF FGM IN THE WEST MIDLANDS

The prevalence of FGM within an area can only be estimated by comparing the size of a migrant population with the prevalence rate in their country of origin. For example, if 97.9% of women living in Somalia are subject to FGM then it follows that 97.9% of female Somali nationals living in the West Midlands have either been subject to or are at risk of FGM.

Although this methodology is used in the majority of studies into FGM prevalence, it is widely accepted to be very limited (for example, it cannot take into account second generation migrants or changing attitudes amongst migrant groups). Despite these limitations, as there are no current estimates of the potential scale of FGM within the West Midlands this basic methodology provides a baseline prevalence statistic.

Using this methodology, it is estimated that **9,215 women (aged over 16) are living in the West Midlands and have either undergone FGM in the past or are at risk of undergoing FGM in future**<sup>9</sup>. Any children born to these women (both within and outside the UK) are most at risk of FGM.<sup>10</sup>

Maternity data allows us to further estimate that in Birmingham 716 mothers with FGM gave birth to children in 2010<sup>11</sup>. Assuming that half of these children are female, **in 2010 an estimated 358 female children were born in Birmingham that are at increased risk of FGM**. These children are currently aged between 5 and 6 years old, which is often the highest risk age range for FGM<sup>12, 13</sup>

**70% of these births (250) are to mothers from countries where there is a high prevalence of FGM and where the most severe forms of FGM are practiced.**

The largest population groups within the West Midlands are from Somalia, Nigeria, Kenya, Iraq and Ghana; however, the highest **estimated numbers of women subject to or at risk of FGM are from Somalia, Eritrea, Nigeria, Kenya and Yemen**.

Of particular note, data held by WMP shows that there are likely to be communities living within the West Midlands that are not reflected in the Census data.<sup>14</sup> When this data is combined with maternity

On 22/07/2015 new prevalence statistics were released for the UK by region. These statistics corroborate the evidence from this report.

This report: prevalence of 3.33 women per 1,000 (0.33 percent of West Midlands population).

New statistics: 3.5 women per 1,000 (0.35 percent of West Midlands population).

**The West Midlands was found to have the second highest FGM prevalence in the UK (outside London).**

<sup>8</sup> Ortensi L, Farina P, Menonna A (2015) Improving estimates of the prevalence of Female Genital Mutilation/Cutting among migrants in Western countries [link: <http://www.demographic-research.org/volumes/vol32/18/32-18.pdf>] p.546

<sup>9</sup> See Appendix 2 for data tables.

<sup>10</sup> Macfarlane A (2015) Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates & The Guardian (21/07/2015) 'FGM affects females in every local authority in England and Wales - study' [link: <http://www.theguardian.com/society/2015/jul/21/fgm-affects-females-in-every-local-authority-in-england-and-wales-study>, last accessed 23/07/2015]

<sup>11</sup> Source: ONS. Data for other years or local authorities is available at a cost, and was therefore not used.

<sup>12</sup> This figure cannot take into account girls born to second generation migrant mothers.

<sup>13</sup> Although there is evidence that where laws are introduced or tightened, some groups will reduce the age of FGM as it is easier to hide when it takes place on younger girls. (Home Affairs Committee Written Evidence From 28 Too Many (2014) p3)

<sup>14</sup> Based on analysis of country of birth stated on victim / offender records on CRIMES (2013-2015).

data it suggests that small populations of Tanzanians, Sierra Leoneans, Ethiopians and Egyptians and a larger number of Gambians live in the West Midlands<sup>15</sup>.

Recent asylum statistics suggests that **the numbers of people coming from Egypt, Ethiopia, Senegal and Sudan are increasing substantially** (in particular asylum claims from Egypt have increased 2233%)<sup>16</sup>. All of these countries have a high prevalence of FGM.

## WHERE ARE FGM-RISK COMMUNITIES IN THE WEST MIDLANDS?

The 254 FGM referrals recorded by WMP are distributed around the force as below:

LPU	CV	BW	BE	BS	DY	SW	BN	WS	WV	SH	Total
Total	137	39	23	13	13	11	6	5	5	2	254
%	53.9	15.4	9.1	5.1	5.1	4.3	2.4	2.0	2.0	0.8	100

Figure 1: Distribution of FGM referrals across LPUs

The greater number of records for Coventry reflects the approach made by Coventry Local Authority and hospitals whereby all identified incidents of FGM are referred. This means that FGM in Coventry is better understood than elsewhere in the West Midlands.

