



House of Commons  
Home Affairs Committee

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# Female genital mutilation: follow-up

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Sixteenth Report of Session 2014–15

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House of Commons  
Home Affairs Committee

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# Female genital mutilation: follow-up

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Sixteenth Report of Session 2014–15

*Report, together with formal minutes*

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## Home Affairs Committee

The Home Affairs Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Home Office and its associated public bodies.

### Current membership

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Ian Austin MP (Labour, Dudley North)  
Nicola Blackwood MP (Conservative, Oxford West and Abingdon)  
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Yasmin Qureshi MP (Labour, Bolton South East)  
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Rt Hon Alun Michael (Labour & Co-operative, Cardiff South and Penarth)  
Karl Turner MP (Labour, Kingston upon Hull East)  
Steve McCabe MP (Labour, Birmingham Selly Oak)  
Bridget Phillipson MP (Labour, Houghton and Sunderland South)  
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Mark Reckless MP (UKIP, Rochester and Strood)

### Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the Internet via [www.parliament.uk](http://www.parliament.uk)

### Publication

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at [www.parliament.uk/homeaffairscom](http://www.parliament.uk/homeaffairscom)

### Committee staff

The current staff of the Committee are Tom Healey (Clerk), John-Paul Flaherty (Second Clerk), Dr Ruth Martin (Committee Specialist), Duma Langton (Committee Specialist), Andy Boyd (Senior Committee Assistant), Iwona Hankin (Committee Assistant) and Alex Paterson (Select Committee Media Officer).

### Contacts

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## Key facts

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- It is estimated that 125 million women and girls worldwide have undergone FGM.
- It is estimated that 3 million girls are subjected to FGM every year.
- It is estimated that 170,000 women and girls are living with FGM in the UK.
- It is estimated that 65,000 girls aged 13 and under are at risk of FGM in the UK.
- More than 2,603 women and girls who went through FGM have been treated by the NHS since September 2014.
- 499 women and girls with FGM were seen in acute NHS trusts in England in January.
- Over 200 FGM-related cases investigated by the police nationally in the last five years.
- It has taken 29 years since the criminalisation of FGM for the first prosecutions to be brought.

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# 1 Raising the profile of FGM

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1. We published our Report, *Female genital mutilation: the case for a national action plan*, on 3 July last year, shortly before the UK's first ever Girl Summit, which was held on 22 July, hosted by the Prime Minister and UNICEF. The Summit aimed to use UK leadership to lever a global movement to end female genital mutilation (FGM) within a generation, and brought together community leaders, grassroots organisations, governments, international organisations and the private sector to work together to tackle FGM globally. At the Summit, the Government also announced a package of measures to tackle FGM in the UK, which are currently being implemented.

2. Our inquiry, the Girl Summit, and the media campaigns in *The Guardian* and *The Evening Standard*, have raised the profile of this abhorrent form of child abuse. We heard from our witnesses that this is beginning to have an impact. Leyla Hussein, the founder of *Daughters of Eve*, told us that they were being contacted by many more women and that many professionals were seeking FGM training for their staff, with requests increasing from six a year to approximately 30.<sup>1</sup> Alimatu Dimonekene, an FGM campaigner and survivor, commented that there had been a massive change in the last two years “seeing the overall involvement from the political side, from the statutory agencies and communities coming together”.<sup>2</sup> Professor Nigel Mathers of the Royal College of General Practitioners also noted “a huge surge in interest and knowledge about FGM”.<sup>3</sup>

3. The increased profile and the joint working that has begun must continue. Leyla Hussein conveyed this when she explained that, due to work at all levels, there was now a more consistent approach. However, she added that “the media played a big part in this and having survivors at the forefront helped. I feel there is a political will but at the same time ... my worry is the media interest will die out unless we have some sustained action plans in place”.<sup>4</sup>

**4. The work that has been done by the media, politicians and most importantly by survivors and campaigners has raised the profile of FGM, so that many more people are aware of this horrendous form of child abuse. However, it is still the case that there have been no successful prosecutions for FGM in the UK in the last 20 years. This record is lamentable. The message must be repeated clearly: the practice of FGM is abominable and it must be challenged wherever it is found. A sustained campaign will increase awareness among professionals of the training that is available to them, and direct victims of FGM to the support services that are provided.**

