

EQUALITIES AND HUMAN RIGHTS COMMITTEE

FEMALE GENITAL MUTILATION (PROTECTION AND GUIDANCE) (SCOTLAND) BILL

SUBMISSION FROM CEMVO SCOTLAND

CEMVO Scotland is a national intermediary organisation and strategic partner of the Scottish Government Equality Unit.

Our aim is to build the capacity and sustainability of the ethnic minority (EM) voluntary sector and its communities. Since being established in 2003, we have developed a database network of over 600 ethnic minority voluntary sector organisations throughout Scotland to which we deliver a wide range of programmes that provide capacity building support to the sector

As a national organisation, we continually engage with the EM voluntary sector and its communities, which enable us to gather intelligence about the needs and issues affecting the sector. This helps our organisation to deliver tailored support to the sector, and to work strategically with public, statutory, and government agencies to tackle a range of prevalent issues such as race equality, social inclusion, capacity building and civic participation.

Over 200 million girls and women worldwide are living with the effects of FGM. Every year 3 million girls and women are at risk of being cut and exposed to harmful health consequences. In 2011, an estimated 103,000 women aged 15–49 with FGM were living in England and Wales. ¹

Globally FGM is concentrated in sub-Saharan African countries from the Atlantic Coast to the Horn of Africa, but women in other countries including Iraq, Oman, Yemen, Indonesia and Malaysia, are also affected. Global migration means FGM is now a worldwide health issue. It is a form of violence against women and children, with no benefits and many harms. Therefore, Cemvo Scotland welcomes the introduction of the Female Genital Mutilation (Protection & Guidance) (Scotland) Bill.

Ministry of Justice stats show that “In total, there have been 321 applications and 348 orders made since the introduction of orders in July 2015 up to the end of December 2018 (most cases have resulted in multiple orders, hence the higher number of orders than applications).” That’s a low number. If the number of orders/applications is so low, how can we be saying much about their effectiveness? See

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789792/FCSQ_October_to_December_2018_-_final.pdf The need to know more about how much/whether/where/how and why FGM was being performed in the UK/Scotland now, or by UK residents, is an important knowledge gap that could help inform future service design, preventative work and resource development.

¹ Macfarlane A, Dorkenoo E. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. London: City University and Equality Now; 2015.

In 2014, the UK Government committed to working to eliminate FGM making it compulsory for doctors, teachers and other regulated professionals to report directly to the police when anyone aged under 18 makes a first-hand disclosure of FGM or FGM is found on examination, and for English NHS health organisations to submit data to NHS Digital about women and girls they have seen who have experienced FGM. It is not clear if this is or will be the case in Scotland. CEMVO Scotland's position is that this should be the case.

To date there has been limited research on FGM in UK. Africans Unite Against Child Abuse (AFRUCA) explored attitudes towards and experiences of FGM by African communities in Greater Manchester (2015).

They reported a 'gaping hole' in terms of education and the provision of support for FGM-affected communities and emphasised the need to involve men in all efforts to end FGM. They described a 'culture of silence' where community members would not admit to knowing anyone who would perform FGM, yet 'everyone knew where to go if they needed a "cutter"'. They found considerable ambivalence about the UK law. Many felt FGM should not be a criminal offence because it is 'part of their culture'².

In effect what we are saying is that there are people who have physical effects of crimes that took place in other countries living in Scotland and one of the biggest challenges would be to prosecute on the basis that the crime took place in another country where it may not have been a crime.

In Scotland (BBC NEWS 10 February 2019) it was reported that NHS Scotland said it had identified women with FGM on at least 138 occasions in 2017 and 2018.

- In NHS Lothian, which covers Edinburgh, 93 occasions were noted.
- Media reports state that freedom of information requests that were sent to Scotland's 12 other health boards showed they had recorded very low or no cases of FGM
- An NHS Greater Glasgow and Clyde spokesman said: "We have no confirmation that FGM is being practised in Scotland, however there is intelligence that cutting does happen elsewhere in the UK.

<https://www.bbc.co.uk/news/uk-scotland-47184027>

Communicating with communities

Race and religion

With regards to other protected characteristics, FGM is not exclusive to any one race, religion or belief and it is Cemvo Scotland's position that no religion requires it. UNICEF identified 29 countries in 2013 where FGM is more commonly practised and all of which are either located in the Middle East or Africa. Therefore, it can be said

² Voices of the Community: Exploring Female Genital Mutilation in the African Community across Greater Manchester. AFRUCA; 2015.

that this new legislation would potentially have more impact on children who are from these countries, or who have parents/carers who are from these countries.³

However, there is a risk that those communities could be stigmatised as a result of the legislation and members may feel that it was discriminatory against them and their culture. This should not draw away from the fact that FGM is a form of child abuse and this message needs to be communicated across Scotland.

Cross cultural learning

Much of the UK research into FGM has been undertaken within single community groups. It was established that using a community engagement approach focus groups and/or multi-agency meetings including participants from several community groups (including women and men from Nigeria, Gambia, Ghana, Sudan, and Somalia) was found to be beneficial in understanding practices in those countries. As a result, it emerged that there was uncertainty amongst participants about how transferable the experiences and needs of one community group may be to other communities, who may have different traditions and needs. There is a need to understand diversity both within and between communities and the different information and support needs they may have to avoid the risk of a 'one size fits all approach'.

Breaking down barriers

Learning how to continue to break down barriers to talking about FGM, for community members and professionals alike is important as it remains a taboo subject. One way of doing this would be for the involvement of affected communities in designing services. The role of community facilitators, or health advocates, both to support community members when accessing services, but also in training, educating professionals and developing services is important to learn more about and consider implementing. The need to learn more about the frequency and patterns of FGM, when and where its occurring, is important including understanding how community voices can be used in policy development.

In conclusion, there is no actual evidence of FGM taking place in Scotland. Therefore, any public sector response can only be:

- a) vigilance to detect evidence that it may take place
- b) support for women and girls who have experienced it in other countries before coming here.

This means that the policy response is not a criminal justice response but a health and possibly an education response. There are many challenges when it comes to the notification and disclosure of FGM. There is a need to identify and then engage the communities where FGM is prevalent using community development and

³ UNICEF FGM Practicing Countries (2013),
https://www.unicef.org/protection/files/00-FMGC_infographiclow-res.pdf

community engagement approaches to ensure the protection of those at risk and in the planning and design of resources to support victims of FGM. Cemvo Scotland's position is that an awareness campaign focussing on raising awareness of the new legislation with a commitment to supporting victims of FGM should follow soon after the adoption of the Bill. Whether the laws would alter community or community members' behaviour, their perception of the accessibility of health services, or influence how professionals interacted with families from affected communities is in our opinion an important area for further research.

With respect to protecting the identity of victims and ensuring their anonymity the use of 3rd party reporting procedures for victims and community members and by adhering to guidelines protecting abuse victims and vulnerable persons. This measure should be included in the any awareness raising activities.

Cemvo Scotland welcomes Section 8: Amendment of the Children's Hearings (Scotland) Act 2011 to Section 62 of the Children's Hearings (Scotland) Act 2011 to be able to refer a case to the principal reporter. This amendment will extend and strengthen the Children's Hearing system's existing powers for the protection and treatment of vulnerable children and young people.