



West Midlands Female
Genital Mutilation (FGM)
Practice Framework
& Pledge

2024 - 2026

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INTRODUCTION

Female Genital Mutilation (FGM) and associated harms are life changing crimes and as such, there is no place for them in society. Organisations working in the West Midlands Metropolitan area (Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, Wolverhampton) are committed to adopting a partnership approach to ending interpersonal abuse and exploitation.

The West Midlands have taken a multi-agency, public health, trauma-informed and evidence-led approach to tackling all forms of exploitation and abuse. We are working together to support statutory services to effectively safeguard, protect, prevent, hold perpetrators to account and bring justice to victims-survivors. As a partnership, we are dedicated to listening to victim-survivors and communities, breaking down the barriers to disclosure as well as commissioning specialist domestic abuse and sexual assault and abuse services that are by and for the communities they support.

We pledge to affect the system wide change needed to address the inequalities that interpersonal abuse currently creates.

This practice framework draws together the views of partners on the necessary steps to build regional capability in ensuring a proactive response to FGM and associated harms. There is also the ability for agencies to sign and return the pledge at the end of the document and come together to work in partnership to improve wider system responses to FGM across the West Midlands. This document gives the related actions and tools to support improvement for all organisations and will be refreshed bi-annually to reflect the improvements made and seek to address ongoing gaps.

WHAT IS FEMALE GENITAL MUTILATION (FGM)?

Female Genital Mutilation (FGM) is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.¹

FGM is known by a variety of names, including 'female genital cutting', 'circumcision' or 'initiation'. The term 'female circumcision' is anatomically incorrect and misleading in terms of the harm FGM can cause. The terms 'FGM' or 'cut' are increasingly used at a community level, although they are not always understood by individuals in practising communities, largely because they are English terms. See [Annex G](#) for terms used for FGM in different languages and [Annex C](#) for advice about how to talk about FGM.²

FGM is a form of violence against women and girls (VAWG) which is, in itself, both a cause and consequence of gender inequality. Whilst FGM may be an isolated incident of abuse within a family, it can be associated with other behaviours that discriminate against, limit or harm women and girls. These may include other forms of honour-based abuse (e.g. forced marriage) and sexual and domestic abuse. In addition, FGM has impacts both psychologically and physically related to impaired sexual function. The motivations for FGM are rooted in complex forms of social control of women's sexual and reproductive rights which are often misconstrued as "cultural" or "religious" practices. Other related practices such as virginity testing and hymenoplasty are also associated with honour-based abuse.

¹https://assets.publishing.service.gov.uk/media/613f26d5e90e07044435c949/6.7166_HO_FBIS_BN_O_Leaflet_A4_FINAL_080321_WEB.pdf
²Female genital mutilation - GOV.UK (www.gov.uk)

FGM is illegal in England and Wales under the [Female Genital Mutilation Act 2003](#). As amended by the [Serious Crime Act 2015](#), the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM;
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM;
- FGM Protection Orders which can be used to protect girls at risk; and
- **A mandatory reporting duty** which requires specified professionals to report known cases of FGM in under 18s to the police.

In England and Wales, criminal and civil legislation on FGM is contained in the Female Genital Mutilation Act 2003.³ In addition; the [Health and Care Act 2022](#) has now made the associated harms of virginity testing and hymenoplasty illegal.⁴

The [FGM Enhanced Dataset](#),⁵ collected by NHS England (April 2015–December 2023, published May 2024), shows 36,470 women and girls who had undergone Female Genital Mutilation (FGM) have been seen at NHS services in England since April 2015, where FGM was relevant to their attendance. Where information about when their FGM took place is known, most of these women and girls were under 18 when they underwent FGM. In most cases there is a long gap from when the FGM was undertaken, to when information on that FGM was collected by the NHS. This is because FGM is most often seen by the NHS when an individual with FGM attends a maternity or obstetric clinic, years later, as an adult.⁶

Between October–December 2023, there were 475 individual patients seen by health services in the West Midlands where FGM was identified or a procedure for FGM was undertaken. This was 23% of the national (England) presentation during this period. FGM is particularly prominent in the West Midlands, with rates ranging from 12 to 16 per 1000, partly due the region's diverse population.⁷

From 2018–2022, 16 cases of alleged FGM were reported to West Midlands Police (WMP) with no cases referred to the Crown Prosecution Service (CPS) and one FGM Protection Order (FGMPO) issued in that timeframe (please note other agencies may have sought FGMPO's in this time-frame).

