



# The EU Mutual Learning Programme in Gender Equality

## Combating female genital mutilation and other harmful practices

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### Discussion Paper – Italy



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# Eradicating FGM and other harmful practices

**Maura Misiti**

Institute for Research on Population and Social Policies  
National Research Council Italy

## 1. Introduction

In the framework of the Istanbul Convention and other international commitments, and in compliance with recent legal and policy implementation of norms related to prevention and fighting of gender based violence, Italy's government addresses the issues of female genital mutilation (FGM) and forced marriage (FM) with an integrated institutional system based on a wider concept of human rights protection, with the main goal of removing all forms of discrimination and developing gender-sensitive policies in many different areas.

The issue of the 7/2006 Law can be considered as the starting point of the implementation of the Italian Government's policies on FGM. The law includes provisions both on the prevention and prohibition of FGM/C, and adds specific new articles to the penal code. The repressive connotation of the law, with a strong symbolic meaning, is counterbalanced by a multi-layered strategy envisaging a set of preventive measures such as setting up support services for the rehabilitation and care of women and girls victims of FGM, raising awareness initiatives, enhancing the effectiveness of the services response through training and education of professionals in different fields and, finally, the constant monitoring of all implemented activities. The law gives to Department of Equal Opportunities (DEO) a central coordination role while, in order to cover the multifaceted implications of the FGM/C phenomenon, it provides for an integrated cooperation with the Ministries of Health, Education, Labour and Social Policies, Foreign Affairs and Interior. Moreover, in view of the relevance of the local perspective, the law assigns the regions specific rules, to be agreed within the framework of the "Conferenza Stato-Regioni". In Article 4, the training activities for health care professionals and the monitoring of the prevalence of FGM victims detected in local social and health care services are assigned to the Ministry of Health with a specific financial provision. The setup of a toll-free number for the support to victims or people at risk is assigned to the Ministry of the Interior.

The prevention of forced marriages has become a policy commitment at national level for the Department of Equal Opportunities along with the Ministry of Foreign Affairs. Indeed it was included among the strategic and operational objectives of the two institutions' policies on violence against women. Moreover, it was acknowledged that a systemic strategy is needed, at both national and local level, as well as the creation of a network among public bodies and civil society organisations to exchange information and competences. Finally, on 28 July 2015 the Italian Parliament approved the motion on forced and early marriages which requires the government to "fulfil" the UN Resolution on Child, Early and Forced marriage; to support a renovated global campaign to prevent and eliminate this practice which violates human rights, particularly of children and girls; to finance international cooperation programmes and projects to prevent and end child, early and forced marriages.

## 2. Prevalence of FGM and FM and data collection

The prevalence of FGM in practicing countries has been measured using a standard survey method developed by the Demographic Health Survey (DHS, Yoder, 2013). The prevalence in immigrant countries, however, is substantially unknown, as no standardised methods have been developed until now. Available estimates for some European countries (Italy included) are not comparable due to the different methodologies and approaches adopted (EIGE, 2013). At present, while in Italy there is no official data collection on FGM, some national estimates are available: in 2006, according to Ministry of Health, women with FGM/C were estimated to be 94,000, the number of underage girls with FGM/C or at risk, 4,000. A research commissioned in 2009 by the Department of Equal Opportunities (Istituto Piepoli, 2009) estimated the number of women with FGM by extrapolating prevalence data from FGM-practising countries (DHS) to the migrant women population legally residing in Italy and originating from the same countries. According to this study, women with FGM could be 35,000, the number of underage girls with FGM/C or at risk could be 1,000. In 2011 the NGO 'L'albero della vita' estimated that girls at risk are about 7,700 if a reduction of 30 % from the prevalence of mothers is assumed. Some estimates at local and regional level (Lazio, Lombardia, Tuscany, Abruzzo) are also available, but are not comparable because not harmonised and carried out with different methodologies and approaches.

In Italy there are no available statistical data to estimate the entity of the phenomenon of forced marriages, but local surveys and field experiences of several organisations working with migrant women revealed the importance of this problem in the country and the relevance that the issue presents in some areas. The study commissioned by the DEO in 2014 suggests different strategies of possible investigation based on a combination of quantitative and qualitative tools in order to improve the estimation of the phenomenon.

