



# The EU Mutual Learning Programme in Gender Equality

## Combating female genital mutilation and other harmful practices

United Kingdom, 28-29 April 2016

### Comments Paper – Portugal



*The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.*

*This publication is supported by the European Union Rights, Equality and Citizenship Programme (2014-2020).*

*This programme is implemented by the European Commission and shall contribute to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted and protected.*

*For more information see: [http://ec.europa.eu/justice/grants1/programmes-2014-2020/rec/index\\_en.htm](http://ec.europa.eu/justice/grants1/programmes-2014-2020/rec/index_en.htm)*

# Comments on the Reports of the UK and Italy within the Portuguese context

Dalila Cerejo  
New University of Lisbon

## 1. Introduction and relevant country context

In 2014 the Portuguese Government ordered the first a study on the prevalence of FGM through the Commission of Citizenship and Gender Equality, a government branch controlled by the Equality Secretary of State. The project developed by the Faculty of Human and Social Sciences of the New University of Lisbon (FCSH-CICS.NOVA) entitled *Female Genital Mutilation in Portugal: Prevalence, sociocultural dynamics and recommendations for its elimination*, used a methodology that encompasses a quantitative and a qualitative component for estimating FGM prevalence and risk. Among the 29 countries where FGM is documented, Guinea-Bissau has, by far, the largest population living in Portugal, representing 89 % of the 10,617 migrants coming from those 29 countries. To estimate the prevalence of FGM in Portugal, we used the extrapolation of country of origin prevalence data method, which is the standard methodology in these studies. We concluded that there are 5,246 women living in Portugal, in reproductive age, who have been subjected to FGM. Regarding younger women (less than 15 years of age) we estimate that from a total of 3,830 girls, 1,830 have undergone or are at risk of undergoing FGM.

Regarding Portuguese legislative frame, the legal and penal code had into specific consideration FGM since 1999. Law no. 147/99 of 1 September intended to protect children and youngsters at risk, and establishes the intervention of the Commission for the Protection of Children and Youngsters (CPCJ) in these situations. Also Law no. 27/2008, of 30 June, establishes the conditions and procedures to grant asylum or subsidiary protection and defines the statutes for asylum seekers, refugee and subsidiary protection. Until 2015, FGM fitted under article 144 of the Penal Code as a serious offence against physical integrity (alongside with other physical offenses). But law 83/2015 article 144<sup>0</sup>-A made FGM an autonomous crime, establishing that “Whoever mutilates part or whole of a person’s female genital by clitoridectomy, infibulation, excision or any other harmful practice of female genital organs for non-medical reasons, is punished with imprisonment from 2 to 10 years”. This new law adds two major improvements. First, preparatory acts (like organising a trip abroad or hiring someone to come to Portugal to perform FGM) are now punishable with up to 3 years of imprisonment. The second major improvement is related to the victim’s age. If the victim is a minor the case only prescribes until she turns 23.

Like the UK and Italy current law, the Portuguese law also extends to acts performed outside the national territory. To the date, there are no convictions related to FGM cases either practised in Portugal or abroad. Only three cases arrived at the Federal Prosecution, all related to girls under 18 and all were filled due to lack of evidences or witnesses.

Regarding forced marriages, law 83/2015 article 154<sup>0</sup>-B rules that “Who compels another person to contract marriage or union equivalent to marriage is punished with imprisonment up to 5 years”. The preparatory acts, including attracting the victim to

different territory to contract marriage or union equivalent to marriage is also punishable with imprisonment up to 1 year or penalty fine up to 120 days.