We recognise partners including those working locally to prioritise, prevent and champion the needs of women and girls impacted by FGM including; [Birmingham Against FGM](#), [Ending FGM in Coventry Steering Group](#) and others.

WEST MIDLANDS DOMESTIC ABUSE & SEXUAL ASSAULT AND ABUSE STANDARDS

In 2024, the West Midlands partnership created [Domestic Abuse & Sexual Assault and Abuse Standards](#) to enhance the regional response to these crimes. The standards are principally aimed at public services and organisations who are likely to receive disclosures of domestic abuse & sexual assault and abuse and who may refer people into specialist support services.

It is understood that victims-survivors may come into contact with a number of different organisations, some of which are not designed to specifically support their needs in relation to the abuse perpetrated. As a result of this, we recognise that the level of expertise, responsibility and interface with victims-survivors may differ. **However, all services have a responsibility to provide a service which is safe and not re-traumatising for people who may have experienced abuse.**

WEST MIDLANDS COMPETENCIES, TRAINING AND DEVELOPMENT FRAMEWORK FOR TACKLING EXPLOITATION AND ABUSE

In April 2023, the West Midlands Partnership launched the [Competencies, Training and Development Framework for Tackling Exploitation and Abuse](#). We recommend that organisations refer to this framework for more information on the level of competency/training required as an aide to upskill workforces in all areas of exploitation and abuse. This practice framework is an additional tool to support organisations and groups to understand how the West Midlands needs to improve to better support the needs of those impacted by FGM.

PARTNERSHIP AMBITIONS FOR PRACTICE/IMPROVEMENT IN RESPONSES TO FGM

Feedback from partners, including specialist services, was collated to support the prioritisation of a range of partnership ambitions in terms of gaps in practice and areas needing improvement relating to FGM. These were summarised in the priorities below:

- 1) IMPROVING TRUST AND CONFIDENCE
- 2) CREATING LONG-TERM SUPPORT WITH SUSTAINABLE FUNDING
- 3) INVOLVING MEN & BOYS
- 4) IMPLEMENTING A WHOLE SYSTEM APPROACH
- 5) PRIORITISING PREVENTION
- 6) IMPROVING UNDERSTANDING, AWARENESS & PROMOTION
- 7) UNDERSTANDING THE NEEDS OF THOSE IMPACTED

Partners described a vast lack of understanding of FGM at all levels. Available training is reported as not being consistent or of the quality, depth and frequency required to ensure workplace competence. Prior awareness raising hasn't tackled the core problem. Suggestion that funding behaviour change work is key to preventing FGM and that there is little or no current provision for this outside of pockets of good work such as the implementation of the REPLACE Model (Coventry University) or other behaviour change approaches⁸ to focus on early intervention/prevention. There was value attributed to protected behaviours work with children, education and training for professionals in the prevention space.

A lack of trust and confidence in statutory services was noted with a gap in cultural competency and FGM awareness hindering progress. Professionals deal with FGM very infrequently, and there is a need for frequent refresher training to ensure they are culturally competent and aware of the complexities of the issue. Cultural competency support for staff is essential to ensure they feel able to have challenging discussions and understand how to navigate supporting those impacted, their concerns, cultural pressures/factors and the law and most importantly; offer the right support in the right way. It is important to ensure lived-experience feedback and co-production including ensuring the voices of by and for and specialist services are heard.

A key gap identified was working with men and boys and indeed other family members to create upstander/bystander approaches to FGM awareness and prevention, akin to other areas of VAWG. Awareness raising campaigns should be co-produced with communities, specialist providers and promoted by community settings and faith leaders as those best placed to both understand the issues and how to address them.

Provision for FGM support in the West Midlands is varied but rarely looks across the whole system i.e. across prevention, early intervention, victim-survivor support, family support, peer work, 1 to 1 support, community support and therapeutic support. The importance of the need to have a model which involves the whole family was highlighted and one that has legacy for the long-term impacts of FGM and therefore access across the life-course.

⁸ [Overview](#) | [Behaviour change: general approaches](#) | [Guidance](#) | [NICE](#)

There are pockets of funded provision which are often short-term and not embedded well within pathways and a real need to prioritise a layered, whole system approach. Each agency/sector is seen to be commissioning in silo or for provision focusing on individual VAWG issues rather than for a wider approach to VAWG harms. The aforementioned importance of supporting and funding communities to educate and make changes themselves is a large gap in existing provision. It is also important to have universal and specialist offers with support available across the West Midlands and work to reduce post-code lotteries of partial provision.

