Female genital mutilation

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This authorised professional practice (APP) reference document is designed to raise awareness of and demystify the practice of female genital mutilation (FGM) for officers and those they work with so that it can be more proactively prevented and prosecuted.

Effective ways of policing FGM are still being established. This content draws on material from international organisations, third sector and statutory partners and police practitioners to support officers and forces in developing their response to FGM.

Sections 70-75 of the Serious Crime Act 2015 introduced the following new measures:

- extension of extra-territorial liability to ‘habitual’ UK residents
- lifelong victim anonymity
- parents’ and guardians’ liability for failing to protect a child from FGM
- civil protection orders for FGM
- mandatory reporting for relevant professionals

The first three provisions took effect on 3 May 2015, FGM protection orders (FGMPOs) came into force on 17 July 2015 and the duty to report commenced on 31 October 2015.

See College e-learning on honour based abuse, forced marriage and FGM (you will need to log in to College Learn):

- **Public Protection: Family Disturbance**
- **Vulnerability: Saima – a case study**
- **Public protection support services for victims (and professionals)**

Introduction

FGM is illegal in the UK under the **Female Genital Mutilation Act 2003 (FGM Act)**. It has no known health benefits and is known to be harmful to women and girls. It may also constitute an assault occasioning actual or grievous bodily harm. It is primarily, though not exclusively, carried out on minors and is, therefore, child abuse. Adult safeguarding issues may also arise where there is re-infibulation (where a woman is reclosed) after childbirth or pressure for later FGM to take place in connection with marriage.

FGM of minors is a violation of the rights of the child. In relation to both adults and children, the practice violates the rights to health, security and physical integrity of the person and the right to be free from torture and cruel, inhuman or degrading treatment. It can also result in death, in contravention of the right to life. The practice is therefore contrary to a range of international human rights provisions.

Officers have a duty to safeguard everyone, including women and girls, which means that tackling FGM is an integral part of their role. They must take effective action to do so, without allowing themselves to be inhibited by fear of doing or saying the wrong thing or being accused of being racist. Effective action means making potential victims safe, investigating offences and bringing offenders to justice.

All officers, particularly **senior officers** who may have more contact with influential community members, should work closely with all communities within their policing area to challenge the practice of FGM. They should ensure the communities are aware that FGM is a crime and that those involved in committing or facilitating FGM may be arrested, prosecuted and imprisoned for up to 14 years. Parents and guardians failing to protect a girl from the risk of FGM may also be liable to up to 7 years' imprisonment.

As emphasised in the Home Office's Multi-agency statutory guidance on female genital mutilation, the Female Genital Mutilation Act 2003 contains no specific exemption for cosmetic surgery or female genital cosmetic surgery (FGCS).

If a procedure involving any of the acts prohibited by section 1 of the 2003 Act is not necessary for physical or mental health or is not carried out for purposes connected with childbirth, then it is an offence (even if the girl or woman on whom the procedure is carried out consented).

The Royal College of Obstetricians and Gynaecologists is clear in its guideline (**Female Genital Mutilation and its Management (Green-top Guideline No. 53**), published on 10 July 2015) that 'All surgeons who undertake FGCS must take appropriate measures to ensure compliance with the FGM Act'. This may result in mandatory reporting of potential offences.

It is for the police to record allegations as required by Home Office Counting Rules (HOCR) and investigate any alleged offence. The Crown Prosecution Service (CPS) decides whether a prosecution under the 2003 Act is appropriate. A criminal court would then determine, as and when the point arises for decision in a particular case, if non-medically indicated genital surgery constitutes mutilation and is therefore an offence under the 2003 Act.

Where the police receive a report of a case involving genital mutilation as a result of cosmetic surgery, officers should:

- record a crime (HOCR)
- consider whether immediate action is required to make anyone safe and take appropriate action
- seek advice from a supervisor or specialist support about the best way to deal with the allegation
- seek early investigative advice from the CPS

A complex investigation of this type should be carried out by a suitably trained investigator.

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The practice of FGM

Definition and classification of FGM

The **World Health Organisation (WHO)** defines female genital mutilation as comprising all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

The WHO has classified FGM into four different types.

Type I – Clitoridectomy. Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and/or the prepuce (the clitoral hood or fold of skin surrounding the clitoris).

Type II – Excision. Partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia (the labia are the ‘lips’ that surround the vagina).

Type III – Infibulation. Narrowing of the vaginal opening by creating a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris

Type IV – Other. All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterising (burning) the genital area.

The consequences of FGM

FGM has no known health benefits and there may be serious health consequences for the girl or woman upon whom it is carried out. These can include the following.

Immediate health consequences

- Severe pain.
- Shock.
- Haemorrhage (excessive bleeding).
- Injuries from being held down/struggling, for example, fractured and broken limbs, bruises, cuts.
- Infection.
- Tetanus.
- Death.

Longer-term health consequences

- Extensive damage to the external genitalia.
- Scarring.
- Chronic pain.
- Recurrent bladder and urinary tract infection.
- Incontinence and difficulty in passing urine.
- Loss of sexual pleasure/painful sexual intercourse.
- Absence of periods.
- Cysts.
- Obstetric fistulas (abnormal passage between two organs in the body).
- Infertility.
- Increase in maternal/perinatal mortality rates, childbirth complications and newborn deaths.

- Psychological/mental effects, for example, post-traumatic stress disorder, sexual phobia, anger, feelings of helplessness.

A woman or girl who has undergone Type III FGM (infibulation) may be left with a vaginal opening that is the size of a matchstick or a grain of rice. Consequently she may:

- have difficulty passing bodily fluids, for example, menstrual blood and urine
- need to be cut open on her wedding night in order to have sexual intercourse
- experience considerable complications during childbirth

Medical help may be available to alleviate some of the harmful effects but they cannot be entirely overcome or reversed. Officers who become aware of a person at risk of FGM should always take steps to **protect** that person from harm.

Girls and women at risk of FGM

According to the WHO, FGM is most often performed on girls between infancy and age 15. It can, however, be carried out on women and girls of all ages, including newborns, and adult women in association with marriage or re-infibulation following childbirth.

The practice is most prevalent in the western, eastern and north-eastern regions of Africa and in some parts of Asia and the Middle East. Increased migration, however, means that FGM-practising communities can be found worldwide, including Europe, North and South America and Australasia. Officers should not, therefore, assume that FGM is not happening in the area where they work.

The following countries are known to or have been documented to practise FGM.

- Benin.
- Burkina Faso.
- Cameroon.
- Central African Republic.
- Chad.
- Côte d’Ivoire.
- Djibouti.
- Egypt.
- Eritrea.

