



The EU Mutual Learning Programme in Gender Equality

Combating female genital mutilation and other harmful practices

United Kingdom, 28-29 April 2016

Summary Report



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Introduction

The mutual learning seminar was held in London on 28-29 April 2016. It examined and discussed good practices from the UK and Italy in tackling female genital mutilation (FGM), forced marriage and other harmful practices. Discussion of the good practices took place amongst ten further Member States, and with representatives of the European Commission, the European Institute for Gender Equality (EIGE) and the End FGM European Network. The seminar discussions focussed on how FGM and other harmful practices can be tackled in comprehensive ways through legislation, integrated child protection systems, improving the evidence base on FGM, cooperation between different services, awareness-raising among practising communities and training of professionals. The seminar concluded with a discussion of learning from and transferability of the good practices, emerging national and European policy issues, and a discussion on the ways forward.

In recent years, FGM has received increasing attention in the EU Member States. At EU-level this includes a European Parliament resolution on ending FGM (2012) and a European Commission Communication Towards the elimination of FGM (2013). EIGE has also published a Report on the FGM in EU and Croatia (2013) and a further report on estimating FGM prevalence using a common methodology that can be applied to all Member States (2015).

1. The good practices of the host and associated countries

1.1. United Kingdom

In the UK, FGM is defined as a criminal act under the Female Genital Mutilation Act 2003 (England, Wales and Northern Ireland) and the Prohibition of FGM (Scotland) Act 2005. FGM is also recognised as a form of child abuse under the Children Act 1989. The 2015 Serious Crime Act established wide ranging new statutory duties aimed at preventing and tackling FGM, including:

- Additional legal protections for victims of FGM, including lifelong anonymity for victims, an extension of extraterritorial offences to cover girls transported overseas for cutting and new offence was also introduced of failing to protect a girl from the risk of FGM.
- A mandatory reporting duty for health and social care professions and teachers in England and Wales. This requires reporting to the police cases of FGM that have been visually identified or verbally disclosed. The police have established a multiagency response for protection of victims and pursuing prosecutions. Procedures for mandatory reporting have been issued. This is separate from the mandatory recording of health data and cases where FGM is suspected, where guidelines exist for professionals to follow.
- FGM Protection Orders (FGMPO), which can be applied through the Family Court to protect actual or potential victims from FGM. A breach of a FGMPO is a criminal offence.

In 2011 there were an estimated 137,000 women and girls with FGM permanently resident in the UK.¹ In the last five years the police have investigated over 200 cases of FGM.

A dedicated unit on FGM has been established in the Home Office. A cross-governmental strategy on FGM has been drawn up as an integral part of the wider strategy on Violence Against Women and Girls, agreed in 2016. The Strategy aims to prevent violence and abuse, provide services to victims and pursue perpetrators through effective criminal justice sanctions. An important emphasis is partnership working and building trust with local communities in ending abusive practices. It is based on the principles that (i) FGM is child abuse and is illegal; (ii) FGM has long term physical and psychological harms; (iii) political or cultural sensitivities must not get in the way of tackling FGM as an illegal practice; (iv) FGM is a global issue that requires an international solution; and (v) legislation alone cannot eliminate the practice, it needs a multi-faceted response.

The importance of prevention was highlighted by the UK in raising awareness and engaging voices of young people. An example of this is the political leadership given to engaging the voices of young people through the 'Girls Summit 2014' hosted by the Prime Minister and UNICEF. Other forms of awareness raising include working in partnership with religious and faith groups, an example of which is a declaration against FGM issued by religious and faith groups.

In relation to service provision, a budget of £84 million has been allocated for services in 2016-20. Funding is used to establish coherent pathways of support. A national statement of expectation has been drawn up, with sources of data and service standards to support good practices for commissioning services, including specialist FGM clinics.

Partnership working has a goal to promote a multi-agency approach and a strong emphasis is given to tackling FGM as child abuse. Multi-agency guidelines have been drawn up on a statutory basis. This aims to ensure a greater understanding of professional responsibilities to tackle FGM and other harmful practices. It is supported through e-learning and other materials.

Good practices in preventing and tackling FGM include:

- Training, guidelines and protocols for health professionals, teachers, prosecutors and the police;
- Public consultations to inform policy;
- Training and working with girls to inform them about FGM and where to get help if they are at risk;
- Multi-stakeholder initiatives to mainstream FGM prevention in both child protection and gender equality policy;
- A dedicated helpline on FGM and introduction of a web app for young people.

