



# West Midlands Police and Crime Panel

## Executive Summary: Tackling Female Genital Mutilation in the West Midlands

### Report from the West Midlands Police and Crime Panel

#### Introduction

The aim of this inquiry was to consider:

*What can the Police and Crime Commissioner do to facilitate integrated working between agencies to prevent and respond to Female Genital Mutilation (FGM) in the West Midlands?*

As the Inquiry progressed it became clear that co-ordinated partnership is needed and recommendations have been made to the PCC and other agencies.

#### How was the Inquiry carried out?

The Panel invited a range of organisations to evidence gathering sessions on 24 November 2014 and 19 January 2015. We extend our thanks to them for giving up the time to talk to us and also taking a lead on tackling FGM in the region.

We also sent a 'Call for Evidence' to Community Safety Partnerships, Directors of Public Health and Clinical Commissioning Groups (CCGs) and developed an online questionnaire for General Practitioners.

Finally, the recommendations were shared widely such as with NHS Trusts, CCGs, Safeguarding Children Boards and Directors of Children's Services and Public Health prior to publication.

## The West Midlands Police and Crime Panel

The West Midlands Police and Crime Panel was established in November 2012 as part of the new governance arrangements for policing to provide the checks and balances in relation to the performance of the West Midlands Police and Crime Commissioner (PCC). The Panel consists of 12 councillors representing the seven districts across the West Midlands (Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton) and two independent members. Named substitutes have also been appointed for each councillor member.

The Police and Social Responsibility Act 2011 sets out the responsibilities of the West Midlands Police and Crime Panel. It has a statutory duty to scrutinise and support the West Midlands Police and Crime Commissioner (PCC). In its latter role the Panel has carried out mini-scrutiny inquiries. This inquiry into female genital mutilation (FGM) is its third such report.

## What is FGM?

The World Health Organisation (WHO) defines FGM as:

*“All procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”.*

It has many different names for the communities living in the West Midlands, but is often referred to as cutting. There are four different levels of FGM. The procedure is typically carried out by traditional practitioners without medical training, without anaesthetics and with crude cutting instruments. Typically, it happens when girls are under nine, but is also performed on babies, teenagers and adult women, for example, following child birth. FGM can lead to lifelong health and psychological problems for women and girls.

Internationally, FGM is practised in up to 29 African countries and parts of Asia and the Middle East. In some countries almost all girls are cut, whilst in others it may be as few as one in a hundred.

The rationale for the practice differs from one country to another and even from one tribe or group to another. In some societies it is embedded in coming of age rituals. FGM is often linked to marriageability of girls, to preserve virginity, reduce sexual desire, and for hygiene reasons. It is believed to be a religious requirement by some, although it is not mentioned in the Qur'an or Bible.

## **Sarata's story**

Sarata Jabbi, who now lives in the West Midlands, was cut in the Gambia, where she comes from, at the age of seven. She recalls going to a party in new clothes and hearing her sisters screaming and an old women coming to get her.

*"I started running, but unfortunately there was neither nowhere nor no one to run to. As soon as I got in the backyard I found my two siblings lying on the floor bleeding excessively whilst the cutter covered her face with a scarf. I was looking around and in all the women's faces to see if I would see mummy's face by chance. One of them held me down on the floor, others tied my eyes, covered my mouth and stretched my legs apart, and then I felt a sharp cut in between my legs, I screamed for help, but to no avail.*

*As soon as the cutter finished the cutting, women start celebrating by singing and dancing, but ours was a different case. There was neither singing nor dancing because one of my sisters fainted due to heavy bleeding and was rushed to the hospital.*

*The pain of FGM is unbearable and unimaginable, it's the worst pain I have endured in life, and the pain was all over my body. It took me months to recover. Being a survivor of FGM, you live with it for the rest of your life, because of the psychological impact it leaves you with. For*

*24 years now since I was cut, it's as if it happened to me yesterday, because I can still remember the pain I went through."*

## **West Midlands Police and Crime Panel Statement**

The Panel found much that is going on to tackle FGM that is positive across the region. Different areas and organisations are at different places in the journey – some just setting out, with others having long established multi-agency working. Below the Panel sets out its position on FGM and priorities for further work.

