

# PARLIAMENTARY DEBATES

HOUSE OF COMMONS  
OFFICIAL REPORT

European Committee B

## FEMALE GENITAL MUTILATION

*Tuesday 15 December 2015*

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**The Committee consisted of the following Members:**

*Chair:* MR NIGEL EVANS

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| † Borwick, Victoria ( <i>Kensington</i> ) (Con)  | † Lewell-Buck, Mrs Emma ( <i>South Shields</i> ) (Lab) |
| † Bradley, Karen ( <i>Parliamentary Under-Secretary of State for the Home Department</i> ) | † Shah, Naz ( <i>Bradford West</i> ) (Lab)             |
| † Burrowes, Mr David ( <i>Enfield, Southgate</i> ) (Con)                                   | † Shelbrooke, Alec ( <i>Elmet and Rothwell</i> ) (Con) |
| † Champion, Sarah ( <i>Rotherham</i> ) (Lab)   | † Smith, Jeff ( <i>Manchester, Withington</i> ) (Lab)  |
| † Crawley, Angela ( <i>Lanark and Hamilton East</i> ) (SNP)                                | † Solloway, Amanda ( <i>Derby North</i> ) (Con)        |
| † Elphicke, Charlie ( <i>Lord Commissioner of Her Majesty's Treasury</i> )                 | † White, Chris ( <i>Warwick and Leamington</i> ) (Con) |
| † Hopkins, Kelvin ( <i>Luton North</i> ) (Lab)   | Anna Dickson, Ameila Aspden, <i>Committee Clerks</i>   |
|  | † <b>attended the Committee</b>                        |

## European Committee B

Tuesday 15 December 2015

[MR NIGEL EVANS *in the Chair*]

### Female Genital Mutilation

2.30 pm

**The Chair:** Before we begin, I will briefly outline the procedure. First, a member of the European Scrutiny Committee may make a five-minute statement about the decision of that Committee to refer the document for debate. The Minister will then make a statement of no more than 10 minutes. Questions to the Minister will follow, and the total time for the statement and subsequent questions and answers is up to an hour. Once questions have ended, the Minister moves the motion. Debate takes place on that motion. We must conclude our proceedings by 5 pm.

Does a member of the European Scrutiny Committee wish to make a brief explanatory statement?

**Alec Shelbrooke** (Elmet and Rothwell) (Con): It is a pleasure to serve under your chairmanship, Mr Evans. The World Health Organisation estimates that up to 140 million girls and women worldwide are affected by female genital mutilation. FGM is mostly carried out on girls up to the age of 15 and constitutes an extreme form of discrimination and gender-based violence. Although mainly concentrated in parts of Africa and the middle east, many women and girls living in the European Union have been subjected to, or are at risk of, FGM. Quantifying the number is difficult as there are significant gaps in the collection of the prevalence data that help us to understand the extent of FGM across the EU and who is most at risk. There is also relatively little comparative information to demonstrate which policy approaches and legal frameworks are best at changing attitudes towards FGM, protecting those at risk and prosecuting perpetrators. Although FGM can be prosecuted as a criminal offence in all EU member states, prosecutions are rare, if they happen at all.

The Commission communication before the Committee seeks to ensure that the EU's internal and external policies pursue an integrated approach to the elimination of FGM. The Commission identifies a series of non-legislative actions to be taken forward at EU level that are intended to: gain a better understanding of the prevalence of FGM within the EU; promote sustainable change to prevent FGM; support more effective prosecution of FGM; provide protection for girls and women at risk of FGM; and contribute to global efforts to eliminate FGM.

The coalition Government supported the broad objectives and actions set out in the communication but questioned whether action at EU level was needed to achieve them. They suggested that the Commission should focus its efforts on three areas: monitoring the way in which member states have implemented relevant EU laws, such as on asylum, to protect women and girls at risk of FGM; providing funding to support national initiatives; and facilitating the exchange of information and best

practice so that member states are better able to identify the most effective policy approaches and legal frameworks to prevent FGM and protect those at risk.

The Justice and Home Affairs Council agreed conclusions in June 2014 on:

“Preventing and combating all forms of violence against women and girls, including female genital mutilation.”

The Council called on member states and the Commission to: develop an effective multidisciplinary approach to eliminate FGM; collect and disseminate reliable and comparable data on the prevalence of FGM; promote appropriate professional training and ensure the availability of appropriate support services; implement effectively national laws prohibiting FGM; and provide clear guidelines at national level to ensure that women and girls at risk of FGM qualify for international protection.

The coalition Government considered that the conclusions were “appropriate and proportionate” and were consistent with the work they had undertaken at UK level on FGM. The focus now shifts to the more difficult task of implementation. It is clear that much work needs to be done to raise awareness of FGM, to change attitudes and to work towards a culture in which FGM is regarded by all communities as an unacceptable violation of human rights and human dignity. Today's debate is a recognition of the importance that Parliament attaches to this issue. Although we all share the common objective of eliminating FGM, we must also be clear-headed about how we can best achieve that goal. In recommending the Commission communication for debate, the European Scrutiny Committee made it clear that an important consideration would be determining the respective roles of the Commission and member states in working towards the elimination of FGM and ensuring that any action taken at EU level genuinely adds value to, and does not undermine or contradict, efforts at national level.

