

***Declaration of the Committee of
Ministers on the need to intensify the
efforts to prevent and combat female
genital mutilation and forced marriage in
Europe***

***including a Guide to good and promising
practices aimed at preventing
and combating female genital mutilation
and forced marriage***

Declaration of the Committee of Ministers on the need to intensify the efforts to prevent and combat female genital mutilation and forced marriage in Europe¹

The Committee of Ministers of the Council of Europe,

1. Recalling the member States' obligation to secure for everyone within their jurisdiction the rights and freedoms defined in the Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights, ETS No. 5), and to provide an effective remedy before a national authority for any violation of those rights and freedoms, and their obligations arising, as relevant, from the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention, CETS No. 210);
2. Recognising that female genital mutilation and forced marriage (i) are violations of human rights and, where relevant, a violation of children's rights ; (ii) are based on gender; (iii) constitute serious forms of violence against women and girls; (iv) are linked to and perpetuate other harmful practices and human rights violations;
3. Recalling that these harmful practices affect women and girls of all ages, while noting that forced marriage can also affect men and boys;
4. Expressing its deep concern at the severe, often irreparable and irreversible harmful consequences of female genital mutilation and forced marriage;
5. Emphasising that despite growing international awareness of the gravity of female genital mutilation and forced marriage, these harmful practices persist globally and are also present in Europe;
6. Welcoming and supporting the Sustainable Development Goals adopted by the United Nations, which include the elimination of female genital mutilation and forced marriage by 2030, and encouraging all Council of Europe member States to make an active contribution to their implementation;
7. Reaffirming its willingness to co-operate with the European Union and other international, intergovernmental and regional organisations, as well as with non-governmental organisations, in the fight against female genital mutilation and forced marriage, at European level and beyond;
8. Recalling the guidance and activities developed by the Council of Europe aimed at the prevention of violence against women, the protection of victims, the prosecution of perpetrators and the empowerment of women, in particular Recommendation Rec(2002)5 of the Committee of Ministers on the protection of women against violence, as well as its Gender Equality Strategy 2014-2017, which includes the objective of preventing and combating violence against women;
9. Recalling also that one of the 10 goals for the period from 2018 to 2028, announced by the Secretary General of the Council of Europe on the occasion of the International Roma Day, aims to eliminate child marriage in Roma and Traveller communities in Europe;
10. Convinced that a comprehensive and integrated approach must lie at the heart of all efforts to eliminate female genital mutilation and forced marriage and must involve all those concerned, such as the affected communities, grassroots organisations, social and education services, child protection services, the police, the justice system, the asylum system, health and other relevant professionals;

¹ Adopted by the Committee of Ministers on 13 September 2017 at the 1293rd meeting of the Ministers' Deputies.

11. Stressing the need for awareness-raising, information and education campaigns to combat gender stereotypes that lie at the root of discrimination against women and girls, and which lead to harmful practices such as female genital mutilation and forced marriage; and that these campaigns must involve all people – both women and men – in affected communities, professionals and relevant public and private stakeholders in society, and the media,

12. Expresses the need to intensify efforts to prevent and combat female genital mutilation and forced marriage in Europe and beyond and, to this end, calls on member States to:

- a. recognise female genital mutilation and forced marriage as forms of violence against women and girls, as violations of fundamental rights as laid down in the European Convention on Human Rights, and as acts that must constitute crimes according to the Istanbul Convention;
- b. recognise that these affronts to human rights violate, in particular, the right to personal security and integrity, the right to physical and mental health and well-being, the right to sexual and reproductive health, and reproductive rights, and that they also constitute child abuse, an obstacle to school attendance, a detriment to children's access to education and their intellectual and social development; and recalling that such violations can under no circumstances be justified on grounds of respect for cultural traditions, customs or religious beliefs;
- c. include these issues in national policies and strategies to prevent and combat violence against women and girls through comprehensive legislation and programmes which:
 - i. establish and improve the collection of accurate and comparable data and research into the causes, prevalence and risk of these practices, taking into account, where relevant, the best interests of the child;
 - ii. address the vulnerable situations of women and girls that perpetuate these harmful practices, and encourage, empower and support women, girls and affected communities to challenge and abandon such harmful practices;
 - iii. improve the conditions for enabling the reporting of cases of female genital mutilation and forced marriage;
 - iv. provide a full range of prevention and protection measures, including tailored training for professionals and mechanisms to co-ordinate, monitor and evaluate implementation by national authorities;
 - v. provide for effective sanctions against the perpetrators of these harmful practices;
- d. develop and promote effective measures that address the transnational elements to protect victims of and those at risk from these harmful practices, including when they occur outside the country of residence or origin; and ensure that female genital mutilation and forced marriage are recognised as grounds for international protection;
- e. develop national action plans and strategies and, drawing on the Guide to good and promising practices aimed at combating and preventing female genital mutilation and forced marriage by the Steering Committee for Human Rights, promote exchanges of practices aimed at ending female genital mutilation and forced marriage, as well as identify how to provide effective support services for victims of these harmful practices;

- f. sign and/or ratify, and fully implement, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), the Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention, CETS No. 201) and the Convention on Action against Trafficking in Human Beings (CETS No. 197);
- g. sign and/or ratify, and fully implement, the United Nations Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, the United Nations Convention on the Elimination of All Forms of Discrimination against Women and the amendment and protocol thereto, and other relevant international instruments;
- h. co-operate with other member States, through the application of relevant international, regional or bilateral instruments, with the purpose of preventing and combating female genital mutilation and forced marriage, identifying these harmful practices, protecting and providing assistance to victims, and ensuring that perpetrators are adequately prosecuted and punished.

Guide to good and promising practices aimed at preventing and combating female genital mutilation and forced marriage

TABLE OF CONTENTS

INTRODUCTION	12
BACKGROUND AND CONTEXT	14
A. INTEGRATED POLICY AND DATA	18
1. INTEGRATED POLICY.....	18
<i>Establishing a framework</i>	18
<i>Organisational set-up</i>	20
<i>Co-operation</i>	22
<i>Cross-border co-operation</i>	22
2. DATA.....	25
<i>Data collection and dissemination</i>	25
<i>Evaluation and monitoring</i>	29
KEY POINTS ON INTEGRATED POLICY	30
KEY POINTS ON DATA.....	30
B. PREVENTION	31
1. INVOLVEMENT.....	31
<i>Including a variety of actors</i>	31
<i>Including affected communities</i>	33
<i>Targeting influential and specific community members</i>	35
2. RAISING AWARENESS	37
<i>Raising awareness in affected communities</i>	38
<i>Raising awareness for professionals</i>	42
3. EDUCATION	42
4. EMPOWERMENT OF WOMEN AND GIRLS	45
KEY POINTS ON PREVENTION	47

C. PROTECTION	48
1. PROTECTION FOR AT-RISK INDIVIDUALS	49
<i>Early and immediate risk detection</i>	49
<i>Role of professionals</i>	50
<i>Triggering a protective response</i>	55
<i>Safeguarding measures</i>	57
<i>Transnational protection</i>	59
2. SUPPORT FOR AFFECTED INDIVIDUALS	59
3. LEGAL ISSUES CONCERNING FM	61
KEY POINTS ON PROTECTION	63
D. ASYLUM	64
1. LEGAL RECOGNITION	64
2. IMPLEMENTATION	66
3. GENDER-SENSITIVE RECEPTION CONDITIONS	68
4. MIGRATION-SPECIFIC ISSUES CONCERNING FM	69
KEY POINTS ON ASYLUM	71
E. PROSECUTION	72
1. CRIMINALISATION AND THE LEGAL FRAMEWORK	72
2. JURISDICTION	73
3. LAW ENFORCEMENT AND INVESTIGATION	74
4. PROSECUTION AND ACCESS TO JUSTICE	76
5. COURT EXPERIENCE	76
6. CONVICTIONS	77
7. IMPACTS OF CRIMINALISATION AND COMPLEMENTARY MEASURES	78
KEY POINTS ON PROSECUTION	79
F. CHALLENGES AND FUTURE WORK	80
APPENDIX I	
FEMALE GENITAL MUTILATION AND FORCED MARRIAGE – DEFINITIONS, CAUSES AND CONSEQUENCES	85
APPENDIX II	
NATIONAL CONTACTS - RELEVANT MINISTRIES OR AUTHORITIES; APPLICABLE LEGISLATION; NATIONAL ACTION PLANS OR STRATEGIES; NATIONAL POLICIES, CAMPAIGNS AND INITIATIVES; PARTNERSHIPS BOTH NATIONAL AND INTERNATIONAL	93
APPENDIX III	
ANALYSIS OF THE LEGAL SITUATION AT INTERNATIONAL LEVEL AND IN COUNCIL OF EUROPE MEMBER STATES ON COMBATING AND PREVENTING FEMALE GENITAL MUTILATION AND FORCED MARRIAGE	121

Abbreviations and acronyms used in this guide

CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
EIGE	European Institute for Gender Equality
EU	European Union
Europol	European Union Agency for Law Enforcement Cooperation
FGM	Female genital mutilation
FM	Forced marriage
FRA	European Union Agency for Fundamental Rights
NGO	Non-governmental organisation
OHCHR	Office of the United Nations High Commissioner for Human Rights
PACE	Parliamentary Assembly of the Council of Europe
THB	Trafficking in human beings
UN	United Nations
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VAW	Violence against women
WHO	World Health Organisation

INTRODUCTION

1. This document contains strategic guidance on the principles and characteristics of an integrated response in preventing, combating and addressing the effects of Female Genital Mutilation (FGM) and Forced Marriage (FM).² In support of these elements the guide will also outline selected current initiatives being taken by a number of Council of Europe member States to end FGM and FM.

2. FGM and FM are distinct acts yet both are violations of human rights and grave forms of violence against women and girls. As these violations often occur during childhood they also constitute a violation of children's rights. FM may also involve boys and young men although to a lesser extent than women and girls. Although men and boys may also be affected by FM, in this guide this harmful practice will be regarded as a violation mainly against women and girls. As violations of human rights, the fight against these practices is founded in a rights-based approach that addresses the larger systemic issues at play in society that breed such violence, gender inequality and discrimination. The elimination of these harmful practices is envisaged by Goal 5 of the United Nations (UN) Sustainable Development Goals.³

3. Despite differences in the practical aspects of FGM and FM, the core principles and framework to combat them is to a large extent the same. An effective approach to tackle FGM and FM must address the whole range of underlying factors behind the perpetuation of all forms of violence against women (VAW).⁴ Therefore particular measures tailored to deal with the specific complexities of either FGM or FM are in most cases founded on the same principles, methods and objectives, and function within a common framework of ending VAW. Good and promising practices for dealing with one form of violence against women can be applicable or transferrable to all its forms, even if the exact initiative or programme will be specific to the relevant harmful act.

4. The focus on FGM and FM in this guide does not imply that these practices are more severe or more harmful than other forms of VAW (such as stalking, sexual violence, forced abortion and forced sterilisation, sexual harassment, crimes committed in the name of so-called "honour", and the aiding or abetting and attempt to commit any of these offences). However the complexity and scope of all various forms of violence against women has warranted a narrower focus of this guide to only these two specific harmful practices.

5. The risk of creating a feeling of "otherness" by focusing on two forms of violence which predominantly occur in migrant communities has been regarded with concern, particularly in the context of rising xenophobia and discrimination in Europe. This guide should be read with the understanding that it aims to stress that all forms of violence require action and due focus; and that VAW may occur in various contexts and thus may arise in, and from, any society or culture. Equally these violations are a global phenomenon, not limited to one particular region or group, yet the urgent need for action without delay has been considered as justification for focusing here on these two harmful practices.

² Appendix I sets out the characteristics, causes and consequences of FGM and FM.

³ Goal 5 (Achieve gender equality and empower all women and girls), Target 3: "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation", available at <https://sustainabledevelopment.un.org/sdg5>

⁴ With regards to terminology this guide follows the approach of the Istanbul Convention, which in Article 3(f) states that "women" includes girls under the age of 18.

6. This guide was prepared by the Steering Committee for Human Rights of the Council of Europe (CDDH) which set up a drafting group for this purpose composed of a selected number of experts and representatives from member States, international and regional and intergovernmental organisations, and non-governmental organisations (NGOs) who met three times during 2016 and 2017. This guide has been produced by drawing on the established standards, principles, approaches, and recommendations from international, regional, and national legal bodies. Various Council of Europe bodies, international, regional, and intergovernmental organisations, NGOs, national human rights institutions and national public authorities have published analyses and reports on how to effectively fight violence against women and girls, and on FGM and FM in particular. It is from this experience that the framework to combat these abuses has evolved. In particular the legal framework of the Council of Europe, alongside recommendations from the Committee on the Elimination of Discrimination against Women (CEDAW Committee) and the Committee on the Rights of the Child (CRC Committee), has provided the foundation for the State responses to FGM and FM which this guide features.

7. The specific good and promising practices indicated in this document detail the approaches and methods States use, and serve as an example for the development and incorporation of further measures and improved co-operation. State submissions to a Questionnaire sent out by the CDDH in early 2016 provided the primary source of these practices,⁵ though there are some aspects identified from other studies and reports on State practice. The practices and selected responses are included to provide examples of specific measures and initiatives that could inspire other States or actors to develop and advance their own campaign against FGM and FM, promote co-operation between States and across borders, and to demonstrate various concrete means by which these abuses can be tackled.

8. Furthermore, NGOs responded to a tailored version of the questionnaire and their input was a valuable addition to this guide and compilation. The good practices and features that NGOs have identified, and examples of their programmes and activities provide another essential perspective of the available mechanisms at the disposal of all actors in combating FGM and FM, whether it be from the international or national sphere, to the community and individual level.

9. This guide is not intended as a monitoring exercise, which is the role of other Council of Europe and UN bodies. Thus the selection of national practices does not imply an evaluation of the specific practices or of State responses. The examples are intended to be informative, not an appraisal, endorsement or judgement. As such there is a variety of relevant good and promising practices not featured in this document, and the absence of a particular measure or the lack of reference to a State does not indicate inaction nor discount any particular efforts. The practices were selected not on merit but to demonstrate how States implement the relevant standards and address the complex aspects of the fight against FGM and FM, alongside show-casing some creative, enterprising, or transferable ideas to highlight particular options.

10. This guide is mainly addressed to policy makers and public authorities in the Council of Europe member States as an aid to their process in developing national strategies and strengthening their existing ones, as well as collaborating at a regional or international level. It may also be useful for NGOs involved in advocacy and lobbying, and for their work implementing policies in this field. As FGM and FM take place worldwide, and thus are a matter of global concern, the good and promising practices put in place in Europe may also serve as inspiration for other regions beyond Europe who are confronted with similar concerns.

11. For the reader interested in learning in more detail about the specific aspects of another State, or in making contact with the relevant national authorities or bodies involved in the fight against FGM and FM, Appendix II contains links to relevant contact details and sources for further information.

⁵ The replies from member States and NGOs are contained in document CDDH-MF(2016)003Rev2.

BACKGROUND AND CONTEXT

12. FGM and FM are harmful practices of serious concern⁶ in both the global and European sphere and are serious violations of human rights and dignity.⁷ It is estimated⁸ that up to 200 million women and girls worldwide have undergone FGM.⁹ It is further estimated that, in Europe alone, 500 000 have been subjected to it with a further 180 000 at risk each year.¹⁰ FM is considerably harder to estimate yet the United Nations Population Fund (UNFPA) estimates that approximately 15 million girls a year worldwide are married before their 18th birthday,¹¹ a constituent factor in forced (and early and child) marriages.¹² FGM and FM have also been observed as particular issues in refugee camps.¹³

13. Both FGM and FM are considered as harmful practices by the CEDAW Committee and the CRC Committee.¹⁴ Harmful practices are deeply rooted in societal attitudes according to which women and girls are regarded as inferior to men and boys based on stereotyped roles. They highlight the gender dimension of violence, where those practices which involve violence or coercion are often perpetuated due to sex- and gender-based power imbalances, attitudes and stereotypes, inequalities and discrimination.¹⁵ FM can also be a constituent form of trafficking in human beings (THB).

14. The causes of harmful practices such as FGM and FM are multidimensional and include stereotyped sex- and gender-based roles, the presumed superiority or inferiority of either of the sexes, attempts to exert control over the bodies and sexuality of women and girls, social inequalities, and the prevalence of male-dominated power structures.¹⁶

15. The fight against these harmful practices is complex. They have been tackled for decades and a measure of progress has been made.¹⁷ However this does not represent an end to these practices, nor does it signify their inexorable decline, and it most certainly does not call for a relaxing of efforts. What the previous initiatives do provide is an experience of what works and what does not, what approaches have been successful and what needs improvement. Most importantly they demonstrate the scale and intensity of work that is required to combat FGM and FM. This experience and understanding provides the foundation to design an ever more effective campaign against these practices.

