Advisory Committee on Equal Opportunities for Women and Men

OPINION ON COMBATTING FEMALE GENITAL MUTILATION AND OTHER HARMFUL PRACTICES

The Opinion of the Advisory Committee does not necessarily reflect the positions of the Member States and does not bind the Member States

05.01.2017

The objective of the opinion of the Advisory Committee on Equal Opportunities for Women and Men is to provide feedback to policy stakeholders at national and European level, through the proposal of specific actions and ***recommendations on combatting female genital mutilation (FGM) and other harmful practices.*** *This follows after the publication of the Communication towards the Elimination of female genital mutilation in 2013,[1] and is in line with the Strategic Engagement on Gender Equality 2016-2019. This strategy encourages the continued implementation of the measures set out in the Communication and the use of appropriate instruments to eradicate female genital mutilation, as well as building on knowledge in this issue to tackle other harmful practices. EU accession to the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), as proposed in March 2016 by the Commission[2], would serve as further impetus. Also, the elimination of all forms of violence against women in the public and private sphere and the elimination of harmful practices, including female genital mutilation, are two of the targets of Sustainable Development Goal 5 of the new Agenda 2030[3]. Finally, the joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women (CEDAW) and No. 18 of the Committee on the Rights of the Child on harmful practices, the United Nations Human Rights Council Resolution 32.21 on Elimination of female genital mutilation, and United Nations General Assembly Resolution 71/168 on intensifying global efforts for the elimination of female genital mutilation are important in this regard.*

According to the latest UNICEF data,[4] at least 200 million girls and women in 30 countries with representative data on prevalence have undergone female genital mutilations, although the exact number remains unknown. In most countries, the majority of girls were cut before the age of 5.[5] It is a means of social control of women's sexual and reproductive rights. FGM is a violation of the human rights of women, a form of child abuse and of violence against women and girls, and constitutes an extreme form of discrimination against women and girls. FGM has severe short-term and long-term physical and psychological consequences. The practice of FGM occurs in a range of countries around the world, including in Africa, the Middle East and South Asia. The European Parliament estimates that 500,000 women in the EU have been subjected to FGM. FGM is a crime in all EU Member States, either through specific or more general legislation.

The EU has undertaken steps to combat FGM in a coordinated manner. The Communication towards the Elimination of female genital mutilation was published on 25 November 2013. This Communication is based on the following five priority areas[6]:

1. Enhancing the understanding of the risks and consequences of FGM through data collection;

[1] European Commission (2013) "Communication from the Commission to the European Parliament and the Council"
http://ec.europa.eu/justice/genderequality/files/gender_based_violence/131125_fgm_communication_en.pdf
[2] European Commission (2015) "Roadmap"
http://ec.europa.eu/smart-regulation/roadmaps/docs/2015_just_010_istanbul_convention_en.pdf
[3] United Nations (2015) "Resolution adopted by the General Assembly on 25 September 2015"
http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E
[4] UNICEF (2016) "Female genital mutilation/ cutting, a global concern"
http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf
[5] United Nations Secretary General (2016) "Intensifying global efforts for the elimination of female genital mutilations" http://www.un.org/ga/search/view_doc.asp?symbol=A/71/209
[6] Please see Annex I for a list of actions taken thus far.

2. Promoting sustainable social change to prevent FGM through multidisciplinary cooperation;
3. Supporting Member States in prosecuting FGM more effectively;
4. Ensuring protection for women at risk on EU territory, and;
5. Promoting the elimination of FGM globally.

I. The Communication and EU actions supporting Member States to combat FGM

The Communication has provided the Member States with a set of comprehensive guidelines for the adoption of a coordinated and multidisciplinary approach to the elimination of FGM, both nationally and in global actions. The Communication was widely disseminated in the Member States and serves as a reference for producing new policy documents. Since the publication of the Communication in 2013,[7] a number of Member States have introduced specific national action plans to combat FGM and other national plans that include specific measures to fight FGM in the EU. It remains difficult to measure the real impact of these national policies and laws, as they have not yet been evaluated.

The Communication was followed by the allocation of significant financial resources by the European Commission, which allowed both Member States and civil society organisations to implement many innovative and concrete actions to combat the phenomenon within their national territories and abroad. Counselling centres and NGOs have been fundamental for combatting and preventing FGM. They are instrumental in increasing knowledge, raising awareness, exchanging good practises, providing services and advocating against FGM.

The focus on developing a better understanding and gathering comparable data is a positive development. In particular, the European Institute for Gender Equality (EIGE) developed a common methodology and indicators to estimate the number of women and girls at risk of being mutilated and the number of women affected by FGM in the EU. Focus group interviews in Ireland, Portugal and Sweden revealed several levers that seem to trigger a change in attitudes. These levers include, for example, legislation combined with strong enforcement; education; awareness raising and prevention initiatives especially related to health repercussion (in order to increase dialogue, improve knowledge within communities, and clarify religious requirements); countering social and family pressure; increased levels of empowerment of young people; and contact with other cultures in which FGM is not practiced.

The use of specific indicators in Member States, in accordance with the indicators and methodology used by EIGE,[8] would enable Member States to collect comparable data.

Notably, the EU-agency European Asylum Support Office´s (EASO) Training Curriculum includes a module on gender, sexual orientation and gender identity, which also covers issues of FGM. This module is intended for officials examining asylum cases.

While the Communication addresses the main aspects of such a complex phenomenon as FGM, there is room for improvement in the practical implementation.[9]

[7] European Institute for Gender Equality (2015) "Estimation of girls at risk of female genital mutilation in the European Union" http://eige.europa.eu/sites/default/files/documents/MH0215093ENN_Web.pdf
[8] Ibid
[9] Please see annex II for Recommendations to improve activities under the Communication.

II. Transferability of national policies to combat female genital mutilation and other harmful practices

Many Member States have a variety of policies in place to combat FGM and other harmful practices. These policies are enacted through research, legislation, funding, cooperation between services (including notably health care services), and respond to the different 5 priority areas of the Communication.

Several Member States have implemented policies that go well beyond the 5 priority areas of the Communication. Working with (newly arrived) migrants and refugees is particularly relevant given the current situation in the European Union, where we are dealing with the biggest influx of migrants since the Second World War. Member States use different approaches, including human rights training in civic orientation. Another important priority area is health care. Many Member States have well developed guidelines and policies to provide support to victims and to collect data through the use of health care registration systems, including the creation of a specific code for FGM and, in some cases, legal obligations for health care professionals to aid in preventing and combatting FGM. Several Member States have innovative legislation and instruments to combat FGM and other harmful practices. Models of assessment and decision are worthwile replicating throughout Member States. Some Member States attach a budget to their action plans and programmes, facilitating its implementation. Finally, different Member States have positive experiences to be shared in engaging with other different stakeholders, including practicing communities, regional and local authorities, men and boys, and young people.

For a short list of practices with particular potential for transferability, please see Annex III. For a complete list of good practices, please see Annex IV and visit EIGE's database on good practices.[10]

III. EU level action on combating other forms of violation of women and girls' physical integrity and autonomy and honour related violence, such as forced marriage

"Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Despite their harmful nature and their violation of international human rights laws, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practising them.[11]"

Harmful practices are one of many forms of violence against women and girls, and therefore need to be integrated in a comprehensive policy to stop violence against women and girls. In order to ensure consistency and uniform protection of human rights across Europe, it is important for the EU and its Member States to address and combat all forms of violence against women included in the Istanbul Convention and consistently use the definitions and standards provided by the Convention.

[10]European Institute for Gender Equality "Good Practices Combating Gender Equality" http://eige.europa.eu/gender-based-violence/good-practices

[11] United Nations "Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children" http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf

Like FGM, many harmful practices are present in almost all EU Member States but often remain hidden. To the extent that harmful practices may be associated with each other, future EU measures against FGM should be taken in coordination with measures targeting other harmful practices, such as child and forced marriage and so-called "honour"-related violence and oppression. However, each harmful practice may need different measures. All these forms of violence against girls and women arise from the perception that both family and male honour are dependant on the sexual behaviour of women and girls. At the same time it is relevant to acknowledge that the rights to bodily integrity and self-determination are also violated through various other forms of violence. All women and girls, including those without a migrant or minority cultural background, may experience gender-based violence (such as sexual harassment in the private, public, or online space). In combating harmful practices, it is important to keep the focus on the root causes of violence against women and girls, including harmful practices, namely gender inequality based on patriarchy and the unequal power relations between women and men, so that these crimes are not unfairly linked only to migrant communities.

Within this broader framework, a comprehensive cross-cutting multidisciplinary approach should be followed in order to address harmful practices, where the EU could set the agenda and coordinate the efforts Member States make on the national level. Harmful practices, are a transnational issue, cutting across borders and continents. Therefore an EU coordinated approach will likely lead to harmful practices being tackled in a more effective way.

Action at EU-level would also be beneficial because some aspects related to forced marriages in particular, are already covered by EU legislation. This includes issues related to the free movement of persons, victim protection, asylum policy and immigration laws. Forced marriages often have a transnational dimension, as many potential victims are first brought to another country (often that of their ancestors) and then forced to marry a resident of that country. An adequate response to forced marriage requires cooperation and coordination among EU Member States and also with third countries where the phenomenon is present.

For all these reasons, action at the EU level is necessary. In line with the principles of non-discrimination and de facto equality between women and men and the protection of human rights, and particularly of women's and girls' rights, which are enshrined in a number of EU and international treaties, the EU has not only the opportunity, but also the moral duty to act to support Member States in eliminating such practices.

It is vital that issues related to women's human rights are fully taken on board by the EU in all relevant policies, according to a gender-sensitive and victim-centred approach, and that those who practice FGM are held to account. The economic crisis, the increasing flows of refugees, and the threats of radicalisation in the EU pose renewed threats in relation to violence against women and girls. Most victims of forced marriage are young women with immigrant backgrounds, while most perpetrators are older male relatives.[12] Women and girls are most often and by and large the victims of crimes committed in the name of so-called honour; a gender dimension should be present in all fields dealing with economy, labour market, social services, education, migration, law enforcement and radicatlisation prevention to effectively tackle these topics.

[12] EU Fundamental Rights Agency (2014) "Addressing forced marriage in the EU: legal provisions and promising practices" https://fra.europa.eu/sites/default/files/fra-2014-forced-marriage-eu_en.pdf.pdf

It is important to highlight that several instruments are already in place, namely the Istanbul Convention and the Victims' Rights Directive, which can guide the Member States in combating harmful practices. Signature and ratification by the EU of the Istanbul Convention would be very positive in terms of strengthening the legal framework to combat FGM and other harmful practices, in addition to supporting EU Member States' action in this field.

Finally, it is relevant to refer to the European Parliament's study "Forced marriage from a gender perspective"[13] which contains a number of recommendations for action at EU and Member State level.

General recommendations:

Only accurate data can ensure that developed policies are relevant, proportionate and respond to the existing needs by mobilising adequate resources. Data are also necessary to assess progress made in tackling harmful practices. Specifically:

- Qualitative research is crucial to generate new evidence over time to inform the development of laws, policies and programmes on harmful practices to gather further insights about the causes, perpetrators and potential victims of harmful practices, the influence of migration on attitudes and behaviours of migrant communities towards the practice of female genital mutilation, and to learn more from the affected communities themselves about which policy measures are likely to be most effective and appropriate;
- Studies, such as needs analyses, with professionals (such as health care providers) working with victims of FGM and other harmful practices contribute to the compilation of further insights on the experiences and challenges faced by these professionals, as well as any good practices when assisting such victims, and;
- It would also be useful to support research at national and EU level that gathers information on how Member States successfully prosecute the crime and ensure that police and prosecutors work closely together from the start of investigations.

It is important to carefully consider how data and initiatives may be used and misused for different political or ideological purposes, including racist and anti-immigrant discourse. The public debate on harmful practices should therefore be carefully observed and such abuse of information prevented.