It has been possible to identify the areas where individuals from FGM practicing countries might live in the West Midlands area by mapping the home addresses of individuals known to West Midlands Police<sup>17</sup>. By overlaying FGM referrals data it is possible to identify the areas which should be the focus of any future community engagement or intelligence collecting (Figures 2 and 3).

<sup>15</sup> Number of offender/victim records on Crimes 2013/2014: The Gambia = 349 records, Egypt = 71 records, Sierra Leone = 79 records, Tanzania = 71 records, Ethiopia = 63 records. Also see Appendix 2

<sup>16</sup> Home Office Immigration/Asylum Statistics, July to September 2014

<sup>17</sup> i.e. Offenders and victims where country of birth is recorded

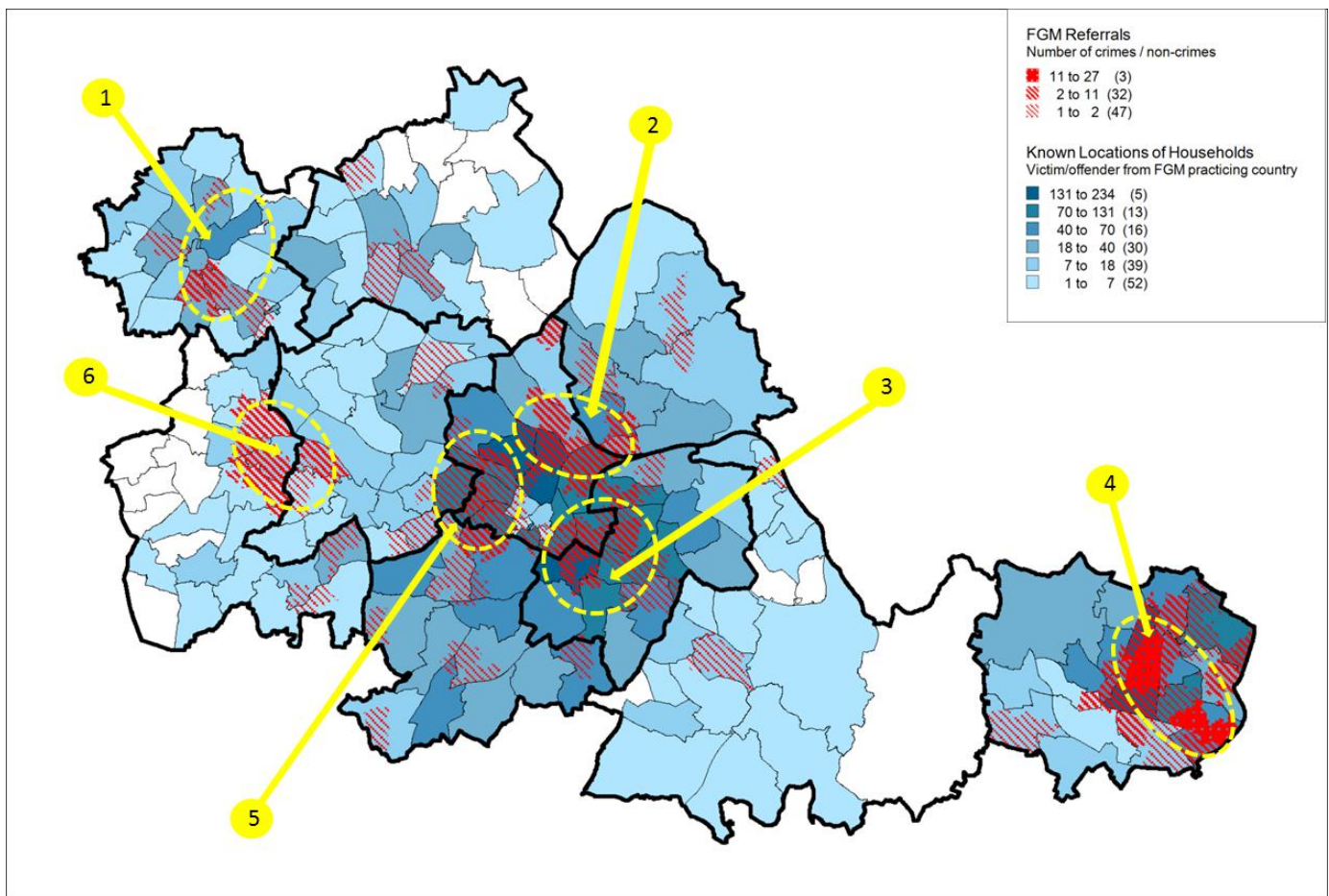


Figure 2: Map overlaying FGM referrals with areas with populations from FGM practicing countries. Yellow circles suggest areas where community engagement should be targeted

	Area	Rationale
1	Wolverhampton (Blakenhall, City Centre & Heath Town)	Largest population of households from FGM practicing countries in the Western side of the force area with a number of referrals from the Blakenhall Neighbourhood. Area includes priority areas of Wolverhampton City Centre, Heath Town and Blakenhall.
2	North of Birmingham City Centre	High number of FGM referrals originating from this area: Aston, Nechells, Lozells and Perry Barr. Area includes priority areas of Aston, Lozells and Erdington. Aston and Lozells have the highest population of households from FGM practicing countries in the West Midlands.
3	Birmingham East Priority Areas	High number of FGM referrals and higher population from FGM practicing countries.
4	Coventry. Coventry North East / Central and Willenhall.	These areas have a high proportion of FGM Referrals (related to reporting mechanisms in Coventry), and higher populations of households from FGM practicing countries.  Area includes a number of priority areas, including Willenhall, Foleshill, Wood End, Hillfield and City Centre.

5	Handsworth, Winson Green & Smethwick	These areas have a high population of households from FGM practicing countries and a high number of FGM referrals.  It is inferred that these areas contribute to the high FGM caseload at Smethwick and West Birmingham Hospitals and <b>it is recommended that this area be prioritised for intelligence gathering and engagement.</b>
