HOUSE OF COMMONS

# Home Affairs Committee

## Oral evidence: Female Genital Mutilation, HC 390

Tuesday 12 July 2016

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Watch the meeting

Members present: Tim Loughton (Chair); James Berry (Chair); Victoria Atkins; Stuart C. McDonald; Mr David Winnick.

Questions 1-34

### Witnesses

I: Karen Bradley MP, Minister for Preventing Abuse, Exploitation and Crime.

# Examination of witnesses

Witnesses: Karen Bradley MP.

In the absence of the Chair, Tim Loughton was called to the Chair.

Q1 **Chair:** We are now going to carry on with our inquiry into female genital mutilation. Minister, I gather this is the first time you have been in front of our Committee.

***Karen Bradley:*** No, it is not.

**Chair:** I didn't think it was.

***Karen Bradley:*** I did appear before the last general election, when I came and did a general session, but yes this is the first time under this current—

Q2 **Chair:** I have been corrected—it is the first time in this Parliament.

***Karen Bradley:*** It is, yes.

Q3 **Chair:** It is long overdue. And it may well be your last in your current role before you go on to higher things under the new Prime Minister.

***Karen Bradley:*** I am not sure. Anyone can speculate on such things.

Q4 **Chair:** We tried to get your colleague, Mr Brokenshire, to speculate. You are not going to speculate?

***Karen Bradley:*** I think it would be highly inappropriate for me to speculate.

Q5 **Chair:** We are terribly disappointed. FGM: would you like to sketch out how big an issue that is for you at the moment in terms of your responsibilities? What sort of time does it take within the Department?

***Karen Bradley:*** Thank you, Mr Loughton. Should I address you as Mr Deputy Chair?

**Chair:** I am Mr Stand-in Chair, I think, so Mr Loughton will be fine. Apologies, Chairman Vaz is tending to the problems in the Labour Party at the moment.

***Karen Bradley:*** I understand, yes, that there may be some local difficulties.

**Chair:** A bigger challenge than you will have in front of this Committee, perhaps.

***Karen Bradley:*** Can I start by first of all paying tribute to this Committee for the work it has done over many, many years to highlight the issue of female genital mutilation? This really is a hidden crime and it is only by the work of Committees like this and other organisations that we can bring

this out into the open and start to change those cultural and other sensitivities that are hindering us and meaning that there are still people who believe it is appropriate to cut and mutilate young girls.

In terms of the amount of time I spend on FGM, it is an integral part of our violence against women and girls strategy. That, and all honour-based violence, takes up a reasonable amount of time, I think it would be fair to say. Thursday, as people may know, is the Karma Nirvana day of memory. Unfortunately, I am unable to attend their event up in Newcastle because of parliamentary business, but I will be sending a message. I did attend their event last year. How much time does it take? We have a dedicated FGM unit in the Home Office. It is something that I look at very regularly—I am going to say on a weekly basis at the very least. Probably more than once a week.

**Chair:** Right. There was a roundtable last week, which I think various members of this Committee attended, including Mr Berry, who will now ask some questions.

Q6 **James Berry:** Minister, I believe in the first quarter of this year there were 1,200 recorded cases of FGM and 11 of those involved Britons. Can I ask you simply why we are not seeing more prosecutions?

***Karen Bradley:*** The first thing to say is that we are starting to build a clearer picture of this problem, and that is because the NHS is now collecting data and we have mandatory reporting. We have data that show that between January and March this year, there were 1,242 newly identified cases. Of those, 29 women or girls under the age of 18 were at the point of their first attendance in a hospital, and 11 of the newly recorded cases related to women or girls who were reported to have been born in the UK. It is important to stress that of the cases that are identified by the NHS, the vast majority are of non-UK-born nationals on whom FGM was carried out overseas. They would not come within the criminal offences that we have for FGM here in England and Wales.

Why have we not seen more prosecutions? There was not a single referral to the CPS before 2010. Referrals are coming through, but the very nature of this crime is such that for the CPS to be able to take a prosecution forward and to have the knowledge and evidence that means they feel they will succeed in getting a conviction from that prosecution is not easy. You are in many cases expecting girls to give evidence against family members, there is great secrecy and there are cultural difficulties, so it is not the easiest thing. I have done many debates where people have said, "Clearly, FGM has happened. It is a crime. Why hasn't there been a conviction?", but this is about how we can get those cases to court—clearly, we have to have the proper due legal process—and get those convictions.

