EQUALITIES AND HUMAN RIGHTS COMMITTEE

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

SUBMISSION FROM EMMALEENA KÄKELÄ

This response draws from an on-going research from the University of Strathclyde which has explored FGM in relation to migrant resettlement and cultural change in Scotland. The views submitted here are based on in-depth interviews with 12 FGM-affected women living in Scotland. These views also draw from interviews with other members of African and Middle Eastern migrant communities and key informants from migrant community groups, women’s organisations and other third sector organisations who engage with potentially affected communities. All interviews have been conducted during 2018 in Glasgow, Edinburgh and Dundee.

The research has been conducted by Emmaleena Käkelä who is a PhD candidate in the School of Social Work and Social Policy at the University of Strathclyde. The research has been funded by the Economic and Social Research Council.

1. Will protection orders and statutory guidance be more effective in preventing FGM and safeguarding those at risk of FGM than the current approach? Please explain your reasons.

None of the interviewed women considered their daughters to be at risk of FGM in Scotland. In terms of community attitudes, some of the women believed that the legislation against FGM and increased awareness-raising has been enough to stop FGM within their communities after migration to Scotland. Other women had however heard FGM happening in other parts of the UK or children being taken to be cut in their countries of origin. Regardless of the reduced risk, some of the women had experienced pressure from their extended families to take their children back to their countries of origin to undergo FGM. Considering this, protection orders can be effective in supporting women and other members of the family in conveying to the extended family how seriously Scotland takes FGM. The protection orders can provide another form of leverage to resist such pressures, especially in cases where the extended family relies on the migrated family for remittances. However, as noted by key informants, other methods such as a leaflet signed by the Chief of Police may be just as effective deterrent by highlighting the consequences for committing FGM. Protection orders are not necessary in all cases; some of the interviewed women had visited their countries of origin and successfully resisted the pressure from family to have FGM done on their daughters.

2. What more could the Scottish Government and public services do to strengthen FGM prevention and protection, for example on:

- additional protections
- communicating with communities
All interviewed FGM-affected women and members of migrant communities argued for the need to further involve communities in the Scottish FGM prevention work. Participants wanted to see more support for communities and further awareness-raising initiatives which are led by the communities themselves. Further, participants felt there was a need to further engage with victims and community groups who were not already engaged in FGM-prevention. As argued by one participant:

“People who talk about FGM don’t go through it. The survivors are down there, they don’t talk about it. When you go to a meeting the lecturer is talking about it like they know more than the people who go through it.”

Particularly FGM-affected women highlighted the need to let communities take charge of addressing issues affecting them and to recognise their capacity to be further involved in FGM prevention work. All community participants noted the limited funding available for community groups to engage and organise their own events. This was not only limited to FGM, but also other issues affecting communities, including the tensions faced by families in settling to a new cultural context.

Survivors of FGM also called for survivor-led support mechanisms and culturally appropriate interventions for addressing the traumatic events they had experienced including, but not limited to FGM. Some affected women felt that the generic counselling approach was not appropriate for them, instead hoping for more facilitated and funded peer support for African migrant women who have been victims of violence.

FGM-affected women emphasised the need to address barriers to participation which particularly women and asylum seekers currently face. Women felt that events and awareness-raising initiatives which did not offer childcare provision and reimbursement of travel expenses excluded women and particularly victims of FGM. Women considered it particularly important to ensure that survivors of violence were given opportunities to engage with the topic of FGM without having to recount their experiences when their children were present.

4. Please highlight any relevant equalities and human rights issues you would like the Committee to consider, in particular any potential barriers to accessing the provisions of the Bill or any rights which might be advanced or adversely impacted.

It is unclear how protection orders will be applied to protect women who have already experienced FGM. Number of women interviewed by the research had applied asylum to protect their daughters from FGM and themselves from other forms of abuse, including domestic abuse and forced marriage. These women have already removed themselves from the violent context, which is how Forced Marriage Protection Orders can be applied to protect women who have already been forced into marriage. However, victims of FGM consistently reported difficulties in making their case for the Home Office on the grounds of FGM and other forms of gender-based violence for reasons including:
1. A failure to recognise the limited or lack of state protection available to women in their countries of origin. This was the case in countries such as Nigeria where FGM has been outlawed but the law is not effectively enforced, as well as for women coming from countries such as Malawi where the existence of FGM is often not recognised on national or international level. In these contexts, women often place themselves at a further risk of violence by their family, community or the police if they seek help for their situations.

2. A failure to recognise women’s inability to relocate elsewhere in their countries of origin, which women also need to demonstrate in order to be granted asylum because of fear of FGM. The lack of formal welfare system, conditions of underdevelopment and poverty as well as women’s limited participation in labour market made women highly dependent on their families for their survival before migration to Scotland. This in turn made women particularly vulnerable to forms of violence which enforce cultural and kinship norms. However, women find it very difficult to evidence to the Home Office how these wider conditions facilitate interpersonal violence.

3. Home Office culture of disbelief, which women had experienced through being accused of lying about their own FGM status or about the pressures from extended family to submit their daughters to FGM. For one of the women the Home Office had also disputed her medical certificate, arguing it sounded like she had dictated her story to the doctor without undergoing a medical examination.

As a result of these failures, many of the interviewed women had been waiting on the decisions for their asylum claims for years, some even as long as eight years. The uncertainties related to the asylum process, and the hostility faced by women was retraumatising FGM-affected women and damaging their mental health. It is important to recognise that an application of asylum is a means for FGM-affected women to exercise their agency to protect their daughters and themselves from violence. Although the Scottish Government does not have the power to influence immigration matters, implementing FGM protection orders to protect women who have already been subject to FGM and whose daughters are at risk can send a clear message that they are being believed and listened to. All interviewed women emphasised the life-long physical and mental scars inflicted through FGM, which underlines the need to recognise FGM-affected women’s need for protection and support after initial cutting and possible deinfibulation and reinfibulation. This is not the case under the current approach where asylum is only granted if women are yet to undergo FGM.