There is commitment on a local, regional and national level but it is important that the time and space is given to consider FGM within the wider VAWG context. The need for partners to work together more collaboratively to identify and support breaking down barriers was also identified. The aim of this resource is to promote this. It is crucial that there is also academic oversight/involvement to support ongoing understanding of the needs of those impacted by FGM in the West Midlands and nationally.

PRACTICAL STEPS FOR IMPROVING RESPONSES TO FGM

In this section we have laid out practical steps' organisations can take both individually and in partnership to help meet the above priorities for improving responses to FGM:

1: BUILDING STRONG FOUNDATIONS

Building the region's understanding of the nature and scale of FGM and associated harms for all ages across the West Midlands. This will provide a shared picture of local intelligence, crime profiles and wider data which can be used to identify local at-risk groups and trends and themes.

- 1.1 Organisations have robust frameworks in place to correctly identify where there is Female Genital Mutilation (FGM), virginity testing and hymenoplasty.
- 1.2 Organisations providing direct services (statutory and non-statutory) have systems in place to generate data and information on domestic abuse and sexual assault and abuse (including FGM), including:
 - Number and nature of reported incidents
 - Repeat victims-survivors, offenders, MARAC cases
 - Anonymised demographic information
 - Referral source
 - Actions, outcomes and unmet need
 - Voice of the victim-survivor and the child and their experience of services
 - How information/feedback is used to improve the victim-survivor journey
 - Barriers to pathways/multi-agency working for escalation/resolution
- 1.3 Organisations commit to collect, collate and share information on the prevalence of FGM and associated harms locally.
- 1.4 Birmingham Against Female Genital Mutilation (BAFGM) are creating a framework for data collection and are happy to share their best practice in this area. This will be shared by BAFGM with local authority leads and OPCC/VRP as a template for use.
- 1.5 Coordinators of local partnership governance covering FGM agree to share collated anonymised data returns annually with the OPCC/VRP coordinators for the Strategic Domestic Abuse and Strategic Sexual Assault and Abuse Boards so that the information can be collated regionally and shared with partners.
- 1.6 Organisations support the duty to collaborate joint statutory duty on Police and Crime Commissioners (PCCs), Integrated Care Boards (ICBs) and local authorities to work together when commissioning support services for victims of domestic abuse, sexual abuse and other serious violence^[footnote 1] – so that services can be strategically coordinated and targeted where victims need them. This includes the preparing and publishing of a local strategy on commissioning victim support services. This duty relates to services that support victims outside of safe accommodation (“accommodation-based services”), which has its own legislative framework under the Domestic Abuse Act 2021.

- 1.7 Agencies continue to promote and monitor other avenues for understanding FGM prevalence such as the NHS [FGM Enhanced Dataset](#), National prevalence of FGM in England and Wales (University of Birmingham/Home Office), relevant Home Office guidance and academic research.
- 1.8 Agencies monitor existing systems through dip sampling to ensure compliance with existing statutory guidance. Agencies complete and provide evidence of quality impact and assurance through self-assessment and audit.
- 1.9 Agencies share good and best practice with partners to support wider ongoing improvement.

2: INTERVENTION & PREVENTION

Improving the whole system approach by supporting to prevent FGM and associated harms from occurring.