## 3. Main elements of the Italian approach to fighting FGM and other harmful practices

### 3.1 Female Genital Mutilation

In Italy the issue of FGM/C entered the public arena only recently, at the end of '90s, as a consequence of the combination of several factors: the rise of immigration flows in the country, and the arrival of migrants women from FGM practicing countries; the growing public awareness due to NGO's campaigns for the elimination of FGM; the dissemination of academic research and seminal local studies revealing the severity of the practice and the developing of specific medical expertise to assist victims; the increasing international attention to the issue following the UN Beijing women's conference and its impact on public arena and among CSOs associations and finally the intense political debate that accompanied the making of the law that involved CSOs, feminist activist associations, political parties, migrants communities, public health professionals, practitioners and academics. The Law No. 7 "Dispositions regarding the prevention and prohibition of female genital mutilation practices", which included provisions on the prevention and prohibition of FGM/C, and introduced Articles 583 bis and ter to the penal code, passed in 2006. In compliance with Article 4, in 2007 the Italian Ministry of Health

released the guidelines for health and social work professionals (including teachers) working with migrants from countries where FGM/C is practised, providing these professionals with instructions on prevention, support, and rehabilitation activities for women and girls who have either undergone the practice, or are at risk of undergoing it. In order to coordinate the tasks assigned by the law, in 2006 the Minister for Equal Opportunities established, by Ministerial Decree of 16 November 2006, a National Commission for the prevention and prohibition of any female genital mutilation practice, which was chaired by the Minister of Equal Opportunities and included governmental representatives of Ministries of Health, Education, Interior, experts and CSOs representatives. In January 2007, the Commission approved the **first Strategic Plan** aimed at programming initiatives and measures to combat these traditional harmful practices. In January 2011 the Commission at the Department for Equal Opportunities (DEO) drafted the **second Strategic Plan** in the framework of the National Priority actions, in accordance with Art.2 of the law 7/2006. In February 2011, the Plan was shared with CSOs and local Authorities. The contents of the Plan were included in a Memorandum of Understanding among the DEO and the Conferenza Stato-Regioni on December 6, 2012.

Regarding the projects funded in the second DEO call only thirteen regions have submitted a proposal, however more than 95 % of the total funding has been allocated; to date eight of them have completed the project, the others are still on going. Some details of the available results achieved are briefly described in chapter 5 as promising good practices.

As for the international activities provided in article n°7 of the law 7/2006 the Italian Development Cooperation supports through annual voluntary contributions the activities of UNWOMEN, UNFPA and continues to be one of the major donors of the Joint UNFPA/UNICEF programme “Female Genital Mutilation/Cutting: Accelerating Change”. The commitment to recognise VAW as a human rights issue, to challenge *de jure* and *de facto* discrimination against women and to end impunity for the widespread use of sexual violence in war and armed conflict has been strengthened after 2009 when Italy launched the first G8 initiative against VAW.

### 3.2 Improvement of evidence base on FGM

In 2007 the Ministry of Health issued a study concerning the regional distribution of specialised health services dealing with FGM/C issues: results indicated the overall availability of 43 Public Health Centres offering a range of specialised services for the treatment of FGM related diseases. According to article n°4 of the Law /2006 the Ministry of Health annually monitors the data and resources allocated to Regions, based on criteria determined by the State-Regions Conference ([www.salute.gov.it](http://www.salute.gov.it)).

The last monitoring by the Ministry was launched in 2013: from 2006 to 2013 results indicate that 957 women have undergone FGMs and that reconstructive plastic surgery has been performed on 284 of them.

Women who have undergone genital mutilation have been detected in 10 regions, The Regional Reference Centers for FGMs are located in: Friuli Venezia Giulia, Tuscany, Sardinia, Puglia, Lazio, Lombardy, Emilia Romagna, reconstructive plastic surgeries are performed in Friuli Venezia Giulia, Puglia, Umbria, Tuscany, Emilia Romagna and Piedmont and Lazio.

From 2005 to date, the ministry of health has allocated the regions 14,625,768.86 EUR to support training activities aimed at increasing the stock of knowledge on sexual and reproductive rights of migrant women, and transcultural medicine.

Since 2008 the amounts provided by the law 7/2006 have been cut from 250,000 EUR to 177,000 per year. The breakdown of funds among regions is provided in accordance with the following method of apportionment: 70 % of the total on the basis of resident population, 30 % on the basis of regular migrant women, originating from FGM practicing countries, living in the region.