It would be helpful to explore entry points for collaboration of efforts addressing different forms of gender-based violence, and ways in which harmful practices could be addressed as part of initiatives to end other forms of violence against women and girls, given the common root cause and the synergies and opportunities for better collaboration in protection and response measures for survivors of different forms of violence:

- Awareness raising and prevention activities should not only reach victims and girls at risk, but also parents and professionals in contact with these groups, including local community and faith-based leaders;
- Policies tackling harmful practices introduced on a national or EU-level can only be successful if they are strongly embedded in practising communities, strongly engaging them at the early stages of the process, as well as throughout, encouraging

[13] European Parliament (2016) "Forced marriage from a gender perspective" http://www.europarl.europa.eu/RegData/etudes/STUD/2016/556926/IPOL_STU(2016)556926_EN.pdf

discussions about FGM and sensitise and encourage men to stand up against FGM and other harmful practices such as child and forced marriage and so-called "honour"-related violence and oppression. Currently, many actors, including FGM-affected communities living in the EU and countries of origin, are not actively involved in dialogues on FGM. The engagement will help to create trust among the different actors involved, raise awareness and ensure ownership along the process, and;

- In order to make prevention efforts effective, measures should aim at changing attitudes and behaviour to women's rights and bodily integrity, including those that ensure sustainability once the prevention scheme or projects ends.

Focus areas for funding could be evidence based universal early prevention programmes for professionals in pre-schools, health care services (including midwives, general practitioners, gynaecologists, and paediatricians) and the social service sector.

Recommendations to the European Commission:

Without accurate data on the extent of so-called honour related crimes and forced marriage, it is more difficult to put in place effective, targeted, evidence-based measures, so the EU should:

- promote and support systematic national efforts to collect comparable data on the prevalence and incidences of FGM and associated factors in order to make these human rights violations more visible and take appropriate action to prevent and combat them;
- there is a general problem of identifying victims of FGM, those at risk of FGM, and victims of child and forced marriage, and other forms of so-called honour related violence and oppression, in part because the relationship between the victim and the offender(s) typically is a barrier to disclosure. The Commission could therefore specifically assist Member States in improving their work on identifying victims and those at risk of becoming a victim, for instance in health care and the social services. Also teacher and school health care staff have a role to play in identifying victims of FGM, child and forced marriages and other forms of so-called honour related violence and oppression as well as those at risk of such practices;
- Conditional ties might be added to some of the funding in order to encourage research and studies which aim at gathering successful evidence based methods for professionals in identifying victims and those at risk of FGM, child and forced marriages and other forms of honour-related violence and oppression.

FGM, forced marriages and honour-related violence and oppression concern adults and children. EU actions should put more emphasis on the promotion and protection of the human rights of young women and girls:

- In order to focus on the underlying causes of FGM and other forms of harmful practices and reducing the risk of stigmatising migrants, the EU could combat FGM and other harmful practices within a broader framework of promoting human rights of women and girls to bodily integrity and self-determination, including the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence, and addressing (other forms of) violence against women and girls;

Finally, the Commission should continue to promote learning exchanges between Member States that can be particularly useful in this area. In other policy areas, voluntary national peer-reviews with representatives of other Member States participating in the reviewing process have been tested with promising results and may be considered for the purpose of advancing the rights of women and girls to bodily integrity and to prevent FGM, child and forced marriages and other forms of honour-related violence and oppression.

Recommendations to the competent authorities in EU Member States:

The Member States of the European Union could also improve the availability of information for refugees and asylum seekers fleeing from violence against women and girls, including on FGM and harmful practices, as well as access to quality essential services, including health, justice, police and social services.

At national level, strategies that address harmful practices as forms of gender-based violence and a violation of human rights, and define clear objectives, milestones, actions, financial and human resources, and responsible agencies can provide a sound ground for sustainable measures. Therefore, it is recommended to explicitly address harmful practices in national laws.

IV. Usefulness of lessons learned combating FGM for combatting other harmful practices at EU and national levels

FGM is internationally considered one of the most widespread traditional harmful practices prevalent in the EU. FGM, just like other traditional harmful practices, often originate from dominant cultural norms in the victims' cultural group or country of origin. Therefore, many harmful practices, even if different from each other, have similar root causes which lead to similar consequences that can be be addressed similarly (in particular FGM and early and forced marriage).

Norwegian evaluations of an integrated approach combating FGM and forced marriage within the same national action plan already report that such an approach has led to a broader dissemination of knowledge about FGM. However, at the same time, FGM specific measures have gained less attention. As such the evaluators recommend that specific attention is given to policy development to combat FGM.

Following the approach of the Istanbul Convention, a community-wide response should involve civil society organisations, governmental agencies, local authorities, human rights institutions, the private sector, trade unions, the information and communication technology sector, and the media and the affected communities themselves.

In order to prevent data and initiatives against FGM and other harmful practices being used for xenophobic and anti-immigrant purposes and by extremist parties, the public debate on harmful practices should be carefully observed and such abuse of information prevented. The EU policy framework to combat FGM and other harmful practices should be part of a comprehensive policy framework to address all forms of violence against women as per the Istanbul Convention, taking into account the "6 Ps": prevention, prosecution, protection, service provision, partnership and integrated policies.

EIGE's study on FGM risk estimations and good practices, and the respective consultation meetings with representatives from all Member States, have shown there is a demand for the

continuous sharing of good practices among the EU Member States to increase visibility of successful policies. Moreover, EIGE's work has shown that the collection, evaluation and exchange of good practices in data collection, protection, prosecution and service provision concerning harmful practices in Member States can further support the development and implementation of more effective policy measures and instruments targeted towards harmful practices across the EU.

Recommendations to the European Commission

- Develop an EU strategy to address all forms of violence against women, as per the Istanbul Convention, addressing the 6 Ps: prevention, prosecution, protection, service provision, partnership and integrated policies;

- Systematic and adequate data collection and research is an essential component of effective policy making: relevant statistical data and administrative data are needed. It is crucial to reach a representative sample of women taking into account different grounds of discrimination, including migrant women and using specific indicators to be able to understand specific situations. Disaggregated data collection using a common methodology is important and is lacking across the EU. This is very problematic when trying to map solutions at local, regional, national and European level;
- Knowledge based policy should continue to be developed, bearing in mind that development of data and further insight to affected communities' attitudes are important to be able to combat harmful practices;
- The establishment of a network of experts and key actors on gender-based violence with a focus on harmful practices could contribute to coordinated and well-informed decision making on harmful practices;
- Networks among institutions and civil society organisations should be developed in order to address traditional harmful practices within the framework of policies to combat gender-based violence, and within the framework of integration policies. This implies the harmonisation of measures to combat and prevent violence against all women (including but not exclusively immigrant and minority women);
- A clear gender-focus and a sensitivity for intercultural dialogue in each public measure and involving migrants as primary actors in processes of national and regional policy planning should be promoted;
- Continue to acknowledge the importance of the involvement of NGOs, trade union networks and the practicing communities in policy development to combat harmful practices. There are specialised civil society organisations with experience in addressing harmful practices, including projects with relevant communities and ways to raise awareness about these practices in a culturally appropriate way (including with community and religious leaders, parents, men and boys). As they are a source of knowledge and expertise, these organisations should be included in efforts to address harmful practices at the EU level, in the design of awareness raising campaigns, educative programmes and trainings for professionals.

- The EU can give these NGOs visibility, and support the dissemination of good practices to broaden the evidence base of what works in practice to address harmful practices, in ways that do not stigmatise communities or put additional pressure on the women of

these communities. In fact, continuous sharing of good practices and lessons learned between different stakeholders, on regional, national, and international levels, will contribute both to implementation of actions and further policy development. This should include the exchange between professionals working in the field;

- It is also crucial to engage directly with women and girls affected by harmful practices as they can be powerful actors of change and should be involved as spokespersons on the issue;

- Keep in mind that although best practices already existing on how to work on FGM and on violence against women and girls more broadly will certainly help to combat other harmful practices, we must be careful not to apply a one-size-fits-all approach to different forms of violence, and be aware that each might require its own specialised care for victims, measures and training.

- Due to the transnational character of many of these crimes, building bridges and working across continents, including transcontinental funding, is needed to combat FGM and other harmful practices;
- The EU and its Member States, as well as candidate countries should ensure that asylum procedures comply with the UNHCR Guidelines on International Protection.[14]
- The EU asylum system, currently under discussion, should include a gender and a family and child perspective, on aspects related to reception conditions, procedures and qualification;
- The migratory status of women and girls entering the EU should be considered also independently from husband or other relatives, where appropriate;
- The EU must develop gender expertise in the structure of EASO.

Recommendations to the national authorities

- Put an end to impunity by implementing effective measures to ensure that investigation and judicial proceedings are carried out without delay taking into account the rights of the victims and the best interest of the child;
- Ensure that protection orders are being implemented, including measures related to the European Protection Order;
- Disaggregate and elaborate data and information regularly collected and identify risk indicators;
- Develop all types of services needed to protect and assist women and girl victims and survivors of male violence and gender-based violence: helplines (24/7, free of charge), shelters, rape crisis centres, counselling, legal aid, health care, trauma care, etc. More specifically:
    - Provide first line support, such as the provision of urgent medical treatment and care of injuries, and the provision of medico-legal documentation of the injuries

[14] United Nations High Commissioner for Refugees (1951) "The Refugee Convention,1951" http://www.unhcr.org/4ca34be29.pdf and (1967) " Protocol Relating to the Status of Refugees" http://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html

sustained[15];

- Provide quality, appropriate and accessible shelters in adequate numbers to reach out proactively to all women victims, including undocumented migrant women and refugees. Such shelters should comprise spaces for women and where appropriate accompanying children, at least for accommodation and service provision. Women's shelters response to early and forced marriages and other traditional harmful practices should be strengthened, and quality standards should be defined;
- Provide sufficient allocations, housing, and employment leave to women and girl victims of violence in order to help them reintegrate and be part of society;
- Place more stress on the strengthening of psychological support services for victims of violence, including FGM and other harmful practices. This is crucial to the well-being, recovery and protection of all those who have undergone this type of violence. Mothers and families who receive psychological support will also be better placed to prevent FGM from occurring to their daughters. The provision of these services is enshrined in the Istanbul Convention, the Victim's Rights Directive and the EU Asylum Directives and member states have a duty to provide these services across the country;
- Grant access to quality services for all women and girls, regardless of their legal status. When services are provided by NGOs, guarantee the sustainability and quality of services by granting adequate funds to the women's organisations and NGOs;
- Provide sustainable and adequate funding for women's NGOs that provide services for victims of violence against women and girls, including survivors of FGM and other harmful practices, and especially refugee and undocumented migrant women, who are more likely to turn for help to services run by women's organisations.

- Provide specialized training for professionals working in the protection system on dealing with cases of FGM, such as law enforcement agencies, the judiciary, social and health services, the education sector, as well as NGOs and non-profit organisations:
  - Encourage prevention in schools by increasing the awareness of teachers and informing students as well as their families;
  - Disseminate further information to respective professionals (such as healthcare professionals and teachers) on how to recognise and assess risk factors that may lead to FGM and other harmful practices and on what should be done in such cases;
  - Develop and implement risk assessment tools and codes of conduct for the different law enforcement agencies to prevent any form of violence from their employees, as well as codes of conduct for other professionals (such as healthcare providers) to be followed when assisting victims of FGM and other harmful

[15] For further examples from each sector, please see UN Women, UNFPA, WHO, UNDP and UNODC (2015) "Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines" http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence

practices, and when recognising a potential risk of such practices, and;

- Provide gender-sensitive training for law enforcement agencies, judiciary and public prosecutors in order to combat any existing sexist and racist behaviours and views in the justice system.

- Deal effectively with gender based violence, including harmful practices, in the asylum system:
  - Incorporate general human rights training, with a specific focus on violence against women, into language training for migrants and refugees;
  - Guarantee access to and provide information to women and girls about their rights, in their language;
  - Grant migrant and refugee women access to education, and employment as a strategy to support their independence and full participation in society;
  - Grant individual residency permit status for the purpose of criminal proceedings to all migrant and refugee women who are victims of human trafficking;
  - Suspend expulsion proceedings of the perpetrator when women and girls are being identified as victims of male violence;
  - Ensure implementation of the Istanbul Convention and CEDAW provisions while deciding on the asylum status on the national judicial level in the individual verdicts.

- Cooperate effectively:
  - Support and develop effective multi-agency cooperation between public authorities and women's, children's and human rights NGOs specialised in the elaboration of policies and measures, the establishment of services, the provision of assistance to victims, and the implementation of legal provision to end violence against women and girls and in supporting migrant women, including refugees and undocumented women;
  - Organise conferences and seminars on traditional harmful practicesat the national, regional and local levels in partnership with women's organisations, women's shelters, migrant women organisations and trade unions;
  - Foster cooperation with other countries on cases of FGM and other harmful practices, through collection of evidence, coordinated referral mechanisms, and coordinated case management.