We introduced a lot of measures in the Serious Crime Act 2015, many of which were recommendations from this Committee, but lead FGM prosecutors have now been appointed by the CPS in each CPS area; there are joint protocols between the CPS and the police so we can help to get

evidence during investigations; and we have published statutory multi-agency guidance to assist in getting that all-important evidence in such a way that the CPS feels it can be taken to court to get that prosecution and conviction.

Q7 **James Berry:** From what I have seen, the CPS are doing their job as they should, applying the full code test, and the police are doing their job as they should in terms of investigating complaints and trying to build cases, but the primary difficulty appears to be getting victims or informants to come forward to the police, and come forward in such a way that they are willing to fully co-operate with the process. What can the Department and the FGM unit do to better encourage people to come forward?

***Karen Bradley:*** While we all want to see a successful conviction—it is absolutely clear that that is something we do want to see—we should also accept that if we get a successful conviction, that means that a girl has undergone FGM and has to live with the lifelong consequences of that, so we have done a great deal of work on prevention to try to stop FGM being carried out in the first place. We know from anecdotal evidence that the work that we have done on the prevention side, particularly last year—for example, we introduced the FGM protection orders on 17 July last year, just before the school holidays, and we have done work on training Border Force officers and others so they can help to identify and pass the information to families travelling overseas that if they take their child overseas and FGM is performed on them, they will be committing a criminal offence by the very fact that they are travelling with them—has a significant impact in terms of stopping FGM happening, but we have to change the cultural difficulties we have. That is why the FGM unit has reached so far—it reaches out to schools and community groups, and it works with NGOs and others that work with community groups—to make that point clear. This is child abuse. This is a crime. We will not tolerate it.

Q8 **James Berry:** At the FGM roundtable last week, there were two witnesses from the French system. It was very interesting to hear them explain to us why they have vastly more prosecutions than we have. Part of it is because of the different standard of culpability in French law—it is very different from the standard here—but it is also because the rates of detection are much higher there. They put that down to mandatory health screening of both boys and girls—not for FGM but for general purposes—two or three times throughout a child's early years. That picks up cases of FGM because the doctor, midwife, health visitor or whoever performs the examination sees the evidence. Do you think there is a case for considering that kind of mandatory and regular health screening of young children in the UK? It would pick up many cases of FGM.

***Karen Bradley:*** I have looked at the transcript of last week's session. There are a couple of points to make—more than a couple, actually. The first is that, as you rightly say, there is a different level of culpability in France. We have to think very carefully if we are looking at anything in the criminal justice system that reduces the threshold, given that we have a

legal and criminal justice system that I think we are all very proud of. I certainly wouldn't want to see anything that prevented people from having a fair defence.

The second point is that in France, they don't have a specific offence of FGM. We look at FGM and want to get the conviction for the specific offense of FGM; in France, they are looking at wider child abuse offences. It may well be the case, as it has been in some of the other crimes that I deal with, that for girls with FGM there has been a conviction for a different crime—the FGM wasn't detected but child abuse of some sort had gone on. That is quite possible, but we wouldn't know because we wouldn't have the information on that. Certainly, when you look at modern slavery, for example, a lot of the crimes that were committed were prosecuted under rape or false imprisonment before we had the Modern Slavery Act. All I am saying is that it may well be the case that there have been convictions under other child abuse and neglect measures.

On the point about routine examinations, I have a nervousness about introducing routine mandatory examinations of children—about whether we could have confidence that it would not be abused and would not be targeting specific ethnic groups. My understanding is that those examinations are not actually mandatory in France, but they are much more routine. I just have a nervousness about going down any route where we are forcing young people to have a very intimate examination, when I think we can find other ways to detect this crime.

Q9 **James Berry:** Finally, I have spoken to a number of groups and charities that deal with FGM and they have all been very complimentary about your work in engaging with them. If this is to be your last session before the Committee in your current role, would you recommend to your successor that they also have a dynamic engagement with the leading groups in this field to build confidence among victims and the communities from which they come, so that we can ensure that cases actually come forward?

