



Home Office

**Report of European Learning Forum on  
Tackling Female Genital Mutilation  
5 February 2015**

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# Acknowledgements

The Home Office would like to give special thanks to the external speakers (see Appendix 3) who took the time to attend the forum and shared their knowledge, insight and experiences.

We would also like to thank the facilitators of the discussion groups for their expert chairing and the note takers for their time and efforts.

Thanks go to all those who attended the conference, particularly those who travelled to London from the continent. We are very grateful for your contributions to the discussions and for sharing your experiences of tackling female genital mutilation (FGM).

The Home Office is grateful for the support of the European Commission who provided the funding for this learning forum.

# Introduction

On 5 February 2015 the Home Office hosted a European Learning Forum on Female Genital Mutilation (FGM). The event was attended by representatives from European governments and non-governmental organisations (NGOs) and UK representatives from community organisations, NGOs, health professionals, police and survivors.

The aims of this event were to:

- discuss different approaches to tackling FGM;
- share best practice; and
- foster new relationships across Europe.

This report sets out some of the key learning points from the event and summarises the issues raised during the discussion groups.



Photos courtesy of Janet Fyle

## Keynote speeches

The forum was opened by then Minister for Crime Prevention, **Lynne Featherstone**, who provided an overview of the UK Government's approach to tackling FGM. The Minister spoke about the previous Government's work on strengthening legislation, working with professionals and communities and the UK's programme to tackle FGM overseas. She addressed the challenges ahead and the importance of working together to share experiences and knowledge to end FGM.

**Alimatu Dimonekene**, anti-FGM campaigner and survivor, talked about her experience of speaking out against FGM, of working with the Government and of the importance of having the views and experiences of survivors at the heart of FGM policy.

Government policy lead at the Home Office, **Christian Papaleontiou**, provided a presentation on the UK Government's approach to tackling FGM domestically. The presentation included a music video by [Integrate Bristol](#).

**Jane Miller**, Millennium Development Goals Team Leader and Africa Senior Regional Health Advisor, Department for International Development (DFID) gave a presentation on the UK's £35m programme to end FGM in Africa.

An overview of European work to tackle FGM was provided by **Elise Petitpas**, coordinator for the [End FGM European Network](#) who spoke about the work of the Council of Europe in securing commitment from EU Member states to tackle FGM through the Council of Europe Convention on preventing and combating violence against women and domestic violence.

**Tosca Hummeling**, representing the government of the Netherlands, outlined the approach of the Dutch government which involves a 'chain approach' of coordinating all the agencies involved in a holistic strategy focused on preventing FGM.

The Parliamentary Under Secretary of State for Public Health, Jane Ellison, was unfortunately unable to attend due to parliamentary business, however, Department of Health policy lead, **Astrid Fairclough** read out a statement from the Minister. In her statement, the Minister spoke about the Department for Health's FGM Prevention Programme which aims improve the National Health Service response to FGM. As part of the programme health professionals are now required to record a patient's FGM details in their health record. The Minister also mentioned health initiatives in Belgium and Spain and emphasised the importance of learning from each other.

Copies of the presentations were circulated to attendees. If you have not received a copy of the presentations, please email [fghenquiries@homeoffice.gsi.gov.uk](mailto:fghenquiries@homeoffice.gsi.gov.uk)

# Discussion groups

The discussion groups were focused on three themes:

- Prevention
- Protection and Support
- Legislation and enforcement

All delegates were able to participate in discussion groups on each theme. Delegates were asked to consider key questions around how their countries respond to some of the challenges involved in tackling FGM, including how they gather information on prevalence, how they engage with affected communities, and what legislation they have in place.

## Prevention

Discussion groups facilitated by **Naana Otoo-Oyortey**, Executive Director, [FORWARD](#)

Questions provided to prompt discussion were:

- What can government do to facilitate cultural and behavioural change regarding FGM?
- What is best practice in terms of working with community organisations?
- How can government raise awareness of FGM with communities?

How can government raise awareness of FGM with frontline professionals (teachers, medical professionals, social workers, police)?

### Prevention - Key points raised during the group discussion

To prevent FGM governments could:

1. Raise awareness:
  - a. Community champions and youth champions have an important role
  - b. Consider how teaching about FGM can be embedded in school curriculum
  - c. Be creative in raising community awareness
2. Work with communities / community organisations:
  - a. Funding for NGOs needs to be sustainable
  - b. Governments need to work with communities to build capacity, enable and empower
3. Support frontline professionals:
  - a. Training for frontline professionals should be mandatory
  - b. Guidelines and protocols are needed
4. Work with survivors
5. Build an evidence base and carry out research

## Examples of European government work to support prevention of FGM

### 1. Raising awareness

In **Finland** teachers are informed about FGM through a national action plan. This has improved information flow and has led to increased awareness among frontline professionals.

In **Belgium** community engagement is led by NGOs. NGOs are supported by the Belgian government with tools and funding. The government provides funding to [GAMS](#) (Group against Sexual Mutilation and harmful practices against Women and Children)

In the **UK** the government helps to raise awareness of FGM by making good use of the media, and by funding a specific communications campaign using posters on the back of bathroom doors. It also provides training for small community organisations to raise awareness at a local level. FGM is also included in the UK's citizenship test.

In **Portugal** the government recognises the importance of smaller organisations and provides funding to these organisations.

### 2. Working with communities / community organisations

In **Belgium** specialised FGM NGOs are offered a place in the National Action Plan and are given structural funding.

In the **UK** the government supports community organisations through funding but also by giving them a platform and credibility.

In **Finland** the government tries to engage voices of men too. Community organisations are funded through Finland's national lottery.

In **Germany** the government ensures good communication with community organisations by holding federal roundtable meetings between government and NGOs.

### 3. Supporting frontline professionals

In **Portugal** training is provided for national police officers and booklets on FGM are given out to police.