General recommendations:

- Information and awareness-raising campaigns targeting victims and potential victims, should be based on an intercultural approach that avoids stereotypes and any link between ethnicity and violence, and should be disseminated in different sectors of life, including the workplace;

- The Communication has taught us that sustained funding is needed to train professionals, perform research, provide services to survivors, etc. Without this, the eradication of FGM

is impossible and this lesson can be replicated for other harmful practices. Appropriate financial and human resources for the implementation of integrated policies, measures, and programmes must be provided, including work of women's and human rights NGOs and civil society.

ANNEX I – ACTIONS TAKEN SO FAR

1. UNDERSTANDING

- EIGE has developed a common methodology and indicators to estimate risk of FGM;
- The Daphne III Programme funds a prevalence study headed by the University of Ghent.[16]

2. PREVENTION

To promote sustainable social change the Commission has funded and continues to fund:

- National awareness campaigns run by Member States on violence against women and FGM;
- The development of a web-based platform on FGM for professionals who come into contact with girls at risk and victims, to promote a multi-agency approach;
- Transnational projects aiming to prevent, inform about and combat violence against women, young people and children linked to harmful practices;
- The development of training packages for health professionals where FGM is a specific topic;

To encourage a systematical approach to the protection of children from all forms of violence, the Commission published a reflection on integrated child protection systems, for everyone who through their job is in contact with children. FGM is part of this reflection.

3. PROSECUTION

- A correct and timely implementation of the Victim's Rights Directive is important, as:
- it ensures easy access to well-functioning specialized support services;
- it applies to all victims, regardless of their legal status in the Member States;
- it puts in place measures to protect victims against any threat of physical or emotional harm during criminal investigations and trial;
- it puts in place specific protection measures for child victims.
- The Commission is disseminating training materials on FGM for legal practitioners, through its e-justice platform, addressing FGM in the context of health and asylum services;
- On 5 February 2016 the Commission published an Analysis of Court Cases on FGM[17];
- In April 2016 the Commission organised an exchange between Member States that addressed effective and innovative methods of combatting FGM and other harmful practices.

4. PROTECTION

- The Recast Asylum Procedures Directive and the Recast Reception Conditions

[16] European Institute for Gender Equality (2013) "Study to map the current situation and trends of FGM" http://eige.europa.eu/rdc/eige-publications/study-map-current-situation-and-trends-fgm-country-reports

[17] European Commission (2016) "Female Genital Mutilation in Europe: an analysis of court cases" http://ec.europa.eu/justice/gender-equality/files/documents/160205_fgm_europe_enege_report_en.pdf

Directive oblige Member States to identify applicants with special procedural and reception needs, due to their gender or as consequence of serious forms of sexual violence. If such needs are identified, Member States need to provide adequate procedural and reception support to these vulnerable applicants.

- Relevant provisions of the Asylum Procedures Directive provide, for instance, that personal interviews shall be conducted by persons competent to take into account, among other things, the applicant's cultural origin, gender and vulnerability. In addition, Member States should, wherever possible, select an interviewer and interpreter of the same sex of the applicant if the latter requests it.
- Relevant provisions of the Reception Conditions Directive also provide that victims of female genital mutilation should receive the necessary medical and psychological treatment, and staff working with victims of female genital mutilation should have appropriate training.
- The European Asylum Support Office (EASO), has developed training for immigration and asylum officials in Member States, on gender-specific issues related to asylum and the application of EU law in this area.

5. GLOBAL ACTIONS

- FGM is included in human rights and political dialogues with partner countries and in annual dialogues with civil society organisations;
- In September 2015 the EU launched a diplomatic outreach with a global focus on all forms of violence against children and women, and a focus on ending child, early and forced marriage and FGM;
- The EU has supported and contributed to the resolutions of the World Health Assembly, and the work of the World Health Organisation in this area;
- The EU also works closely with the African Union and African group in the UN General Assembly and UN Human Rights Council to end the practice;
- The EU pledged around EUR 100 million for the next 7 years to gender equality and children's wellbeing under the EU Global Public Goods and Challenges programme;
- The EU is currently supporting UNICEF-UNFPA Joint Programme on the Abandonment of FGM/C: accelerating change (11M€) which aims at:
  - supporting the 17 programme countries to enact legal and policy framework with appropriate resources and implementation for eliminating FGM;
  - providing timely, appropriate and quality services to girls and women at risk of or having experienced FGM in select districts in programmes countries, and;
  - supporting activities so that a majority of individuals, families and communities in programme areas accept the norm of keeping the girls intact.
- The EU is supporting the project: "Abandonment of Female Genital Mutilation (FGM) and Empowerment of Families' Joint Programme" in Egypt, that started in December 2011 and will run until June 2017 (EU contribution of 3.8 million euro). It will be followed in 2017 by the new project on advancing women's rights (10 million euro), which has an entire component dedicated to supporting the Egyptian government's efforts towards abandoning FGM;
- In the regular Human rights and gender training, the European External Action Service (EEAS) cooperates with Amnesty International and since 2015, with the End FGM European network to provide specialised training on FGM. Participants come from the External Action Service headquarters in Brussels and from the EU Delegations all over the world, the European Parliament, the European Commission and Member States.

ANNEX II – RECOMMENDATIONS TO IMPROVE ACTIVITIES UNDER THE COMMUNICATION

Concerning the enhancement of the understanding of the risks and consequences of FGM through data gathering, Member States should:

- Increase efforts to develop specific indicators on the prevalence of FGM in the national territory, which should be in line with the indicators and methodology used by EIGE,[18] with a view of producing comparable data on the issue;
- Include, where possible, questions on FGM in surveys on demographic and health topics, as recommended by the Friends of the Chair of the United Nations Statistical Commission on indicators on violence against women;
- Establish national reliable databases on the prevalence of FGM and the number of girls and young women at risk, also by promoting the collaboration between public and private organizations;
- Make sure that reliable data on the prevalence of FGM is collected with a particular focus on migrant women and girls who have just arrived for the first time in Europe. In particular, data disaggregated by age, country of origin, ethnic group, etc., should be collected both in first reception centres and detention centres;
- Continue to support EIGE in the provision of reliable data, through the collaboration with the Ministries involved in the prevention of the phenomenon, the protection of victims or girls at risk of FGM, and the prosecution of perpetrators.

As for the promotion of sustainable social change to prevent FGM:

- It is essential to implement information, awareness and health education programmes for immigrant families, including information on how and where to access available essential services, not only in the health sector, but also the policing and justice, social services sectors, in order for them to understand norms and customs in their host country. Furthermore, it is necessary that parents are made aware that female genital mutilation causes not only physical and psychological damages to their daughters, but also a stigma that isolates them from the society. This should be done in a culturally-sensitive and non-stigmatising manner, without patronizing communities, and underlying the fact that abandonment of FGM is beneficial to the health of their daughters and does not mean uprooting of traditions, but rather a positive change. Awareness raising can also be extremely useful to spread the culture of full respect for women and girls and their sexuality among the general public;
- Awareness-raising activities should also be carried out in schools, especially in primary education, with both children and teachers, as well as parents and families as target groups. Indeed, a high number of immigrant children or children of couples coming from countries where FGM is traditionally practised are now part of the educational system in the European Union and school is the ideal place to start a cultural change with the youngest generations;
- Positive initiatives should be organized by the Member States and local communities to engage men and boys to work in partnership with women and girls to combat FGM

[18] European Institute for Gender Equality (2015) "Estimation of girls at risk of female genital mutilation in the European Union" http://eige.europa.eu/sites/default/files/documents/MH0215093ENN_Web.pdf

through networks, peer programmes, information campaigns and training programmes. Further initiatives should be organized in the workplace, involving local institutions and social partners;

- Adequate training should be provided to all professionals possibly coming into contact with victims and/or girls at risk of FGM (health professionals, social workers, police, immigration officials, community and religious leaders and other relevant professionals). In particular, training initiatives for teachers should be increased so they will be able to recognize the possible different and suspect behaviour of girls who might have been or may be subjected to FGM, as well as to create a trust relationship and good dialogue with migrant parents of their pupils;
- Specialised health centres should provide all services, including psychological services and medico-legal documentation. Services are needed across country (many are centred only in capital cities);
- Trained and skilled linguistic and cultural mediators should be involved in first reception centres, detention centres, health facilities, and schools as they help carry out the identification, care and educational tasks more smoothly and act as a reference point, particularly for girls at risk;
- Transnational projects on FGM have been funded by the Commission, leading to national NGOs receiving some support in funding. However, more needs to be done at national level for sustainable funding for community-based organisations. Adequate and long-term funds need to be provided to grassroots women's NGOs. As mentioned in the previous EC Advisory group opinion on FGM (2013),[19] the EU programmes still need to be adjusted to the specific capacities of grassroots organisations so that they are able to fully benefit from EU funding (Rights, Equality and Citizenship programme, Erasmus/+ and Asylum, Migration and Integration Fund);
- Member states and the EU need to work across borders with countries of high prevalence in order to ensure a holistic, global approach. Diaspora communities in Europe should be supported, trained and encouraged to work with communities in countries of origin; this needs to be reflected in funding streams at international, EU and national level which are currently split for internal and external projects. There is currently little possibility for transcontinental projects and funding streams and policy measures need to reflect the global, transcontinental nature of FGM and other harmful practices. FGM is a global women's human rights violation, there need to be effective actions to build bridges with countries of origin in relation to helping to address the root causes of FGM. A dominant focus on African communities fails to also address the growing problem of FGM in Asia and Middle Eastern countries.

Prosecution is still rare. In this regard:

- Reporting to the police or social workers by victims, girls at risk and people coming into contact with them should be facilitated through the establishment of a national multilinguistic toll-free number receiving reports on cases of FGM and providing referral and information on healthcare facilities and voluntary organizations working for migrant communities coming from countries where such practices are performed.

In order to ensure protection for women at risk on the EU territory, it is essential that:

[19] European Commission (2013) "Opinion on an EU initiative on female genital mutilation" http://ec.europa.eu/justice/gender-equality/files/opinions_advisory_committee/131024_fgm_final_opinion_en.pdf

- The EU and Member States increase and make full use of public financial resources to raise awareness and resettle girls and women at risk;
- National action plans and strategies are developed and implemented in a multidisciplinary approach and involve all relevant public administrations and stakeholders;
- EU Member States should be further encouraged to make the necessary legislative changes to comply with the provisions of the revised directives of the Common European Asylum Systems that now take into account specific concerns related to gender-based forms of persecution, including FGM, as grounds for an asylum claim. Many member states are not respecting the spirit of the directive and not treating those affected by FGM as vulnerable persons, as explicitly stated by the Directives;
- Furthermore, the EU and its member states and acceding/candidate countries must ensure that asylum procedures comply with the UNHCR Guidelines on International Protection.[20]
- The EU asylum system, currently undergoing a recast procedure, obliges Member States to identify applicants with special procedural and reception needs, due to their gender or as consequence of serious forms of sexual violence. If such needs are identified, Member States need to provide adequate procedural and reception support to these vulnerable applicants. It is recommended its revisions continue to include a gender perspective, and all aspects related to reception conditions, procedures and qualification should be gender mainstreamed. Staff working in all aspects of the asylum process (including asylum interviews translators) must be trained on gender, culture and children's rights. The failures in credibility assessment are in part due to a lack of understanding, on the part of staff, of the signs and behaviour that someone who has undergone gender-based violence might display and also due to a lack of understanding of the country of origin. Member states should encourage staff to follow the gender training modules developed by EASO and to implement its recommendations effectively.

Countries of destination alone cannot eradicate FGM. Therefore, it is fundamental to promote the elimination of FGM globally, and especially to prevent it in the countries of origin by, inter alia:

- Developing and carrying out awareness-raising initiatives in the countries of origin by involving role models and community leaders and using the most appropriate means of communication (such as TV and radio) depending on the country in question;
- Increasing the provision of funds for international cooperation agencies and intensifying collaborations between them and the Ministries responsible for Gender Equality, Health, Social Services, Interior and Justice both in the countries of origin and destination.

[20] United Nations High Commissioner for Refugees (1951) "The Refugee Convention,1951" http://www.unhcr.org/4ca34be29.pdf and (1967) " Protocol Relating to the Status of Refugees" http://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html

ANNEX III – TRANSFERABLE PRACTICES – SHORTLIST

This section contains a short list of practices with particular potential for transferability. For a compilation of good practices, please see Annex IV.