***Karen Bradley:*** While I am continuing to do this job, which I will be doing until I am told otherwise, yes, absolutely. Should anybody else be doing this job—this is a slightly awkward situation—then of course I would recommend that, because it is only by breaking down those barriers within the communities and by education that we can get people to speak out.

Yesterday, I spoke at Church House at the launch of an initiative led by Rosa. This is the culmination of six years of work and of community groups coming together and trying to change attitudes. The testimonies you hear, particularly from the older women within family groups, is that they think this is the norm, that it should be done to their granddaughters and daughters, and that it would be wrong not to. To then hear them change their attitude is really heartening, but it needs a lot more work. We have a long way to go.

Q10 **Chair:** Before this becomes too much of a lovefest, can I ask this: is there evidence that the laws that France has brought in around FGM have led

to a decrease in incidents of FGM in France?

***Karen Bradley:*** I would have to check that point for the Committee. Perhaps I could write to you.

Q11 **Chair:** That would be helpful. Surely if there is empirical evidence to suggest—obviously, this is a difficult one to gauge without examinations and everything—that that is working in France, should the Home Office not be rather more urgently speaking to French colleagues to see whether we need to change the way the law operates in this country in order to prevent this from happening in the first place, and not just to track down those who are responsible for it?

***Karen Bradley:*** We introduced a number of significant changes in the Serious Crime Act 2015 that are only now—we are 12 months on. That was when we introduced FGM protection orders, mandatory reporting of FGM by professionals and lifelong anonymity for victims of FGM. These new measures take time to bed down. While we of course look across the world at the way this is tackled and at best practice, I have a nervousness about going further with that sort of invasion of privacy until we know whether the measures we have enacted—many of which, as I said earlier, were recommendations of the Committee—

Q12 **Chair:** But all the time you have a nervousness, this problem is affecting an awful lot of young women. To draw a parallel with historical child sexual abuse, there were a number of high-profile successful prosecutions, mostly around gangs, and then the Savile revelations led to a floodgate opening, with people coming forward with their cases of having been sexually abused. Many of those cases are now going through the courts and being successfully prosecuted. Something like 50% of all cases in the courts at the moment involve sexual abuse.

Is the problem here not that because of the complete absence of prosecutions—high profile or otherwise—there has not been an incentive or encouragement for those girls to come forward, with all the pressures upon them and the closed communities in which this is going on? In the absence of that, do we not need to look more urgently at where it has worked, in places like France, to see how we can encourage those girls to come forward out of the shadows? That is the essence of the problem, is it not?

***Karen Bradley:*** I fully appreciate the point you are making, Mr Loughton, and I do want to know where there is evidence that it is working, but we know that the new measures we have introduced—for example, data collection means that we have identified in the last quarter 1,242 cases that we did not know about, because we are collecting that information. By having mandatory reporting, we have seen FGM being reported to the authorities and to the police. Some 152 reports have been made to the police to date under the mandatory reporting duty for health, education and social care, and 46 FGM protection orders were granted between July 2015 and March 2016. Even in Staffordshire, where people think there can be no such thing as FGM, my schools are all now teaching about FGM. FGM protection orders have been applied, and it has been found.

Q13 **Chair:** Yes, but still not offenders being prosecuted.

***Karen Bradley:*** We have to give this time to see the new measures come through. These things are not quick. The CPS and others need time to get the evidence they need in order to bring a case forward. I am encouraging the CPS to do that as quickly as possible, but we are dealing with the English and Welsh legal system, which we all cherish.

Q14 **Victoria Atkins:** Are there any cases—not investigations, but cases that have been charged—outstanding at the moment in the criminal justice system that are waiting to come to trial?

***Karen Bradley:*** I know that referrals have been made to the CPS and that the CPS are considering whether they should take them forward to trial or not. I do not have a number today. I am happy to get a snapshot figure for the Committee, if that would be helpful, perhaps to the end of March.

**Victoria Atkins:** Would you mind? It seems to me that the CPS's feet need to be held to the fire on this one. If they are taking their time to make decisions or worrying about the law, given the failure of the first prosecution, we need to know whether there are any cases in the pipeline. I totally understand that sometimes courts get very busy and there is a delay before the trial happens. That would be very helpful information—

**Chair:** Order. It looks like the vote has come much earlier than anticipated. We need to carry this on, so we will reconvene as soon as we are quorate.