¹ City University London (2015) The Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates. Available at: https://www.city.ac.uk/data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf

Multi-agency awareness raising measures in Bristol and the London Borough of Lambeth, show the benefits consulting with health and social care professionals and the police who come into contact with women and girls affected by FGM. The FGM Unit has worked in cooperation with the Department of International Development (DIFD) to end FGM through local programmes in Africa, with a view to changing attitudes that underpin FGM.

The presentations from the UK highlighted the importance of prevention and non-criminal justice interventions to enable victims to use the law in an empowering way. Further issues were raised about ensuring adequate funding, provision of safe accommodation, counselling and therapy services, and education, and training and employment opportunities for women and girls. The importance of professionals having the appropriate tools and sensitivities is seen as crucial in providing support and building trust to enable victims and potential victims to disclose.

A further issue raised by the UK is the need to carry out more work on data collection and prevalence of FGM, forced marriage and other harmful practices. These are difficult issues to measure and it is important to work with NGO partners in reaching out to communities to assess how views and behaviours may have changed and what works in encouraging victims to come forward.

The UK's work to tackle forced marriage includes the introduction of the Forced Marriage (Civil Protection) Act 2007. This enables courts to issue Forced Marriage Protection Orders (FMPOs) to protect a person facing the prospect of a forced marriage. New Criminal offences were introduced in 2014 under the Anti-Social Behaviour Crime and Policing Act. Multi-agency statutory guidance for dealing with forced marriage has been drawn up. A helpline has been established in the Forced Marriage Unit, which received over 1200 calls in 2015. It is important to note the difference between arranged marriages and forced marriage – in the UK there exists a long history of the practice of arranged marriage between consenting adults in some communities.

1.2. Italy

In Italy an integrated institutional system for gender equality includes a range of gender sensitive policies and human rights protections. In relation to FGM, the Law 7/2008 aims to “prevent, combat and eradicate female genital mutilation as a violation of the fundamental rights to the integrity of the person and the health of women and girls.” The law puts responsibilities on relevant government departments to monitor the incidence of FGM, provide support services for victims, and carry out awareness raising, training and guidance for professionals to ensure effective service responses.

The repressive nature of the law gives a strong symbolic value and is counter balanced by an integrated strategy with measures on prevention, rehabilitation and care of victims, awareness raising, training of professionals, improved service responses, and continuous monitoring of the activities implemented. In addition, to the legal framework changes in social attitudes are important through empowerment of women and raising awareness in communities.

Under the coordination of the Department of Equal Opportunities, Italy has established a National Coordination Commission, which approved the first Strategic Plan in 2007 to combat traditional harmful practices. This provided funding for 21 regional projects (targeted at civil society, local authorities, public health bodies,

academics projects), with funding of 177,000 euro per year. The second Strategic Plan, agreed in 2011, with 3 million euro funding, focused on regions where immigrants from FGM practicing countries reside. It provides funding for innovative projects, with a particular focus on the healthcare sector to combat and prevent FGM through research and data collection, training of health professionals, educators, cultural mediators and other frontline staff, and awareness raising campaigns. Emphasis is also given to regional integration, networking and the exchange of learning from projects.

Both strategic plans have emphasised a locally orientated approach and have been implemented in partnership with NGOs. Outcomes have been positive and include an improved evidence base, dedicated service provision, and changes in attitudes and perceptions amongst health professionals and other service providers. Examples of good practices include:

- A national information campaign “Nessuno Escluso” (Nobody Excluded), which included a survey on FGM.
- An innovative project on awareness raising for the development of local networks on FGM in Emilia Romagna, which has used exhibitions, creative art and theatre, amongst other activities, to engage local communities. The project works in collaboration with a research institute, regional associations and municipal governments. Information is shared across the towns in the region, and each town has agreed with local associations the activities they carry out in order to gain locally relevant approaches involving local migrant communities.
- Information resources have been disseminated in some regions. For example, in Tuscany there is an online bulletin board for trained professionals and in Lombardy a website provides information and e-learning resources for professionals, migrants communities and the general population.
- Several projects have undertaken data collection to inform the provision of local services. For example, in Milan data has been collected for the establishment of a specific FGM Support Service.
- In the Lazio Region, four organisations worked in partnership to develop an action research project to prevent and combat FGM. This has involved migrant women and their communities from the Horn of Africa living in Rome.
- The AIDOS association has implemented an innovative approach in producing audio documentaries and media that have been broadcasted on radio in six FGM practicing countries. The project has included feedback mechanisms and was positively evaluated by participants.