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1 Q1 and Q9

2 Q34

3 Q86

4 Q11

## 2 Prosecuting FGM

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5. In our Report last year we concluded that a number of successful prosecutions would send a clear message to practising communities that FGM is taken seriously in the UK and will be punished accordingly.<sup>5</sup> We also noted that the first prosecutions were announced in a Crown Prosecution Service (CPS) press release in March 2014, only a matter of days before the Director of Public Prosecutions (DPP) appeared before the Committee.<sup>6</sup>

6. On 4 February 2015, Dr Dhanuson Dharmasena (together with another defendant) was found not guilty of performing FGM on a patient at the Whittington Hospital in north London. Dr Dharmasena, an obstetrics and gynaecology registrar, was alleged to have performed reinfibulation on a woman after she had given birth. Dr Dharmasena said that he had never before treated a woman who had previously undergone FGM, nor had he received any relevant training. He performed a single suture to stop postpartum bleeding. The woman herself made no request for Dr Dharmasena to be prosecuted.

7. The prosecution of Dr Dharmasena has attracted much criticism in the media. While we do not question Dr Dharmasena's innocence, the fact that the first ever prosecution for FGM resulted in acquittal is disappointing for FGM campaigners. Leyla Hussein told the Committee that the publicity generated from this prosecution sent out a very strong message to the practising community that the UK takes FGM very seriously. However, she thought the outcome of the case could discourage victims from coming forward if they thought it was unlikely to result in conviction.<sup>7</sup>

8. On 16 February, we received a response from Alison Saunders, Director of Public Prosecutions, to a letter from the Chairman which explained some of the details of the case. The letter refutes the claim that the first FGM prosecutions were brought only because of external pressure to be seen to be taking action:

the only reason that any prosecutions would be brought and are brought by the CPS is because the full Code test is met, and in this case, I was satisfied that there was both a realistic prospect of conviction and that it was in the public interest to prosecute ... I can confirm that the evidence ... was carefully reviewed at every stage of the CPS conduct of the case. ...

Once all the evidence is received and the Code Tests satisfied, it is the duty of the CPS to authorise prosecution. We are not entitled to wait for a case in which the evidence is stronger ... nor could we wait until a "classic" case was submitted ... We of course knew this would be a difficult case as the first FGM prosecutions but we do not shy away from bringing such prosecutions, provided the Code test is met.<sup>8</sup>

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5 Home Affairs Committee, Second Report of Session 2013–14, [Female genital mutilation: the case for a national action plan](#), HC 201, para 35

6 "[First prosecutions for female genital mutilation](#)", Crown Prosecution Service press release, 21 March 2014

7 Qq5-6

8 [Letter from Alison Saunders, Director of Public Prosecutions, to the Chair of the Committee, 16 February 2015 \(FGM0001\)](#). The Full Code Test is set out in the [Code for Crown Prosecutors](#) (Crown Prosecution Service, January 2013).



9. The DPP also explained that increased prosecutions and convictions for FGM could only be secured by greater multi-agency collaboration and more referrals to the police. The CPS work closely with the police in relation to potential FGM cases, liaising regularly to discuss and advise the police on the steps they are taking to identify and investigate such offences. The CPS has set up a network of lead FGM prosecutors to ensure that experience is shared nationally. The DPP has also suggested possible changes in the law to reflect the particular problems in such cases relating to jurisdiction, parental liability and mandatory reporting, which she hoped would increase referrals to the CPS.<sup>9</sup>

10. The Committee welcomed the first prosecution under the Female Genital Mutilation Act 2003 brought by the DPP a few days before she was to appear before the Committee as part of our first report into FGM. The first prosecution under the Act was a problematic case: it was not a “classic” example of primary FGM involving a child, and the defence argued successfully that the defendant’s actions were clinically indicated and were in the best interests of the patient.