6	Dudley Town Centre	The areas surrounding Dudley Town Centre have a higher number of FGM non-crime referrals; however, the number of identified households from FGM practicing countries is relatively low.

Figure 3: The six areas identified for engagement around FGM

On 01/05/2014 The Health & Social Care Information Centre (HSCIC) began collecting data from acute care trusts on patients identified with FGM<sup>18</sup>. Although NHS Trust boundaries do not correspond to WMP or Local Authority boundaries, examination of this dataset highlights discrepancies with the data held by WMP.

Hospital Trust	Newly Identified Cases of FGM (Sept 2014-March 2015)	Active Caseload (March 2015)	Care Contacts (Sept 2014 - March 2015)
Sandwell And West Birmingham Hospitals NHS Trust	351	372	1,865
Heart Of England NHS Foundation Trust	110	116	143
Birmingham Women's NHS Foundation Trust	60	41	205
University Hospitals Coventry And Warwickshire NHS Trust	49	49	623
University Hospitals Birmingham NHS Foundation Trust (QE)	23	*	33
The Dudley Group NHS Foundation Trust	19	0	20
The Royal Wolverhampton NHS Trust	11	*	25
Walsall Healthcare NHS Trust	9	*	122
Birmingham Children's Hospital NHS Foundation Trust	0	0	0
<b>TOTALS</b>	<b>632</b>	<b>578</b>	<b>3,036</b>

Figure 4: FGM caseloads by Hospital Trust (Source: HSCIC FGM Dataset March 2015)

- Sandwell and West Birmingham Trust (incorporating City Hospital and Sandwell General Hospital) identified 351 new cases of FGM between September 2014 and March 2015. **This is higher than any other Trust in the United Kingdom.** This is **not** reflected in West Midlands Police data, where there have been 50 referrals relating to residents of BWC and SW LPUs between 2011 and 2015.
- The African Well Women's Clinic at Heartlands Hospital is one of 16 specialised FGM maternity services in the country and the only clinic open in the West Midlands. A 2014 FOI request showed that Heart of England Trust had dealt with 1502 incidents of FGM between 2009 and 2013<sup>19</sup>. Between September 2014 and March 2015 Heart of England NHS Foundation Trust identified 110 new cases of FGM. Within the dataset analysed, 23 referrals were made relating to residents of BE LPU with only **one** referral originating directly from the health services.
- 75% of referrals to WMP from Health professionals originate from University Hospital Coventry where there is a policy of referring all persons identified with FGM<sup>20</sup>. University Hospitals Coventry & Warwickshire NHS Trust has the third largest caseload in the West Midlands (Fig 4).