- Ethiopia.
- The Gambia.
- Ghana.
- Guinea.
- Guinea-Bissau.
- India.
- Indonesia.
- Iran (Information received from the Iranian and Kurdish Women’s Rights Organisation).
- Iraq.
- Israel.
- Jordan.
- Kenya.
- Liberia.
- Malaysia.
- Mali.
- Mauritania.
- Niger.
- Nigeria.
- Oman.
- Pakistan.
- Senegal.
- Sierra Leone.
- Somalia.
- Sudan.
- Tanzania.
- Togo.
- Uganda.
- The United Arab Emirates.
- Yemen.

This list is not exhaustive and officers should not assume that because a country is not on the list, or because a person does not come from one of the listed countries, there is no risk of FGM. Officers should also be aware that travel routes into the UK may be indirect and, therefore, not a

reliable indicator of the person's country of origin.

Prevalence rates also vary, with rates over 90% in countries where the practice is almost universal, for example, Somalia, Guinea, Djibouti and Egypt, while others only have tiny practising communities, for example, India.

Although the actual prevalence of FGM among women residing in the UK is unknown, the following estimates have been generated using 2011 England and Wales census data, together with UNICEF national prevalence data for FGM practising countries.

Girls born in England and Wales	1996-2010	2011-2012
Girls born to mothers with FGM	60,273	11,695
Girls born to mothers born in countries where FGM is known to be practised	144,062	28,754

2011 census data of girls 0-14 permanently resident in England and Wales but born abroad	Recorded in census	Estimated numbers potentially at risk of FGM
Born in FGM practising countries, adjusted to exclude non-practising ethnicities and religions	23,663	9,763

Figures from City University London/Equality Now (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**.

The reasons why FGM is practised

Published reports and experts working in the area suggest that the reasons underlying the practice of FGM include:

- tradition
- culture
- family honour
- social acceptance and standing within the community, bringing status and respect to the girl
- perceived religious obligations
- chastity as a requirement of eligibility for marriage
- curbing a woman's sexuality
- rite of passage/part of becoming a woman
- hygiene/belief that it makes a woman 'clean'
- belief that it makes sexual relations safer and more pleasurable for the man
- social conditioning (women having poor body image if FGM is not done/redone after childbirth)
- misinformed beliefs regarding fertility and childbirth, including that it makes childbirth safer
- superstition and myth, for example, that if the clitoris touches the baby's head in childbirth it may die or that it cures insanity or depression

FGM stems from concepts of chastity, family honour and the importance of marriage in societies where security and survival depend largely on making a good marriage. In some communities only a woman who has undergone FGM is deemed suitable for marriage as it demonstrates chastity and purity. As a result, mothers allow or actively require their daughters to undergo FGM as a way of protecting their future. These concepts are underpinned by beliefs regarding the position of women and girls within those cultures. FGM is not limited by social class or education.

Where FGM stems from concepts of family honour and the regulation of behaviour that may bring shame on the family, it may be viewed as a form of honour-based violence or abuse.

Although there is sometimes a presumed association with certain religions, FGM is not advocated in any religion, nor referenced fully in any religious text. In communities where it is an established custom, FGM is practised by those from a variety of religions, which suggests that its origins are more cultural than religious.

Some communities in the UK may choose to continue the practice as a way of maintaining their traditional identity. It may also be done to counteract concerns that girls are becoming too westernised and is sometimes used as a threat to curb behaviour.

Men may not be directly involved in the practice but contribute to its continued existence in other ways. In practising communities, many only choose marital partners who have undergone FGM and expect it to be carried out on daughters and other female relatives. Some male community leaders may use their influence to expressly support the practice. Men may also have a role as perpetrators, whether directly or indirectly.

Effective **prevention** of FGM can only be achieved by working with communities to challenge these underlying beliefs and expectations. Officers, particularly **senior officers**, should take steps to raise community awareness of the illegal nature of FGM and the liability to prosecution of those performing or facilitating the practice.

FGM perpetrators

FGM is usually instigated by female members of the girl's family (including extended family). Unlike other forms of child abuse, a mother who agrees to her daughter being mutilated is likely to believe that she is acting in the best interests of the child. It may even be a cause for celebration within the family.

In some instances parents may be under considerable pressure from members of their family and/or community to allow their daughter to undergo FGM. It may also be instigated by the grandmother, aunt or other relative without the consent or knowledge of the mother. This has implications for the parents' ability to protect their child and should be a factor for officers when assessing the need for protective measures. Under the **FGM Act s 3A**, where a girl under 16 undergoes FGM, parents and guardians may be liable to prosecution for not protecting her from the risk of genital mutilation.

Traditionally, the procedure is carried out by a female 'cutter' who is a member of the girl's practising community. The person may also be known as a circumciser or midwife. The 'cutter' may visit the UK from abroad for a short period specifically to carry out FGM, or they may be a permanent member of the community in the UK. A girl can also be taken abroad to undergo FGM, sometimes to her or her family's country of origin or to another FGM-practising country. This may

be done in an attempt to avoid detection and is most likely to take place during extended holiday periods. Where an officer suspects that a child may be taken out of the country to undergo FGM, they should take appropriate steps to **protect** the child.

Men can also be perpetrators. They may directly carry out the procedure as medical professionals. They may also commit offences under the FGM Act by assisting others to carry out FGM, for example, by paying for the procedure or providing other logistical support.

How FGM is carried out

FGM is usually carried out with a sharp implement, such as a knife, scissors, a razor, broken glass or a blade. It may also be conducted by using a finger nail to remove or damage a newborn's clitoris immediately following the birth, a method known as pinching. In most cases anaesthetic is not used and the procedure may not be conducted in a sterile environment. The same tools are often used on many girls without sterilizing in between, easily transmitting infection and disease. Thorns and herbs may be used to suture the wound, with further risk of infection. Not all forms of FGM involve cutting, for example, elongation is performed by using herbs and stones to pull the labia into a different shape.

A girl may be held down by a group of women while the cutting is carried out. These women are often members of the girl's own community or even her own family. The girl may struggle violently and suffer additional injuries as a result, for example, broken and fractured bones.

In some cultures cutting is an event to be celebrated, with special dress and ceremony. It can be held for an individual or a group. Occasions where many girls are brought and mutilated in quick succession are sometimes referred to as 'cutting parties'. FGM may also be more commonly practised at certain times of the year, known as 'cutting season'. The exact time period for this varies between communities.

In other cultures the practice may be expected but not celebrated or discussed in public.