Specifically there are a number of good practice examples from the health sector, which was the main focus of the 2nd Strategic Plan. They include:

- Guidelines issued by the Ministry of Health on prevention, support, and rehabilitation for women and girls with FGM or are at risk of FGM have been issued for health and social work professionals and teachers.
- In 43 Public Health Centres there is provision of specialist healthcare services for women and girls suffering from reproductive and sexual health disorders as a result of FGM.
- The Maternal and Child Department of the San Camillo-Forlanini Hospital in Rome is a regional reference centre for FGM. It provides specialist healthcare

assistance for women with FGM suffering from reproductive health disorders, sexual and relational problems, and obstetric problems during pregnancy and childbirth.

- A family planning pilot project in Piedmont provides a dedicated service for migrant women and collects clinical data on women using the services, which is included in a regional medical database. A similar multidisciplinary team project in Lombardy has developed regional reference centres for FGM.

The government's Action Plan Against Violence Against Women (2014) provides for a national database on violence against women and aims to include FGM related data into the database, using a dedicated FGM code.

A toll-free number has been established by the Ministry of the Interior to provide and support for victims of FGM. It provides information on healthcare facilities and organisations working with migrant communities from FGM practicing countries. Between 2009 and 2016 only 2 out of 205 calls have been consistent with the objectives of the hotline. The reasons for low utilisation of this service could be fear of non-EU citizens in directly relating with police and a concern that reporting could be similar to reporting a family member.

Forced marriage has been included in the FGM Strategic Plan, and is an example of how prevention of FGM can include a focus on other harmful practices. Research to identify the population at risk of forced marriage shows that most requests for help are from young and very young women who are growing up in Italy. The research, carried out in Emilia-Romagna region in 2009, by the Association Trama di Terre, estimated the population at risk of forced marriage, and mapped existing service provision. Recommendations were made for prevention and support for victims and potential victims, including the provision of a dedicated shelter for victims of forced marriage. The research had the goal to facilitate a deeper understanding of forced marriage and to provide tools for social workers and other professionals. The Association organises training courses for women and currently runs a secret shelter for women escaping forced marriages.

The local multi-agency emphasis to preventing FGM in Italy is a sustainable approach, requiring a significant amount of effort in coordinating different agencies. Data collection remains a challenge and the presentations highlighted the importance of demonstrating impact and having solid prevalence data for planning future policies. Efforts to prevent and tackle FGM led the United Nations Secretary General to identify the Italian law as a best practice approach on FGM. Italy also organises an annual side event on FGM at the yearly session of the UN Commission on the Status of Women.

A new challenge is how the government can provide services to the increasing number of undocumented migrants arriving in Italy from FGM practicing countries, who require protection, care and specific health support. Many first aid centres in the south of Italy are full to capacity and cannot guarantee adequate health support for refugees and asylum seekers. Greater attention needs to be given to FGM and gender-based violence as part of this work in the future.

2. The situation in other participating countries

During the second day of the seminar the participants looked in more detail at the situation in participating countries², the relevance of and learning from the good practices from the UK and Italy, and ways forward.

Belgium. In 2012 an estimated 13,112 women and girls were victims of FGM. No data is available on forced marriage. All forms of FGM and forced marriage are criminalised under the Penal Code. This covers the performance of FGM, the participation, the facilitation and the attempt to perform it even if it is committed outside the country. Since July 2014 it has included anyone who advocates or incites to the practice of FGM. FGM, forced marriages and honour-related violence were included in the National Action Plan (NAP) on Violence against Women 2010-2014. The NAP 2015-2019 targets all forms of gender-based violence in line with the Istanbul Convention, and is being implemented through an inter-departmental group. Belgium has adopted a holistic approach to FGM, with particular attention on prevention and comprehensive care for victims. Emphasis has been given to detection, risk identification, skills development and awareness raising among professional groups, as well as outreach with local communities and funding to support NGOs. Furthermore, two regional reference centres provide multidisciplinary hospital services for victims of FGM. An FGM prevention kit has been produced for professionals. A web site for vulnerable migrants provides information and guidance on sexual and reproductive rights, including FGM, in 13 languages.

Estonia. It is only recently that FGM, forced marriage and other harmful practices have been discussed in Estonia. FGM and forced marriage are not classified as crimes under the Penal Code. Amendments to legislation are currently being prepared in line with Estonia's signing and plan for ratification of the Istanbul Convention, which will address FGM and forced marriages. Although FGM prevalence is considered to be low, no data is collected in court, police and medical registers. However, a study carried out in 2014 found that 13.5% of gynaecologists and midwives had encountered FGM in their practice. NGOs working with minority ethnic communities are aware of some child marriages. FGM and other harmful practices have been included in some training programmes run by universities and NGOs, police training and training for students of gynaecology.