In **Germany** healthcare professionals are advised to address psychological issues associated with FGM, not just the physical harms.

In **Spain** e-learning is provided for professionals.

#### Key challenges – Prevention

- Building capacity of community organisations
- Communicating effectively and sensitively with communities
- Ensuring professionals know how to respond

## Protection and support

Discussion groups facilitated by **Nimco Ali**, Anti-FGM campaigner and survivor, [The Girl Generation](#)

Questions provided to prompt discussion were:

- How can effective commissioning of services be encouraged at a local level?
- How can the needs and views of survivors be captured and addressed?
- What legislation can be used to protect those at risk and survivors?
- How can government support frontline professionals (teachers, medical professionals, social workers, police) to protect girls at risk of FGM?
- What are effective methods for gathering information on FGM prevalence?

### Protection and Support - Key points raised during the group discussion

To protect and support those at risk and survivors of FGM, Governments could:

1. Support frontline professionals:
  - a. Set out referral pathways
  - b. Put guidelines for professionals on a statutory basis
  - c. Strengthen multi-agency working and information sharing
  - d. Clarify how labiaplasty should be reported
2. Protect those at risk:
  - a. Introduce legislation to protect those at risk e.g. protection orders
  - b. Support community organisations and individuals who speak out e.g. create a network to support them
3. Gather and share data on prevalence of FGM to support effective commissioning

## Examples of European government work on protection and support for those at risk and survivors of FGM

### 1. Supporting frontline professionals

In **Portugal** the government focuses on raising awareness of the health risks associated with FGM. The government has funded a course for professionals. Healthcare professionals are required to establish a network and focal point for communities.

In **Belgium** the government has developed a toolkit, a decision tree for frontline professionals. In the **UK** the government is introducing mandatory reporting of FGM<sup>1</sup>. All teachers and regulated healthcare and social care professionals will have to report known cases of FGM in under 18s to the police.

In the **Netherlands** professionals must have regard to a reporting protocol but it is not mandatory to report FGM. The protocol advises on what to do and what your responsibility is as a professional.

### 2. Protecting those at risk

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<sup>1</sup> | England and Wales



In **Finland** national action plan sets out that professionals working with children or families have to raise the issue of FGM.

In the **UK** the government is introducing FGM protection orders<sup>2</sup> to protect girls at risk of FGM. Those afraid of being subjected to FGM, or friends and family members of those at risk, will be able to apply for an order to put the potential victim under the protection of the court.

In **Germany** a specific FGM offence was introduced in 2013. The offence means that parents can be prosecuted.

In **Finland** there is no separate law on FGM but it can be prosecuted as assault against the person.

In **Portugal** a new law on FGM was introduced on 6 February 2015. The new law addresses shortcomings of the previous law and will cover all the consequences of FGM.

In the **UK and the Netherlands** health passports setting out the law on FGM are a useful tool.

### 3. Gathering and sharing data on prevalence of FGM

In **Finland** FGM will be included in the medical birth register. A population study on health and wellbeing in immigrants is carried out in Finland. 69% of Somali women reported they had FGM. Results of the latest study will be published this year. The study is based on language spoken rather than ethnicity.

In the **UK** the Midlands region is rolling out safeguarding hubs to facilitate information sharing between police, social services and community organisations. More widely, data on FGM is being collected across the National Health Service in England.

At **EU** level a project is being developed on how to collect prevalence data.

#### Key challenges – Protection and support

- Ethical issues of identifying FGM
- Sharing information across agencies
- Providing safe places for survivors of FGM

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<sup>2</sup> In England, Wales and Northern Ireland

## Legislation and enforcement

Discussion groups facilitated by **Louise Douglas**, Criminal and Civil Law Policy Unit, [Ministry of Justice](#)

Questions provided to prompt discussion were:

- What are the barriers to prosecution?
- How can these barriers be overcome?
- What are the most effective legislative tools for ensuring perpetrators are brought to justice?
- How can police be supported to tackle FGM effectively?
- How can victims be encouraged to come forward?

### Legislation and enforcement - Key points raised during the group discussion

To strengthen legislation and enforcement on FGM governments could:

1. Support frontline professionals e.g. increase training for police
2. Share information
  - a. Between professionals
  - b. Between other jurisdictions (internationally)
3. Work with communities / support survivors
  - a. Increase understanding of consequences of reporting FGM
  - b. Provide more support to survivors of FGM.

## Examples of European government work on legislation and enforcement on FGM

### 1. Supporting frontline professionals

In **Portugal** the government has issued guidelines to health professionals and the police. There is a duty to report FGM.

In the **UK** the government is introducing mandatory reporting of FGM<sup>3</sup> and will put guidance on a statutory basis.

### 2. Working with communities / supporting survivors

In the **UK**, new legislation has been introduced, including FGM Protection Orders, life-long anonymity for girls and women against whom an offence of FGM is alleged to have been committed and a new offence of failing to protect a girl from risk of FGM<sup>4</sup>.

In **Portugal** the government has worked to make communities more aware of FGM, raised awareness of professionals, as well as focusing on criminal law.

In **Belgium** a new offence of incitement to commit FGM was introduced in 2014. The Belgian government is also working with a NGO called [Intact](#). Intact work with new migrants in Belgium to integrate them into Belgian society. Furthermore, new residents are asked to sign a declaration to confirm whether they have or have not had FGM.

In **Finland** FGM is prohibited in criminal law, including reinfibulation. Legislation sits under the Child Welfare Act. Girls can be taken into care if under threat of FGM. The Finnish government

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<sup>3</sup> In England and Wales.

<sup>4</sup> All of these measures apply in England, Wales and Northern Ireland

offer free (but not compulsory) child health clinics for those aged 0-7. Parents are incentivised to attend the clinics, for example they receive a baby box containing clothes and gifts when the child is born.