11. In Heartlands Hospital in Birmingham alone, 1,500 cases of FGM were recorded over the last five years, with doctors seeing six patients who have undergone the procedure each week. There seems to be a chasm between the amount of reported cases and the lack of prosecutions. Someone, somewhere is not doing their job effectively. The DPP informed the Committee that she could only prosecute on the basis of evidence, the police said that they could only investigate on the basis of referral, and the health professionals told us that they could not refer cases because their members were not fully trained and aware of the procedure. While agencies play pass the parcel of responsibility, young girls are being mutilated every hour of every day. This is deplorable. We wish to see more prosecutions brought and convictions secured. This barbaric crime which is committed daily on such a huge scale across the UK cannot continue to go unpunished.

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9 [Letter from Alison Saunders, Director of Public Prosecutions, to the Chair of the Committee, 16 February 2015 \(FGM0001\)](#)

### 3 Female genital cosmetic surgery

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12. During our inquiry last year, we were told that section 1 of the Female Genital Mutilation Act 2003 included an exemption for surgical operations, which might allow medical practitioners in the private cosmetic industry to conduct FGM.<sup>10</sup> We recommended that the Government examine whether there was a double standard in the current treatment of female genital cosmetic surgery and FGM under the law, and whether there is a case for prohibiting all such surgery on girls under the age of 18, except where it is clinically indicated. The Government response stated that the Female Genital Mutilation Act 2003 did not contain any exemption for cosmetic surgery, that the Government did not believe that the 2003 Act itself created double standards, and that it had no plans to amend the Act specifically to prohibit female genital cosmetic surgery.<sup>11</sup>

13. Despite the reassurances in the Government response witnesses told us that there is still some confusion, and the appearance of double standards. Detective Chief Superintendent Keith Niven of the Metropolitan Police, told us that while the law was “very clear” that this type of cosmetic surgery constituted FGM, there was confusion as to the practice of the law. He added that “there is a debate to be had on whether or not the ‘designer vagina’ and the cosmetic surgery falls within ... the legislation” and said that more clarity was required.<sup>12</sup> Janet Fyle, of the Royal College of Midwives, told us

We could be accused of double standards if we are saying to the communities, “You cannot do that” but we are saying to doctors and surgeons, “Yes, of course, you can do that if you give anaesthetic and have a very nice room where you can put the girl”.

She added that older girls were at a greater risk of being taken to a private clinic.<sup>13</sup> Leyla Hussein argued that the patriarchal impulse behind FGM and cosmetic surgery was the same and that it was dangerous to label one as being barbaric and abusive while allowing the other to take place.<sup>14</sup> Alimatu Dimonekene told us of one pro-FGM campaigner who was using images of women who were having genital cosmetic surgery, accusing the UK of having a hypocritical attitude to FGM.<sup>15</sup>

**14. Despite the Government’s assurances that there is no ambiguity in the law relating to female genital cosmetic surgery, our evidence demonstrates that the police, midwives and campaigners would all like to see greater clarity on this point. We cannot tell communities in Sierra Leone and Somalia to stop a practice which is freely permitted in Harley Street. We recommend that the Government amend the Female Genital**

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10 Home Affairs Committee, Second Report of Session 2013–14, [Female genital mutilation: the case for a national action plan](#), HC 201, para 90. See subsections 1(2) to 1(5), which provide an exemption for “a surgical operation on a girl which is necessary for her physical or mental health, or ... on a girl who is in any stage of labour, or has just given birth, for purposes connected with the labour or birth”.

11 [Government response to Female genital mutilation: the case for a national action plan](#), Cm 8979, Pp14-15

12 Qq 74-75

13 Q113

14 Q32

15 Q42

**Mutilation Act 2003 in order to make it very clear that female genital cosmetic surgery would be a criminal offence.**

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## 4 Safeguarding at-risk girls

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15. Professor Mathers of the Royal College of General Practitioners told us that, as a result of the increased focus on FGM, the College had introduced an e-module on FGM, which doctors could use as part of their continuing professional development. Work was also being done to improve the collection of data on the prevalence of FGM.<sup>16</sup> Alimatu Dimonekene told us that a large number of Clinical Commissioning Groups (CCGs) were now asking for GPs to have some form of FGM training. She suggested that this training, and guidance that was published in October last year, was having an impact, as there seemed to be a greater understanding of FGM among GPs.<sup>17</sup>