In 2009 the Interior Ministry, following article 5 of the Law, established the toll-free number 800 300 558 against female genital mutilation, aimed at collecting reports on FGM cases or possible risks, the service provides information on support and health-care facilities. From 2009 to date it received 205 calls, around 50 per year up to 2011 (165 in total), 15 in 2012, 5 in 2013 and 7 in 2014, 1 in 2015, 6 in 2016 (March 24th). Only 2 calls were relevant to the purposes of the hotline: the first one, in 2010, initiated a criminal proceeding which was later dismissed, while the second, in 2014, was forwarded to the local police station and is still under investigation. All the other calls concerned requests for information on different themes or were the result of a typing error. The low utilisation has been apparent since the first months and confirmed by subsequent data. Its failure is presumably due to the persisting diffidence by non-EU citizens in relating directly with a police officer, often for fear of revealing their situation of irregular immigrants.

The first public call (G.U. 13/08/2008) was aimed at financing projects to prevent and combat the practice of female genital mutilation in three different areas: action/research projects; awareness-raising campaigns; and training courses. The DEO adopted a multi-layered and comprehensive approach to drawing up the call: seven actions-researches, seven raising awareness campaigns and seven training initiatives were funded, all the activities ended by September 2009. As for action/research projects this call envisaged a common framework of research objectives and target groups. Here the suggested objectives for the action/researches projects:

- Assessment of FGM/C prevalence at local level; analysis of the socio-economic characteristics of the migrant women and their families originating from FGM/C practicing countries; assessment of the awareness and knowledge of FGM/C among health care and social professionals.
- Feasibility studies aimed at setting up panels of experts for information exchange, to monitor the policies implemented at local level and to evaluate the impact of the training and sensibilisation initiatives.
- Feasibility studies aimed to establish networks among public and private actors

Here the target groups indicated for the surveys:

- Health care professionals (obstetricians, gynaecologists, psychologists, healthcare assistants, psychologists, paediatricians); operators of anti-violence centres, social workers; operators at SPRAR and refugees and asylum seeker care; Cultural mediators; School teachers (pre-school, primary, secondary).
- Migrant women originating from FGM practicing countries.

- Community members and leaders, originating from FGM practicing countries.

In the following tables the list of main results of training activities and awareness raising campaigns.

#### TRAINING ACTIVITIES REALISED UNDER THE FIRST CALL (2007)

LEADER	Area	Trainees' typologies						TOTAL
		HEALTH	EDUCATION	LEADER COMMUNITY MEDIATOR	OTHERS	MIGRANT WOMEN	ADVANCED	
AIDOS	VENETO FVG	50	20	67	97			
ALMATERRA	PIEDMONT, EMILIA ROMAGNA, FVG, PUGLIA	77		108				
ARCI	TOSCANA, CASERTA , TORINO	55	58	68				
COMUNE DI PESCARA	ABRUZZO	1,404	41	35		150		
INMP	ROMA, FIRENZE, TORINO, LECCE, BARI, MESSINA,	100		200				
PARSEC	PALERMO, AGRIGENTO		311	177	31	400		
UCODEP	EM, SICILY, TUSCANY, VENETO		2,088	251			544	
<b>TOTAL</b>		<b>1,686</b>	<b>2,518</b>	<b>906</b>	<b>128</b>	<b>550</b>	<b>544</b>	<b>6,332</b>

#### LEADER AWARENESS CAMPAIGN REALISED UNDER THE FIRST CALL (2007)

AIDOS	1 documentation-film, website, press TV campaign
ALMATERRA	2 audio spots; 1DVD, 1 theatrical play, press campaign
ARCI	1 exhibition, theatrical play, Billboards, events
PARSEC	brochures, radio, TV spots, press, website meetings (670 women), 1 Video
ISTISS	1 book, 2 DVD, website, brochure
ANELLI MANCANTI	workshops, meetings, film show, leaflets
LILA	1 documentary, 1 TV spot, website, events

The financial provisions allocated by the DEO for the action/research projects amounts to 794,000 EUR, for the awareness-raising projects amounts to 116,000 EUR, for the training and education projects amounts to 116,000 EUR.

