HOUSE OF COMMONS

Home Affairs Committee

Oral evidence: Female genital mutilation , HC 1091

Tuesday 11 March 2014

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Written evidence from witnesses

Watch the meeting

Members present: Keith Vaz (Chair), Ian Austin, Michael Ellis, Paul Flynn, Lorraine Fullbrook, Dr Julian Huppert, Yasmin Qureshi, Mark Reckless, Mr David Winnick

Questions 1-72

Witnesses: **Leyla Hussein** and **Nimco Ali**, Daughters of Eve, gave evidence.

Q1 Chair: I call the Committee to order and welcome our two witnesses. This is the start of the Committee's first inquiry into female genital mutilation and we are delighted to welcome, as our first witnesses in this inquiry, Leyla Hussein and Nimco Ali. I begin by congratulating you both on behalf of the Committee on the way in which you have raised awareness about this very important subject, on collecting thousands of signatures, which resulted in the debate in Westminster Hall yesterday, and on providing an impetus for those in Parliament and outside to consider this very important issue. I note the fact that there have been no prosecutions since legislation was brought in. Thank you very much for coming, both as individuals and also as co-founders of Daughters of Eve.

Leyla Hussein, you describe yourself as a survivor as opposed to a victim of FGM, but you will have both been through this harrowing and torturous process. What we are keen to hear from you—we will hear evidence from others about other aspects of policy—is your own personal experience, because I think it will help others understand, first of all, how to avoid it. It will also help us as parliamentarians, who have not been through this, to understand exactly what is involved. When did this happen to you Leyla Hussein?

> ***Leyla Hussein***: Just to give you a background to how I ended up having FGM. My parents both lived in Saudi Arabia at the time, so I was that girl who did not even know what FGM actually was. When my parents decided to go back to Somalia this was a decision that was made obviously without our knowledge. If I take you back to that particular day, in Somalia when you have big gatherings, it usually means something is being celebrated. So I remember that particular morning waking up thinking, "Okay, this is very strange" because my dad was not in the country. So I thought, "Why are we having a big do without my dad being there?" because that is what usually happens.

Nobody said anything and strangely enough my mother was also in the house. I recognised a lot of family members around the house and I could see a big feast was being cooked. It was actually my neighbour's daughter who came up to me and said, "Oh Leyla, you must be really looking forward to today". I remember saying to her, "It's not my birthday today", because that is something I had celebrated as a child, and she goes, "No, no, no, you're going to have gudiniin". Gudiniin means FGM in Somali and I did not know what the hell that meant. As she was explaining to me what gudiniin meant, I could hear a scream on the other side of the house, which obviously was my sister screaming her eyes out.

I was seven. As a seven-year-old to be told your genitals are going to be cut off, it was not registering in my head as she was speaking to me. It was like an out-of-body experience. I remember thinking, "That cannot be right because my mum did tell me, 'You cannot always protect that part of your body.'" I never did see that part of my body so it was very confusing. I could hear my sister screaming and the moment I realised where I was I could hear them say, "Get Leyla. It's Leyla's turn" and I remember just running. I do not remember where the hell I was running but I remember running around the house. We lived in this massive house in Mogadishu. Anyway obviously they managed to get hold of me because I was only seven, so I did not have enough energy to run around. They got hold of me and I was—

Q2 Chair: Please take your time. Please take your time.

Leyla Hussein: Sorry. I have told this story so many times but I always feel—

Chair: There is no problem. You can take your time and give your evidence to this Committee.

Leyla Hussein: Yes. I was pinned down by four women who are family members and obviously I was fighting. I remember the cutter was actually a doctor. He kept saying, "You're being a silly girl. Stay still it will be very quick". I still did not know what was going to happen to me and he got one of his assistants. He goes, "Oh this one, she is going to make a big fuss. Let's really hold her down." So they had to bring enforcement—meaning men. They brought this other man to hold me down. I remember just feeling ashamed because they were seeing my private parts. I think that is what I was worried about more than anything. He said, "We are going to just give you an injection and everything will be fine. You won't feel a thing". I felt everything. I felt the injection. I felt being cut. I felt being sewn.

Q3 Chair: Were family members present while this was happening? Were they in the room or outside?

Leyla Hussein: It was two of my grandmas. No, it was my grandmothers—my mum's mum and my dad's mum, and my dad's step-mum. Two of our neighbours and my mum's sister were there. They are the ones that held me down but they had to bring in another person. I was literally fighting, literally for my life. Obviously again I was a seven-year-old, really skinny and I did not have enough energy left, and that part of my body literally was pinned down by a group of people and they put a piece of cloth in my mouth to shut me up.

The procedure took place. I remember just blacking out. I blacked out and before I knew it I woke up in the middle of my bedroom. My sister was next to me. She had already had it done before me and then my cousin was next. There were three of us who came back to Somalia for the first time because we had to go to school. No one was going to accept us into the school system unless we had gone through this. I remember my cousin did not cry and that made me angry. I was branded as the person who was making a lot of noise that day, so I was the naughty one. I remember we got a lot of gifts. I got a gold watch, sweets and cakes, but I remember they would not give me the chocolate because I made such a big fuss. I remember that for years I have had this addiction to chocolate. I think it was because somebody said I couldn't have it.

Q4 Chair: Looking back—obviously this happened a while ago—who do you blame for this, if you were looking at someone to point the finger at and say, "They are responsible"?

Leyla Hussein: Everyone—everyone, from my mother who arranged it, from everybody who pinned me down, from the doctor. Especially, if I really had to pinpoint somebody, it was really that doctor, because he was a doctor. He knew the implications of what he was doing. Because we came from a privileged background in Somalia we had it done by a doctor, so he knew exactly what he was doing. He knew what he was doing to these girls.

Q5 Chair: Nimco Ali, you have obviously had a similar experience but yours happened in this country, in the United Kingdom, is that right?

Nimco Ali: No. It was similar in a sense that I had FGM, but I was on holiday as well, in terms of—

Chair: Which country were you in?

Nimco Ali: I went to what is now Somaliland, so the north of Somalia. Essentially it wasn't going to happen, but the reason why it happened a little bit early—I was seven at the time as well—was that the war had broken out in the north at the time. Then we went to Djibouti, where my family lived, to come back here to the UK. It was essentially like, "These kids are not going to come back to Africa," so it was about this was going to happen a little bit earlier.

Q6 Chair: How old were you at the time?

Nimco Ali: Seven or six—I was seven by the time I came back. We were living in Manchester before that and it happened completely out of context, in that there was no other form of oppression or anything else in my family. It was something that I knew or remembered the conversations that were being had and so on, but you do not necessarily know what it is. So it happened while I was in Djibouti and we came back here to the UK. For me it was having a conversation with a teacher. I tried to tell her what had happened and I needed an explanation. As opposed to that, it happened and everybody just ignored it. That was my experience—it was different in that kind of sense where there was nobody else to talk to. Nobody else explained it to me or anything.

Q7 Chair: Sure. Was there any forewarning, because sometimes in communities—

Nimco Ali: Was there any?

Chair: Forewarning. Was there any forewarning that this was going to happen? Was there no conversation you had with friends or members of the family like, "This is what happens to young girls"?

