

Joint Shadow Report – ITALY

Table of Contents

Authors.....	1
INTRODUCTION	2
1. Legal Framework	3
2. Policy Framework	4
MAIN ISSUES AND RECOMMENDATIONS	6
1. Prevention	6
2. Protection	7
3. Prosecution.....	9
4. Integrated Policies	10
CONCLUSIONS.....	11

Authors

Associazione Italiana Donne per lo Sviluppo (AIDOS): [AIDOS](#) is an Italian NGO working to build, promote and protect the rights, dignity, well-being, freedom of choice and empowerment of women and girls. AIDOS has been engaged in programs and projects for the abandonment of female genital mutilation (FGM) for almost 30 years in several African countries, giving financial, technical and organizational support to local NGOs working on this issue. AIDOS programs aim to build a social environment in which the individual choice may be possible, addressing gender relations and particularly the power imbalances that influence the sexual and reproductive rights of women. In Italy and in Europe the Association implements advocacy and communication activities and provides training on SGBV, including FGM, addressed to different professionals, including the ones who are dealing with asylum seekers and refugees. AIDOS contributed to the Italian shadow report on the Istanbul Convention and on the CEDAW. The Association is also a member of the Italian Alliance on SDGs and contributes to the working groups on SDG 3, 5 and 17. As implementing partner of UNFPA (United Nations Population Fund) AIDOS regularly implements development programs on FGM prevention in several African countries targeted by the UNFPA-UNICEF Joint Programme on FGM. AIDOS is funding member of the End FGM European Network.

End FGM European Network (End FGM EU): [End FGM EU](#) is an umbrella network of 21 national organisations working in 12 European countries and who are expert on FGM. End FGM EU operates as a meeting ground for communities, civil society organisations, decision-makers and other relevant actors at European level to interact, cooperate and join forces to end all forms of FGM in Europe and beyond. We put at the heart of our work grassroots voices to influence European governments and

policy-makers to work towards the elimination of FGM. We build our members' capacity, offer spaces to share expertise and develop partnerships. While being dedicated to be the driving force of the European movement to end FGM, we are equally committed to build bridges and cooperation with all relevant actors in the field of FGM both in Europe and globally. In this sense, we actively promote and foster cooperation between the European movement and movements in other regions of the world.

Moreover, the following Italian specialist participated in drafting this report:

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INTRODUCTION

The present joint shadow report is produced by AIDOS in coordination with End FGM EU, in order to highlight the current situation and propose concrete recommendations on the issue of prevention, protection, prosecution and integrated policies concerning female genital mutilation in Italy. Despite this report focuses only on this harmful practice, its aim is not to single it out in isolation, but just to put emphasis on it while still seeing it in the *continuum* of gender-based violence against women and girls and in a holistic and comprehensive manner.

This report represents the Italian chapter of a wider coordinated effort of End FGM EU to engage all its members who are under GREVIO revision to present an **FGM-focused report** in order to bring to the experts' attention the topic, which is too often neglected by State authorities. This project stems from our Guide on the [Istanbul Convention as a tool to end female genital mutilation](#). It puts in practice the Guide's holistic approach by considering its full application to FGM as a form of violence against women and girls which needs to be addressed through prevention, protection, prosecution and integrated policies. It does not only analyses the application of the specific FGM Article 38 of the Istanbul Convention, but addresses the full range of articles in the Convention and how they are applied to tackle FGM in Italy.

1. Legal Framework¹

Criminal Law

A **specific criminal law concerning FGM** has been in force in Italy since 2006 (Law 7/2006)². Articles 583bis and 583ter of the Penal Code prohibit all forms of FGM, including clitoridectomy, excision, infibulation and any other practice causing effects of the same kind, or causing mental or physical illness. The **principle of extraterritoriality is applicable**, making it illegal for FGM to be carried out by an Italian citizen or a foreigner residing in Italy or on an Italian citizen or person residing in Italy, even if the crime is perpetrated outside Italy. FGM is punishable by a prison sentence of three to 12 years, with some aggravating circumstances and mitigating factors³.