## 2. Policy debate

Since 2007 the Commission of Citizenship and Gender Equality (CIG) has been developing National Action Plans for the Prevention and Elimination of FGM. The I Programme of Action for the Elimination of Female Genital Mutilation was included in the III National Plan for Equality - Citizenship and Gender (2007-2010) - and early on made clear that FGM could only be tackled through an “intersectoral group composed of representatives from a number of Public Administration authorities, intergovernmental organisations and non-governmental organisations”. From 2011 to 2013 the II Programme of Action for the Elimination of Female Genital Mutilation (2011-2013), included in the IV National Plan for Equality - Citizenship and Gender and non-Discrimination, was a crucial toll to establish innovative prevention policies regarding FGM. Amongst the most innovative actions was the development of a Guideline for Healthcare Professionals on Female Genital Mutilation in 2012. This guideline consists “of a set of standards of practice for healthcare professionals on this matter, including guidance on procedures for the referral of the cases, as well as for the enforcement of intervention plans and for supporting families, and a Guide to Criminal Police Practice and Procedure was elaborated with the same principles for security professionals”. Furthermore a Health Data Platform (PDS) was developed in 2014 with the involvement of the National Ministry of Health with the purpose of creating a specific registration data base for FGM cases detected in health care facilities. Health professionals are now encouraged to insert detected cases of FGM in this data base alongside with specific descriptions of the FGM type and possible injuries related to the cutting. They are also obliged to report to the Commission for the Protection of Children and Youngsters (CPCJ) if a girl presents signs of FGM or is at risk of undergoing it.

At the moment the III National Action Plans for the Prevention and Elimination of FGM (2014-2017) establishes the adoption of 42 structured measures around five strategic areas. We highlight some of the most relevant measures in each area<sup>1</sup>:

### 2.1. Prevention

- To promote the development, in the primary and secondary education levels, of projects about FGM;
- To promote the inclusion of the theme of harmful traditional practices, particularly FGM, into the curricula of different graduate and postgraduate courses, namely in health sciences, social sciences and humanities and criminal science;
- To establish contacts with religious leaders and privileged interlocutors of the immigrant communities, aiming to prevent and eliminate FGM.

---

<sup>1</sup> All of the following measures are quotes and can be found in the III National Action Plans for the Prevention and Elimination of FGM (2014-2017).

## 2.2. Integration

- To promote immigrant women associations and entrepreneurship, particularly among women from countries in which there are harmful traditional practices, namely FGM;
- To intervene in cases of FGM through the help/emergency lines, in the fields of health, immigration, sexuality and combat against violence.

## 2.3. Training

- To conduct training programmes for teachers in every school level and undergraduate technical/professional courses, particularly for teachers and coordinators within the education for health area;
- To conduct training programmes for magistrates and police forces, for teams working in the help/emergency lines in the fields of health, immigration, sexuality and combat against violence.

## 2.4. Acknowledgement

- To follow-up the conduction of the study on the prevalence of FGM in Portugal and ensure the dissemination of the respective results.

## 2.5. Cooperation

- To promote the implementation, in bilateral and multilateral cooperation agreements, of mechanisms that promote and prioritise the admission of girls into the education system, in a perspective of continuity, until they complete compulsory school;
- To disseminate information on how women and girls at risk of FGM can claim refugee status or seek asylum;
- To promote the development of cooperation projects including the themes of human rights, children's rights, maternal and child health, sexual and reproductive health and sexually transmitted diseases, including the HIV/AIDS, aiming to the abandonment of all harmful traditional practices, namely FGM.

## 3. Transferability aspects

### 3.1. Regarding the Italian document we point out some transferability aspects from Portugal to Italy

- A prevention action recently adopted by Portugal is to involve highly recognised women from the communities where FGM is practised and who strongly oppose it. They are invited to be lecturers in discussion sessions organised with migrants of these communities living in Portugal (men, women and youngsters).

These sessions are spoken in Crioulo<sup>2</sup> and in familiar places for them like migrant associations. These events organised within the Guinea-Bissau community have revealed to be very productive.

- To involve in the FGM raising awareness actions Mosques religious leaders, since they are in the forefront of the combat against FGM. Frequently they are also invited to these discussion sessions to openly refer that FMG has no connection to the Islam or the Coran.
- Portuguese authorities disseminated informational flyers about harmful consequences of FGM in hospitals and health care units, mainly those that have a significant affluence of practicing communities. These flyers are written in Crioulo.
- The Portuguese government launched a free of charge specialised graduate study on FGM for health professionals, medical doctors (obstetricians, gynecologists, psychologists and pediatricians) and nurses, in order to provide them with tools to recognise the signs of FGM. They are also trained to identify girls at risk of undergoing FGM and report those situations to the authorities namely Commission for the Protection of Children and Youngsters (CPCJ).