*Sitting suspended for a Division in the House.*

*On resuming—*

In the absence of the Chair, James Berry was called to the Chair.

**Chair:** Thank you for coming back, although I'm not sure you had a choice.

Q15 **Stuart C. McDonald:** Minister, it is going to be important in all this to build relationships with communities. First of all, from the policing point of view, what structures and policies exist within police forces to work with communities to identify cases of FGM and increase intelligence about the practice?

***Karen Bradley:*** I am sure that the Committee has seen the HMIC report on honour-based violence, which was published towards the end of last year. It is quite clear from that report that many forces have a significant amount of work to do. I am reassured that the discussions that I have had with HMIC and the national policing lead show that that has been taken on board, and that the police forces that were shown to be wanting have taken that inspection seriously and are taking steps to deal with it.

As I said earlier, Staffordshire was one of those forces that needed improvement in the HMIC report. I know for a fact, having worked on the

ground in my own county, that significant work has been done and that cases are now being identified, working with healthcare professionals and schools to make sure that there is a real understanding among professionals of how to spot the signs and indications and take action to report it accordingly. In the way that Ministers often do, I speak to nurses and so on and say, "Tell me what the response was like when you reported it to the police." The anecdotal evidence is that it is improving, but there is still a long way to go.

Q16 **Stuart C. McDonald:** Is there any evidence that the police sometimes come up against barriers when trying to engage with communities here? If so, what can the Home Office do to try to overcome such barriers?

***Karen Bradley:*** I think it wouldn't be unfair to say that the police often encounter barriers in all sorts of communities and groups they have to deal with. A lack of trust is often seen, particularly when you are talking about communities that may be diaspora communities and perhaps do not have a police force at home that they feel they can trust and rely on. They perhaps do not feel that people in uniforms are there to help them.

There will be significant training. The College of Policing is working to make sure that there is training for police officers, and has published authorised professional practice on FGM to make sure that it is clear how it should be approached. The FGM unit also works with community groups to make them understand that this is a crime. We have got a challenge here, which is to explain to communities that think FGM is normal that it isn't normal, that it is child abuse, that it is a crime and it needs to be reported to the police and that action needs to be taken.

**Chair:** Victoria Atkins, I think you were in the middle of your questioning.

Q17 **Victoria Atkins:** Just to confirm, Minister, you are going to write to the Committee regarding the number of cases that have been charged and are therefore in the public domain awaiting prosecution in court.

***Karen Bradley:*** Yes.

Q18 **Victoria Atkins:** Thank you for that. I am just wondering, listening to the evidence that you have given, whether we need to be very careful that we don't fall into the trap that the police and social services fell into when dealing with reports of long-standing and repetitive sexual abuse in Oxford, Rotherham and elsewhere. They fell into the trap of thinking that it was somehow politically incorrect to call out those groups of people who were sexually abusing young white girls.

I just wonder, when we have talked about mandatory checks and so on—don't we also have a duty to be frank about the communities that this is affecting? Representing a rural seat in Lincolnshire, the demographics are such that I suspect FGM is much less of an issue than in, say, parts of London or Birmingham. Is there anything we can do to make sure that the resources are being put forward to the communities where it will have the most impact, rather than a broad-brush approach to parts of the community where it just will not have any relevance?

***Karen Bradley:*** Yes. You are absolutely right. When I said earlier that in Staffordshire I represent a similarly rural seat, I was surprised that schools were doing FGM training—I was pleased that they were doing it within the schools, but we do need to focus our efforts on those communities where we know there is a higher prevalence. Although I have to say that, in the work I have done, it is clear to me that this is not just one religion or one diaspora group; this pervades many, many societies and I don't think we should just assume that it is only in one group.

What we have done through the FGM unit is to target and make sure that we are targeting those professionals who are more likely to come into contact with it, as a priority. Also, we have the violence against women and girls strategy, to which we have committed £80 million for this four years from 2016 to 2020, which is double what we committed in the previous Parliament.

One of the problems we have, to go back to the problem we have with commissioning services, is that it is too easy for local areas to commission services that are general, generic, one-size-fits-all services, rather than specialist services, which is what you need for FGM—there is no doubt about that—and for forced marriage and other honour-based violence. You really do need specialist services. That is quite a difficult thing for local commissioners to be able to do. If I take Staffordshire or Lincolnshire, for example, is there an impetus there within the local authority that they wouldn't want to commission a specialist service for something that they may see as being not terribly prevalent in their area?