I trust the Minister will be able to explain what actions have been taken at EU level since the communication was published in 2013 and provide some indication of the impact and added value. In particular, does she consider that we now have a better understanding of the prevalence of FGM across the EU? What have we learned from the experiences of other member states in tackling FGM, especially from those where there is a high prosecution and conviction rate? I would also welcome further information on the progress made in implementing the Council's conclusions and the Minister's assessment of how effective that has been in developing a coherent, EU-wide approach to tackling FGM.

**The Chair:** Before I call the Minister, I would like to remind the Committee that no interventions are allowed during the Minister's statement.

2.35 pm

**The Parliamentary Under-Secretary of State for the Home Department (Karen Bradley):** It is a pleasure to serve under your chairmanship, Mr Evans. I am also grateful to my hon. Friend the Member for Elmet and Rothwell for his introduction to the debate on behalf of the European Scrutiny Committee, of which he is a member.

Let me be absolutely clear, FGM is a serious crime. It is child abuse and the Government are determined to stop it, as are my counterparts in the European Union. The Commission's communication of 2 December 2013

set out a range of actions to be undertaken at EU level towards ending FGM. As stated in the explanatory memorandum from the then Minister for Crime Prevention, the previous Government broadly supported the recommendations in the communication. The Government agreed that action needed to be taken to eradicate FGM in member states to which practising communities have migrated.

Without complacency, the Government felt that, while there were some areas where the EU can add value—for example, facilitating the sharing of information and best practice on tackling FGM—the UK was already undertaking a significant amount of work domestically to achieve the same outcomes. This remains our view. The actions undertaken by the Commission under the communication have been appropriate and proportionate in that regard and have respected member state competences.

I will now provide the Committee with an overview of the implementation of those actions in both the EU and the UK. First, to develop a better understanding of FGM in the EU, the Commission has funded the development of methodologies to estimate the prevalence of FGM and the number of girls at risk. Secondly, to promote multi-agency working, the Commission is funding a number of awareness-raising activities, including national campaigns in the UK, France and Malta, and an online training tool for professionals. Thirdly, to support member states in prosecuting FGM more effectively, the Commission will publish an analysis of relevant criminal laws and court cases early next year. Fourthly, the Commission has recast the asylum procedures directive and the reception conditions directive. That places an obligation on those member states that have opted in to set standards for the qualification and reception of applicants for international protection.

Finally, the Commission has actively participated in international co-operation to promote the elimination of FGM, including making pledges at the girl summit, hosted by the Prime Minister and UNICEF last year and providing €7 million for projects working to end FGM in countries such as Egypt and Senegal.

As the Committee will be aware, the UK has undertaken a significant amount of work towards ending FGM. On 22 July this year, we marked the first anniversary of the girl summit, and all the commitments made at the 2014 summit have now been delivered. In July, Ministers signed a cross-Government declaration reaffirming our commitment to tackling FGM and child, early, and forced marriage.

During the previous Parliament we introduced a number of measures via the Serious Crime Act 2015 to strengthen the law on FGM, and those new measures include: FGM protection orders, which came into force in July this year and are already being used to protect girls at risk of FGM; a new offence of failing to protect girls at risk of FGM; life-long anonymity for victims of FGM; and the introduction of a new mandatory reporting duty that requires specified professionals to report known cases of FGM in under-18s to the police. That duty commenced on 31 October and we believe it will help to give professionals the confidence to confront FGM.

As the Committee will be aware, to date there has not been a successful prosecution for FGM, and one of the challenges cited by police is the lack of referrals. This new duty can support prosecutions where FGM has

taken place and, in turn, deter perpetrators, which will ultimately, prevent this appalling crime from happening in the first place.

Clearly, legislation alone is not going to end FGM. It is a complex issue which demands a co-ordinated response from a range of professionals. We have worked to ensure that they are equipped with the resources they need to tackle FGM effectively. That work includes part-funding an independent study into the prevalence of FGM in England and Wales and publishing the first ever NHS statistics about patients with FGM; publishing multi-agency practice guidelines, which we are updating and making statutory; and establishing a dedicated FGM unit, based at the Home Office, which is providing outreach support to professionals and local communities. In addition, to improve the healthcare response, the Department of Health has funded a £3 million FGM prevention programme.

To support the social care response, the Department for Education has provided £2 million in funding for an FGM project that is creating a specialised team of skilled social workers. In March, the College of Policing published new authorised professional practices on FGM to raise awareness among investigators and better equip them to tackle the practice.

Ultimately, however, we will not stop FGM unless we change attitudes. That is why the Government ran a national communications campaign, with funding from the EU, to raise awareness last year. We also funded 29 community engagement projects, including a network of community champions who are reaching thousands of women and girls affected by FGM and, importantly, their families.

The UK has not opted into the recast asylum procedures and reception condition directives. Nevertheless, we do provide protection where it is needed. Importantly, our asylum system is gender sensitive and fully considers any risks relating to gender-based persecution, including the risk of FGM.

We recognise the importance of sharing information and best practice across countries and are fully committed to playing our part in that. That is why the Department for International Development is continuing with the implementation of its £35 million programme to support the Africa-led movement to end FGM. Recognising that this is an area where the EU can add value, we have actively participated in a number of international exchanges, including holding the girl summit that I mentioned earlier and hosting a European learning forum on FGM earlier this year.