### Key challenges – Legislation and enforcement

- Increasing reporting of FGM (children do not want to incriminate parents)
- Presenting reliable evidence (e.g. medical evidence for type 4 can be inconclusive)
- Protecting and supporting survivors



# Key points of learning

## Common themes

Most countries at the event identified the following common issues:

- Difficulty in achieving successful prosecutions;
- Ethical implications of examining girls;
- Importance of training for frontline professionals;
- Importance of gathering and sharing data.

## Key examples of good practice

Some interesting approaches noted at the event included:

- Finland: the Government provides information on FGM with the free baby box given to all new mothers.
- Spain: families from countries where FGM is practiced are asked to sign a declaration promising that their girls will not be subjected to FGM
- Portugal: the Government focuses on prevention through raising awareness of health risks and requires health professionals set up networks with affected communities.
- Netherlands: the Government has developed prevalence data which drills down beyond demographic data to estimate the number of girls at high risk.



## Next steps

Attendees agreed on the importance of sharing information and learning on FGM across Europe. Without wishing to duplicate the work of the European Commission or the End FGM European Network, we would like to give delegates the opportunity to continue the relationships developed at this event and to share information such as:

- Data on prevalence
- Examples of effective policies and interventions
- New legislation or initiatives

If you would like to share your contact details with other European delegates in order to exchange information and learning on FGM please let us know by emailing [fgmenquiries@homeoffice.gsi.gov.uk](mailto:fgmenquiries@homeoffice.gsi.gov.uk)

# Appendix 1: Programme

## Thursday 5 February

<b>Venue</b>	Neighbourhood Room Coin Street Neighbourhood Centre 108 Stanford Street South Bank London SE1 9NH
<b>9.30</b>	<b>Registration</b>
10.00	Welcome by Chair, Christian Papaleontiou, Head of Interpersonal Violence Team, Home Office
10.05	Keynote speech by the then Minister for Crime Prevention, Lynne Featherstone
10.15	Presentation by Alimatu Dimonekene, Anti-FGM campaigner and FGM survivor
10.25	Presentation on UK Government's domestic work on FGM – Christian Papaleontiou, Home Office
10.45	Presentation on UK Government's international work on FGM – Jane Miller, Department for International Development
11.00	Presentation on Council of Europe Istanbul Convention – Elise Petitpas, END FGM European Network
11.10	Presentation on the work of the government of the Netherlands on tackling FGM – Tosca Hummeling, representing Government of the Netherlands
<b>11.20</b>	<b>Break</b>
11.40	Discussion group 1
<b>12.30</b>	<b>Lunch</b>
13.30	Discussion group 2
<b>14.20</b>	<b>Break</b>
14.40	Discussion group 3
	Discussion groups to focus on:
	<ul style="list-style-type: none"><li>• Legislation and enforcement</li><li>• Protection and support</li><li>• Prevention</li></ul>
15.30	Plenary – Chair to ask facilitators from discussion groups to sum up key points
15.40	Statement on behalf Parliamentary Under Secretary of State for Public Health, Jane Ellison – Astrid Fairclough, Department of Health
<b>16.00</b>	<b>Close</b>

## Appendix 2: Country overviews of government work on FGM<sup>5</sup>

### Belgium

We would like to present you some of the observations and experiences in Belgium regarding good practices to improve prevention, protection and law enforcement against FGM, but in for matters related to right of asylum.

#### Multidisciplinary and holistic approach

We would like to underline that Belgian is aiming at a multidisciplinary and holistic approach in its policy on gender-based violence and especially in its policy on FGM. It has special attention for prevention and protection and overall assistance of the victims.

#### A comprehensive and co-ordinated policy

To build up (and evaluate) its national, regional and local policy, Belgium works together with all the stakeholders and a wide range of relevant agencies (NGO's included).

#### Belgian national protection system against FGM

Let's start by reviewing the Belgian State national protection system against FGM. In 2001, Belgium introduced a legal provision (**article 409 CP**) into its penal code that prohibits and penalizes the practice of FGM. It is sanctioned with 3 up to 15 years of imprisonment. The adoption of such a legislation establishes a strong normative reference, as it denies any cultural relativism related to the practice of FGM: the mutilations are regarded as a form of violence. The Law of the 5<sup>th</sup> of May 2014 also criminalized the incitement to FGM.

However, since the entry into force of the law 14 years ago, very few complaints have been filed and none of them have resulted in judicial prosecution. This situation might be explained by two main factors. First, FGM are a taboo topic within families, and can very often be a source of internal and loyalty conflicts. The second factor relates to the lack of awareness and experience of the front-line workers who are in contact with the populations and communities concerned. Anyway, Belgian prevalence studies have shown us that no less than 13000 women and girls have been cut and no less than 4000 girls and women are considered to be at risk!

In light of this situation, Belgium realized that its system of prevention and protection of children at risk needed to be reinforced and adjusted in accordance with the international recommendations that promote complementarity in the fields of intervention, namely, prevention, protection, repression and reparation.

As in other European countries such as the Netherlands or Great Britain, we are working (in close collaboration with all the relevant agencies) to develop recommendations in order to improve existing procedures, to enhance collaboration and adopt clear guidelines applicable to the particular nature of FGM.

We find that when such cases are encountered, they are too often being handled exclusively within a specific service. The institutions for health prevention, such as maternity units,

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<sup>5</sup> As at February 2015

preventive medicine or early childhood education services are not always adequately trained and do not interact on a wide enough scale to effectively deal with this type of abuse.

As emphasized by the Istanbul Convention and the UN Resolution of 20 December 2012, it is clear that **training** is essential to enhance the knowledge of professionals in the field, to increase their ability in detection of risk situations and to handle them. The task is difficult given the variety of professionals and sectors likely to be involved in FGM issues. In Belgium, education on FGM is exclusively handled by specialized associations (GAMS Belgium<sup>6</sup> and INTACT<sup>7</sup> and ICRH) and a clear connection has been established between the number of people reached through these training sessions and the increase of reporting incidents. In order to make this training more systematic, it is essential that professional awareness is performed as part of education program and recurrent training. This recommendation is mentioned as a future possible action in the NEW ACTION PLAN for the new governments.

