

Briefing for MSPs



Scottish Government Debate: Working in Partnership to End the Practice of Female Genital Mutilation, 5 February 2015

About Scottish Refugee Council

Scottish Refugee Council is an independent charity providing advice and information to refugees in Scotland. We campaign for the fair treatment of refugees and asylum seekers and raise awareness of refugee issues. We work closely with the Refugee Women's Strategy Group to carry out evidence based policy advocacy on gender and human rights issues. In December, we published the first major study on female genital mutilation in Scotland with the London School of Hygiene and Tropical Medicine: [Tackling female genital mutilation in Scotland: a Scottish model of intervention.](#)¹

Female Genital Mutilation (FGM)

6 February 2015 is the United Nations International Day of Zero Tolerance to Female Genital Mutilation and will be marked with events across the world.

Female genital mutilation (FGM) refers to '*all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons*'.² Such procedures have affected millions of women and girls across continents and belief systems for centuries. More than 125 million women and girls are affected today, predominantly in pockets of the Middle East and across central Africa from West to East³; but also, reportedly, in South Asia and in diaspora communities all over the world. Different terms are used to describe these procedures, particularly when working with affected communities, including '*female genital cutting*' and '*circumcision*'; but the term '*female genital mutilation*' or '*FGM*' has been adopted internationally in recognition of the severity of the harm caused to women and girls.

Communities potentially affected by FGM in Scotland

Because of the limitations of global and Scottish data, our scoping study did not seek to definitively quantify the nature and extent of FGM in Scotland, referring instead to '*communities potentially affected by FGM in Scotland*'. There are reasons of methodological accuracy for this, which are explored in our report, including limitations in prevalence data for countries such as Nigeria with significant communities in Scotland. We do not have Scottish data on country of birth by age, gender or ethnicity; nor do we have information on the influence of migration on the practice of FGM. The use of this terminology is also in line with best practice, avoiding the presumption attached to '*practising communities*', which '*may be wholly inaccurate*' in a migratory context.⁴

¹ http://www.scottishrefugeecouncil.org.uk/assets/0000/9061/FGM_Report_FINAL_A4portrait.pdf

² <http://www.who.int/mediacentre/factsheets/fs241/en/>

³ http://www.unicef.org/media/files/FGCM_Brochure_Lo_res.pdf

⁴ <http://esmeefairbairn.org.uk/news-and-learning/publications/fgm-special-initiative--interim-evaluation-report>

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Our data estimates the size of whole communities, men, women and children, who were born in a country where FGM is practised by a proportion of the population. It *does not* estimate the prevalence of FGM in Scotland. Our research shows that there were 23,979 men, women and children born in one of the 29 countries identified by UNICEF (2013) as an 'FGM-practising country', living in Scotland in 2011. The largest community *potentially* affected by FGM living in Scotland are Nigerians, with 9,458 people resident in Scotland, born in Nigeria. FGM prevalence rates vary dramatically both within countries of origin and between countries, from 54%-0.4% within Nigeria to 98% nationally in Somalia. When weighted for national prevalence in their country of birth, Nigerians are still the largest potentially affected community living in Scotland, followed by people born in Somalia, Egypt, Kenya, Sudan and Eritrea. There are potentially affected communities living in every local authority area in Scotland, with the largest in Glasgow, Aberdeen, Edinburgh and Dundee respectively. The number of children born into potentially affected communities in Scotland has increased over the last decade, with 363 girls born in Scotland to mothers born in an FGM-practising country in 2012.

Tackling FGM in Scotland

Our research explored effective interventions in the EU in the areas of prevention, protection, provision of services and participation, and describes interventions in England, Ireland, France, Spain, Belgium and the Netherlands. Based on the findings, we made a series of themed recommendations towards a Scottish model of intervention to tackle FGM.