In conclusion, I welcome the opportunity to debate the Commission's communication and look forward to questions on it from hon. Members.

**The Chair:** We will now move to the questions session. The Minister started speaking at 2.35 pm; we have one hour from then, so I will bring proceedings to a close at 3.35 pm if they have not concluded earlier.

**Sarah Champion (Rotherham) (Lab):** It is a pleasure to serve under your chairmanship, Mr Evans. I would like to put on the record how impressive the Government have been with their zero-tolerance approach to female genital mutilation. I particularly thank the Minister, who has done everything she can to ensure that legislation and guidance are put into practice to prevent the crime.

[Sarah Champion]

Does the Minister recognise, however, that the figures in the EU document are actually outdated? Will she outline how she is updating the EU with UK-wide figures? Will she also comment on the provision of specialist FGM training for those in child protection roles? She mentioned the mandatory reporting, the guidelines and the specialists, but I am thinking about people who are on the frontline, such as social workers, health workers and teachers. What training provision is there for them? Will the Government consider conducting a review of FGM protection orders to determine if they are actually meeting their objectives?

**The Chair:** I will allow supplementary questions at my discretion. I know that this is the first Committee for a number of Members, so I will be hugely tolerant.

**Karen Bradley:** The hon. Lady is also champion of the FGM issue. I thank her for her support and for her work as a member of the Serious Crime Bill Committee, in which we debated so many of these issues. She is right to highlight the point about figures, because one of the problems we have is identifying the prevalence of FGM. It is very much a hidden crime. We are only just touching on accurate evidence and information about the prevalence of FGM. Estimates are made but we need to know exactly what the position is.

The work that we have been doing with the NHS and the work that the Department of Health has been doing to ensure that we understand the prevalence of FGM across the NHS is incredibly important, as is the mandatory reporting. At the moment, I do not have the updated figures but, with mandatory reporting coming in, we are very confident that that will give us a much better estimate of the number of women and girls who have been affected by FGM in the UK. It is only by understanding the prevalence and the size of the problem that we can begin to tackle it and get into the communities to make sure that they understand what it is that we are trying to do, which is to show that this practice is totally and utterly unacceptable.

The hon. Lady asked about specialist training on FGM and I talked in my statement about the work that the Department for Education is doing to make sure that there is outreach to people, to the communities that may be affected. That includes training, of course, for those professionals who will come into contact with individuals, but there is always more that can be done and I am in no way complacent about this. We need to make sure that there is thorough awareness of this problem, that people do not feel frightened of confronting it and that they know they have the support of the Government and the public in confronting this issue.

The hon. Lady also asked about a review of FGM protection orders. We do not yet have the figures for the number of FGM protection orders—that information will be coming out shortly. Clearly, the Government look at these things constantly to make sure that they are working, they are appropriate and they are delivering what we want, which is to stop this crime happening in the first place.

**Kelvin Hopkins (Luton North) (Lab):** I do not mince words on this. It is absolutely barbaric and incredibly cruel—we ought to say that loudly and many times so

that people who indulge in this practice get the message. The figures may well be out of date but there was a table on page 10 of the document that shows—an estimate obviously—that for the number of women with FGM, of the 11 EU countries listed, Britain is the highest. For the number of girls at risk of FGM, Britain is again the highest but so far, according to this table, there have been no prosecutions at all. We are talking about tens of thousands, and possibly many more than that. Can the Minister explain why we have not had any prosecutions, or none up to that date anyway?

**Karen Bradley:** I know that the hon. Gentleman takes a particular interest in this issue. He is quite right, it is barbaric and cruel. It is child abuse. There is no way in which it can be excused or tolerated. He asked about prosecutions and pointed out the figures showing the UK to have the estimated highest prevalence of FGM in the EU. The problem with prosecutions is that this is such a hidden crime that victims have not wanted to come forward and that, often, a prosecution would involve a victim giving evidence, perhaps against their closest family members. Although the practice of FGM was originally made a criminal offence in 1985, there was not a single referral to the CPS until 2010. Referrals are now coming through. There was a prosecution that unfortunately did not result in a conviction earlier this year, but it did at least establish many of the issues that had been of concern; for example, whether infibulation or reinfibulation was part of the offence. It was quite clear from that case that they are part of the criminal offence.

I know that the CPS is looking to make sure that we can have a prosecution with a successful conviction. I think that is what we all want to see—that successful conviction. By introducing life-long anonymity for victims so that they can come forward to give evidence and know that this will not be exposed in public, by introducing mandatory reporting and by introducing, for example, the failure to protect a girl at risk of FGM as a criminal offence, I am confident that we are doing the right things to give law enforcement and the prosecution services the tools they need to get that prosecution that we all so desperately want to see.

**Kelvin Hopkins:** Although the prosecution rate is still low, France has had 29 prosecutions. We have had none. Obviously France is doing something that we are not doing—is there anything we can learn from France?

**Karen Bradley:** The hon. Gentleman will know that France has a different legal system and a different evidence threshold but, absolutely, we can always learn more. We need to learn what it is in France that has given those victims the confidence to come forward and has enabled the prosecuting authorities to get the evidence they need. We believe that the measures that we have taken following the girl summit go a long way to doing that—we now need to see that prosecution. If we do nothing else today, I want to make it clear, on the record, that this Committee and this House urge law enforcement and prosecuting authorities to take this seriously and to get that prosecution.

