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Towards the elimination of female genital mutilation

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1. INTRODUCTION

Every year, millions of women and girls worldwide have their quality of life drastically altered by female genital mutilation (FGM). The procedure involves partial or total removal of their external genitalia or other injury to their genital organs for non-medical reasons¹. Thousands of women and girls living in Europe are affected or at risk.

FGM is internationally recognised as a violation of women's human rights and a form of child abuse. In common with other forms of gender-based violence, 'it constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity'². It also violates the rights of the child as defined in the United Nations Convention on the Rights of the Child.

Throughout the world, calls for an end to FGM are gaining strength. Under the leadership of the African group and with strong EU support, the General Assembly of the United Nations (UNGA) adopted a landmark Resolution in 2012: 'Intensifying global efforts for the elimination of female genital mutilations'³. A follow-up declaration by the African group in the UN Human Rights Council in June 2013, supported by EU Member States, focuses on the challenges the world community needs to address to achieve zero tolerance for FGM. Moreover, the monitoring of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment pays special attention to FGM.

Fundamental rights and gender equality are core values of the European Union. The EU has long been committed to eliminating gender-based violence and violence against children, as stated in its 'Strategy for equality between women and men'⁴, in the Directive on the rights of victims⁵ and in the EU Agenda for the rights of the child⁶.

This Commission Communication on FGM builds on work the EU has done over many years and on a report from the European Institute for Gender Equality (EIGE)⁷. It also benefits from the input of a High-Level Round-Table on FGM⁸, contributions from civil society, international organisations, academics and equality bodies to a public consultation⁹ and a written opinion of the EU Advisory Committee on Equal Opportunities for Women and Men¹⁰. This Communication covers internal as well as external policies and develops a holistic, integrated approach, with particular emphasis on prevention.

¹ As defined by the World Health Organisation (WHO).

² Council Conclusions on Combating Violence Against Women, and the Provision of Support Services for Victims of Domestic Violence adopted on 6 December 2012.

³ UNGA Resolution 67/146 adopted on 20 December 2012.

⁴ COM(2010) 491 final.

⁵ Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime.

⁶ COM(2011) 60 final.

⁷ EIGE 2013. Female genital mutilation in the European Union and Croatia.

⁸ Some of the world's leading anti-FGM campaigners were invited to a round-table on 6 March 2013 to give insights and advice. .

⁹ The results of the consultation are available here: http://ec.europa.eu/justice/newsroom/gender-equality/opinion/130306_en.htm.

¹⁰ <http://ec.europa.eu/justice/gender-equality/other-institutions/advisory-committee>.

2. TOWARDS A BETTER UNDERSTANDING OF FGM IN THE EU

According to UNICEF¹¹, more than **125 million women worldwide** are currently living with the consequences of FGM. The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and worldwide among some migrants from these areas. In the EU, the figure of **500 000 victims** is commonly cited¹².

It is **difficult to estimate the number of girls at risk**. Girls that have migrated from a country where FGM is practised, or who were born to one or both parents originating from such a country may be considered as being at risk¹³. However, an accurate assessment of the determinants of risk should take into account other factors, such as changes in parents' behaviour or beliefs following migration.

Prevalence of FGM in EU Member States¹⁴

Country	Year of publication	Number of women with FGM	Number of girls at risk of FGM	Number of criminal court cases ¹⁵
Belgium	2011	6 260	1 975	
Denmark		No data available		1
Germany	2007	19 000	4 000	
Ireland	2011	3 170	Not available	
Spain		No data available		6
France	2007	61 000	Not available	29
Italy	2009	35 000	1 000	2
Hungary	2012	170 – 350	Not available	
Netherlands	2013	29 210	40 – 50 each year	1
Sweden		No data available		2
UK	2007	65 790	30 000	

Moreover, there is a lack of evidence on the circumstances of mutilations carried out on girls living in the EU. In the late 1970s and early 1980s, several cases brought to court in France¹⁶ provided evidence of mutilations carried out on French territory. Later on, convictions of parents and cutters¹⁷ may have prompted families to cut their girls in their home countries or in EU Member States where legislation or enforcement are weaker. The most recent court

¹¹ UNICEF Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change, New York, 2013.

¹² European Parliament: *Resolution on ending female genital mutilation* from 16/06/2012 (2012/2684(RSP)). Note that not all countries have estimates, and such estimates are not necessarily comparable.

