



**CONTRIBUTION TO THE EUROPEAN COMMISSION
CONSULTATION ON COMBATING FGM IN THE EU**

END FGM EUROPEAN CAMPAIGN

AMNESTY INTERNATIONAL

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Contribution to the European Commission consultation on combating FGM in the EU

END FGM European Campaign, Amnesty International

1- About you

Details

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European Commission Transparency Register: 1106392807334
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The END FGM campaign

END FGM is a European campaign, led by Amnesty International, working in partnership with 15 organisations in EU member states and individual activists across Europe. The campaign aims to place the issue of female genital mutilation high on the EU agenda and to echo the voices of women living with FGM and girls at risk. More information on our website: www.endfgm.eu

2 - Do you think FGM is an issue that should be tackled at European level?

FGM is a human rights violation under international and European human rights law. The practice violates women's rights, it constitutes violence against women, is a contributor to the unequal participation of women in society and discrimination against women. The EU has acknowledged in many instruments¹ that this practice contravenes **EU values** of respect for fundamental rights, equality between women and men and children rights. Therefore, it should be addressed as part of all EU strategies on gender equality, children's rights and violence against women.

FGM is practiced within several communities residing in the EU which have strong transnational linkages both within the EU and beyond.² Tackling the practice requires the development of measures with a strong **cross-border dimension**³, as well as cooperation and collaboration between national authorities of various EU member states and with third country partners. In this respect, there is a clear EU-added value in initiating and coordinating such cross-border cooperation by developing an EU action plan on FGM.

With an **estimated number** of 500,000 women and girls living with the consequences of FGM in Europe and another 180,000 at risk each year⁴, the EU and its member states cannot ignore the phenomenon and have a responsibility to take actions protecting women and girls affected by the practice. At present there are **varying levels of protection** and **access to services** in the EU Member States.⁵ The EU institutions can play a unifying role in raising awareness and promoting exchange of best practices throughout the EU.

¹ Among other documents see: European Parliament Resolution of 14 June 2012 on Ending female genital mutilation (2012/2684(RSP)), Stockholm Programme and action plan, EU Strategic Framework and Action Plan on Human Rights and Democracy, European Commission Strategy for equality between women and men 2010-2015

² FGM is prevalent in 28 countries in western, eastern, and north-eastern Africa, particularly Egypt and Ethiopia, and in parts of Asia (Indonesia) and the Middle East (Yemen).

³ This was acknowledged in the EIGE study, *Female genital mutilation in the European Union and Croatia*, Report, March 2013, p.13 "FGM is, by nature, a global, transnational phenomenon. That is why it needs to be addressed in bi- and multilateral discussions among countries and stakeholders at a multitude of levels."

⁴ European Parliament resolution of 24 March 2009 on combating female genital mutilation in the EU (2008/2071(INI))

⁵ EIGE study: P.16 "(...) *The accessibility of specialised health services for women and girls who have undergone FGM emerged as a challenge in the study.*"

An EU action plan on FGM would provide an opportunity for the EU institutions to contribute towards international progress in ending the practice. It would support states' action in adequately implementing their **international human rights obligations** and particularly the commitments stemming from the UN General Assembly resolution on "*Intensifying global efforts for the elimination of female genital mutilations*". The resolution has been sponsored by a clear majority of EU member states⁶ and calls on States to adopt national action plans and comprehensive and multi-disciplinary strategies to eliminate the practice.⁷ An action plan would also support the implementation of the obligations contained in the *Council of Europe Convention on combating and preventing violence against women and domestic violence* by the EU and its member states.

3 - What should be done to improve knowledge about FGM in the EU?

Knowledge could be increased in two ways within an EU action plan: by collecting quantitative and qualitative data on the issue and supporting the development of pools of knowledge for professionals likely to be confronted by the practice.

Data collection

The collection of reliable data on the prevalence of FGM in the EU is essential to design targeted and effective policies.⁸ While the research on women with FGM in individual EU member states may be quite limited, research at a European level would concern a significant number of affected women whose lives could be considerably improved.