**Kelvin Hopkins:** Obviously I support and applaud what the Minister has said. Is there a confidential helpline where a family member could say, “My sister is

at risk”, or something of that kind? Many young women have adjusted to a more western way of life and would want to prevent terrible things from happening, especially if it has happened to them. Is there a confidential helpline?

**Karen Bradley:** There are a number of confidential helplines and apps. I was at the launch of one app earlier this year. It provides a confidential way for people to submit their concerns to an independent, non-Government body that can help and support them. However, we need to do more, and mandatory reporting is incredibly important. I know that some professionals have had concerns about taking on that burden, but if a healthcare professional saw a patient who had been the victim of another crime, we would expect them to report it. In the same way, they should report FGM, which is clearly a horrendous crime.

The National Society for the Prevention of Cruelty to Children also runs a confidential helpline for victims and professionals, so there are places that people can go. I would be very happy to write to members of the Committee with details of those helplines if they want to share them with their constituents.

**Kelvin Hopkins:** I have one more question, about girls being taken out of school for significant periods. Is there some reporting method for that? It is partly to do with forced marriage, but in certain communities, mainly from Africa and the middle east, girls are taken out of school for significant periods of time, either being taken abroad to have the FGM done there or even having it done within Britain and not being well enough to go back to school.

**Karen Bradley:** Again, the hon. Gentleman makes a very important point. The reason why we introduced protection orders at the beginning of the school holidays was that we know that is a time when girls can be taken out of the UK to be cut. The families know that the girls will come back to a new class, and possibly even a new school if they are moving from primary to secondary school.

The hon. Gentleman is right that girls leaving school for a significant period of time can be an indicator of FGM, and I know that there is multi-agency working across the country to look carefully at that. Reports can be made to multi-agency safeguarding hubs and, of course, to the NHS helpline. We have also published multi-agency guidance, which, as I have said, we are putting on a statutory footing. That includes information for schools and teachers on what to look out for.

**Naz Shah (Bradford West) (Lab):** Do we know how many protection orders have been used for FGM so far, or even in the last year?

**Karen Bradley:** We do not yet have the final figures. Protection orders were only introduced on 17 July, so the first set of statistics has not yet come through. We hope to have them shortly, and I am sure the hon. Lady will be made aware of them when they are released.

**Sarah Champion:** Taking the Minister back to her answer about telephone helplines and reporting, I know that the advice on hate crimes is to call 111, but 111 does not have a translation service. Will the Minister tell

Committee members, when she reports back to us, whether people are able to report in languages other than English?

**Karen Bradley:** I would be happy to report back to the Committee on that when I write with all the information on the helplines and the other help that is available, including from the FGM unit at the Home Office. We also have a forced marriage unit, which is a joint Home Office and Foreign Office unit working across communities to provide outreach education about forced marriage. It also works across borders with countries where we believe people may be being taken to be put into a forced marriage. I will be very happy to share all that information when I write to the Committee.

*Motion made, and Question proposed,*

That the Committee takes note of European Union Document No. 17228/13, a Commission Communication: Towards the elimination of female genital mutilation.—(*Karen Bradley.*)

2.55 pm

**Sarah Champion:** Thank you for calling me, Mr Evans; you are being very tolerant with a novice, and I appreciate it.

I think the whole Committee agrees that female genital mutilation is a fundamental attack on the human rights of women and girls. It has been recognised as such by the United Nations General Assembly and stands in direct violation of the convention on the elimination of all forms of discrimination against women and the convention on the rights of the child. Women and girls subjected to FGM suffer lifelong medical and psychological damage. The procedure can lead to gangrene, septicaemia and tetanus. Long-term complications include enduring pain, severe complications during pregnancy and childbirth, higher infant mortality, stillbirth and death in childbirth. In psychological terms, women who have undergone FGM have been found to suffer from a wide range of conditions, including anxiety, depression and post-traumatic stress disorder.

The elimination of FGM has, rightly, been a key goal of human rights organisations, the United Nations and national Governments for many years. Progress has undoubtedly been made, but FGM remains widespread. As many as 133 million women are thought to be living with FGM across the world. In Somalia, up to 98% of women and girls between the ages of 15 and 49 are thought to have undergone FGM. In four other countries, the prevalence of FGM is thought to be higher than 90%.

We must remember that FGM is not simply an African problem. In Europe, it is estimated that 500,000 women have undergone FGM, and that 180,000 girls are at risk every year. The figures for the UK cited in the communication were collated in 2007, and according to revised figures from 2014, as many as 137,000 women in the UK are estimated to have undergone FGM. The NSPCC has estimated that as many as 23,000 girls under the age of 15 could be at risk. We must therefore ensure that the UK plays a full part in bringing this barbaric practice to an end and continues to promote the elimination of FGM across the globe.

FGM is, in many countries, a deep-rooted cultural practice. Simply encouraging Governments to outlaw it will do little to address the problem. FGM is already illegal in many of the states where it is most widespread,

[Sarah Champion]

but it remains endemic. We should of course continue to push for Governments to prohibit FGM and punish offenders, but we must energetically promote cultural change. UK Aid and the Department for International Development have done really good work on the subject, and initiatives such as “The Girl Generation”, an Africa-led project to tackle FGM, are positive steps, but eliminating FGM will take time, and the Government must continue their commitment of resources and expertise.