¹³ EIGE 2013, Female genital mutilation in the European Union and Croatia.

¹⁴ Source: EIGE 2013 except from the Netherlands: Exterkate2013 — *Female Genital Mutilation in the Netherlands. Prevalence, incidence and determinants*. Pharos — Centre of Expertise on Health for Migrants and Refugees.

¹⁵ Criminal court cases, including convictions, recorded until January 2012 .

¹⁶ EIGE 2012 — Study to map the current situation and trends of FGM: country reports .

¹⁷ The person (generally a woman) who performs FGM.

cases in the EU illustrate mutilations perpetrated both abroad (cases from Italy, Spain, Denmark, and Sweden) and in the EU (cases from Spain, France).

Objective:

Better understanding of FGM in the EU.

Actions:

The European Commission will:

- ask the European Institute for Gender Equality to develop a common methodology and indicators to measure the prevalence of FGM, to estimate the number of women and girls at risk of being mutilated and the number of women affected by FGM in the EU;
- assess the feasibility of developing a survey as well as quantitative and qualitative research on FGM;
- encourage Member States to develop specific indicators on FGM as part of the EU's follow-up of the UN Beijing Platform for Action;

3. PROMOTE SUSTAINABLE SOCIAL CHANGE TO PREVENT FGM

3.1. Promote sustainable social change to prevent FGM

FGM is a **deep-rooted social norm** pressuring families to conform to peer expectations. It is related to the social control of women's sexuality, as well as to a wide range of convictions and fears. Despite the severe short-term and long-term physical and psychological consequences of mutilation, FGM is often practised in the belief that it is beneficial for the girl. In a context of migration, it may also be a way of keeping a link to the country of origin and preserving cultural identity. FGM is an intimate issue and still often a taboo topic among affected communities. That is why it is crucial to take into account its complexities.

Legislative frameworks and enforcement are necessary but not sufficient to ensure FGM is abandoned. **Changes in attitudes and beliefs among relevant communities are needed.** The outcomes of several projects funded by the EU's Daphne programmes¹⁸ demonstrate that targeted awareness-raising measures need to be developed with and within the communities affected. These need to involve both men and women, religious and community leaders, respected and influential figures in the different communities, victims that are willing to talk, young and old. The measures need to build on existing opposition to FGM in the population affected and link the EU with the countries of origin.

A recent report¹⁹ shows that there is a higher prevalence of FGM in poor families or in which the parents have a low educational level. Therefore, **empowering women** to give them the opportunity to take informed decisions for themselves and their children is therefore a key issue when putting in place measures to help ensure the practice is abandoned.

3.2. Develop multidisciplinary cooperation

It seems that thousands of girls living in the EU might be at risk of being mutilated. A wide range of professions are in contact with them, in particular in the fields of health, education,

¹⁸ Decision No 779/2007/EC of the European Parliament and of the Council of 20 June 2007 establishing for the period 2007-2013 a specific programme to prevent and combat violence against children, young people and women and to protect victims and groups at risk (Daphne III programme) as part of the General Programme Fundamental Rights and Justice. See also <http://ec.europa.eu/justice/grants/programmes/daphne/>

¹⁹ UNICEF 2013.

child protection, social services, the judiciary, immigration and asylum. If they are to offer adequate protection and support, **multidisciplinary cooperation based on sound knowledge of FGM is needed**. Depending on their role and responsibility, practitioners should be able to identify girls at risk and women subjected to FGM and report to the relevant authorities so that appropriate protection mechanisms and support are mobilised. To enable this, the topic of gender-based violence, including FGM, needs to be in educational curricula for all professions potentially coming into contact with communities affected. Educational material and training need to be developed, the support of NGOs addressing the topic needs to be ensured, and effective multi-sectorial protocols put in place. Clear guidelines on professional secrecy and conditions for disclosure are essential.

FGM performed by health practitioners is a growing cause for concern worldwide. Some NGOs have also raised the issue of women being re-infibulated²⁰ in hospital after giving birth, at the woman's or her family's request, despite the fact that this is prohibited by national legislation in the EU.

Moreover, **many women who have survived FGM may also experience other forms of violence**, such as early, child or forced marriage or domestic violence. As migrants, sometimes dependent on their husbands, fathers or wider family, they may be particularly vulnerable. Member States are encouraged to facilitate adequate access to social protection benefits and services for them where appropriate, as well as access to education opportunities.