"One shot" communication to professionals is unlikely to be sufficient, and the provision of specific tools and services as a support to the management of these situations is crucial.

Here are some illustrations of such tools:

- The **Health Federal Public Service** of Belgium supported the publication of an **information guide** on FGM aimed at all the concerned professionals and developed by civil society experts and stakeholders. It introduces the various issues in light of socio-cultural and medical aspects and provides information specific to the needs and the daily reality of given professions.

A project for **recording cases of FGM** in 10 hospitals was launched in order to observe if better use of existing procedures (by sensitizing the hospitals' gynecology and registration units) leads to an increase in the number of recorded cases, the objective being to develop a monitoring system. The project involved raising awareness in the hospital services concerned. The first evaluation shows that 2,5 times more cases were recorded than in the preceding 6 years.

- Each year the federal government provides a budget of 500.000 EUR to subsidize **2 multidisciplinary services in hospitals** for women victims of FGM.
- In 2012 an **"FGM travel document"** was developed in collaboration with INTACT and the Belgian **Foreign Affairs** for travel clinics, so that the medical staff may remind people traveling with still intact girls to high prevalence countries of the legal prohibition of FGM. This tool is aimed at helping families to reduce the pressure from the community and family, by stating the existence of criminal prohibition. The document reminds the content of the article 409 of the Penal Code, the circumstances in which parents can be prosecuted and the consequences of the practice on the health of girls. The objective is to reinforce the value and diffusion of this tool by affixing the seal of various federal public services and by making it available at embassies in case of return to the home country for the holidays. This travel document also carries the seal of the Belgian Federal Public Service of Justice and the Belgian Federal Public Service of Foreign Affairs.
- A roadmap was also developed to screen risk factors in schools.

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<sup>6</sup> **GAMS Belgium**, established in 1996, is a group of men and women of African and European countries who struggle for the abolition of female genital mutilation. The association organizes activities to **raise awareness** among communities, **briefings and training** for professionals, as well as **advocacy** at national and international level for the abolition of sexual mutilation. GAMS supports individual efforts for victims of mutilation by guiding them to appropriate services (health, legal aid, ...) since 2009 and offers individual psychological counselling and group workshops.

<sup>7</sup> **INTACT** is a Belgian association acting on the legal plan to combat Female Genital Mutilations. INTACT works at both national and international levels within a network of associations and institutions engaged in this effort, such as the "End FGM" European campaign, led by Amnesty International. Intact aims to become **'reference site' for legal problems** related to these issues and works in close collaboration with a network of national and international organisations and institutions active in the sector.



We can also mention that Belgium has introduced a specific exception regarding professional secrecy. When an professional tied to professional secrecy detects a serious and imminent danger for a person's psychological and physical integrity and he or she cannot protect this integrity himself or herself or with the help of others (shared professional secret) and in case of indications of danger for other minors, this may be reported the public prosecutor. Specific manuals were developed and distributed to inform about this exception.

Finally, we have seen that **prevention is crucial** in the fight against FGM. It requires a presence in the field and a day-to-day engagement among the concerned women and families. Here, we would like to acknowledge the work of GAMS Belgium, which raises the women's and girls' awareness to the reality of FGM, through sewing workshops, literacy courses and discussion groups. This upstream action is essential.

#### Close collaboration with the stakeholders:

Several organisations working on the issue of FGM are subsidized by the different governments.

In 2008, a **network of associations** in the Wallonia-Brussels federation, dealing with the issues of FGM, initiated a think tank named "**concerted strategies against FGM**"<sup>8</sup>, aimed at enhancing cohesion of the actions carried out in the field. This work was mostly initiated by GAMS.

This initiative regularly brings together up **to 40 organizations** working in sectors where contact with people affected by FGM is likely to happen: hospitals, youth services, family planning, children health promotion, police, prosecuting authorities, government agents etc. It involves doctors, nurses, social workers, psychologists, lawyers etc.

The first years were devoted in a participatory way, to developing an assessment of the situation in Belgium, an identification of the needs, a plan of activities to be undertaken and a strategy for a consistent action among the various actors.

The reflections in the context of the concerted strategies were especially used as a basis for the FGM topic when developing the **2010-2014 National Action Plan for combating conjugal and intrafamily violence**. The NAP has been extended to the fight against female genital mutilations in consultation with the concerned federal, community and regional ministers but also with many associations, thus marking the common will to grant the necessary attention to this issue. Targeted measures were defined in order to meet the following objectives: improve our knowledge about the situation of FGM in Belgium, inform, raise awareness of and involve the professionals concerned in preventing FGM, provide comprehensive care for mutilated and at-risk girls and women and their family circle, adequately cater for migrants experiencing or at risk of persecution because of their sex and contribute to the international fight against FGM.

#### One of the new actions imbedded in this action plan was for example an FGM prevention toolkit:

In 2014, an "FGM prevention kit" was made available to professionals by the associations specialized in the fight against FGM by means of the Concerted Strategies to Fight against FGM (SC-FGM). It consists of: a manual for the kit; the world map of FGM prevalence; the "passport STOP FGM"; a leaflet entitled "no excision for my daughter"; a folder containing the risk assessment criteria, the risk assessment scale and the decision tree; a guide for conducting interviews with the girls and their families; a model of a medical certificate; a model

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<sup>8</sup> <http://www.strategiesconcertees-mgf.be/en/>

of the parents' solemn pledge not to circumcise their child; a brochure on professional secrecy with regard to FGM; a guide for professionals and the prevalence study of women who have been the victim of FGM and girls at risk in Belgium. This kit has been available since May 2014 through a number distribution points located in Wallonia and Brussels. To broaden the scope of this kit to the whole country, it will also be available in Dutch in February 2015 after its adaptation to the legislative and political context and the specific terrain in Flanders.