<sup>18</sup> Prior to this, there was no collection of data around FGM within the NHS and no datasets exist. In October 2015 the HSCIC will publish the Enhanced FGM Dataset which collates more comprehensive data from Acute Hospital Trusts.

<sup>19</sup> <http://www.heartofengland.nhs.uk/foi-3023-fgm/> (figures quoted in Rimmer, S (2015) Preventing Violence against Vulnerable People - the challenge and opportunity for the West Midlands. Annual Report by the PVVP Strategic Leader p.7)

<sup>20</sup>

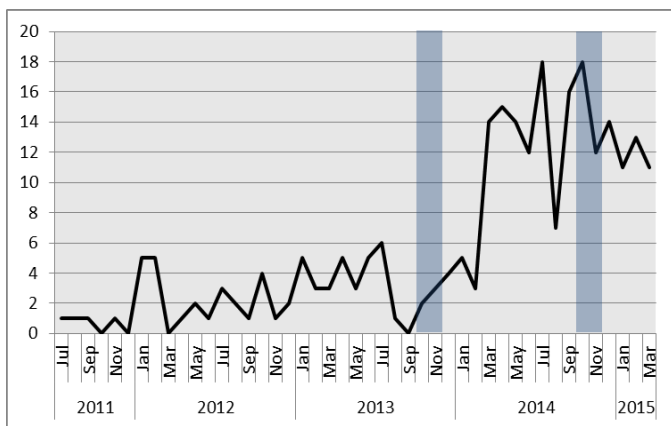


- The lack of a consistent approach by Health Services towards referring victims was highlighted during the Home Affairs Select Committee hearings as a key factor in why there have been so few FGM prosecutions in the United Kingdom<sup>21</sup>.
- Some medical professionals have expressed a reluctance to report to the police or social services for fear of damaging the trust gained between hospitals and communities<sup>22</sup>.

**Inference:** There are a large number of women and girls living with FGM or at risk of FGM within the Handsworth, Winson Green and Smethwick areas (also see maps p.17-18). The number of young girls at risk of FGM is larger here than anywhere else in the West Midlands. This risk is not reflected in police data.

## THE NATURE OF FGM IN THE WEST MIDLANDS

Between 01/01/2011 and 31/03/2015, 254 crimes and non-crimes ('referrals') have been recorded by West Midlands Police relating to persons at risk of FGM<sup>23</sup>, equivalent to one crime and 253 non-crimes being recorded. To date, there have been four arrests for FGM-related offences in the West Midlands, with three of these falling within the analysed date parameters. From these referrals it has not been possible to identify any person who has been a victim of FGM whilst living in the West Midlands and, as a result, there have been no prosecutions or convictions. These have resulted in three arrests but no convictions<sup>24</sup>.



**Figure 5: WMP Recorded FGM Referrals**  
(periods of Operation Sentinel activity shaded in blue)

Operation Sentinel is a force campaign to improve the force and partners' approach to a number of vulnerabilities. FGM has been a focus of this initiative, with awareness-raising specifically taking place in October and November in 2013 and 2014.

Although Operation Sentinel has had a clear influence on the number of reports being made to WMP (increasing from an average of 3.3 to 13.5 referrals per month) (figure 5), there is no data to suggest that it has succeeded in safeguarding girls. There has been no concurrent rise in the number of arrests and there have been no convictions.

<sup>21</sup> Home Affairs Select Committee p.14 (also see Oral Evidence from Royal College of General Practitioners & Metropolitan Police)

<sup>22</sup> ██████████ / Home Office Select Committee Oral Evidence from Royal College of General Practitioners

<sup>23</sup> 66.1% of these referrals are marked with the FGM special interest marker.