Most survivors of FGM need help to cope with the short- and long-term consequences of the procedure. Their needs will vary according to their age or their situation. Giving them adequate support would help raise their awareness of the damaging health consequences of the practice. Some Member States (such as Belgium, France, Italy, Sweden or the UK²¹) have set up health centres specialising in care for victims of FGM, providing mostly gynaecological services, in particular for pregnant women. However, there appears to be a lack of services providing a holistic approach, including, for instance, psychological, psycho-sexual or post-traumatic support.

Member States are encouraged to raise the awareness of health professionals about FGM (identification, prevention, treatment, adequate healthcare during pregnancy and delivery), including follow-up of the healthy child. They are encouraged to provide adequate reporting on FGM, in particular by making full use of the WHO's International Classification of Diseases.

Objective:

Promote effective prevention and victim support measures, including through changing social norms as well as women's empowerment.

Actions:

The European Commission will:

- promote the development of training modules, multi-sectorial guides and protocols through the future Rights, Equality and Citizenship programme. These will target relevant professionals and aim to prevent FGM and to support victims;

²⁰ According to WHO, infibulation is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. The vaginal orifice must be reopened for sexual intercourse and childbirth, a procedure known as "defibulation". In some instances, this is followed by reinfibulation

²¹ EIGE 2013.

- encourage Member States to strengthen their child protection systems by ensuring better coordination and cooperation across services to make them more integrated and better equipped to deal with actual cases of, or risks of, child abuse, including FGM.
- as follow-up to the EU's Daphne programme, make full use of the EU's new Rights, Equality and Citizenship programme²² to finance activities developed by NGOs that aim to prevent violence against women and children, as well as informing children of their rights and fostering respect of their right to be heard;
- as follow-up to the Lifelong Learning and Youth in Action programme, make full use of the Erasmus+ programme and other European funding tools to finance, where appropriate, awareness-raising and changes in attitudes (especially of parents) involving teachers, educators, families and communities. Activities may aim to empower young migrant women, to improve the training of teachers and other professionals potentially coming into contact with the communities affected and to prevent violence against women;
- promote actions under the future Asylum and Migration Fund aimed at empowering migrant women and girls and reinforcing their integration in the receiving societies;
- include gender-based violence, including FGM, in any future work relating to EU guidelines on child protection systems;
- develop specific training modules, including on FGM-related issues, for health professionals working with migrants.

4. SUPPORT MEMBER STATES IN PROSECUTING FGM MORE EFFECTIVELY

The UN Resolution 'Intensifying global efforts for the elimination of female genital mutilations'²³ urges states to enact and enforce legislation prohibiting FGM.

FGM is prosecutable in all EU Member States, either through general criminal legislation or through specific criminal law provisions²⁴. A **principle of extra-territoriality** is often included, making it possible to prosecute FGM when it is committed abroad, if the victim and /or the person(s) exercising or planning the procedure are nationals of the investigating country.

However, FGM-related criminal law cases in courts are rare, due mainly to victims' reluctance to file complaints. There is also a lack of services with sufficient expertise and knowledge to provide support to victims who come forward. Regulations on professional secrecy as well as the absence of mechanisms to properly refer girls at risk or who have undergone FGM to support services also impede appropriate follow-up for victims.

Legislation, effective prosecution, and the conviction of guilty parents and cutters appear to be essential as deterrents to dissuade parents from mutilating their daughters and to help them resist pressure from their families and communities.

There are reasons to examine both national legislation and relevant court cases, as they provide insights into some of the core legal issues around FGM. For example, in Spain, parents were recently sanctioned for mutilating their child before her migration to Europe. The issue of **the best interests of the child** should also be raised as a primary concern

²² COM(2011) 758 final.

²³ UNGA Resolution 67/146.

²⁴ BE, DK, IE, ES, IT, CY, AT, SE, UK and HR have specific provisions on FGM.

throughout any criminal proceeding (from investigation through to sentencing), e.g. to prevent a child from becoming a victim twice, first due to FGM and then due to being removed from parental care.

Objective:

Support Member States' enforcement of laws prohibiting FGM.