⁶ For further information on the harms caused by FGM and FM see Appendix I.

⁷ UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, § 1.

⁸ These figures are most likely an underestimation, with the real number suspected to be much higher. This is due to a variety of issues such as the secretive nature of these practices preventing accurate recording and reporting, the emergence of further practicing communities, lack of data for undocumented migrants and those in refugee camps, and that risk estimations are based only on best available figures. As an example of the complexities of estimation see European Institute for Gender Equality (EIGE): *Estimation of girls at risk of female genital mutilation in the European Union, Step-by-step Guide*, p 21 and EIGE: *Estimation of girls at risk of female genital mutilation in the European Union*, Report: page 45, section 4.3; See Annex I also for further reference to the nature of FGM and FM.

⁹ UNICEF, *Female Genital Mutilation/Cutting: A global concern*, New York, 2016 available at https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

¹⁰ EU, European Parliament resolution of 14 June 2012 on *Ending female genital mutilation (2012/2684(RSP))*.

¹¹ UNFPA, *Marrying too young*, New York, 2012, p 6; UN Human Rights Council, *Strengthening efforts to prevent and eliminate child, early and forced marriage*, 22 July 2015, A/HRC/RES/29/8, Preamble.

¹² The term "Forced Marriage" used in this document covers all marriages where consent has not been freely given. This will include child and early marriages. See Appendix I for further explanation on the issue of consent in these contexts.

¹³ See: <https://www.theguardian.com/world/2014/mar/15/britain-tackle-rise-syrian-refugee-girls-forced-marriage>; http://www.lemonde.fr/proche-orient/article/2016/12/15/dans-les-camps-de-refugies-au-liban-de-jeunes-syriennes-forcees-au-mariage_5049373_3218.html; Office of the United Nations High Commissioner for Refugees (UNHCR), *How To Guide: Reproductive Health in Refugee Situations. From Awareness to Action: Pilot Project to Eradicate Female Genital Mutilation, Hartisheikh (Ethiopia)*, May 1998.

¹⁴ UN, *Joint general recommendation No. 31*, CEDAW/CRC Committees, §7; CEDAW Committee, *General recommendation No. 14: Female circumcision*, Preamble.

¹⁵ UN, *Joint general recommendation No. 31*, CEDAW/CRC, § 6.

¹⁶ *Ibid.*, § 17.

¹⁷ UN, *Eliminating female genital mutilation – an interagency statement*, OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, 2008, p.1.

16. International and intergovernmental organisations, governments, treaty bodies, public authorities and NGOs have identified various elements and fields necessary to address in their work against these harmful practices and so have a structure to their approaches, which sorts their measures into roughly similar areas of focus. There is a general consensus between the various legal regimes and organisations working on these issues on those areas of focus. These are embodied in both UN and Council of Europe standards, and in particular the structure of the **Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)**¹⁸ provides a clear outline of the areas any actor should address in combating FGM and FM.

17. The main areas any actor wishing to focus their efforts to prevent and combat FGM and FM are: **Integrated Policy and Data, Prevention, Protection and Prosecution**, also known as the “**four Ps approach**”. This document includes an additional focus on **Asylum**, as this is a significantly pertinent aspect for Europe.

18. These categories regularly overlap, complement and support one another, and most crucial to understand is that their success depends on their congruity and interdependence. Only by ensuring that these areas are addressed in a connected manner can a complete and effective approach be designed and implemented to end FGM and FM.¹⁹

19. A precursor to the Istanbul Convention was the *Recommendation Rec (2002)5 of the Committee of Ministers to member States on the protection of women against violence*.²⁰ This Recommendation was the first European legal document to frame a comprehensive approach towards overcoming VAW. It expresses a consensus on general principles as well as describing necessary measures in services, legislation, policing, intervention with perpetrators, awareness-raising, education and training and data collection. Its implementation by member States has been the subject of four rounds of monitoring and analysis,²¹ and while the monitoring has been moved to the Istanbul Convention’s monitoring body, the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), the Recommendation still remains relevant in particular for those States which have not yet ratified the Istanbul Convention.

20. The framework established by the Istanbul Convention, and implementation of its standards, can ensure a more consistent progress against these acts throughout Council of Europe member States. The approaches and requirements contained in the Istanbul Convention offer a comprehensive legal framework for an effective national response on preventing and combating violence against women, and provide the groundwork for a common approach regionally and internationally.

21. Although not yet all, many member States have already signed and ratified the Istanbul Convention, thereby establishing a common European framework. More ratifications will only advance the fight against these serious human rights violations and contribute to a better response and delivery by States on the fulfilment of women’s and children’s rights.

¹⁸ CETS No. 210 adopted in 2011 and entered into force in 2014. As of 1 July 2017 it has been ratified by Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Denmark, Finland, France, Georgia, Italy, Malta, Monaco, Montenegro, Netherlands, Poland, Portugal, Romania, San Marino, Serbia, Slovenia, Spain, Sweden and Turkey. Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, Republic of Moldova, Norway, Slovak Republic, Switzerland, “The former Yugoslav Republic of Macedonia”, Ukraine and the United Kingdom have signed but not yet ratified it. Armenia, Azerbaijan, and the Russian Federation have neither signed nor ratified it. The Convention is also open for signature and ratification by the non-member States which participated in its elaboration and by the European Union which signed it. For other non-member States the Convention is open for accession.

¹⁹ Council of Europe, *Istanbul Convention*, see structure of Chapters II, III, IV, VI, VIII; UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 33.

²⁰ Adopted by the Committee of Ministers of the Council of Europe on 30 April 2002.

²¹ For the text of the Recommendation and the results of the monitoring exercises see: <http://www.coe.int/en/web/genderequality/violence-against-women>.

22. Before presenting the various measures and approaches used to tackle FGM and FM, it is necessary to outline certain aspects of the fight against these practices in order to ensure that each section of this document is viewed with certain considerations in mind.

Wider context of violence against women and girls

23. FGM and FM are part of a continuum of violence women of all ages can experience from a life cycle perspective. It should be understood that they are manifestations of underlying attitudes towards women and so are linked to other areas of discrimination and inequality against women in society. Ending these practices is directly connected to eliminating discriminatory attitudes and gender stereotypes, and improving the position of women in society in general. Measures to combat these two practices must be developed within part of a larger context of achieving equality and empowering women in society as a whole.

24. This wider context also highlights the transferability or applicability of many of the mechanisms and good and promising practices used. While specifics will be tailored to dealing with each manifestation of VAW, it is possible that the foundations and central elements to tackle one practice may be adapted to another form of violence.

Rights-based approach

25. As both FGM and FM are harmful practices that are violations of human rights, when combating them it is important to adopt an approach based on the fulfilment and realisation of human rights. A rights-based approach grounds the rationale and motivation for ending these practices in fulfilling the rights of women and children, and so frames the process to end them as beyond issues of culture, religion or social norms but as guaranteeing the basic human dignity of those affected.²²

26. A rights-based approach also establishes that these harmful practices are not outlier or unique issues but part of the wider context of VAW which prevents the realisation of women's rights and freedoms. A rights-based approach places the end of FGM and FM as a component part of combating all forms of VAW and gender inequality.

27. Furthermore, adopting a rights-based approach recognises the universality, indivisibility, interdependence and interrelation of human rights, requiring the whole range of constituent factors to be addressed in ensuring women and children are guaranteed their civil, political and economic and social rights. The universality of these rights also requires that women and children are guaranteed a life free from violence and harmful practices, no matter their location or circumstance.²³

28. Finally, adopting a rights-based approach ensures that any actions or measures taken are in line with the promotion and fulfilment of both women's rights and children's rights, in order to avoid inadvertent, unexpected additional burdens, damaging effects or attitudes, and to prevent multiple victimisation or discrimination. They should have the best interests of women and children, alongside their community's development, as their focus and so be appropriate and effective to that aim.

Do no harm

29. As both FGM and FM involve complex social norms of an intimate and sensitive nature the principle of do no harm should also be present in any approach to end these practices. In essence the goal of ending these harmful practices is for the betterment of society and the improvement of the lives of those in the affected community, therefore measures should avoid causing additional or unintended harm in trying to end these practices.

²² Council of Europe, *Guidelines of the Committee of Ministers to member States on the protection and promotion of human rights in culturally diverse societies, adopted on 2 March 2016*, § 44; Council of Europe, *Istanbul Convention*, Art. 12.5; Council of Europe, *Explanatory report to the Istanbul Convention*, § 89.

²³ UN General Assembly, *Intensifying global efforts for the elimination of female genital mutilations*, Report of the Secretary General, A/71/209, § 7.

30. It is important when pursuing policies and implementing any measures to operate within a framework and focus that does not stigmatise or discriminate against the targeted communities. It is about achieving an inclusive and progressive shift in attitude and this cannot be done if the methods used stigmatise and engage with the affected communities in a negative manner. All measures should be focused on delivering an effective change that works with the community and is sensitive to the needs of those affected. An inclusive and participatory process that empowers a community to abandon these harmful practices and view this change as a positive, culturally affirming and self-determined development will not only be more successful in the short term, but will have a greater chance at creating the new positive social and cultural norms necessary to end violence and discrimination against women in all its forms.

A. INTEGRATED POLICY AND DATA

31. The starting point for any approach to combat these harmful practices is to establish an effective structure for all ensuing action. Therefore an integrated and comprehensive policy must be developed and implemented on VAW including FGM and FM;²⁴ and this needs to be based on and supported by accurate and extensive data.

32. Integrated Policy concerns linking action at all levels, from the overarching framework a State must establish to tackle these harmful practices, including the organisation, logistics and planning of the national response; to the specific strategies each actor/agency will subsequently develop and implement. Data concerns the collection and analysis of all relevant information on these practices, in particular their prevalence and their causes, and the monitoring and evaluation of efforts to combat them. It is vital that both policy and data be based on an integrated and interdisciplinary approach²⁵ to sufficiently address the complexities of ending such harmful practices.

1. Integrated policy

33. The various agencies and actors working to end FGM and FM will have their own specific disciplines, expertise and focus, therefore integrated policy is a vital tool to develop coherent and complementary action and ensure effective work is being carried out. A strong focus in this regard is placed on enabling **multi-agency co-operation**²⁶ and the **involvement of all actors**²⁷ who can, together, provide a comprehensive response to all aspects of ending FGM and FM. This integrated nature should permeate all levels of policy, legislation and action, and begins with the creating of an appropriate framework for action.

Establishing a framework

34. In order to tackle FGM and FM in a comprehensive and integrated manner there must be an overarching framework providing direction and focus for each sector, agency and specific policy.

35. A gender impact assessment is needed to address the root causes of these two harmful practices, which originate from inequality and discrimination against women. In line with a human rights based approach and acknowledging that gender equality will prevent such violence in the future, the overarching policy should place FGM and FM in the wider context of VAW and women's role in society.

36. Several States in their replies identified that these two harmful practices are connected to the larger field of women's role and opportunities in society. In particular, *Italy* considers FGM and FM within an overall Equal Opportunities Framework also including gender-based violence, trafficking in human beings, equality in employment, equal sharing of responsibilities, education and the fight against stereotyping, health issues, and women's political participation. Action against FGM and FM was taken in order to improve the role of women in society overall. This approach recognises the wider context of discriminatory practices against women, acknowledging that many measures taken against one specific act can have reciprocal positive effects in other areas of progress, and addresses the reality that ending these practices is only part of a larger effort to end the discrimination and violence faced by women in society.

37. In *Monaco*, the awareness-raising strategy towards VAW is indefinite in duration and applies to all areas of violence including: rape and sexual violence, domestic violence, sexual harassment, institutional violence, failure to respect the right to free choice, marriage, and procreation.

²⁴ Council of Europe, *Istanbul Convention*, Art. 7.

²⁵ *Ibid.*

²⁶ *Ibid.*, Art. 7.2.

²⁷ *Ibid.*, Art. 7.3.

38. From a practical perspective a significant number of States and organisations make use of **national action plans** to set out their primary areas of work and objectives. Some States address these harmful practices within multiple varied action plans covering diverse areas of social action, while others make use of a specific action plan on FGM and FM. The exact approach will vary from State to State but the end outcome should be an integrated and comprehensive plan for action at all levels, across all sectors; and ensures that implementation can be achieved coherently and in a timely manner.

39. In *Spain*, the National Strategy for the Eradication of Violence against Women (2013-2016) is a core instrument for actions of the authorities in ending these forms of violence. It brings together in a single document, in a coherent, co-ordinated and systematic manner, 284 actions involving all levels of Government and all the authorities. Its objectives include: ending silence, improving institutional response, care of minors and of women particularly at risk of gender violence. It contains specific measures regarding FGM and FM, which now are considered as specific criminal offenses (previously they were criminalised as acts of coercion or, where applicable, in addition to the offenses of threats, injury, illegal detention).

40. In *Denmark*, a new Action Plan (2017-2020) focuses on preventing *inter alia* negative social control, re-education journeys, FM and so-called “honour”²⁸ related conflicts and violence.

41. *Croatia* has multiple National Policies that cover FGM and FM such as the National Policy for Gender Equality (2011-2015), the National Strategy for Protection against Domestic Violence (2011-2016), the National Roma²⁹ Inclusion Strategy (2013-2020), and the National Plan for Combating Trafficking in Human Beings (2012-2015).

42. *Finland* has the Action Plan for the prevention of mutilation of girls and women (2012-2016). The main objectives of the national Action Plan are to prevent FGM in Finland and to improve the welfare and quality of life of women who have undergone FGM. Key measures include the training, maintenance and development of expertise of professionals; the influencing of attitudes; the promotion of research; the development of co-operation and co-ordination; as well as the production and distribution of information. FGM is also incorporated in the Finnish National Action Plan for the Promotion of Sexual and Reproductive Health (2014-2020).

43. In *Norway*, the Action Plan to Combat Negative Social Control, Forced Marriage and Female Genital Mutilation - The Right to Decide about One’s Own Life (2017-2020) - includes measures regarding plural marriages (bigamy/polygamy) and improving the guidelines for helping children and youth who are left abroad against their will. Recent changes in the Children’s Act and the Child Welfare Act state that children older than 12 years must consent to be taken abroad if they will live there without their parents.

44. In *Switzerland*, the Programme against Forced Marriages (2013-2017)³⁰ covers the areas of prevention, guidance and counselling, protection, and training. It provides for the establishment within five years of functional networks against FM in all regions of the country to enable co-operation and regular exchanges between various professionals and consultation services in domestic violence and integration.

45. In the *United Kingdom*, the Ending Violence Against Women and Girls Strategy (2016-2020) sets out a package of measures that will focus on provision of services, preventing abuse, as well as rehabilitating offenders and bringing perpetrators to justice and includes specific measures in relation to FGM and FM.

²⁸ In some national structures FGM and FM are included within the category of so-called “honour-based” violence. It should be recalled that “honour” can never be used as a justification for these crimes (Istanbul Convention, Article 12.6), and this terminology or categorising is only used to aid in understanding motivations for these forms of violence.

²⁹ At the Council of Europe the terms “Roma and Travellers” are being used to encompass the wide diversity of the groups covered by the work of the Council of Europe in this field: on the one hand a) Roma, Sinti/Manush, Calé, Kaale, Romanichals, Boyash/Rudari; b) Balkan Egyptians (Egyptians and Ashkali); c) Eastern groups (Dom, Lom and Abdal); and, on the other hand, groups such as Travellers, Yenish, and the populations designated under the administrative term “*Gens du voyage*”, as well as persons who identify themselves as Gypsies.

³⁰ See <http://www.gegen-zwangsheirat.ch/F/>.

Organisational set-up

46. Following an established framework, any effort to combat FGM and FM requires a suitable organisational structure that is able to implement the framework in a coherent manner.

47. As these issues require a **cross-cutting and multidisciplinary approach**, the organisational structure should enable the participation and engagement of all relevant public agencies; furthermore it should make use of the expertise of NGOs and civil society organisations,³¹ whose contribution is often essential for designing effective policy and ensuring the implementation of measures in local communities.

48. In *Norway*, municipalities are providers of public services at the municipal level and therefore a target for national policies, but are also a stakeholder with responsibilities to implement policies against FGM and FM.

49. *Bulgaria* has included mayors as bodies covered by their Child Protection legislation making them responsible for its implementation. In *Austria*, the implementation of policies is an interdisciplinary issue meaning various organisations and ministries are required to be involved: Government ministries, Parliament and NGOs all have a role.