- 2.1 All staff should be trained, supervised and supported to view and respond to FGM in a preventative way. See section 4.5 of the [Multi-agency statutory guidance on FGM](#) for more details.
Training on FGM could include the following:
 - an overview of FGM (what it is, when and where it is performed and why);
 - the UK law on FGM and child protection;
 - the potential consequences of FGM;
 - what to do when FGM is suspected or has been performed;
 - the role of different professionals and the importance of multi-agency working; and
 - the local referral pathways for safeguarding and support.
- 2.2 All staff should receive training at a level commensurate to their role. We recommend that organisations refer to the [Competencies, Training and Development Framework for Tackling Exploitation and Abuse](#) for more information on the level of competency/training required as an aide to upskill workforces.
- 2.3 Organisations make use of Birmingham Children's Trust (BCT) practice guidance including risk assessment and safety planning tools for FGM and other harmful practices which will be shared by BCT with local authority leads and OPCC/VRP.
- 2.4 All relevant staff are abiding by the legal requirements in the mandatory reporting duty for FGM⁹ as laid out in the FGM Act 2003 (Updated as in section 74 of the Serious Crime Act 2015).
- 2.5 All staff are responding to work together and with other relevant organisations to address the risk of virginity testing and hymenoplasty, while bearing in mind the importance of confidentiality in protecting women and girls from harm.¹⁰
- 2.6 Training complies with any organisational guidance relevant to your sector, such as NICE, Department for Education, or the College of Policing and is systematically evaluated for impact.
- 2.7 Education resources are used in schools and good/best practice such as that from [Birmingham Against FGM](#) (Nursery and Primary school) and others are used to strengthen existing health resources. In addition to promote accessible features such as the [Petals App](#) to support young people both girls and boys living in the UK to understand more about FGM. Organisations who can be commissioned to provide input to schools can be found online and some are named in the appendices.
- 2.8 Organisations should incorporate trauma-informed practice¹¹ into internal policy. For additional guidance on trauma-informed approaches, please access [Trauma-informed approaches to supporting people experiencing multiple disadvantage](#) and [Developing and leading trauma-informed practice](#) for more information and guidance.
- 2.9 Organisations seek to understand and respond to the needs of those impacted by FGM through ongoing feedback mechanisms and ensure workplace culture and staff training reflects cultural competency through using guidance from the by and for and specialist sectors such as [Imkaan – Listen to Us!](#)

⁹ [Mandatory reporting of female genital mutilation: procedural information - GOV.UK \(www.gov.uk\)](#)

¹⁰ [Virginity testing and hymenoplasty: multi-agency guidance - GOV.UK \(www.gov.uk\)](#)

¹¹ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](#)

- 2.10 Training is not held in isolation but reinforced in the workplace through effective supervision, peer reflection and workplace policies and procedures.
- 2.11 Primary care use opportunities through the [IRISi scheme](#) to improve the healthcare response to VAWG including FGM ([Ending FGM in Coventry Steering Group](#) – examples in embedding FGM module).
- 2.12 Organisations will commit to share and support awareness raising and communication campaigns for FGM and commit to support ongoing developments of communication products through the use of practice frameworks such as the [West Midlands Best Practice Guidelines for ethical co-design of Ending Male Violence Against Women and Girls campaigns with underrepresented communities](#).

3: CARE & SUPPORT

A full list of support services available to victims-survivors across the West Midlands can be accessed via the [No Excuse for Abuse](#) website. Further information on pathways for support locally can be found at specialist or Safeguarding Child, Safeguarding Adult or Safeguarding Partnership websites: for [Walsall](#), [Wolverhampton](#), [Dudley](#), [Sandwell Children](#), [Sandwell Adult](#), [Birmingham Children](#), [Birmingham Adult](#), [Solihull](#), [Coventry Children](#) and [Coventry Adult](#). There is also the West Midlands Safeguarding [Children](#) and [Adult](#) Regional partnership websites. In addition, there are resources available on [Birmingham Against FGM](#) and [Ending FGM in Coventry Steering Group](#) websites. Further details for organisations can be found in the appendices. Procedures and pathways will include:

- 3.1 Staff take a proactive approach in identifying FGM and associated harms; using professional curiosity and sensitively exploring the family/individual views and practices where appropriate (including outside of routine enquiry statutory requirements within Maternity settings). Please see appendices for further information on sensitive and culturally competent approaches to discussing FGM.
- 3.2 Staff are aware of policies and procedures around FGM and know where to find out further information, seeking support or advice from specialist services when needed. Staff know what to do and are confidently able to signpost/use relevant risk assessments for adults and children appropriate to their role. For more information, please see the appendices.
- 3.3 Staff are aware of and follow processes to ensure information is shared safely in the context of FGM and associated harms. This includes active prevention such as providing information and intelligence to Crimestoppers or 101 etc.
- 3.4 Organisations ensure the promotion of pathways for support/advocacy for FGM including those set out locally through safeguarding partnerships (as above).

The following apply to commissioners of domestic abuse & sexual assault and abuse services.