Greece. There is no criminal prohibition of FGM, although FGM can be classified as a crime under the Penal Code. Child protection law does not specially refer to FGM and there is no reference to protection mechanisms for children facing bodily harm within the family. A cross-departmental national action plan on gender equality is currently being drafted. However, an official government national action plan on FGM has not yet been developed. The recent refugee crisis has resulted in Greece dealing with a growing number of women and girls who are victims of FGM or who may face FGM if returned to their country. Special UNHCR guidance has been published to help practitioners address the granting of refugee status under the Asylum Law if there is a possibility of sexual violence, such as FGM. In a landmark case the deportation of a Kenyan woman and her three children was suspended due to a threat of being subjected to FGM if she returned to her country.

² For more information on the participating countries, please see the comments papers published on the website: http://ec.europa.eu/justice/gender-equality/other-institutions/good-practices/review-seminars/seminars_2016/combating_fgm_en.htm

Hungary. There is a low prevalence of FGM and research estimates that between 170 and 350 migrant women are affected by FGM. There is currently no legal framework on FGM. Several NGO initiatives have addressed FGM in refugee communities through seminars, training for professionals and awareness raising campaigns. Prevention and information programmes in relation to child marriage have been identified as an issue in the National Social Inclusion Strategy. Forced marriage is not specifically addressed in criminal law and is only punishable under the general offence of 'coercion'. Early marriage, for minors under the age of 18 years, can take place with the permission of the Guardianship Authority, whereas marriages conducted without this permission can only become valid six months after the affected spouse's 18th birthday. This is an issue Roma girls and young women might face. Specific projects have addressed preventative measures in the context of the risk of trafficking for sexual exploitation. The refugee crisis has revealed the vulnerability of women and girls to sexual violence and exploitation, particularly for the purposes of prostitution. Future ratification of the Istanbul Convention is an opportunity for implementation for comprehensive policies to address FGM and other harmful practices.

Latvia. There is no public data available on the prevalence of FGM, which is likely to be low as there are a small number of migrants from countries where FGM is practiced. No legal or policy framework on FGM currently exists, aside from the general criminal legal framework regarding bodily injury, removal of tissue or organs and cruelty and violence towards a minor. New legislation is currently being drawn up on the criminalisation of FGM and the government has criminalised human trafficking for the purpose of concluding a sham marriage. FGM or other harmful practices are not referred to in the policy framework on domestic violence or family policy. There has, to date been limited debate on FGM and other harmful practices among civil society, politicians or professionals, apart from an initiative from medical doctors providing medical assistance to African countries. One asylum request, based on risk of FGM, led to the granting of refugee status to a woman and her daughter from Ghana. An EIGE (2013) report highlighted the difficulties of analysis of FGM issues due to lack of interest and low political significance in Latvia.

Lithuania. There are no specific policies on FGM or other harmful practice and no reference is given to these issues in policy and strategy documents on gender-based violence and on integration of migrants. No prevalence data exists and there has been limited public, legal or policy debate on the issue. FGM can be addressed under the criminalisation of serious bodily injury under the Penal Code. An amendment, proposed in the Parliament in 2016 to include a separate clause on FGM as a crime, has passed the first reading. Child protection legislation can also be applied to FGM cases. Doctors are required by the government to inform the police of bodily injury resulting from a crime. However, there is no record keeping on this issue. An EIGE (2013) study suggested that in Lithuania policy discourse and academic research on FGM is limited, and there is little analysis of FGM as a form of gender-based violence.

Portugal. The first national study on FGM prevalence was carried out in 2014. It found 5,246 women living in Portugal of reproductive age who have been subjected to FGM, including 1,830 girls under the age of 15 years who have undergone or are at risk of undergoing FGM. FGM is a criminal offence under legislation introduced in 2015 and covers FGM performed in or outside Portugal, preparatory acts (such as organising a trip abroad or hiring someone to come to Portugal to perform FGM), and if the victim is a minor a case is valid until she reaches 23 years of age. Asylum law has established the conditions and procedures to grant asylum or subsidiary

protection in cases of FGM. Similar legal provisions exist in relation to forced marriage. National Action Plans for the Prevention and Elimination of FGM have been in place since 2007. Innovative actions include guidelines for healthcare professionals, prosecutors and the police. A Health Data Platform has been developed with a database for FGM cases detected in health facilities. Health professionals are obliged to protect children at risk and to report to the Commission for the Protection of Children and Youngsters if a girl presents signs of FGM or is at risk of FGM. The current Action Plan contains 42 measures covering prevention, integration, training, data collection and cooperation. Emphasis is given to networking and working with migrant communities, NGOs and religious leaders to combat FGM.