16. Leyla Hussein told us that all professionals, not just doctors, required much more FGM training, and was disappointed that mandatory training for those who work with women and children had not been an outcome of the Girl Summit. She thought that FGM training could easily be part of their child protection training and would meet a particular need of professionals who were seeking help to know what signs to look out for and what action to take. This would relieve some of the burden from FGM campaigners, and would also spread awareness of FGM more easily around the country.<sup>18</sup> Alimatu Dimonekene noted that it was important to involve teachers and schools, arguing that “with having teachers on board ... we can eradicate FGM in the UK”. She thought that both the time that teachers spent with young people, and the safe space that schools could provide was of great importance.<sup>19</sup>

17. In addition to doctors and teachers, the police have also made progress in their attempts to prevent FGM. Last year, we welcomed the work of the Metropolitan Police Service, Border Force and the National Crime Agency in jointly conducting Operation Limelight, a proactive airside operation looking at flights to and from countries where FGM is practised. Detective Chief Superintendent Niven told us that intelligence from the Operation suggested that it was deterring people from taking their children abroad because they knew that they might get caught coming back into the country.<sup>20</sup>

**18. Doctors and health workers are in the front line in the fight against FGM. We do not believe that enough is being done by the Royal Colleges to encourage their members to report cases of FGM. Given the recent prosecution there may be an even greater reluctance to do so, however, we consider that it is imperative that the Royal College of GPs inform every single doctor about this practice and give them an indication of where adequate training can be provided.**

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16 Q86 and 89

17 Q37

18 Q2

19 Q40

20 Q69

## 5 Government action since June 2014

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### The Serious Crime Act 2015

19. The Serious Crime Act 2015, which was introduced as a Government Bill in June 2014, seeks to extend the extra-territorial offences by amending the Female Genital Mutilation Act 2003, to provide anonymity for victims of the offence, create a new civil protection order, create a new offence of failing to protect a girl from FGM,<sup>21</sup> and provide for statutory guidance on matters relating to FGM.<sup>22</sup> In addition, the Act places a duty on healthcare professionals, teachers and social care workers, to notify the police when, in the course of their work, they discover that an FGM act appears to have been carried out on a girl who is under 18.<sup>23</sup>

20. Leyla Hussein told us that she was in favour of mandatory reporting because it would safeguard those who are at risk, but was concerned about how that message would be received by professionals who have never heard of FGM and are being told to report it.<sup>24</sup> Alimatu Dimonekene was cautious about imposing sanctions on those who failed to report FGM, arguing that “it starts off with training, because we cannot start penalising until we know for sure that we have given the right information and the right tools to those professionals”.<sup>25</sup>

21. Detective Chief Superintendent Niven welcomed the prospect of mandatory reporting and he was optimistic that it would provide the police with the information and referrals to enable them to investigate offences.<sup>26</sup> In the financial year 2013–14, the Metropolitan Police received 81 referrals. For 2014–15, they had received 83 referrals as of January, which suggests a significant but modest increase.<sup>27</sup>

**22. We welcome the steps that the Government have taken to strengthen the law related to FGM. In particular, we welcome the provision in the Serious Crime Act to introduce mandatory reporting of FGM, by healthcare professionals, teachers and social care workers, to the police. This should help to bring about further prosecutions, sending a strong message both in the UK and overseas. However, it remains unclear what would happen in the event that a professional should fail to make a report. We recommend that the Government set out the sanctions that may apply when a professional has failed to meet their duty, which should range from compulsory training to a criminal offence for intentional or repeated failures.**

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21 [Serious Crime Bill, Research paper RP 14/67](#), House of Commons Library, December 2014

22 [Explanatory Notes to the Serious Crime Bill, \[Bill 136 \(2013-14\) – EN\]](#), Page 4

23 *Ibid.*

24 Qq 27-28

25 Q36

26 Q62

27 Q46

## Funding for campaigners

23. Where a practice has deep cultural roots, challenge from within the communities where it takes place is more powerful than challenge from outside. In our Report last year, we highlighted the crucial role the Government has to play in enabling community-based initiatives that seek to break down the powerful social norms that underpin FGM. We additionally called for an increase in funding from the Home Office to support engagement work by voluntary organisations, which then stood at £100,000.<sup>28</sup> The Government announced in their response that, in partnership with NHS England, the national FGM prevention programme was to receive £1.443million, designed to improve the way in which the NHS tackled FGM.<sup>29</sup> Jane Ellison MP, Parliamentary Under Secretary of State for Public Health, has also highlighted the Department of Health's resolute approach, saying "FGM devastates the lives of women and girls and we are committed to ending this brutal practice in one generation".<sup>30</sup> In contrast, during our recent Westminster Hall debate, Rt Hon. Lynne Featherstone MP, the Minister for Crime Prevention at the Home Office, could only announce £370,000 funding for community organisations, consisting of a £270,000 European fund and a £100,000 Home Office fund.