Nimco Ali: No. There was no conversation had about that. There was no conversation when I was living in Manchester. There was none of this. I knew nothing about it. It was quite strange because there were a lot of my other cousins who were all in boarding school at the time, some in Manchester and some in Canada. We were all kind of chucked there that summer, getting our passports reissued so that we could come back to the UK. I remember the person that I came across—I was trying to have this conversation as a six-year-old—was my cousin, who was the only other English person that we knew. So for us it was a little bit different because there were all these British kids and all these Canadian kids stuck there, because all our parents that had come from the north of Somalia had now had their passports taken off them and were trying to get reissued with their British passports and so on. We were stuck there for three or four months. This happened and then we essentially came back to the UK and life was just meant to go on. But being inquisitive, I wanted to know what it was. It was like if I did not get the right present I got an apology so, therefore, for me it was the reason why we started an organisation and talked about survivors. It was an explanation. That was all I wanted, but I had to empower myself and educate myself in order to get an explanation.

Q8 Chair: Of course. We will come on to that.

Nimco Ali: Yes.

Chair: Members heard some descriptions of this in the House yesterday. I think you may have been present or you may have seen the debate. Female genital mutilation involves the removal of the clitoris and the sewing up of the vagina. Is that right or are there other forms?

Nimco Ali: There are four types of FGM that were defined by the World Health Organisation. Type I is the least invasive. There is not one that is worse or better than the other because it is a survivor's own story. Type I is the removal of the clitoris or clitidectomy. Type II is the removal of the clitoris again and then the external labia—the labia majora. Then type III is type I and type II, then the rest of the skin is pulled together and infibulated, so it is all sewn up together. That is very common within the Horn of Africa and the Sudan and Egypt as well. Type IV is anything that is done to the female genitalia, so whether it is pricking, piercing and all—

Leyla Hussein: Stretching.

Nimco Ali: Stretching and all those things.

Q9 Chair: Obviously, it is clearly painful. I think the UN described it as torture with respect to a number of reports that have been written. It is unimaginable for the victims and the survivors. What they have to go through and what you have been through is a terrible, terrible experience. Is this what motivated you all to begin your campaign and start up Daughters of Eve? You obviously could have kept this quiet within your family and within your circle of

friends, but you decided to go out there and campaign and, therefore, people got to know about FGM as they have never known about it before. What motivated you to begin the process of campaigning on what is a very personal issue?

Leyla Hussein: For me, the reason is I was that girl who came to the UK at the age of 12 thinking FGM was fine and nobody ever questioned me. It was just after giving birth to my daughter. I was quite ill through my whole pregnancy. I kept blacking out but nobody stopped and asked me the question. It was only afterwards where I came across—

Q10 Chair: What age were you when you discovered this was not routine?

Leyla Hussein: I was 22. Just after my daughter was born, a practice nurse, who was also a qualified counsellor, did ask me that question—a lot of professionals do not ask. She said, "Is this something that you have gone through?" I remember my response was quite vague. It was like, "Oh yes, I have been through it. It is fine. I am okay. Everybody has this done," but she wouldn't let it go because she knew I had given birth to a little girl at the time and I know now that she felt she must have been at risk.

Q11 Chair: Did she express that worry to you?

Leyla Hussein: At the time, she did not say it in those words but she did say, "It is illegal in this country." I did not know it was illegal in this country.

Q12 Chair: So you were 22?

Leyla Hussein: I was 22.

Chair: You had no idea that this was—

Leyla Hussein: I had no idea that this was illegal. I had no idea the UK even cared about such a thing. I had no idea there was help for women. She was working in the African Well Women service at the time I went there. That is where I discovered what had actually happened to me for the first time. I remember her doing a presentation. She did not get to the second slide by the time I ran out of the room crying my eyes out. I remember feeling faint and blacking out and I remember saying to her, "This is exactly how I felt throughout my whole pregnancy." She was the first person to say to me, "Your body was having flash backs." So, being pregnant and lying down, doing vaginal examinations, my body was remembering what happened but nobody ever named it in that context. The reason I got involved in this particular campaign 11 years ago was mainly to protect my daughter from the practice, but obviously what I found out was there were no services for British girls like myself. There was no help. There was nothing out there for young people like myself. I am not young any more, but at the time there was nothing out there.

To me, it felt all the other services that were out there were mainly for women who were in my mother's age group. There was nothing out there for us, so I was the first ever youth outreach worker who was working with FGM. This is going back to 2003. Nothing like that ever existed. So in 2010 when the primary care trust got rid of certain services, our service happened to be one of those. Through that I met Nimco, who was from Bristol at the time. She came in because she read an article where I told my story for the first time. I think that is how we—

Nimco Ali: Both shared.

Leyla Hussein: Yes, so you can tell the other half of that story.

Q13 Chair: Nimco, when did you discover that it was illegal?

Nimco Ali: It was just one of those things. As a child, you don't know what is illegal and what is not but you know what is wrong, so I knew it was wrong.

Q14 Chair: When did you discover it was wrong?

Nimco Ali: At the time it happened, I just thought it was really stupid. To be fair, all I thought was it was really stupid and then I thought, "Do you know what; it is painful so therefore I need an explanation as to why this is happening." That did not happen and then I came back. I asked my teacher. She ignored me and then I had conversations with the cohort of girls that were of the same age and everything else. I remember feeling a little bit different because of the fact that I felt it was really stupid and really wrong but nobody else did. So I thought something completely different must have happened to me, so I kept it all to myself, and then at the age of about 13 I disengaged—I went to a different school—from having the conversation and so on.

Then I went into the Civil Service and I was in public health. I assumed this had stopped because it is not my place to be having these conversations. Then in 2006 I went to a local academy and there were 13 girls at this local academy. Christine Townsend, who you will hear from later, had been invited to say to these girls that going to university had nothing to do with FGM or any of these things. As soon as the teacher left the room the first question that these kids, who were all EU-born a generation after me, asked was about FGM. In a very flippant way I said, "What do you guys know about FGM? How many of you have had FGM?" and out of the 13, 12 had. What was really interesting was that the girl who had not had the FGM was so completely shocked, saying, "My God, who knew this was happening?" I went back to my office and I said, "We need to be doing something" and that is where the ball started rolling in terms of Bristol and we started putting some of the guidelines together.

I never talked about my experience because I thought, "It is not the place. I had said something at age seven and 11 and nobody was interested. I am not going to say anything at 22." Then I looked up other people that were talking about FGM and I saw Leyla was doing this work in London. That is when we first connected. Through that time I had studied law and I knew it was illegal but, ultimately, for me it started from the fact that it was wrong. As a child, I didn't know that shoplifting was illegal but I knew it was wrong. I didn't know smacking was illegal but I knew it is wrong. The law means nothing to you as a child but what you ultimately know is the fact that you are being physically hurt.

Chair: Thank you. We are going to explore some of these things with you but I am going to run through some figures that we have been given: 140 million girls who are alive today—women and girls—have been forced to undergo FGM; 66,000 women resident in the UK have undergone FGM; and 24,000 girls are at risk in this country of being subject to FGM. Do you recognise any of those figures or can you give us more figures and more facts that will support us because we are always cautious with estimates?

Leyla Hussein: Those facts were collected in 2001.

Nimco Ali: Yes, so 140 million women in the world is a UN statistic from over 15 years ago. So if 3 million girls every year are subjected to FGM alone in Africa, obviously it is probably over the 200 million now, but in terms of the UK statistics, those data were meant to give the Government impetus to invest in collecting data. Efua, who started the first FGM charity in the UK, collected the data looking at the 2000 census and looking at places where FGM is almost universal, like the Horn of Africa and Egypt, where it is still at 91%. She looked at how many of those women were in the UK and how many of those women have girls, and just pulled out those things.

Leyla Hussein: They have collected the stats from maternity wards, so they looked at all the women from that background who were potentially from the practising communities. That is how they collected 66,000. That was the estimate. The 24,000 was out of the 66,000 who have had daughters—the ones who have had little girls are the ones who are at risk.

Q15 Chair: That is very helpful.