<sup>24</sup> Although, note that ██████████ relates to an incident of domestic violence where FGM was used as a threat.

Of particular note, in 2013 and 2014 the number of recorded referrals dipped considerably during August and September meaning that **at the time when young girls are most at risk of being removed from the country for FGM<sup>25</sup>, the number of reports made to police reduces.**

Within a dip sample of 198 FGM referrals<sup>26</sup>, **no information could be found which related to girls being subject of FGM within the West Midlands or elsewhere in the UK.**

Anecdotally there is a belief that individuals, often elder family members (usually female), may come to the UK from abroad in order to conduct FGM on young children<sup>27</sup>. It is also suggested that so-called 'cutting parties' take place whereby a number of girls are cut by a visiting elder to reduce costs<sup>28</sup>. **There is no information held to confirm that cutters are coming to the West Midlands from abroad in order to carry out FGM.**

Given the demographics of the West Midlands it can be expected that, although few in number, there will be people in the West Midlands capable of sourcing a cutter or providing that service themselves. In the West Midlands, any such activity is likely to be even more secret and without intelligence from the community it will be nearly impossible to identify and prevent offences from taking place.

Despite this, it would be remiss to suggest that because there is no evidence of FGM in the West Midlands it follows that FGM doesn't pose a threat to young girls in the West Midlands. Although it was not possible to identify any victims of FGM under UK law (i.e. girls who have undergone FGM whilst living in the West Midlands) it seems highly improbable that FGM has not been practiced on girls or women living within the West Midlands.

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## FGM IN THE WEST MIDLANDS: TWO CASE STUDIES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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<sup>25</sup> London Evening Standard (16/05/2013) Help us protect schoolgirls at risk in the FGM 'cutting season' [link: <http://www.standard.co.uk/news/london/help-us-protect-schoolgirls-at-risk-in-the-fgm-cutting-season-8618623.html>, last accessed 25/06/2015]

<sup>26</sup> Although 254 records have been identified on WMP systems, a random sample of 198 records was analysed due to time constraints. This sample size gives an error margin of  $\pm 4.3\%$  and confidence interval of 99% (meaning that 99 times out of a 100, a same size sample taken from this data will give results no more than 4.3% higher or lower than the figures stated).

<sup>27</sup> Evidence from Royal College of Midwives, Select Committee / another source

<sup>28</sup> Bindel J (2014) p.14

## Operation Spring [REDACTED]

Operation Spring was a 2012 investigation into two Somali medical professionals who had allegedly agreed to carry out FGM on two children aged 10 and 13 years old. The investigation originated following an undercover investigation by the Sunday Times newspaper. One of the suspects was a doctor who ran private clinics in Haringey in London, and Kingstanding in Birmingham. A number of his customers were from the local community and from African backgrounds. It was suggested that this doctor performed procedures in the rear of a pharmacy in Sparkbrook<sup>29</sup>. [REDACTED]

Although both suspects were struck off the medical register, the criminal case was discontinued due to a lack of reliable evidence from the undercover investigators. [REDACTED]

**Hypothesis:** There are private clinics operating in the West Midlands which service communities from FGM practicing countries and are willing to offer female circumcision to their customers<sup>30</sup>. These clinics are less inhibited in the range of treatments they offer (since they are not NHS) and are more sympathetic to the needs of these communities.

## EVALUATING THE CURRENT RESPONSE TO FGM

Since Operation Sentinel began in October 2013, the number of FGM referrals recorded by West Midlands Police has more than tripled (figure 5, p.7), with the overwhelming majority of these referrals originating from partners (table 6). Despite this, there have been no convictions and the low number of referrals being made to police and partners from community members (3% of all reports) is disappointing and needs to be improved.