The work of the European Union towards ending FGM is vital. It remains an international issue that cannot be managed by the UK alone. The framework provided by the EU is valuable in co-ordinating and amplifying our efforts. The UK must work closely with our European partners to ensure that the prevention of FGM, the identification of those at risk and the services for those living with FGM are strong across the EU. We must also utilise the EU’s global influence to promote action to challenge the cultural norms and attitudes at the root of FGM.

FGM has been explicitly illegal in the UK since 2004. There have been no successful prosecutions for FGM in the UK, which highlights the lack of awareness of FGM across our services. Positive steps to promote awareness have been taken in recent years, and it is vital that we ensure that practitioners can identify women and girls who may have been subject to, or who may be at risk of, FGM and report that to the authorities.

The introduction of FGM prevention orders in the Serious Crime Act 2015 was a welcome development. They provide a legal avenue to protect girls who are at risk of FGM, but we must ensure that they are effective. The Government should consider, as I have asked them to do in parliamentary questions, undertaking a review to determine whether they are meeting their objective. Victims of FGM, like those of any other form of abuse, are often reluctant to come forward or engage with support services. Health, immigration, child protection and immigration services are all likely to come into contact with those who are at risk. Multidisciplinary co-operation, better understanding and training are essential to protect girls who are at risk.

Education on FGM must be embedded as an integral element in curricula for professions in which practitioners are likely to come into contact with affected women and girls. Guidelines and procedures must be in place across the services to make certain that FGM, and those at risk, are identified and appropriate steps taken. Where FGM is identified, services must be able to provide support for its wide range of physical and psychological consequences.

The communication from the EU identifies a lack of holistic support services across the EU, including in the UK. The needs of survivors of FGM will vary dramatically, and we must therefore ensure that there is a focus not only on gynaecological services but on psychological support and post-traumatic counselling. Services should also share best practice across countries. In many cases, with cultural practices such as FGM, the messenger can be even more important than the message. We must therefore continue to engage proactively with minority communities, particularly those at risk of FGM. Without such engagement, the message that FGM is illegal and abusive will not be heard. Initiatives such as that recently

undertaken by the Muslim Council of Britain, which issued explicit guidance to council members condemning the practice of FGM, are crucial and to be welcomed.

The Government should continue to work closely with community groups, third sector organisations and faith leaders to ensure that the message is heard loud and clear. We should also ensure that resources are allocated specifically to African-led organisations, as those might be the most effective at communicating the message about female genital mutilation.

Continued commitment to tackling FGM is vital if we are to ensure that all women and girls are safe from abuse. Many significant advances have been made in the fight against FGM in recent years, but we must not allow our focus to be diverted. FGM remains a widespread and, by some estimates, growing problem. I therefore welcome the EU communication and encourage the Government to engage closely with its recommendations and conclusions.

3.1 pm

**Kelvin Hopkins:** It is a pleasure to serve under your chairmanship, Mr Evans.

The fact that we have had no prosecutions for FGM gives the impression that we are approaching it on a softly, softly basis, which is not right. I applaud my hon. Friend the Member for Rotherham for her words, but we have to take it much more seriously. Until we start getting prosecutions and punitive measures for those who commit these terrible acts, we are not going to make inroads. People believe they can get away with it because nothing is going to happen to them. When they think something will happen to them, they might start to take it seriously.

FGM is not a matter only for the Muslim community in general; it is associated with particular parts of the world, and there are many non-Muslim communities in Africa that practise it as well. It is right that it should be looked at in cultural terms. A news programme recently showed an interesting documentary from Kenya, where a man campaigning against FGM spoke to male tribal leaders. Although most of the operations are apparently carried out by women, men need to think about these things as well. He was making inroads and people were starting to accept that the practice was no longer acceptable in a modern civilised society. It was an impressive news item.

When things are happening that are not right, people have to be shamed. Beating up women is appalling and people have to be shamed about that. We have to think of a world in which that sort of thing does not happen at all. That is the sort of world that I want to live in and move towards. While these things go on we have to say over and over again that they are barbaric, cruel and completely unacceptable in a world in which we believe—and many do—that men and women should be absolutely equal. Nobody should be oppressed because they are a woman, or indeed a man, although most of the time it is women who are oppressed.

We have to take this much more seriously than we have done so far. The practice has been illegal for more than 30 years, yet no prosecution has taken place, even though tens of thousands of women and girls have suffered. That says that we are not taking it seriously, and that we will not be until we get a number of prosecutions, with people sent to prison for doing this

terrible thing. Someone who was caught torturing a person with a knife would be sent to prison. This practice should be taken that seriously.

When I first heard about FGM 20 or 30 years ago, I did not believe what I was hearing. I could not believe that sort of thing could be going on, but it clearly is and we have to be much more forceful in how we deal with it. I like to think that the message will get through to Ministers and to the legal profession that it has to be prosecuted much more effectively.

When it comes to evidence, it has been said that many girls and women have lifelong medical problems—both psychological and physical—as a result, so evidence that girls have had this done must come to medical practitioners fairly frequently. There must be ways of getting that evidence into the legal system, and perhaps persuading girls and women that it is time to speak up. Anonymity is of course crucial, because intimidation can take place. Nevertheless, we need to help women and girls to deal with this so that it does not happen to their daughters, their sisters or to future generations.