50. In *Germany*, while legislative competence is held at the federal level, and federal authorities may fund pilot programmes, the "Länder" and municipal authorities are responsible for providing the prevention and support measures for FM.

51. The *United Kingdom* has brought local authorities and NGOs into the implementation of its national policy. FORWARD, which is an NGO, provides FGM tailored training sessions to 13 Local Safeguarding Children Boards in areas with high prevalence of FGM. These Boards are responsible for co-ordinating, monitoring and evaluating the effectiveness of subsequent training and work aiming to safeguard and promote the welfare of children within their local area. This is in line with their function to develop further policies and procedures in relation to training of those persons who work with children or in services affecting the safety and welfare of children. Such policies and procedures may include specific training in relation to FGM and FM.

52. As a campaign to end FGM and FM will involve a multidisciplinary approach, and will encompass a broad spectrum of actors with a diverse range of competencies, there should be an **authority in place to ensure co-ordination and promote communication** between all involved, and to facilitate the monitoring and evaluation of work done.³²

53. Some States make use of a lead agency which takes responsibility for the implementation and co-ordinates the response, while others make use of specific units. It is also necessary to ensure that any lead or co-ordinating agency has sufficient authority and receives co-operation from the other entities, giving it the power to do its job and ensure that a collaborative and concerted approach is in fact followed.

³¹ Council of Europe, *Istanbul Convention*, Art. 7.3.

³² *Ibid.*, Art. 10; Council of Europe, *Explanatory report to the Istanbul Convention*, § 70.

54. In *Germany*, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, functions as the lead authority and works closely with other interested agencies.

55. In *Spain*, the Government Office for Gender-based Violence is responsible for policy, co-ordination and counselling on actions taken.

56. In *Italy*, the President of the Council of Ministers is the political authority on gender equality and equal opportunity policies. A department within this office has the co-ordination role and is responsible for guidance, proposals and co-ordination of regulatory and administrative initiatives. This then works with relevant agencies for FM and FGM specific issues.

57. In *France*, the Ministry for Families, Children and Women's Rights supervises the Inter-ministerial Mission for protection of women against violence and the fight against trafficking in human beings, which ensures national co-ordination of action in this area. The Inter-ministerial Mission collects, analyses and disseminates information and data on VAW, and FGM and FM in particular.

58. In *Finland*, the National Institute for Health and Welfare is responsible for co-ordinating the Action Plan at the national level. This includes collecting data, hosting online guidebooks and manuals as well as co-operating with NGOs working with projects related to FGM.

59. In the *United Kingdom*, the Home Office is responsible for developing and implementing policies on FGM and FM and has created specific units to facilitate this. The Home Office, through its FGM and FM Units, then co-ordinates efforts across various government ministries. This set up also works closely with the voluntary and community sector, survivors, and professionals to develop policies and processes.

60. *Norway* has established a co-ordinating group for the implementation of the new Action Plan "The Right to Decide about One's Own Life (2017-2020)". The group consists of the Directorate of Integration and Diversity, The Directorate for Children, Youth and Family Affairs and the Directorate of Health. A reference group consisting of NGOs, researchers and experts is to be established in connection to the national Action Plan, to contribute to policy implementation and ensure co-ordination with civil society.

61. Considering the wide range of competencies and expertise required to develop and implement policy on FGM and FM, **interdisciplinary expert groups** can provide the necessary expertise, coherence and detail which can then be implemented by various agencies in their respective fields.

62. In *Portugal*, the Intersectorial Group for FGM consists of representatives from numerous actors: public administration bodies, intergovernmental organisations, NGOs and immigrant associations. This group produced the Programme of Action for the Prevention of FGM (2014-2017) which is part of the National Action Plan to Prevent and Combat Domestic and Gender-based Violence (2014-2017).

63. *Norway* has established the Expert Team against FM and FGM, a national, inter-agency team of experts that advises public service employees in individual cases and provides competence building. The team includes representatives from the Directorate of Labour and Welfare, the Directorate of Children, Youth and Family Affairs, the Directorate of Health, the Directorate of Integration and Diversity, the National Police Directorate and the Directorate of Immigration. Regional Resource Centres on Violence and Traumatic Stress and Suicide Prevention (situated in five regions across the country) co-ordinate regional interdisciplinary networks, and contribute to local and regional level education about FM and FGM through training, supervision, consultation and networking across sectors, agencies and administrative levels. They also co-operate with the Expert Team.

64. In *Belgium*, the Institute for Equality between Women and Men is the public institution in charge of monitoring, co-ordination and evaluation of the National Action Plan to combat all forms of Gender-based Violence 2015-2019.³³ The Institute relies on a panel of experts and an interdepartmental co-ordination group comprising representatives of the Federal authorities, Communities and Regions concerned. This institutional co-ordination enables the development of a common, concerted and coherent policy, contributing to the development, implementation, monitoring and evaluation of the National Action Plan.

³³ See pages 10-11 of: http://igvm-iefh.belgium.be/sites/default/files/nap_2015-2019_lange_versie_0.pdf [French]; http://igvm-iefh.belgium.be/sites/default/files/dossier_de_presse_etendue.pdf [Flemish]; and http://picum.org/uploads/file/_NationalActionPlan_AgainstViolence_Belgium.pdf [English].

Co-operation

65. A central tenant of integrated policy is creating an efficient and effective network with **strong links between every actor**.³⁴ This can be between public authorities, horizontally and vertically across organisations and service providers, with the involvement of NGOs, and between the various elements of society, such as involving the broader public.

66. In the *United Kingdom*, under the Children Act 2004, a range of agencies are required to co-operate with local authorities to promote the well-being of children in each local authority area. This co-operation should exist and be effective at all levels of the organisation, from the strategic level through to operational delivery. Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

67. In each municipality in the *Netherlands*, a chain of action³⁵ on FGM has been established. All relevant actors are involved such as youth healthcare, police, schools, midwives, maternity care, general practitioners, gynaecologists, paediatricians, legal authorities, as well as the key persons from the communities affected. Moreover, experts are required to prepare agreements and guidelines on dealing with FGM cases, and umbrella organisations should be involved in their implementation. All the actors in the chain are trained, and protocols are drawn up to explain in detail the roles and responsibilities of each actor in the chain, as well as instruments to support their activities. Regular meetings are organised so that each stakeholder knows the role of the other stakeholders. At the municipality level, meetings between members of the chain take place to encourage networking.

68. In *Switzerland*, the Federal Council decided in autumn 2015 to support a "network against female genital mutilation", initiated by the NGOs Caritas Switzerland, Terre des Femmes, Sexual Health Switzerland and the Swiss Competence Centre for Human Rights. These organisations, over the period of 2016-2019, will implement measures on prevention, information and awareness. The target groups are all affected communities alongside experts in the fields of health, migration, social work and justice. The measures include the establishment of an online information platform; and developing regional services that advise and support those affected as well as advising, consulting and training specialists in the fields of health, asylum, integration, child care, education and child protection. Additionally measures will include the training and coaching of local "multipliers" who will subsequently raise awareness in their communities.

69. Furthermore, to fight against FM in *Switzerland*, a model was developed where professionals can seek advice from a specialised NGO or transmit complex cases to it. This is seen as particularly necessary as national experience has shown that the specialised treatment of cases remains a challenge for many professionals.

70. The success and ability of each agency or organisation will depend on their co-operation, but also on **clearly defined objectives, responsibilities, milestones and actions**,³⁶ supported by appropriate financial and human resources.³⁷

Cross-border co-operation

71. Given the reality that FGM and FM often physically take place in the country of origin or ancestry, all measures to address these harmful practices often need to incorporate assessment of their impact beyond national borders.

72. Working in partnership with neighbouring States and countries of origin on the prevention, monitoring and the support of those who are taken abroad, and to foster programmes to end these harmful practices in the country of origin will have an effect on the prevalence and practice within the host State's jurisdiction over time, and fulfil their obligation of due diligence.³⁸ States and invested parties should therefore take account of

³⁴ Council of Europe, *Istanbul Convention*, Arts. 7.2, 10.

³⁵ See <http://eige.europa.eu/gender-based-violence/good-practices/netherlands/joined-action-fgm>.

³⁶ EU, Advisory Committee on Equal Opportunities for Women and Men, *Opinion on Combatting Female Genital Mutilation and other Harmful Practices*, 5th January 2017, p. 8.

³⁷ Council of Europe, *Istanbul Convention*, Art. 8.

³⁸ *Ibid.*, Art. 5.

and **contribute to international co-operation initiatives** as part of their integrated policies to tackle FGM and FM.³⁹

73. Many States make contributions to international and multilateral projects such as *Italy* which makes annual voluntary contributions to the activities of UNWOMEN and UNFPA, and remains a major donor to the UNFPA/UNICEF Joint Programme on FGM.

74. In the *Nordic region*, the researcher network FOKO has been established to strengthen the co-operation between Nordic researchers of FGM and holds international seminars and regular Nordic meetings on the topic. The network enables both interdisciplinary and international academic co-operation and exchange of research and data.

75. Building on international co-operation, States can also take a role in developing, implementing and supporting **transnational projects at the community level**. The transnational and transcontinental element to these harmful practices can frustrate practical efforts to end them, and complicates the task of addressing the underlying structures within a community that has dispersed. Therefore focusing on community projects in both host and origin States can address these issues from multiple perspectives and contexts, creating a more complete and integrated approach which will have an impact on a considerably wider scale.

76. Transnational projects can also serve to unite diaspora communities to ensure that these harmful practices are abandoned in a collective and collaborative manner throughout the community, and can provide a valuable exchange of diverse experience and practice between actors working to end the practice and between the affected communities themselves.

77. *Men Speak Out*, co-ordinated by GAMS Belgium, is a collaborative project between a number of NGOs which aims to engage men in the process of ending FGM and works on a larger scale to end the practice. They conduct qualitative and quantitative research among men from the affected diaspora communities in Europe to assess their knowledge of FGM and their position towards the practice. They also train a pool of male peer educators from FGM practicing communities in *Belgium*, the *United Kingdom* and the *Netherlands*. The peer educators perform outreach activities and conduct awareness campaigns in the practicing communities.

78. *CHANGE Plus*, co-ordinated by the German women's rights organisation *Terre des Femmes*, is another collaborative project that operates in both Europe and in Africa. It is built on a broad transnational partnership between six experienced NGOs working towards the abolition of FGM, which includes, among others, the *End FGM European Network*, Coventry University and two associated partners in Burkina Faso and Mali. The project builds on the "multiplier approach" by training persons of influence from practising communities as so-called CHANGE Agents: 48 persons from different African communities in four European countries are recruited by the partner organisations and trained on issues related to FGM. Afterwards, they will act as multipliers and sensitise their communities to legal, cultural, religious, social and health dimensions of FGM in order to promote behaviour change. Secondly, the project targets not only practising communities, but also the institutional level. Selected CHANGE Agents undergo specialised leadership training to become so-called CHANGE Champions, which will enable them to advocate the support of survivors and the protection of girls at risk by seeking dialogue with key professionals and politicians at the local, national and European level.

³⁹ The 1996 Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in respect of Parental Responsibility and Measures for the Protection of Children regulates which State can take measures to protect children. The general rule is that the State where the child habitually resides may take protective measures. However, in cases of urgency another State where the child is present may take temporary measures. A case may exceptionally be transferred to another State to which the child has ties, if this is in the interest of the child. The Convention also includes rules about which State's legislation should be applied and rules on the recognition and implementation of measures to protect children which have been decided upon in other States. The Convention provides for co-operation and information exchange between the Contracting States in individual cases. In cases of FM and FGM, victims can be taken abroad to countries that are not a signatory to the Hague Convention of 1996. In these cases Foreign Missions will have a role in providing assistance. The possibility for a Foreign Mission to provide assistance depends on the laws and regulations of the State where the child or victim is present.

79. Within the Dutch strategic partnerships “Dialogue and Dissent”, the NGO *amref Flying Doctors*⁴⁰ works on the elimination of FGM by organising “alternative rites of passage” for Maasai girls between 8 and 15 years old. Girls, youth, elderly and leaders receive community training about themes related to sexual and reproductive health and rights, and traditional festivities are organised to close the ceremony and programme (the alternative rites of passage). This approach has ensured that 10 000 girls in Kenya and Tanzania have become women through alternative rituals that do not include FGM.

80. With the support of the European Union (EU) Commission, *Latvia* has launched the transnational project HESTIA which focuses on the links between human trafficking and sham marriages and involves *Estonia, Finland, Ireland, Lithuania* and the *Slovak Republic*. The main objective is to look into the phenomenon of human trafficking and sham marriages, to provide a more concrete definition of sham marriages as a form of human trafficking, and initiate comprehensive action for its prevention. This is done through several project activities, with joint research as one of the main endeavours. The project includes discussions for legislators, policy planners and practitioners at national and regional level in each country; awareness-raising campaigns; a training component in which the research results are used in the development of training materials for a large variety of different professionals working with persons vulnerable to human trafficking.

81. States can also aid in ending these harmful practices in their own foreign policy and diplomatic missions. Consular assistance provided abroad depends on the laws and regulations of the country concerned, and so assistance in cases regarding FM and FGM can involve bilateral and transnational co-operation. Sponsored or collaborative **projects in country of origin** can also contribute to the abandonment of harmful practices at the source. Such projects can specifically focus on ending harmful practices, including VAW, yet can also incorporate this aim into more general development projects, in line with Goal 5 of the UN Sustainable Development Goals.⁴¹

82. In the *United Kingdom*, the Department for International Development carries out a programme to address FGM in Africa and beyond. The programme works with communities, through civil society organisations, in 17 of the most affected countries. The programme supports whole communities to end the practice through a comprehensive package of support including education and awareness-raising. The total funding is up to £35 million over five years. The Department is also carrying out a £36 million programme to end child marriage.

83. In relation to the provision of consular services in the *United Kingdom*, the Forced Marriage Unit operates both domestically, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals. FGM and FM protection orders can assist in this regard as an order can be served to relatives in the UK and require the victim be brought to a British High Commission in the relevant country or returned to the UK. The Unit has provided consular support and repatriation assistance in a number of cases relating to both FGM and FM since its introduction.

⁴⁰ See <https://www.amref.nl/wat-doet-amref-flying-doctors/projecten/alternatieve-rituelen-voor-meisjesbesnijdenis-in-kenia-en-tanzania>.

⁴¹ United Nations Sustainable Development Goals, Goal 5, Target 3 available at <https://sustainabledevelopment.un.org/sdg5>; see also UN, ECOSOC, *Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators*, United Nations Statistical Commission, Forty-seventh session 8-11 March 2016, E/CN.3/2016/ p.21 available at <https://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-IAEG-SDGs-E.pdf>.

84. The *Netherlands* integrates measures to combat FGM and FM in broader development projects on Sexual and Reproductive Health and Rights and the overall approach to end VAW, by combining for example comprehensive education on sexuality, the prevention of child marriage and FGM, and the empowerment of women. As an example, an alliance led by the NGO Plan⁴² is dedicated to work on the themes of teenage pregnancies, FGM, and child marriages. The focus is to support programmes and projects that treat women and girls not only as victims, but also as powerful agents of change. Additionally, the “She Decides”⁴³ initiative by the Dutch Minister for Foreign Trade and Development Co-operation intends to counter acts, such as FGM and FM, that represent a violation of the right to self-determination of women and girls by supporting them to make their own decisions on questions of life, such as marriage, pregnancy and health.

85. Employees of diplomatic and consular missions of *Latvia* use the electronic version of the Handbook for Diplomatic and Consular Personnel on how to Assist and Protect Victims of Human Trafficking, issued by the Council of the Baltic Sea States⁴⁴ in which information is provided on how to recognise victims of trafficking in human beings and how to act in order to provide the necessary help to them. Consular persons abroad are involved in assisting the return of the victims from the destination countries as well as ensure direct contact with the service providers of the State-funded rehabilitation programme.

86. Integration counsellors are special envoys at selected *Norwegian* foreign missions. They deal with cases of people subjected to negative social control, FGM and FM, and work within the framework of the foreign service for consular assistance. Integration counsellors enhance the competence in this field of staff in the foreign service and of support service staff in Norway on the basis of their experience working on cases of victims abroad. Their knowledge of developments in immigrants’ and refugees’ countries of origin and the neighbouring areas is also important to improve reception and integration work in Norway.

87. *Switzerland* supports the fight against FGM through the Swiss Agency for Development and Cooperation which contributes to various UN agencies working in this field, and provides financial support to Swiss NGOs, such as the International Association for Maternal and Neonatal Health, which are fighting against FGM as part of their international programmes.

2. Data

88. The major deficiency in the current fight against these harmful practices is a lack of accurate and comparable data. Regular and comprehensive data collection and its analysis is essential in two main respects.⁴⁵ The first is to inform and develop integrated policies, the second to monitor progress.