The majority of referrals to WMP originate from professional agencies (93.4%) and typically relate to concerns being raised around a girl who may be at risk in future. Often, it is not clear whether a crime is going to take place, with the majority of referrals relating to expectant or new mothers who have undergone FGM themselves (58.6%). In effect, **the majority of FGM referrals regularly attended by West Midlands Police do not require any immediate police involvement.**

<sup>29</sup> [REDACTED]

<sup>30</sup> Also see The Guardian (10/02/2014) which suggests children are brought to London from France for FGM. The Guardian (10/02/2014) 'France's tough stance on female genital mutilation is working, say campaigners' [link: <http://www.theguardian.com/society/2014/feb/10/france-tough-stance-female-genital-mutilation-fgm>, last accessed 04/06/2015]

Referring / Reporting Agency (Origin of Report)	2011	2012	2013	2014	2015 (to March)	Total	% of All Referrals
<b>Professional Agency Referrals</b>	<b>4</b>	<b>18</b>	<b>28</b>	<b>111</b>	<b>24</b>	<b>185</b>	<b>93.4</b>
Midwife	4	10	16	60	6	96	48.5
Social Care / Local Authority	0	4	5	15	7	31	15.7
School / Higher Education	0	2	3	19	7	31	15.7
Charities (NSPCC)	0	0	1	8	1	10	5.1
Health	0	1	2	4	2	9	4.5
Police	0	1	1	5	1	8	4.0
<b>Community Referrals</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>3.0</b>
Family Member	0	1	1	2	2	6	3.0
Victim	0	0	0	0	0	0	0.0
<b>Other / Unable to Identify</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>7</b>	<b>3.5</b>

Figure 6: Origins of FGM Referrals to West Midlands Police (based on 198 record dip sample)

Reason for Referral	#	%
Expectant or new mother has FGM (Concern for unborn/newborn child or older siblings)	116	58.6
Concern that young girl will be/has been taken out of country for FGM	37	18.7
Parents enquire about FGM / support FGM / Pressure from other family members	11	5.6
Young girl showing health problems related to FGM.	11	5.6
Threats made	5	2.5
Asylum Claim (FGM is prevalent in country of origin)	4	2.0
Other	4	2.0
Concern for siblings of young girl subject to FGM	2	1.0
Disclosure from child	1	0.5

Figure 7: West Midlands Police FGM Referral Rationale<sup>31</sup>

## REFERRALS FROM THE COMMUNITY

**There is a clear lack of referrals or intelligence coming to West Midlands Police from the community around FGM,** which could be attributed to a number of factors:

- Lack of confidence in the police to investigate.
- A lack of knowledge about FGM, particularly amongst young children who may not recognise FGM as illegal.
- An unwillingness to refer family members to the police. In many cases the parents will believe that they are doing the right thing for their children.
- Fear of stigmatisation by the community or family at home.
- Parents may be aware of the law and willing to lie to partners and police (i.e. claim that FGM took place prior to entering the country and becoming a British Citizen)<sup>32</sup>.

The lack of referrals from the community means that the force is not able to respond effectively to girls who are at risk of FGM. In essence, the force is not receiving intelligence from the people who best understand their communities and who are best placed to identify potential offenders and victims of FGM.

<sup>31</sup> Where disclosure from child / health symptoms are noted, no FGM was identified

<sup>32</sup> Home Affairs Committee Oral Evidence from Forward UK

In the last two years, West Midlands Police has been heavily involved in training professionals and partners; however, despite an increase in the number of referrals from partners in recent years, there has not been a corresponding increase in the number of successful investigations. **Whilst recognising the value in educating partners about FGM, West Midlands Strategic Partnerships should shift focus towards engaging with communities in order to increase referrals from the community.**

Research has shown that where community-based preventative work is taking place, rejection of FGM has increased<sup>33</sup>. This same research suggests that there is growing support for a more interventionist stance to be taken by UK authorities against FGM. This effectively gives us a mandate to directly engage with our communities over these issues.

In February 2015 WMP held a 'Thunderclap' exercise, which used social media to disseminate an anti-FGM message to 535,582 persons<sup>34</sup>. Although social media offers innumerable benefits and reach when seeking to engage with communities, it is not always capable of targeting the communities the force needs to engage with. Of the half a million people who took part in the 'Thunderclap', how many were residents of the West Midlands? How many are involved with the people most at risk of FGM (first generation migrants from FGM practicing countries and children aged 0-6 years old)?<sup>35</sup>

One method that could work is to take the 'Thunderclap' concept 'offline' and directly into communities. Using the referrals and demographics data it is possible to identify areas that would benefit from targeted marketing information. Methods that could be considered include the use of A-frames, letter drops and advertisements (in local newspapers, service directories etc.).