So we are looking at how we can make sure specialist services can still be commissioned through centralised funding and through national statements of expectation, to make sure that, through that broad strategy, we do have those specialist services and those organisations that really do know how to get to the communities, to make sure that FGM is prevented in the first place.

Q19 **Victoria Atkins:** Just to be clear, if any person plans, makes telephones calls, arranges travel or does anything like that in the UK with the aim of facilitating FGM, they are committing a criminal offence? It doesn't matter that it happens in Africa or wherever it is happening; if they do the planning—if mums and grannies and other people do it—here in the UK, they are committing a criminal offence.

***Karen Bradley:*** They are. That is the change that was made in the Serious Crime Act 2015.

Q20 **Victoria Atkins:** I wonder if we are not coming across the same problems, in terms of the worry or the obvious fear that some victims will have about giving evidence against members of their family. Frankly, that is a fear that no one can really imagine—God forbid—unless they have tasted some of that evil themselves.

Looking at other areas, such as domestic violence and child sexual exploitation, where that fear is sadly also there, can the CPS not build cases against alleged offenders that do not just rely on the victim's

testimony? In other words, can it look at things such as absence from school, a change in a girl's behaviour when she comes back from holiday, whether aunts or figures or family members are meeting religious figures in the community or whatever, which can suggest that there may be some involvement in that world?

***Karen Bradley:*** Certainly the CPS can look at ways it can gather evidence in a way that, as you say, doesn't necessarily lead to the victim having to give evidence. I think the problem with the FGM offence itself, which might apply to other offences such as forms of honour-based violence, which we would prosecute under existing and known offences, but in an honour-based capacity—it may be possible to prosecute them in that way; I am not a prosecutor so I will not speak on behalf of the CPS—but the problem with FGM is that it is the crime of FGM that one needs to be able to prosecute. That is not just about the circumstantial evidence of the child being away from school or changing behaviour; we need to be able to see that actual FGM has been performed, who is the perpetrator and who actually intended to do that. We have got the additional offence of facilitating FGM, which is certainly also something we want to see the CPS prosecute. That offence is there and we want to see that being used, but the actual FGM itself requires a perpetrator and evidence that the perpetrator did it and that they intended to do it. You know the difficulties that one can have in trying to get a criminal conviction.

Q21 **Victoria Atkins:** If a girl is taken to a place, either in this country or abroad, and is found to have been a victim of FGM, I wonder whether we need to be a bit stronger about saying the parent in charge of that child should be hauled in for questioning. We could look at mobile phone records and try to build a case around the circumstances to try to save the victim from having to go through the nightmare of giving evidence—if they are able to, of course, because with younger victims that is not always possible.

***Karen Bradley:*** That is exactly why we have introduced the offence of facilitation, so we have that extra weapon that the police can use when it is not possible, and the evidence cannot be put together, to demonstrate who committed the FGM, but that there was definite facilitation and that it was the family who took the girl out of the country and to the place where the FGM was performed. That is why that offence has been introduced.

Q22 **Victoria Atkins:** We are coming towards—I dislike the phrase so I am not going to use it—the school holidays when, sadly, little girls in this country will go abroad and will come back in a very damaged state. What is the Home Office doing at airports to try to stop that happening?

***Karen Bradley:*** We have specially trained Border Force officers. I went and visited them in Heathrow last year. Last year I think 98 had been trained; more have been trained since that time. Again, I would be happy to furnish the Committee with the figures on the number of Border Force officers who have been trained to identify the signs of FGM. We have an FGM passport that is given to girls who are travelling to make it clear to them what the criminal offences are and how prosecutions can happen.

The Border Force officers are also able to take the family to one side and separate them so they can speak to family members individually and make it clear that, if FGM is performed on the girl, that is a criminal offence, and the fact that they are taking the girl overseas means that they would be guilty of a criminal offence. There is an awful lot of work being done at the border to make sure those girls are being identified in addition to work that the Department for Education funds in schools and with teachers to make sure they understand what to do if they see a girl being taken overseas.