DATA:

- Portugal published a study on prevalence, sociocultural dynamics and recommendations for its elimination,[21] that includes prevelance and specification of geographic areas with the highest incidence, as well as a qualitative analysis of the ideas that affected communities have about this practice, and their perception about the quality and effectiveness of the national current policies for the prevention and eradication of FGM. This is fundamental to the design of activities focused on awareness-raising and mobilisation of communities, as well as the production of campaigns and materials.
- In Germany, since October 2013, FGM has been classified in the final version of the International Classification of Diseases and Related Health Problems, German Modification (ICD-10-GM), published in 2014 by the German Institute for Medical Documentation and Information – DIMDI. This allows medical professionals to record the cases of FGM, and could facilitate support for health issues relating to FGM.
- In the United Kingdom, since 2014 it is mandatory for any National Health Service healthcare professional to record within a patient's clinical record if they identify that a women or girl has undergone FGM and to collate and submit basic anonymised details about the number of patients treated who have had female genital mutilation to the Department of Health every month. All of these data are stored in the FGM Enhanced Dataset, helping to record and share administrative data and information on FGM appropriately and to take the necessary action to safeguard girls against risk.

ASSESSMENT AND DECISION TOOLS:

- NGOs in Belgium (GAMS Belgium, INTACT, Réseau des Stratégies Concertées) have developed practical tools endorsed by the different ministries. A prevention kit has been disseminated at national level which contains all the tools and advice to protect a girl at risk of FGM. One of the main tools is the Decision Tree. It helps professionals to quantify the risk on a scale from 1 to 5 and propose action for each level of risk. The prevention kit is online.[22]

RESOURCES:

- In Italy, budgets of 3.5 million euro and 3 million euro were allocated to implement the frst and second Strategic Plan for the prevention of and fight against FGM, which also specified the key areas of intervention and specific initiatives.

INVOLVEMENT OF PRACTICING COMMUNITIES:

- In Portugal, associations representing practicing immigrant communities joined the intersectoral working group responsible for implementing the III Action Programme for the Prevention and Elimination of Female Genital Mutilation (2014-2017). To

[21] Lisboa, M. et al (2015) "Mutilação Genital Feminina: prevalências, dinâmicas socioculturais e recomendações para a sua eliminação" https://www.cig.gov.pt/wp-content/uploads/2015/07/Estudo-preval%C3%AAncia-MGF-finalpp.pdf

[22] Les Stratégies Concertées de lutte contre les mutilations génitales féminines (2017), "Kit de prévention des Mutilations Génitales Féminines" http://www.strategiesconcertees-mgf.be/scmgf-15/

foster their active involvement, a biannual prize is awareded to the small immigrant associations which develop community work. It allows small associations that usually have difficulties in obtaining financial support from large programs, but that often prove to be very effective in the field, to be effectively supported.

ROLE OF HEALTH CARE PROFESSIONALS:

- In Portugal, health care professionals can follow a specific post-graduation course on FGM at higher education insitutions, free of charge. The trained professionals assume the role of focal points in areas of risk, thus creating local networks.
- Several hospitals have been designated as reference or expert centre on FGM. In Italy, the San Camillo–Forlanini Hospital in Rome has been indicated as the Regional Reference Centre for the treatment of medical and surgical complications resulting from FGM practices. The hospital promotes regional training and a network of regional services that can take charge of all physical and psychological complications related to FGM. In Norway, a low threshold service for women suffering from the consequences of FGM is established at the gynaecological outpatients department at Oslo University Hospital. Belgium has specialised health services, including psychological, gynaecological, sexual health and midwife services at Saint-Pierre University Hospital (Brussels) and Ghent University Hospital.
- To prevent FGM, in Norway, school health services talk to parents and girls from relevant countries about legislation and health consequences of FGM, and offer voluntary genital examination for the girls at the age of 5/6, 11, and 14 years old.
- Also in Norway, there are social paediatric centres with expert knowledge on identifying children subjected to FGM.

INVOLVEMENT OF LOCAL AUTHORITIES:

- In Sweden, guidance documents on how authorities and services at local level can address honour-related violence and oppression including FGM, child-marriages and forced marriages are introduced to all municipalities, through knowledge-based introduction sessions with the key professionals acknowledged in the guidance document. They are intended for professionals at local level who work with children and young people, such as staff in preschools, schools, healthcare, social services, the police and civil society organisations. In Italy, various awareness raising projects involving regions and municipalities have been carried out.

ROLE OF MEN:

- GAMS Belgium is currently running the first European program involving men in the prevention of FGM at a large scale (in Belgium, the Netherlands and the United Kingdom).[23] The project consists of qualitative and quantitative research among men from the diaspora in Europe to assess their knowledge of FGM and their position in relation to the practice, the training of male peer educators from FGM-practicing communities, and an awareness campaign.

ROLE OF YOUTH:

- FORWARD UK's Young People Speak Out programme works within schools to

[23] www.menspeakout.eu

equip teachers, parents and young people with information and skills to respond better to FGM[24]. Involving youth in long-term solutions, through education and community empowerment is the only way to bring about sustainable change.

PROTECTION:

- In Belgium, the General Commissariat for Refugees and Stateless Persons may take prevention and monitoring measures to continue to protect the physical integrity of girls at risk of FGM, where that has been recognized to have been the reason for seeking asylum. This includes monitoring of girls by way of a medical document certifying that there has been no mutilation.
- In the United Kingdom, emergency protection orders for FGM have been introduced.
- In the Netherlands, a document in the form of a statement was developed by the Ministry of Health and the Ministry of Security and Justice, to help parents withstand pressure from their families to carry out FGM.[25]
-

LEGISLATION:

- To facilitate the possibility of investigating and prosecuting FGM, provisions that prevent the crime from being time-barred before the victim can be assumed to be sufficiently mature to decide whether she wants to press charges are introduced: in Germany, the limitations provision accommodating the new criminal offence of FGM specifies that the limitation period shall not commence until the victim turns 30. In Norway and Sweden the statute of limitations (up to 10 years) begins to run when the victim has reached the age of 18.
- To send a strong dissuasive message, in Belgium not only those practicing, facilitating or supporting, with or without the victim's consent, any form of FGM, but also anyone who advocates or incites to that practice, can be punished.
- In Sweden, new civil and penal legislation against forced marriages and child marriages was introduced in 2014, including the new crimes of coercion to marry (this applies to a person who, by unlawful coercion or exploitation of another person's vulnerable situation, induces this person to enter into marriage or a marriage-like relationship) and luring someone to travel abroad with the purpose of forcing them to enter into marriage. In 2015, the government presented a bill on criminalizing conspiracy to commit forced marriage[26] with the aim to enable pertinent authorities to intervene against this crime at an early stage. In addition, the possibility of children being granted exemption to marry is abolished. Coercion to marry has been exempted from the dual criminality requirement that applies to most offences. This means that a suspected case of coercion to marry may be heard by a Swedish court even if the act is not a criminal offence in the country in which it was committed. Today, certain preliminary stages to the offence of coercion to marry may be punishable as attempt or

[24] http://forwarduk.org.uk/what-we-do/uk-programmes/uk-youth-fgm-programmes/

[25] The State Secretary of Health,Welfare and Sport and the Minister of Security and Justice. (2014) "Statement opposing female circumsicion" http://www.pharos.nl/information-in-english/female-genital-mutilation/protocols-and-materials/prevention-materials/statement-opposing-female-circumcision

[26] Sveriges Riksdag (2015/16) " Regeringens proposition 2015/16:113: Bättre straffrättsliga verktyg mot organiserad brottslighet" http://www.regeringen.se/contentassets/3f9ea04805c4420da57fc6834c49b8d9/battre-straffrattsliga-verktyg-mot-organiserad-brottslighet-prop.-201516113

preparation to commit this offence.

- In the Netherlands, the Forced Marriage Prevention Act[27] includes marital captivity. In some cases the cooperation of the husband is required to end a formal or informal religious marriage. If the husband refuses to cooperate, he can be said to be holding his wife captive. Depending on the circumstances, a court can order an unwilling husband to cooperate in dissolving the marriage. If he refuses, the court may, for example, order him to pay a penalty. Furthermore, the law stipulates that a marriage contracted abroad by children under the age of 18 will only be recognised in the Netherlands once both partners have reached the age of 18.

LAW ENFORCEMENT:

- In Norway the penal code establishes a duty for certain professionals and employees of e.g. schools, health care services, child protective services and religious communities to try to prevent, by reporting or otherwise, and without regard to confidentiality, the crime of FGM. Violation of the duty to prevent FGM may be punished by fines or imprisonment of up to one year.
- In the United Kingdom there exists a professional duty to report all girls under 18 subject to FGM to the police.

COOPERATION BETWEEN SERVICES:

- In Sweden, a national network of 18 agencies is assigned to address all honour-related violence and oppression including FGM, child marriages and forced marriages. This was initiated by the Östergötland County Administrative Board that developed a skills team, consisting of police officers, psychologists, social workers, researchers and staff from the Health and Social Care Inspectorate, to combat honour-related violence and oppression including FGM, child marriages and forced marriages. The skills team are connected to a national telephone support service for professionals who meet victims and who need advice on actions to be taken. In the period 13 March 2014 until and including 18 August 2015 it received cases concerning 492 victims or potential victims of various forms of harmful practices including FGM.

INTERNATIONAL INSTRUMENTS:

- The Istanbul Convention is the first treaty to recognise that FGM exists in Europe and that it needs to be systematically addressed. It contains a comprehensive set of policy and legislative measures that can be applied both at EU level and serve as a blueprint for action at the level of Member States. In addition, the Council of Europe has published a series of papers on specific provisions of the Istanbul Convention, which include references to good practices at the national level, including on the prevention of FGM[28], awareness-raising[29]; the participation of the private sector and the media in the prevention of violence against women[30]; and data collection.[31]

[27] Duth Ministry of Security and Justice (2015) "Forced Marriage Prevention Act" http://wetten.overheid.nl/BWBR0037085/2015-12-05

[28] Council of Europe (2014) "Preventing violence against women: Article 12 of the Istanbul Convention" https://edoc.coe.int/en/violence-against-women/7140-preventing-violence-against-women-article-12-of-the-istanbul-convention.html

[29] Council of Europe (2014) "Raising awareness of violence against women: Article 13 of the Istanbul Convention" https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168046e1f1

[30] Council of Europe (2016) "Encouraging the participation of the private sector and the media in the prevention of violence against women: Article 17 of the Istanbul Convention" https://edoc.coe.int/en/violence-against-

- The WHO Guidelines on the management of health complications from FGM [32] are designed for health-care professionals involved in the care of girls and women who have been subjected to any form of FGM. They follow 3 principles: A) Girls and women living with FGM have experienced a harmful practice and should be provided quality health care; B) all stakeholders – at the community, national, regional and international level – should initiate or continue actions directed towards primary prevention of FGM, and; C) medicalization of FGM (i.e. performance of FGM by health-care providers) is never acceptable because this violates medical ethics since (i) FGM is a harmful practice; (ii) medicalization perpetuates FGM and; (iii) the risks of the procedure outweigh any perceived benefit. The guidelines offer recommendations and showcase best practices. They do so around the topics of deinfibulation, mental health, female sexual health and information and education.

ANNEX IV - GOOD PRACTICES

1.DATA AND KNOWLEDGE

1.1 Portugal

A research study on the prevalence of female FGM was completed and publicly presented in July of this year. The study is entitled "Female Genital Mutilation: prevalence, sociocultural dynamics and recommendations for its elimination" and as the title indicates, it provides relevant information to develop strategies and methodologies more suited to the real situation of FGM in Portugal and to the communities that practice it. The Working Group responsible for the implementation of the III Programme of Action for the Prevention and Elimination of Female Genital Mutilation 2014-2017 finds in that study several quantitative and qualitative data that provide a working basis for intervention, both in terms of public policies and of the implementation of concrete actions on the ground:

- The study identifies the number of girls and women victimised or at risk of excision (as well as their characterisation) and presents the geographic areas with the highest incidence of cases.
- Although this is a prevalence study (of a quantitative nature), it also includes a qualitative analysis of the ideas that affected communities have about this practice, as well as their perception about the quality and effectiveness of the national current policies for the prevention and eradication of FGM. This more comprehensive dimension of the phenomenon and the social representations associated with it (for both men and women), is fundamental to the design of activities focused on awareness-raising and mobilisation of communities, as well as the production of campaigns and materials. For example, it turns out that there are multiple reasons

women/6804-encouraging-the-participation-of-the-private-sector-and-the-media-in-the-prevention-of-violence-against-women-and-domestic-violence-article-17-of-the-istanbul-convention.html

[31] Council of Europe (2016) "Ensuring data collection and research on violence against women and domestic violence: Article 11 of the Istanbul Convention" https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680640efc

[32] World Health Organisation (2016) "WHO guidelines on the management of health complications from female genital mutilation" http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/

given for the perpetuation of FGM that vary in relation to sex, age, and foremost according to the country and ethnic origin. This data is valuable because it allows us to develop customised solutions;

- The study also includes a set of specific recommendations based on the results obtained in the confronted with the work that has been carried out under successive action programs against FGM (unclear). It also provides food for thought for professionals who are more directly involved in the prevention and fight against FGM, those that are represented in intersectoral working group responsible for implementing the III Program of Action.