Actions:

The European Commission will:

- analyse criminal laws and court cases related to FGM and organise an exchange of good practice between Member States to assess what actions at EU level would bring added value;
- disseminating existing training material for legal practitioners through appropriate platforms;
- enforce the rights of crime victims set out in the directive on the rights of victims²⁵, in particular the right to access generic and specialist support services.

5. ENSURE PROTECTION FOR WOMEN AT RISK ON THE EU TERRITORY

The EU's Qualification Directive²⁶ ensures **eligibility for international protection** for women who have a well-founded fear of persecution or who face the risk of suffering FGM. It extends to parents who fear persecution or face a real risk of suffering serious harm because they refuse to consent to their child undergoing FGM. The 'revised Qualification Directive'²⁷ strengthens protection for those fearing FGM. It explicitly recognises that issues arising from an applicant's gender should be given due consideration if they are related to the applicant's well-founded fear of persecution. Such issues include gender identity and sexual orientation, which may be related to certain legal traditions and customs, resulting in genital mutilation, for example.

The recast Asylum Procedures Directive²⁸ makes **asylum procedures gender sensitive**. In particular, i) all female applicants will be given the possibility to access the asylum procedure, to have their cases examined individually and to receive effective protection if eligible; ii) responsible authorities must be properly prepared to take into account the complexity of gender-related claims; iii) female applicants must have an effective opportunity to reveal their personal experiences to the asylum authorities in a safe and confidential environment and to benefit from vital procedural guarantees, such as interpretation services and legal advice; iv) victims of torture and of other severe forms of sexual, physical or psychological violence will be provided with sufficient time and support to prepare for personal interviews and other crucial steps in the procedures.

The recast Directive on Reception Conditions for Asylum Seekers²⁹ introduces **gender-specific reception conditions** which will also apply to those fearing FGM, namely: i) the

²⁵ Directive 2012/29/EU

²⁶ Council Directive 2004/83/EC on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted.

²⁷ Directive 2011/95/EU on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted.

²⁸ Directive 2013/32/EU on common procedures for granting and withdrawing international protection.

²⁹ Directive 2013/33/EU laying down standards for the reception of applicants for international protection.

special needs of all vulnerable female applicants will need to be identified in a timely manner; ii) those subjected to serious acts of violence should have access to rehabilitation services to obtain the necessary psychological and medical support; and iii) accommodation facilities should be gender sensitive.

Complementing these legislative measures, the European Asylum Support Office (EASO) can promote best practices and a common approach on gender-related issues, in particular concerning **training** of asylum service personnel and **country of origin information**.

The European Refugee Fund and the future Asylum and Migration Fund provide for financial incentives for a Member State to **resettle** (transfer) specific categories of persons, including children and women at risk, to that Member State on a voluntary basis.

Objective:

Guarantee protection to women at risk within the existing EU legislative framework on asylum.

Actions:

The European Commission will:

- continue to monitor the timely transposition and correct implementation of the EU legislative framework on asylum, guaranteeing protection to women at risk;
- ensure that the training tools and country of origin information drawn up by EASO include a gender dimension, including references to FGM, where relevant;
- continue to encourage Member States to make use of the financial incentives provided for in existing legislative instruments to raise the awareness of professionals working in the field of asylum;
- encourage Member States to continue to, start to or increase the use of financial incentives for the resettlement of children and women at risk, including those at risk of gender-based violence.

6. PROMOTE THE ELIMINATION OF FGM GLOBALLY

The EU has **participated actively in international cooperation to promote the elimination of FGM** for many years. At global level, the EU has contributed to developing strong commitments compelling all countries to prohibit, punish and undertake appropriate action to change the social norms underpinning FGM. For example, it supported the UNGA Resolution on the elimination of FGM³⁰ and teamed up in 2012 with the African group in the UN Human Rights Council to give further strength to achieving the commitments in the Resolution.

The European Union also promotes enhanced **international protection of women and girls at risk of FGM worldwide** in its relations with non-EU countries and in international fora.

The EU's action on FGM outside Europe is backed up by specific EU policy commitments and guidance (EU guidelines on violence against women, EU Strategic Framework and Action Plan on Human Rights and Democracy, Human Rights Countries Strategies where FGM is prioritised in relevant countries). Prevention of FGM is also included as an issue for cooperation in the framework of the Cotonou Agreement, the most comprehensive partnership agreement between the EU and 79 African, Caribbean and Pacific countries. Furthermore, the root causes of FGM are addressed through the EU's support to broader development

³⁰ UNGA Resolution 67/146. .

objectives for gender equality and women's empowerment, in particular girls' and women's education, their human rights and their sexual and reproductive health.