89. The data required for policy making will need to assess and continually measure the prevalence, estimate the risk, and determine the causes of these harmful practices. Understanding both of these aspects will help policy design and in turn shape the specific measures and approaches pursued. Concurrently, a thorough monitoring process will ensure that those policies being developed and strategies implemented are effective to their aim.⁴⁶

Data collection and dissemination

90. Policy making and monitoring will require disaggregated, regular, and detailed data collection, alongside research and analysis. This information must then be disseminated to the relevant actors and the public.⁴⁷

⁴² See <https://www.plannederland.nl/investeer-in-meisjes/projecten/bescherming/zeven-acties-waarmee-plan-meisjesbesnijdenissen-bestrijdt> [Dutch].

⁴³ See <https://www.shedecides.com/the-initiative.html>.

⁴⁴ Available at <http://www.cbss.org/safe-secure-region/tfthb/>.

⁴⁵ Council of Europe, *Istanbul Convention*, Art. 11.

⁴⁶ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 37; Council of Europe, *Istanbul Convention*, Art. 11.

⁴⁷ Council of Europe, *Istanbul Convention*, Art. 11.

91. The Council of Europe has issued a publication⁴⁸ concerning the collection of data as a requirement under Article 11 of the Istanbul Convention, providing background information on data collection and research, and offering practical advice to policy makers and practitioners as to what needs to be done to implement this article.

92. The Parliamentary Assembly of the Council of Europe (PACE), in Resolution 2101 (2016), further stresses the importance of reliable and precise data in combating VAW⁴⁹ and has previously called on member States to undertake research and data collection in several fields pertinent to the fight against VAW.⁵⁰ The PACE proposes a number of measures that States should follow in order to achieve effective data collection.⁵¹

93. Furthermore, the European Institute for Gender Equality (EIGE) has outlined a number of challenges that should be addressed in order to improve the quality of data collection efforts, highlighting such issues as: under reporting; the need for comparable data at EU level (and beyond for Council of Europe members); the need for harmonised definitions and the value of a centralised body regulating and co-ordinating data collection; increased engagement with civil society organisations; and the co-ordination of data collection efforts among those actors and bodies involved in the multi-agency efforts that tackle VAW.⁵²

94. A major issue to address is the **comparability of data**. In many cases data on FGM and FM will be part of wider collection efforts and implemented by numerous separate bodies. Rather than rely on several incongruous systems of data collection, a preferred approach is to make the collection of data on VAW a centralised undertaking as this ensures a consistent system of data collection, will improve the transferability and comparability of the data collected, and enable a simpler assessment and evaluation of VAW as a whole.

95. In 2015 *Italy* adopted the National Extraordinary Action Plan against Sexual and Gender-Based Violence, which envisages the establishment of a specific National Database aimed at appropriately measuring VAW and collecting all the existing and new data coming from all involved public administrations on, inter alia, FGM cases in the country, thus enhancing the co-operation between central and local administrations, harmonising the collection methods and avoiding the fragmentation of data.

96. The comparability of data should be a prominent consideration in any data collection efforts.⁵³ Information concerning these harmful practices and efforts to tackle them is most effective when shared and when it can be cross-referenced and compared. In order to be shared and analysed effectively data must be **collected and categorised in a complementary and consistent manner**, therefore each agency should aim to have harmonised collection criteria, categories, and methodology.

97. This issue of comparability not only applies to those agencies involved in data collection within a State, where a centralised agency is recommended for precisely this reason, but also to international sharing efforts, where harmonious collection criteria and data analyses can aid to track trends of FGM and FM throughout Europe, and to share experiences and results of effective measures.

⁴⁸ Available at <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680640> etc.

⁴⁹ PACE, Resolution 2101 (2016) on *Systematic collection of data on violence against women*, § 2.

⁵⁰ PACE, Resolution 2084 (2015) on *Promoting best practices in tackling violence against women*, § 5.5.

⁵¹ PACE, Resolution 2101 (2016) on *Systematic collection of data on violence against women*, § 5, see <http://assembly.coe.int/nw/xml/XRef/Xref-DocDetails-EN.asp?FileID=22555&lang=EN>

⁵² EIGE, *Good practices on collecting administrative data on female genital mutilation*, (2016) available at http://eige.europa.eu/sites/default/files/documents/2016.5252_eige_-_good_practices_on_fgm.pdf; and EIGE, *Administrative data collection on violence against women: Good practices*, (2016), pp.19-21.

⁵³ Council of Europe, *Explanatory report to the Istanbul Convention*, § 74.

98. In-depth **research** on these phenomena and **population-based surveys** will aid in monitoring prevalence. They can also provide further understanding of the root causes and effects of these issues. Sociological insights on the nature and cause of these harmful practices, alongside data on the victim's experience with such violence and the services they received, can be of great value for policy formulation. Such research should be encouraged and supported⁵⁴ and the academic and scientific communities can play a role in this task.

99. In *Switzerland*, the 2012 study "Forced marriage: causes, forms and extent"⁵⁵ was carried out by the University of Neuchâtel, following a mandate from the Federal Office of Migration. It offers a rough estimate of the number of cases of people under pressure to accept a marriage they do not want; people being pressured to give up a relationship they chose; and of people prevented from divorcing, for the years 2009-2010. The study was based on an online survey across the country in which 229 institutions in a variety of fields (such as integration, education, police, health, equality and fight against domestic violence, etc.) responded.

100. The 2015 study conducted by the EIGE⁵⁶ makes use of a **mixed method approach** to gain a more complete and comprehensive understanding on the number of potential risk cases. By combining **quantitative and qualitative** components in estimating FGM risk, the research was able to gain better insight into the prevalence of FGM; but also view the influence of other factors, such as migration and acculturation, on attitudes towards FGM and their impact in turn on prevalence, leading to more accurate estimations. Such a mixed method approach creates an improved understanding of the factors that will influence the continuation of these harmful practices, and enables greater tailoring of policies to combat them.

101. In *Portugal*, the national study developed by the Faculty of Human and Social Sciences of the New University of Lisbon entitled "Female genital mutilation: prevalence, socio-cultural dynamics and recommendations for its elimination" provided detailed information for the development of strategies and methodologies more suited to the real situation of FGM in Portugal and to the communities that practice it. The study identified the number of girls and women victimised or at risk of FGM, presenting the geographic areas with the highest incidence of cases. Although this was a prevalence study, it also included a qualitative analysis of the perceptions that affected communities have about the practice, as well as their perceptions about the quality and effectiveness of the current policies that exist for the prevention and eradication of FGM. This more comprehensive assessment of the phenomenon and of the social perceptions associated with it was fundamental to the subsequent design of awareness-raising measures and the engagement with affected communities.

102. A further consideration in obtaining reliable and actionable data is the **repeated, frequent and regular collection of data**. This is necessary to monitor changes and trends in the prevalence or other factors connected to these harmful practices, which leads to a better evaluation of the actual situation that policies and measures must address and respond to.

103. In *Belgium* a prevalence study⁵⁷ from 2010 on FGM has been repeated in 2014, in an attempt to assess and monitor trends in FGM, and will be repeated again in 2017.

104. In *Ireland*, three national FGM prevalence estimation studies have taken place since 2008, using the same methodology and data sources. This has allowed for trends in FGM prevalence to be ascertained, and the appropriate medical and psychological services for women now living in Ireland who have undergone FGM to be proposed and initiated.

⁵⁴ Council of Europe, *Istanbul Convention*, Art. 11.1.b, Art. 11.2.

⁵⁵ Available at http://www.humanrights.ch/upload/pdf/121129_studie-zwangsheirat-f.pdf [French].

⁵⁶ EIGE, *Estimation of girls at risk of female genital mutilation in the European Union: Report*, 2015.

⁵⁷ Available at http://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/mgf_etude_de_prevalence_-_version_longue_11-11-2014_final.pdf.

105. To better understand the phenomenon of FGM in *Switzerland*, UNICEF Switzerland, in collaboration with the Swiss Society of Gynaecology and Obstetrics, the Swiss Foundation for Sexual and Reproductive Health and Terre des Femmes Suisse, conducted a survey of gynaecologists, midwives, paediatricians, social organisations and experts in the field of asylum. This survey had already been carried out in 2001 among gynaecologists and then reproduced in 2004 by integrating the professional groups of midwives, paediatricians and social workers.

106. Aside from research and surveys, the public and private agencies that will engage with affected individuals provide a good opportunity to gather **administrative data** as they perform their functions. Data should be collected from as wide a range as possible from the various public services and NGOs involved in the fields of healthcare, law enforcement and judiciary, education, immigration and asylum and more. This wide range of sources can ensure a complete and thorough understanding of the actual situation.⁵⁸

107. Such administrative data can reveal and track the capacity and availability of services for affected individuals, and the extent to which individuals make use of them. It can also show how individuals are making use of available services, and by comparing from each sector to the next can reveal how such measures support individuals throughout their experience and recovery. This data can also be used to evaluate the effectiveness of specific services and reflect on the wider national response. In gathering such data it should also be noted that the agencies may need to set up data collection systems that go further than their internal recording needs, in order to provide the requisitely detailed and compatible data.

108. In the *United Kingdom*, the FGM Enhanced Dataset Information Standard requires all clinicians across all national healthcare settings to record in the clinical notes when a patient with FGM is identified, and what type it is. This should be done as part of the clinical examination during routine provision of care. Data is submitted to the clinical audit platform managed by the National Health Service Digital every time the woman or girl has treatment related to her FGM, gives birth to a baby girl, when FGM is identified by a clinician or reported by the woman, and finally when there is a change in the FGM type. The full dataset contains 30 data items including: patient demographic data, specific FGM information, and referral and treatment information. Data collected in this form however is not used for personal cases or passed on to police or social services, but to provide nationally consistent information on cases of FGM and to better inform the commissioning and development of necessary services. It is therefore confidential and anonymous.

109. In further examples of administrative data's relevance, *Bulgaria* monitors births in the State for indicators of early pregnancy and by connection early marriage, while *Georgia* monitors school dropouts and their motive, which needs to be indicated by the school authorities, both of which can be indicators of FM.

110. Similarly, in *France* maternal and child health services monitor and collect data on FGM, which is then contributed to a national survey on the practice. Regarding FM, the *Observatoire national des violences faites aux femmes* (the National Observatory on Violence against Women) publishes an annual quantitative analysis on the phenomenon, gathering information from a variety of sources such as inquiries, surveys and administrative statistics from the ministries of Justice and Interior.

111. In *Denmark*, data is collected from frontline social services, such as the state subsidised counselling project *Etnisk Ung* (Ethnic Minority Youth) which provides professional support and advice to young adults, parents and professionals concerned with so-called "honour" related conflicts and also gathers records of inquiries to its services.

112. *Finland* and *Malta* collect data on women giving birth in their jurisdictions and will collect information on those women who have a history of FGM. While in the healthcare systems in *Sweden* and *Germany*, there has been the development of classification codes for genital mutilation. A classification code is especially important in prenatal care in order to give qualitative treatment to a women giving birth that has been subject to FGM. A code may eventually also result in reliable figures on prevalence. The police in *Denmark* have developed a specific crime code for police reporting which can be used to monitor and follow incidents of FGM.

⁵⁸ Council of Europe, *Explanatory Report to the Istanbul Convention*, § 75.

113. As mentioned above, an important aspect of data collection is the sharing of results. Whether between local departments, between NGOs, between Government agencies, and between States, the sharing of relevant data can have a huge impact on the understanding and evolution of the issues.⁵⁹ Though relevant privacy interests must be adequately addressed, the wider the dissemination of data the more actionable it becomes.

Evaluation and monitoring

114. The assessment of the **impact of the measures** and policies themselves is necessary to ensure their effectiveness.⁶⁰ In this regard regular assessment is required to not only measure effectiveness, but changing social patterns and ideologies can result in the need to fine-tune the approach or to step up and expand on successes and abandon ineffective measures as circumstances change.

115. Equally important is the monitoring and evaluation of the **capacity and effectiveness of support services** for those affected by these harmful practices. Administrative data from service providers can aid in this, while recurring academic or scientific studies and population surveys can reveal the impact of policies over time and can indicate how those affected feel and perceive the situation to be developing.

116. In particular it is imperative to ensure that both **outputs and outcomes** are measured. Collecting data on the projects implemented should not just be focused on the project itself (the output) but more crucially on the effect it has in achieving its goal (the outcome). It is important not to confuse the two aspects as the mere number of initiatives or projects undertaken is not necessarily equivalent to their success and impact in ending these harmful practices. This focus on the impact and effect is necessary in all spheres of action, whether prevention, protection or prosecution, and includes the effectiveness of such data collection and evaluation methods themselves.

117. In *Norway*, the measures in the successive Action Plans against FM and FGM from the last 20 years have been process-evaluated. This has accumulated best practice and enabled knowledge based policy development. These evaluations include regular surveys on the support services' experiences with cases of FM and FGM.⁶¹

118. In *Belgium*, a study by the International Centre for Reproductive Health of Ghent in 2015 noted in particular that professionals felt inadequately trained, with a lack of intercultural skills, information and practical tools on the identification and recognition of FM, response protocols, legislation in force and the rights of victims. Therefore any progress requires particular attention to the adequate training of professionals. The National Action Plan to Combat All Forms of Gender Based Violence 2015-2019 intends to develop and strengthen the basic training and to continue training the sectors concerned.⁶²

119. In *Switzerland*, the FGM working group, which aimed⁶³ to network the main actors at the national level, conducted research in 2012-2014, to develop basic documents and recommendations for defining the necessary measures to be implemented. This effort included:

- a survey of professionals in the fields of health, social and migration on FGM in the country (UNICEF Switzerland 2013);
- an inventory of prevention, care and protection measures for FGM (Terre des Femmes Switzerland 2014);
- a study on existing legal obligations and responsibilities of the authorities (Swiss Centre of Expertise in Human Rights - SCHR, 2014);
- recommendations and good practices for prevention, care, protection and intervention in the field of female genital mutilation in Switzerland (SCHR, 2014).

⁵⁹ Council of Europe, *Explanatory Report to the Istanbul Convention*, § 47.

⁶⁰ Council of Europe, *Istanbul Convention*, Art. 11.1.b.

⁶¹ Lidén H & Bredal A, *From special measures to a general effort. A real-time evaluation of the action plan against forced marriage, female genital mutilation and severe restrictions on young people's freedom*, Oslo: ISF Report 2017. <http://www.samfunnsforskning.no/Publikasjoner/Rapporter/2017/2017-01>.

⁶² Additional studies in Belgium have also been undertaken, see Leye, Ysebaert, Deblonde, Claeys, Vermeule, Jacquemyn and Temmerman, *Female genital mutilation: Knowledge, attitudes and practices of Flemish gynaecologists*, 2008, *The European Journal of Contraception & Reproductive Health Care*, 13:2, 182 – 190; and Cappon, S., et al., *Female genital mutilation: Knowledge, attitude and practices of Flemish midwife*, 2008, *Midwifery*, Volume 31, Issue 3, 29 – 35.

⁶³ The working group was replaced by a group that supports the present "Network against female genital mutilation" (referred to in paragraph 68).

Key points on integrated policy

- Integrated policies are needed to tackle FGM and FM by making use of a variety of actors and ensuring that action is taken in a concerted and harmonised manner.
- In particular, policy should consider placing these harmful practices in the wider context of VAW and their root causes of gender stereotyping and inequality.
- National action plans should be used and an organisational structure should be adopted that enables a cross-cutting and multidisciplinary approach, with participation from all relevant public and private entities.
- There should be an authority in place to ensure the co-ordination and promote communication of the various actors.
- Integrated policies should also create strong links and communication between actors to promote harmonised and concerted action.
- Integrated policies should lead to strategies with clearly defined objectives, responsibilities, actions, and milestones, supported by appropriate resources, for the agencies and organisations involved.
- The cross-border elements to these harmful practices must be accounted for. This entails international co-operation, transnational projects, development projects in countries of origin, and consular services and diplomatic co-operation in case handling.

Key points on data

- Greater efforts in accurate data collection, analysis and dissemination are needed on FGM and FM.
- The comparability of data at both the national and international level should be ensured. This will require standardised, harmonised and centralised collection efforts and metrics.
- The sharing of data between stakeholders, at the national and international level, will aid in combating FGM and FM.
- Further research and study is required on these harmful practices. This should measure both quantitative and qualitative data to assess not only the prevalence and risk of these practices, but also their root causes and perpetuating influences.
- All data collection and research needs to be regular and sustained in order to map trends and ensure policy and the measures implemented can adequately react to any developments.
- Administrative data from service providers is a valuable source of information on these harmful practices and the way those affected interact with services. These should be optimised and included into the data collection efforts.
- Evaluation and monitoring of the impact of efforts to tackle these harmful practices is essential.