On December 6, 2012 the Memorandum of Understanding among the DEO and the Conferenza Stato Regioni provided the allocation of resources to be distributed among the Regions to develop interventions for preventing and combating FGM in the following areas of intervention:

- Development of experimental and innovative intervention models for the implementation of a strategy aimed at facilitating the social integration of women and children, victims or potential victims of FGM as Regional Reference Centers with a multidisciplinary approach for a multipurpose support (medical, social, counselling, legal, emergency help );
- Specific training for professionals working in this field or in other related sectors (police, schools, social services, NGOs), aimed at facilitating the relations between Institutions and the migrant population;
- Promotion of awareness-raising activities involving migrant communities and public and private actors.

The total amount allocated is 3 million EUR. The allocation of resources was accorded to the presence of regular migrant population from FGM practicing countries in each Region in 2012, 85 % of the resources being allocated in Lombardy, Veneto, Emilia Romagna, Lazio, Piedmont and Toscana corresponding to 83 % of interested migrant population in 2012.

### **3.3 Awareness-raising campaigns**

Awareness-raising is a powerful tool that can effectively contribute to changes in attitudes. In the framework of the call issued in 2007, seven projects on information and awareness raising campaigns for prevention and fight FGM/C have been financed. The objectives set in the call:

- Launching information and sensitisation campaigns focused on the consequences of FGM on women's health, targeted to settled and new migrants (women and men).
- Production and/or dissemination of audio-visuals, involving migrant communities practicing FGM/C.

In the second call the awareness raising campaigns present more detailed requirements for the setting up of the activities. Campaigns must be grounded in the understanding that FGM is a human rights violation, deep-rooted in social norms, pressuring families to conform to peer expectations. The activities could be performed in three possibly overlapping typologies:

- Production of communication tools to be used in training courses aimed at stimulating debates among migrant women and professionals regarding attitudes and perceptions toward the FGM;



- Awareness-raising meetings on sexual and reproductive rights, Italian legislation, addressed to migrant women, girls, families in public venues as family planning services, schools, language schools for foreigners;
- Local communication campaigns targeted to migrant settled population and 'new migrants', on the following topics: FGM as a human rights violation, sexual and reproductive rights, Italian legislation.

### 3.4 Training and education activities

In the 2007 call the activities concerning training and education activities are designed to equip health professionals, educators, cultural mediators and other frontline staff with the knowledge and skills to respond appropriately and effectively to both affected and at risk women and girls. The main objective of this set of activities regards the realisation of basic and specialised training modules providing the understanding of female genital mutilation (FGM) as a human rights issue and on the Italian legal protection system, designed for educators and cultural mediators. Specific objectives:

- Training courses and sensitisation activities in the schools, designed in collaboration with health services and associations concerned on human rights of both affected and at risk women and girls.
- Training courses for educators of the Italian language schools.
- Introducing the topic of FGM as an abuse of human rights of the women, and of sexual and reproductive health in courses for adults addressed to migrants originating from countries at risk.

In the second call (2012) the training package is specifically intended to enhance relationships among Institutions and migrant communities (women, girls and families). In particular, training activities are considered as an opportunity for capacity building and skill development of the professionals working in direct contact with migrant women and families. Suggested targets are: cultural mediators, healthcare professionals, law enforcement officers, educators, operators at immigration services (initial reception included), parishes and religious staff.

As for good practices on training implemented during this second call it is worth mentioning some promising regional experiences:

- Emilia Romagna: a regional system of local networks on FGM for an effective "community and proximity work".
- Tuscany, where the Association Nosotras has developed an 'online bulletin board' for trained operators.
- Lombardy, with a website containing information and e-learning resources addressed to operators, migrants communities and general population.

## 4. Legislative framework

### International and European Conventions

Italy has ratified various international conventions condemning FGM: Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Rights of the Child (CRC), the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR), and the Charter of Fundamental Rights of the European Union (2010/C 83/02).

### Criminal law

Law No. 7/2006 introduces Articles 583 bis and 583 ter in the Penal Code: "Anyone "causing female genital mutilation without therapeutic purposes shall be punished with imprisonment from 4 to 12 years". The principle of extra-territoriality is applicable, making FGM punishable even if it is committed outside the country. Article 583 envisages an alternative punishment, that is the disqualification from the profession for three to ten years for medical practitioners performing FGM.