It may be possible to get community support by 'crowd-funding'<sup>36</sup> the campaign with the support of religious leaders, local media and persons of influence. Doing so may empower the community to stand up against FGM, getting them to talk freely amongst themselves and gain confidence in the police.

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## REFERRALS FROM PARTNERS

Alongside the lack of intelligence from communities, important questions are raised by examination of the referrals being received from partner agencies. Often the force responds to reports from professionals who are trained to recognise the signs of FGM but who are not well placed to proactively identify girls at immediate risk of coming to harm.

A large number of referrals originate from midwifery services and generally relate to expectant mothers who have undergone FGM. Although risks to young girls are believed to be highest when the mother has undergone FGM; traditionally FGM is rarely carried out on new-born babies. In some

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<sup>33</sup> Options UK (2013) p.7

<sup>34</sup> <https://www.thunderclap.it/projects/21769-stop-female-genital-mutilation>

<sup>35</sup> As an example: only 25% of Somali women are able to read [Source CIA: World Handbook 2014].

<sup>36</sup> Funding a project by raising money directly from the community over the internet.

instances, referrals and visits take place when the **gender of the child is not known** since the mother is in early pregnancy<sup>37</sup>.

At present the majority of FGM referrals to the police are dealt with via a joint visit by police and social workers under section 17 or 47 of the Children Act 1989, and a multi-agency strategy meeting. Force policy suggests that joint visits and strategy meetings should take place “where a child appears to be in immediate danger of mutilation.”<sup>38</sup>

The West Midlands will shortly be host to seven MASH which will take over responsibility for assessing FGM referrals and determining whether a visit is appropriate. This could lead to a reduction in the number of safeguarding visits made where there is no immediate risk.

Force policy advises that ‘attempting to apply the criteria of the Children Act 1989 s47 or s17 at an early stage can sometimes prevent or delay unnecessary safeguarding and hamper information sharing.’<sup>39</sup> This advice is not being taken into account in relation to FGM, and in some areas there appears to be an expectation that police will attend an address whenever a referral is made<sup>40</sup>.

**To date, none of the joint visits have resulted in an arrest or conviction.** Despite greater numbers of referrals in Coventry, there is no data to suggest that more girls have been safeguarded there than anywhere else. When visiting expectant mothers, police powers are very limited and it is very difficult to ascertain the impact made by a police visit (would it make a difference if the message was delivered by another agency?). There is often no record on police systems of whether any follow-up visits are conducted when the child is older, so it is not clear how successful these early interventions have been.

19% of referrals relate to children either about to go or returning from abroad, with 60% of these originating from schools or local authorities. None of these records have resulted in an arrest or FGM being identified. In 93% of these referrals the destination of the trip abroad is believed to be the mother’s country of origin; however, in some cases children are reported who are visiting countries not commonly associated with FGM (including Bulgaria, Zimbabwe, Angola and Dubai)<sup>41</sup>.

Although there is a clear need to re-evaluate the response to partner referrals, the force should not be seeking to reduce the quantity we receive. At this stage, **it is not possible to truly understand the scale and nature of FGM in the West Midlands using the information currently available.** Without this understanding it is not possible to put in place an appropriate, targeted response or to safeguard young girls before they become victims.

Partner referrals provide invaluable information to help target resources and identify areas where there is a need for engagement. There is a clear need for an organisation to be responsible for

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<sup>37</sup> c.f. [REDACTED]

<sup>38</sup> WMP Child Abuse Policy and Guidance 2012 (p.20)

<sup>39</sup> WMP Child Abuse Policy (p.63). Section 17 and 47 of the Children Act 1989 relate to the provision of services for children in need and the local authority’s duty to investigate where a child is at risk of harm.

<sup>40</sup> ““The protocol in Coventry has always been an initial joint visit is always undertaken with the police in relation to FGM”. Email sent from Coventry Social Worker to West Midlands Police (recorded in [REDACTED]).

<sup>41</sup> This could be for a number of reasons, including that persons referring are unaware of which countries practice FGM, some countries may have relaxing laws around FGM, and some countries may be used to connect to flights to other countries.

collating and interpreting this data, however, there is need for a debate about where this responsibility lies.