Leyla Hussein: But as campaigners we have always said it is either triple more than that—

Chair: So triple the 24,000?

Leyla Hussein: Yes, absolutely. Obviously now from—

Nimco Ali: There was a report commissioned by the Mayor or London called *The Missing Link*. In London alone 7,000 children are born to women who have been affected by FGM, so if half of those are girls are at risk every year, you already have more than 24,000 girls in London at risk of FGM.

Q16 Chair: This is still happening today in London and in other towns and cities in the United Kingdom? That is right, isn't it?

Leyla Hussein: Yes. My background is in psychotherapy, so I run a support group for FGM survivors only. In the years I have been running these groups, the majority of the girls who come to them are girls who were born in the UK or came here as children. Some of them were cut here in the UK. Some of the women in this group were mutilated in Leytonstone and Brixton in the 1990s.

Q17 Chair: As recently as when?

Leyla Hussein: Yes, it goes back all the way to 2000 or 2002. Girls were being cut here in the UK. So it is not something that is happening out there—the image has always been of a girl in a village in Africa. It is not like that. It is happening literally right under our noses.

Chair: In the United Kingdom.

Leyla Hussein: I see that through my one-to-one work with the women.

Chair: Of course. If you could stay there, obviously we have other questions, starting with Dr Julian Huppert.

Q18 Dr Huppert: Thanks to both of you for all the work that you have been doing and for coming here and speaking. I have read some of your articles but hearing you say it here feels very different. Before I ask you the questions I wanted to, can I just check up on this issue about whether it is still happening in the UK? You said it was happening. Are you certain that it is definitely still happening in the UK? We have had people suggest that it is not.

Leyla Hussein: Obviously people are not going to come and tell me exactly where it is happening through my work, but in the communities that we work in, people say, "By the way, did you know this has been organised in parts of south London, west London?" For me, the missing link has always been the women who come to these services. They do not have travel documents but they have been mutilated. So where did they go to undergo FGM? For me that has always been a question that is never picked up on. We know it happens but no one would directly come and tell me or Nimco or any other anti-FGM campaigners because we will be ruining their business. I personally know women who come to my service who were cut in the UK between the 1980s to early 2000.

These are adult women with their own families, but even if they spoke out there is no support services for them. Where are they going to go? There are no rescue homes where girls can flee to. No one is going to speak out unless there are safety measures. I know that, from my own personal experience, by speaking out you are putting yourself in danger. You are constantly threatened, physically, mentally and emotionally. I have had to move house three times. As we speak I have a panic alarm in my house. There is a danger for anyone coming out and saying something. We definitely do know it is happening. I personally cannot say it is there or here but we know from the women we see that it is happening.

Nimco Ali: In terms of the legislation, I think one of the interesting things is that it is happening to adult women, and before he left office Keir Starmer spoke to the Attorney-General to clarify. If a woman is infibulated, where she is sewn up, and she is opened by the hospital and de-infibulated, that was not illegal under the FGM legislation. Woman who had been de-infibulated—the medical records were there—came back to deliver again in maternity wards and had been infibulated again. That legislation has been clarified, but the information is there. From the fact that adult women had been re-infibulated again then, anecdotally, you can take it that children are also being subjected to FGM. That is the kind of information that the police have. These things are happening, but they just do not know where it is happening. Those are some of the things that the Met are working with at the moment.

Q19 Dr Huppert: Thank you for clarifying all of that. The community pressure to keep this going seems to be very strong. Where do you think that is being pushed from? Is there a religious aspect to it or is it community leaders publicly doing it? Is it more behind the scenes?

Nimco Ali: It is the patriarchal context in which we live. One of the reasons that we started Daughters of Eve, our main aim was to mainstream the conversation to say that FGM does not happen because they are brown or because they are Muslims or whatever, and that it happens because they are girls. It is a form of control. That is essentially why it happens. It

is about controlling women's sexuality and women's aspirations to do anything. If a woman is in pain and she is busy and she is scared about what is going to happen to her, then ultimately she is never going to attain her full potential. That is essentially the reason why FGM happens. It has nothing to do with religion. It is all about power and control.

Q20 Dr Huppert: I hear what you say and I think your analysis for the reasons for it is right, but from all the stories that I have heard women do seem to play quite a strong role in imposing it on other women. How much do we need to deal with the entire community? How much of it is about the patriarchal dominance? What is the balance essentially?

Nimco Ali: It is about patriarchal dominance, because if a woman is in a situation where she has no access to safety herself and the only thing that she has been told is to ensure this happens or I will do it, then she thinks that is the only thing that she has to do. So I think in terms of a legislation background, I think you asked the question, "Why don't we have any prosecutions?" At the same time, somebody says, "But these people love their children." You are automatically tampering with the people that could come forward. In terms of who is complicit or who is coerced into it, it is about testing that case. A mother can be as guilty as a father can be guilty of the crime. A mother can be as much a victim as the child herself. That is something that we cannot speak for, so there is not a homogenous reason. We must ask why different people do it.

Leyla Hussein: The pressure comes from everyone. It is from the elderly women, the community leaders and religious leaders, because they do pay a key role in influencing the community. Yes, challenging them is part of the change, but, as Nimco was saying, there shouldn't be a discussion around, "Oh the community is pressuring them." It is just we don't know how to put it into context.

Nimco Ali: FGM does not happen out of context. For me it was really interesting—and that is why I took the time to think about it and look into it—that girls I knew did not think FGM was bad because they were also being overtly chastised. They were talking about being forced into marriage and they were being denied education and all these things. Those oppressions were important. I had the time just to think about this one form of oppression, "Where does it come from?" So it is about looking at the holistic form of control and oppression of these girls, full stop.

The sad thing is that I do think in certain populations FGM might reduce, but where FGM is taken out of the context, another form of oppression comes in, whether it is educating girls separately in single sex schools, religious education being more enforced, earlier marriage, when girls get married in their teens even though they think they have consented. Those things come in because it is about containing the power within a certain dynamic. So I think if we look at FGM separately on its own in a box then we are forgetting that it actually feeds into a lot of other things.

Q21 Dr Huppert: Following up from that, would you argue then that you should have compulsory sex and relationships education for everybody?

Leyla Hussein: Yes, absolutely.

Nimco Ali: Countless FGM films have been made. It is like, "In terms of awareness raising we need to make an FGM film" but I was a very British girl. You show me a picture about FGM and screaming and victimhood, I am like, "That is not me because I am going home to a four bedroom house and it is quite nice and nothing else is happening in my world." If you showed me FGM, rape, sexual harassment and all these things, I can place myself that all these things are happening because I am a woman. It is about bringing women together and saying, "It does not matter whether it is rape or this FGM, it all comes from a patriarchal kind of context."

The conversation that we have been having on the work that has been done around FGM being very successful is why we have a third generation of young women that are now talking about FGM. They are talking about rape and they are talking about sexual violence. That is also helping their mothers to identify the forms of oppression that they have come through, which they never saw as abuse before.

Chair: Thank you.

Q22 Dr Huppert: I could keep going but I suspect—

Chair: No, there is no need to, Yasmin Qureshi will.

Q23 Yasmin Qureshi: Firstly, thank you very much for coming to speak to us. You have been leading the campaign over a number of years on this particular issue. I think a lot of people perhaps have not realised how prevalent it is and obviously what the whole thing involves. I want to ask one short question before I ask a couple of more questions about multi-agencies who deal with these types of issues. I think you said that it is definitely still happening now. Is that the case though? Is it that all parents are putting their daughters through this or are the numbers of girls having to go through this much smaller now? Are we talking about 5% or 10% of the population, or 90% of young girls?