24. Detective Chief Superintendent Niven thought that funding should be made available for community projects, in particular for outreach workers who were able to provide information to the police. Leyla Hussein, one of the most prominent campaigners in this field, told us that she did not receive any Government funding. Alimatu Dimonekene told us that, following her speech at the Girl Summit, she was approached by so many people, both locally and on social media, that she set up a community group in Enfield. She too confirmed that she had not received any Government funding.

**25. We commend the work done by Jane Ellison MP in the Department of Health to spearhead their work against FGM. This has produced results and significant funding for a programme aimed at health professionals. We urge the Home Office to follow this example, and step up to the mark by providing funds for the tireless campaigners such as Leyla Hussein and Alimatu Dimonekene. These are the people who can reach out to communities and bring back information and intelligence to the police, so that investigations can take place and prosecutions be initiated.**

## Communication with campaigners

26. One effect of the action that has been taken by the Government has been the impact on campaigners, many of whom also provide support services for survivors. Leyla Hussein told us that decision-makers have made announcements without consulting campaigners. She explained that many people, believing mistakenly that she had had a hand in a Government decision, would criticise her for it.<sup>31</sup> She added that there was only so much backlash that campaigners could withstand.<sup>32</sup>

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28 Q104

29 [Government response to Female genital mutilation: the case for a national action plan](#), Cm 8979, p4

30 "[FGM campaigners given Government cash to fight 'cruel practice' in Africa](#)", Evening Standard, 6 February 2015

31 Q12

32 Q20

27. The Government needs to be aware of the impact that its decisions have on FGM campaigners within practicing communities. We recommend the establishment of an advisory panel of FGM campaigners, which should be consulted before any major policy decisions are taken and also act as a sounding board to ensure that sufficient action is taken. The panel should advise on both the substance of policy decisions and on the way in which policies are to be communicated to the target communities, recognising that the final decision on these matters will rest with ministers.

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## Conclusions and recommendations

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### Raising the profile of FGM

1. The work that has been done by the media, politicians and most importantly by survivors and campaigners has raised the profile of FGM, so that many more people are aware of this horrendous form of child abuse. However, it is still the case that there have been no successful prosecutions for FGM in the UK in the last 20 years. This record is lamentable. The message must be repeated clearly: the practice of FGM is abominable and it must be challenged wherever it is found. A sustained campaign will increase awareness among professionals of the training that is available to them, and direct victims of FGM to the support services that are provided. (Paragraph 4)

### Prosecuting FGM

2. The Committee welcomed the first prosecution under the Female Genital Mutilation Act 2003 brought by the DPP a few days before she was to appear before the Committee as part of our first report into FGM. The first prosecution under the Act was a problematic case: it was not a “classic” example of primary FGM involving a child, and the defence argued successfully that the defendant’s actions were clinically indicated and were in the best interests of the patient. (Paragraph 10)
3. In Heartlands Hospital in Birmingham alone, 1,500 cases of FGM were recorded over the last five years, with doctors seeing six patients who have undergone the procedure each week. There seems to be a chasm between the amount of reported cases and the lack of prosecutions. Someone, somewhere is not doing their job effectively. The DPP informed the Committee that she could only prosecute on the basis of evidence, the police said that they could only investigate on the basis of referral, and the health professionals told us that they could not refer cases because their members were not fully trained and aware of the procedure. While agencies play pass the parcel of responsibility, young girls are being mutilated every hour of every day. This is deplorable. We wish to see more prosecutions brought and convictions secured. This barbaric crime which is committed daily on such a huge scale across the UK cannot continue to go unpunished. (Paragraph 11)