Therefore, in coordination with EUROSTAT and EU member states, the European Commission could develop a **common definition of FGM prevalence** based on existing coding references such as the international classification of diseases.⁹ It should be complemented with the development of common indicators for the collection of comparable and reliable quantitative data. It would be ideally followed by an **EU-wide FGM prevalence research** including an evaluation of the risk of FGM for second and third-generation women and girls originating from countries with high prevalence and including data related to female asylum seekers, refugees and migrants with an irregular status. Such data should preferably be disaggregated by age, nationality, geographical location and type of FGM.

Indicators and mechanisms dedicated to the monitoring and evaluation of legislative and policy measures aiming at implementing international human rights law obligations, including the UN General Assembly Resolution on "*Intensifying global efforts for the elimination of female genital mutilations*"¹⁰ should be developed.¹¹ This could include the development of specific FGM indicators in the context of EIGE's work related to the review of the implementation of the Beijing Platform of Action.¹² There should be a focus on indicators B (Education and Training of Women), C (Women and Health), D (Violence against Women), I (Human Rights of Women), J (Women and the media) and L (the Girl child).

Pool of knowledge

⁶ 17 EU member states have sponsored the UNGA Resolution i.e. Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, Germany, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Slovenia, Sweden, United Kingdom of Great Britain and Northern Ireland.

⁷ United Nations General Assembly, Resolution on Intensifying global efforts for the elimination of female genital mutilations", A/C.3/67/L.21/, para 7

⁸ See also EIGE, *Female genital mutilation in the European Union and Croatia*, Report, March 2013 , p.14

⁹ FGM is part of ICD10 and is likely to be in ICD11

¹⁰ United Nations General Assembly, Resolution on *Intensifying global efforts for the elimination of female genital mutilations*, A/C.3/67/L.21/, para 13. The resolution "*calls upon States to develop unified methods and standards for the collection of data on all forms of discrimination and violence against girls, especially forms that are under documented, such as female genital mutilations, and to develop additional indicators to effectively measure progress in eliminating the practice;*"

¹¹ In its report, the EIGE recommends that "*To improve the effectiveness and implementation of legislative and policy measures, reliable mechanisms to monitor and evaluate policies need to be introduced at EU and Member State levels*". EIGE, *Female genital mutilation in the European Union and Croatia*, Report, March 2013 , p.68

¹² <http://eige.europa.eu/content/activities/beijing-platform-for-action>

FGM is a complex form of violence against women which requires professionals likely to be confronted with the practice to be sufficiently equipped to address any related issues¹³. **Capacity-building and training programmes** for professionals from the health, social, education, judicial, law-enforcement, migration and asylum sectors should be developed for that purpose. Guidance and training on relevant legislation and policies as well as on interviewing techniques and methods for identification of risk factors would support professionals in carrying their duties.

Such programmes can take various forms. For example, the EU could promote the development of **multi-disciplinary guidelines** for professionals as existing in the UK¹⁴ and in Belgium.¹⁵ The EU could also support the development of **e-learning training** based on existing tools such as those developed by the United to End FGM project.¹⁶ **Coordination and cross-institutional cooperation**¹⁷ are crucial to ensure that adequate prevention and protection measures are implemented. In this respect, the EU should support the development of **pools of knowledge** for professionals when faced with FGM-related issues (e.g. helpline for professionals or the establishment of national focal points or online platform of exchanges).

4 - To raise awareness of FGM, which specific messages should the EU convey? What should be the target groups and means of communication?