B. PREVENTION

120. This section focuses on measures that are able to help prevent FGM and FM at the source: chiefly by challenging and dismantling the underlying social norms which promote such harmful practices and by promoting a shift in the behaviours and attitudes which fuel support for them. This section will introduce a number of the aspects and elements that preventive measures should address and account for in order to effectively challenge and shift such attitudes.⁶⁴

121. FGM and FM, like most harmful practices, stem from a prejudicial view and stereotyping of the role of women in society. Such practices are based on the unequal status of women and girls with subordinate, domestic, and sexual guardianship roles imposed upon them. They are a form of societal control over women, reinforced by a patriarchal system.⁶⁵

122. Ultimately these harmful practices become legitimised and normalised by the belief system that supports them, adhered to out of conformity and enforced by a system of punishment or social exclusion for those who deviate from the traditional attitudes.⁶⁶ In order to combat such entrenched attitudes it is necessary to challenge these social and cultural norms and underlying attitudes, and promote a shift in accepted beliefs which will in turn influence behaviours and practices.

123. To this end, preventive efforts must engage and improve the capacity of all actors to challenge the root social and cultural norms, not just focus on the superficial issues or consequences.⁶⁷ They should encompass a range of measures at societal, institutional, community and individual levels.⁶⁸ The main aspects of preventive measures addressed in this document are **involvement, raising awareness, education and empowerment**.

124. Preventive measures are more complex due to the variety and scope of potential programmes and initiatives, and the difficulty of the task to establish new attitudes and behaviours in an embedded social system. However this part of the fight against FGM and FM may often be the most effective to permanently end harmful practices. Preventive measures should therefore be an important element in the fight to end FGM and FM.⁶⁹ The Council of Europe has additional publications⁷⁰ to offer policymakers and practitioners a theoretical framework together with practical examples of how comprehensive preventive measures can contribute to reduce VAW, alongside some recommendations for effective implementation.

1. Involvement

Including a variety of actors

125. A central feature of the fight against harmful practices such as FGM and FM is that any efforts to combat them must be concerted and address the social issues at play in a multi-sectorial, sustained and community-led manner.⁷¹ This entails the engagement of all possible actors at all possible levels.

⁶⁴ Council of Europe, *Istanbul Convention*, Art. 12.

⁶⁵ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 17.

⁶⁶ UN, *Eliminating female genital mutilation – an inter-agency statement*, p.5.

⁶⁷ Mediterranean Institute of Gender Studies, *Repositioning FGM as a development issue*, July 2005, p.8.

⁶⁸ Council of Europe / Amnesty International, *Guide "The Istanbul Convention – A tool to end female genital mutilation"*, 2014, p.12.

⁶⁹ UN General Assembly, *Intensifying global efforts for the elimination of female genital mutilations*, A/RES/69/150 (18 December 2014), § 2; See also PACE Resolution 2135 (2016) on *Female Genital Mutilation in Europe*, § 4.

⁷⁰ Available at <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168046e1f0>.

⁷¹ UN, *Eliminating female genital mutilation – an inter-agency statement*, p.13.

126. There must be efforts to engage the main sectors of society such as the Government and public authorities; local and regional authorities; policy makers; NGOs and civil society; professionals in the relevant fields; and members of the public including community based organisations and the affected communities themselves.

127. Each of these sectors of society have a role to play with their various experiences and abilities and so must be mobilised, involved and accounted for in any project to end FGM and FM. Designing a system where each sector can contribute and interact with the other is indispensable, and making full use of their potential will enable a complementary approach to be set up that has an impact at all levels of society. Further to this they must be given the tools, support and resources to be able to fulfil their role.⁷²

128. A number of States have indicated that they had included NGOs, civil society and the broader public in the implementation of their policy. *Bulgaria* has engaged local activists and NGOs to collaborate on the implementation of its policies, while *Norway* includes research institutions, such as the Centre for Violence and Traumatic Stress Studies and the Regional Resource Centre on Violence, Traumatic Stress and Suicidal Prevention, into its policy design.

129. In the *United Kingdom*, the Home Office, the Government authority responsible for developing and implementing policies on FM and FGM, works closely with the voluntary and community sector, survivors, and professionals to develop policies and processes. It further works with the Police and Crown Prosecution Service to strengthen the enforcement response.

130. In *Cyprus*, the public authorities and civil society were brought together to design a policy when Amnesty and the Mediterranean Institute for Gender Studies participated in the Cyprus House Committee on Human Rights and Equal Opportunities between Women and Men in March 2012, to discuss ways in which Cyprus can support the pan-European effort to combat FGM.

131. The Government of *Georgia* has started annual funding for the enhancement of co-operation with local NGOs and promotion of their involvement in the effective implementation of its anti-violence policy. Within the framework of this grant project the NGOs conducted information meetings on VAW, including FGM and FM, with the targeted groups (students, pupils, teachers, etc.) in the regions, produced multilingual brochures on VAW and State services for the victims and disseminated these in different regions of the country.

132. In *Finland*, the National Institute for Health and Welfare together with various universities of applied sciences (with degree programmes in social welfare, health care, faculties of medicine, social work training as well as teacher training units) have co-operated in producing material based on research data on how to prevent FGM. The National Institute for Health and Welfare is responsible for compiling and updating the material.

133. The initiative to engage and co-ordinate with other actors does not just rest on the government or public authorities. The Mediterranean Institute of Gender Studies in September 2015 organised a two-day training event on “FGM and European development of non-state Actors and Local Authorities” for its targeted stakeholders involved in development co-operation activities. The training was organised within the framework of the EuropeAid project “END FGM”.⁷³ The workshop was aimed at awareness-raising on the prevention of FGM, ending FGM as part of the UN Sustainable Development Goals, and building bridges among communities/States affected by FGM and European States (especially focusing on the role of Non-State actors and local authorities, as well as the significant role of civil society organisations).

⁷² Council of Europe, *Istanbul Convention*, Art. 8.

⁷³ See <http://www.medinstgenderstudies.org/new-europaid-project-on-female-genital-mutilation/>.

Including affected communities

134. In aiming to shift attitudes and challenge social and cultural norms, it is essential to engage and involve the communities that are directly affected and who encounter these norms and attitudes, making use of their understanding of those issues relevant to them while empowering them to move towards abandonment. Programmes that enable affected communities to abandon harmful practices through a collective, collaborative choice are more likely to lead to wide scale and systemic change in the social and cultural norms and attitudes that lead to these practices.⁷⁴

135. Initiatives that assist or encourage the target community to define their problems and solutions will result in a stronger acceptance of any new norms⁷⁵ and create a sense of ownership over the process resulting in a higher value being placed on the transition and its outcome.⁷⁶

136. A community engaged process is more likely to result in a collective collaborative choice to end such harmful practices. This is particularly beneficial as it does not require individuals or families to take a stand alone, and as entire communities abandon a practice the momentum and impact can reach other affected communities and serve as inspiration for discussion and change on a greater scale.

137. Working with affected communities requires an appropriate sensitivity to their specific cultural and social issues, alongside the requisite skills to effectively engage and involve the community in the process. It is desirable to have established **standards for working with communities** to ensure that any engagement or intervention is done in a correct manner that will lead to positive, and accepted, outcomes.

138. In this respect the role of Community Based Organisations should be highlighted. They possess local knowledge of their community and will have their own standing and place within the community network. This has significant advantages for communication, access, and engagement with the target community in a manner that will be accepted and participatory. They can assist other State or civil society organisations not just through representation or association but by aiding at all stages; from precursory work and opening communities up to the efforts to end FGM and FM, to developing specific preventive or protective measures, training of professionals or volunteers, and aiding to connect the community with the relevant authorities responsible for implementation.⁷⁷

139. In the *Netherlands*, there is State funding of the Federation of Somali Associations Netherlands⁷⁸ for its educational and prevention work in at-risk groups, and its work advising and supporting members in affected communities, professionals, researchers and students.

140. In *Portugal*, the non-governmental organisations' and the immigrant associations' representatives of at-risk communities are able to take part in the working group responsible for the implementation of the National Action Programme for the Prevention and Elimination of FGM (2014-2017), and were active partners in the public awareness-raising campaigns. Furthermore, the Commission for Citizenship and Gender Equality has been supporting some local immigrant associations in developing awareness-raising projects which include materials tailored to fit specific communities.

141. In *Finland*, experience has proven that grass-roots level work among the immigrant groups whose cultural heritage includes FGM is extremely important for influencing attitudes both in diaspora communities and, indirectly, in the country of origin as well. The *KokoNainen* (Whole Woman) project of the Finnish League for Human Rights worked for over ten years to disseminate information and among immigrant communities in the country at risk of FGM.

⁷⁴ UN, *Eliminating female genital mutilation – an inter-agency statement*, p.14.

⁷⁵ *Ibid.*, p.1.

⁷⁶ *Ibid.*, p.13.

⁷⁷ Khalifa, S, Brown, E (2016), *Communities Tackling FGM in the UK: Best Practice Guide*, the Tackling Female Genital Mutilation Initiative and Options Consultancy Services Limited, London, p.11.

⁷⁸ See <http://www.fsan.nl/?language=UK>.

142. In 2015-2016, the Department of Gender Equality of *Georgia* held several meetings in the municipal centres of Samtskhe-Javakheti, Kvemo Kartli, Kakheti and Adjara, regions where the risks of FM are high with the aim to analyse and obtain information and to identify existing problems and possible solutions to the issue.

143. In *Italy*, research was carried out by the Lazio Region, ASL RMA, San Camillo Forlanini Hospital, Albero della Vita Foundation and Nosotras Association, aimed at preventing and combating FGM through the involvement of migrant women coming from the Horn of Africa and living in Rome. In particular, a survey on “Women coming from Somalia, Eritrea, and Ethiopia” was performed with the aim of assessing the prevalence of FGM among migrant women in Rome, evaluating perceptions and attitudes of women towards FGM and assessing their intention to submit their daughters to the practice. The endeavour also envisaged the organisation of events aimed at increasing public awareness of FGM and strengthening the relationship between migrant and local communities.

144. When engaging and informing a community, a range of approaches can be used, preferably in a complementary manner. Focusing on the damaging aspects and the harm caused by a practice can motivate a change in attitude; while measures such as criminalisation, prosecution, child protection intervention and other deterrents, can enforce a behaviour shift. While this is a practical and potent approach, it also can be beneficial to focus on the future an affected community can build by abandoning harmful practices. Such an approach frames the shift as a positive investment that the community can make,⁷⁹ and aims to enable and promote a behavioural change within the community with their active participation and affirmation.

145. In the *Netherlands*, the Government and a variety of organisations launched a social-media campaign,⁸⁰ where positive stories of hope about making a choice and finding a balance with the family are at the centre. The campaign has a toolkit consisting of videos, recordings, banners and posters.

146. In *Bulgaria*, information campaigns are run to raise awareness on the effects of early marriage. These aim to foster the understanding that later marriage is not a violation of Roma culture and can be a more favourable practice that will contribute to the community’s development.

147. In *Germany*, the Research and Practice Institute CENTER for PROFS⁸¹ specialises in developing scientifically based strategies in order to accelerate gender equality and human rights for women. Among these strategies there is the Value-Centred Approach, classed as crucial by the Innocenti Research Centre of UNICEF in 2010⁸² for generating important changes in attitudes towards VAW and the abandonment of FGM on a large scale.

148. Additionally, participatory or community-led measures benefit from the specific knowledge and understanding of the views and attitudes of each particular community, and so enable a **more targeted and effective approach**.⁸³ This is particularly relevant given the lack of any commonly held belief or rationale for these two harmful practices. Therefore having a targeted and inclusive approach to each community is essential to understand their particular association to the practice and the best route to move away from it.

⁷⁹ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 78.

⁸⁰ See <http://pratenoverjouwkeuzes.nl/> [Dutch].

⁸¹ See <http://www.fulda-mosocho-project.com/center-for-profs-english/>; <http://www.fulda-mosocho-project.com/wp-content/uploads/2015/08/CENTER-for-PROFS-Flyer-CSW59-Stand-2015.pdf>.

⁸² UNICEF, Innocenti Research Centre, *The Dynamics of social Change towards the abandonment of Female Genital Mutilation/Cutting in Five African Countries*, 2010, see https://www.unicef-irc.org/publications/pdf/fgm_insight_eng.pdf.

⁸³ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 45.

149. In *Austria*, an information campaign to raise awareness of VAW allowed the public to submit their own comments and ideas, and so gave them a source of input to the campaign creating a more connected and user-led message.

150. In the *United Kingdom*, the Home Office and the Department of Communities and Local Government have funded 29 community engagement projects, including a network of community champions, who are reaching thousands of women and girls affected by FGM and FM, and their families, to:

- address the myths that sustain FGM;
- educate communities about the legal, social and medical consequences of FGM;
- raise awareness of local and national support services;
- support communities in speaking out against the practice.

In addition, the Government's FGM and FM Units carry out programmes of outreach, working directly with community groups and professionals

151. In *Finland*, the *KokoNainen* (Whole Woman Project) uses grassroots level projects as its main working method. This includes holding attitude-modifying discussions with people with an immigrant background and who come from cultures where girls are at risk of FGM. The discussions are carried out both with individuals and in groups

152. In *Belgium*, GAMS Belgique is an NGO which trains community volunteers who are then tasked to educate their community. So far 45 peer educators (male and female) have been trained, with more groups currently undergoing the training.

153. The project *Marry when you are ready*⁸⁴ is the product of a partnership between various organisations of Roma women with extensive experience in both policy and community work as regards Roma integration. It undertakes community work in five States in order to raise awareness for Roma families and provides information on the physical and psychological risks and economic impact arising from early marriage. The work is based on informal meetings, support in schooling of Roma girls, theatrical performances, movies and progressive role models. It also aims for a new awareness in institutions and in civil society organisations about the dimension and severity of the problem and the need to insert it as a transversal priority issue in European and national Roma inclusion policies and programmes. Furthermore it develops practical and policy recommendations at European, national and local level on the basis of analyses stemming from the community work.

Targeting influential and specific community members

154. Within the community involvement approach lies the practical tactic of targeting those influential in their communities. In any effort to shift established beliefs and encourage a change in attitudes it is prudent to involve, work through and alongside those who have the most sway, who at times may be the greatest supporter or most ardent opponent of change. This may mean looking to local figureheads or religious and community leaders.

155. While there is no legitimate religious basis for these harmful practices, religious grounds or customs are sometimes used to justify their existence. It is therefore necessary to dispel any religious association or support for these practices. Faith leaders are obviously well placed to aid in this, however their standing and respect in the community can also lend weight and influence to the discussion in general.

⁸⁴ See www.ternibori.org.

156. In the *United Kingdom*, over 350 faith leaders from all the major faiths have already signed a declaration condemning FGM and making it clear that all religions will work together to end it for good. The public authorities continue to work with faith leaders to increase signatories to the declaration and to use the declaration to drive cultural change.

157. In *Norway*, the University of Oslo offers religious and faith based community leaders who are immigrants in Norway, the course "*To be a religious leader in the Norwegian Society*". The curriculum includes topics such as human rights, children's rights, women's rights, religion and gender equality. The Ministry of Culture is currently considering developing local and regional courses, and including FGM and FM as topics in these, to be able to provide low threshold courses and so target religious leaders nationwide.

158. In *Turkey*, the Friday Sermons which are prepared by the Prime Ministry Directorate of Religious Affairs, include preaching on topics such as: child abuse, the value of the girl child for Islam and the family, the importance of girls' education, and the ending of early and forced marriages.

159. However it is also necessary to ensure the appropriate influencers are identified, and so can also involve working directly with those who have the skills to best engage their community, such as teachers and local activists and community champions. The support of community champions or influential members can also lend conviction and popular support to any grassroots measures conducted with the target community.⁸⁵

160. A focus on specific groups within a community is also necessary. **Youth involvement** should be particularly encouraged. Those champions or role models who are able to effectively work with children and young adults are invaluable to reaching this demographic, who are often greatest affected by these issues and are also in a position where they are still forming their attitudes about society. Equally it is possible to find and empower influential members from within the youth population who can inspire and promote change while involving and engaging their peers.

161. In *Germany*, performances of an interactive theatre play on the topic of violence in the name of so-called "honour" and FM took place at schools lead by "*Terre des Femmes*". Due to discussions and an active participation on individual scenes, the pupils not only were elucidated about their rights but also they were sensitised to the topic.