The WHO confirms that the practice of FGM is increasingly being carried out by medically qualified professionals, including in hospitals. This may be in both practising and non-practising countries where it may be done for financial gain. Medical professionals said to be involved include both male and female doctors and trained midwives. This applies not only to primary FGM but also to re-infibulation (reclosing) following childbirth. This trend towards medicalisation should not be seen as

legitimising the practice in any way. It is internationally opposed as set out in the **Global strategy to stop health-care providers from performing female genital mutilation**. The health consequences for the girl, including the psychological impact, remain significant regardless of method.

Advice for officers working with communities affected by FGM

The term FGM

Officers should be culturally and faith aware in their dealings with victims of FGM, but should never hesitate to take appropriate and effective action to enforce the law and/or safeguard children. FGM is a crime in the UK.

Terminology for referring to FGM varies between communities. Victims and witnesses may only recognise the terminology used within their own community.

Officers should bear in mind that people living in communities where FGM is practised may not view the procedure as a form of mutilation. They may not, therefore, understand the term or recognise it as applying to their own practice, for example, elongation, which does not involve cutting. They may also consider the term offensive.

Victims and witnesses may refer to holding a ceremony, celebration or party in their honour, or becoming a woman. Officers should take note of and adopt the terminology used by the person as it is likely to make them feel more comfortable. If an officer is unsure of the relevant term to use, it is acceptable to ask a potential witness or victim which they would prefer.

Examples of terminology that may be better understood and may avoid alienating a potential witness include the following.

- Circumcision – ‘Have you been circumcised?’ ‘Is circumcision practised in your community?’
- Cut – ‘Have you been cut down there?’
- ‘Have you been closed?’
- Are you ‘clean’?

These approaches to questioning are not exhaustive and alternative language may be more prevalent in some communities. Some culture-specific terms for the practice can be found in the **Multi-Agency Practice Guidelines on FGM**. These set out the terms by country and language and are a useful resource for officers preparing to conduct a victim or witness interview on the subject.

Officers should recognise that, for victims, FGM is a complex subject with lifelong impact on many levels. Officers should never show shock or revulsion and must be mindful that although some communities may celebrate the practice, others consider it a taboo subject which should not be openly discussed.

Some more generic terms that officers may come across include:

- de-infibulation – a procedure to open up the closed vagina of Type III FGM, for example, so that a girl or woman can give birth safely
- re-infibulation – re-suturing/reclosing the vagina following childbirth, to recreate a small vaginal opening similar to the original Type III FGM
- cutter/circumciser – a person (usually a woman) who carries out FGM on women and girls, often for money

Talking to potential victims

When talking to potential victims about FGM, officers should:

- ensure that the person is made safe
- ensure that a female officer conducts the interview wherever possible
- consider that the person may not wish to see a police officer from their community
- create an opportunity for the individual to disclose by speaking to them alone and in private – this may require making arrangements for the person to speak to an officer in a safe setting on a later occasion
- ensure no family or community member is present – consider using an appropriate adult rather than a family member when interviewing a minor
- make no assumptions
- give the individual time to talk
- be sensitive to the intimate nature of the subject
- be sensitive to the fact that the individual may be loyal to their parents

- be nonjudgmental (pointing out the illegality and health risks of the practice but not blaming the girl or woman)
- use simple language and ask straightforward questions
- avoid loaded or offensive terminology such as ‘mutilation’
- adopt a victim-centred approach – offer accurate information about the person’s choices and rights and respect their wishes where possible

Using interpreters

Officers should take great care in choosing an interpreter when speaking to a potential victim or witness regarding FGM. In particular, the interpreter must not be a family member, known to the individual, or an individual with influence in the person’s community. Disregarding this this may result in:

- deliberately misleading information being provided to the police officer
- the traditional views of the community being relayed to the witness as opposed to what the police officer is saying
- pressure being applied to the witness/victim to withdraw a statement
- information being fed back to suspects
- distress and humiliation being caused to the victim or witness
- the victim or witness being ostracised from their community

Where the victim’s cultural and/or community group is particularly small or close knit, it should be borne in mind that even those living elsewhere in the UK may be known to the victim, witness or other members of the same cultural and/or community group.

Officers should make every effort to source an accredited interpreter. Accredited interpreters are required to comply with professional codes of conduct and may be held accountable for any breach. Obligations include disclosing any conflict of interest, acting impartially at all times, and ensuring they understand the context in which they are working, including any special terminology.

A female witness is unlikely to speak freely to a male interpreter because of the intimate nature of the subject matter. It is, therefore, appropriate to request a female interpreter.

Interpreters should undergo awareness training on FGM. Terminology may cause confusion, as those speaking the same language may not be from the same community or use the same terms.

Where no accredited interpreter is available to attend in person or if there is an urgent need to speak to the victim, officers could consider using a telephone interpreting service. If doing so, however, officers must not disclose details that would reveal the identity of the witness or where she or her family lives in the UK or their country of origin.

For further information see:

- **National Register of Public Service Interpreters Code of Conduct**
- **Association of Police and Court Interpreters Code of Practice**

The role of the police in tackling FGM

Depending on the circumstances, there are three ways in which the police can tackle FGM. These are:

- prevention
- protection
- prosecution

Prevention and protection must be a key focus of the police response to FGM. Reaching the prosecution stage means either that someone has already undergone FGM or that preparatory steps have been taken for them to do so, requiring a thorough investigation by officers.

Prevention

Given the nature of FGM, it is not a widely reported crime. People carrying out the procedure may have recently arrived in the UK and have no idea that it is illegal. If a woman or girl has come from a community where all of the girls have undergone FGM, she may believe that the health problems she is experiencing as a result of the procedure are a normal part of female life. If FGM is committed when the victim is a child, she may have little memory of it or be unaware it is illegal. It is, therefore, essential that the police and other organisations work together with statutory and third-sector partners, other agencies and communities affected to raise awareness of the health risks and increase knowledge of the criminal law relating to FGM, for example, through work undertaken at the Health and Wellbeing Board.

The people and organisations that the police can work with to raise awareness within practising communities include:

- community members/community and faith leaders who are advocates in favour of ending violence against women and girls
- educational establishments – nurseries/pre-schools, schools, colleges, universities
- health services, for example, hospitals, maternity services, health visitors and doctors' surgeries
- Public Health England/Wales
- housing services
- local government
- social services
- youth groups
- community engagement officers
- outreach workers
- non-governmental organisations

The methods used to raise awareness will vary according to language and the way in which certain communities prefer to receive information. For example, word of mouth is an important means of communication in Somali communities, so printed literature and handouts alone may have less impact. It may be more effective to give an oral presentation supported by written information which can be read later in private.