Child Protection Law

The **general child protection law could be applied in cases of FGM**. Article 330 of the Civil Code refers as protective measures to the removal of the child from the family and the suspension of custody of a parent whose behaviour is threatening the child's wellbeing. Moreover, Article 333 of the Civil Code refers to preventive interventions in case of prejudicial parental behaviour.

In addition, **Law N. 172/2012** (through which Italy ratified the Council of Europe Convention for the Protection of Children against Exploitation and Sexual Abuse, or Convention of Lanzarote) **incorporated new offences into the Penal Code, as well as harsher punishments for existing offences**. In relation to FGM, the Convention introduced the additional punishment of loss of parental authority and permanent prohibition from any role relating to the protection, legal guardianship and care of the child.

Asylum Law

Asylum claims on the grounds of FGM could fall under D.L. 251/2007 regarding acts of persecution. Article 7(2)(A) refers to "acts of physical or psychological violence including sexual violence", while Article 8(1)(D) refers to "acts directed against a particular social group". The law covers past and future persecution (Article 3(4)). On the basis of the combined

¹ For a more detailed information visit: <https://uefgm.org/index.php/legislative-framework-it/>

² Parlamento Italiano (2006), Legge 9 gennaio 2006, n. 7, "Disposizioni concernenti la prevenzione e il divieto delle pratiche di mutilazione genitale femminile" published in Gazzetta Ufficiale no. 14 on the 18th of January 2006

³ According to the law, punishment is decreased to two-thirds if the lesion is minor. Punishment is increased by a third when the practices referred to in Articles one and two are committed to the detriment of a minor or if the fact is committed for the purpose of profit. If the perpetrator is a health professional she/he is additionally punished with disqualification from practicing the profession from three to ten years.

provisions of these articles, FGM constitutes a form of gender-based moral and physical violence, on the grounds of which international protection in the form of refugee status is recognised.

Moreover, the **D.L. 142/2015**, which translates into domestic law the EU Asylum Reception Directive 2013/33/EC, specifically mentions victims of FGM among vulnerable persons entitled to receive appropriate healthcare during their asylum application procedure (Article 17, paragraph 1). Moreover, also the **D.L. 18/2014**, translating into national legislation the EU Asylum Qualification Directive 2011/95/EC, refers to FGM as ground for the recognition of refugee status.

Professional Secrecy Law

General law with regard to professional secrecy and disclosure may be used to report cases of occurred or planned FGM. According to Article 361 and 362 of the Italian Penal Code, **all public officers or any person responsible for the delivery of a public service have the duty to report** a criminal offence of which they become aware in the course of performing their professional duties or as a result of their profession, otherwise they might be subjected to administrative sanctions. Under Article 365 of the Penal Code, **health professionals shall be prosecuted if they fail to report** information about a crime obtained in the course of their professional duties, unless doing so would expose the patient/client to criminal prosecution.

2. Policy Framework⁴

National Action Plans

To ensure the implementation of Law 7/2006 against FGM, a **Commission for the Prevention and Combatting of FGM** was established, chaired by the Department for Equal Opportunities (DPO). The Commission drew up the **First National Action Plan (NAP) on FGM in 2007**, to be implemented through a public call for proposals for action/research projects, awareness-raising campaigns and training addressed to regional, local and National Health Service administrations, as well as NGOs focused on the protection of health or human rights of migrants.

A **Second NAP to prevent and combat FGM** was approved by the Commission in **2011**, and was implemented through the 'Agreement between the Government, the Regions and the Autonomous Provinces of Trento and Bolzano to Prevent and Combat Female Genital

⁴ For a more detailed information visit: <https://uefgm.org/index.php/policy-framework-it/>

Mutilation⁵ signed in 2012. This agreement was adopted in order to identify criteria for the allocation of funds, purposes, implementation and monitoring of the activities to be developed in Italy to prevent and tackle FGM. Funding was provided mainly for regional projects and research by local and regional authorities, National Health Service administrations, and NGOs. At national level, the DPO was in charge of the overall coordination and, above all, of the creation of a series of professional protocols for health, judicial and police personnel.