*"The West Midlands Police and Crime Panel condemns the practise of Female Genital Mutilation (FGM) and supports the national campaigns to ensure its eradication. FGM is child abuse and illegal and should be treated as such; cultural sensitivities should not cloud judgements. All organisations in the West Midlands dealing with children need to understand that girls from FGM practising communities may be at risk and practitioners need to be empowered to ask parents questions and to work together in children's best interests on a case by case basis.*

*We call upon all relevant authorities, including those involved in law enforcement, the justice system and public health, to do everything in their power to protect young girls from this life endangering, health threatening crime. We also call for appropriate support for women and girls who are victims of FGM.*

*The Police and Crime Commissioner needs to hold West Midlands Police (WMP) to account for its contribution to prevention and securing prosecutions and to fund victims' services for survivors of FGM in the region"*

## Key Messages

### **1 It affects women and girls in the West Midlands.**

It has long term health and psychological impacts, as Sarata's story shows. The problem is that the numbers of women and girls cut here and the number of girls at risk is not yet fully known. This is because FGM is a taboo subject within most communities and children are told not to talk about it. Thus it is not a subject women will always offer up information about without being asked direct questions.

Official statistics from acute hospitals in the seven districts show that between September 2014 and March 2015 there were 632 newly identified cases of women and girls who have undergone FGM. This is not broken down by age. Generally, these are not women and girls who have been cut recently. They include women who may have been cut before they lived in the UK and are now seeking medical support, such as for childbirth. Normally it is only girls whose mothers have been cut who are felt to be at any risk.

### **2 FGM is illegal and it is child abuse.**

FGM has been illegal for almost 30 years since the Female Circumcision Act 1985 was introduced. This has been strengthened in 2003 and 2015. It is an offence to perform FGM in this country or to take someone abroad or aid or procure it abroad. It now applies to habitual residents as well as citizens and permanent residents.

It is clear that FGM is not a matter to be culturally sensitive or permissive about.

### **3 It takes one person – each of us – to stop it**

Prevention needs to be the core focus. We need to work together to stop it in a generation. Once the cycle has been stopped in one family it will not be perpetuated down the generations. To do this requires everyone playing their part. In fact it can just take one person to stand up and campaign; or

to make sure practitioners are well trained; or to report a concern they have to stop FGM being carried out on a girl.

## Action Required

To move forward requires five key steps to be taken. The nine recommendations which follow build on these.

### **1 Educating and empowering communities**

Across the West Midlands, and across the country, campaigners are working tirelessly to stop the cycle of FGM. Changing the mind set of communities requires listening, educating and supporting. Schools and other educational establishments are in a prime position to both work with parents and to educate girls. Even younger children can be told that it is important that “the area between your legs doesn’t get changed.” We need to support the community members who are already speaking out about FGM.

### **2 Educating and empowering practitioners**

There is a lot of guidance available about FGM and data sharing, but practitioners from a wide range of organisations across the region, need access to good quality training to understand who is at risk and the roles they each need to play in protecting girls.

As the Serious Crime Act 2015 introduces mandatory reporting of FGM by healthcare professionals and teachers, it is vital all practitioners in the West Midlands have the right information to identify those at risk of FGM, spot the signs and understand reporting obligations and referral pathways.

It would seem that FGM risk is greater in some parts of the region than others. However, movement around the region and inwards migration means that no local authority area can afford to be complacent about the risks.

### **3 Working together with consistency across the region**

Some authorities in the West Midlands have already taken steps to prioritise FGM and to form inter-agency working groups to ensure that there are clear procedures and good quality training available. We commend this approach.