The following points highlight the key results of the study:

- The number of women over 15 who may have been subjected to the practice of FGM is approximately 6,576, which corresponds to 49% of the number of female residents in Portugal that are born in practicing countries;
- The largest contributor to this value is the Guinea-Bissau. This country accounts for 90% of the women estimated to have undergone FGM, followed by Guinea (3%) and Senegal (2%) ;
- It is estimated that the total number of girls between 0 and 14 years old living in Portugal who have been or will be subjected to FGM is 1,830;
- The study shows that the practice is valued especially by men, although performed by women;
- Communities refer to the health consequences as the most negative aspect of the practice, and;
- Religious tradition remains the main factor instigating the practice.

In terms of recommendations, among others, the following stand out:

- The need to promote awareness campaigns and specific information to the world of men;
- The need to develop awareness actions close to the moments where it is most likely girls will be taken to their home country (or country of origin), particularly at Easter, and;
- The need to strengthen training of police officers, for which the study has produced a guide for appropriate procedures.

In Portugal, the Ministry of Health has created a health database on FGM, which is a registration system of cases identified by health professionals. The database is implemented by an intersectoral group composed of representatives of several government and non-government bodies and organisations (public entities from the most relevant ministries, international organisations and civil society organisations) and coordinated by the Commission for Citizenship and Gender Equality (CIG). The database is embedded in specific action programmes for the elimination of FGM showing a strong commitment at governmental level. It adopts a multisectoral approach complementing data from the public health system with data from studies on FGM.. It also reflects the goal of implementing a coordinated approach amongst the different actors intervening at the national level.

1.2 Italy

The Italian Government, through the Department for Equal Opportunities of the Italian Presidency of the Council of Ministers, commissioned a dedicated research study on FGM, which was carried out and published in 2009. It provided a quantitative estimate of the prevalence of FGM in Italy. Besides the Department, there are many public entities working

on the eradication of FGM (with the financial support of the Italian Government), and they contribute to the evidence base.

In 2015, the Italian Government adopted the Extraordinary Action Plan against Sexual and Gender-Based Violence, which envisages the establishment of a specific National Database aimed at appropriately measuring violence against women and collecting all the existing and new data coming from all involved public Administrations on, inter alia, FGM cases in the country, thus enhancing the cooperation between central and local administrations, harmonising the collection methods and avoiding fragmentation of data.

Research projects, training and communication activities have been conducted on the entire territory of the Lazio Region. Thanks to the investigations carried out in the implementation of these projects, it has been possible to know the real number of FGM incidences in immigrant communities settled in Lazio and they provide useful input in identifying effective strategies for prevention and intervention. In particular, 1,500 health workers were interviewed, 250 teachers and 50 cultural mediators trained, 50 schools involved, 500 foreigners contacted.

In order to ensure the proper identification of the FGM target groups, it is of utmost importance to know, inter alia, in which countries the practice is performed and which main ethnic groups practise FGM. To this end, the Nosotras Association has developed a computer tool, the 'online bulletin board', available to professionals who carry out the training. The 'online bulletin board' (accessible via personal credentials) includes this and other information that can be of support to the professionals.

1.3 Norway

Research and updated information is key for evidence based policies and building of competence. A national centre of competency for FGM was established in 2008 at the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS). The Government provides funding for research on FGM to, among others, the NKVTS and The Norwegian Centre for Minority Health Research (NAKMI). Examples of studies on ongoing research projects include a study on the police handling of FGM cases, a study on healthcare for girls who are survivors of FGM, and a study on self-reported prevalence of FGM and attitudes toward prevention amongst young Somalis in Oslo.
Medical treatment of women who are survivors of FGM is another area of research.

1.4 United Kingdom

The Department of Health in the UK has adopted a FGM Prevention Programme to improve the way in which the National Health Service (NHS) responds to the health needs of girls and women who have undergone female genital mutilation and actively support prevention.

- After the programme was launched in 2014, it became mandatory for NHS healthcare professionals to record within a patient's clinical record if they identify that a women or girl has undergone FGM and to collate and submit basic anonymised details about the number of patients treated who have had female genital mutilation to the Department of Health every month. All of these data are stored in the FGM Enhanced Dataset, helping to record and share administrative data and information on female genital mutilation appropriately and to take the necessary action to safeguard girls against risk;

1.5 Germany

The Federal Ministry for Family affairs, Senior citizens, Women and youth finances research to get more reliable data on women suffering from FGM and girls in danger of FGM living in Germany. At the same time the project aims to find out the needs of women and girls within their communities to eliminate the practice of FGM.

1.6 Malta

The Migrant Health Liaison Office carried out focus groups with migrant women in 2009. The women who came from Somalia and Ethiopia were residing in two open centres shared their experience of going through the traditional practice of FGM when they were children. The focus groups aimed:

- to inform mothers about the harm and associated long term health consequences of FGM,
- to enlighten pregnant women to make healthy decisions with regards to their to-be-born daughter/s
- to warn migrant women/mothers that FGM is a form of child-abuse punishable by a prison term to inform migrant women/mothers that education is the best way to bring up children with high moral standards.

The focus group were carried out with the assistance of a female trained cultural mediator.

The above mentioned office is active in the field of training on the topic of FGM for health and social care professionals. In 2015 training was also delivered to education professionals who teach multicultural students. This information can be accessed on the Migrant Health Liaison Office webpage.[33]

The National Commission for the Promotion of Equality (NCPE) published the study '*Female Genital Mutilation in Malta: A Research Study*' in December 2015.[34] This research provides an in-depth analysis on this topic, including a review of literature on the subject; an overview of international and national legal framework and provisions; the findings of qualitative research (including focus groups and interviews) with stakeholders and communities at risk; a summary of good practices carried out in other countries; and a set of recommendations for the way forward.

Following this study, a leaflet on FGM for healthcare professionals and another one (in various languages) for migrant women were developed to disseminate further information on the subject. The research study and the leaflets are available online.[35]

On 22 April 2016 the Malta Girl Guides organised a seminar with the title of 'Talking Lips' under the patronage of the Ministry for Health and funded by the Small Initiatives Support Scheme operated by the Malta Council for Voluntary Sector. The objectives of this volunteer-led seminar were:

- to raise awareness on FGM at the local level;
- to educate professionals who are in direct contact with women migrants; and

[33] https://health.gov.mt/en/phc/mhlo/Pages/training-initiatives.aspx

[34] This study was carried out as part of the EU co-funded project '*Forms of Violence in Malta – A Gender Perspective'* - JUST/2012/PROG/AG/4733/VAW.

[35] NCPE (2015 "Female Genital Mutilation in Malta: a research study" http://ncpe.gov.mt/en/Pages/Projects_and_Specific_Initiatives/Forms_of_violence_in_Malta_a_gender_perspective.aspx

- to speak up for FGM potential victims.

Furthermore, the Malta Commission on Domestic Violence, shall next year be collaborating with EIGE on its study on girls at risk of female genital mutilation in Malta.

1.7 Belgium

According to a study on the prevalence of female genital mutilation in Belgium, revised in 2014, it is estimated that, as of 31 December 2012, 13,112 girls and women had "already very probably undergone excision" and 4,084 were "potentially at risk of excision". The cities where the majority of this population lives are Antwerp, Liège and Brussels.[36]

A project for recording cases of FGM in 10 hospitals was launched in 2013 in order to observe whether better use of existing procedures (by sensitizing the hospitals'gynaecology and registration units) leads to an increase in the number of cases recorded, the objective being to develop a monitoring system. The project involved raising awareness in the hospital services concerned and is continuing.

2. PREVENTION

2.1. Portugal

The III Action Programme for the Prevention and Elimination of Female Genital Mutilation (2014-2017) became part of the V National Plan to Prevent and Combat Domestic Violence and Gender in 2014-2017. This option follows the premises of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.

The current Programme of Action integrates the recommendations of the external evaluation of the previous program. The Intersectoral Working Group also adopted new modus operandi, approaches and dynamics.

The third program of action remained essentially the main previous course of action. It provides a reinforcement of some measures which prove to be structural to the challenge of eradicating FGM, including the training of those professionals who may have contact with FGM, having been formally introduced in the current Programme of Action training for new target groups, such as technical officers from the Commissions for Children and Youth Protection and non-teaching staff in at risk schools, covering all levels of education. In order to achieve these goals, some new organisations joined the Intersectoral Working Group.

This Programme of Action also proposes stronger action in, and with, the risk communities, and mobilizing non-governmental organizations, especially immigrant associations. This way, three associations representing immigrant risk communities joined the intersectoral working group responsible for implementing the Programme of Action, and some new measures were created aimed at their active involvement, such as a biennial prize specifically addressed to the small immigrant associations which develop community work, through which they could apply to projects aimed at raising awareness and prevention of FGM. The regulation of this award allows those small associations that usually have difficulties in

[36] Dubourg, R. and Richard, F. (2012) "Etude de prévalence des femmes excisées et des filles à risque d'excision en Belgique"
http://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/mgf_etude_de_prevalence-_version_longue_11-11-2014_final.pdf

obtaining financial support from large national and European programs, but that often prove to be very effective in the field, to be effectively supported.

The current action program also consolidates the centrality of the intervention of health professionals in the fight against FGM, such as a specific post-graduation course on FGM addressed to doctors and nurses aimed at the creation of local networks in the areas of risk where they assume the role of focal points. There were three Post-Graduation courses on FGM, promoted by the Lisbon Superior School of Nursing (two in 2013 and 2015) and the school of health of the Instituto Politécnico de Setúbal (1 in 2015), free of charge, for health professionals. These actions have specialized 85 professionals.

A field is created in the CNPCJR[37] application, within the category "physical ill treatment" for identification of cases of FGM in girls by the CPCJ.[38]

2.2 Italy

In Italy, in 2006 the pro-tempore Minister for Equal Opportunities set up the Commission for the Prevention and Fight against Female Genital Mutilation, which was entrusted with the development and coordination of actions to be promoted and comprises all the Ministries involved, namely: the Ministry of the Interior, Ministry of Foreign Affairs, Ministry of Labour and Social Policies, Ministry of Health, Ministry of Education and State-Regions Conference. In 2007, the Commission adopted the first Strategic Plan aimed at indicating programmes for the prevention and fight against such practice, which also specified the key areas of intervention and specific initiatives.

The Plan was finalized in a Call for proposals issued by the Department for Equal Opportunities in 2007 for the financing of 21 projects for the prevention and fight against female genital mutilation, in accordance with art. 3 of Law No. 7/2006. Regions, local authorities, national health service facilities, non-governmental organizations and associations submitted their projects. The Call for proposals provided for the allocation of a total amount of about 3.5 million Euros.

It was prepared on the basis of three key areas of intervention:

a) Action-research projects, namely surveys on the phenomenon and feasibility analysis of the monitoring of interventions, impact assessment and creation of integrated networks (for a total amount of about 794,000 euro);

b) Information and awareness-raising campaigns on the prevention of and fight against FGM, addressing both new migrants and foreign citizens already living in our country (for a total amount of about 1,160,000 euro);

c) Training and refresher courses on the protection of human rights, particularly women's rights, for teachers and cultural mediators belonging to communities coming from countries where FGM is practised (for a total amount of about 1,600,000 euro).

In January 2011 the Commission drafted the second Strategic Plan on the national priority actions relating to the prevention of and fight against FGM. The total amount of resources allocated under the second Strategic Plan is equal to 3 million euro, which are being used for the development of the following areas of intervention:

a) Development of experimental and innovative intervention models for the

[37] CNCPJR – National Commission for the Protection of Children and Young People at risk

[38] CPCJ – Local Commissions for the Protection of Children and Young People

implementation of a national strategy aimed at facilitating the social integration of women and children victims or potential victims of female genital mutilation;
b) Provision of specific training courses for professionals working in this field or in other related sectors, aimed at facilitating the relations between institutions and the African migrant population;
c) Promotion of information and awareness-raising activities.
The Department has therefore drawn up a draft Memorandum of Understanding concerning the allocation of resources, objectives, implementation and monitoring of the intervention system to be developed in order to prevent and combat female genital mutilation, which was adopted by the State-Regions Conference on 6 December 2012.