However, both **lack of accountability**⁶ and a **difficult coordination** between national and regional level on the matter make it difficult monitor funds and to have a comprehensive picture of the activities developed on the territory. Therefore, the Italian government should fund a Monitoring & Evaluation **report of all activities carried out to tackle FGM within these frameworks**, including a compilation of good practices and lessons learned at regional level, to be disseminated to all relevant stakeholders.

When the second NAP on FGM concluded, FGM was explicitly included in the **‘Special Action Plan against Sexual and Gender Based Violence 2015-2017’**⁷, which raised the need for trainings on FGM and support for survivors and girls at risk.

More recently, in November 2017, a **National Strategic Plan on ‘Men’s violence against women 2017-2020’** was adopted, which develops around four pillars (1. prevention, 2. protection & support, 3. prosecute & punish, 4. assistance & promotion) in line with the Istanbul Convention, and includes a specific focus on the issue of FGM, particularly within the asylum context. The NAP also underscores the need to increasing training and awareness-raising on FGM and to offer support for FGM survivors and girls at risk.

Multidisciplinary guidelines and protocols

Italy has developed several multidisciplinary guidelines and protocols both at national and regional levels.

National level

- [Mutilazioni genitali femminili: cura e prevenzione. Linee guida per operatrici e operatori sanitari, sociali e educativi](#), Commissione nazionale contro le mutilazioni genitali femminili, DPO (2001);

⁵ Piano programmatico delle priorità di intervento nazionali e successiva “Intesa concernente il sistema di interventi da sviluppare per la prevenzione ed il contrasto del fenomeno delle mutilazione genitali femminili”, available at: http://www.statoregioni.it/testo_print.asp?idprov=11371&iddoc=38637&tipoDoc=2.

⁶ To date no financial and narrative reporting has been published at national level.

⁷ For more information please consult the following link: http://www.pariopportunita.gov.it/media/2738/piano_contro_violenzasessualeedigenere_2015.pdf

- [Guidelines for the Early Identification of Victims of Female Genital Mutilation or other Harmful Practices](#) (2017), financed by the DPO, addressed to operators working on the Italian reception system for asylum seekers/refugees⁸.

Regional level

For a detailed account of the existing regional protocols please consult the footnote⁹.

MAIN ISSUES AND RECOMMENDATIONS

1. Prevention

Article 13

There are not enough awareness-raising activities in Italy around the issue of FGM, within the framework of other forms of gender-based violence. This is extremely important not only among FGM-affected diaspora populations, but also among the broader public opinion. Campaigns around such topics need to avoid stigmatization and, when directed to specific communities, need to be tailored differently, by considering their specificities. Only in this way they will be effective and ensure they achieve their objective. It is therefore necessary that the Italian government **allocate adequate funds to awareness-raising activities for the prevention of all forms of violence against women, including FGM.**

Article 14

In Italy there is a growing opposition related to teaching in schools subjects related to gender, which critically undermines the promotion of an equal society, particularly in terms of gender relations and gender roles. It is key that the Italian government **promotes and fund**

⁸ [Linee Guida per il riconoscimento precoce delle vittime di mutilazioni genitali femminili o alter pratiche dannose](#), per operatori dei CPSA (Centri di Primo Soccorso e Accoglienza), CDA (Centri di Accoglienza) e dei CARA, (Centri di Accoglienza per Richiedenti Asilo). A cura di Associazione Parsec Ricerca e Interventi Sociali; Coop. Soc. Parsec; Università di Milano-Bicocca; A.O. San Camillo Forlanini; Nosotras Onlus e Associazione Trama di Terre. Dicembre 2017.

