

**Equalities and Human Rights Committee**  
**Female Genital Mutilation (Protection and Guidance) (Scotland) Bill**  
**Note of Meeting with Ruby Project, Rape Crisis Centre**  
**13 August 2019**

**In attendance:**

- Mary Fee MSP
- Annie Wells MSP
- Barbara Henderson, Support and Advocacy worker
- Annie Marshall, Support and Advocacy worker
- Isabelle Kerr, Centre Manager

**Background**

The Ruby Project is a support and advocacy service based in Glasgow Rape Crisis Centre specialising in working with women from black and ethnic minority (BME) backgrounds.

They support women and girls ages 13 and over who have experiences sexual violence at any point in their lives, whether it happened in the UK or abroad. They specialise in supporting women affected by specific cultural practices that include female genital mutilation honour-based violence and force marriage – in addition to not culturally specific issues such as sexual violence, rape and childhood sexual abuse.

They work with asylum-seeking and refugee women, and most of the women they support were not born in Scotland. They provide immigration and advocacy to women going through the asylum process and accompany women to their Home Office substantive interviews and tribunals.

**Comments:**

Groups affected and current practise

- From their experience working with women in Glasgow, 7-8 year old girls and babies were the main group affected.
- Some women had fled their country because they were protecting their children from FGM and said that their in-laws had been violent towards them because they wouldn't comply.
- It was explained that there might be an overlap in indicators with women who were being forced to marry and those at risk of FGM, for example, sometimes frontline workers heard that a special dress had been bought or a trip arranged for them.

- Currently, when they're concerned about a child's risk of FGM they raised it with the statutory authority as a child protection issue. From their experience this approach has been successful in protecting the children.
- In relation to women and pregnancy, some women elected to have a caesarean section because they had experienced FGM. If women had a natural birth, we were advised health practitioners would re-do previous damage, but would reconstruct as much as possible.

### Operation of an FGM Protection Order

- Questions arose around what the difference would be between a child protection order and an FGM Protection Order. How would social work's interaction differ? It was considered that because a child cannot consent to FGM, it would be automatically passed on to statutory organisations as a child protection issue.
- Commonly children and babies are at risk. As such it was considered the process needed to be simple and straight forward to accommodate all circumstances.
- Also discussed was how children would or could initiate a FGM Protection Order. It was considered potentially the discussion might arise at school or at youth projects. It was noted that some young girls would be happy because their relatives had told them it would be a celebration of becoming a woman. It was emphasised to us that those discussions should be handled sensitively, so that the child was not exposed to bullying from other children.
- There was discussion around why someone who had already been subject to FGM would need protection through a FGM protection order. A possible example given was that where a woman had given birth naturally, a FGM protection order might be needed to prevent FGM from taking place again.
- It was also discussed whether women would initiate an FGM protection order for themselves, particularly as many women either did not know they had been subjected to FGM or indeed that it is a criminal offence in Scotland, some also believe they would be unclean or not able to marry otherwise. It was considered however that some women might initiate the orders themselves if they believed their children to be at risk.

- The duration of an FGM Protection Order was questioned. Flexibility was needed for example where a baby or infant was protected by an Order but continued to be at risk into adulthood.
- There was discussion about how effective an FGM Protection Order would be. Would it be possible to use extended family members to circumvent an Order?
- More information was sought on how the FGM Protection Orders would interact with asylum rules. For example, if a woman sought an FGM Protection Order, this might be evidence that they should be allowed to stay in the UK. Conversely, if they didn't apply for a protection order would that go against them when seeking asylum in the UK. It was also explained that women might be afraid to say anything as family members might use this against them, threatening them that they won't get asylum if they say anything about FGM.

#### Statutory guidance

- In relation to statutory organisations, it was felt that a clear pathway should be developed or a flow chart of steps to assist. Discussions with women had to be handled sensitively, as the service could potentially lose touch with the women if they frightened them, which would make them or their children more vulnerable to FGM.
- An example where this had been achieved was when a question about domestic abuse was integrated into midwives' practice. This was needed as research had shown that women were more likely to suffer domestic abuse when pregnant and that pregnancy could be a catalyst for domestic abuse. We were advised that women didn't mind being asked as they knew everyone was being asked the same question and it had been explained clearly why the question was being asked. It was considered a similar approach could be taken to FGM, so that the question could be asked safely, explaining that sometimes a child had to translate for the mother, although it was recognised this didn't happen as much nowadays. It was also considered helpful if a woman asked the question.
- In relation to vaginal piercings and whether this was abuse, it was explained that critical to understanding whether this is FGM was consent. Again, this was something which could be covered in questions from statutory organisations.

- It was explained that it was not only women from other ethnicities who were concerned about their daughters, but also UK women who married men from other backgrounds where FGM is practised. It was noted that reaching out to specific communities might not take account of this situation and perhaps health visitors would be best placed as they had access to the home.
- Also, as well as education women, it was considered men and young men should be educated.

#### A duty to report (not currently in the Bill)

- It was felt that some women and girls would feel criminalised if there was a duty to report included in the Bill. Women who had been held prisoner in their own country or had been subject to military force may be frightened to speak to the police/authorities.
- From the Ruby Project's perspective, their approach would not change as they would investigate the issues where flagged and if there was sufficient concern they would discuss the issue with the woman and escalate if there was a risk of harm.
- There was discussion about whether a duty to report could be used maliciously.

#### Other matters not included in the Bill

- On vaginal elongation and breast ironing, frontline staff said they had come across cases, but not many.