Long-term change needs to be brought about and driven by practising communities themselves. This means supporting communities to take the lead in challenging the practice. Trusted community leaders and other role models, both men and women, from within the communities affected should be encouraged to speak out against the practice. The central message must be that FGM is a crime and that people who commit or facilitate the practice may be arrested, prosecuted and imprisoned, as may parents or guardians who fail to protect a girl under 16 from the risk of genital mutilation. To achieve lasting change, this message should be supplemented by working with men and boys to alter their attitudes and expectations when choosing girls and women for marriage, for example, that a girl who has not been cut is also clean.

The Home Office has produced a statement that girls and women travelling abroad can keep with their passport and take with them to inform family members of the potential criminal penalties for those who allow or arrange for FGM to take place overseas. It is **available in several languages**. It

can be distributed by the police as an awareness-raising and safeguarding measure, to inform and equip women and girls who may be at risk of FGM while abroad.

Although key partners may have an awareness of FGM, they may not have a good understanding of ongoing safeguarding issues where someone has already undergone FGM, or of the role they can play in tackling FGM more generally. Regulated health and social care professionals and teachers in England and Wales are under a **mandatory duty** to report known cases of FGM on girls under 18 to the police. This should assist with identifying other girls potentially at risk, for example, younger siblings. Forces should actively establish and maintain relationships with key services that can play an essential role in safeguarding, for example, local maternity units.

Protection

If an officer becomes aware of a girl or woman at risk of FGM, they should:

- take immediate steps to make that person safe – safeguarding action may be appropriate, including taking a child into emergency protection
- take immediate steps to secure evidence of an **offence**, including a preparatory offence under the Serious Crime Act 2007 ss 44–46
- consider arresting suspects
- seek advice of a supervisor

FGM is a serious form of abuse and should be treated as such. Reports of potential FGM may reach officers from a range of sources. Local policing teams and **senior officers**, in particular, may already have established contacts with these agencies and individuals and should encourage them to pass on any information about FGM to the police. Officers should take action appropriate to the nature of the information. Potential sources include:

- teachers and nursery/pre-school staff who fear a child may be taken abroad to be mutilated during school holidays – transition periods, between nursery and primary school and between primary and secondary school, can be a particularly vulnerable time because the child and family are not yet known to teachers
- midwives responsible for the prenatal care of a woman who has undergone FGM (in this case, victims may be at risk of re-infibulation after the birth)

- midwives who have delivered a baby girl from a woman who has undergone FGM and are concerned that the daughter may also be at risk of FGM
- a woman or girl who feels under threat of FGM
- friends or peers to whom disclosure may have been made by a girl fearing she is at risk
- a community member or professional, male or female, who believes they know that a woman or girl is under threat of FGM
- social services
- police investigating other offences, for example, honour-based violence, forced marriage, domestic abuse or sexual offences
- reports of known cases of FGM on girls under 18 made by health and social care professionals and teachers in England and Wales under the **mandatory reporting duty**, allowing other girls at risk to be identified

Although many referrals may be circumstantial in the first instance, a thorough investigation should take place. Parents are unlikely to admit that they are in favour of FGM when asked, so officers should look for other indications that a child may be at risk.

Where a concern is raised, a strategy meeting should be held to form an accurate picture of the family by bringing together all relevant information. This could include school and GP records, maternity notes showing FGM of the mother, medical records for the mother or child. For example, records showing a pattern of recurrent urinary tract infections could be indicative of FGM having occurred.

If an officer believes a girl may be at risk of or may have undergone FGM, they must also consider the risk to other female members of the family and household, for example, sisters or cousins. A girl or woman who has already undergone FGM may remain at risk of further FGM in the form of re-infibulation following childbirth. This can occur multiple times.

Parents may be under considerable pressure from other family or community members for their daughter to undergo FGM. In such circumstances, officers need to consider if the parents are able to protect their child. They should ask questions about beliefs of extended family and community, and actions may be required to prevent the child from being taken abroad. Parents and guardians should be informed that they may themselves be liable to prosecution if they fail to take reasonable steps to protect a girl under 16 from a risk of genital mutilation of which they were aware, under the **FGM Act s 3A** (set out in more detail **below**).

When a child is at risk of FGM, officers should act in the same way as they would in any other child protection case. See the **APP on Child abuse, police response to concern for a child**. They must comply with local child protection procedures and refer to local authority children's social care. They should initiate a strategy discussion/joint investigation and ensure their child protection unit is actively engaged. Officers may encounter difficulties where parents believe that FGM is in the child's best interests, or where their daughter sees it as part of her cultural identity. Regardless of such cultural considerations, FGM is illegal in the UK and officers must treat it as such.

Girls at risk of FGM may have additional vulnerability issues which should be addressed according to local procedures.

In situations where a parent is suspected of abducting a girl for the purposes of FGM, see the **APP on Child abuse, initial response to suspected parental abduction**. This is most likely to apply where the girl is subject to some form of court or protective order.

For further information, the NSPCC runs a free 24-hour helpline for people who fear they, or someone they know, may be in danger of being subjected to FGM. The helpline may also be used by professionals needing advice. The telephone number is 0800 028 3550 and should be included on any literature disseminated.

Emergency powers

Emergency protection powers can be used when children are at risk of FGM. The relevant powers are:

- police protection powers under the **Children Act 1989 s 46**, see the **APP on Child abuse, police protection**. This allows a child at risk of 'significant harm' to be removed to a place of safety for up to 72 hours and is a police decision
- emergency protection orders under the **Children Act 1989 s 44**. These are issued by a court where a child is in 'imminent danger', usually on application by the local authority, although a designated police officer could also apply

Care orders and associated applications

Emergency protection orders can be followed by an application from the local authority for a care order under **the Children Act 1989 s 31** and **s 38**. If granted, such an order gives the local authority parental responsibility for the child. It is then a criminal offence to remove the child from

the UK without the express consent of the local authority (and any other person with parental responsibility) or the court. In addition, the local authority can apply for further court orders as necessary to protect the child, for example, that there be no contact with the family or that the child's passport be surrendered so that they cannot leave the jurisdiction. A care order can only be made in respect of a young person under 17 (or under 16 if the young person is married).

Other options, if a care order is not available or appropriate, include asking the court to exercise its inherent jurisdiction or applying to make a young person under 18 a ward of court.