162. In *Norway*, Alna School is run by Furuset Sports Club, and is aimed at young people aged 15-25 years, who have or want a leadership role in their local community in sports, other leisure activities, organisations or volunteer work. The project "*A Future Leader: Your Life - Your Choices*" aims to give participants the skills to change attitudes regarding FM and severe restrictions on young people's freedom. It is based on youth-to-youth methodology (peer education). Participants are recruited from the Alna School "youth pool", with backgrounds from e.g. Morocco, Eritrea, Turkey, Pakistan, Yemen, Sri Lanka and Afghanistan. Participants learn about FM, "honour-based" violence, women's rights, gender equality, human rights, culture and religion. They attend courses on dialogue as a means to talk about sensitive issues, and gain practical experience through school visits and discussion groups with teenagers. After consultation with the project management team, they can be mentors for young people in difficulties. Two participants from each course take part in the following courses on a full-time basis.

⁸⁵ UN, *Joint general recommendation No. 31 CEDAW/CRC, § 77.*

163. Additionally, given that these harmful practices arise from a patriarchal society, targeting and **involving men and boys** to adopt a change in attitude is a pragmatic option in a preventive strategy.⁸⁶ Not only does this target the actors who may pose the greatest resistance, but involving men in the process will increase the feeling of collaboration and unity in the collective social choice, making any progress or change less adversarial and more supportive within the community. An example of this approach can be seen in the “He for She” campaign by UN Women which aims to engage men and boys as agents for change and to take action against the inequalities faced by women.⁸⁷

164. It is worth noting that in some scenarios the men in a community may not be consciously active in the perpetuation of the harmful practices. Educating them on their responsibility, engaging them in a dialogue on the issue, and empowering them to take a stand increases the number of actors for change within a community and involves a group which may not have considered their own role in the practice. This is particularly relevant to FGM, where it has been found that it is often the women who are the main decision makers about a girl undergoing FGM and men view it as a women’s only issue. However the men here are tacitly or unwittingly supporting the practice by viewing a girl who has not undergone the procedure as impure and unmarriageable, or by staying silent and removed. Engaging them alongside the women yields a more complete approach to the end of the practice, focusing on both those who actively support the practice and those who maintain the conditions for its continued perpetration.

165. At the State level in *Germany*, one project to promote change in traditional patriarchal attitudes is called HEROES. The HEROES project⁸⁸ reaches out to young men and helps them question role models and mechanisms of oppression that are based on the notion of so-called “honour”. Participants are trained to hold their own workshops on this topic, for example at schools. This prevention programme works in two ways: on the one hand, young men are encouraged to refrain from being oppressive towards girls and to counter these mechanisms. On the other hand, they are encouraged to defend themselves and seek help if they themselves are affected. The project is carried out in Berlin and Munich.

166. The *Men Speak Out* project, co-ordinated by GAMS Belgium, aims to engage men in the process of ending FGM and, on a larger scale, to end VAW and promote gender equality through a human rights’ approach. The campaign conducts research on men and FGM, having recently published a qualitative and quantitative research study among men from the diaspora in Europe to assess their knowledge of FGM and their position in relation to the practice.⁸⁹

2. Raising awareness

167. Raising awareness is one of the major tools available in the prevention of FGM and FM.⁹⁰ The objective is to enable all members of society to understand these harmful practices and their impact, how to challenge them, and how to support those affected by them.

168. Awareness-raising measures can be directed at the wider public, to highlight the issues of FGM and FM on a national or international scale. They can be used to inform, inspire, and educate the affected communities and individuals, prompting the desired community-engaged shift in attitudes and practice. Furthermore such measures can be directed at professionals and public officials, to inform and educate those actors at all levels on their responsibilities and roles in ending these harmful practices while giving them motivation and practical steps to work towards.

⁸⁶ Council of Europe, *Istanbul Convention*, Art. 12.4.

⁸⁷ Further information available at <http://www.heforshe.org/en>.

⁸⁸ See <http://www.heroes-net.de/> [German].

⁸⁹ O’Neill, Dubourg, Florquin, Bos, Zewelde, Richard, *Men have a role to play but they don’t play it*, Men Speak Out, research paper, 6 February 2017, available at http://menspeakout.eu/wp-content/uploads/2017/02/MSO-Study_Summary_web.pdf.

⁹⁰ Council of Europe, *Istanbul Convention*, Art. 13.

169. Awareness-raising measures are of particular importance for sensitisation or finding solutions by starting a dialogue on harmful practices and their place in society. More discussion on a harmful practice can empower those affected, and in particular help to break any normalisation of the practice which causes both the victims and society to expect, tolerate and support harmful practices.

170. The Council of Europe has published a further resource⁹¹ outlining the background to prevention through awareness-raising and offering practical advice to policy makers and practitioners on the design and evaluation of awareness-raising campaigns.

Raising awareness in affected communities

171. A practical consideration of raising awareness is that there should be a balance between those measures which have a wider audience or scope and those that are tailored to the specific affected communities. Raising the issue throughout the wider society has its advantages in encouraging a national discussion, generating wider social support or initiating stronger demand for change. However it is the affected communities that will require the most focus as they are the most impacted by these issues. Additionally, as the specific situation of each affected community can differ, measures must also be targeted towards and relevant for those specific groups in order to be effective.

172. In *Turkey*, informative brochures were prepared on “Violence against women, age of marriage and formal marriages” as well as “women’s rights” for the recently arriving refugees and migrants in the country. The brochures which were printed in 500 000 Arabic and 500 000 Turkish versions were handed out in the provinces with migrant and asylum camps.

173. In *Norway*, asylum seekers from countries where FGM or FM is practiced are, shortly after their arrival, provided with information about the Norwegian legal prohibitions against these practices and available assistance for the victims. Similar information is provided in asylum interviews and reception centres. In 2017 a new course has been introduced with 50 hours of teaching about Norwegian culture and values for asylum seekers. Communicating the rights and obligations of the individual under Norwegian law is a key aspect of this instruction, which must be provided in a language participants understand. Also, dialogue groups against violence in asylum reception centres aim to reduce violence within and outside the reception centres. The initiative involves training reception centre staff and arranging dialogue groups for residents.

174. In *Portugal*, informational leaflets and awareness-raising measures for FGM were updated for a specific campaign in the Lisbon airport during the 2016 Easter period, as this was known to be a time when families travel to their countries of origin with their daughters, and there is an increased risk of them being subjected to this practice.

175. In *Croatia*, the National Roma Inclusion Strategy and Action Plan dedicates specific attention to the marginalised role of Romani women within Roma family structures and their exposure to many forms of discrimination related to traditional practices such as early marriage, arranged marriage, early childbirth and high fertility rates. Under the Strategy and Action Plan, relevant agencies are tasked to raise awareness among Roma population on potentially harmful consequence of these traditional patterns of behaviour and to educate Romani women and girls and the broader Roma community on reproductive health, family planning and protection from sexually transmitted diseases.

176. It should be emphasised again that in attempting to explain the harm or impact of these harmful practices every effort should be made to avoid stigmatising, “othering”, or isolating the community.

⁹¹Available at <https://rm.coe.int/168046e1f1>.

177. It is particularly important to make people at risk of or affected by these harmful practices and other actors aware of **what action can practically be taken** and what resources are available for them. Awareness-raising directed towards these people can educate them of the dangers they may face, warning signs and what steps they can take, or what recourse and support they can turn to. It can also serve to educate them on their rights and encourage them to begin to challenge the associated social and cultural norms.

178. In 2014, the authorities in the *United Kingdom* ran a national communications campaign with the aim of signposting and promoting the recently launched FGM helpline and to raise awareness of FGM. The number of calls to the FGM helpline rose by 23% during the campaign period, compared to the same period the previous year. Calls to the helpline have remained at a consistent level since the communications campaign and requests for materials produced during the campaign have continued with over 660 000 items sent out

179. In *Norway*, the Directorate for Children, Youth and Family Affairs provides information on FGM and FM to youth continually through articles and the anonymous question-and-answer service at www.ung.no, the national website for quality assured public information for youth ages between 13 and 20.

180. Within community oriented awareness-raising, the desired result is not just focusing attention and informing relevant parties on the effects and remedies, but to inspire and promote communication and reflection on the source of the practice and the underlying issues sustaining it.⁹² Encouraging communities to **engage in debate and discourse**, both in private and public, on the subject can lead to new perceptions or views on the established cultural norms, and so achieve the desired shifting of attitudes,⁹³ and may also clear up ignorance, myths, or misconceptions on the subjects. It can also help to remove the taboo around the harmful practices which often silences objection, discussion, or action.

181. In the *Netherlands*, in 2014, a collective of civil society organisations implemented the project *Bespreekbaar maken van taboeonderwerpen* (Making taboo topics a subject to talk about), mandated by the Government. The goal of the project was to make taboo topics a topic of discussion among various ethnic, religious or faith-based communities. To do this, 160 volunteers from these groups were educated and received guidance. They organised more than 1,000 gatherings in their community, thereby directly reaching 10,000 people. The gatherings concerned topics of FM, marital captivity, abandonment, so-called “honour” related violence and acceptance of (homo)sexuality.

182. *Caritas Switzerland* has developed a network of “multipliers” within affected communities. Their role is to organise events on awareness and prevention in their communities and to launch a discussion on FGM within the community with a view to changing attitudes surrounding the practice.⁹⁴

183. In *Germany* “*Terre des Femmes*” launched the youth online platform “www.zwangsheirat.de”. Survivors of FM can share their experiences in a blog and counsellors also offer advice to other affected girls and women via a live chat. A comprehensive overview of counselling centres is also provided on the platform.

184. **Inter-generational dialogue** is another important consideration.⁹⁵ Given that these harmful practices are generally imposed from an elder generation on the younger, and the harmful attitudes are imparted and sustained down the line, it is prudent to equip the youth to communicate their feelings on the matter and enable them to engage with their parents and families on how they wish to shape their future.

⁹² UN, *Eliminating female genital mutilation – an inter-agency statement*, p.15.

⁹³ UN, *Joint general recommendation No. 31 CEDAW/CRC*, §76.

⁹⁴ See <https://www.caritas.ch/fr/nos-actions/en-suisse/integration/excision/> [French].

⁹⁵ UN, *Eliminating female genital mutilation – an inter-agency statement*, p. 15

185. In *Norway*, the Family Counselling Service attempts meet some of the needs of young people who are experiencing FM, and their families. The service has been aiming to provide dialogue-based measures to prevent irreconcilable conflict between young people vulnerable to FM and their families. Concerning parental support, the programme “International Child Development Programme” is a preventive measure that aims to improve the care and upbringing of children and young people by supporting and sensitising parents. The topics of FM and FGM are included if the participants have backgrounds from areas where they are relevant.

186. The Agency of International Recruitment and Integration in *Denmark* co-ordinates the Dialogue Team. It implements a peer-to-peer based effort facilitating dialogue and reflection amongst ethnic minority youth and parents about so-called “honour” related issues, including FM and FGM, and providing information about individual rights, support, help-lines, and other resources.

187. The *Turkish Association of University Women* has launched a project with students in the Friendship Bridge Project to raise awareness of the harm caused by child marriage and to urge communities to end the practice. The students are trained by the Association to advocate against child marriage in their rural communities when they return for the summer holiday. Over their summer break, the students undertake community activities, advocating to families, local leaders and women’s groups, to end child marriage.

188. Further to promoting discussion on these topics is the importance of enabling dialogue between the actors involved in ending them. Tying in with the notion of an integrated and interdependent system, it is essential that actors are able to communicate effectively with each other in order to ensure their actions are complementary and that no gaps or unnecessary overlap is created.

189. The FM and FGM Units in the *United Kingdom* have made presentations at local and regional awareness-raising events to support local activists and organisations in developing their response to FGM and FM, to identify and highlight examples of effective practice across local areas, and promoting available resources.

190. From a practical consideration it should be recalled that there are many forms of media⁹⁶ and communication, and any desired discussion on these issues should make use of as many as necessary in order to reach all affected groups, and that they are engaged in a way that they understand and that works for them. Equally the medium used should be the most appropriate and effective to reach the intended community, as such through their local media and language.

191. The ethics of such communication should also be firmly established and respectful so as to avoid causing harm or discrimination to the intended audience, and to protect against stigmatisation.

192. In *Austria*, TV spots against all forms of domestic violence, that featured the President, famous actors and reporters, were broadcast on TV and social media. In *Turkey* a short film was aired on national TV channels about combating FM.

193. In the *United Kingdom*, the FM Unit launched a short film aimed at deterring the potential perpetrators. The film highlights the devastating impact this practice can have on victims and their families and highlights where victims can turn to for further support.

194. In *Belgium*, a Flemish journalist produced a two-part documentary on FGM entitled *Blijf van mijn lijfje* (Don’t Touch Me), alongside a book on the subject, which has reached a broad audience, won an award at the 2015 Monaco Film Festival and generated a great deal of media attention.

⁹⁶ Council of Europe, *Istanbul Convention*, Art. 17. This provision also encourages the involvement of the private sector, and the Council of Europe has published further information on the role of media and the private sector in ending VAW.

195. Agencies in *Denmark* have made use of YouTube, flash mobs, music videos, Facebook activities and other social media resources. The Danish Agency of International Recruitment and Integration has developed the mobile application “Mærk”, which contains knowledge on so-called “honour” related conflicts as well as information about organisations offering help and support to youth and professionals. The app is aimed at both youth and professionals.

196. In *Portugal*, a poster and leaflet on FGM and its implications for girls’ and women’s health, including information on support hotlines, was produced and widely disseminated in medical services, police stations and NGOs. This campaign was entitled “Say no to FGM”.

197. In *Spain*, a variety of exhibitions have been organised such as "A journey with commitment: the value of prevention in the fight against female genital mutilation" which is part of the project “FGM Prevention and empowerment of sub-Saharan women” that *Médicos del Mundo* develops in several Spanish autonomous regions. Regarding awareness-raising on FM, the Government Office for Gender-based Violence has been involved in the opening of the exhibition on this practice held in September 2014 at the Congress of Deputies (Spanish Parliament). The Ministry of Foreign Affairs and Co-operation in collaboration with the Congress of Deputies and the UNFPA, organised the photo exhibition "Too young to Wed", an initiative of UNFPA, which has been already show-cased in several capitals, aimed at sensitising public opinion against FM. This exhibition consists of thirty-four photographs describing specific cases of girls who have been forced into marriage in several regions throughout the world.

198. In *Malta*, leaflets for victims and potential victims of FGM are published in Arabic, Somali and Tigrinya on the different types of FGM; the relevant legal provisions; the implications of FGM; the impact on pregnancy; discussing and understanding the practice; and on stopping FGM.

199. In *Ireland* a leaflet describing the free services at the Family Planning Association Women’s Health Service, for women who have undergone FGM, is available in print and online in English, French and Arabic.

200. In *Spain*, the Government Office for Gender-based Violence arranged in partnership with the Union of Family Associations, the “Third International Conference on Female Genital Mutilation: A reality in Europe”, in Madrid (February 2014), with the aim of improving the knowledge of wider society about FGM, specifically providing professionals in the healthcare, welfare and policing domains, among others, with useful information in the exercise of their profession in order to improve their responsiveness in prevention, identification and intervention on FGM cases.

201. In 2014, the *United Kingdom* in collaboration with UNICEF hosted the first “Girl Summit”, aimed at mobilising domestic and international efforts to end FGM and FM within a generation. The summit aimed to bring together community leaders from the United Kingdom and overseas, governments, international organisations and the private sector to agree on action to end these harmful practices.

202. In 2015, Belgian associations *INTACT* and *GAMS* organised a conference on the Istanbul Convention in order to raise awareness about this international treaty and its possible impact on national protection, and at the international level. It was organised in the Federal Parliament, as one of the objectives was to inform the members of the Parliament about the role they have to play in controlling the implementation of the Convention.

203. *Plan Norway* ran a media campaign on child marriage in 2014. They created a fictional wedding blog where the supposed bride, Thea, was a 12-year old Norwegian girl engaged to be married to Geir, a 37-year old man. Thea from Norway was used to represent the fate of 39,000 child brides who are forced to marry every day. Together with the public relations agency Trigger, Plan Norway developed the campaign #StopBryllupet – StopTheWedding. Over four weeks, Thea shared her views on getting married to a man of 37. They also invited celebrities and opinion leaders to church for the fake wedding of Thea and Geir on the International Day of the Girl Child, on 11 October 2014. The film about #StopTheWedding has been seen by more than 5 million people on YouTube and has reached audiences in several countries. Following the campaign, the Foreign Affairs Committee in the Parliament voted unanimously for the Norwegian government to be a leader in the fight against child marriages at the international level.