Leyla Hussein: My fear is that, when you deal and bring into the public arena a community issue and the violence that the community is hiding, it is going to go underground. Especially when communities migrate to other countries, they feel more need to hold on to their culture. For me it is not whether it is decreasing or increasing. My fear is whether it is one girl or 100 girls it is still happening. I think some of them will do it at a very young age where girls cannot even speak out, so for me that question—

Nimco Ali: Yes, I was going to say that. Last year in November, the UN did a prevalence report update looking at the 28 countries where FGM is still most common. In places like Egypt, it is 91%—75% of that is medicalised. Somalia is 98%. That is for both the south and the north, Djibouti. The prevalence rates in Africa haven't dropped and those—

Leyla Hussein: Egypt has actually gone up in the last—

Nimco Ali: Yes, in terms of the diaspora populations of those countries, it kind of comes back here. Ultimately, FGM is defined by the World Health Organisation. The clarifications of the FGM legislation say that FGM shall not be performed for cultural reasons and then defines "culture" as something that is happening in the 28 countries, but the actual act of trimming of the labia, the unhooding of the clitoris so on are things that are being performed in Harley Street. You have this kind of oxymoron where FIGO—the

International Federation of Gynaecology and Obstetrics—is saying to its member services, "Stop medicalising FGM." We think we are talking about Malaysia, Indonesia and Egypt but it is Harley Street as well. My concern is that an African Caribbean girl can go to Harley Street and ask for a clitoral unhooding, and that is not illegal. A Somali girl cannot go to Harley Street and ask for the same procedure because that is classified as happening for cultural reasons. If I have a dual heritage child that was half Somali and half English, the law does not protect her from being coerced at 13 or 14 having FGM. We need to be following suit with what Australia has done in banning all forms of genital surgery. This is what I mean about the clarification. Is FGM still happening? Yes. Why is it happening? How is it happening? It is a different question that we need to ask ourselves.

Q24 Yasmin Qureshi: Thank you for that. You are absolutely right the fear about people going underground and people hiding this. I was trying to see whether there has been any difference in the sense of percentages because, if it is possible to find out the percentages of young girls going through this, we could see whether any of the multi-agency guidance and the work that is being done has had any effect on the reduction of these types of incidents. Do you think that health care, education and other professionals perhaps have failed to follow some of the guidelines regarding the multi-agency approach to FGM then?

Leyla Hussein: The multi-agency guidelines would only be effective if someone actually picks it up and reads it. No one is going to pick it up unless it is compulsory, so that is where we failed from day one. Those who have used it have found it to be very useful. I personally feel they are great guidelines for all front-line professionals. My issue has always been, yes, in the UK we are recognising FGM as a safeguarding issue, but it is still not part of the child protection training. That is where we fail. We cannot see any improvement when no one has even picked it up to read it. Why should a very busy teacher pick up another book to read unless it is compulsory?

Nimco Ali: For me it is about a culture change in terms of the cultural perception of what FGM is. What is happening right now is individuals are policing and self-regulating saying, "I know this mother. She comes to my school every day," and the child comes in and says, "Miss, I think I am going on holiday. I am going to have FGM," or, "My mother is going to do this," or, "My parents are going to do it," and then, rather than passing on or reporting on what people are doing, they are trying to police that situation themselves. One of the key things is that the Met will say is they are not short of resources, they are just short of information.

If I can give you an example of an e-mail that I got from a teacher. She has a girl in her class—this was in June. She said that, last year, her brother went to the Gambia and had to sacrifice two goats in order to become a man. This year this girl is going to be taken and she is going to undergo FGM. She is sending this to an unfunded charity. She is not calling the police. She is not sending it to NSPCC. She is sending an e-mail to an unfunded charity saying, "This is going to happen. What do I do? This child is a beautiful learner." If that child came to you and said they were being systematically raped or they were being beaten you would report that on. So the problem is that, because we put FGM in this cultural cul-de-sac, people are not joining the dots. The multi-agency guidelines are amazing but we need to specifically say to teachers, "FGM is child abuse."

That e-mail came to me. I forwarded it to the Met but if it had gone to another overrun charity, would that e-mail have gone to the Met? What would have happened to that child? So these are the problems. It is the fact that people are thinking, "I will just have a conversation with the mother," and the mother will say, "I am not going to do FGM," and that is the evidence that is taken as gospel.

Q25 Michael Ellis: First of all, can I just say you both speak so very powerfully about this and so effectively? I wanted to thank you, among everybody here, for coming in and doing so. How can we stop this? We have already touched on this area, but for reasons that will no doubt be apparent to you—you will be asked by my colleagues in due course about the prosecutions, of which there is a dearth—it is obvious why prosecutions are quite difficult in a matter like this, but how can we stop it from occurring? We can talk about encouraging teachers to report it, but do you know of any other mechanism that is not being utilised, or any advice that you would give to this Committee or the Government about a mechanism that they could follow that might stop this?

Nimco Ali: Quite interestingly, before this sitting I bumped into Jane Ellison, who has been doing great work in terms of FGM—it sits with her in public health. I have worked in public health. When I first contacted Leyla, one of the things that midwives and health assistants were given were two things directly from Government: breastfeeding and reduction of smoking. That was in the red book. Every midwife and health assistant did the checks and would say, "Are you smoking? Is this a smoke free household?" and so on. You can do the same with FGM and other forms of genital-based violence.

It is like what happens with women who have been in a domestic abuse relationship before, or women who have used drugs before. If a woman who has had FGM gives birth to a female child, that child is at risk of FGM. You ask and you follow up the questions. If you know that, after having the conversations, there is still a substantial risk, then you follow on—you pass on that whole conversation. That is how you protect the child—by incorporating it within the system, you break the cycle. Leyla's daughter has not been cut, so the cycle in that family has been broken. We only have two girls in my family that have been born in the last 20 years—

Q26 Michael Ellis: But you would have to know that there is a cycle there in an individual family. Obviously you will know in some cases because of a health visitor or a nurse or something, but there may be many cases where you would not know, isn't that right?

Leyla Hussein: For me it comes back to this idea of making FGM another issue. We will never get rid of murderers, paedophiles or rapists, but there is a system that protects us from those people. As far as I am concerned, the same rules should apply for FGM, and for me one of the methods that really needs to be in place is in child protection training. Every teacher, every social worker and every midwife, and anyone who works with women and children, need to know that FGM is violence. We need to remove this community or culture aspect.

Q27 Michael Ellis: Yes, it is oppression.

Leyla Hussein: Yes, absolutely, and until we recognise it as that universally we are going to have this conversation in 30 years' time.

Nimco Ali: You will know a person has been through FGM when she presents at maternity, so it is about starting at the beginning with women presenting being asked. You do get asked questions. I do not know how many of you have been to midwives and have wives and so on, but your partner is asked to step out to get, for example, some water and the midwives specifically asks, "Is everything in the relationship okay? Is there domestic abuse or anything else?" That question can be asked when a woman is presenting. There are other signs: she is infibulated so you can see that she has had FGM. Those questions can be asked. That marker can be made just like with domestic abuse.

Leyla Hussein: Can I give an example of one of our co-founders, who is actually in the room? We cannot identify her at the moment, but she was one of the young women who came to one of our workshops where we talked about the effects of FGM and gave all the background. I remember this was an opportunity they used. There were five sisters. Two of them already had it done in Somalia, but the other two were taken away from the UK back to Dubai—Dubai is another hotspot for girls to be cut, so they were done. But what happened in this workshop is they came to me and said, "Leyla, we think our younger sister will be taken away. What do we do? How do we approach it with our family?" I remember at the time we gave them the FGM Act posters. They were only in their late teens at the time but they were in a position where they had to protect. The system wasn't there to protect them. But that young girl right now is an example of when the right information is passed on, the cycle can break.