### Child protection law

With Law No. 172/2012 Italy has ratified the Lanzarote Convention. The law introduces an additional paragraph to article 583 bis, providing the removal of parental authority in case the crime is committed by a child parent or guardian.

### Asylum law

Asylum claims on the grounds of FGM could fall under D.Lgs 251/2007 Art. 7.2 e, which considers physical or psychological violence or acts specifically directed against one specific gender or against children as relevant for granting refugee status. The law includes both past and future persecutions (Art. 3 §4).

### Gender based violence law

In October 2013 Law n. 119 "Urgent measures regarding security and fighting gender violence" was passed in the Parliament. The law provides for increasing punishment for some offences related to intimate partner violence, and in particular legal aid and residency permit for FGM victims (art. 76 §4 ter, art. 18 bis). The law 119/2013 requires a National Action Plan against violence and allocates EUR 10 million. The NAP, issued in May 2015, embraces the Istanbul Convention approach on tackling all forms of violence against women, FGM and forced marriage. Following the NAP requirements, in December 2015 the DEO established an expert group to design and develop a national database on gender violence, based on the use of the various existing sources: population-based surveys (National Statistical Office) and administrative data.

The NAP's general goal is creating and operating a national database which could represent a fundamental tool to study, assess and monitor gender based violence against women and to consequently define and implement actions and policies aimed at prevention, victim support and combating the phenomenon.

Specific objectives are the following:

- Collect and harmonise data sources from administrative organisations that

- collect administrative data related to gender based violence : Health (e.g. medical centres and emergency services), Justice (e.g. courts, prosecution offices, criminal and civil justice, prisons) , Police (e.g. municipal, regional and national police), Social services ( Support and assistance (e.g. victim-support centres, shelters, legal and psychological counselling and helplines) , Social welfare (e.g. subsidised housing, employment aid and welfare benefits), Civil Society Organisations (CSOs) and privately owned organisations providing assistance to victims (e.g. women's shelters))
- To assess prevalence and incidence of the different forms of GBV
- To identify victims and perpetrators profiles
- To assess the impact of the implemented policies at local and national level
- To establish priorities in the implementation of prevention and victim support actions
- To make GBV information readily available to the public
- To plan and implement periodic surveys on attitudes and perceptions towards GBV

### **Forced marriage**

Regarding Forced Marriage, in Italy the institutional and regulatory framework still has serious legislative voids; in fact, Italian legislation contains no specific references to "forced marriage" even though it allows to address this offence through other legal instruments. Moreover, FM is mentioned in the ministerial decree regarding a "Charter of Values of Citizenship and Integration" (2007-paragraph 18). In regional legislations there are two references to FM in recent laws on gender-based violence (Molise Regional Law n.15/2013, Art. 1, and Lombardy Regional Law n.11/2012, Art. 1). With the Istanbul Convention entering into effect in August 2014, Italy is required to adopt measures for the prevention, the protection of survivors and the persecution of perpetrators.

## **5. Results and impacts**

### **5.1 FGM**

The Italian policy to prevent and fight FGM/C and other harmful practices is grounded on the recognition that these practices are a severe form of gender-based violence against girls and women and a violation of their human rights. The complexity of the FGM/C issue calls for a holistic approach based on the close integration of different tools. The legislative framework and criminal law measures are necessary but not sufficient to ensure that FGM/C is abandoned. In fact, changes in social attitudes are obtained through actions aimed at raising awareness among relevant communities and at empowering migrant women. The measure of the prevalence, the estimate of the number of women and girls at risk and the monitoring of the health care interventions related to FGM are also crucial requirements to set and cope with such a complex issue. Legislative framework, evidence based improvement, sensitisation and training courses are the main pillars of the Italian approach. The DEO, as coordinator of the actions provided by the law, has implemented two strategic plans aimed at financing projects involving

institutional actors as well as stakeholders and civil society organisations. That combination produced very positive results in both of the two waves of the projects' implementation. In particular, non-governmental organisations have had and will continue to have a crucial role, protecting girls at risk, providing training to professionals, raising awareness in the communities affected, developing knowledge, materials and good practice, and building bridges between Italy and countries of origin.