The court may exercise its inherent jurisdiction to protect a young person or vulnerable adult on request of a social care department, where there is a real risk of a girl or vulnerable woman being subjected to FGM. This can include an order to surrender the person's passport and not to remove them from the jurisdiction without the court's permission. The court can also order the immediate return of the person.

Applications for wardship can be made even after a child has been taken out of the country. If granted, the authorities in the country to which the child has been taken can be asked to assist with locating and returning the child. The application can be made by any interested party, including CAFCASS/CAFCASS CYMRU legal services, although a local authority wishing to make the application would need to seek permission from the court to make it, under **the Children Act 1989 s 100**.

For further information see **HM Government Multi-Agency Practice Guidelines: Female Genital Mutilation.**

FGM protection orders

Section 5A and Schedule 2 of the FGM Act make provision for FGM protection orders (FGMPOs). The purpose of an FGMPO is to protect a girl who is at risk of being subjected to an FGM offence or one against whom such an offence has already been committed. The term 'girl' is used here and in the legislation to refer to either a girl or a woman.

An application for an FGMPO is made to the family court or High Court. There are 23 **designated** FGM family court centres. An application can be made by:

- the girl herself

- a relevant third party without leave of the court – currently, only local authorities have been designated in this category
- any other person with leave of the court, which includes the police

Although the police can apply for leave of the court to make an FGMPO application themselves, it is anticipated that such applications would normally be made by local authority protective services.

In order to address safety concerns for the girl or other persons involved in making the application, the system allows for:

- orders to be made without notice to the respondent where the court considers it just and convenient, for example, where the girl would be at risk of harm or removal from the jurisdiction if notice were given
- the possibility of giving evidence by video link from another court centre
- the possibility of applying to redact or withhold portions of evidence on a hearing by hearing basis where disclosure would place a person at risk

An FGMPO can also be made on the family court's own initiative where other family proceedings are before the court. Similarly, it can be made in criminal proceedings for FGM offences, either where the defendant is acquitted of the offence but the court deems that there is a risk, or where the defendant has been convicted but continues to pose a risk. This risk may be in relation to the victim of the offence before the court or any other girl, for example, a sister.

A court considering imposing an FGMPO must have regard to all the circumstances, including the need to secure the health, safety and well-being of the girl. The court has broad and flexible powers to impose whatever terms it thinks necessary to protect the girl, whether prohibitions, restrictions or requirements. These might include:

- requiring a person to surrender their passport and travel documents or those of the girl to be protected
- prohibiting specified persons from making arrangements in the UK or abroad for FGM of the girl in question

The terms can include persons not named as respondents in the application, recognising that the wider community may be involved. The order can last for a specified period or indefinitely until varied or discharged, allowing for long-term protection where the girl at risk is very young.

Breach of an FGMPO can either be reported to the police as a criminal matter, which carries a power of arrest, or dealt with as a civil contempt of court. There should be reasonable cause to believe there has been a breach.

For further information see:

- Serious Crime Act 2015, Explanatory Notes, **Section 73: Female genital mutilation protection orders**
- Ministry of Justice (2015) **Female Mutilation Protection Orders, A guide to the court process**
- Ministry of Justice (2015) **Female Genital Mutilation Act 2003: Female Genital Mutilation Protection Orders, Interim Guidance for local authorities as a relevant third party and information relevant to multi-agency partnership working**

The role of the police

Forces should agree referral routes with their local authority children's and adults' services. When developing these referral routes, regard should be had to the possibility of wider community involvement in FGM and building in safeguards to protect employees from being pressured to disclose information by members of their own community.

A police investigation into FGM offences and subsequent prosecution can take place in parallel to an FGMPO application or a current order.

1. When there is a need for an FGMPO

Where police officers or staff become aware of risk to a girl and the potential need for an FGMPO, they should notify the local authority through the agreed referral route. They should flag any specific risks they are aware of which may assist the local authority to prepare the application, for example, where there is an immediate risk to the girl or another witness if they attend the hearing and they may need to give evidence by video link.

2. When an FGMPO has been made

A system should be established with the courts and local authority to ensure that a copy of any FGMPO issued is lodged with the police as soon as practicable.

The police should:

- enter the order on the Warnings Index, especially where there is an imminent threat of the girl being taken abroad
- notify Her Majesty's Passport Office (HMPO) of any FGMPO that specifies surrender of a passport or restricted travel, to prevent duplicate passports being issued
- follow any guidance issued by HMPO on this matter
- inform HMPO if the order is varied or revoked
- notify Border Force and ensure systems for travelling are flagged
- inform Border Force if the order is varied or revoked
- link with the local authority to ensure the girl is offered continuing support after the order is issued
- monitor compliance with the FGMPO to identify any breaches

3. When an FGMPO has been breached

Where there is reasonable cause to believe that an FGMPO has been breached, the police should:

- investigate and consult the CPS for a charging decision as appropriate
- liaise with the victim to establish her views on proceeding with the breach either as a criminal or civil matter
- review risk management arrangements to protect the victim and others affected

If the person is charged, the investigating officer should:

- ensure any sensitive information likely to be disclosable is redacted in consultation with the CPS
- consider special measures for the girl or any other witness if giving evidence is likely to place them at risk, for example, they may be able to give evidence via video link from another court centre

If the person is not charged because the case does not meet the Full Code Test, the breach may still be pursued as a civil contempt of court.

4. When there is a prosecution for FGM offences: FGMPO as an ancillary order

When preparing a casefile for prosecution of FGM offences, the investigating officer should:

- flag if an FGMPO should be considered on conviction or acquittal, along with any proposed terms

Prosecution

The law

For ease of reading, the following terms are used throughout.

- ‘Assisting’ to refer to ‘aiding, abetting, counselling or procuring’.
- ‘UK person’ or ‘UK girl’ to refer to a ‘UK national or any UK resident’.
- ‘Non-UK person’ to refer to a person who is not a UK national or any UK resident.

A UK national is defined by section 6 of the FGM Act. A UK resident is an individual who is habitually resident in the UK. This term refers to a person’s ordinary residence, as opposed to a short temporary stay in a country.

FGM is illegal under the **Female Genital Mutilation Act 2003**. FGM is **defined** as excising, infibulating or otherwise mutilating the whole or any part of a girl’s labia majora, labia minora or clitoris. A person who is found guilty of an offence under the FGM Act may receive up to 14 years’ imprisonment, a fine, or both.

The FGM Act creates 3 basic offences:

- carrying out FGM **(FGM Act s 1**)
- assisting a girl to mutilate her own genitalia (**FGM Act s 2**)
- assisting a non-UK person to carry out FGM on a UK girl outside the UK (**FGM Act s 3**)

Anyone engaging in one of these prohibited acts in the UK, regardless of their nationality or immigration status, is committing an offence.