Slovakia. FGM prevalence is considered to be low. The main attention given to the issue has been from NGOs working directly with asylum seekers. Between 1992 and 2010, 23 cases of asylum were granted to women from FGM practicing countries. Forced marriage is identified within the context of human trafficking as many forced marriages involve trafficking for sexual exploitation or forced labour. In 2011–2015 there were 25 victims of forced marriages in Slovakia classified for the Programme for Support and Protection of Victims of Human Beings Trafficking. The current policy framework of gender equality, violence against women and migration does not address FGM or forced marriage. Vulnerable asylum seekers and victims or potential victims of FGM are provided with protection and care under the Asylum Act. The Penal Code can be applied to FGM cases, to which principles of extraterritoriality are applicable. Obligations are placed on healthcare professionals to report abuse or violations of a child's rights, which can also be applied to FGM.

Spain. FGM is an offence under the Criminal Code and in child protection legislation, and also applies to those who carry out FGM abroad. Data has been collected to inform prevention, service delivery and policy making through a socio-demographic map of FGM displaying the number of women and girls who live with FGM or who are at risk of FGM. 2012 data identified 57,251 women and 16,869 girls whose country of origin is a country where FGM is practiced. This represented a significant increase since 2008. A Transnational Observatory, established in Gambia and Spain to manage and prevent FGM in countries of origin and countries of residence, has provided evidence to strengthen policy and understanding of FGM. This has led to a strategy to prevent FGM covering advocacy, evidence and guidance. Guidelines and protocols have been published by governmental and non-governmental organisations, to prevent FGM, although training for primary care professionals on management and prevention of FGM remains inadequate. In addition, healthcare professionals have a duty to prevent and report the crime. A web site provides relevant information aimed at changing attitudes, and includes a copy of a Fatwa against FGM issued in 2011 by a colloquium on West African religious leaders.

Sweden. There are an estimated 38,000 women with FGM, 7,000 of whom are girls under 18 years old. 19,000 girls in Sweden were born in families originating from FGM practicing countries. Sweden criminalised FGM in 1982. The comprehensive legal framework includes legislation regulating the protection of children, including protecting a girl at risk of pending FGM. Professionals have a duty to report knowledge or suspicions of abuse or crimes against a child. Regulations make it possible to breach professional secrecy between authorities in cases of suspected pending or performed FGM. This also permits an examination of a girl without the consent from her parents. Sixty reports on suspected FGM have been made to the police since 1982. Sweden's strong legal framework on anti-discrimination poses

some difficulties for professionals in balancing the need to act if a girl is at risk, while not acting in discriminatory ways. A range of policy and prevention initiatives has been introduced. This includes government commissions in health and education tasked with collecting data, training and guidance for healthcare and education professionals, and preventive measures. A web-based course has tools for FGM prevention in the health sector. A good practice is guidance from the Östergötland County Administrative Board 'Våga se' (Dare to see) which provides professionals with information about how they can give support, care and protection to girls and women who have been victims of FGM or are at risk of FGM.

3. Key issues discussed during the seminar

A very active discussion took place during the seminar regarding some key issues facing individual Member States and EU-wide issues. Participating countries highlighted the importance of political and financial support for the prevention of FGM, as part of a broader policy framework on violence against women.

Participants discussed the importance of a strong legal framework, as they deem it crucial to protect victims and to send a message that harmful acts are prohibited. However, some participants expressed doubts about the effectiveness of criminalisation and stressed the importance of comprehensive prevention measures. Some participating countries raised a concern about the psychological impact of a child being separated from her parents, and how the rights and welfare of the child can be ensured. This requires that professionals are appropriately trained to support women and girls, while also recognising that FGM is a form of child abuse. Reporting of FGM or suspected FGM should not automatically lead to removing children from parental care, but rather should start a child protection response that involves other services besides law enforcement (such as healthcare, social care, and education).