The DEO 2007 call for initiatives and measures to combat FGM had a very important impact on the improvement of the evidence base especially at the local level, where projects are performed. The majority of the research groups employed a qualitative approach and, due to difficulties in collecting statistical data for estimation procedures, only Lazio and Abruzzo applied qualitative and quantitative methods to estimate the population at risk and the number of women who underwent FGM/C. In the surveys particular attention was devoted to assessing the knowledge of the current law and the guidelines issued by Ministry of Health, as well the feasibility of their application in the different services contacted during the surveys fields. In this framework the issue of attitudes and perceptions towards FGM/C practice among healthcare and social operators has been also addressed. Information on activities of health services specialised in the treatment of medical and surgical complications resulting from FGM practice was also collected. The qualitative surveys approached the issues related to direct experiences of FGM/C, the attitudes towards the maintaining of the tradition and the changes in the context of immigration and the diaspora, the impact with the health and social services.

The research projects have produced a number of books and reports, with a large dissemination among different audiences and not only at the local level. Moreover, since several partnerships had combined research activities with awareness raising activities and training courses, the effect of spreading results was amplified. Furthermore all the surveys through interviews, focus groups, meetings, and questionnaires provided a remarkable corpus of inputs and policy recommendations.

The activities envisaged in the Second Strategic Plan and programmed in the second DEO-Conference Stato-Regioni call in 2012, are still ongoing in a number of regions, so this makes it difficult to measure the overall impact. All Regions with a relevant presence of migrant population originating from FGM practicing countries, however, presented a project. The available results indicate that the most common approach adopted is intended to better coordinate and reinforce the cooperation between regional and local health care systems, networks of third sector associations, NGO's and migrant communities. This is the case of Lombardy, Piedmont, Tuscany and Emilia Romagna. All projects are focused on monitoring and data collection on the prevalence of FGM cases; in Lazio and Tuscany by the implementation of an 'ad hoc' survey, in Lombardy and Piedmont by establishing procedures aimed at the collection of information regarding available services. The combined results of these activities will contribute to the effective monitoring of health care and support systems of FGM related diseases.

The experience of the Maternal and Child Department of the San Camillo-Forlanini Hospital in Rome can be considered a pilot practice of healthcare assistance on women suffering of reproductive health disorders, sexual and relational problems as a consequences of the mutilation, obstetric problems during pregnancy and childbirth. Upon patient request de-infibulations are also performed. The Department was appointed as Regional Reference Center for treatment of medical and surgical complications resulting from FGM practices.

In the last five years the activity of the Department and the Gynaecologic Day Hospital is illustrated in following table:

Year	De-infibulation	Check-up	Sex and reproductive health	Total
2010	9	36	44	80
2011	8	32	58	90
2012	7	28	60	88
2013	8	32	65	97
2014	7	28	71	99
2015	6	24	81	105
<b>Total</b>	45	180	379	559

The surgery team consists of professionals with different background (psychologist and cultural mediator included) adopting a multidisciplinary approach.

In terms of awareness-raising, the first wave of projects (2007) employed various communication tools, designed for the targeted audiences. Three of the selected projects realised an audio-visual product: a documentary, a docu-fiction, a spot. The other projects have produced brochures, leaflets, books on topics ranging from life stories to guidelines, to health care information. Different languages were used. The campaigns have been implemented in schools, hospitals, family planning clinics, immigration centres, associations and migrant communities. Campaigns directed to migrant populations privileged the use of images to inform on the law banning FGM in Italy, and about health risks related to the 'illegal' practice of FGM (ass. Nosotras).

No evaluation elements are available to assess the effectiveness of the campaigns.

As for the projects funded in the second DEO call only thirteen regions have submitted a proposal, however more than 95 % of the total funding has been allocated; to date eight of them have completed the project, the others are still on going.

As for good practices implemented during the second call it is worth to mention some promising experiences:

### **Awareness-raising**

- The Emilia-Romagna Region adopted a range of awareness raising initiatives, spread across the entire regional area, totalling 170. The sensitisation approaches varied according targets, contexts, and means of communication. The project realised exhibitions, theatre shows, art performances, speaking corners, book presentations, as well as conferences and seminars, involving both general public and specific groups, as the Nigerian community, or mothers and daughters. Different instruments of involvement have been used, some very original as the 'home visits'. All actions have been assessed.
- The AIDOS project towards FGM prevention can be considered as an innovative approach to raise awareness among FGM/C practising communities in their country. Aidos organised two trainings 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. During the trainings participants from different countries 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). Feedbacks from participants were extremely positive, highlighting the quality of team work, the enhancement of their understanding of FGM/C and the expertise acquired.