Where one of the three basic offences is committed against a girl under 16, each person who is responsible for her at the time the FGM occurred will be liable for failing to protect her from the risk of genital mutilation, under **the FGM Act s 3A**. This offence carries up to 7 years’ imprisonment, a fine, or both.

A person responsible for a girl is either:

- a person with parental responsibility who has frequent contact with the girl, or

- a person over 18 who has assumed responsibility for caring for the girl in the manner of a parent, for example, a family member with whom the girl is staying for the summer holidays

In order to establish a defence, the responsible person would need to be able to show that, at the time the mutilation took place, they did not think there was a significant risk of FGM being committed and could not reasonably have been expected to be aware that there was such a risk, or that they took reasonable steps to protect the girl from the risk of FGM.

Section 4 of the FGM Act also allows a UK person to be prosecuted when they commit one of the prohibited acts or omissions abroad. An offence under section 3A can be committed wholly or partly outside the UK by a UK person.

Section 4A and **Schedule 1** of the FGM Act make provision for the lifelong anonymity of victims of FGM. This means that there is a prohibition on the publication of information likely to lead members of the public to identify the victim. Publication is interpreted widely and includes less traditional formats such as social media.

There are two limited exemptions to the prohibition, where the court could lift the restriction on publication. These exemptions are where the court finds that:

- a person being tried for an FGM offence could have their defence substantially prejudiced if the restriction to prevent identification of the alleged victim is not lifted
- preventing identification of the victim could be seen as a substantial and unreasonable restriction on reporting of the proceedings and it is in the public interest to remove or relax the restriction

Breach of the prohibition is an offence punishable by an unlimited fine. There are two possible defences, which must be made out on the balance of probabilities by the person seeking to rely on them. These are where:

- at the time of the alleged offence, the defendant was not aware, and did not suspect or have reason to suspect, that the publication included content likely to identify the victim or that a relevant allegation had been made
- a victim aged 16 or over had freely given written consent to the publication

Paragraph 4 of Schedule 2 of the FGM Act makes it a criminal offence to breach an FGMPO. A person who is found guilty of breach of FGMPO may receive up to 5 years' imprisonment, a fine, or

both. The breach may also be dealt with as a civil contempt of court which is punishable by up to two years' imprisonment, but the two jurisdictions are mutually exclusive. If a police investigation into a potential breach is to be pursued, this should be concluded and a decision made by the CPS as to the potential for prosecution prior to initiating any civil proceedings.

A person assisting in the commission of any of the above offences is also committing an offence by virtue of the **Accessories and Abettors Act 1861 (AAA) s 8**, which states that a person who assists in the commission of an offence is guilty of the same offence as the main offender and liable to the same penalties.

Sections 44-46 of the Serious Crime Act 2007 create a number of offences arising from acts 'capable of encouraging or assisting the commission of an offence', which can apply even where the offence encouraged or assisted is never actually committed. These provisions are complex to apply, see **CPS legal guidance on inchoate offences** for further information.

Section 1 of the FGM Act provides some clarifications for medical professionals. It states that performing a surgical operation on a girl:

- which is necessary for her physical or mental health, or
- during any stage of labour or immediately following birth for purposes connected with labour or birth

is not an offence, as long as it is carried out by an approved person. An approved person is a registered medical practitioner in either case or a registered midwife in the latter instance and includes trainees. When determining if an operation is necessary for a girl's mental health, a belief that custom or ritual requires the operation is specifically excluded from consideration, whether it is held by the girl or any other person.

Re-infibulation is not expressly mentioned in the FGM Act. Although this has led to some misinterpretation, parliamentary debates make it clear that it is included within the meaning of infibulation and therefore illegal. The Royal College of Obstetricians and Gynaecologists issued **guidelines on FGM and its management in 2009**, which clarify that:

> *any repair carried out after birth, whether following spontaneous laceration or deliberate defibulation, should be sufficient to appose raw edges and control bleeding, but must not*

result in a vaginal opening that makes intercourse difficult or impossible.

In circumstances not covered by the FGM Act, other criminal offences may be committed. The CPS guidance on **Offences/Behaviours experienced by victims of Female Genital Mutilation** advises on alternative offences, such as:

- grievous bodily harm, under the **Offences Against the Person Act 1861 s 18** or **s 20**
- conspiracy, child cruelty, false imprisonment and causing or allowing serious physical harm or death of a child, under the **Domestic Violence, Crime and Victims Act 2004 s 5**

The **CPS Female Genital Mutilation Legal Guidance** provides further information on FGM and associated offences. Officers are encouraged to seek early investigative advice from the CPS to help build the strongest possible case and choose the most appropriate charge.

Examples of offences

In order to establish if an offence has been committed under the FGM Act, officers must consider:

- where the act occurred
- the nationality of the person doing the act
- the nationality of the girl undergoing FGM

Each of the examples below involves the same set of persons but in different situations that are intended to draw out how the different elements of location and nationality impact on offending under the FGM Act.

As arrangements for FGM generally take place within a girl's community group, the names used in the examples have been chosen to fit within a single community. This is not in any way intended to focus on a particular group, religion or community.

Basic scenario

All parties are originally from the same community in country X, where FGM is traditionally practised. Fatima has been resident in the UK for the last five years. In her community in London, she practises as a 'cutter' or circumciser. Aysha and Mariam are 12-year-old cousins. Aysha and her parents have been granted indefinite leave to remain and are, therefore, permanent UK residents. Mariam and her parents are still awaiting a decision on their asylum claim, but have been

living in London for two years. Amina is Aysha's aunt, who still lives in country X, and is an FGM practitioner in her local community. Leila is 11 years old and lives with her family in country X. As her father is an old friend of Mariam's father, Leila comes to stay with Mariam's family in London for three months to learn English.

Examples involving acts taking place in the UK

Carrying out FGM on a girl of any nationality

Fatima performs FGM on Aysha, Mariam and Leila at her premises in London.

Fatima has committed 3 offences under section 1 of the FGM Act, one on each girl, as the nationality and residence of the girl are irrelevant.

Carrying out FGM on a girl or woman of any nationality – re-infibulation

Aysha's mother is due to give birth to another child. She has Type III FGM which was reclosed in her country of origin after Aysha was born. She is identified as having FGM as part of the antenatal process, is de-infibulated in preparation for labour and gives birth without complications. The attending doctor is from the same community as she is and he agrees at her request to re-infibulate her after the birth. He does this by stitching the labia together to leave only a very small opening, using significantly more stiches than were required to stop her minimal post-birth bleeding.