Since 2012 the Flemish government realized that action also should be taken in the Flemish part of Belgium. Therefore, Intact and GAMS worked in close collaboration with the Flemish Child Abuse Forum. **In a multidisciplinary working group**, the different organizations and government departments worked on step-by-step-plans for the maternity clinics, the preventative Child health Care and the Centres for Pupils' Counselling. At the same time, a toolkit for every professional was established, after the example of the toolkit in the Wallonia-Brussels federation. This toolkit collects various information and prevention resources (tools, brochures, videos, posters, etc.) produced by the organisations that participate in the CS-FGM or by other organisations working in the field of violence against women.

At the level of law enforcement, the Board of Attorney Generals<sup>9</sup> currently assesses whether FGM should be included into the new and upcoming guidelines concerning honour-related violence. Apart from that, the Justice Department will put more emphasis on the training of magistrates and the police concerning FGM.

To conclude, we want to emphasize the importance of working together and discussing our respective practices and findings. We will only effectively combat genital mutilations by going even further in this direction.

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And

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<sup>9</sup> <http://www.om-mp.be/>

## Finland

### The national Action Plan for the prevention of circumcision of girls and women

The Ministry of Social Affairs and Health initiated the preparation of the national Action Plan by appointing an expert working group in spring 2009. Finland's first *Action Plan for the prevention of circumcision of girls and women 2012-2016 (FGM)* was published in August 2012. National Institute for Health and Welfare (THL) was assigned the responsibility to carry out the coordination of the Action Plan, and a Specialist was employed to work on this topic in spring 2013.

The purpose of the Action Plan is to set up permanent national and regional structures in order to prevent circumcision of girls and women. The main objectives are to prevent circumcision of girls in Finland and to improve the welfare and life quality of circumcised girls and women.

The target groups of the Action Plan include the decision-makers and professionals who encounter in their work girls and women who have been circumcised or who are at risk of being circumcised. Other target groups are research and educational institutes, NGOs and key persons in the communities where female circumcision is a part of their cultural tradition.

The Action Plan measures cover the years 2012-2016, during which the prevention of circumcision of girls should become an established practice in Finland.

The Action Plan supports also the *Action Plan to reduce violence against women*. In the future, the Action Plan will be incorporated in the *Promotion of sexual and reproductive health* action programme.

Female genital mutilation, i.e. the female circumcision, is a form of violence against girls and women that is prohibited in the Penal Code of Finland. It is also a criminal offence to take a person resident in Finland abroad to be circumcised. Under the Finnish Child Welfare Act, a child is entitled to a safe growing environment, balanced and well-rounded development and special protection. Non-institutional child welfare support measures pursuant to the Child Welfare Act must always be initiated if the circumstances in which the children are being brought up are endangering or failing to safeguard their health or development.

According to the Action Plan all professionals working with families with children have the responsibility of talking about and preventing female circumcision. The Action Plan is an encouragement to local authorities to adopt and promote it in their work.

The European Refugee Fund (ERF) provides funding to support THL's work in coordinating the *Action Plan for the prevention of circumcision of girls and women 2012-2016 (FGM)* during the period of 01/2014-06/2015. The future funding is still unclear.

### Actions/key measures

Key measures of the Action Plan include the securing of training, maintenance and development of expertise of professionals, production of material, influencing of attitudes, promotion of research, development of cooperation and distribution of information.

### Ensuring training / Maintaining and improving the expertise of professionals

- The facts, prevention and treatment of female circumcision have been highlighted at national and regional training events like seminars for health care personnel (nurses, public health nurses, midwives and physicians) and social workers in different parts of Finland. Materials designed for training and practical work concerning female circumcision and its prevention, have been promoted in bulletins and articles published in professional periodicals and expert networks.
- Whether a girl or woman has been circumcised may be noticed through discussion and/or examination by a public health nurse, midwife and/or physician, e.g. at the immigration inspection, a child health clinic, school health care, a maternity clinic, a hospital or a health centre. Health care professionals must know how to treat pregnant circumcised women and to offer a reversal procedure to all girls and women who have gone through infibulation/pharaonic circumcision. It is also recommended that psychological support is offered as part of further treatment.

### Producing and collecting material

- Material on female circumcision and how to prevent it has been produced by several instances in Finland. THL has produced an information kit of existing material, including reports and studies, which is maintained on its website ([www.thl.fi/tyttojenymparileikkaus](http://www.thl.fi/tyttojenymparileikkaus)). Links to this information kit is posted widely so that it can be easily found at the national level. THL has also created a brochure on the prevention of female circumcision that is available both, in paper and electronic versions.

### Influencing community attitudes

- Channels for influencing communities include immigrants' associations and other NGOs engaged in immigrant integration projects. *The Whole woman project* run by the Finnish League for Human Rights has raised awareness among professionals and immigrants since 2002. Other NGOs operating in Finland and internationally work on the topic in their own projects. Immigrants' attitudes are also influenced via direct contact with professionals.

### Promoting research

- It is important to receive and monitor the latest national and international research on female circumcision in order to target the preventive measures appropriately. There has been very little research on this topic in Finland until now. Academic universities and universities of applied sciences have been instructed to encourage the students of different fields, to write theses on female circumcision. Some theses are underway at the moment. Universities have also been encouraged to undertake research on this topic.