In 2017, the Department for Equal Opportunities envisages to elaborate ad-hoc guidelines for the dissemination of information and training tools aimed at promoting the emergence of the phenomenon and addressing all operators, namely professionals responsible for the reception of women migrants coming from countries traditionally performing FGM and forced marriages and working in CPSAs (Centri di Primo Soccorso e Accoglienza - First Aid and Reception Centres), CDA (Centri Di Accoglienza - Reception Centres) and CARA (Centri di Accoglienza per Richiedenti Asilo - Reception Centres for Asylum Seekers). The Guidelines will include a set of indicators and guiding tools aimed at facilitating the recognition of difficult situations by operators and the adoption of working protocols, including urgent protocols, to identify the most effective and suitable protection path in the best interest of the victim.

In the context of the above mentioned plans, several awareness-raising initiatives have been organized:

- The Health Directorate of Lazio Region, together with the Local Health Authority ASL RMA, the San Camillo Forlanini Hospital, the Albero della Vita Foundation and Nosotras Association, carried out an action research aimed at preventing and combating FGM through the involvement of migrant women coming from the Horn of Africa and living in Rome. The same project provided for the organization of events aimed at sensitizing the local community on FGM and strengthening the relationship between migrant and local communities. In particular, a series of "sensitization workshops" was organized in the schools, targeting young students and their families, to discuss the issue "Rights of children and Rights violation in the world". Moreover, two evening events with traditional music and local food were organized in order to spread messages against FGM and also to strengthen the relationship among migrant and local communities. Finally, a brief spot and a video reporting all the different steps of the project were created.
- The Emilia-Romagna Region, in collaboration with the social research institute EXTRAFONDENTE, the eight municipal governments (Bologna, Ferrara, Reggio Emilia, Parma, Piacenza and Rimini, Forlì-Cesena, Ravenna), and three regional networks of associations carried out a project dedicated to FGM. Within the framework of this project, a number of awareness-raising events were organized to attract the general public, such as exhibitions, theatre shows, art performances, speaking corners, book presentations, as well as conferences and seminars to educate the public and professionals, publications (books, information guides) and video production, meetings with foreign communities to get in contact with them, support paths and listening for women (counselling office, workshops, services and orientation activities, home visits, workshops on body expression) to get in contact with foreign women and speak on the issue of FGM. Moreover, dissemination actions

of the project during festivals and events, as well as narrative laboratories for women were organized to give strength and value to the project. A major achievement was the contact and involvement of foreign communities and particularly women in the activities.

FGM is a very complex phenomenon which, being linked to social and cultural traditional norms, is difficult to detect and eradicate. Therefore, a holistic approach allowing the building of integrated networks operating throughout the national territory is central to achieve the objective of eradicating FGM. It is also central to provide all professionals (social workers, obstetricians, gynaecologists, psychologists, hospital personnel, general practitioners, paediatricians, anti-violence centre operators, school teachers, etc.) working in the field with training and tools to detect and prevent the phenomenon:

- With this aim, in 2007 the Italian Ministry of Health issued its Guidelines for health professionals and other professionals working with immigrant communities coming from countries where FGM is practised, aimed at carrying out prevention, assistance and rehabilitation activities for women and girls who already underwent such practice;
- Within the framework of the above mentioned project implemented by the Lazio Region, together with ASL RM A, the San Camillo Forlanini Hospital and the Associations Albero della Vita and Nosotras, training sessions were organized for health personnel who could deal with the practice, and for school operators who can have young girls coming from countries at risk for FGM among the students. The aim of the training was to sensitize and increase awareness of FGM. Particular attention was given to gender issues, relational skills and transcultural approach.
- Moreover, in the context of its own activities, the San Camillo Forlanini Hospital underlined that the management of the medical, psychological, cultural and social consequences of FGM concerns the work of the entire Department of Obstetrics and Gynaecology. Therefore, in order to deal with this and avoid that good practice of taking charge of FGM depended on the presence of operators sensitive to these issues rather than on a regular clinical protocol, they carried out hospital courses for gynaecologists, obstetricians, nurses and psychologists. In this way they defined an approved clinical practice in this area. The same team has undertaken several STOP FGM projects, some promoted and funded by the Department for Equal Opportunities of the Presidency of the Council of Ministers.
- A gynaecological day hospital has been operational at the San Camillo–Forlanini Hospital in Rome since 1997, which assists women who underwent FGM for the resolution of reproductive health complications arising from this practice. In March 2007, the Maternal and Child Department of the San Camillo-Forlanini Hospital has been indicated as the Regional Reference Centre for the treatment of medical and surgical complications resulting from FGM practices, to promote regional training and a network of regional services that can take charge of all physical and psychological diseases related to FGM.

2.3 Sweden

In 2014 the Government commissioned the Östergötland County Administrative Board to develop a skills team with the task of promoting work to combat honour-related violence and oppression including FGM and child- and forced marriages. The skills team consist of police officers, psychologists, social workers, researchers and staff from the Health and Social Care Inspectorate. The skills team are connected to a national telephone support service for professionals who meet victims and who need advice on actions to be taken. In the period 13

March 2014 until and including 18 August 2015 it received cases concerning 492 victims or potential victims of various forms of harmful practices including FGM.

In order to improve inter-agency coordination the Östergötland County Administrative Board has been in charge of a national network of 18 agencies assigned to address all honour-related violence and oppression including FGM and child- and forced marriages. In addition, all county administrative boards have been commissioned to promote and provide support for action to counter the same target groups.

In 2015 the Östergötland County Administrative Board presented two guidance documents on how authorities and services at local level can address honour-related violence and oppression including FGM and child- and forced marriages. They are intended for professionals at local level who work with children and young people, such as staff in preschools, schools, healthcare, social services, the police and civil society organisations. The guidance documents are now being introduced to all municipalities in Sweden through knowledge based introduction sessions with the key professionals acknowledged in the guidance document.

In 2015 the The Östergötland County Administrative Board was assigned to map the availability of universal parental support programmes/projects aimed at preventing honor-related violence and oppression, including FGM and child- and forced marriages. The purpose was for the Government to access prevention programmes that can be spread at the national level. In 2016 the Östergötland County Administrative Board has been assigned to implement some of the parental support programmes that have proven to show good results across the country. One of the successful projects that were identified is used by staff in pree-schools/kindergartens. The project is designed to create continuous dialogue on child welfare and harmful practices with parents.

Sweden also recognises the essential role of health care services, and their work forms an integral part of combating harmful practices:.

- In order to combat FGM the National Board of Health and Welfare has developed a national guidance and web-based information for healthcare staff. The aim is to enhance conditions for a qualitative treatment of FGM as well as to prevent women and girls from being subjected to FGM. The National Board of Health and Welfare has also developed material that includes FGM, aimed at being used by so called "community communicators" who are tasked with providing civic orientation to newly arrived migrants and refugees about the Swedish society;
- In 2015 the Government established a National Knowledge Centre concerning violence against and abuse of children and the National Board of Health and Welfare has, as a result of a Government assignment, provided a recommendation to health care staff in maternal health services and in psychiatric care to use routine questions on exposure to violence in contacts with patients. The National Board of Health and Welfare has been commissioned to further develop and support the implementation of effective methods for working with children exposed to violence as well as with perpetrators of violence.

2.4 Norway

Norwegian national and international policy to combat FGM has been organized through several national Action Plans and strategies. To ensure effective policy development, separate plans and strategies for different forms violence have been developed. These forms

of violence have common characteristics – the victims are mainly women and children and the violence is perpetrated by a person or persons known to the victim. In 2013 the Action Plan Against Forced Marriage, Female Genital Mutilation and Severe Restrictions on Young People's Freedom (2013-2016) was presented. In 2014 the Government presented The Strategy for Intensifying International Efforts Against Female Genital Mutilation (2014-2017), The Action Plan to Combat Violence and Sexual Abuse Against Children and Youth (2014-2017) and The National Action Plan Against Domestic Violence (2014-2017).

The Government presented in May 2016 a White Paper for An Integration Policy for the Future. The White Paper states that the Government will develop a new national action plan against forced marriages and female genital mutilations for the period 2017-2020.
Furthermore, the Norwegian Parliament (Storting) has decided that our efforts to combat violence against children and youth should be further strengthened in the years to come. A new plan to combat domestic violence and to strengthen the care of children exposed to violence and sexual abuse will be presented during autumn 2016.

Norway is a signatory to the Istanbul Convention, and the Government is working on a Proposition to the Storting in which the Storting will be invited to consent to the ratification of the Convention. Norway is committed to follow up the 2030 agenda, nationally and internationally, and in cooperation with other member states.

It is a national policy goal that efforts against FGM be mainstreamed in relevant public services. This is partly being implemented through addressing the topic together with the issues of forced marriage, violence against children and domestic violence. The Action Plan Against Forced Marriage, Female Genital Mutilation and Severe Restrictions on Young People's Freedom (2013-2016) has several measures aimed at ensuring that all relevant sectors are given specific training on FGM.

Preventive measures include dissemination of relevant information about Norwegian legal prohibitions against FGM, available assistance for victims of FGM, health consequences etc. The Government has continued support to Non-Governmental Organizations preventive and awareness raising efforts against FGM through a specific grants scheme.

There are guidelines and routines for health services to ensure as early as possible identification of persons at risk. Preventive Child Health Clinics have an important role meeting the majority of the pregnant women, the newborn children and the children up to 6 years old, with their parents. School Health services shall offer conversation about FGM to parents and girls from relevant countries and voluntary genital examination for the girls at the age of 5/6 and 11, and about 14 years old. The conversations about the legislation, the health consequences and the access to healthcare are meant to be preventive and awareness-raising.

People who fear that they may be subjected to FGM, or survivors of FGM, may be provided with safe accommodation at a crisis center or from the child welfare service, guidance about their situation and legal assistance to report the matter to the police. Other services include the Red Cross telephone hotline for forced marriage and FGM.

In February 2015, a guide to the Crisis Centre Act was launched. Adaptation of services to the individual needs of women and men, persons with disabilities and persons with an ethnic minority background are some of the topics covered in the guide. The guide is now being

widely distributed.

The Government has established a nationwide network of Children's Houses – built on the Icelandic model. Children's Houses are a service for children and young people under 16 years of age, and for adults with intellectual disabilities, who are thought to have been exposed to violence or sexual abuse, or to have witnessed such violence, in cases that have been reported to the police. This includes cases of FGM and forced marriage.

The National Expert Team against Forced Marriage and Female Genital Mutilation is a key actor for capacity building and guidance to case workers within the public sector. Integration counsellors at four Norwegian Embassies assist public services in individual cases, and 30 Minority counsellors at upper and lower secondary schools collaborate closely with pupils, teachers, school nurses and parents to provide guidance.

There is a wide range of health services that deal with FGM. These are offered by the regular health care services both in the municipalities (local authority level), and in the specialist health care services. Women and girls who have undergone FGM may receive health care where they live. They may also contact women's clinics at hospitals in the major cities, who have special departments that help girls and women who have undergone FGM. Health care is provided for women and girls at specialised clinical services in several hospitals across the country. Services are at public health service cost. There are social paediatric centres with expert knowledge on identifying children subjected to FGM. In Norway, all genitally mutilated women who request a reopening are entitled to receive this service. The service is free and provided by gynaecological clinics in several locations in the country. A low threshold service for women with after-effects for FGM is established at the gynaecological outpatients department at Oslo University Hospital.

There are National Guidelines about FGM for health care workers in Norway. The National Guidelines in obstetrics and National Guidelines in general gynaecology are to ensure the early identification and necessary assistance for pregnant women that are circumcised.

2.5 Spain

Spain has adopted a nationwide protocol for health care services in the event of FGM in 2015. The objective of the protocol is firstly to sensitise and inform health care professionals that work with the population at risk about types of female genital mutilation and the social contexts of the practices, the short and long term implications for the physical, mental and reproductive health of the victims and the legal consequences for the practitioners. Moreover, it provides action guidelines for inclusion in health care programmes to sensitise and train primary care unit professionals to handle foreseeable situations.

Spain has National and Regional Protocols for preventing FGM. The protocol is compulsory and institutions work together. In Aragon, for example, health, education, policy and legal institutions all have obligations and cooperate on the protection of those affected by FGM. Parents have to sign an agreement to promise not to harm child before a departure to the country of origin.