⁹ [Abruzzo: Il mediatore culturale specializzato nella prevenzione e nel contrasto delle mutilazioni genitali femminili](#) (2008). [La prevenzione ed il contrasto delle mutilazioni genitali femminili nella scuola](#) (2009). // [Abruzzo and Sicily: Progetto IRIS – Interventi contro la violenza di genere verso le donne. Ricerca e sperimentazione di sportelli specializzati: Linee guida e raccomandazioni](#) (2010). // [Emilia – Romagna: Le mutilazioni genitali femminili nella popolazione immigrata \(dicembre 2000 – febbraio 2001\). Raccomandazioni per i professionisti](#) (2001) // [Lombardy: Le Mutilazioni Genitali Femminili: Vademecum per operatori sanitari, socio-sanitari e scolastici](#) (2011) // [Tuscany: Profilo informativo del fenomeno delle mutilazioni genitali femminili. Conoscerle per prevenirle](#) (2006).

educational programmes concerning gender, gender-based violence, including FGM, to be thought and delivered in schools in an intercultural and intersectional perspective. This needs to happen in a systematic and homogenous way in the whole national territory, through compulsory modules throughout the whole school cycle (primary, secondary, high school and university) and the production of school material and texts that are non-discriminatory and non-stereotyping or stigmatizing of the role of women and girls in society.

Article 15

Professionals in several sectors need to be trained well in order to provide adequate support to women and girls affected or at risk of FGM. **Training should be systematically and homogeneously provided to all professionals throughout the national territory** working in the asylum reception system (including CAS, SPRAR among others), in shelters for victims of violence, education sector and in local entities providing integration services **regarding gender-based discrimination and all forms of violence, including FGM**. Finally, every professional entering in contact with women and girls affected by FGM should be made well aware of the existing relevant national and regional **protocols and guidelines**. To this aim it could be useful to fund the dissemination and promotion of an e-learning platform for professionals on FGM, created by a consortium of NGOs (including AIDOS and End FGM EU), available also in Italian and with a country-specific factsheet¹⁰.

2. Protection

Articles 20 & 22

A practical tool to evaluate the level of risk of FGM and to help professionals to early detect the risk and protect girls from undergoing the practice does not exist yet at national level (some attempts are made at regional or local level). However, it exists concerning domestic violence. Therefore, we recommend financing the **development of a tool to support professionals in the prevention of the phenomenon and in the protection of girls at risk**.

Moreover, although support services for FGM affected women and girls exist, they are mostly focused on health and they lack coordination and communication with local administrations in charge of providing multisectoral services. This causes **lack of homogeneity in service provision** at national level and **lack of continuity** of services provided to women and girls at local level. In order to improve the situation of service provision, we recommend the **institutionalisation of services** (such as Regional FGM Centres) within existing structures,

¹⁰ See the United to End Female Genital Mutilation e-learning platform in Italian: <https://uefgm.org/?lang=it>.

including **FGM prevention and protection services** which should be **integrated in broader sexual and gender-based violence referral systems** between different sectors (health, education, social work, judicial, asylum systems), and **regularly funded**. This will help to effectively respond to the needs of FGM survivors in a systematic and widespread way.

Moreover, in terms of health service provision in public hospitals, healthcare personnel lack specialised training on FGM particularly for the psychosocial and sexological accompaniment and for the clinical treatment of women affected by FGM. We therefore recommend the introduction of **compulsory multidisciplinary educational modules on FGM for healthcare professionals**, particularly for those undertaking specialisations in gynaecology and obstetrics.

Article 24

A free telephone helpline has been established in 2009, which is directly managed by the Ministry of Interiors and the national Police, but has received very few calls and results inactive since years, even though is still running¹¹. In order to make it more accessible for the affected population, such **national hotline should be reviewed** under different aspects: integrate it within a broader support number for all forms of gender-based violence, make it available in multiple languages, multiple media (ex: online chat) and make it managed by civil society or by the DPO.

Article 27

Health professionals are not keen on reporting and denouncing cases of FGM or risk of FGM for their patients, because they deem the penalty for parents extremely severe and not in line with the best interest of the child, especially regarding the possible withdrawal of parental rights. Moreover, the medical personnel have the general feeling that, by reporting FGM cases with the penal consequences it entails, they would jeopardise the trust relation doctor/parent, which is key for prevention and awareness-raising on FGM. This lack of reporting makes the phenomenon invisible and very difficult to track.

It would be therefore important to **constructively engage with medical personnel to find a solution for their lack of reporting of FGM cases**, in order to be able to have a better picture of the situation and more data on the number of girls at risk of FGM, to be able to better shape and tailor policies on the issue.