The importance of sensitive, coordinated and comprehensive approaches to tackling FGM and other harmful practices was highlighted. This led to discussion about data collection on FGM and the need for a common methodology and definition of FGM prevalence. Promising methodologies are emerging to estimate the prevalence of FGM in Italy, and via data collected through a Daphne project and EIGE research. EIGE's pilot study in three countries has established a methodology to estimate risk. This methodology will be extended to a further five Member States in 2017. Furthermore, participants stressed that information about a change in attitudes is currently missing, while it is crucial for estimating the number of girls at risk. It is not clear whether migrants from FGM practicing countries continue to support and carry out the practice when they move to the EU, or whether they change their opinion and behaviour once living in a society that disapproves of FGM.

In many countries preventing and eradicating FGM takes into account target population groups of migrants from FGM practicing countries. However, some Member States highlighted the difficulties in implementing prevention programmes and providing services where victims of FGM are undocumented migrants, or if they are refugees and asylum seekers.

There was wide agreement that NGOs and community-based groups have a central role to play in implementing effective prevention and in supporting and empowering vulnerable girls and women. In this context participants discussed the importance of resources for NGOs in changing behaviour and in working with key change agents

in local communities. For example, in Portugal activists, notably religious leaders, from countries of origin have been effective in sustaining a positive change in attitudes. However, funding is not readily available for this.

Some Member States have reported an increase in FGM due to migration of people from countries where this form of gender-based violence is practiced. Gender-sensitive responses to the asylum process are viewed as being crucial to tackling forced marriage as well, including the growing number of family reunification cases involving child brides. Other harmful practices such as exorcism and witchcraft were briefly discussed, as were honour-based crimes, and the links between these human rights violations and human trafficking.

Several participants highlighted the importance of the Istanbul Convention in providing a framework for implementing national laws and interventions on data collection and research, training of professionals, education and other matters specifically in relation to FGM.

A European knowledge platform on FGM for professionals is to be launched by a consortium of European organisations in February 2017. It will include an e-learning course, country information pages and possibilities for networking.

Overall, participants agreed that FGM, forced marriage and other harmful acts are key gender equality issues that need to be integrated into national policy, multi-sectoral working for effective service provision, child protection services, and work with women, girls and local communities affected by FGM.

4. Conclusions and recommendations

The good practice examples from Italy and the UK and the exchange of experiences from participating countries resulted in the following recommendations.

Recommendations for Member States:

- Multiagency and comprehensive action plans on FGM (prevention, protection and prosecution) should be drawn up, funded and implemented. Cooperation, networking and exchange of expertise between professionals and civil society can assist in the development of comprehensive and integrated solutions.
- FGM and other harmful practices should be integrated into national policy strategies on gender-based violence and prevention of domestic violence.
- Interagency coordination is essential in the implementation of measures for the prevention, protection and prosecution of FGM. This should take place in partnership with local communities and community leaders (including religious leaders). A 'cultural change' perspective can be a powerful tool to use in prevention campaigns.
- Comprehensive mandatory training and guidance should be provided for professionals in health, education and law enforcement so that professionals are adequately prepared to treat and assist victims of FGM.

- Migration and asylum officials should also receive training on how to apply a gender-sensitive approach to asylum and special protection in cases of FGM. This should encompass ways to address the vulnerability of women and girls to trafficking for sexual exploitation. Efforts to combat trafficking for sexual exploitation and forced labour need to include identification of FGM and forced marriage.
- The ratification and implementation of the Istanbul Convention should be prioritised at Member State and EU-level as it provides a comprehensive framework – this could be supported through awareness raising about the progress in countries that have ratified the Convention.
- The needs of women and girls who are victims of FGM or at risk of FGM should be addressed through sustainable funding for NGOs, specialist health services, women's and girls' shelters, and helplines and counselling services, etcetera. This should include interventions to support and empower women and girls affected by FGM and forced marriage in order to promote their social inclusion.
- Efforts should be strengthened in government and EU external development priorities to prevent FGM through programmes on gender equality, maternal and child health, education and human rights.

Recommendations at European Level:

- Promote and continue to fund initiatives to exchange good practices to prevent and combat FGM and other harmful practices.
- Draw up and agree a common definition and methodology of FGM prevalence and ensure data is collected through administrative and population-based data. This should be done consistently at national, regional, European and international levels.
- European guidance, training and standards could be developed for the processing of gender bases asylum claims at the national level in cases of FGM, forced marriage and other harmful practices.
- EU funding should be made available to small NGOs, as currently transnationality and minimum funding thresholds are major barriers.
- EU-wide resources could be developed by EIGE for sharing of good practices, networking and information exchange through an e-learning platform on FGM and other harmful practices.