I know that I am a man, and perhaps I should not be speaking in this debate because it is about an issue that affects women, but I think that men's attitudes have to be changed as well. We must not turn a blind eye to this. We must take it very seriously indeed. We need to see serious prosecutions, and people who commit these appalling acts should be sent to prison.

3.5 pm

**Angela Crawley** (Lanark and Hamilton East) (SNP): It is a pleasure to serve under your chairmanship, Mr Evans. This is the first such Committee that I have sat on, so please bear with me. It is a pleasure to follow the hon. Member for Rotherham and the hon. Member for Luton North. The hon. Member for Rotherham has worked vociferously for an agreement on tackling FGM, and it was great to hear a male Member passionately making the case against FGM. That is absolutely vital.

In London in 2013 two arrests were reported over the genital mutilation of a five or six-week-old baby girl—the youngest case reported. The two people arrested lived in Britain. The practice is not only abhorrent and immoral, but illegal, yet no one was convicted for the harm done to that child due to a lack of firm evidence. This case exposes how such harmful practice can slip through the nets of justice. FGM has been illegal in the UK for 30 years, and since 2003 anyone taking a child out of the UK to be cut faces 14 years in prison.

However, for both pieces of legislation there is yet to be a single conviction, as we have heard today. We are thus faced with the problem common to gender-based violence: a disconnect between the default political response of creating legislation to correct a problem and the practical steps needed to change the culture surrounding that problem. I therefore welcome the comments that have been made about legislation not being the only way to tackle this problem.

Every year, millions of women and girls worldwide have their quality of life drastically altered by FGM. More than 125 million women and girls are affected today, predominantly in pockets of the middle east, across central Africa and in south Asia. New research by City University London and Equality Now found that cases of FGM are on the rise in the UK. Between

July and September last year health professionals uncovered 1,385 new cases of FGM, with 17 of those involving girls under the age of 18. Over half of the new cases recorded were in London, with women of Somali origin found to be the most likely to be affected. This is not a small-scale problem. The FGM programme manager at Equality Now, Mary Wandia, said that the figures shown are

“only the tip of the iceberg”.

She also said:

“Cases of FGM are likely to exist in every single local authority in England and Wales”.

I am sure that cases also exist throughout much of Scotland and other parts of the UK.

Even after 30 years of illegality, there is still a lack of medical and psychological support available to survivors. What we see is therefore a culture of woeful ignorance on the part of lawmakers, although I am not sure that is the case when I listen to hon. Members in this room. However, we know that this practice is going on, and we have to acknowledge it with legislation and with action. As the figures continue to increase, however, it is fair to say that further action is needed.

An international day of zero tolerance of FGM was held on 6 February 2014. The Government made it clear that no one in the UK was exempt from UK law. The Home Office was awarded £250,000 of funding from the European Commission to promote the national NSPCC FGM helpline, and to provide training for front-line professionals and support community engagement activity on ending FGM. Those measures go some way towards changing attitudes and beliefs among the relevant communities, towards making practitioners aware that what they are doing is wrong, and towards making sure that women realise that FGM is in fact a crime. The underlying causes of FGM include a mix of cultural, religious and social factors within families and communities—factors that are not wholly contrary to UK law and culture but that amount to a serious violation of human rights.

We recognise that FGM has a drastic impact on a woman's body. As a deep-rooted social norm, it relates to the social culture of women's sexuality and is practised in the belief that it is beneficial for a girl and that it preserves cultural identity in the context of migration. What must be addressed first and foremost is that any perceived benefits are massively outweighed by the horror and trauma for the victim, severe pain and bleeding, difficulty in passing urine, infections and death due to haemorrhage or neurogenic shock. The practice often leaves girls with long-term scars, post-traumatic stress disorder, chronic pain, HIV infection, cysts, abscesses and genital ulcers. There are increased risks of complications affecting the menstrual cycle, sometimes resulting in infertility.

Contrary to both the 1985 and 2003 legislation, UK-born girls are being taken abroad for what is culturally known as the “cutting season” of the summer holidays, but girls are being cut here, too. On the elimination of FGM, there is a positive trend towards abandoning the practice in the 28 countries that are most affected. Worldwide, 42 countries have passed laws condemning FGM, most recently Nigeria, which banned FGM in May 2015. Yet, according to the Foundation for Women's Health Research and Development—FORWARD—in countries such as Sudan, Somalia and Egypt, up to 98% of females have been mutilated.

[Angela Crawley]

Research by the Scottish Refugee Council shows that in 2011 there were 23,979 people—men, women and children combined—in Scotland who had been born in one of the 29 countries identified by UNICEF as FGM practising countries. The largest community in Scotland potentially affected by FGM is the Nigerian community; that group amounts to 9,458 people. The number of people now living in Scotland who have been exposed to this culture presents a significantly increased challenge in addressing FGM. Since 2001, Scotland's African population has doubled from 22,049 to 46,742, and in that time the cost of air travel to Africa has increased. Combined, according to Glasgow-based charity Roshni, those factors have led to an increase in the number of FGM incidents taking place on Scottish soil.