Q28 Michael Ellis: Leyla, thank you very much for that. Can I just ask you one final point, because I think one of you touched on something that Australia is doing? You approve of the system that our Australian allies are doing. Could you touch on that?

Nimco Ali: Yes. Australia had a diaspora community from Indonesia, Malaysia and also some parts of Pakistan where FGM was practised. FGM was banned but then they saw the medicalisation. This is one of the other things. One of the key changes to FGM is the more we use words like "barbaric" and so on, the more it goes into medicalisation to be legitimised. Then Australia saw—through its own general population—that what the World Health Organisation had defined as FGM was happening in its own hospitals. They banned all forms of genital surgery alongside FGM. But here in the UK we have labiaplasty, which ironically is called FGCS—female genital cosmetic surgery. It is like healthy genitalia being mutilated for cosmetic purposes.

Leyla Hussein: We have had women who came for our services when midwives refused to reclose them, say, "We will go to these clinics and have it done." They can easily go and get that done.

Q29 Michael Ellis: Did the Australians ban it for people under the age of 18 or is it for everybody?

Leyla Hussein: No, it was totally banned.

Nimco Ali: What is interesting is the fact that the Royal College of Obstetricians and Gynaecologists are now looking at banning cosmetic surgery for under eighteens, and this is something that as feminists and with other organisations that we have been arguing because technically it is the third most common surgery with young women under 30, and

again that as we said to you, we are talking about the oppression of women's genitalia and the whole context.

Michael Ellis: That is very helpful. Thank you very much.

Q30 Mr Winnick: Ten or 15 years ago, it is unlikely that I would have known about this and, if I did have any information, I would have worked on the basis that there were only a few isolated cases around the world—nothing like what we now know. May I also echo what has been said by other colleagues? I do congratulate you on the way in which you have brought this so much into the public domain. You have certainly performed a public duty and you should be proud of what you have done.

Comparisons have been made with France. It is said that the criticism is that Britain has been a soft touch unlike France. The information is along the lines that so far in France, 100 people have been convicted. Does that tally with what you are aware of?

Nimco Ali: Yes, France does not have FGM legislation, so FGM is prosecuted under a GBH assault, like the common law that we have here. There have not been 100 separate cases. What happened was that, because there is no statute of limitations on something like FGM, a young French citizen who had undergone FGM as a child went to the police when she was an adult and reported it. The cutter had documented information of all the children that she had cut. They basically got one cutter who had cut over 100 children and the parents.

So there is this theory that France is doing this thing where it is great. I do agree with the fact that we shouldn't be specifically looking at just the FGM legislation in order to get a prosecution. We should be looking at an array of the laws that we have available to us in order to get a prosecution. Under the new law on neglect, if a child is taken out of this country, the mother could say, "I did not know. It was the uncle that did it. It was the cousin that did it," but being legally responsible for that child means that you are responsible for neglecting your duties as a parent. So we do have an array of legislation in order to get a conviction of FGM.

Leyla Hussein: Obviously the reason they got 100-plus convictions is again because the information is mainstream. So it is in the schools, and it is in your family doctors surgeries. It is on your TV. I know in the summer holidays that it is actually on the 7 o'clock news, so the information is out there and there are specialist services where survivors can go and have that safe space to be supported, because the fear is that a lot of the women—a lot of the young women who are going through this—cannot come out and say anything because, again, there are no support services and specialist support services. That is something that France has done quite well—not just France but also the Netherlands. The Netherlands as part of their school curriculum teach domestic violence and any form of sexual violence. FGM is part of it, so it has not been made into another subject. They look at it as violence against women and girls. It is looked at as one subject. That is why I think those two countries have done quite well in raising awareness, and also with the prevention work that is being done.

Q31 Mr Winnick: I am not sure where the convictions have led to in France. I haven't been able to secure the information. Was it a custodial sentence?

Nimco Ali: It was a custodial sentence. If we were going to follow anyone's example, we might follow the Netherlands and Sweden in terms of mainstreaming the conversation and talking about overt chastising. FGM is just illegal and criminal, and every single person, from the nursery teacher to the youth worker, are all trained up in FGM. Interestingly, what that led to was migration of predominantly FGM affected populations coming here to the UK. I know three young girls who were all born in Holland. Their mother brought them over here to the UK. This is the thing about the FGM legislation. They cannot be prosecuted and she knew. So there is more information within the practising communities around FGM legislation than you think there is. They play ignorant but they are not that ignorant.

These three girls had all been taken to Somaliland at the time to undergo FGM. I was 18. I went to pick up something from the house and a five-year-old opened the door, and I was like, "What are you wearing?" She was wearing this traditional clothing I had never seen a child wear and she was like, "Oh I got it when I had my bum cut," and I was like, "What is she talking about?" Then there were the three aunties sitting around like the three witches of Macbeth, talking about the fact that they had just subjected this girl to FGM. One of those girls is now 17 years old and she collapsed at school because she had been infibulated. That information is in the system but that has never been passed on. It had to come from me. It was 2002. That is when they had FGM. All three sisters have had FGM and there are two other female siblings in the family. We need to stop being politically correct and make sure that those two girls are looked after. You can put a child on the Child Protection Register because you know that the three sisters have had FGM. One of them has already given birth.

Q32 Chair: Do you think it is not an overreaction if you remove a child from a family in that—

Nimco Ali: It is not removing. You put the child on a Child Protection Register and actually follow through. You cannot prosecute for the three other girls, but you have medical evidence that one of them collapsed in school, and that she had to be de-infibulated. One of them has given birth. This is all public knowledge.

Chair: Thank you.

Q33 Mr Winnick: Are you working on the understandable assumption that the protection of the child is above all else.

Nimco Ali: Yes.

Mr Winnick: I think we would all agree with you. My last question is simply this. Some say there is sensitivity over race, and "We do not want to raise the issue." When I say "we", I mean people who are understandably and rightly concerned about race and community relations who say, "This is sensitive, it could be misunderstood." They do not condone this practice—a vile and evil practice—but nevertheless there is a sensitivity. Do you believe that is the position?

Nimco Ali: There is a sensitivity. Growing up in the UK, I was behind a wall. I grew up in a city where there was a large FGM-affected population. The MP at the time said it was racist to have these conversations with the community because these people, most of them,

are trying to resettle after some of their families were killed in war and so on. As he was saying, girls were being taken to Dubai, girls were being taken to London and having FGM. This was 1993 and that conversation is still going on. A child is a child wherever they are born, so we have an ultimate right to be protecting these children. If every child matters then they all should matter.

Leyla Hussein: I get the same thing from police and social workers. For me, you are being racist if you stay silent because you are saying, "A girl who is a brown colour is allowed to go through this but for a girl who is white, blonde and blue eyed, it would be an outrage." So for me, by staying silent, you are being racist. No, people should not sit there and say, "We need to be sensitive," or, "We need to be careful." This is a child and in this country we have laws that protect children, and we need to use them. That is really where I stand on this.

Q34 Mr Winnick: So you are saying, and I certainly agree with you, indifference to this sort of practice—torture being inflicted on young females—is a form of racism.

Leyla Hussein: Absolutely.

Nimco Ali: I think Desmond Tutu said that if you stay neutral on oppression than you are on the side of the oppressor. Ultimately, if you are staying silent while a child is being tortured, then you are on the side of the person that is committing the torture.

Mr Winnick: I thoroughly agree with you.