Participation

- Policy makers and service providers should ensure that policy and practice development across all areas of work is shaped and driven by the experiences, needs and views of communities affected by FGM

Strategy, Policy and Research

- The Scottish Government should provide national direction to ensure that work on FGM is contextualised as violence against women and girls and use Equally Safe as a vehicle to develop a resourced national action plan on FGM
- The Scottish Government and funding bodies should invest in support for affected communities to effect long-term behaviour change
- The Scottish Government should provide national direction to guide consistent recording of FGM in statutory services
- All statutory and voluntary agencies working with potentially affected communities should ensure that interventions are evidence-based and evaluation is built-in from development

Prevention

- The Scottish Government and relevant agencies should ensure that a strong criminal justice message is accompanied by investment in behaviour change interventions with affected communities, in particular: a) Key community leaders; b) Young people; and c) Men.

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- All agencies working with communities potentially affected by FGM should ensure that community engagement meets national standards and a) builds on existing relationships of trust; b) is tailored to a particular community; c) involves women, men and young people; and, d) considers links to countries of origin.
- The Scottish Government should provide clear, national direction on the role of frontline professionals in the prevention of FGM and relevant professional bodies and agencies should develop training on FGM for frontline staff, in particular: a) GPs; b) Maternity services; c) Schools; and d) Other frontline professionals
- Statutory and voluntary agencies developing training and guidance for professionals should use and value the expertise of specialist NGOs
- All agencies carrying out campaigning and awareness raising work around FGM should ensure that this is non-stigmatising and evidence-based

Protection

- The Scottish Government, Police Scotland and the Procurator Fiscal should continue to ensure that the criminal justice response is perceived as being effective and that anyone found to have subjected a child living in Scotland to FGM will face robust criminal sanctions
- The Scottish Government should provide national direction for a multi-agency approach to protecting girls from FGM, fostering confidence within and between statutory services and clearly identifying roles and responsibilities
- The Scottish Government and local authority leads should provide national - and from that, local - direction on a clear child intervention response where an FGM survivor gives birth to a girl; not an automatic child protection referral
- Local authorities and local health boards should develop a network of named professionals with expertise on FGM across Scotland and ensure clear referral pathways are in place
- All relevant frontline professionals should be provided with a level of training on FGM appropriate to their role
- The Scottish Government should ensure that all women and girls living in Scotland are covered by legislation on FGM
- Police Scotland and the Procurator Fiscal should ensure that investigations into cases of FGM are victim-centred and take a violence against women and girls approach
- Immigration lawyers, asylum decision makers, and judiciary should have a good understanding of FGM to ensure that it is fully explored as a potential ground for international protection
- The Home Office should monitor and regularly audit asylum claims involving disclosure of FGM

Provision of services

- The NHS should establish a specialist, multi-disciplinary 'hub and spoke' FGM service in Scotland with clear links to named professionals across Scotland

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- The NHS in Scotland should ensure that healthcare provision to survivors of FGM is culturally competent
- NHS Greater Glasgow and Clyde and other relevant health boards should consider establishing specialist GP and/or hospital consulting hours in Glasgow and other areas with significant communities potentially affected by FGM
- The NHS and the relevant professional bodies should ensure that health professionals are trained to carry out sensitive inquiry around FGM and that pregnant women are always asked about FGM

Conclusion

Female genital mutilation is an emotive and complex issue. Without further qualitative research and improvements in data gathering, particularly across statutory services and among potentially affected communities, it will remain difficult to accurately quantify the size of any potential issue in Scotland. However, our research highlighted that despite facing similar challenges, other EU nations have developed effective interventions tackling FGM and supporting women and girls living within their borders to both resist and recover from FGM.

We welcome the cross-party support and interest in this issue in the Scottish Parliament, and the Scottish Government's clear commitment to working in partnership with affected communities and other key stakeholders to tackle FGM. We hope that our research provides a framework for taking this forward, drawing on best practice and working in partnership to develop a Scotland-specific model of intervention.

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