FGM is a well entrenched social norm and a taboo topic among affected communities; hence it is crucial to be sensitive to the complexities of the practice. The key target groups are the affected populations i.e. women and girls either living with, or at risk of FGM, or their families. Messages on FGM should be integrated within broader context of gender equality and respect for human rights. The negative impacts of FGM on girls' health and their ability to reach their full potential should be highlighted. A hopeful and positive approach can be beneficial to engage the target groups by helping families to envision the potential of a daughter if she grows up in the absence of violence or harmful practices. Such a positive approach has been confirmed by the END FGM European Campaign's local partner organizations as a good practice. The Campaign used artistic creations that offered a vision of a world free of FGM to create a positive space for dialogue. A video summary of the Art for Action tour is available here: http://www.youtube.com/watch?v=n_zYORzkC6k

Since the continuity of the practice of FGM is justified for varying reasons in different communities, a targeted approach to communications is crucial. Misconceptions about FGM being prescribed by religious texts or its connection to cleanliness and purity should be dispelled. Overall, a human rights based approach is required which considers FGM as a universal human rights violation that cannot be justified by any cultural or religious reason.

To reach the affected populations, social and religious leaders of the different communities must be encouraged to speak out against the practice as they have an influential role. To counter the belief that men only want 'cut' women as wives, men in affected communities should also be engaged by, for example, using role models in sports.

The means of communication should be adapted to the literacy levels and the languages used by the different communities. Hence, local and diaspora-focused broadcast media in the local languages are ideal media platforms to reach the targeted population. Publications ought to be translated in as varied languages as possible. Messages on tackling FGM are often easily raised when explained through a story rather than direct messages. For instance, television soaps have been effective, like most recently in a widely watched UK show called 'Casualty.' Other examples include comic books for children to warn them about the signs of risks (Frankfurt-based NGO *Maisha* worked with young people to produce a comic book for children; GAMS Belgium also produced a comic - <http://campagne-excision.gams.be/>)

¹³ In its report the EIGE notes that « *Professionals who are in contact with girls and women at risk of FGM do not possess sufficient knowledge on FGM. They often fail to identify risks and fail to respond in an adequate, culturally sensitive manner. (...) Making specialized training and awareness raising on FGM for professionals mandatory and systematic is one of EIGE's key recommendations* ». EIGE, *Female genital mutilation in the European Union and Croatia*, Report, March 2013, p.69

¹⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/153235/dh_124588.pdf.pdf

¹⁵ http://igvm-iefh.belgium.be/fr/binaries/Guide%20MGF-FR_WEB_tcm337-152867.pdf

¹⁶ <http://www.uefgm.org/Course.aspx?Language=EN>

¹⁷ Such intersectional cooperation is taking place in Belgium, Portugal and the Netherlands

and local radio discussions in Somali, Amharic, Arabic, French, English and other African and European languages.

FGM is a global problem, an internationally condemned human rights violation and is illegal in a number of countries of origin and in most EU countries. Hence, messages should be targeted to reach the affected populations without stigmatising them. Creating an “us vs. them” or “here vs. there” dichotomy should be avoided as such messages can alienate and stigmatise the families, especially newly arrived migrants. Messages and communication techniques should be tested with focus groups that include NGOs working against FGM. The second target group should be the professionals most likely to be confronted with the practice of FGM, including professionals in education, health, asylum, social services fields. For more details, see response to question 3.

5 – Taking into account the instruments available to the EU and the principle of subsidiarity, which specific measures should the EU take to combat FGM in the field of gender equality, children’s rights, civil and criminal justice, health, asylum, integration and development policy?

While many of the actions needed to end FGM lie within the competences of member states, EU leadership, supported by an action plan, is crucial for a comprehensive and collaborative approach to FGM in view of its cross-border nature.

In the field of **gender equality**, the EU should support member states to develop their National Action Plans (NAPs) and strategies to end FGM by developing a multidisciplinary EU action plan which would address issues of prevention, protection, prosecution, reparation, provision of services and ensure the establishment of partnerships with community-based organizations and the development of prevalence studies. The EU should support these actions by making resources available for projects aiming to combat FGM in Europe and disseminating lessons among relevant authorities in member states. Any EU action on FGM should be developed within a comprehensive framework on gender equality, including a strategy on violence against women.