Q35 Lorraine Fullbrook: Given that FGM is an aspect of oppression and that females from a very early age are abused, specifically what can be done in UK legislation that would help protect the girls and women, and also get the message across and raise awareness in the communities that practice this?

Leyla Hussein: My background is not regular, but from what I understand from the UK legislation, it is the child that is put in a position where they have to give evidence. For example, if I cut my daughter's finger off, she would not have to give evidence against me because the missing finger is the evidence. She would not be put in that position. But, for some reason, if her clitoris is missing she will be put in a position where she has to give evidence against me. I think that is where the difficulty is with the FGM legislation. If she does not give evidence, the case is thrown out because that is how the Act has been written. So for me that is where the big loophole is. I do not know if you want to add something to that.

Q36 Lorraine Fullbrook: How do you think that can be filled, though, for the UK legislation?

Leyla Hussein: Well, that has to be taken away. It should not be on the child. Personally, I do not even think the FGM Act should be used. Like I said earlier, we already have laws that protect all forms of human beings, so, for me, scrapping it might be a solution. For me it has not worked and I do not think it will ever work if it stays in this state. We already have other laws that protect children. We should use that.

Lorraine Fullbrook: Use those?

Leyla Hussein: Absolutely.

Nimco Ali: I completely agree with that. One of the things that the outgoing DPP did, which the new DPP has carried on, is have conversations with the CPS, saying that we need to be trying to have cases without necessarily the witness coming forward. In the six cases that ultimately almost went to trial—the six cases that were referred to the CPS—the girls were put back into the family. Those are the kind of things that we are dealing with at the moment. If you want a prosecution, it is about giving justice to a girl that has already undergone FGM. There is this kind of theory that when we talk about FGM prosecutions, we are looking for a smoking gun and are looking to walk into a room where FGM is about to be carried out. We do not need any evidence. It is already there. Ultimately the evidence is sitting behind classroom doors. It is sitting in restaurants. So it is about how you protect those girls.

Q37 Chair: Indeed. Tell us about—

Q38 Lorraine Fullbrook: Can I just ask a further question?

Chair: Yes, of course, Lorraine.

Q39 Lorraine Fullbrook: Your mothers or grandmothers or aunts were involved with you both, and were involved with other girls it has happened to. Have you been able to convert any of them to speak out?

Leyla Hussein: My mum has been quite amazing and she has always supported my campaigning. It wasn't included in the final cut but there is a clip where I, my sister and my brother sit down with my mother to discuss it because we wanted the world to see the journey our family took. No. 1: my mother wasn't given the right information. She was under a lot of pressure. What my mum did with me and my sister was she paid the cutter extra money to make sure we did not undergo type III FGM, which is the infibulation type. So it was like a big family secret. I and my sister ended up having type I or type II—somewhere in the middle. For me, she was also a victim of the practice, but she still had a choice because I do meet girls my age who have not gone through FGM—their mothers made that choice. That change will happen but it has to be through the right information.

Q40 Lorraine Fullbrook: But your mother has now found her voice to speak out?

Leyla Hussein: Absolutely. She is a big cat. She has been my biggest supporter. I could not have done this campaigning without having that kind of support.

Q41 Chair: She must be extremely proud of you. Can you just tell us about the cutters? Are these cutters resident in the United Kingdom or are they coming from abroad with a visa to enter the country in order to do the cutting? Do you have any information to give to this Committee about where these cutters are from?

Nimco Ali: I think the Met would be more the place to say that because there is anecdotal information of people coming into the country. Again it is about—

Q42 Chair: Sorry, what was the answer? Are they coming in or are they resident here?

Nimco Ali: No, some of them are resident and some of them are coming in. *The Sunday Times* did their sting, having conversations with the dentists and also a traditional healer that would carry out FGM. But if you look at those guys, they would also do other kind of things. So if money is involved and there are reputable people they will—

Q43 Chair: They are here but they also could be coming from abroad?

Nimco Ali: Yes.

Chair: Yes. Paul Flynn has the final question.

Q44 Paul Flynn: Very briefly, the Somali community that I represent has long been dominated by their elders. The male elders decide what goes on in the community. Is there any sign with all the campaigns that are going on and the discussion of any change of mind by the Somali elders here, in the Netherlands, in Sweden? Have they had a look at this again and decided this is a cruel practice.

Leyla Hussein: It is a very difficult question to answer. I cannot personally decide whether their attitudes have changed. Again, this is a child protection issue, so it really does not matter whether their attitudes change. Yes, there is a change happening in the community because of those us who are working really, really hard at grassroots level trying to change attitudes. The problem with this campaign has always been that the practice is done for the men, but men have been missing from the conversation—men from the community or men outside the community. Again it goes back. I do not know why a change in attitude is even relevant to a child protection issue.

Nimco Ali: Yes. It is about gatekeepers, as I like to call them. Some of them are very resistant in terms of this conversation, but even if you find a few people that are anti-FGM, getting them to be pro-equality is quite difficult. He might object to FGM but wants his daughter to be married and wants his daughter to be respectable. This whole—I hate using the word "honour"—so-called honour concept is not just a Somali thing. It is also within our western society. Women's bodies have become the vessel on which men's honour is ultimately judged. So if you are a footballer, you have to marry a woman with inflated breasts and things like that. If you are from these communities, it is about having FGM in order to be married. There is this whole concept of empowerment of girls, but what is really interesting, and the reason why we get so many death threats, is the fact that, if you are changing the generation of girls that will stand up for themselves, that is ultimately something that these people on pedestals do not want.

Q45 Paul Flynn: What can we, as MPs and as a Select Committee, do to help?

Nimco Ali: Stop having all male Committees and stop having conversations about so-called communities with men because there is no homogeneous inflection. This is very key in Bristol, where I am. When you talk about Somalis, it is ultimately about addressing the men. Luckily we have a directly elected mayor that is independent, and he was independent because he came to speak to the women. That is the key thing.

Leyla Hussein: Yes, again, just to add to what Nimco said, it is to remove the words "community" and "culture" from this practice. It is violence. It is one of the worst forms of violence against women and girls. For me, I do not want anyone to be in the situation

where you are in a conversation negotiating with the perpetrators because, by having a conversation with somebody who agrees with FGM, you are agreeing to the practice.

Q46 Chair: In order to take away the race element and the community element, is it right that all women should be examined in exactly the same way to see whether they are the subject of FGM?

Leyla Hussein: For me, it would be more practical if, for example—and this is something most of us have always said—the moment a girl child is born, it should be alerted on her red book. The red book will go to the health visitor. The health visitor should pass that on to the nursery. The nursery should pass that on to the primary school teacher. Without even physically examining them, the parent knows that these children are being monitored. The school nurse will have that information and it will carry on until they are at high school. So we need to have such a system from birth.

Nimco Ali: To take away the race element, everybody talks about France and checking girls and whatever it is. There is a conversation about genitalia in France. In the UK, after the eight-week check, all children are weighed with nappies on and nobody actually talks about the genitalia. The NSPCC have applied a rule now to educate young people about their genitalia, about what can happen and what cannot happen. It is about engaging in that. The reason why we campaign in a creative way is that we found not just that women have been subjected to FGM, but that the general population are very disengaged and ill informed about their own genitalia.

Chair: Indeed. Nimco Ali and Leyla Hussein, you have given very powerful evidence to this Committee today—very harrowing evidence—about your own personal circumstances, but on behalf of all members of this Committee, I want to thank you for what you have said today and for leading the campaign that has made so many millions of people aware of this issue. In a sense, they have not been aware in the past. We have started our inquiry with yourselves as witnesses because of the contribution that both of you have made to this debate. We will be taking evidence from the DPP, from other individuals and organisations, and we may well be looking at practices abroad as well. Monitor us if you like to make sure that what we do is practical, because we are not experts in this—you are and you know those in the community who can help us further. Please do not hesitate to keep in touch with us so that we can all work together to end this horrendous and cruel activity, which of course is a terrible criminal offence. Thank you very much for what you have said today. We are most grateful. Thank you.