- 3.5 Organisations with statutory responsibilities to fund support services for victim-survivors of FGM and associated harms collaborate with other commissioners through the West Midlands regional Domestic Abuse and Sexual Assault and Abuse Commissioning sub-group to address gaps in provision. Organisations support the duty to collaborate joint statutory duty on Police and Crime Commissioners (PCCs), Integrated Care Boards (ICBs) and local authorities to work together when commissioning support services for victims of domestic abuse, sexual abuse and other serious violence^[footnote 1] – so that services can be strategically coordinated and targeted where victims need them. This includes the preparing and publishing of a local strategy on commissioning victim support services. This duty relates to services that support victims outside of safe accommodation (“accommodation-based services”), which has its own legislative framework under the Domestic Abuse Act 2021.

- 3.6 It is important for commissioning leads to understand the data relating to their local communities so that their agency's response is appropriate to communities' needs. This includes ensuring that:
- services are provided to meet the physical and mental health needs of women and girls who have undergone FGM as appropriate;
 - projects and services aimed at preventing FGM are developed in consultation with FGM survivors and expert voluntary sector organisations; and
 - when commissioning services, consideration of whether there are suitable local community organisations or individual peer educators who have the experience to work with and support affected communities effectively.
- 3.7 Commissioners should fund specialist services which provide bespoke, targeted support to victims-survivors delivered by agencies they trust in community settings for them to access. They should ensure that unheard or underrepresented voices are captured to ensure adequate provision of accessible services. Guidance to support this can be found through [Mapping the Maze](#), [CSA centre](#), the findings of the [Reclaiming Voice: Minoritised Women and Sexual Violence](#) report and many others.
- 3.8 Organisations should refer to Home Office guidance for additional information on commissioning services which support women and girls, as listed below.
[The Department of Health's 'Commissioning Services to Support Women and Girls with Female Genital Mutilation' \(2015\)](#), [The Violence Against Women and Girls National Statement of Expectations](#) the [Violence against women and girls commissioning toolkit](#) [Commissioning Framework for Child Sexual Abuse \(CSA\)](#) and the [Victims Funding Strategy](#).
- 3.9 Commissioners understand the levels of engagement and should aim for co-production and shared decision making where possible, especially when designing new services. Organisations must consult with victim-survivors to ensure services are beneficial for the people they support. Organisations should also ensure that consultation with victims-survivors is recognised and remuneration for their time is given.
- 3.10 When commissioning services, local authorities may wish to check whether community organisations are accredited. For example, the [Imkaan Accredited Quality Standards \(IAQS\) for working with violence against black and minority ethnic \(BME\) women](#).
- 3.11 Commissioning organisations should consult and collaborate with other commissioners across the West Midlands to avoid duplication of services, fill gaps in provision and avoid postcode lottery.
- 3.12 Commissioning organisations should particularly look to understand the need for therapeutic support provision for FGM survivors across the life-course.

4: ENFORCEMENT & CRIMINAL JUSTICE

- 4.1 Organisations take a [public-health approach](#) to tackling abuse and take accountability for their role and responsibility in preventing abuse, protecting victims-survivors and pursuing and prosecuting perpetrators.
- 4.2 All relevant staff are abiding by the legal requirements in the mandatory reporting duty for FGM¹² as laid out in the FGM Act 2003 (Updated as in section 74 of the Serious Crime Act 2015).¹³
- 4.3 All agencies understand their responsibilities in promoting and applying for FGM Protection Orders.¹⁴:
Who can apply for an order?
- The person who has had or is at risk of FGM;
 - a local authority; or
 - any other person with the permission of the court (for example, the police, a teacher, a charity or a family member).

¹² [Mandatory reporting of female genital mutilation: procedural information - GOV.UK \(www.gov.uk\)](#)

¹³ [Multi-agency statutory guidance on female genital mutilation - GOV.UK \(www.gov.uk\)](#)

¹⁴ [Get a female genital mutilation protection order - GOV.UK \(www.gov.uk\)](#)

4.4 Policing will:

- PREVENT: We will work with communities and stakeholders to end harmful practices.
- PROTECT: We aim to safeguard those vulnerable to harmful practices by removing, minimising or controlling risks and preventing crime.
- PURSUE: We aim to bring more offenders to justice through prosecutions and safeguard victims with protection orders.
- PREPARE: We will collaborate and work within effective coalition of partners to deliver a bespoke response to tackle HBA.¹⁵
- Adhere to the [College of Policing's FGM Authorised Professional Practice](#).
- Adopt a delivery plan specifically for FGM as one of the 11 strands of VAWG as depicted in the WMP VAWG Strategy 2024.