### **3.2. Transferability aspects from Italy to Portugal**

- The study ordered by the Italian Ministry of Health concerning specialised health services on FGM. In Portugal there are no specialised health units on FGM. This fact might discourage women to get help from health professionals since most of them aren't properly trained.
- The Italian studies on forced marriages. In Portugal, and despite its criminalisation, information on the number of forced marriages is scarce. Furthermore, there are no known academic studies on this subject representing an enormous flaw regarding the monitoring and prevention of this phenomenon. Although it is of public knowledge that among the Romani there are several cases of forced marriages, since law 83/2015 article 154<sup>o</sup>-B came out, there have been no cases arriving at the Federal Prosecution.
- The Italian action research project on raising awareness on the knowledge of FGM among health care professionals. This is of major importance since one of the conclusions of the Portuguese prevalence study was that the great majority of these professionals do not have proper training or knowledge to recognise some signs of FGM especially types I and II.

### **3.3. Regarding the United Kingdom document we point out some transferability aspects from the UK to Portugal**

- The UK FGM protection order that establishes conditions, prohibitions and restrictions to protect girls in risk to undergo FGM. The example given in the UK

---

<sup>2</sup> The dialect spoken among the Fula Tribe which represent the great majority of the migrant population residing in Portugal.

document regarding the confiscating of passports and travel documents of girls and other family members to prevent them from being taken to countries where FGM is practised could be a valuable measure. In Portugal, it is a known fact that during Easter and summer holidays some girls travel to these countries taken by family members to be subjected to FGM.

- The newly introduced rule as of October 31, 2015 regulated health and social care professionals and teachers to report police of FGM suspicions on girls under 18. In Portugal an identical regulation compels teachers to do so but very often health professional hide behind patient confidentiality rights and do not report these cases to the authorities. A strong governmental regulation must be defined and oblige health care professionals to report detected cases of FGM as well as girls at risk of undergoing it. Furthermore registration of FGM detected cases into the Health Data Platform (PDS) is not mandatory. It is based on a Ministry of Health recommendation. But very often health professionals ignore this recommendation. In fact, the issue of professional secrecy applies to healthcare professionals. However, in reality, the Code of Ethics allows the exception in certain cases, including maltreatment of minors (under 18). In this case, it states that physicians should alert relevant authorities in cases related to FGM. There is also a law in the Portuguese Criminal Procedure Code that forces all the public workers to report any public crimes of which they become aware in the exercise of their duties (Article 242 of the Criminal Procedure Code). This applies to the frontlines professionals like health professionals, social workers, educators, police officer. Also law No. 147/99 - Child Protection Act and youth at risk - provides specific mechanisms for communication crimes committed against children.
- The app Petals represents an innovative way of proving women and girls information on FGM anonymously.

## 4. Recommendations for action

### 4.1. Regarding prevention

- Networking and harmonised strategies between all institutional, government and NGO agents working on FGM;
- Dissemination of information materials among health professionals;
- Extended in time prevention awareness campaigns with the inclusion of men, young girls and boys born in Portugal and with mother/father born in FGM practicing countries;
- To encourage organisation of public meetings with representatives of embassies of countries with higher prevalence of FGM, associations, NGO and local/national and international religious leaders who actively fight FGM;
- Specific and time located awareness campaigns especially in Easter period and summer holidays.

## 4.2. Regarding integration

- Creation of specialised support services for girls and women who have undergone FGM.

## 4.3. Regarding Training

- Establishment of a training grant on FGM for health professionals;
- Involvement of the different professional associations like health and education in order to achieve a common understanding and strategy on training methodologies for their professionals;
- Implementation of continuous training specialised courses for police forces;
- Post Graduate courses on FGM for health, education and psychology professionals;
- Inclusion of information on traditional and harmful practices in the academic curricula of undergraduate and graduate studies.

## 4.4. Regarding Knowledge

- Medical examination of girls in paediatrics and school health consultations; all girls/women in screening consultations of cervical cancer and HPV - as a strategy for monitoring/signalling FGM;
- Research projects on the effects of FGM on girls/women school performance;
- As FGM is a relatively hidden phenomenon in some European countries, we should continue to develop methodologies and studies that allow, on the one hand, to monitor the phenomenon and, on the other hand, to deepen the understanding of the sociocultural contexts that allow the practice and continuation of FGM;
- The establishment of European scientific networks to enable the development of research projects aimed at identifying common methodologies to allow prevalence registration based on comparison.