Examination of Witnesses

Witnesses: **Christine Townsend** and **Muna Hassan**, Integrate Bristol, gave evidence.

Q47 Chair: Christine Townsend and Muna Hassan, you have been sitting through that evidence. You know what this inquiry is about. I say to colleagues that we have half an hour with these witnesses because there is a vote at about 5.30pm. We will keep our questions as quick and as succinct as possible. Could you tell us what exactly does your group do in Bristol in order to educate girls and boys, men and women, and members of the community, about the horrendous effects of FGM?

Christine Townsend: We are an education-based organisation. We are founded by teachers and experienced youth workers and we do participant-led projects that are led by the young people that choose to take part. We are facilitators of their voice. We are not imposing a particular way of doing something or a particular project that they need to be completing. It is about how they want to proceed with their project and the messages that they choose to put across through the work that they do.

Q48 Chair: Muna Hassan, have you encountered opposition from parents or community leaders as regards your very important and effective campaign? Are people coming up to you and saying, "We don't really want to know about this. This is a community issue. We will handle it within the community"?

Muna Hassan: When we started the work, each child that joins has a permission letter sent home to make sure that their parents know that they are joining a charity that does work not just on FGM, but on violence against women and girls. Each parent signs that letter and that is how each child joins in. All the parents from the group of children in Integrate Bristol are very supportive of the work. The issue is that most people tend to go not to the parents of these children but to extended members of the community. When we started the work, they were very open about their opinions when it came to us doing the work. Quite a few of them were very against it and it was usually always men. There was one woman that was at the very forefront of stopping the work, but usually it was a group of men who were really against it. What they did is they tried to put pressure on the young people's parents, so that the parents could take the children out of the project. What that did was it only gave a voice to the young people's mothers who wanted them to do the work, because all of a sudden their young girls were coming home empowered and were talking about not just female genital mutilation but were talking about violence against women and girls in general.

Q49 Chair: How do you share your information with other organisations? Obviously Integrate Bristol is an example of a successful organisation. Are there other similar organisations in other parts of the country that work to try to discover how many people are involved in this?

Christine Townsend: We are not aware of any other organisation that exclusively works with young people around this. We know that Forward have youth groups—they work with groups of young people—but we are coming from a sector that is about children and young people, and it is about the skills and the understanding of how to work with that generation. Rather than FGM as a subject matter, it is about the skills and the knowledge and the support within the organisations around you, and that multi-agency working that is about the age group.

Q50 Mr Winnick: Ms Hassan, you were born and raised in Sweden.

Muna Hassan: Yes.

Mr Winnick: You make the point, am I right, that in Sweden schools include education about FGM in the curriculum?

Muna Hassan: I am not really sure of that question because I was nine years old. I am not 100% sure what they included in their education, but what I do know, especially from

hearing from family members in Sweden, is that they have an open discussion about FGM among their peers in school, and with the teacher sometimes. I do not know whether it is embedded within their curriculum and whether they do that through PSHE, which I think is compulsory there, or whether the teacher initiates the conversation on FGM.

Q51 Mr Winnick: So what is done in Sweden is certainly not being done in Britain at the moment. Is that what you are saying?

Muna Hassan: Yes. Coming from a secondary school that had a large practising community, not a single teacher ever approached me and spoke to us about FGM. Even though we were discussing violence against women and girls, FGM wasn't seen as violence against women and girls. It was just that other form of abuse people don't want to talk about.

Q52 Mr Winnick: Can I bring your attention to what you said in the interview about politicians—obviously British politicians, I assume—frightened of losing votes or being accused of racism, hence the reason nothing effectively is done. Do you think that is still true?

Muna Hassan: I think that recently, given what has been going on with Jane Ellison, who is doing amazing and incredible work within public health, politicians are not as scared of voicing their opinions. But I do think that politicians still to this day would rather talk to the men of the Somali communities than go to the women who are the heart of the communities. The mayor in Bristol, for example, went to the women and wanted to discuss the issues that faced them, and that got him votes, rather than going to a group of men and saying, "They speak for the entire Somali community."

Q53 Mr Winnick: Would you take the view that as far as racism is concerned, it would be racism to be indifferent to the victims of this practice?

Muna Hassan: Yes.

Chair: That is very helpful.

Q54 Michael Ellis: I think, Muna, you were born in Sweden—according to my briefing notes—and moved to the UK aged nine. Is that right?

Muna Hassan: Yes.

Q55 Michael Ellis: How does the UK compare to Sweden in dealing with FGM and also—either of you—are there any lessons from other countries? We spoke about Australia with the previous witnesses. Are there any lessons that the UK can learn from other countries and how they deal with FGM?

Muna Hassan: Talking to my mother about FGM and what she experienced in Sweden compared to when she came to this country, Sweden were very open when it came to FGM, especially having discussions with practising communities. Her midwife brought up the subject the day she found out she was pregnant. Even though they did not know the sex of the child they still brought up FGM and said, "Do you know the laws in this country?" They followed that up all the way till I was in nursery and so on. So my mother

said that, in Sweden, people were openly talking to her about FGM and the impacts of FGM. She came to a country where FGM wasn't even on the radar and schools did not even seem to be concerned. She was quite shocked that I was one of the first young people to actually do the work in this country because she thought, "Why wasn't this done 30 years ago?"

Christine Townsend: I am a teacher by profession and I led the curriculum area of personal health and social education, which is where sexual health education would fit. We have a problem in this country not only in relation to FGM, but in relation to all of the other issues around violence against women, mental health, emotional health, and drug and alcohol use, because schools can opt out if they wish and parents can opt out if they wish. I was the teacher that Nimco was speaking about earlier. I was able to get something into the curriculum at the academy that I was working in, but I had a fight year on year to try to get timetable space. I would get perhaps three or four staff members who were given PSHE to deliver because they had a couple of spaces on their timetable. That in itself gives the subject a status. We need to put some energy and some effort into forcing it up the education system. That is what happens in Holland. It is not just about this particular subject, it is around lots of other areas whereby young people are able to openly discuss this as a generation. It is the only place where young people discuss these issues as a generation, and that is where the social norms will change. That is where they get the empowerment from and that is what Integrate Bristol has been able to provide for them.

We set up Integrate because there was nothing. There were no structures within the school and there was nowhere to go with this so we needed somewhere else.

Michael Ellis: Well done, and thank you.

Q56 Dr Huppert: First of all, just to be very clear on the sexual relationships education, your view would be—disagree if you wish; I do not want to put words into your mouth—that it should be compulsory at all schools and for all pupils and there should not be exemptions for parents or schools? Is that right?

Muna Hassan: Yes.

Christine Townsend: I think it needs to be in the context of personal social and health education. Just taking relationships and sexual health would mean that you would leave out quite a lot of other things that are also issues for our young people. We are talking about FGM here, but there are issues for our young people around legal highs at the moment, for example, and that would also be the subject area where this would be openly and safely spoken about.

Q57 Dr Huppert: But the compulsory nature of it, you think it should be there for every pupil in every school?

Christine Townsend: Yes, I do.

Q58 Dr Huppert: Thank you. That is really helpful. In terms of FGM specifically, how much training do you think there is for teachers on this? How have you managed to get more in Bristol, if you have managed to, and what more should there be in the rest of the country?