In the field of **children’s rights**, the EU should ensure that the future EU actions in the field of Child Protection System (CPS), in particular support actions related to violence against children, address harmful practices such as FGM. The newly set-up EU Expert group on the rights of the child has a role in considering the impacts of judicial proceedings on young girls affected by FGM. Support in relation to the development of training activities for judges and other professionals regarding the optimal participation of children in judicial systems should include a reflection on the best interests of the child in FGM-related cases. The new European Platform for Investing in Children¹⁸ (EPIC) which will collect and disseminate innovative practices¹ in areas such as early childhood education and care or parenting support should also look at the issue of FGM. The future EU indicators as regards child deprivation, quality and affordable childcare, children’s health and the situation of the most vulnerable children should also integrate indicators related to harmful practices such as FGM.

In the field of **criminal justice**, the EU has a clear mandate in supporting member states in the transposition and implementation of the directive on the rights of victim’s rights.¹⁹ States ought to guarantee protection and access to support services, including specialist support to women affected by FGM as well as the development of specialized training for professionals in contact with them. For example, the EU could support the development of a CEPOL handbook on FGM and encourage legal networks to exchange best practices to increase knowledge and expertise in FGM cases, to promote cooperation and to develop common standards in FGM-related judicial cases.

In the field of **international protection**, the EU should ensure a proper transposition and implementation of the Common European Asylum System as it relates to FGM. In particular, as part of the Contact Committee exchanges on the interpretation of EU asylum legislation, the European Commission should develop interpretative guidelines on FGM and international protection, to ensure a harmonized transposition and implementation of the recasted qualification, procedure and reception conditions

¹⁸ <http://europa.eu/epic/>

¹⁹ Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA

directives. Such guidelines should give full consideration to the UNHCR Guidelines on gender-based persecution and the Guidance Note on FGM and should clearly spell out member states' obligations. The European Asylum Support Office should be encouraged to include FGM as an integrated dimension in its work on vulnerable groups, in particular in its activities related to training and to country of origin information.

In the field of **health**, the EU should promote training on FGM as a sexual and reproductive health issue within existing networks of health professionals, including those working in victim's support organisations and reception centers for asylum-seekers. It should also support the establishment of national reference center of knowledge on FGM. The Open Health Forum could be a platform to promote and exchange good practices related to FGM. In coordination with Eurostat, experts involved in the development of European Community Health Indicators²⁰ could develop common indicators for the collection of comparable and reliable quantitative data on FGM in Europe. As part of its actions of support to member states in the field of the migrants' health, the EC should encourage the exploration of health or cultural mediator projects. This would promote the access to health care and health literacy among communities affected by the practice of FGM. These projects should be developed in collaboration with health care services, community representatives, representatives of women and girls living with FGM, and national asylum and immigration authorities.

6- Which specific measures should the EU take in its relation with non-EU countries?

The **EU action plan on human rights and democracy** prioritizes the protection of the rights of women and prevention of gender-based violence with a focus on FGM. Its implementation measures should make sure that FGM is included in the framework of **political dialogues** with partner countries and regional organizations. Building on the *UN resolution on intensifying efforts in eliminating female genital mutilation*, the EU can engage in discussions on implementation of international and regional commitments in Europe and in partner countries.

As a starting point, the EU delegations in countries with high prevalence of FGM -according to the Demographic Health Survey and the Multiple Cluster Indicator Surveys and other reliable sources-, should systematically **report on the FGM situation** in the country. In these countries, FGM is a women's rights priority to be integrated into their Human Rights Country Strategy.

Human rights dialogues or when relevant, diplomatic *démarche* should be considered to engage with countries with high prevalence of FGM. The Africa-EU platform for Dialogue on Governance and Human Rights and the ACP-EU Joint Parliamentary Assembly are relevant fora to discuss implementation of the UNGA resolution. For example, an exchange of good practices on the development and implementation of national action plans could be a first step.