We know that there are certain routes and places where we believe FGM is carried out—perhaps not travelling directly to the home country but via the Middle East. Perhaps the cutting is taking place in another country or in transit. That is why things such as passenger name records are so important to us. They give us evidence of the movement of those girls so that if, when the girl comes back, it is found that FGM has been performed on her, we are able to build that evidence up to get a criminal conviction.

Q23 **Victoria Atkins:** At the roundtable last week—sadly I was able to go for only a short time—we heard from a representative of the Royal College of GPs. I hope I am not misquoting her, but I got the impression that she didn't know who is collating evidence of FGM, in terms of mandatory reporting. The Chairman, Mr Vaz, asked her questions about how many cases had been reported, and she didn't know the number. That is not a criticism of her. I wonder whether the Government need to look at how the data is collated and what happens to it once a doctor sends in a report, in terms of analysing it across the country and in particular hotspots.

***Karen Bradley:*** We know that data collection has been a problem. That is why the NHS has started to collect this data. It is disappointing to hear that, because we contacted all GPs—about 8,000 practices across the country—and sent them FGM packs. Health Education England has delivered 22,000 training sessions in an e-learning session. There has been significant work. The Department of Health has put over £4 million into outreach to medical professionals to help them understand what FGM looks like, how to find the signs of it, how to identify it, and the mandatory reporting duty. It is disappointing to hear that, but it is clearly something that we need to look at.

Q24 **Chair:** Can I come back to Border Force? The parallel here is with people going off to Syria and the extra checks that have been brought in by airline staff at airports, for example when two 14-year-old girls in the middle of school term appear unaccompanied on a flight to Ankara, Istanbul or wherever it might be. What powers have our now better trained Border Force people got? Presumably they don't have the power to stop them on a faint suspicion that they may be going abroad, probably with a parent or somebody with parental responsibility, in order for FGM to be committed? It is really to hand them an advisory leaflet, or a more sophisticated form of a leaflet, is it not?

***Karen Bradley:*** We do have the FGM protection orders. It is possible to apply for an FGM protection order to stop a child boarding an aeroplane and apply to the courts for that civil order to prevent the child leaving the country. Their passport can be removed using that FGM protection order.

Q25 **Chair:** And how many times has that happened to somebody turning up at an airport?

***Karen Bradley:*** I cannot give you the numbers for that, but 46 FGM protection orders have been granted between July last year and March this year.

Q26 **Chair:** But probably not at an airport.

***Karen Bradley:*** I would have to check.

Q27 **Chair:** It would be useful to have that information. You are saying that this is what could protect them, but the Border Force staff are not actually issuing those protection orders—it is very difficult to show beyond what level of proof is required. When there is a strong suspicion, are there any arrangements with equivalent police and other agencies in the country of destination, particularly if we know it to be a major country for performing FGM, so that police forces can track those people, as we would expect them to do with potential terrorist extremists going over there, to see if it leads them to where these operations are being carried out? Have we got anything remotely as sophisticated as that, or does it really boil down to a leaflet handing-out exercise at airports?

***Karen Bradley:*** No, it is not simply a leaflet handing-out exercise. These are trained Border Force officers, and they are able to intervene if they feel that there is an immediate threat to a child's safety. We are talking about child abuse here, so they are able to intervene.

In terms of the organised criminality that there may be around this, clearly we have the existing international links maintained by the NCA and others and by the CPS, which has dedicated prosecutors in countries that we know are transit or destination countries. We work together with them to make sure that we find where the cutting houses are in which this is going on. The regional and local work we have done with DFID is very significant, to change attitudes locally but also to build that intelligence picture.

Q28 **Chair:** It would be helpful for the Committee to have some of those figures for where they have been applied at airports—because I suspect they may be minimal, if it has happened at all—and perhaps some evidence of the joined-up work going on with DFID. Where DFID, through various agencies in these countries, is identifying places where this cutting has happened, to be able to liaise with the Border Force and police forces over here it would be helpful to try to match up the destination with the prospective victims going abroad. More information on that would be really useful for the Committee, Minister.

***Karen Bradley:*** Of course, but it is worth saying that we are 12 months on from when we first introduced these powers, so we will have only a

limited snapshot. Clearly we will be doing a significant amount of communications and other work with the school holidays starting. I hope you will see quite a lot more on the TV screen shortly.

