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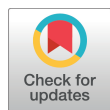
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LETTERS

TACKLING FEMALE GENITAL MUTILATION IN THE UK

Misleading use of FGM statistics compounds concerns about their reliability

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Karlsen and colleagues raise concerns about the quality of statistics on female genital mutilation (FGM).¹ Their limitations are compounded by the misleading ways in which the statistics are used to support or refute public claims of high rates of prevalence of FGM among girls born in the United Kingdom.

Even the otherwise excellent editorial wrongly states, “Girls are considered at risk if born to a mother who has FGM. Estimates based on migration data suggest there are up to 60 000 such girls in the UK.”² Our report, based on birth registration statistics, estimated that 60 273 girls were born in England and Wales to migrant mothers with FGM from 1996 to 2010, and a further 17 344 were born in 2011–13.³ We specifically warned that these children could not be assumed to be “at risk” of FGM, citing qualitative research showing that attitudes to FGM have changed on migration, leading many families to abandon it (although small numbers of girls living in England and Wales are still subjected to FGM or threatened with it).³

The Department of Health and Social Care’s FGM enhanced dataset for England is flawed, as the editorial makes clear.² On the other hand, the published reports explain clearly what is recorded and warn about the poor quality and incompleteness of the data.^{4,5} Women’s age is fully reported, however, and only 70 (1.1%) of the 6195 women and girls reported as attending in the financial year 2017–18 were aged under 18.⁶ Even this may be an overestimate as some babies born to women with FGM may have been included, despite instructions to the contrary.⁶

There is no routine system for monitoring the mandatory reporting to the police of girls under 18 suspected of having undergone FGM at any time in their lives. The Ministry of Justice’s data about applications for FGM protection orders in England and Wales show that, from June 2015 to September 2018, only 292 applications had been made, and 181 dealt with.⁷

The Department for Education’s statistics on children in need include up to five factors for each child assessed by social services. In the year ending March 2018, abuse or neglect was the “primary need” for 53.2% of these children. Domestic

violence was mentioned as an additional need for 51.1% of children, and mental health for 42.6%; FGM was mentioned for only 0.2%. A mention could mean that a child was directly threatened with FGM, underwent it before arriving in England, was taken abroad for FGM, or was born to a mother with FGM. An apparent doubling of numbers was reported in *The BMJ* and the national press, but a suspiciously large number in just one local authority was traced to a coding error. The department’s corrected figures showed that the numbers of mentions had actually fallen from 970 in the year ending March 2017 to 940 in the year ending March 2018.^{8,9}

The editorial mentioned the interim findings of a study by the British Paediatric Surveillance Unit, which found only 61 “confirmed cases” of FGM among those notified in a two year period.^{2,10}

Data published by voluntary organisations that work on FGM also show a low level of activity. The National Society for the Prevention of Cruelty to Children, which established a helpline in June 2013, reported dealing with 2102 contacts from 24 June 2013 to 31 January 2018, 22% of which led to referrals to external agencies.¹¹ The National FGM Centre reported that it had 390 case referrals between September 2015 and December 2018 from local authorities in the east of England and London and 14 from other local authorities in England and Wales.¹²

Although these data are somewhat piecemeal, taken together and correctly interpreted, they do not support claims that FGM is widespread among girls born in England and Wales to mothers from countries that practise FGM. At most, they suggest that a small number of girls still undergo or are threatened with FGM.

Competing interests: None declared.

Full response at: <https://www.bmj.com/content/364/bmj.i15/rr-4>.

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