204. *Latvia*, in co-operation with an NGO “*Shelter “Safe House”*” in 2013 produced a mobile info-trailer. The info-trailer is an interactive tool for learning during workshops and various training organised for children, young people, adults and practitioners. The inside of a small caravan was turned into a symbolic setting depicting living conditions and horrors of persons trafficked for various forms of exploitation. The indoors depict the most common forms of trafficking in human beings⁹⁷ in Latvia – labour exploitation, sham marriage, sexual exploitation – by using symbols easy to translate by everyone such as wedding dresses, construction tools, a map, an improvised bed, instant noodles, etc. Additionally five or more persons were asked to spend a part of a seminar in the caravan which also gave an impression of how uncomfortable and helpless victims may feel.

205. The media itself can play a valuable role in supporting and advocating prevention and protection efforts, by helping to raise awareness and spark debate should it choose to. Additionally the media should be aware of its potential role in ending these harmful practices and its potential for harm or progress. Therefore voluntary training or evaluation of its practices would be a welcome exercise to ensure any reporting on VAW, and FGM and FM, is done in a sensitive and progressive manner that promotes the end of these practices without stigma or “othering”, is sensitive to those affected, and provides valuable information to those concerned. In the interest of upholding the freedom of the press, any decision to engage in these issues, or any voluntary training or evaluation of its coverage, must be to enable the effective end of these practices as a human rights concern, not as a government initiative.

Raising awareness for professionals

206. While awareness-raising measures can inform the public and inspire discussion among affected communities, it is equally important that those with the responsibility and the potential to help combat these harmful practices are informed of their role and capabilities. Professionals who will come into contact with affected communities or individuals, in particular frontline staff such as educators, social workers, asylum staff, healthcare professionals, and police and judiciary must be sensitised to these practices, be made aware of the risks FGM and FM pose, and understand their duties and potential role relevant to preventing them.⁹⁸ Such awareness-raising is directly connected to the training of professionals and improving their role providing protection and support for at risk individuals and survivors, and so will be discussed in more detail in the Protection section below.

3. Education

207. Education is a particularly important tool in preventing FGM and FM.⁹⁹ Attitudes, beliefs and behaviours are shaped early on in life and so the promotion of gender equality, human rights, mutual respect in interpersonal relationships, the elimination of stereotypes and established gender roles in society, should be a part of the education curriculum.

208. The starting point of any strategy to end these harmful practices through education is to ensure and improve the **access of children, and especially girls, to education**. In communities where there are significant gender inequalities, girls are often denied, unable to access, or even removed from schools and educational opportunities.

⁹⁷ FM can fall under the definitions of trafficking provided in the Council of Europe Convention on Action against Trafficking in Human Beings, adopted by the Council of Europe Committee of Ministers on 3 May 2005, CETS No.197, Art. 4 and the UN General Assembly, *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime*, 15 November 2000, Art. 3. See also the work of the Council of Europe’s Group of Experts on Action against Trafficking in Human Beings (GRETA) where it has identified trafficking for the purpose of FM: 1st Report on Bosnia and Herzegovina, GRETA(2013)7, § 10; 1st Report on “the former Yugoslav Republic of Macedonia”, GRETA(2014)12, § 10; 2nd Report on Croatia, GRETA(2015)33, § 112; 2nd Report on Montenegro, GRETA(2016)19, § 12. See also EU, *Forced marriage from a gender perspective*, European Parliament study for the FEMM Committee, 2016, p. 20.

⁹⁸ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 49.

⁹⁹ *Ibid.*, § 61.

209. A variety of methods can be implemented to ensure that both girls and their families are encouraged and enabled to send their child to school and to complete their education. Amongst these methods are legislation and compulsory education ages, alongside anti-discrimination legislation and policies. Raising awareness on the value of education and other forms of encouragement for families, and girls themselves, are also useful. These can be complimented by adequate support for families, in particular those where education of girls may be seen as a lower priority or burden.

210. *Turkey* has extended the duration of compulsory education from 8 to 12 years. While *Bulgaria*, having identified integration struggles as a factor in the continuation of FM among Roma, has implemented the Action Plan for Roma Integration which holds encouraging Roma pupils in education as a central policy and aims to ensure that Roma children have equal access to, and stay in, the education system.

211. Scholarships, conditional cash transfers, and other forms of support have the potential to enable girls to access and continue their education, and can also motivate families. Support in this form can address practical barriers to education, in particular for families in poverty. However there should always be a focus on ensuring families and parents see the inherent value of their daughter receiving a complete education.

212. In *Turkey*, there are different kinds of conditional cash transfer. One form of this support is provided for the children of poor families attending elementary or secondary school, the contract being arranged with the mother, and linked to the child's attendance.

213. Following on from access to education, the **content of curricula** at all ages, should teach and support boys and girls to change gender stereotypes, challenge established norms and define their generation's attitude to more positive roles for the genders in society.¹⁰⁰ This can consist of facilitating discussions with them on social and cultural norms, getting them to think and analyse their perception of masculinity and femininity, and to give them the skills to evaluate and argue their position on established norms in society. Addressing social values in the course of their education is a valuable method of supporting and empowering children while tackling the continuation of harmful practices such as FGM and FM.

214. Further to developing children's understanding of gender roles and cultural norms, sexual health programmes, human rights education and other social and civic modules can aid children to challenge harmful practices and build their own perspectives and values.

215. A further topic is to ensure that girls are given the education and ability to claim their own rights. FGM and FM are a direct violation of their integrity and autonomy over both their lives and bodies. Education should reinforce the right of women and girls to their dignity and to choose their future, and that their body and future role is not subject to cultural will.¹⁰¹

¹⁰⁰ Council of Europe, *Istanbul Convention*, Art. 14; UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 67.

¹⁰¹ UN General Assembly, Resolution 69/156, *Child, Early and Forced Marriage*, A/RES/69/156 (18 December 2014), § 5; UN, *Eliminating female genital mutilation, an interagency statement* - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, pp. 14-15; EU, Advisory Committee on Equal Opportunities for Women and Men, *Opinion on Combatting Female Genital Mutilation and other Harmful Practices*, 5 January 2017, p. 7.

216. *Croatia* has been experimenting with a Civic Education Curriculum that provides for learning and teaching about non-violent behaviour and gender equality.

217. The education system in *Spain* aims to include in its principles “The development, in school, of values promoting equal rights between women and men, as well as the prevention of gender-based violence”.

- The curriculum for basic education therefore aims to include learning about the prevention of conflicts and their peaceful resolution in all areas of personal, family and social life, as well as values that support democracy and human rights, which necessarily include the prevention of gender-based violence.
- In primary education the development of pupils’ capacities in all aspects of character and in their relations with others is a curriculum objective. Students are also intended to develop an attitude against violence, prejudices of any type and sexist stereotypes.
- In compulsory secondary education pupils are taught to value and respect gender differences and equal rights and opportunities, while rejecting stereotypes which lead to discrimination between men and women.
- In Bachillerato (17-18 years old) pupils and students are taught to promote equal rights and opportunities between men and women, analyse and critically assess existing inequalities and strive for real equality and non-discrimination of people with disabilities.

218. In *Cyprus*, the Health Education Curriculum is implemented in schools. It includes a gender perspective aimed at combating gender stereotypes from an early age, for example by encouraging boys’ greater involvement in family life and women’s participation in politics/public life, and encouraging them to develop relationships based on gender equality and mutual respect between the sexes. The curriculum aims at development of the attitudes, behaviours and skills of pupils in areas such as:

- Interpersonal relations, development of healthy relationships
- Accepting, respecting and managing diversity
- Family planning, sexual and reproductive health
- Becoming aware of, contemplating and confronting prejudice
- Working against stereotypes, social exclusion and racism.

219. The Standards for Sexuality Education in Europe,¹⁰² a guide prepared by the World Health Organisation (WHO), suggests that FGM be discussed during sex education in schools. In *Finland*, the National Institute for Health and Welfare has translated the WHO guide into Finnish and hosts it on its website.

220. Considering the sensitive and intimate nature of these issues, and the need for a high standard of education on matters such as gender roles and violence, the teachers must be suitably trained and supported and given the appropriate tools, as well as clearly defined referral routes for girls at risk, to work with. Improving the capacity of teachers to broach sensitive issues and how best to inspire children to think and evaluate their society is an important aspect of using education to combat FGM and FM.

¹⁰² Available at http://www.eschr.eu/sites/eschr.eu/files/WHO_Standard_Sexuality_Education_0.pdf.

221. In-service training for teachers in *Cyprus* includes the promotion of awareness-raising and training on gender equality and the reflection of the educators' own identity, beliefs, values, prejudices, expectations, attitudes and representations of femininity/masculinity, as well as their teaching practice. It also aims to bring equality, diversity and the gender perspective into various areas of education. The training was directed to all teachers in primary and secondary education, all career counsellors in secondary education, all inspectors in primary and secondary education, and parents.

222. The 2014 pilot project scheme "Human Rights and Democracy in Action" of the European Commission and the Council of Europe, with the *Cyprus Pedagogical Institute* and the Health Education Office, implemented the project "Teaching Controversial Issues - Developing Effective Training for Teachers and School Leaders". This was co-ordinated by the *United Kingdom*, and attended, besides *Cyprus*, by other participating countries such as *Ireland*, *Montenegro* and *Spain* whereas *Albania*, *Austria* and *Sweden* were associated partners. The project assessed the instructional as well as the educational methodology through which controversial issues and topics are taught in real classrooms, many related to racial discrimination (e.g. Roma education, asylum seekers, migration, etc.). It also examined how the instruction can support education for democratic citizenship and human rights. The participating countries designed, developed and implemented a teacher training pilot programme. The programme's objective was to strengthen teachers' confidences while they actively teach controversial issues. It was designed based on effective principles, procedures and best practices.

223. While education measures are typically geared towards children and young adults, **older generations can also benefit from education** on these issues for many of the same reasons. Equipping adults with a solid and critical understanding of the harm caused by these practices, and their opportunities to build a more positive future for themselves, their children and their community, is a further contributor to the shifting of attitudes and the building of new social and cultural behaviours and norms. Equally, when done in tandem with the efforts to inspire intergenerational dialogue, families can come together to end these harmful practices in a supportive, collective and collaborative manner.

224. *Turkey* employs Family Education Course Programmes (intended for families whose child is up to the age of 18). The programmes are organised by the Ministry of National Education and aim at forming a healthy family environment by supporting parents so that children can use their existing capacity at the highest level. Moreover, it aims to raise healthier and more successful generations by providing education to parents about child development and education, positive parenting skills, healthy eating, gender equality, communication within the family, domestic violence, family conflicts and conflict resolution techniques, basic human rights and children's rights, risks and problems in adolescence.

225. Informal educational settings also offer an opportunity to engage and teach children and adults about social values and gender norms.¹⁰³ Venues such as community, sport, and religious education facilities, activities and projects based on social pedagogy, and other community institutions providing a social or educational function can all serve as a way to further teach and support children and adults in the development of their principles and attitudes.

4. Empowerment of women and girls

226. Given that FGM and FM as harmful practices and human rights violations are manifestations of gender inequality and the subjugation of women, the empowerment of women and girls is the antitheses of these practices and so a potent tool to eliminate them.¹⁰⁴

¹⁰³ Council of Europe, *Istanbul Convention*, Art. 14.2.

¹⁰⁴ *Ibid.*, Art. 12.6.

227. Measures to empower women and girls include securing their access to affordable education and vocational opportunities.¹⁰⁵ Education, and improved employment opportunities, can facilitate an escape from poverty; and in particular can remove some of the contributing factors of harmful practices, particularly in relation to FM.¹⁰⁶ The more women and girls, their families, and their communities gain improved access to education the greater their prospects and economic prosperity. This economic freedom can provide women with more autonomy and a greater capacity to challenge societal norms. Within their education, girls and women need to be equipped with the knowledge and ability to assert their rights and to make autonomous decisions about their own lives.¹⁰⁷

228. Outside of education, the building of women's social assets and political involvement can improve their standing in society, such as creating networks to connect with peers and community leaders that can strengthen their position to communicate and advocate their concerns and so make an impact on the decisions that affect them.¹⁰⁸

229. In *Turkey*, there are 44 "Multi Purpose Community Centres" in nine provinces where early marriages are more prevalent. In these centres there are programmes, such as reading writing, civil law and legal rights, home economy and nutrition, mother and child care, alongside other training and entrepreneurial programmes.¹⁰⁹ It is hoped that enabling women to learn such skills in a safe setting can improve their agency, confidence and self-sufficiency, which can reduce FM.

230. An increase in civic participation by girls can also aid in ending these harmful practices. Creating platforms for youth to engage with one another, and to discuss and share ideas, can lead to an organic and organised effort on their part to engage in their society and promote their views and values. Furthermore, increased political and professional participation by women can increase their agency, advocate for their rights, and be forces of change in their community, and inspire younger girls.

231. Imparting to girls their value in society is an important aspect of empowerment. Often these harmful practices are a manifestation of limiting girls and women to a socially inferior role, therefore showing and supporting them to define their own value is an important step in rejecting these practices.

232. The empowerment of women and girls needs also to be incorporated by those seeking to end FGM and FM. In particular women should not be seen only as victims of these practices, but as powerful agents for change. This not only reinforces the drive towards equality, but fosters ownership of efforts to end these practices.

233. The empowerment of women in all aspects is a self-fulfilling endeavour. As women benefit from programmes that foster their respect and progress in economic and social life, they gain the power to shape and influence their own lives and their role in society. As they are empowered to take more control and power socially, economically and politically, the more they themselves can address and combat the systems that would hold them back. The empowerment of women is stressed as the key to breaking the cycle of discrimination and VAW.¹¹⁰

¹⁰⁵ UN, Office of the High Commissioner for Human Rights, *Report on "Preventing and eliminating child, early and forced marriage"*, 2 April 2014, A/HRC/26/22, § 33.

¹⁰⁶ UN, *Preventing and eliminating child, early and forced marriage*, § 17.

¹⁰⁷ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 61.

¹⁰⁸ *Ibid.*, § 66.

¹⁰⁹ For more information see <http://www.gapcatom.org/en/> [English].

¹¹⁰ UN, *Intensifying global efforts for the elimination of FGM*, § 3.

Key points on prevention

- Prevention efforts must focus on creating an engaged and involved process with the affected communities and the various actors.
- Prevention efforts must also be targeted and adapted to the specific affected community.
- Specific members and sectors of the target community should also be engaged, in particular religious leaders, youth, and men.
- Awareness-raising is a powerful tool. It should be used to sensitise professionals on these issues and alert them to their role and duty in ending the FGM and FM. It should also inform the affected community of the harms of these practices, motivate the moving away from these harmful practices, and inform affected individuals of support available to them.
- Awareness-raising efforts should make use of a variety of media, and use the most appropriate form to engage the target community in a sensitive manner.
- The media itself, alongside private entities, can play a role in raising awareness and tackling these harmful practices.
- Education on these issues is an ideal tool to end these harmful practices by informing and inspiring future generations. This can be both in the domestic sphere and in development projects abroad.
- Access to education for girls needs to be improved and guaranteed.
- The content of curricula should address these issues, in the context of human rights, sexual health, discrimination, stereotyping and gender roles.
- Educational and other relevant staff should also receive appropriate training and support to adequately address these issues and implement such curricula.
- The empowerment of girls is essential to the ending of these harmful practices. Improved education, economic independence, vocational opportunities and political participation are invaluable in breaking the cycle of inequality that perpetuates harmful practices.

C. PROTECTION

234. While preventive measures aim for impact in the future and eliminating FGM and FM at their source, until this is achieved there will still be potential at-risk cases and survivors. It is therefore absolutely crucial to have a comprehensive and integrated system to protect women and girls and to support those who are at risk or have suffered these harmful practices.¹¹¹

235. Protective measures are not simply limited to police protection or public authority interventions, they include “all appropriate means of a legal, political, administrative and social nature to provide access to justice, health and support services that respond to their immediate needs, protect against further harm and continue to address the ongoing consequences of violence for women and girls, taking into consideration the impact of violence on their families and communities”.¹¹²

236. Protection efforts cover two main considerations: **protection for at risk individuals** which aims to intervene and stop these acts from being carried out and **support for survivors** which is necessary to help those affected to recover from their experience and move forward with their lives. Addressing both aspects, in an integrated manner,¹¹³ is necessary to ensure a complete protective system exists, and each requires the involvement of a range of actors to ensure measures are properly implemented, co-ordinated, sensitive to the individual’s needs, and effective to their goal.