From 2006 to 2012, 17 projects addressing FGM in 18 countries benefited from EU funding of about EUR 8 million, supporting the efforts of civil society organisations and governments, as well as UN organisations, especially UNICEF.

Overall, there is a positive trend towards gradually abandoning **FGM in the 28 countries most affected**. To date, 42 countries have passed laws specifically condemning FGM. The build-up of strong engagement by the governments concerned has been crucial in this regard. Regional organisations, particularly the African Union (AU), have played a key role. AU's Protocol on the rights of women, ratified by 33 countries, stipulates that all necessary legislative and other measures have to be taken to eradicate FGM, including the raising of public awareness, prohibition through legislative measures backed by sanctions, and support to victims.

The EU will continue to take action to promote the FGM being abandoned, guided by documented good practices about what works best to achieve progress. It will base action on historic as well as recent advances in the global consensus on the need to strengthen the world community's resolve to end FGM. Linking FGM to girls' and women's empowerment and education, to their sexual and reproductive health, and to the prevention of early, child and forced marriage have been shown to facilitate abandonment.

Objective:

Promote the worldwide elimination of FGM and enhance protection for women at risk in non-EU countries.

Actions:

The European Commission and the European External Action Services will:

- include FGM in EU annual dialogues with civil society organisations in relevant partner countries;
- draw up a guidance note to Heads of EU Missions in relevant partner countries on FGM;
- integrate FGM in gender and child rights training for EU staff working in EU-delegations in countries affected;
- support a regional campaign on FGM elimination;
- continue to work closely with the African Union and African group at the UN on further initiatives to strengthen the global fight against FGM;
- continue to support advocacy for improved national legislation on FGM where needed;
- continue to support capacity-building initiatives for public and civil society organisations;
- continue to address FGM-related issues in political, human rights and policy dialogues with relevant partner countries, including those where health is a focal sector for cooperation;
- continue to promote enhanced international protection of women at risk of FGM worldwide in its relations with non-EU countries and in international fora.

7. IMPLEMENTATION, MONITORING AND EVALUATION

To secure swift progress and to reach the objectives of this Communication, an **ad hoc group of the Commission's inter-service group on gender equality** will review, evaluate and monitor actions in this Communication and report annually on measures implemented. Two years after the Communication is adopted, the Commission will evaluate measures put in place and decide on follow-up.

In addition to this internal monitoring, the European Commission will **consult NGOs and experts active in this field** on a regular basis. Indeed, non-governmental organisations have had and will continue to have a paramount role, protecting girls at risk, providing training to professionals, sensitively raising awareness in the communities affected, developing knowledge, materials and good practice, putting the issue on the agenda of policy makers and building bridges between Europe and countries of origin. Throughout the EU, civil society organisations face common challenges and need opportunities to exchange information and good practice, develop projects and methods, as well as peer-review their work.

Objective:

Implement the actions planned in the Communication and ensure sustained attention for the issue.

Actions:

The European Commission will:

- monitor the timely delivery of actions planned in this Communication and take stock every year around 6 February, the International day of zero tolerance of FGM;
- facilitate the exchange of experience and good practice on FGM issues between NGOs and experts;
- encourage the Presidencies of the Council of the European Union to put FGM on the agenda of meetings of EU Chief Medical Officers and EU Chief Nursing Officers;
- organise a workshop on FGM as part of the 2013 European Forum on the rights of the child;
- put FGM on the agenda of the 2014 informal Member State expert group on the rights of the child.

8. CONCLUSION

With this Communication on FGM, the European Commission and the European External Action Service reiterate their **commitment to combating violence against women and eliminating FGM both within and outside the EU**, acknowledging that the linkage between the communities affected in EU and their countries of origin needs to be taken into account.

The EU will keep raising the issue in future and will support those who have been actively engaged in this field for many years, in particular international organisations, Member States and NGOs. The EU will continue to develop policies and implement measures, bearing in mind that FGM has multi-faceted aspects, requiring multi-disciplinary measures and close cooperation with communities in which it is practised.