FGM is considered an outside issue, according to Dignity Alert & Research Forum in Edinburgh, but it is not; it is happening here in the UK, and it is very common. The public perception, however, is that it is not. Rather, it is very difficult for women to speak out about their experiences. In Scotland, after recent hospital figures revealed that more than 2,500 FGM victims had given birth in Scottish hospitals, politicians commissioned a Scotland-wide survey into its prevalence. The survey resulted in £222,000 being invested in a range of interventions, with priority areas including community engagement, development projects, awareness raising, training and support services. I raise that point not to preach but simply to share best practice.

Police Scotland officers based in Scottish airports have provided information on FGM to passengers, airline staff and airport workers since July 2015. As mentioned earlier, the school holidays are a prevalent time for FGM. The campaign's timing was important, and it also included advertising against FGM in airport buildings. Last year, 19 incidents of FGM were reported to Police Scotland, up from 16 the previous year, which is evidence that this form of advertising is working.

The legal consequences of involvement in FGM are heavy. Long sentences act as a deterrent in both pieces of legislation. However, legislation alone does not work as a be-all and end-all solution. We must continue to spread awareness of FGM and not lose sight of the fact that it is a massive breach of women's human rights. The advertising and educational initiatives of the Home Office and the Scottish Government have gone some way towards halting the spread of FGM. We must now break down the taboos of FGM in the most affected communities, if we are to eradicate this horrible practice in the UK. I welcome a co-ordinated response; together we will go some way towards stopping FGM globally.

3.15 pm

**Victoria Borwick** (Kensington) (Con): I welcome all the comments that have been made and the positive way in which we are tackling this subject. Kensington has a high proportion of the Somali community and is one of the test areas in London where different trials are taking place on how to break down the barriers.

I welcome the Minister's comments about looking at other ways of working together. Sadly, as those of us who have worked in this area know, if a mother has been cut it is quite likely that her children will be cut. We have the problem, as other Members have identified,

that although FGM is picked up in the NHS, as a result of all the various regulations we have, quite rightly, on safeguarding people's data, the information does not always reach the other agencies that can then follow through. When an older sister is cut and it comes to the attention of the school, there does not seem to be a system for getting the younger sister protected. Those are small initiatives.

The Committee's aim is to eliminate FGM. Of course we should start getting prosecutions, but we also need to get underneath to the underlying communities. I welcome the comments from the hon. Member for Luton North about the cultural importance of getting men on side in the debate and changing the culture so that FGM is not an expectation. Whether we believe in God or not, we are born as we are born and it is not necessary to be cut or mutilated. That is the basis on which one should work with faith groups and community groups in order to get the message over.

I welcome the Minister's approach in looking at a more collegiate way of working together across all the agencies and getting the NHS to feel confident about sharing data with schools and vice versa, rather than constantly being hung up about the Data Protection Act. If we can find a more positive way through the various things that stop us talking to each other, the sooner this terrible practice will be eliminated.

3.17 pm

**Karen Bradley:** I thank all Members of the Committee for their contributions. I will make a few points in response to the debate before concluding.

I am not sure whether the Committee is aware that my noble Friend Baroness Verma has been appointed Government champion on international violence against women and girls, a role she fulfils in her capacity as an International Development Minister. I met her earlier today to discuss how we can work together to try to get the cultural changes that so many Members have talked about and to get that working internationally.

The hon. Member for Rotherham and others talked about cultural change, and they are absolutely right. This is not a problem we can tackle only through legislation, as the hon. Member for Lanark and Hamilton East said. There has to be cultural change.

The hon. Member for Luton North suggested that we were somehow going soft on the issue. I assure him that is simply not the case. There is no doubt in my mind or that of the law enforcement and prosecution services that nobody should think they can get away with this—absolutely not. That is why we made changes through the Serious Crime Act, beefing up the legislation and making it easier for victims to feel they can come forward, with lifelong anonymity and with the additional protection orders and other measures we have put in place.

The hon. Gentleman is right to say that we want to see a prosecution, but we have to remember that in a court of law in England and Wales, we are talking about a situation where a jury has to be convinced beyond reasonable doubt, and that can mean witnesses giving evidence against their own family members—an incredibly difficult situation. That is why we need to do everything we can to protect those witnesses and victims so that we can get the prosecutions.

**Kelvin Hopkins:** I do not doubt the Minister's sincerity or the concern of the Government and Members of all persuasions, but the reality is that there has not been a prosecution in all this time. People in the communities involved come from countries that are much rougher and tougher than ours, and they think, "They're not going to pursue us, because there have been no prosecutions." The reality is that, however we try to approach it in a sensible, law-abiding, modern way, people in those communities really think that they can get away with it.

**Karen Bradley:** I must correct the hon. Gentleman: there has been a prosecution; it just did not lead to a successful conviction. If we look back at that situation, the reason the prosecution was brought in the first place was that this was not a family member, but a doctor who reinfibulated a woman who had just given birth; and one of the problems with that prosecution was that the victim was called as a witness for the defence. That shows the difficulty we have with this situation. We are talking about very complicated, personal situations that involve family members. I commend the Crown Prosecution Service for bringing the prosecution, but it was always going to be very difficult to get a conviction.

**Mr David Burrowes** (Enfield, Southgate) (Con): How do our current legislation and protection orders compare to provisions in other countries in terms of the level of attention given to ensuring that we get the prosecutions that victims deserve?