Article 60 & 61

The increasing influx of asylum seekers and refugees represents a challenge for Italy. The number of population potentially affected by the practice has grown, and consequently the number of girls at risk. According to the latest UNHCR Report “Too Much Pain” (August 2018),

¹¹ See <http://www.interno.gov.it/it/contatti/servizio-prevenzione-e-contrasto-pratiche-mutilazione-genitale-femminile>

on the number of potentially FGM-affected asylum seekers arriving to Europe, in 2017 Italy was the second highest European country of arrival for number of female asylum seekers from FGM-practicing countries, mainly from Nigeria, Eritrea, Somalia and Cote d'Ivoire¹².

The reception system, and more broadly the social and healthcare systems, is overloaded and the current available services are not necessarily ready to provide appropriate services for affected women and girls. To improve the situation, it would be important to take some key measures such as: ensuring that **asylum officers and personnel working in the reception system receive systematic, regular and widespread training on sexual gender-based violence, including FGM**; establishing **direct and regular communication channels between reception centres and asylum committees** ("commissioni di asilo") in charge of the refugee status determination. Such measures would ensure both more efficient and gender-sensitive asylum procedures and improve access to specialised services for affected women and girls.

3. Prosecution

Article 45

Despite the fact that the Italian legislation on FGM is considered as a good practice at international level (according to the United Nations), particularly since it appears to work on awareness-raising, training and dialogue, on the other hand, it entails a penal mechanism which is particularly severe and is applied automatically after reporting. For these reasons, the law is being largely debated at academic level¹³, but also among professionals and within civil society actors.

In particular, as mentioned before (Article 27), the reluctance of health professionals to report cases of FGM makes in practice the law not applicable. Since 2006 to date there has been only an FGM case, which finally ended in an acquittal in appeal¹⁴. Moreover, no monitoring system

¹² See UNHCR, Too Much Pain Report 2018, p. 2, available at <https://data2.unhcr.org/en/documents/download/65299>

¹³ See prof. Fabio Basile (Penal Law, Università Statale di Milano), "Il reato di pratiche di mutilazione degli organi genitali femminili alla prova della giurisprudenza: un commento alla prima (e finora unica) applicazione giurisprudenziale dell'art. 583 bis c.p.", in "Diritto penale contemporaneo", n. 4, 2013, p. 311. See also A. Randazzo, "[Reato di mutilazioni genitali femminili e perdita automatica della responsabilità genitoriale \(profili costituzionali\)](#)".

¹⁴ The case took place in the Italian city of Verona at the end of March 2006. A Nigerian midwife, from *Edo-bini* ethnic background, was contacted by the parents of a 2-month old girl to perform the cut (*arué* in their language) behind compensation. She intended to perform it in two times, first she practiced a superficial cut on the clitoris of the girl (receiving for it 300 euros), and afterwards she went to the family house to perform a second cut (under promise of other 300 euros compensation) with all the necessary tools in her bag, but was caught by the

of penal proceedings was established, therefore there is no information available on other pending proceedings. In order to ensure an appropriate follow-up and revision of the measures and tools in place, where necessary, it would be important to **put in place a monitoring and evaluation mechanism of the law and its application.**

After collecting this necessary data, an **institutional reflection on the effectiveness of the legislation** should be started, with the **meaningful participation of civil society and professionals** contributing to the provision of support and services to affected communities. Concretely, two aspects could be subject to revision: the funding put forward for the application of the law, and the penalty.

4. Integrated Policies

Articles 7,8 and 9

As already stressed out in this report, coordination and coherence of interventions at national and regional levels are lacking in Italy. It is crucial to strengthen such factors to ensure the effectiveness and impact of all actions to end FGM and protect women and girls affected by it, as well as their continuous monitoring and correct evaluation. This is why we strongly recommend to the Italian government to allocate **more adequate and stable human, technical and financial resources** to the structures working on gender-based violence and FGM.