The doctor has committed an offence under section 1 of the FGM Act, as re-infibulation is covered by the section and he has exceeded what was medically required in connection with the birth.

Assisting a person to carry out FGM on a girl of any nationality

Aysha and Mariam's mothers contacted Fatima to ask her to carry out the FGM on their daughters. Mariam's mother made the same arrangement on behalf of Leila's family. The mothers paid Fatima a sum of money for each girl cut.

Each mother has committed an offence by assisting Fatima to perform FGM. Mariam's mother has committed a further offence by assisting Fatima to perform FGM on Leila. The offences are committed under section 1 of the FGM Act, by virtue of section 8 of the AAA 1861, as they are

assisting Fatima who is the main offender.

Failing to protect a girl under 16 from the risk of genital mutilation

Mariam's father was initially unsure about having his daughter cut, as he had been given a leaflet about the potential health consequences of FGM and was worried about these. He decided that he did not want to go against tradition or upset his wife, so he did not take any action to prevent Mariam and Leila from being cut. He was not involved in making any of the arrangements but was aware that all three girls were going to undergo FGM, which took place as planned.

Mariam's father has committed an offence under section 3A of the FGM Act by failing to take action to protect his daughter from FGM. As he had assumed responsibility for caring for Leila in the manner of a parent for the duration of her stay in London, he has also committed a further offence under the same section by failing to take steps to protect Leila from FGM. He has not committed an offence in respect of Aysha as he is not responsible for her.

Assisting a girl of any nationality to mutilate her own genitalia

It is traditional in Aysha's family for a girl to carry out her own FGM procedure when she reaches the age of 12. Fatima attends to supervise the process at the family home in London and gives instructions when Aysha is unsure what to do.

Fatima has committed an offence under section 2 of the FGM Act, as she has assisted Aysha to self-mutilate. Aysha has not committed an offence, as self-mutilation is not illegal.

Assisting a non-UK person to carry out FGM overseas on a UK girl

Aysha's mother decides that she wants Amina to carry out Aysha's FGM procedure. She therefore phones Amina from her home in London and arranges for Aysha to visit Amina abroad during the school holidays to undergo FGM.

Aysha's mother has committed an offence under section 3 of the FGM Act.

Mariam's mother similarly phones Amina from London to make the same arrangements for Mariam.

Mariam’s mother has also committed an offence under the FGM Act because although Mariam is not a permanent UK resident, she is habitually resident there.

Assisting a UK person to carry out FGM while overseas on a girl of any nationality

Amina falls ill and cannot do the FGM procedures. As Aysha and Mariam are already in country X, and some local girls there were also due to undergo the procedure at a ‘cutting party’, Aysha’s father asks Fatima to travel to the country to fill Amina’s role as ‘cutter’ at the event. He pays for Fatima’s plane ticket, which is purchased from a London travel agent.

Aysha’s father has committed an offence for each girl cut through his actions in assisting Fatima (a UK person) to perform FGM abroad on both UK girls (Aysha and Mariam) and non-UK girls (the local girls). The offence is committed under section 1 (by way of section 4) of the FGM Act, by virtue of section 8 of the AAA, as he is assisting Fatima who is the main offender.

Examples involving acts taking place outside the UK, carried out by a UK person

Carrying out FGM on a girl of any nationality

Fatima travels abroad to perform FGM on multiple girls at the ‘cutting party’.

As Fatima is a permanent UK resident, she commits an offence under section 1, by way of section 4, of the FGM Act for each girl that she ‘cuts’ at the event.

Assisting a girl of any nationality to mutilate her own genitalia

At the ‘cutting party’, one of the local girls decides she would prefer to perform the FGM herself. Fatima tells her how to do it.

As Fatima is a permanent UK resident, she has committed an offence under section 2, by way of section 4, of the FGM Act.

Assisting a non-UK person to carry out FGM overseas on a UK girl

Aysha’s mother travels to country X with her daughter to visit family. She also escorts Leila home to her family after her stay in London. While there, Aysha’s mother takes Aysha and Leila to Amina’s

house to undergo FGM and collects the girls afterwards.

As Aysha's mother is a permanent UK resident, she has committed an offence under section 3, by way of section 4, of the FGM Act by assisting Amina (a non-UK person) to carry out FGM on Aysha (a UK girl). However, she has not committed the offence in respect of Leila, as Leila is a non-UK girl – although Leila spent some time in the UK, it was a short stay and she cannot be considered habitually resident there.

Assisting a UK person to carry out FGM while overseas on a girl of any nationality

Aysha and her mother are on holiday in country X, visiting Leila and her family. Aysha's mother hears about the 'cutting party' being held there by Fatima and decides that Aysha should attend to undergo FGM. Leila's mother wants Leila to be cut as well and Aysha's mother accompanies both girls to the event to ensure they go through with it.

As Aysha's mother is a permanent UK resident, she has committed two offences in assisting Fatima (a UK person) to perform FGM abroad on both Aysha (a UK girl) and Leila (a non-UK girl). The offences are committed under section 1 (by way of section 4) of the FGM Act, by virtue of section 8 of the AAA, as she is assisting Fatima who is the main offender.

If Leila's mother had taken the girls to Fatima's 'cutting party' in country X instead, she would not have committed offences under the FGM Act by assisting Fatima, as Leila's mother is a non-UK person.

Evidence gathering in FGM cases

Although FGM has been unlawful since 1985, the first prosecution for FGM in England and Wales did not take place until 2014. A key challenge to successful prosecution is evidence gathering.

Reluctance of victims and witnesses to report or assist a prosecution

People in a position to give information to pursue a prosecution are likely to be members of the FGM-affected community. They may be unwilling to report and inform on community/family members as to do so may result in being ostracised. They may believe that the FGM was done in the best interests of the child. They may also be reluctant to draw unwanted attention from the authorities.

Victims may also be unwilling to assist as in most cases it will require giving evidence against their own family and/or parents. If the victim is a child, they may fear that they or their siblings could be put into care, especially if the prosecution is successful and results in imprisonment of a parent, or family breakup. They may also have no memory of the act if the FGM took place at a young age, or they may not know who was responsible. They may also not know that it is illegal.

If a person does choose to cooperate with a prosecution, they will need support to deal with both the court process and the potential consequences for them within their community, including their personal safety. Information on relevant third-sector support can be found below and in the **CPS Female Genital Mutilation Legal Guidance, Annex A**.