We suggest that developing consistent approaches across the region, learning from each other and developing regional best practice and an understanding about the numbers of girls at risk needs to be driven forward. This will support the work of the Police and Crime Commissioner and West Midlands Police which has responsibility for the whole region. The Strategic Lead of the Preventing Violence Against Vulnerable People Board has agreed to establish a task and finish group on FGM to move this forward.

### **4 Prosecuting**

Prosecution send out the clearest message that FGM is illegal and not tolerated. It is felt that this would be important in changing how FGM is seen in practising communities. However, there has never been a successful prosecution to date. There is, therefore, a need to pool intelligence to bear down, particularly, on anyone who is cutting in the region or the wider UK. There is a responsibility for all partners to highlight potential crimes and victims; the police cannot work in isolation.

Due to the apparent difficulties in bringing a prosecution other legal measures to protect girls also need to be actively explored.

### **5 Providing support and therapy**

The survivors of FGM can be left with life-long problems, physical as well psychological. There was little evidence presented of therapeutic support for survivors in the region and this is something that needs to be addressed, for girls as well as women.

## Recommendations

### Moving Forward Together in the West Midlands

**Recommendation 1:** To ensure consistency in dealing with female genital mutilation (FGM) the Preventing Violence Against Vulnerable People Board should consider establishing a time limited West Midlands Task Force on FGM to:

- develop procedures such as a clear and consistent common FGM risk assessment;
- build understanding and data on prevalence of FGM;
- develop clarity about information sharing;
- develop guidelines to ensure that when a girl is born to a mother who has undergone FGM that appropriate steps are taken to ensure the family are made aware that it is both illegal to perform FGM and causes unnecessary pain and suffering;
- explore potential for civil remedies (such as FGM protection orders); and
- develop any other key issues identified within this report, which require collective drive and consistency across the West Midlands.

### Police and Crime Commissioner (PCC)

**Recommendation 2:** The Police and Crime Plan seeks to increase public reporting of hidden crime such as FGM; improve awareness within the police force and “continue to do more with partners to prevent and detect hidden crimes. We expect the PCC to demonstrate leadership to progress these issues for FGM.

**Recommendation 3:** The PCC should encourage West Midlands Police to take all steps to work with the Crown Prosecution Service (CPS) to maximise the opportunity for a suitable West Midlands prosecution.

### Partners

**Recommendation 4:** Councils, schools and health organisations (including NHS Trusts) need to ensure FGM is recognised as a priority by their boards and executives – and activity is not just led by determined individuals – to

ensure prevention and referral is embedded in "how we do things round here".

**Recommendation 5:** The PCC (as a commissioner for victims' services), the Victims' Commission, Health and Well-being Boards and Clinical Commissioning Groups should recognise the need for support and therapy for children and women who have undergone FGM and commission appropriately to meet that need. Where possible, opportunities for collaborative commissioning should be sought.

**Recommendation 6:** Given the importance of understanding the risks and effects of FGM in preventing the continuation of the practice, practitioners need access to training. All Safeguarding Children Boards should co-ordinate training and organisations should ensure that front-line staff are trained to spot the signs / risks of FGM and understand referral pathways.

**Recommendation 7:** The PCC should work with West Midlands Police, local authorities, health organisations, and the third sector to ensure that pro-active community empowerment work is being undertaken with communities from FGM practising countries (whilst recognising the value of broader engagement with such communities too), including appropriate men and women's groups.

**Recommendation 8:** The PCC and local authorities recognise the crucial role that schools can play in engaging with parents and therefore, encourage schools where there are children from FGM practising countries, to play an active role in educating, preventing and referring. FGM should be included within school safeguarding policies and all staff and governing bodies should receive training.

Further education colleges and universities also provide opportunities to engage with young people and staff should be able to spot the signs / risks of FGM and have knowledge of referral pathways.

**Recommendation 9:** The PCC and the Strategic Lead of the Preventing Violence Against Vulnerable People Board to report to the West Midlands Police and Crime Panel on outcomes in six months' time and thereafter to be agreed on progress implementing these recommendations.

## Contact

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