Article 11

Data collection is key to shape tailored laws, policies and practical interventions in terms of prevention and protection to end FGM. In Italy, the last scientific research on the estimation of women and girls living with FGM was realized in 2017 by the University of Bicocca (Milan)¹⁵. Concerning the girls at risk of FGM the most recent estimation by the European Institute for Gender Equality (EIGE) is being published in 2018¹⁶ and found that between 15 to 24% of girls between 0 and 18 years old coming from FGM practicing counties are at risk in Italy¹⁷.

police who had been monitoring her for a while. The first sentence of conviction arrived in 2010 for the midwife and the parents of the girl. However, in 2012, the three were acquitted in appeal since no intention was found of harming the sexual functions of the girl, but rather of carrying out a symbolic practice included in Edo-Bini's culture.

¹⁵ Farina, P., Ortensi, E. & Menonna, A. (2016). Estimating the number of foreign women with female genital mutilation/cutting in Italy. *The European Journal of Public Health*, 26 (4).

¹⁶ (*Upcoming*) EIGE, Female genital mutilation - Estimating the number of girls at risk in the EU, Report.

¹⁷ See EIGE, Factsheet "Mutilazioni genitali femminili: quante ragazze sono a rischio in Italia?", 2018.

Moreover, an agreement was signed between ISTAT e DPO (2017-2020) for the realisation of a third study on the phenomenon of gender-based violence, which includes also a part on FGM. We recommend **continuing financing and updating the national scientific research on the topic**.

However, to date there is no information concerning the number of women and girls asylum seekers who ask for asylum on grounds of FGM. This is due to several factors, particularly to the lack of data and statistics at national level. Moreover, Italy does not register the applicant's reasons for asking asylum, nor the reasoning behind granting the refugee status. If this happens, it refers only to the broad category to which the applicant belongs within the refugee status determination, e.g. belonging to a determined social group. Given the importance of the migration flow to the country, lack of this type of data puts in jeopardy the setting up of an appropriate response to the issue, including adequate service provision for affected population.

Therefore, we urge the Italian asylum authorities to **start recording the number of women and girls asking asylum on grounds of FGM**, in order to be able to monitor the phenomenon and shape better tailored asylum policies and service provision for vulnerable women and girls.

CONCLUSIONS

In conclusion, AIDOS and End FGM EU would like to call upon the Italian authorities to keep working towards putting an end to FGM, by taking the following measures:

- Fund the realization of a complete M&E report of all activities carried out to tackle FGM at national and regional level, including a compilation of good practices and lessons learned to be disseminated to all relevant stakeholders;
- Allocate adequate funds to awareness-raising activities for the prevention of all forms of violence against women, including FGM;
- Promote and fund educational programmes concerning gender, gender-based violence, including FGM, to be implemented in schools in an intercultural and intersectional perspective;
- Institutionalise services (such as Regional FGM Centres) within existing structures, including FGM prevention and protection services which should be integrated in broader sexual and gender-based violence referral systems between different sectors and regularly funded;

- Provide systematically and homogenously training on gender-based discrimination and violence, including FGM, to all professionals coming in touch with FGM affected women and girls throughout the national territory. In particular ensure that:
 - compulsory multidisciplinary educational modules on FGM are available for healthcare professionals, particularly for those undertaking specializations in gynecology and obstetrics
 - asylum officers and personnel working in the reception system receive systematic, regular and widespread training on sexual gender-based violence, including FGM
- Ensure that professionals are aware of the existing relevant national and regional protocols and guidelines concerning FGM;
- Finance the development of a tool to support professionals in FGM prevention and in the protection of girls at risk;
- Review the FGM national hotline, in particular by integrating it within a broader support number for all forms of gender-based violence, making it available in multiple languages and making it managed by civil society or by the DPO;
- Put in place a monitoring and evaluation mechanism of the law and its application and start an institutional reflection on the effectiveness of the legislation with the meaningful participation of civil society and professionals;
- Establish direct and regular communication channels between reception centers and asylum committees;
- allocate more adequate and stable human, technical and financial resources to the structures working on gender-based violence and FGM
- Continue financing and updating the national scientific research on FGM;
- Start recording the number of women and girls seeking asylum on grounds of FGM.

We thank the GREVIO for the opportunity given to civil society to provide our expertise and concrete recommendations to improve Italian authorities' actions to end FGM.