Despite Operation Sentinel emphasising the importance of intelligence submission, the intelligence picture around FGM has remained negligible with only 15 intelligence logs submitted between January 2011 and March 2015.

On 22/07/2015, regional prevalence statistics were published (see p.8)<sup>42</sup>. These show that the West Midlands region has the second highest prevalence of FGM in the country (outside London). It is therefore right that West Midlands Police seeks to engage in national debates around FGM and to lead the way in intelligence collection, community engagement and enforcement.

The Serious Crime Act 2015 will make it mandatory for acute care trusts, GPs and mental health trusts to report FGM to the police from October 2015, and places a responsibility on teachers and other persons in positions of trust to report potential cases of FGM. Also of note, the Enhanced FGM Dataset<sup>43</sup>, which began collating data in April 2015, instructs clinicians to maintain data around patients with FGM. It is possible that, in the near future, the number of referrals recorded by WMP will increase.

The Female Genital Mutilation Act 2003, which made taking a girl abroad to undergo FGM, has been in effect for twelve years<sup>44</sup>. **It is inferred that within a few years maternity hospitals in the West Midlands areas will begin to identify women who were born in the United Kingdom (possibly that hospital) after the act was passed and who have undergone FGM.** It cannot be predicted how many historic FGM cases West Midlands Police will have to deal with over the coming years.

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<sup>42</sup> Macfarlane (2015) / Guardian (21/07/2015) (FN10).

<sup>43</sup> <http://www.hscic.gov.uk/fgm>

<sup>44</sup> This act only applies to offences committed on or after the date it came into effect.

## APPENDIX 1: DATA TABLES

Country of Birth	Estimated Population (First generation migrants)	Female Population (Based on 50:50 male:female)	FGM Prevalence	Risk Population
<b>1.1: Almost universal FGM, over 30% is Type 3</b>				
Somalia	9250	4625	98	4533
Eritrea	4000	2000	89	1780
Sudan	0	0	88	0
Djibouti	0	0	93	0
<b>1.2: High national prevalence of FGM (Types 1 &amp; 2)</b>				
Burkina Faso	0	0	76	0
Mali	0	0	89	0
Guinea	0	0	96	0
Ethiopia	UNKNOWN	UNKNOWN	74	UNKNOWN
Egypt	UNKNOWN	UNKNOWN	91	UNKNOWN
Sierra Leone	UNKNOWN	UNKNOWN	88	UNKNOWN
Gambia, The	UNKNOWN	UNKNOWN	76	UNKNOWN
<b>2: Moderate national prevalence of FGM (Type 1 &amp; 2)</b>				
Kenya	8250	4125	27	1114
Iraq (Kurdistan)	4500	2250	8	180
Ivory Coast	250	125	38	48
Central African Republic	0	0	24	0
Chad	0	0	44	0
Guinea-Bissau	0	0	50	0
Liberia	0	0	66	0
Mauritania	0	0	69	0
Senegal	0	0	26	0
Togo	0	0	4	0
<b>3: Low national prevalence of FGM (Type 1 &amp; 2)</b>				
Nigeria	9000	4500	27	1215
Yemen	2250	1125	23	259
Ghana	4000	2000	4	80
Cameroon	250	125	1	1
Uganda	1250	625	1	6
Benin	0	0	13	0
Niger	0	0	2	0
Tanzania	UNKNOWN	UNKNOWN	15	UNKNOWN
<b>TOTAL</b>	<b>43000</b>	<b>21500</b>	<b>-</b>	<b>9215</b>

• Data based on ONS Annual Population Survey (2013), which provides estimated rounded figures (published Aug 2014)

• Unknown indicates that ONS identified a population but did not include them in estimates. Data held by West Midlands Police indicates that individuals from this country are resident in the West Midlands.

### Estimated Risk Population Sizes (First Generation Migrants (over 16 years))

## DOCUMENT CONTROL

Version	Date	Author	Control Reason
1.0	18/06/2015	Mark Hadley	First draft prepared.
2.0	09/11/2015	Mark Hadley	Amendments made following consultation with Supt Bacon (FGM Lead for force)