### Improving cooperation and coordination

- Cooperation between various instances has been developed in order to enhance the prevention of female circumcision, to avoid overlapping actions and to disseminate best practices. The Ministry of Social Affairs and Health and the National Institute for Health and Welfare have together invited key contact persons from various bodies (e.g. several ministries, National Board of Education, social welfare and health care authorities, education and youth work authorities, reception centres, the police, universities, NGOs, immigrant communities and religious communities) for an annual meeting for distributing information. First national meeting of the key contact persons took place in December 2013.
- At the local and regional levels, local authorities are responsible for information guidance and self-monitoring under the Action Plan. They are also responsible for providing the employees with sufficient training on the prevention of female circumcision.

## Monitoring and evaluation

- The Action Plan will be monitored and evaluated together with the *Promotion of sexual and reproductive health* action programme by THL. The first interim evaluation of the Action Plan to prevent female circumcision was performed in February 2014 by THL, and the results were presented in the national seminar in April 2014. The interim evaluation was carried out through electronic questionnaire that was sent to the target groups. The response rate was 28 percent. Roughly two-thirds of the decision-makers and little more than half of the professionals were aware of the Action Plan. The next interim evaluation will be performed in 2016.

## Malta

Since 2014 legislation against the practice of FGM was consolidated within the Maltese Criminal Code. Moreover, the Istanbul Convention has created a comprehensive legal framework and approach to combat violence against women. Since 2011 the convention was signed by 33 states and this year (2014) it was ratified by 15 countries including Malta.

FGM has a huge negative health impact on women. The nurse-led Migrant Health Liaison Office (MHLO) which was set up within the Department of Primary Health Care in 2008 has sought to address this issue with migrant women coming from sub-Saharan Africa. Focus groups have been carried out amongst these women to understand the socio-cultural dimension which surrounds FGM. The presence of a trained cultural mediator was imperative during these focus groups for the participants to engage and interact within the discussion. The majority of the participants claimed that the experience still lives with them and asserted that throughout her life a woman is cut again on several occasions: during their first sexual experience and prior to the birth of their children as most of these women are re-stitched up straight after delivery when in their country of origin.

On conducting these focus groups the MHLO has learnt a great deal about the socio-cultural norms that women coming from sub-Saharan societies uphold. Whilst FGM is not a religious requisite it places the girl/woman in line with the expectations of womanhood and prevents her and her family from being marginalised by their own community. MHLO has sought to inform and educate these women about the harmful effects of the practice and to make them aware that many of the symptoms that they still suffer from today are as a result of FGM.

Special attention is usually given to pregnant mothers who need to be given the right information so that they would not seek to perform FGM on their daughter after birth. Whilst it is important for educators to mention legislation and its consequences if they are in charge of having performed FGM, allowing the mother/parents to voice their concerns and giving them the right information in a way that they understand is more beneficial to prevent back-street practice. The inclusion of the father during these visits is very important as most males are unaware about the real horror that the child goes through during the procedure since FGM is mainly handled and organised by elderly females.

The outcome of the focus groups has also been incorporated into the training seminars which the MHLO has organised for nurses, GPs teachers and social workers, during lectures to university students as part of their curriculum and during participation in conferences. At present the MHLO is in contact with the Law Enforcement Department to hold information sessions on the topic of FGM to police officers. Law enforcement officers need to be informed about what the procedure entails and the social issues surrounding this practice in the event that they are faced with a potential victim who would be referred to them for protection. Further information about the Migrant Health Liaison Office (MHLO) may be found on:

[https://ehealth.gov.mt/HealthPortal/health\\_institutions/primary\\_healthcare/migrant\\_healthunit.aspx](https://ehealth.gov.mt/HealthPortal/health_institutions/primary_healthcare/migrant_healthunit.aspx)

## Portugal

Portugal's first Programme of Action for the Elimination of Female Genital Mutilation was published in 2009, officially integrated in the European Campaign on End FGM.

Currently, the III Programme of Action for Preventing and Eliminating Female Genital Mutilation 2014-2017 is being developed as part of the V National Plan to Prevent and Combat Domestic and Gender-based Violence 2014-2017, coordinated by CIG - Commission for Citizenship and Gender Equality.

All the Programs of Action have been implemented by an Intersectoral Group composed by the representatives of several bodies (public entities from the most relevant ministries, international organisations and NGOs), that also participated in the drafting. The Intersectoral Group on FGM was considered a good practice by the European Institute for Gender Equality in 2013.

Health professionals are in the front line against FGM in Portugal, assuming that the health approach is the most effective in *discouraging this* traditional harmful practice. The contact with the communities suggests that the families could change their attitude towards FGM when they realize their consequences on girls health.

Apart from the various materials on FGM produced to be distributed to the healthcare professionals and patients, especially in areas of greater risk, an important instrument was edited in 2012: a Guideline about FGM for health professionals (produced by the Directorate General of Health). Procedures Guides for criminal police staff and for technicians of the area child protection committees were also produced.

In 2013, was promoted a post-graduate course on FGM addressed to health professionals who pursue their professional activity in health facilities located in areas of greater risk.

Those professionals are now focal points in their community health centres and hospitals, articulating with the relevant local stakeholders, such as local commissions for protection of the rights of child, NGO'S, immigrants associations and teachers.

Currently, two more post-graduate courses on FGM addressed to health professionals are being promoted in Lisbon and Setubal.

The Ministry of Health also created, in 2013, a registration system of cases, in the health database, used by all health professionals at national level in the public health system. This database enables professional to identify the cases that arise in medical acts, allowing for a better understanding of the reality of FMG in Portugal and, consequently, the development of actions adjusted to the specificities identified. From January 2014 to January 2015, 43 cases where registered in this database.

In order to better assess the prevalence of this phenomenon in Portugal, a prevalence study on FGM in Portugal is being prepared.

The study will identify the number of girls and women victimized or at risk of excision, where FGM is practiced, the age of girls, and other facts considered relevant to understand of the phenomenon. This study will also include an analysis of how communities who practice FGM perceive this phenomenon and their perception of existing national policies, including their effectiveness. The study should be completed in *the first half of 2015*.