Christine Townsend: I trained at Goldsmiths in 1996. I did not know then but it was considered one of the best PGCE courses in the country. I had nothing. One of my first teaching practices was with Elizabeth Garrett Anderson, which is a PSHE lead school in the country. I had no training during that time. I led training and planned the training that happened in school where we worked. I think that gives you some idea of where we are with the profession.

Q59 Dr Huppert: Have you managed to get any to happen in Bristol?

Muna Hassan: Integrate Bristol does session plans on how to train teachers when it comes to FGM. We use resources that the young people have created, such as Dilemma, which I am going to deliver for an Islington school tomorrow for the staff.

Q60 Paul Flynn: Just on the role of politicians, there are challenges with groups from different cultures. There are problems of forced marriages. There is a problem of consanguinity where there have been traditions in some areas of women being forced into marrying very close relatives, which results in a large number of birth defects. This is by far the worst example I think we have come across, but do you think it is the duty of politicians to speak out on this and to try to influence those communities, even though there would be very negative reaction from the males in those communities?

Muna Hassan: I feel like it is the politicians' job to speak out to the community because they were voted in by the community, and to compare that fear of being ridiculed by certain groups of men within that community with saving so many girls, especially these young girls, their futures and their sexual well-being. I feel with politicians they often think about votes rather than the young people and these young girls' voices.

Q61 Paul Flynn: I would like to have a long conversation with you about this. Do you think that the remedy suggested by the two previous witnesses of going through the system and monitoring the girls from a very early age is the way to reduce this, or is it better to try to influence the elders in the community to change their view?

Muna Hassan: I think it is through young people you will change the mindset of others. I know that through doing this work there were girls who thought FGM was fine and they did not really see what was wrong with it until they started to do this work, and then they realised, "I will never, ever cut my daughter because I know the implications of FGM." But with older members of the community they have already made up their minds. They either want FGM or they don't. They have made up their minds. It is the younger ones you need to influence. It is to them that you need to give the voice—that platform where they can speak about not just FGM but violence against women and girls in general.

Q62 Paul Flynn: Is there any hope of influencing the religious leaders of groups or are they set in their ways and unchangeable?

Christine Townsend: I think there are some. When we made "Silent Scream", we found a sheikh in Cardiff that was very open, and he came on film and was open about the fact that it is not in the Koran. There is a very weak khalif that mentions it. Sometimes the religious leaders themselves also do not want to take on that backlash. They do not want to take on those other issues as well. I think it is really important that we get political leadership,

particularly within the education sector. Part of the barriers that we faced as a school and as individual teachers is a lack of leadership. That is where the fear comes from. It is the fear that you are going to be the teacher or the head teacher that puts your head above the parapet and then all the ammo comes towards you.

Paul Flynn: Thank you very much.

Q63 Mark Reckless: Do you think it is possible to re-focus FGM as child abuse rather than treating it as a separate area?

Christine Townsend: I think so, yes. That is exactly the route we need to go down. I completely agree with what Leyla and Nimco were saying. I think the sector and the professions that have children and young people will see it once it is framed as that. I personally did not have an issue. I was like, "Why is this something else?" But certainly within Bristol, we are beginning to see that change—the understanding and that conceptual understanding that, yes, it is child abuse. Would you agree?

Muna Hassan: I think FGM is child abuse. There is no other way of saying it, so let's deal with it how we would deal with any other form of child abuse. Let's not "other" it. Let's not say, "Oh this is FGM and these are all other forms of child abuse." FGM is child abuse.

Q64 Mark Reckless: There is specific legislation relating to FGM. Do you think that is getting in the way of seeing it as child abuse pure and simple?

Muna Hassan: I think Leyla was right. We have other laws that protect young people and young girls from FGM. We can use them as well. I do not know why we are so focused on FGM legislation all the time. There are other laws there to protect all children in this country.

Q65 Chair: Thank you. Have you had any evidence from many of the children who you deal with about where these cutters are? Who are they? Are they doctors in the community? Are they people who come from abroad? Is there any evidence or information you have about them?

Christine Townsend: No. Because we deal with it as an issue, so as an organisation, we are not offering counselling or medical support. We are signposting our young people to that if they need it. A few years ago, there were rumours that there was a cutter in Bristol, but that was a few years ago. It was at the beginning of the recession, so the idea is that it was cheaper to bring one person over than to send lots of families abroad.

Q66 Chair: Yes. What about the nine point action plan of the Royal Colleges, which sets out a very clear guidance as to the need for health professionals to report this happening. Presumably you both support it and you want to see it implemented?

Christine Townsend: Yes, I would support reporting absolutely.

Q67 Lorraine Fullbrook: The e-petition that was backed by campaigners from Integrate Britain and *The Guardian* garnered huge amounts of support, and Michael Gove has agreed

to write to every school. This question is directed to both of you. What steps would you like to see next?

Muna Hassan: Compulsory training for all front-line staff.

Q68 Chair: Sorry, could you speak up, Ms Hassan.

Muna Hassan: I said compulsory training for all frontline staff and teachers, because they will be the first point of contact. A child might go to them and be like, "I am scared of having FGM," or, "I know someone who will have FGM." If your teacher does not even know what it is, how are they supposed to protect you? I think that is the next step—to make sure all staff are trained.

Q69 Lorraine Fullbrook: Would you agree with that?

Christine Townsend: Yes. I would agree that staff need the training, and the at-risk indicators need to be within—it is not just about the teaching profession, but about the admissions and the people looking at admissions. It is about all of those, including the learning support assistance, because everybody has a role to play in protecting children in this particular form of child abuse and in all of them. It needs to be across the board.

Q70 Mr Winnick: There is a dilemma about prosecutions. Much has been made of the fact—and rightly—that there has not been a single prosecution. An unsuccessful prosecution would obviously send all the wrong messages, while a successful one would generate the kind of publicity we would like to see. There is a dilemma, which you recognise presumably in your wish to see prosecutions against this vile practice.

Muna Hassan: I think seeing a prosecution would send a message to all communities, but prevention is what we need to focus on right now. To have a prosecution means a girl was mutilated, but to an amazing prevention system in place would mean all girls are well protected in this country. We have zero prosecutions to celebrate, but I guess we are still at the point where we are still talking about whether FGM should be talked about in the education system. We are talking about FGM at a completely different level compared to other forms of abuses.

Q71 Mr Winnick: You recognise the dilemma over a prosecution that could be unsuccessful?

Christine Townsend: I do. We are kind of where rape or sexual assault against children was perhaps 20 or 30 years ago. There is a long way to go with it I think, in terms of changing understanding and getting it into our system so that it comes out the other end. I think it would help and send a strong message, but the area we are interested in is getting to the hearts and minds, and educating and giving a voice to young people so that they can change it together.

Q72 Mr Winnick: Successful prosecutions, the first if it comes about as we hope, would undoubtedly generate a good deal of publicity that would send signals, would it not, to those who would otherwise not take notice?

Christine Townsend: Yes, absolutely and it would suggest that that particular system is working and it has come to a conclusion.

Mr Winnick: Thank you.

Chair: Muna Hassan and Christine Townsend, thank you very much for coming here today. You have come a long way from Bristol to be with us. We are most grateful. The Committee has started its inquiry. It will go on until probably the end of May. If you have any ideas of people who we should see as witnesses, please let us know. We may well come to Bristol as part of our inquiry, and if we do we will be in touch with you so that you could arrange for us perhaps to see some of the people who are in your organisation. But carry on with your very good work. We are very impressed with what you have done and you must feel that suddenly everyone is talking about this issue whereas you have been working away at it for many years. It is not quite the cavalry coming to the rescue but it is Parliament. Let's hope we can make some difference for you. Thank you very much for coming today.