

The State of FGM in the UK

The UK has invested in legislation, safeguarding duties, guidance, and data collection on Female Genital Mutilation (FGM). Yet evidence is spread across separate datasets for health, social care, policing, and the courts, making it hard to understand the overall system response.

The Serious Crime Act 2015 strengthened the statutory and professional response to FGM. To understand what has changed, and where gaps remain, we need to bring evidence together across sectors.

According to the World Health Organization (WHO), FGM comprises 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.

At FORWARD, we have been working on a new evidence brief, *The State of FGM in the UK*, which brings these sources together and sets out recommendations to strengthen cross-sector collaboration.

We will publish the full brief on our website in a few weeks, but we wanted to give you a sneak peek at what's coming!

Policy context in the UK

FGM sits within the UK's violence against women and girls agenda, more recently grouped under "honour-based abuse" alongside forced marriage. The latest cross-government strategy, [Freedom from violence and abuse](#), sets an ambition to halve violence against women and girls within a decade, but includes very little mention of FGM. That makes it even more important to be clear about what progress on FGM should look like, and how it can be tracked across health, safeguarding and justice. This also sits against the global commitment under the **United Nations Sustainable Development Goal 5.3** to eliminate FGM by **2030**, which underlines the need for stronger commitments and resources if the UK is to make FGM history.

In 2025, there was some focused parliamentary scrutiny on FGM service delivery. [The Women and Equalities Committee published its report on FGM in September 2025, followed by the Government's response in December 2025](#). Together, they set out expectations and commitments on prevention, safeguarding, support, data and criminal justice. This is therefore a good moment to take stock: the Government has put commitments on the record, and this evidence brief will provide a baseline for assessing delivery.

Two practical issues highlight why a system view matters, and one is service provision. The Committee raised reconstructive surgery and recommended research, with provision to follow if evidence supports it, and the Government response agreed and pointed to work to develop a research call. In practice, reconstructive surgery is not routinely available through the NHS in the way it is in many European countries

such as [France](#), [Belgium](#) and [Germany](#), where access is supported through national health insurance (or equivalent) pathways.

The other is implementation and outcomes. It is now more than a decade since the [mandatory reporting duty](#) was introduced for regulated professionals to report known FGM in under-18s. This affects what appears in police-recorded data, including offences flagged as originating from the mandatory reporting duty. Yet convictions for FGM remain extremely rare: in England and Wales there have been **three convictions** related to FGM, compared with [more than 100 parents convicted in FGM cases](#) in France. This evidence brief uses published datasets and FOI returns to examine what the available evidence suggests about identification, reporting and onward progression, and where data gaps still limit visibility of what happens after a report is made.

What we mean by “*the state of FGM*”

When people hear “*state of FGM*,” they may expect to find statistics on prevalence. However, the UK does not have a definitive prevalence measure, and routine datasets are shaped by who comes into contact with services, how professionals identify and code FGM, and which pathways are used. [FORWARD provided the first FGM prevalence data in 2007](#), subsequently [City University and Equality Now have provided prevalence data on FGM in 2014](#), however, there is still no national data.

In this brief, “*state of FGM*” means:

- System response and safeguarding signals, including healthcare identification, children’s social care assessment factors, policing, and courts
- How pathways operate in practice, including where the system appears to identify or record FGM most often
- How the UK compares internationally in the design of its approach, including legal tools, mandatory reporting, safeguarding integration, and service model choices

Importantly, “*the state of FGM*” is not only a question of recorded contacts and legal pathways, but evidence of the ongoing burden on women and girls living with physical, sexual and psychological consequences, and the extent to which support is accessible and culturally safe. A system view must therefore assess equity in access to specialist care, as well as the effectiveness of protection and safeguarding measures for FGM.

Early headlines: what the data is showing so far

Healthcare

1) Healthcare identification is substantial, but concentrated in specific pathways

The [NHS FGM Enhanced Dataset](#) remains the main routine dataset describing where FGM is identified and recorded within healthcare in England. Since the dataset began in **2015**, the NHS FGM Enhanced Dataset has recorded **around 41,645**

newly recorded individuals and **around 118,530 attendances** where FGM was identified or recorded

For the years 2024 to 2025, the headline figures are as follows:

- **6,980 individuals** where FGM was identified or recorded
- **16,300 total attendances** where FGM was identified or recorded

2) Geography is concentrated, and recording intensity differs by region

From 2024 to 2025, London and the Midlands account for just over half of individuals with identified FGM, around 52%, and around 71% of attendances. Repeat attendances per person also look higher in these regions, consistent with recording across maternity pathways.

3) Recording is driven mainly by acute trusts, with limited visibility in primary care

For 2024 to 2025, **167 organisations** submitted records: 97 acute non-mental health trusts, 63 GP practices, and 7 mental health trusts. **Ninety-seven per cent** of attendances were submitted by acute non-mental health trusts, indicating the dataset is dominated by acute activity, particularly maternity and obstetric-linked care.

4) Age profile is overwhelmingly adult, consistent with maternity-linked identification

In 2024 to 2025, attendances in the NHS FGM Enhanced Dataset are heavily concentrated among adult women: around **80%** fall in the **25–39** age bands (with **30–34** the largest single band at **~31%**). **Under-18s account for <1%** of age-recorded attendances, suggesting the dataset largely reflects adult care pathways rather than child safeguarding contacts.

Safeguarding and justice

5) Police-recorded offences are low-volume and shaped by reporting routes

[Police-recorded FGM offences in England and Wales](#) are low-volume, in the tens to low hundreds per year. A substantial share is flagged as originating from the mandatory reporting duty, but the share varies year to year.

6) Civil protection orders are a separate route, and trends are volatile

[FGM Protection Orders are captured in family court statistics](#). They are a civil protective mechanism intended to prevent risk and protect individuals. Since FGM Protection Orders (FGMPOs) were introduced, courts in England and Wales have made around 1,400 FGMPOs up to September 2025. Although FGMPOs are designed as a core safeguarding tool, their issuance does not guarantee sustained multi-agency collaboration or ongoing support for families at risk. This can result in significant gaps between protective intent and real-world safeguarding outcomes.

7) Children's social care: a "middle" safeguarding signal

The [Children in Need census in England](#) includes FGM as an assessment factor identified at the end, to identify risks to a child's health or development. It reflects

assessment activity and recording and may shift with awareness, thresholds, and practice.

Why the numbers do not match

Mismatched numbers across datasets are expected: healthcare data reflects service contact and coding; social care indicates assessment practice and thresholds; police data reflects reporting and recording practice; and civil protection orders reflect awareness and capacity to use that route.

A core feature of this evidence brief will be a “how to read the numbers” guide explaining what each dataset does and does not capture, and what conclusions we can and cannot take from the picture as a whole.

How FORWARD’s survey will inform the brief

Alongside system data, FORWARD has gathered evidence on public awareness of FGM and access to support through a dedicated survey. While the full findings will be published separately, headline takeaways will be incorporated into the evidence brief to help interpret the system data.

What’s coming in the full brief

The full evidence brief will include:

- A guide to each dataset, what it captures, and its limitations
- Cross-dataset synthesis on how to interpret trends and why they diverge
- A short international comparison of system approaches
- Priority policy recommendations on data quality, pathway clarity, safeguarding consistency, and improving visibility on what happens after reports are made