Priority should be placed on **strengthening the capacity** on FGM-related issues of EU headquarters and delegations' staff in charge of human rights and in particular of the implementation of the guidelines on violence against women, children's rights and human rights defenders. Specific training sessions and the development of a toolkit on FGM would support this effort.

In implementing the **EU Plan of Action on Gender Equality and Women's Empowerment in Development** the EEAS and the European Commission should ensure FGM is addressed in **policy dialogues** with stakeholders relevant to this sensitive issue in the national context. For this purpose, the guidance note on relevant gender issues sent to Head of Missions (HOMs) in EU delegations should include information on FGM. It is imperative that women's civil society organizations and human rights activists already working on ending the practice be included in these dialogues, together with girls and women affected by the practice, community leaders, religious leaders, teachers, health workers and government officials both at local and national level.

²⁰ See the existing informal network monitoring the implementation of ECHI by member states.
http://www.echim.org/docs/echitransitional/ETN_Newsletter_4.pdf

EEAS and EC in-house capacity on FGM-related issues should be strengthened by integrating the issue in the gender training available on the Train4Dev platform. For example, a specific case study on FGM could be included in the ad hoc online course for EU HOM's and staff of delegations on how to implement the EU guidelines on violence against women from the perspective of external assistance.

The **European Instrument for Democracy and Human Rights** ought to support macro and micro projects to combat FGM in countries with high prevalence of FGM.

7- How should the EU effectively support and promote the involvement of specific groups that could make a difference in convincing the communities practising FGM to abandon the practice? For example men (husbands, fathers, brothers), women practising FGM, community leaders, FGM ambassadors or women who have suffered from FGM?

For active community engagement, EU countries must identify local activists, community leaders from different fields (religious, cultural, etc) as ambassadors who can initiate dialogues on the practice of FGM. Such discussions would allow for greater understanding of the continuation of the practice in those particular communities and lead to targeted response. The Dutch initiative of appointing Goodwill Ambassadors against FGM who receive government support to engage in discussions with targeted populations is a promising practice.

Role models in the various fields like sports, cinema, fashion can be engaged in campaigns to reach out to affected populations. As an example, GAMS Belgium launched a photo exhibition called "My Way of Saying No" featuring photos and testimonies of role models from affected communities including ex-boxers, doctors, activists, former circumcisors, actors and others: <http://www.mafacondedirenon.be/en>.

There are a number of small, local youth and community groups which allow young men, women living with FGM, community leaders and other stakeholders to discuss FGM and related concerns in a safe space in countries with large at-risk populations specifically in the UK, Ireland, the Netherlands and transnational networks between Ireland and Germany. Commonly they suffer from lack of resources and tools to have sustainable engagement. Resources like financial assistance to cover childcare costs, rents for rooms and tools like materials in local languages are often difficult to find or too costly for them to produce. The EU must ensure provision of adequate resources in relevant languages and formats so that activists and community leaders can have a long-term engagement with the communities.

In addition, women who speak out against the practice have been known to be threatened, intimidated and even attacked by people from their communities. An activist in Ireland who spoke about her experience of FGM and started youth groups to discuss the issue of FGM was threatened to the extent that she was forced to move house. Similarly, there are reports of threats against activists in the UK where the issue of FGM is becoming a mainstream issue of discussion. Activists must be provided with information to protect themselves and simultaneously, police authorities must be trained on the particular nature of such threats so that they are able to protect them, without which the activists may be silenced. Such training should be envisaged as part of the implementation of the victim's rights directive²¹ which foresees compulsory training for the police. They should include issues such as the prevention and detection of FGM, the needs and rights of affected women, as well as preventing secondary victimization and guaranteeing the safety of activists from affected communities. The need for activists who can speak from personal experience is essential for local community engagement; hence resources must be ensured for their protection.

In addition to protection, activists who put themselves in such a spotlight need mentoring and support to ensure they do not relive the trauma as they relate their experience to the public. Psychological support should be available and women should be informed of such provisions to protect themselves as they aim to protect others.

²¹ Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA, Article 25