2.6 Austria

A National Action Committee was created to draft a National Action Plan (NAP) to prevent and eliminate FGM. Several stakeholders, decision-makers authorities, ministries, NGOs and the civil society were incorporated to develop the NAP. Important was thereby not only the

Plan (NAP) but the commitment by ministries, municipalities and other authorities to consequently carry out the plan. The NAP's aims were continuously implemented in the Austrian legal system.

The African Women's Organisation (AWO) established the first FGM Counselling Centre in Austria and is supported by Austrian ministries and municipalities, etc.

There exists also a National Action Plan to prevent Early and Forced Marriage and traditional Violence in Austria. The Ministry of Women's Affairs also incorporated this plan into the NAP against VAW in Austria. NGOs fighting these harmful practices are also supported by ministries and municipalities and other authorities.

2.7 Belgium

FGM is integrated in the NAP on violence against women and girls which also includes forced marriages and honour violence since 2010. The new NAP 2015-2019 has been completely reviewed to follow the 4 Ps of the Istanbul Convention (Prevention, Protection, Prosecution, integrated policies). It contains 235 new measures from which 49 deal with measures relating to so-called honor-related violences, FGM and forced marriages[39]. The NAP 2015-2019 is based on the following six global objectives: pursue an integrated policy to combat gender-based violence and gather quantitative and qualitative data about all forms of violence; prevent violence; protect and support victims; investigate, continue and adopt protective measures; incorporate the gender dimension in asylum and migration policy; and fight against violence on an international level.

Belgium has specialised health services, including psychological, gynaecological, sexual health and midwife services (CHU Saint-Pierre[40] and UZ Ghent[41]).

NGOs working on the ground are supported financially by all levels of government in carrying out preventive action, raising awareness and organizing training and other activities for the communities concerned. NGOs in Belgium (GAMS Belgium, INTACT, Réseau des Stratégies Concertées) have developed practical tools endorsed by the different ministries. A prevention kit has been disseminated at national level with contains all the tools and advice to protect a girl at risk of FGM. One of the main tools is the Decision Tree. It helps professional to quantify the risk on a scale from 1 to 5 and propose action for each level of risk. The prevention kit is available online.[42]

GAMS Belgium is currently running the first European program involving men in the prevention of FGM at a large scale (Belgium, UK, Netherlands).[43]

2.8 United Kingdom

In the past two years the UK government has been proactive in responding to the issue of FGM (see under "prosecution"). The Scottish Government has developed a National Action Plan on FGM which was released in February 2016. FORWARD UK's Young People Speak Out programme of empowering young people has been recognized as a model of good

[39] http://igvm-iefh.belgium.be/sites/default/files/comprehensive_press_file_0.pdf
[40] http://www.stpierre-bru.be/fr/service/gyneco/cemavie.html
[41] http://www.uzgent.be/nl/home/nieuws/Paginas/Referentiecentrum-voor-genitale-verminking-geopend-in-het-UZ-Gent.aspx
[42] Les Stratégies Concertées de lutte contre les mutilations génitales féminines (2017), "Kit de prévention des Mutilations Génitales Féminines" http://www.strategiesconcertees-mgf.be/scmgf-15/
[43] www.menspeakout.eu

practice, with dedicated staff and long-term programmes. Involving youth in long-term solutions, through education and community empowerment is the only way to bring about sustainable change. The programme now works within schools to equip teachers, parents and young people with information and skills to respond better to FGM.[44]

2.9 the Netherlands

To support parents opposed to FGM a document in the form of a statement was developed in 2011 by the Ministry of Health and the Ministry of Security and Justice, intended to help parents withstand pressure from their families.[45] In addition, protocols have been developed for child and youth health care, child protection institutions and health professionals.
The Dutch multi-agency approach is a good practice example of a prevention programme. The Multi agency approach is more effective than a single approach. Several protocols, e-learning for professionals and materials/ tools for communities have been developed in different languages. The challenge faced is the existence of populations willing to circumcise their daughters in the name of religion, tradition or honour. The relevant professionals have difficultiesidentifying and reporting FGM cases. Lastly, there is uncertainty concerning the continuation of FGM projects.

To strengthen the Dutch approach, FGM should be integrated in existing programs, such as those concerning child abuse. There is a critical need for giving information to the children themselves. It is also necessary to provide adequate medical and psychological care for girls who are survivors of FGM and to provide more training for relevant professionals. Engaging youth in the fight against FGM is also a critical issue.

2.10 France

There is an inter-ministerial agreement for gender equality in the education system and a five years' action plan. The new national plan currently under discussion will include measures against different forms of violence against women including FGM.

2.11 Germany

In 2005, at the suggestion of the Federal Ministry of Health, the German Medical Association mandated an interdisciplinary working group to elaborate recommendations on the treatment of patients with a history of FGM. The Recommendations were updated in 2013. This version was translated into English by the Federal Ministry of Health.

Since October 2013, female genital mutilation has also been classified in the final version of the International Classification of Diseases and Related Health Problems, German Modification (ICD-10-GM), published in 2014 by the German Institute for Medical Documentation and Information – DIMDI.

The Federal Government of Germany works to abolish FGM through an Interdisciplinary Working Group (founded through a resolution of the German Federal Parliament) consisting of members of the Federal Ministry of Health, the Federal Ministry of Interior, the Federal Ministry of Foreign Affairs, the Federal Ministry of Justice and Consumer Protection, the Federal Ministry of Economic Cooperation and Development, the Federal Government Commissioner for Migration, Refugees and Integration, the Bundesländer - German Federal

[44] http://forwarduk.org.uk/what-we-do/uk-programmes/uk-youth-fgm-programmes/
[45] The State Secretary of Health,Welfare and Sport and the Minister of Security and Justice. (2014) "Statement opposing female circumsicion" http://www.pharos.nl/information-in-english/female-genital-mutilation/protocols-and-materials/prevention-materials/statement-opposing-female-circumcision

Laender -, the German Medical Board, and a delegation of NGOs which represent the network INTEGRA – a network of NGOs that are working against female genital cutting.

The lead Management within the German Government: Federal Ministry for Family Affairs, Senior Citizens, Women and Youth - Department for Children and Youth (since summer of 2014). Members meet once or twice a year. Meetings of sub-working groups take place throughout the year. The task of the working group is to keep on top of current developments, share best practices and develop a joined strategy to tackle the problem of female genital mutilation. The working group works closely with the content of the Communication of the EU commission towards the elimination of female genital mutilation.

Germany has a National telephone helpline which also takes calls on FGM.

2.12 Malta

Malta has a free national helpline which also takes calls on violence against women, including FGM and other harmful practices.

3. PROSECUTION

3.1 Portugal

On 5th August 2015 - Thirty-eighth amendment to the Penal Code enforcing the crime of female genital mutilation, creating crimes of persecution and forced marriage and rape crimes, sexual coercion and sexual harassment, in compliance with the provisions of the Istanbul Convention.

3.2 Sweden

Since 1982, FGM has been explicitly prohibited in Sweden. This rule is primarily contained in the 'Act Prohibiting the Genital Mutilation of Women' (1982). The law has had a positive impact on combating this form of violence against women and girls. Besides legislation the Government has taken a number of measures to combat FGM and other forms of violence against women and girls. In this section we would particularly like to mention a few newer measures taken by the Swedish Government in combating FGM and other harmful practices, related to child and forced marriages and other forms of honour-related violence and oppression.

On July 1, 2010, the statutory limitation period for female genital mutilation committed against children was extended in the sense that the time period is reckoned from the date on which the child attains or would have attained the age of 18.

With regard to other harmful practices, new civil and penal legislation against forced marriages and child marriages was introduced in 2014, including the new crimes of coercion to marry and luring someone to travel abroad with the purpose of forcing them to enter into marriage. In 2015, the government presented a bill on criminalizing conspiracy to commit forced marriage (Bill 2015/16:113) with the aim to enable pertinent authorities to intervene against this crime at an early stage.

On 1 July 2014, new criminal and civil law provisions were introduced that strengthened protection against forced marriage and child marriage. Two new offences were introduced in the Swedish Penal Code. In addition, the possibility of children being granted exemption to

marry is abolished. The provisions on recognition of foreign marriages were also made more stringent. The new offence of coercion to marry applies to a person who, by unlawful coercion or exploitation of another person's vulnerable situation, induces this person to enter into marriage or a marriage-like relationship. The penalty for coercion to marry is imprisonment for at most four years. Even before the new legislation, cases involving coercion were punishable as unlawful coercion. However, the criminalization of exploiting a person's vulnerable situation is new. Coercion to marry has been exempted from the dual criminality requirement that applies to most offences. This means that a suspected case of coercion to marry may be heard by a Swedish court even if the act is not a criminal offence in the country in which it was committed.

Thereafter the Government has widened the scope of coercion to marry. Today, certain preliminary stages to the offence of coercion to marry may be punishable as attempt or preparation to commit this offence. In the Government Bill it is proposed that also conspiracy to commit coercion to marry shall be punishable.

3.3 Italy

In Italy Law No. 7 of 9 January 2006 (law explicitly prohibiting FGM in Italy also according to the extra-territoriality principle) also establishes the activation of a toll-free telephone number (800.300.558), available within the Ministry of the Interior. This number receives reports on cases of female genital mutilation practised in Italy and provides information on healthcare facilities and voluntary organizations working for migrant communities coming from countries where such practices are performed.

3.4 Norway

Several legal instruments contribute towards combatting FGM in Norway:

- Law on municipal responsibilities to offer crisis center services (Crisis Centre Act);
- General Civil Penal Code (Penal Code);
- Act on Children and Parents (Children's Act);
- Law on Immigrants' access to the nation and their residency here (Immigration Act);
- The Child Welfare Act (Welfare Act);
- Law on Strengthening the status of human rights in Norwegian law (Human Rights Act);
- Law on Religious and Secular Faith Communities, and;
- Law on Primary and Secondary Education (Education Act)

The Penal Code establishes a duty for certain professionals and employees of e.g. schools, health care services, child protective services and religious communities to try to prevent, by reporting or otherwise, and without regard to confidentiality, the crime of FGM. Violation of the duty to prevent FGM may be punished by fines or imprisonment of up to one year. With regard to the crime of FGM, section 87 of the 2005 Penal Code, the statute of limitations (up to 10 years) begins to run when the victim has reached the age of 18. This change will prevent the crime from being time-barred before the victim can be assumed to be sufficiently mature to decide whether she wants to press charges, and is believed to have a positive effect on the possibility of investigating and prosecuting FGM.

The Health and care legislation affirms that providers of relevant health and care services have an obligation to make sure that their professionals have the necessary knowledge concerning FGM.

All recognized adult citizens of Norway carry a legal responsibility to report information they possess regarding a crime planned to be committed against a legal minor (such as an instance of child abuse, neglect, violence, exploitation or other), including FGM.

There is a Supervisor on regulations, roles and responsibilities related to FGM for all professionals, including health workers. In this context the Supervisor is given a detailed description of the disclosure obligation to the child welfare service, duty of prevention by law prohibiting FGM and the relationship between the duties. Additionally, it provides a description of health services, child welfare services and the role and responsibilities of the police.

3.5 United Kingdom

In October 2015 a new professional duty to report all girls under 18 subject to female genital mutilation to the police has been introduced. In the past two years the UK government has been proactive in responding to the issue of FGM, including the introduction of mandatory recording of all cases of FGM in health settings, introduction of tighter laws on FGM, including mandatory reporting of cases of FGM among girls below 18 years to the police, introduction of emergency protection orders as well as amendment of the FGM laws as part of the Serious Crimes Bill.

3.6 Germany

Although FGM was already illegal in Germany (section § 223 , 224 (1) no. 2 var. 2 of the Criminal Code), the 47th Criminal Law Amendment Act of 24 September 2013 which entered into force on 28th September 2013 introduced a new provison making female genital mutilation a separate offence (Section 226a of the Criminal Code). FGM is designated in the new provision as a felony, thus reflecting the gravity of this offense.

Furthermore, the limitations provision of section 78b (1) no. 1 of the Criminal Code, which has been ammended on the 27th of January 2015 and which specifies now that the limitation period shall not commence until the victim turns 30, accommodates the new criminal offence of FGM. Section 226a StGB can be applied for crimes committed abroad, if there is a participation from within the German country (e.g. if Female Genital Mutilation abroad is organized from within Germany) or if the victim or the perpetrator is German, or – since the amendment of the 27th of January 2015 – if the victim has her domicile or habitual residence in Germany (section 5 no. 9a lit. b).The new provision foresees a greater sentencing range of 1 to 15 years of imprisonment. The limitation period of Section 226a is 20 years.