### Female genital cosmetic surgery

4. Despite the Government’s assurances that there is no ambiguity in the law relating to female genital cosmetic surgery, our evidence demonstrates that the police, midwives and campaigners would all like to see greater clarity on this point. We cannot tell communities in Sierra Leone and Somalia to stop a practice which is freely permitted in Harley Street. We recommend that the Government amend the Female Genital Mutilation Act 2003 in order to make it very clear that female genital cosmetic surgery would be a criminal offence. (Paragraph 14)



## Safeguarding at-risk girls

5. Doctors and health workers are in the front line in the fight against FGM. We do not believe that enough is being done by the Royal Colleges to encourage their members to report cases of FGM. Given the recent prosecution there may be an even greater reluctance to do so, however, we consider that it is imperative that the Royal College of GPs inform every single doctor about this practice and give them an indication of where adequate training can be provided. (Paragraph 18)

## Government action since June 2014

6. We welcome the steps that the Government have taken to strengthen the law related to FGM. In particular, we welcome the provision in the Serious Crime Act to introduce mandatory reporting of FGM, by healthcare professionals, teachers and social care workers, to the police. This should help to bring about further prosecutions, sending a strong message both in the UK and overseas. However, it remains unclear what would happen in the event that a professional should fail to make a report. We recommend that the Government set out the sanctions that may apply when a professional has failed to meet their duty, which should range from compulsory training to a criminal offence for intentional or repeated failures. (Paragraph 22)
7. We commend the work done by Jane Ellison MP in the Department of Health to spearhead their work against FGM. This has produced results and significant funding for a programme aimed at health professionals. We urge the Home Office to follow this example, and step up to the mark by providing funds for the tireless campaigners such as Leyla Hussein and Alimatu Dimonekene. These are the people who can reach out to communities and bring back information and intelligence to the police, so that investigations can take place and prosecutions be initiated. (Paragraph 25)
8. The Government needs to be aware of the impact that its decisions have on FGM campaigners within practicing communities. We recommend the establishment of an advisory panel of FGM campaigners, which should be consulted before any major policy decisions are taken and also act as a sounding board to ensure that sufficient action is taken. The panel should advise on both the substance of policy decisions and on the way in which policies are to be communicated to the target communities, recognising that the final decision on these matters will rest with ministers. (Paragraph 27)

# Formal Minutes

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**Tuesday 10 March 2015**

Keith Vaz, in the Chair

Michael Ellis  
Paul Flynn

Dr Julian Huppert  
Mr David Winnick

Draft Report (*Female genital mutilation: follow-up*), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 27 read and agreed to.

*Resolved*, That the Report be the Sixteenth Report of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Tuesday 17 March at 2.30 pm]

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## Witnesses

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### Tuesday 27 January 2015

<b>Leyla Hussein</b> , Daughters of Eve	Q 1-33
<b>Alimatu Dimonekene</b> , FGM Campaigner and Survivor	Q 34-42
<b>Detective Chief Superintendent Keith Niven</b> , Metropolitan Police	Q 43-81
<b>Professor Nigel Mathers</b> , Royal College of General Practitioners, and <b>Janet Fyle</b> , Royal College of Midwives	Q 82-115

## Published written evidence

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- 1 Alison Saunders, Director of Public Prosecutions ([FGM0001](#))

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## List of Reports from the Committee during the current Parliament

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All publications from the Committee are available on the Committee's website at <http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/publications/>

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Fourth Report	Her Majesty's Passport Office: delays in processing applications	HC 238
Fifth Report	Police, the media, and high-profile criminal investigations	HC 629
Sixth Report	Child sexual exploitation and the response to localised grooming: follow-up	HC 203
Seventh Report	Effectiveness of the Committee in 2012-13	HC 825
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Fifth Report	E-crime	HC 70
Sixth Report	Police and Crime Commissioners: power to remove Chief Constables	HC 487
Seventh Report	Asylum	HC 71
Eighth Report	The work of the UK Border Agency (Jan–March 2013)	HC 616
Ninth Report	Pre-Lisbon Treaty EU police and criminal justice measures: the UK's opt-in decision	HC 615

Tenth Report	Leadership and Standards in the Police: follow-up	HC 756
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Fourth Report	Private Investigators	HC 100
Fifth Report	The work of the UK Border Agency (Dec 2011–Mar 2012)	HC 71
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