Section 4A and **Schedule 1 of the FGM Act** make provision for the lifelong anonymity of victims of FGM. This means that publication of anything likely to lead members of the public to identify an alleged victim of FGM is prohibited, subject to two limited exemptions. Breach of this prohibition on publication is an offence punishable by an unlimited fine. It is hoped that this provision will encourage more victims to come forward.

A victim will require medical assistance and advice to deal with the physical and mental trauma associated with FGM. There are a number of specialist clinics in England and Wales. A list is provided on the **NHS Choices** website. See also the **APP on Child abuse, pre-trial therapy and counselling**.

The complex issues linked to victim evidence in FGM cases mean that officers should try to move away from relying on the victim's testimony when building the case.

Considerations for investigators

Officers are largely reliant on other professionals, particularly in education, health and social care, to identify signs that FGM may be about to take place or may already have occurred. Some professionals may be unsure how to deal with the cultural aspects of the subject, which can lead to a lower level of reporting. Regulated health and social care professionals and teachers in England and Wales are now subject to a **mandatory duty** to report known cases of FGM on girls under 18 to the police.

The CPS legal guidance on FGM sets out the **evidential considerations** for prosecutors dealing with such cases, which should inform investigators when gathering evidence.

Investigators should build a case by bringing together information from across different professional sectors which have contact with a girl and her family, along with any circumstantial or other evidence that supports the case. For example, a report from a teacher suspecting that a girl has been taken out of the country for FGM to take place could be supplemented with passport information, GP notes and other intelligence.

Investigations should not only target direct perpetrators of FGM but also those assisting or arranging the procedure – they too are perpetrators under the law.

The nature of the offending and associated difficulties with gaining the support of victims and witnesses mean that intelligence opportunities and covert tactics can have an important role to play.

For further information, see **A protocol between the Crown Prosecution Service, police and local authorities in the exchange of information in the investigation and prosecution of child abuse cases**.

Covert tactics

The use of covert tactics should be considered in all FGM investigations. More traditional investigative methods may not always be effective in identifying the person who has been instrumental in organising FGM for the child.

Available covert options in any particular case will depend on the information already available and that which is sought. Advice concerning covert methods should be sought from a covert specialist within force at the earliest opportunity. Investigators should not delay seeking such advice until after arrest or notification to parents or others who may be suspected of an offence. Such experts are likely to be located in a force's department responsible for covert authorities.

Intelligence opportunities

Forces should develop local strategies to gather intelligence, develop problem profiles and intelligence requirements relating to at risk communities, cutters and facilitators, and to identify

potential victims and perpetrators. This could include identifying opportunities to engage with relevant communities, and regular travel routes used by victims and perpetrators to enter or leave the country.

Forces should also include obtaining community intelligence as a significant part of their intelligence strategy.

Mandatory reporting duty

The mandatory reporting duty under the **FGM Act s 5B** applies to all regulated health and social care professionals and teachers in England and Wales. They are under a duty to report to the police any known case of FGM on a girl who is under 18 at the time of making the report. A known case is one where:

- the girl has disclosed to the professional that she has undergone FGM or
- the professional, in the course of their work, has observed physical signs appearing to show that an act of FGM has been carried out and has no reason to believe that the act was a lawful surgical operation within the **FGM Act s 1(2)(a) or (b)**

The duty is personal to the professional, who must report the case directly to the police. Failure to comply with the duty is not a criminal or civil matter, but is to be dealt with as a serious disciplinary matter under existing performance procedures in place for each profession.

Where a professional believes that a girl is at risk of FGM, this does not fall under the mandatory reporting duty, but should be dealt with through established safeguarding procedures.

Forces should develop a response for dealing with reports made under the duty. This should include:

- identifying a relevant team to deal with all mandatory reports
- establishing internal force processes to:
  - ensure that all professionals making a mandatory report are issued with a reference number, including where the report is made otherwise than via 101
  - correctly channel reports received under the mandatory reporting duty to the relevant team, whether received via 101, via established relationships with safeguarding teams or via any

other officer or police staff
- consult with children's social care to identify any immediate safeguarding needs and initiate a multi-agency response following receipt of a report

- ensuring that control room staff are familiar with the specific response required on receipt of mandatory FGM reports via 101, in particular the **minimum details** to be recorded for referral to the relevant team
- ensuring that all officers and staff are made aware of the mandatory reporting duty and its associated processes

A report of FGM made under the duty is a professional third party report for crime recording purposes. Where there is no doubt as to the professional's status and/or position or the veracity of their report, a crime report or log should be opened in accordance with the **National Crime Recording Standard paragraph 3.6 (ii)**.

For further information see Home Office (2015) **Mandatory Reporting of Female Genital Mutilation – procedural information**.

The role of senior officers

Senior officers should take the lead in strengthening the police response to FGM.

They should raise the profile of FGM within the force and with partner agencies by:

- increasing officer awareness of FGM and their responsibility to take steps to make potential victims safe
- including FGM in force planning documents, such as strategic assessments
- ensuring it features on the agendas of multi-agency forums, such as the Health and Wellbeing Board, Safeguarding Children Board and Multi-Agency Safeguarding Hub
- establishing processes with local agencies to ensure that relevant information received by professionals is passed on to the police, including reports made under the mandatory reporting duty
- developing a force response to the mandatory reporting duty in accordance with **Home Office (2015) Mandatory Reporting of Female Genital Mutilation – procedural information**

Senior officers should also use established contacts with influential and trusted community members to ensure that communities are aware that FGM is a crime and those who perform or facilitate the practice may face arrest, prosecution and imprisonment.

Further information

The following websites have some useful information on FGM, what it involves and where to go for help.

- **About FGM**.
- **WHO, Female Genital Mutilation, factsheet number 241**.
- **GOV.UK**, which includes details of sources of help and advice.
- **Home Office FGM unit**, which includes training and campaign resources.
- **HM Government Multi-Agency Practice Guidelines: Female Genital Mutilation**, Appendix D of which lists organisations working on related issues.
- **CPS Female Genital Mutilation Legal Guidance**, Appendix A of which lists contact details for national support agencies and sources of information.
- City University London/Equality Now (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**.

Additional police service resources

Metropolitan Police Service

Project Azure

020 7161 2888

West Midlands Police

‘Sentinel’ Tackling Hidden Crime

FGM webpage

g.squires@west-midlands.pnn.police.uk

Call 101, extension 811 3059

Avon and Somerset Police

Investigation Policy, Support and Review Team

01275 816211

Tags

Female genital mutilation Victim care