The link with practising communities was being mainly maintained through the NGOs present in the Intersectoral Group. However, recently, three immigrant associations (representing the communities at risk) were integrated in the Group.

It was established as a priority to involve, in an intensive way, the key actors on the communities at risk, namely associative leaders, local leaders, religious leaders and older people in general. Having some immigrant associations as partners, this goal has been achieved.

In order to involve even more local associations in an active way, it was created a Prize (Prize "Against FGM - Change the Future, Now"). This biannual award supports immigrant associations to develop awareness and prevention projects about FGM in the communities at risk, especially those that are very effective in their communities, but with no recourse to apply for national and European funds.

The autonomization of the crime of FGM in the Portuguese Criminal Code is being prepared. It will establish the penalisation of all types of mutilation defined by the World Health Organization. This is also a result of the ratification by Portugal of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention), the first European Union Member-State to do it.

Three proposals to change the Criminal Code were presented at the Portuguese Parliament to criminalize, separately, female genital mutilation and therefore to effectively prevent and punish this practice. It has also been proposed to raise the maximum sanctions from 10 to 12 years in prison. This legislative process is still ongoing.



## Spain

In Spain, Female Genital Mutilation (FGM), whatever form it takes, is considered a crime and is punished with six to twelve years imprisonment. Furthermore, if the victim is a minor, the judge can apply a four to ten year penalty of disqualification for the exercise of parental authority, custody or foster care.

The Spanish jurisdiction is competent to pursue FGM performed in the Spanish territory as well as outside the national territory under certain circumstances (the person prosecuted for FGM must be resident in Spain, or the person that has suffered FGM must have Spanish nationality or residence permit in the moment that FGM is performed provided that the person to whom the commission of the FGM is charged, is in Spain).

In Spain professionals have the obligation to report when they suspect that a woman or girl has suffered or is in risk of suffering FGM.

The main actions that Spain has taken recently to tackle FGM are the following:

- On 26<sup>th</sup> July 2013, the 'National Strategy for the Eradication of Violence against Women 2013-2016' was approved. This Strategy focuses mainly on intimate-partner violence but one of its four objectives is to raise the visibility of and provide assistance in other forms of violence against women such as Trafficking in women and girls for sexual exploitation purposes, forced marriages, sexual aggressions or **Female Genital Mutilation**.

Some of the measures that this National Strategy includes related to FGM are:

- Include information on the different manifestations of Violence against Women in the Plan for Coexistence and Security at School.
  - Raise awareness of these other forms of Violence against Women among the different professionals involved in combatting gender-based violence.
  - Prepare an informative document on forced marriages, **Female Genital Mutilation**, sexual aggressions and trafficking in women and girls for sexual exploitation purposes.
  - Set up mechanisms for collaboration with associations of immigrants to inform and raise awareness of these forms of violence.
  - Encourage actions to commemorate International Day of Zero Tolerance to Female Genital Mutilation (6 February).
  - Promote the adoption of a **Common Protocol for Healthcare procedure in Female Genital Mutilation**.
  - Urge the different competent bodies to collect statistical data on these forms of violence against women (trafficking in women and girls for sexual exploitation purposes, forced marriages, sexual aggressions, **Female Genital Mutilation**).
  - Promote the exchange of good practices in gender-based violence and other forms of violence against women.
- Since 2013, the Council of Ministers approves an Institutional Declaration each 6<sup>th</sup> February on the occasion of the International Day of Zero Tolerance to Female Genital Mutilation.
  - Common Protocol for healthcare procedure in gender based violence 2012. This protocol recognizes FGM as a form of Violence against Women though it states that due to its special characteristics requires a specific protocol.
  - **Common Protocol for Healthcare procedure in Female Genital Mutilation**. It has been approved on 14<sup>th</sup> January 2015. It is intended to become a basic tool to guide homogeneous

performances throughout the National Health System, to improve the health of women and girls who have suffered Female Genital Mutilation as well as working in the prevention and detection of girls who are in a particularly vulnerable situation and might be in risk of suffering FGM.

- Basic protocol for intervention against child abuse in the family environment. It was updated in 2014 in order to include FGM and forced marriages as a form of child abuse in the family.

## United Kingdom

The UK Government takes a comprehensive approach to tackling FGM including prevention, punishment, enforcement, support and protection measures.

During the previous Parliament, the Government set out its approach to tackling FGM in the strategy, 'Call to End Violence Against Women and Girls' published in November 2010, together with a supporting Action Plan.

On 22 July 2014, the Prime Minister and UNICEF hosted the UK's first Girl Summit. The summit recognised that FGM is a global problem that requires an international solution. At the summit the Government announced a package of domestic measures to tackle FGM in the UK. They focused on improving the law enforcement response, supporting frontline professionals and working with communities to prevent abuse.

### Legislation and Enforcement

- FGM has been a specific criminal offence in the UK since 1985 when the (UK-wide) Prohibition of Female Circumcision Act was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act in England, Wales and Northern Ireland<sup>10</sup>.
- The legislative response to FGM has been strengthened significantly through provisions in the Serious Crime Act 2015<sup>11</sup> which:
  - make parents or those responsible for caring for a child liable for failing to prevent their child being subjected to FGM;
  - extend the reach of the extra-territorial offences in the 2003 Act to habitual (as well as permanent) UK residents;
  - grant victims of FGM lifelong anonymity from the time an allegation is made;
  - create a new FGM protection order to protect a girl who is at risk of FGM or a girl against whom a FGM offence has been committed; and
  - a new mandatory reporting duty which requires known cases of FGM to be reported to the police.