### Development of experimental and innovative intervention models

- The Piedmont project is intended to improve the existing network among health and social care services, both public and private, working with migrants. In particular the pilot project in the city of Torino will set up a database, gathering data from family planning centres to obtain:
  - The traceability of the women attending family planning centres by collecting clinical data (number of women with FGM, number of girls at risk)
  - Regional data collection to plan FGMs related policy actions
  - Harmonisation of data collection among the various services
  - A medical database by an anamnestic grid (country, age, FGM typology, complications)
- The Lombardy project aimed at creating a Reference Regional Multidisciplinary Centre for the prevention, contrast and treatment of female genital mutilation, located in two Milan Hospitals. Planned activities are:
  - Improving current performance by setting up a specific FGM support service, in the framework of the project called Soccorso rosa
  - Development of a database regarding women accessing the FGM centres
  - Data collection regarding health and social operators asking advice to the reference centre
- The Umbria region established a regional centre for the study and the prevention of FGMs, a reference point for information and training at regional, national and international level.

## 5.2 Forced marriage

The Department of Equal Opportunities commissioned in 2014 a pilot study on Forced Marriage in Italy (Le Onde, 2014) aimed at obtaining a reliable estimate of the number of women and girls victims of forced marriages in Italy. The research provides the definition of the practice, the identification of the data sources and indicators to estimate the population "at risk" and the victims in Italy; a review of the legal instruments at the international, European and national level; an analysis on the knowledge and understanding of the available instruments for both professionals of the support services and victims and, finally, a set of recommendations to prevent and support victims and potential victims, overcoming stereotypes related to FM common understanding. A promising practice in this field is represented by "Trame di Terre" an association with a unique experience in Italy on Forced Marriages. The association carried out an ad hoc survey in 2009, and since 2013 manages a shelter for girls/women escaping forced marriage. The research disclosed 33 cases of forced marriages in the region, only three involved men. Twenty were celebrated in

Italy, eleven abroad despite the bride's family was resident in Italy (5 in Morocco, 1 in India, 1 in Albania, 1 in France and 3 probably in Pakistan). In ten cases girls were engaged with boys not chosen by the family, so that the imposed marriage was accelerated by the families. During interviews some girls reported three alleged murders, which would have been carried out in Pakistan. Only three of these marriages were celebrated before the migration to Italy: in Morocco, India and Tibet. Nine potential victims reported failures and difficulties in searching support and assistance from operators and mediators working in public social services. These circumstances reveal a possible underestimation of risk exposure and a lack of attention by the institutions and operators in the field. In 2011 the association opened a secret shelter for young foreign women escaping forced marriage and any limitations of personal freedom. The ten girls hosted in the first two years came from different countries: Pakistan, India, Bangladesh Sri Lanka, Albania and Tunisia. Their age ranges from 17 to 24 years, with different educational profiles; almost all of them arrived in Italy during the period of pre-adolescence, the majority were born in Muslim families. The main problems encountered lie in the difficulties of the public social system in supporting and caring for young victims of forced marriages, According to TRAME operators this is the result of a 'familist' and relativist approach to the issue which causes a serious underestimation of the severity of the risks for those involved in the practise of forced marriage. In fact, this 'modus operandi' has delayed the development of prevention models in emergency settings. Another critical issue, TRAME points out, is the difficulty of informing public opinion about the very existence of a shelter specifically dedicated to victims of forced marriage. Actually this could be very risky for the safety of the hosted girls. Trame di terre is a reference point at the national level for women and girls escaping forced marriage. They organised 10 open seminars in the Emilia-Romagna region for teachers, shelter operators, institutions, mayors, judges and lawyers, health and social services providers; they also produced a vademecum on the issue of forced marriages.

## 6. Current and future challenges

The Italian Government has shown a strong commitment to preventing and eliminating FGM and forced marriages in recent years, as documented in the review. Due to the inherent characteristics of these opaque and often hidden phenomena, however, it is indeed quite difficult to apply traditional methods to assess and evaluate the impacts and outcomes of the implemented programmes.