3.7 Malta

Amendments in the Criminal Code,[46] which entered into force in 2014, prohibit female genital mutilation in Malta. Anyone who performs an operation or carries out any intervention on a woman's genitalia that damages the genitalia or inflicts upon them permanent changes, is guilty of enforced female genital mutilation and is liable to imprisonment. These amendments also prohibit enforced sterilisation and forced marriage.

The *Gender-Based Violence and Domestic Violence Bill* has been published for consultation with the aim of taking Malta closer to full compliance with the Istanbul Convention. The Bill proposes amendments and additions to national laws to provide adequate protection and remedies to victims of gender-based violence and domestic violence, including FGM and

[46] Act I of 2014. An Act to Amend the Criminal Code.

forced marriage.

3.8 Belgium

The Law of 5 may 2014 completing article 409 of the Criminal Code (criminalization of FGM – existing since 2000) by explicitly punishing not only those practicing, facilitating or supporting, with or without the victim's consent, any form of FGM, but also anyone who advocates or incites to that practice, revealing the Belgian legislator's intention to send a strong dissuasive message.

On 9 January 2014, the College of Prosecutors General decided to create a working group entrusted with preparing a draft circular on harmful traditional practices.

4. PROTECTION

4.1 Sweden

The National Board of Health and Welfare has been assigned to provide information on the provision of primary care and health care which should be provided for asylum seekers, including maternal health, child health, youth health, school health, and gynecological and obstetric clinics, taking into account girls and women who require treatment because of infections or who are in need of plastic surgery as a result of FGM. The assignment also include the development of a classification code for FGM. A classification code is especially important in prenatal care in order to give qualitative treatment to a women giving birth that has been subject to FGM. A code may eventually also result in reliable figures on prevalence of those who are victims of FGM.

The Government has commissioned the Swedish Agency for Youth and Civil Society to produce online information on gender equality and health, including domestic legislation and support services concerning FGM and other harmful practices specifically targeting young asylum seekers and newly arrived migrants.

Furthermore, the Swedish Migration Agency has a web training on honour-related violence and oppression, including inter alia forced marriages and FGM.

The Migration Agency has developed an action plan for gender mainstreaming 2016-2018. The three main objectives are:

- Equal treatment, service and assessments for female and male permit applicants and asylum seekers;
- Actively counteract men's violence against women and honour-related violence;
- Activities are permeated by a gender perspective.

The action plan contains several measures and activities.

4.2 Norway

FGM is recognized as a form of persecution, within the meaning of the 1951 Convention Relating to the Status of Refugees, in the Immigration Act. It is stated in section 29 of the Act that "acts of gender-specific or child-specific nature" may be recognized as persecution. The Immigration Act contains an obligation to ensure that a gender-sensitive interpretation is given when establishing refugee status.

Asylum-seekers from countries where FGM is practiced are, shortly after their arrival,

provided with information about the Norwegian legal prohibitions against FGM and available assistance in Norway for victims of FGM. Information about FGM and the possibility of voluntary genital examination is part of the health consultation taking place in the reception centres for refugees and asylum seekers or after settlement in the municipality. It is recommended that the consultation is conducted within 3 months after arrival to Norway or latest within 1 year.

The Parental Guidance Programme is used by a number of local authorities, health centers and other relevant agencies. The aim of the programme is to support parents in care and upbringing of their children, develop care giving skills and prevent psychosocial problems. Programs aimed at specific groups, including parents with immigrant background have been developed, and services are available in several languages. Several municipalities include parental guidance courses as part of the Introduction Programme offered to refugees and their family members. The objective of the Introduction Programme is to enable refugees and their family members to participate in work, education and in society in general as soon as possible.

Specific educational material on domestic violence, that includes FGM, is developed for the Norwegian Language and Social Studies curriculums for immigrants. It is required that these thematic issues are addressed for all students, and the municipalities are encouraged to use a dialogue based approach.

4.3 Belgium

Specific prevention and monitoring measures may also be taken by General Commissariat for Refugees and Stateless Persons (CGRA) to continue to protect the physical integrity of girls at risk of FGM where that has been recognized to have been the reason for seeking asylum (monitoring of girls by way of a medical document certifying that there has been no mutilation).

5. EXTERNAL ACTIONS

5.1 Italy

At the international level, one of the most innovative awareness project on FGM is "Abandoning FGM/C on FM!", implemented by the Italian Association for Women in Development (AIDOS) with the support of the UNFPA-UNICEF Joint Programme on FGM/C, which has come to its third stage. In the current edition (2014/2015) AIDOS organised two trainings (one in Senegal and one in Kenya) on how to produce audio documentaries on FGM/C, involving journalists and media officers from 6 countries: Burkina Faso, Mali, Senegal, Kenya, Tanzania and Uganda. Indeed, radio is the most widespread, all-encompassing and effective media in Africa, especially in rural areas, where not everyone necessarily has access to written press or television. It is therefore a crucial instrument in the promotion of social change. That is why AIDOS, which has always considered the media as an essential and unavoidable tool in its actions for the prevention of female genital mutilation/cutting (FGM/C), has been working for years now with African radios and radio journalists.

Audio documentaries are among the most innovative products for radio, both for their entertaining features and their messaging potential. They proved to be very successful in conveying behavioural change messages, narrating and discussing the life experience,

turning points in life and actions of common people, leaving their mark on the inner lives of those listening, and making them really reflect on what they are hearing.

During the two trainings participants from different countries and background had the possibility to meet, share ideas, reinforce their technical and editorial skills and work together, producing 6 audio documentaries (3 in French and 3 in English). Feedback from participants were extremely positive, highlighting the quality of team work, the enhancement of their understanding of FGM/C and the expertise acquired. Furthermore, every participant wrote a project and 6 of them (one from each country) were awarded an equipment kit and a monetary prize to produce it. All these radio documentaries are in the process of being dubbed into local languages and broadcasted by community radios, as well as used to animate public debates, in order to reach a wide audience among FGM/C practising communities. The strength of this project lies in the support to local organizations, journalists and radios: to implement the project AIDOS established – as is always its approach – a partnership with local organisations, already experienced in working with media (Tostan in Senegal and AMWIK in Kenya). Furthermore, journalists are trained to look for their own stories, and let the communities really speak for themselves. Finally, they are encouraged to use a sensitive and respectful language. The result of this bottom-up approach are a series of audio documentaries that listeners do not perceive as external sensitizing campaigns, but as stories that really concern them.

5.2 United Kingdom

Most importantly the UK government has increased international development assistance on FGM, allocating £35 million to tackle FGM in Africa alone.

6. INTERNATIONAL INSTRUMENTS

6.1. Council of Europe Convention on preventing and combating violence against women and domestic violence

The Istanbul Convention is the first treaty to recognise that FGM exists in Europe and that it needs to be systematically addressed. It contains a comprehensive set of policy and legislative measures that can be applied both at EU level and serve as a blueprint for action at the level of Member States. The Convention requires parties to increase preventive measures by addressing affected communities as well as the general public and relevant professionals. It contains obligations to provide protection and support for women and girls at risk, ensuring that their needs and safety are taken into account.

The Convention calls for the provision of specialist support services and emergency barring order for women and girls at risk. The Istanbul Convention requires parties to ensure that criminal investigations, also in the case of FGM, are effective and child-sensitive. A key feature of the Convention is that preventive and protection measures must form part of a comprehensive policy implemented across governmental departments and in co-operation with non-governmental organisations (NGOs) and support organisations. In addition, the Istanbul Convention requires parties to ensure that the confidentiality rules imposed on certain professionals are not an obstacle to reporting to the competent authorities any serious act of violence against women they believe has been committed or is to be expected. The comprehensive nature of the Istanbul Convention makes it a practical tool to address FGM, as it incorporates existing international human rights law, standards, and promising practices to address violence against women.

The guide "the Council of Europe Convention on preventing and combating violence against women and domestic violence, a tool to end female genital mutilation[47]", published by Amnesty International and the Council of Europe in 2014, details promising practices in EU member states to prevent FGM, protect and support women and girls, investigate and prosecute FGM, as well as information regarding integrated policies.

In addition, the Council of Europe has published a series of papers on specific provisions of the Istanbul Convention, which include references to good practices at the national level, including on the prevention of FGM[48], awareness-raising[49]; the participation of the private sector and the media in the prevention of violence against women[50]; and data collection.[51]

The Council of Europe Steering Committee on Human Rights (CDDH) has set up a Drafting Group on Female Genital Mutilation and Forced Marriage (CDDH-MF). The mandate of this Drafting Group includes an "analysis of the legal situation at international level and in Council of Europe member states", as well as the preparation of a "guide to good national practices" to prevent and combat both FGM and forced marriage. This work is scheduled to be completed by early 2017.

In March 2016, the Council of Europe Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) adopted a Questionnaire on legislative and other measures giving effect to the provisions of the Istanbul Convention.[52] The questionnaire is addressed to parties,[53] which are required to report back to GREVIO on their national legal and policy measures to implement the Istanbul Convention. These reports will form the starting point for GREVIO's country evaluations. GREVIO is expected to carry out visits to all parties to the Convention, including EU countries, during the evaluation process. GREVIO's first country reports are planned to be adopted and made public in 2017.

[47] Council of Europe (2014) "The Council of Europe Convention on preventing and combating violence against women and domestic violence, a tool to end female genital mutilation" https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680464e9f

[48] Council of Europe (2014) "Preventing violence against women: Article 12 of the Istanbul Convention" https://edoc.coe.int/en/violence-against-women/7140-preventing-violence-against-women-article-12-of-the-istanbul-convention.html

[49] Council of Europe (2014) "Raising awareness of violence against women: Article 13 of the Istanbul Convention" https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168046e1f1

[50] Council of Europe (2016) "Encouraging the participation of the private sector and the media in the prevention of violence against women: Article 17 of the Istanbul Convention" https://edoc.coe.int/en/violence-against-women/6804-encouraging-the-participation-of-the-private-sector-and-the-media-in-the-prevention-of-violence-against-women-and-domestic-violence-article-17-of-the-istanbul-convention.html

[51] Council of Europe (2016) "Ensuring data collection and research on violence against women and domestic violence: Article 11 of the Istanbul Convention" https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680640efc

[52] Council of Europe (2016) "Questionnaire on legislative and other measures giving effect to the provisions of the Istanbul Convention" https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016805c95b0

[53] See the provisional timetable for reporting by Parties to the Istanbul Convention.

6.2 WHO guidelines on the management of health complications from female genital mutilation

The World Health Organisation (WHO) has issued "guidelines on the management of health complications from female genital mutilation" in 2016.[54] The guidelines are targeted at health-care professionals involved in the care of girls and women who have been subjected to any form of FGM. They also provide guidance for policy-makers, health-care managers and others in charge of planning, developing and implementing national and local health-care protocols and policies. The guidelines follow 3 guiding principles:

- Girls and women living with female genital mutilation (FGM) have experienced a harmful practice and should be provided quality health care;
- All stakeholders – at the community, national, regional and international level – should initiate or continue actions directed towards primary prevention of FGM;
- Medicalization of FGM (i.e. performance of FGM by health-care providers) is never acceptable because this violates medical ethics since (i) FGM is a harmful practice; (ii) medicalization perpetuates FGM; and (iii) the risks of the procedure outweigh any perceived benefit.

The guidelines offer recommendations around the topics of deinfibulation, mental health, female sexual health, and information and education. The guidelines also feature best practices:

- Girls and women who are candidates for deinfibulation should receive adequate preoperative briefing;
- Girls and women undergoing deinfibulation should be offered local anaesthesia;
- Psychological support should be available for girls and women who will receive or have received any surgical intervention to correct health complications of FGM;
- Information, education and communication interventions regarding FGM and women's health should be provided to girls and women living with any type of FGM;
- Health education information on deinfibulation should be provided to girls and women living with type III FGM;
- Health-care providers have the responsibility to convey accurate and clear information, using language and methods that can be readily understood by clients;
- Information regarding different types of FGM and the associated respective immediate and long-term health risks should be provided to health-care providers who care for girls and women living with FGM, and;
- Information about FGM delivered to health workers should clearly convey the message that medicalization is unacceptable.

[54] World Health Organisation (2016) "WHO guidelines on the management of health complications from female genital mutilation" http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/