**Karen Bradley:** I will be happy to write to my hon. Friend with an analysis of the comparisons because we probably do not have time to go through it now. Let me be clear: the protection orders are for girls that we consider to be at risk of FGM, to protect them and stop them from being taken out of the country—for example, their passports are removed. That is girls who are at risk of FGM. We have also taken measures for girls where FGM has been committed. To return to mandatory reporting, that has been in force only since 31 October, but it means that any professional in a public body who comes into contact with FGM—to be clear: a health professional who sees that FGM has been committed and who knows it has been committed—has a mandatory duty to report it so that we get the information.

**Naz Shah:** I am going to speak about my experience of honour-based forced marriages and the case of Shafiea Ahmed. In that case we did not have a body, but we prosecuted. What I am struggling to understand is why, when we have got the evidence base—when we have clear medical evidence of mutilation—we need witness testimony. Why are we not prosecuting?

**Karen Bradley:** I cannot answer for why the CPS would choose to take a prosecution or not. I repeat that no cases were referred to the CPS before 2010, so it was impossible for it to take a prosecution. Cases are now being referred and the CPS will make its best judgment on whether a prosecution can be achieved.

The hon. Lady is right about the evidence. That is where mandatory reporting is so important, because it means that those professionals who feared coming forward and saying they had seen this, because they feared it was

somehow going to create a cultural difficulty, now know that they have to come forward and we will get that evidence.

**Naz Shah:** We have had 386 reports connected to FGM since 2009. I accept that the law is complicated, but we have the evidence. Do we need to do more in terms of changing the law? The prosecution that was pursued had nothing to do with a parent or a non-family member; it involved a medical practitioner who was not trained and who was found not guilty. It was not set within the context of the law—when we introduced the law, it was not for that kind of case. It is exactly the same for forced marriage: when we prosecuted in Cardiff, the first prosecution was not to do with parents or people who take very young girls out of the country to get them married. In both instances, we are failing. Please can we acknowledge that and do something more than just what we are doing here, because clearly we are not doing it right?

**Karen Bradley:** I dispute that we are not doing enough. I absolutely share the hon. Lady's frustration about the lack of prosecutions and successful convictions. However, the measures in the Serious Crime Act 2015 were included in response to failings or gaps in the law that this Government perceived. We have taken those steps, but she has to recognise that that does not simply change things overnight. The changes to the law apply to offences committed after the Serious Crime Act commences, and there will be a time lag, which we all have to acknowledge, while evidence is gathered and before a prosecution takes place. I want to see a prosecution and a successful conviction as much as she does but, also, I do not want to see FGM happening in the first place. The hon. Lady is right that a successful conviction would send a clear message, as it has with forced marriage, that the practice is not acceptable. We must have the deterrent of a successful conviction, but we also have to prevent this practice from happening. A conviction is, in many ways, a failure, because a crime has happened. That is not a success; a success is preventing it from happening.

The hon. Member for Luton North and my hon. Friend the Member for Kensington made a point about men. They are both absolutely right; we need to change the culture, and not just among women. We need women who have been victims or who are worried about their siblings and members of their family to come forward, but we also need men to speak out.

One of the most heartening things I heard over the summer was when I visited the Border Force safeguarding team at Heathrow terminal 5. The law had only changed a week before, and the team told me about their experiences of families traveling out of the country, often via the middle east, to countries where FGM may take place. It was the men—the brothers, the uncles and the fathers—who said to the Border Force guards, "Thank you for having told us that this is a criminal offence and that if this happens to my daughter, sister or niece while she is out of the country, you will be watching for that on her return and we will face jail for having allowed it to happen. That means I have the power and the authority to tell members of my family who want to do this to my relative that they cannot, because it is a criminal act here in the UK." That is such an important point.

**Kelvin Hopkins:** The Minister makes a good point. Getting across to men the idea that they do not want

[Kelvin Hopkins]

their daughters to be mutilated because it is wrong, as well as being fearful of prosecution, is fundamental. The idea of this happening to my granddaughter is unthinkable, and we want it to be unthinkable for all men. In societies that are strongly patriarchal, the man's view counts.

**Karen Bradley:** The hon. Gentleman is absolutely right; we have to change attitudes among men and women, so that they understand. I cannot imagine how any father could think of this happening to his daughter, but the excuse given is, "You will need to do this to your daughter, otherwise she will not be attractive to men." Fathers need to speak out and say that that is simply not the case. We need to ensure that as many people as possible speak out and say that. I commend all the campaigners on this issue, some of whom are victims themselves and many of whom make that argument.

I want to make a point about training. I mentioned in my opening statement that the Department of Health is funding a £3 million national FGM prevention programme, which is under way in partnership with NHS England and has reached thousands of professionals. More than

2,000 professionals have attended women's sessions, and nearly 8,000 GPs have received resource packs. The next stage of the programme includes work to address the mental health needs of those who have had FGM and to improve the NHS safeguarding system.

We have had a good and open debate. I appreciate the support from both sides of the Committee, and I share the frustration about the lack of a successful conviction. We are all sending a message that that is what we want to see. I accept the points made and will write to members of the Committee about the helpline and how this offence can be reported. I assure the Committee that the Government will continue with the range of work under way on FGM, ensuring that best practice and information is shared at both the European and international level.

*Question put and agreed to.*

*Resolved,*

That the Committee takes note of European Union Document No. 17228/13, a Commission Communication: Towards the elimination of female genital mutilation.

3.29 pm

*Committee rose.*