The main problem is the lack of reliable data to allow a sound evaluation of change and effects in the target groups. This lack of reliable, consistent data is a recognised issue shared by the majority of European countries. In Italy, in particular, significant gaps emerged with regards to:

- data on the prevalence of FMG are in fact available at the local level only and are not comparable.
- data on at risk population are based on local estimates.
- data on monitoring healthcare interventions on FGM related diseases.
- data on trained professionals.

Therefore, the first area of intervention would be to achieve the collection of data on the basis of a common definition on FGM prevalence and a common methodology to estimate FGM prevalence. In this regard, some important results have already been achieved: recently, the University of Milano Bicocca presented a promising study [1] consisting in an improved method of indirect estimation of the prevalence of FGM among first generation migrants based on a migrant selection hypothesis. The application of the selection hypothesis modifies national estimates, usually predicting a lower occurrence of FGM/C among immigrants than in their respective practicing countries. The working hypothesis (WH) are described as follows:

- WH1: The process of immigrant selection affects the composition of first generation migrant flows. As a consequence these flows may be characterised as younger and more educated and urban than the overall national population profile. This process has a direct effect on the prevalence of FGM/C among African women in overseas communities.
- WH2: Socio-demographic groups and inter-regional variations in FGM/C occurrence in the migrants' countries of origin can be used to assess the expected variability of FGM/C occurrence in migrant flows.
- WH3: Given that the phenomenon is changing and, in most cases, declining in the younger generation, a correction of the indirect estimation of the expected prevalence in the country of origin up to the year of interest should be included in the correction.

A comparison of direct and indirect estimations realised in Lombardy confirms that the method correctly predicts the direction of the variation in the expected prevalence and satisfactorily approximates direct estimates. The same team, with other European partners, is running a Daphne project to develop and produce comparable and reliable data on the magnitude of the problem of FGM in Italy and the EU Member States.

Moreover, it could be useful to introduce FGM among the forms of violence monitored in the 'Observatory against violence' that the DEO is developing.

Also, in order to improve the use of data from administrative sources, it would be important to supplement the information gathered from the healthcare system with the introduction of a special code identification of FGM related diseases, as already pointed out in some reports and projects implemented.

Policies and interventions on FGM and FM are connected with migration policies and regulations.

The approach of the second strategic Plan on preventing and eradicating FGM has taken into account that target population groups of migrants from FGM originating countries, do not present a balanced distribution across the country. Over the years, in fact, each migrant community developed its own dynamics of settlement on the Italian territory and the second generations of migrants are concentrated in a number of regions and within specific citizenships. Regarding the impact of FGM/C interventions it is important to consider that in 2015, according to ISTAT, the total number of regular migrants in Italy is around 5 million of people, 8.2 % of the Italian population; immigrants originating from African FGM practicing countries account for less than 1 million people, 3.6 % of the total number of regular migrants. These figures do not take into account the number of migrants from FGM practicing African



countries with Italian citizenship, but, most importantly, there are difficulties in estimating numbers and demographic profiles of undocumented immigrants and of refugees and asylum seekers arriving in Italy by sea. According to UNHCR most of them originate from Eritrea, Somalia and other countries where the FGM practice is endemic (Gambia, Sudan, Guinea, Senegal, Mali, Nigeria) (UNHCR, 2016).

As recent European studies showed (FRA, 2014; EU, 2016) Forced Marriage is prevalent among certain ethnic communities and migrants. These communities in Italy are concentrated in the some areas:

- Bangladeshis: 24.9 % in Lazio and 19.7 % in Veneto;
- Indians: 37.5 % in Lombardy;
- Pakistanis: 43.4 % in Lombardy and 22.3 % in Emilia Romagna;
- Moroccans: 24.1 % in Lombardy, 15.5 % in Emilia Romagna, 13.7% in Piedmont;
- Albanians: 21 % in Lombardy, 14.3 % in Tuscany, 12.8 % in Emilia Romagna, (ISTAT, 2014).

These figures and the current trends represent a further challenge for the Italian Government and the integrated institutional system in addressing future interventions on the issue of the eradication of harmful traditional practices. For example, in the last DEO call, issued in 2012, the allocation of resources was based on the ratio of regular presence of migrants concentrated in north-central Italy, whereas in January 2016 the data of Ministry of Interior indicates that around 40 % of arriving migrants are hosted in southern regions.

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