### Protection and Support

- In 2011, the previous Government launched multi-agency practice guidelines for frontline professionals such as teachers, GPs, nurses and police. The guidelines were updated in 2014 and will be replaced by statutory guidance, under powers in the Serious Crime Act 2015.
- The guidelines aim to raise awareness of FGM, highlight the risks that people should be aware of and set out clearly the steps that should be taken to safeguard children and women from this abuse. New statutory guidelines will be developed in consultation with stakeholders.
- The Department of Health has launched a modular FGM e-learning tool available free of charge to all NHS staff. The e-learning modules contain practical advice on how best to ask 'difficult' questions about FGM in a sensitive manner, to give healthcare professionals the confidence to fulfil their role to protect girls, prevent FGM, and care for women and girls who have had FGM.

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<sup>10</sup> The Prohibition of Female Genital Mutilation (Scotland) Act 2005 replaced the 1985 Act in Scotland

<sup>11</sup> <http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

## Prevention

- The Government is working in partnership with NHS England through a national FGM prevention programme to improve the NHS response to FGM.
- Data on cases of FGM is now being collected across the NHS in England.
- During the previous Parliament the Government set up a specialist FGM unit to drive a step change in nationwide outreach on FGM with criminal justice partners, children's services, healthcare professionals and affected communities.
- In 2014/15 the previous Government provided £370,000 funding for community engagement projects to tackle FGM.
- This was used to support 25 community projects working with local people and front line professionals to educate and change behaviour.
- Since the Girl Summit in July over 350 community and faith leaders from all major religions have signed a declaration condemning FGM, stating that it is not required by their religions, and that all religions would work together to end FGM for good.

## International

- The Department for International Development (DFID) has begun programme to address FGM in Africa and beyond.
- The programme will work with communities, through civil society organisations, in at least 15 of the most affected countries.
- The total funding is up to £35 million over five years.
- The programme aims to see a reduction in cutting by 30% in at least 10 countries in five years (measured by prevalence among 0-14 year olds) with an ambition toward ending FGM in one generation.
- The Government is supporting the African-led movement to end FGM in a generation. The Girl Generation is a programme supporting cultural and behavioural change through national communications campaigns in 10 key African countries.

## Appendix 3: List of speakers

Rt Hon Lynne Featherstone MP, the then Minister for Crime Prevention, Home Office

Alimatu Dimonekene, Anti-FGM campaigner and FGM survivor

Christian Papaleontiou, Head of Inpersonal Violence Team, Home Office

Jane Miller, Millennium Development Goals Team Leader and Africa Senior Regional Health Advisor, Department for International Development (DFID)

Elise Petitpas, End FGM European Network (END FGM)

Tosca Hummeling, freelance project manager in the field of domestic violence, child abuse and FGM in the Netherlands

Astrid Fairclough, FGM Prevention Programme Manager, Department of Health

## Appendix 4: Attendees

There were 46 delegates in total including representatives from:

- Non-governmental organisations (UK and European)
- Community organisations
- Survivors
- Healthcare professionals
- Police
- UK Government

There were 12 delegates representing governments of EU Member States including:

- Belgium
- Finland
- Germany
- Greece
- Netherlands
- Portugal
- Spain

## Appendix 5: Delegate feedback

85% of people who completed the online evaluation of the event said that they were either very satisfied or fairly satisfied with the conference.

Feedback from delegates who completed the online evaluation included:

*'I found it a splendid initiative....first time that I have attended a conference from a country that had made the fight against FGM as a priority in his overall policy and that put his new ideas for new politics to the table. Congratulations.'*

*'The conference has been very well organized.. I think the UK stakeholders including policy officers of the Home Office are very concerned with the subject and very committed to end fgm, this was a great inspiration. Thanks!'*

The post-event online evaluation was completed by 14 delegates

- All delegates agreed that the content was relevant to them or their organisation
- 86% of delegates thought that the event had increased their understanding of different approaches to tackling FGM across Europe
- 86% of delegates exchanged best practice on tackling FGM with other delegates
- 86% of delegates made new contacts in the field of tackling FGM

Elements of the conference that delegates found most useful included:

- Networking opportunities
- Learning about different legislation
- Information on the policies of the UK
- Gaining information on different approaches e.g. Finnish prevalence data on Kurds
- Hearing the voices of survivors
- Presentations gave concrete examples of best practice

Elements that could have been improved included:

- To have heard more from other countries
- More time allocated to workshops
- More sensitive use of language e.g. 'victim' and 'crime'
- To have heard from European NGOs to find out how successful interventions were in each country

## Appendix 6: Useful links and contacts

- UK Government FGM information on GOV.uk:  
<https://www.gov.uk/government/collections/female-genital-mutilation>
- UK Multi-agency practice guidelines: <https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>
- UK Government Violence against women and girls action plan 2014:  
[www.gov.uk/government/publications/a-call-to-end-violence-against-women-and-girls-action-plan-2014](http://www.gov.uk/government/publications/a-call-to-end-violence-against-women-and-girls-action-plan-2014)
- UK Serious Crime Act circular:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417131/20150325SeriousCrimeActCircular.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417131/20150325SeriousCrimeActCircular.pdf)
- The Girl Generation: [www.thegirlgeneration.org](http://www.thegirlgeneration.org)
- UK FGM e-learning: <https://www.fgmelearning.co.uk/>
- Foundation for Women's Health Research and Development (UK) [www.forwarduk.org.uk](http://www.forwarduk.org.uk)
- NSPCC FGM helpline (UK) 0800 028 3550
- UK Government FGM Unit [fgmenquiries@homeoffice.gsi.gov.uk](mailto:fgmenquiries@homeoffice.gsi.gov.uk)
- UK Government funded Community projects  
<http://www.thinglink.com/scene/597214845217013762>
  
- The End FGM European Network: [www.endfgm.eu/en](http://www.endfgm.eu/en)
- Group against Sexual Mutilation and harmful practices against Women and Children (Belgium) [www.gams.be](http://www.gams.be)
- Intact (Belgium) [www.intact-network.net/intact/index.php](http://www.intact-network.net/intact/index.php)