4.5 Crown Prosecution Service will:

- Adhere to the joint NPCC/CPS protocol on the handling of Female Genital Mutilation (FGM) offences.
- Follow CPS guidance for FGM including CPS guidance on prosecuting cases of non-sexual child abuse.¹⁶

4.6 Health will:

- Follow the [FGM: mandatory reporting in healthcare - GOV.UK \(www.gov.uk\)](#)
- Promote the early identification and prevention of FGM.
- As dictated by the mandatory duty – follow all relevant steps to report incidents/suspicions of FGM to the Police - [FGM Mandatory reporting duty \(publishing.service.gov.uk\)](#)
- Record mandatory reporting on health systems as in the FGM Information sharing system (FGM-IS).¹⁷

4.7 Education will:

- Follow Department of Education (DoE) guidance.
- Adhere to RSHE/PSHE statutory guidance on teaching about FGM - [What schools need to know about FGM \(pshe-association.org.uk\)](#) – pending Government review - [Review of the Relationships Education, Relationships and Sex Education \(RSE\) and Health Education statutory guidance](#)

4.8 Local Authorities and Safeguarding Boards/Partnerships will:

- Follow Regional Child Protection procedures for the West Midlands [2.21 Female Genital mutilation](#).

4.9 Office of the Police and Crime Commissioner (OPCC)/Violence Reduction Partnership (VRP) will:

- Continue to coordinate partnerships regionally through existing governance for addressing Ending Male Violence Against Women and Girls (EMVAWG) and related harms. Bring together community safety and criminal justice partners, to ensure organisations work together to fight crime and help victims.
- Support the sharing of good and best practice.
- Coordinate partners to meet the duty to collaborate joint statutory duty on Police and Crime Commissioners (PCCs), Integrated Care Boards (ICBs) and local authorities to work together when commissioning support services for victims of domestic abuse, sexual abuse and other serious violence.

5: EQUALITY, INTERSECTIONALITY & CULTURAL COMPETENCE

5.1 All organisations should prioritise listening to the views of communities and FGM specialist providers as those best placed to both understand and address tackling FGM, virginity testing and hymenoplasty.

5.2 Organisations will take every opportunity to understand the holistic needs of their service users and approach work with the individual/whole family in a holistic, intersectional^{*18} and culturally competent way.

¹⁵ [Violence Against Women and Girls \(npcc.police.uk\)](#)

¹⁶ [Female Genital Mutilation | The Crown Prosecution Service \(cps.gov.uk\)](#)

¹⁷ [NHS England » Female genital mutilation information sharing](#)

¹⁸ *Intersectionality must be embedded throughout organisations. Organisations should recognise that social biases influence how society perceives victims-survivors of domestic abuse and sexual assault and abuse, and stereotypes often create barriers for care and assistance.

- 5.3 Cultural competence must be embedded throughout organisations. Organisations should have the ability to understand, appreciate and interact with people from cultures or belief systems different to their own and be confident and competent in providing high quality and culturally appropriate care to all victims-survivors of exploitation and abuse. Please refer to the [Competencies, Training and Development Framework](#) for more information on Cultural Competency.
- 5.4 Organisations use training where women share their experiences of FGM including cultural factors such as the learning resource developed by the University of [Nottingham School of Health Sciences](#). The resource can be viewed [here](#).
- 5.5 Organisations will embed the recommendations resulting from the West Midlands needs assessment Sexual Assault and Abuse (SAA) impact for Black and Minoritised communities found [here](#).
- 5.6 Organisations will avoid unsafe responses to VAWG (as noted in the [DA/SAA standards framework](#)).
- 5.7 Organisations should also use tools such as [Right to Remain No Recourse To Public Funds toolkit](#) to support the additional barriers that may impact migrant women and girls and their access to support.
- 5.8 Provision for women survivors should be available in locations separate from services for men wherever possible. Organisations should refer to the [Equality and Human Rights Commission's guidance on separate and single sex service providers](#) for more information.
- 5.9 Organisations will ensure the needs and risks to service users are assessed prior to or just after taking up the service and reviewed at regular intervals.
- 5.10 Organisations will continue to share practice/involve and communicate with partners on FGM (and wider VAWG issues).

PRACTICAL STEPS FOR IMPROVING RESPONSES TO FGM

I.....

from..... (Organisation) pledge to support the progression of the West Midlands Female Genital Mutilation (FGM) Practice Framework within my

organisation and through partnership work across (area).

Signature:

Date:

Please return the pledge to wmpcc@westmidlands.police.uk