Q29 **Mr Winnick:** I would like to follow up on some of the questions put by Victoria Atkins. Has the Department any sort of estimate of the number of females who could be involved in being taken abroad, during what is referred to as the cutting season, in holiday time? Are we talking about 100, 200, less or more?

***Karen Bradley:*** A study in 2015 estimated that approximately 137,000 women and girls were affected by FGM in England and Wales and that about 60,000 girls were born to women who had themselves undergone FGM. Those are the sorts of numbers we are talking about who are at potential risk.

What is more difficult to drill down to is that, if one assumes that every girl born to a mother who had FGM performed on her is at risk of FGM, then the number is 60,000, but we know that that is not the case and that there have been cultural changes. Clearly, significant work needs to be done, but since summer 2014 nearly 58,000 people have completed our training course for professionals—our free FGM e-learning course.

**Mr Winnick:** How many?

***Karen Bradley:*** It is 58,000. So we are getting the message out there; we are getting people to understand this. I find it astonishing that when I was elected in 2010, nobody said the word "FGM" in Parliament—it just wasn't said—and now it comes up regularly in debates. Its profile has significantly increased, but we still have a long way to go, and we can only change that by working with those communities.

Q30 **Mr Winnick:** So in your view, Minister, are we speaking in terms of hundreds being taken in the course of the year, particularly in the time that schools break up, for this vile operation to be carried out? Would you say that was a fair assessment? If you could try to put any sort of figure on it—I know it is difficult, because they hardly register their intention to do so.

***Karen Bradley:*** I don't think I could put a figure on the number of girls who are at risk of being taken abroad this summer for FGM, but we are acutely aware of it. But I can go back to the Department of Health data that we are now collating, which showed 1,242 newly identified cases of FGM between January and March this year. Of those, seven were cases of FGM that had been performed in the United Kingdom, but about 98% of the 1,242 were cases of non-UK nationals, where the FGM had been carried out overseas, so that would not fall within the criminal offences we have for FGM here in England and Wales.

Q31 **Mr Winnick:** Unless I missed a question being put by someone else, during the roundtable meeting on this very important subject, the chief executive of the PSHE Association, which needless to say is an important organisation, said that "the amount of time given to PSHE in schools has

gone down by more than 20%". He went on to say, "I would say this is all about school accountability: what is measured and what is not, and what is statutory and what is not." Do you have any comment on or response to that?

***Karen Bradley:*** Clearly, PSHE is a matter for the Department for Education. I think the Education Committee made some recommendations with regard to that and I know the Department for Education is looking at that. Perhaps I can refer the Committee to the evidence session I gave earlier with the Children's Minister to the Women and Equalities Committee, where the issue of PSHE came up. I would say, from a Home Office point of view, that I hope all schools will take this matter seriously and that they will make sure that there is appropriate, age-appropriate education for all girls—and also for boys. We need to change attitudes of boys. The reason this is done to girls is that it is believed that a boy would not wish to be with them and marry them if they had not had this done to them. We need to change those attitudes. This is not just about women; it is about men, too.

Q32 **Mr Winnick:** Indeed. On funding, we were told at the roundtable conference—I did not attend—that funding is being reduced for PSHE. Do you have any figures that show that that is so or not so?

***Karen Bradley:*** I am afraid I do not have any figures. That would come under the Department for Education. I do not have those figures.

**Mr Winnick:** Will you write to us?

**Chair:** I think that is a matter that needs to come from the Department for Education, so we will make inquiries of them.

Q33 **Mr Winnick:** The last point I will make is on advertisements. On social media, in the newspapers and so on, is any action being taken along the lines of advertising the dangers of FGM, making young females, perhaps from families who might be more inclined to this vile practice, aware of the situation, and to make parents aware that this is illegal and that they could face prosecution and the rest of it?

***Karen Bradley:*** Yes. Working with partners, we use any method we can to get that information to the girls who might be affected and to their families. It would be done through whatever is the most appropriate way to get that information, based on the FGM unit's knowledge of that community, working with local community groups to ensure that that information is—

Q34 **Mr Winnick:** Do you think enough is being done?

***Karen Bradley:*** We are doing a significant amount, but we can always do more.

**Chair:** Minister, thank you very much. We wish you—or maybe your successor—well with this important work, and we wish you well in whatever happens to you in the forthcoming reshuffle.

***Karen Bradley:*** Thank you very much.