237. It should be highlighted that protection measures and support services should not be tied to the victim’s willingness to press charges or testify against a perpetrator.¹¹⁴ This is highly important as it addresses the fact that many of the VAW offences covered by the Istanbul Convention are perpetrated by family members, intimate partners or persons in the immediate social environment of the victim and the resulting feelings of shame, fear and helplessness lead to low numbers of reporting and therefore low recourse to protection and support services.¹¹⁵ Denying protection or support on such conditions goes against the principle of empowerment and a human rights-based approach and must be avoided.¹¹⁶ It also reinforces that protection and support services are distinct from criminal justice and so should not be unnecessarily linked or dependant. This issue of the intimate nature of VAW is also relevant to subsequent police and judicial investigations, which will be dealt with in the section on "Prosecution" below.

238. Furthermore, given the severity of these acts, and VAW in general, the protection and support provisions contained in the Istanbul convention shall be secured for women without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status.¹¹⁷

¹¹¹ Council of Europe, *Istanbul Convention*, Art. 18 and the rest of Chapter IV which contains various provisions relating to Protection.

¹¹² UN Human Rights Council, *Accelerating efforts to eliminate all forms of violence against women: ensuring due diligence in protection: resolution adopted on 14 July 2011, A/HRC/RES/17/11*, Preamble.

¹¹³ Council of Europe, *Istanbul Convention*, Art. 18.2.

¹¹⁴ *Ibid.* Art. 18.4.

¹¹⁵ Council of Europe, *Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence*, § 280.

¹¹⁶ *Ibid.*, § 121.

¹¹⁷ Council of Europe, *Istanbul Convention*, Art. 4.3; Council of Europe, *Explanatory Report to Council of Europe Convention on preventing and combating violence against women and domestic violence*, §§ 52-54.

1. Protection for at-risk individuals

Early and immediate risk detection

239. A core feature of any protection system is the effective detection of at-risk cases, both at an early stage and in immediate risk scenarios. This is particularly important given the young age at which these harmful practices can occur. Therefore any authorities or professionals who deal with children or affected communities should have the training and the resources to identify at-risk cases, and then make informed and accurate assessments of vulnerability.¹¹⁸ Clear and established early detection mechanisms and procedures, either at a national level or at least present in the various public sectors, are ideal to enable effective early detection and trigger appropriate follow-up.

240. In *Georgia*, the Child Protection Referral Procedure has defined the various forms of violence against children; the responsible agencies for identification; assessment and intervention methods; and requires all involved ministers to issue guidelines/instructions for their respective professionals. In particular, the system includes:

- a) the identification of a child who is a victim of violence;
- b) an assessment of the condition of a child;
- c) If necessary, the placement of a child in a service institution or institutions that will contribute to his/her safety and rehabilitation;
- d) the further supervision of a case.

As an example of a multidisciplinary exercise in protection within this mechanism, the Ministry of Internal Affairs guarantees protection of the child's life and safety; the Ministry of Education and Science ensures a safe and non-violent educational environment; and the Ministry of Labour, Health and Social Affairs and its Social Service Agency ensures the identification, assessment and protection of children from all forms of violence including emotional abuse and neglect.

241. In *Ireland*, victims of human trafficking for FM can avail themselves of the National Referral Mechanism for victims of human trafficking. The National Referral Mechanism is the mechanism through which such victims are identified and are offered accommodation, medical, social, legal and psychological support and residence permissions if required.

242. In *Norway*, Preventive Child Health Clinics attempt to meet the majority of pregnant women, newborn children and children up to six years old, with their parents in an attempt to establish a relationship and gather relevant health information. In asylum centres, information about FGM is distributed. In 2009, a free and voluntary consultation and gynaecological examination service was introduced for newly immigrated girls and women from regions where 30% or more of the population practice FGM. The service is delivered by municipal public health services. There are also social paediatric centres throughout the country with expert knowledge on identifying children subjected to FGM.

243. The Directorate-General for Health of *Portugal* has created an identification mechanism for women and girls at risk of FGM. A specific field has been created in the health data platform, which allows the registration of FGM cases detected by health institutions, and the flagging of potential risk cases. All the healthcare professionals of the national health system then have access to this data in the records and there are subsequent established procedures to follow in cases of FGM.

244. In *France*, the department of Seine-Saint-Denis has developed a protocol that aims to improve the care provided by professionals of girls and women threatened by FM. This protocol has also been signed by local judicial actors, educators and the voluntary sector. It aims to improve the information these professionals receive and facilitate networking between them to enable effective responses in terms of identifying risk situations, the protection and security of victims and their social support mechanisms. The Protocol outlines a definition of FM and the various forms it can take, alongside the violence that can accompany the phenomenon, legal references, possible remedies and aids available depending on age and nationality of the victim. It further provides a list of connected associations and services. The Protocol has helped sensitise various personnel to the phenomenon of FM, including social workers, nurses and school doctors and strengthened the work of identification and protection of girls in schools.

¹¹⁸ Council of Europe, *Istanbul Convention*, Arts. 15, 51; Council of Europe, *Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence*, § 99.

245. In the *United Kingdom*, Border Force officials at national ports and airports are trained to look for girls at risk of being taken abroad, particularly during the school holidays. Between June and September 2016, a number of operations took place at London and regional airports. Known as “Operation Limelight” these operations targeted inbound and outbound flights to and from countries with a high prevalence of FGM, FM and human trafficking. Flights to transit hubs to countries with high prevalence were also targeted. Border Force officers detect safeguarding risks and work in close partnership with other agencies, including the Police, social services and NGOs.

246. As the majority of the victims are children, educational settings are ideal not only to run preventive programmes or awareness-raising campaigns, but to detect and identify potential risk cases early on and in a safe setting for the child.

247. In addition to training teachers and educational staff, the Directorate for Integration and Diversity of *Norway* has appointed 30 counsellors who work at lower and upper secondary schools with high proportions of students with immigrant backgrounds. The aim is specifically to prevent severe restrictions of young people’s freedom, such as FGM and FM. They also contribute to the development of skill and capacity building within the education sector and with collaborating partners.

Role of professionals

248. At-risk individuals cannot bear the sole responsibility to support and protect themselves or they may not have the ability to independently avail themselves of protective services. Professionals involved in roles that come into contact with at-risk girls and women can have a significant impact on delivering a comprehensive and co-ordinated protection system. Protection policies and efforts should therefore seek to enable professionals to detect, report, and implement various strategies and responses and to place the needs of the victims at the centre of their involvement.¹¹⁹ Therefore protection measures should include those which build on raising the awareness of professionals to these harmful practices, and on training that improves their capacity to take appropriate action.

249. Practicalities such as how to identify at-risk individuals and what actions to take should be clearly communicated. Equally the more informed and connected professionals are to the issues and each other, the greater the chance of enabling early detection and protective measures.

250. The WHO guidelines on the Management of Health Complications from Female Genital Mutilation¹²⁰ which are intended primarily for health professionals involved in the care of girls and women who have been subjected to any form of FGM. This document also provides guidance for policy makers, healthcare managers and others in charge of planning, developing and implementing national and local healthcare protocols and policies. The information contained in this document will also be useful for designing job aids and pre- and in-service professional training curricula in the areas of medicine, nursing, midwifery and public health for healthcare providers caring for girls and women living with FGM.

¹¹⁹ Council of Europe, *Istanbul Convention*, Art. 15.

¹²⁰ Available at <http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/>.

251. A number of States have published guidelines for relevant professionals, such as the *United Kingdom's* statutory guidelines for frontline professionals, and the *Norwegian* National Guidelines in Obstetrics to ensure the early identification and necessary assistance for pregnant women who have undergone FGM.

252. The *United Kingdom* Department of Health has a £4 million FGM Prevention Programme underway, in partnership with National Health Service (NHS) England. This programme is delivering a package of measures to improve the healthcare response to FGM, including guidance materials for NHS staff, training, awareness-raising road shows, and patient information leaflets. The programme has reached thousands of professionals with over 2 000 attending awareness sessions, many more accessing the free e-learning sessions, and nearly 8 000 general practitioners receiving FGM resource packs with targeted training and safeguarding materials to them directly.

253. In *Denmark*, the National Social Appeals Board initiated a campaign in 2014, about the obligation to notify the municipal authorities on suspicion that a person under the age of 18 may need special support or may have been exposed to abuse. The campaign was directed towards public service providers working with children such as teachers, nursery staff etc. and the general public.

254. In *Ireland*, an information handbook on FGM for healthcare professionals was developed in 2008 by an interdisciplinary group of medical professionals and a migrant women's NGO. The handbook is available in print, online and on CD and has been revised and updated and re-issued in 2013 with funding from the statutory Health Service Executive, given the continued demand for the handbook.

255. In *Belgium*, the International Centre for Reproductive Health of Ghent also ran a recording project on FGM within ten hospitals in 2013 to evaluate whether hospitals were registering FGM correctly, and to see if a better use of existing procedures leads to a greater number of case registration. This recording project also involved awareness-raising measures for the professionals at the participating hospitals. The number of registered cases of FGM was 2.5 times higher after the awareness-raising effort than the average of the six previous years, which appears to confirm under-reporting in previous years and that proper training of staff was the major factor in ensuring cases of FGM were registered.

256. In *Belgium*, a group of civil society organisations, the *Réseau des Strategies Concertées*, has produced an "FGM Prevention Kit",¹²¹ which provides actionable guidance on FGM risk identification. This tool is adapted to the different institutional contexts since youth welfare and well-being is addressed differently in the Communities and Regions. The prevention kit also contains:

- a manual kit (presentation tools and their use, presentation of specialised associations and their fields of action);
- a global map of the prevalence FGM;
- a "passport STOP FGM" recalling the national law on FGM (on request);
- a leaflet "No excision for my daughter";
- an infographic showing risk assessment criteria and a decision tree;
- a guide for conducting interviews with the girls and their families;
- a model of a medical certificate that may be drawn after examination, before going on holiday;
- a model pledge of a commitment of honour not to mutilate his or her child;
- a brochure "Professional secrecy when dealing with FGM";
- a guide for professions concerned;
- an FGM prevalence study on girls at risk in the country which was updated in December 2012 and 2014.

¹²¹ See <http://www.strategiesconcertees-mgf.be/scmgf-15/>.

257. In *France*, the Minister for Families, Children and Women's Rights has defined FGM and FM as a priority area for professional training policy for 2016. The Inter-ministerial Group has co-ordinated with an expert working group and other agency representatives and has compiled an inventory of all training material, and has produced educational and practical tools. One such example, the guide *Le/la praticien-ne face aux mutilations sexuelles féminines*¹²² was published for health professionals and updated in February 2016. It outlines the legal situation of FGM in France and explains the role that medical practitioners can have in detecting, treating, preventing and ending the practice, alongside guidance on what steps to take upon encountering a victim or potential victim. Other training materials are also produced, intended for all professionals who may be in contact with women or girls who are at risk or have undergone FGM, such as gendarmes and police officers, judges, legal professionals, and social workers. These tools have been widely disseminated and enabled the awareness and training of 200 000 people.

258. In *Finland*, prevention and treatment of FGM are highlighted and incorporated into national training events, such as seminars for nurses, social workers, etc. An example of this is the TERVE-SOS-training fair for health professionals, policy makers and employees.

259. As with many of the aspects of combating FGM and FM, communication and involvement are essential to develop protection measures that are fully effective. Training and development for professionals can be designed with their input in order to fully make use of their skills and role, and to ensure that any training will not be incongruous to their capabilities, whilst being mindful of their child protection and legal requirements.

260. In the *United Kingdom*, statutory multi-agency guidance for frontline professionals is available on FGM and FM. It is designed to support effective training and a more efficient multi-agency response and developed following public consultations to which many professionals responded.

261. Professionals in *Belgium* were surveyed¹²³ to gather data on how they felt about their training and preparedness in relation to FM. Such monitoring and evaluation assists in identifying weaknesses within training programmes and enables a more relevant and effective training system.

262. In *Norway*, further analysis of the capabilities of professionals was carried out. *Brobyggerprosjektet* (The Bridge Building Project) was a project completed within the Family Counselling Service in 2009, seeking to strengthen the help provided by the service. Following the results of this project, the Service has undergone extensive training to increase staff skills in working with young people vulnerable to FM and their families. There are some regional and local variations in skills, services provided, and the structure and status of co-operation amongst the offices to be considered. Implementing this review project has become a defined practice area for the Family Counselling Services. Developing its offices' expertise will be included in the general strengthening of public services' capabilities to work with cases of violence, which is a concerted effort guided by the Directorate for Children, Youth and Family Affairs.

¹²² Available at http://stop-violences-femmes.gouv.fr/IMG/pdf/Le_praticien_face_aux_mutilations_sexuelles_feminines_-_Fevrier_2016-2.pdf.

¹²³ This was the result of the study mentioned above § 118.

263. NGOs and other organisations play a valuable role in training and their experience and expertise should be incorporated in a more active manner.

264. In *Cyprus*, there is no systematic training provided to relevant sectors led by State initiatives. However, in 2010 and 2012, the Mediterranean Institute of Gender Studies (MIGS) organised training development seminars for health and asylum professionals with expert trainers. They provided a professional development seminar on “Women and Refugee Status Determination” and the Professional Development Training “FGM: Challenges to Health Care Services in Europe and in Cyprus”.¹²⁴

265. In a wider context, MIGS co-ordinates the online professional development course “United to End FGM”¹²⁵ which brings together professionals (mainly health and asylum sectors, and NGOs among others) from around the world. The Institute is further expanding this e-learning tool by being a co-ordinating partner to developing an online multilingual “European Knowledge Platform”¹²⁶ on FGM for professionals from a diverse range of disciplines, collaborating with the Cyprus University of Technology, the End FGM European Network, and a consortium of 14 partners and associate partners from Europe.

266. Alongside raising the awareness of professionals and sensitising them to these issues, they must also be given the tools and skills in order to be able to play their role.¹²⁷

267. In *Belgium*, the decision tree¹²⁸ and risk assessment criteria and scale (contained in the above-mentioned FGM Prevention Kit) aids professionals in identifying and objectively assessing the potential risk of a case of FGM, and advises on the protection measures professionals need to adopt when confronted by a risk or case of FGM.

268. In *Denmark*, free courses on so-called “honour” related conflicts have been offered to frontline employees in the municipalities such as social workers, student counsellors and others. The offer has reached 1 736 public employees from 2012-2015. There is also a National Consulting Unit that has been set up to provide advice to the municipalities in their dealings with issues such as FGM and FM.

269. The Inter-Territorial Council of the National Health System of *Spain* has approved the “Common protocol for healthcare procedure regarding female genital mutilation in the National Health System”, which has become a fundamental tool in order to sensitise and train the professionals involved with the elimination of FGM. In addition, the protocol provides for a “Reporting model from the health sector in case of risk and child abuse”, which will be submitted to the child protection public authority.

270. In *Norway*, an information kit of existing material on FGM has been compiled by the National Centre for Violence and Traumatic Stress Studies, including reports and studies on FGM, for the use of decision makers and professionals of different fields. The link to the website is distributed widely so that it can be easily accessed at the national level. The information kit includes detailed instructions for the professionals in maternity and child health clinics, and in school health care and day care, on how to deal with FGM in their daily work.

¹²⁴ See <http://www.medinstgenderstudies.org/migs-organises-professional-development-seminar-on-women-and-refugee-status-determination/> and www.medinstgenderstudies.org/professional-development-training-fgm-challenges-to-health-care-services-in-europe-and-in-cyprus/.

¹²⁵ See <http://www.uefgm.org>.

¹²⁶ See <http://www.endfgm.eu/what-we-do/projects/>.

¹²⁷ Council of Europe, *Istanbul Convention*, Art. 15.

¹²⁸ See www.strategiesconcertees-mgf.be/wp-content/uploads/MGF-tryptique_final_RTP.pdf.

271. The National Commission for the Promotion of Equality of *Malta* has developed a leaflet¹²⁹ for healthcare providers on FGM, delineating information on different types of FGM; how and why it is practised; the relevant legal provisions; the implications of the practice; how to assess and notice risk of FGM; and how to stop it.

272. In the *Netherlands*, the knowledge-platform Pharos¹³⁰ is training professionals and developing information and education materials. Pharos is also supporting the “Agents of Change” project, a youth training initiative informing young adults about FGM, their health, sexuality and rights, and on attempting to start a conversation between young girls and their mothers about FGM to break the taboo. Pharos additionally lists protocols¹³¹ for all professionals on dealing with patients who have undergone FGM.

273. Staff of the first instance asylum authority of *Austria* (BFA) receive training sessions in intercultural communication and identifying victims, in co-operation with NGOs and international organisations such as the Office of the United Nations High Commissioner for Refugees (UNHCR) or International Organisation for Migration. Accordingly, internal compulsory guidelines have been generated for all members of the authority. Furthermore, all health professions have been provided with specific trainings on FGM and FM. The vocational training for physicians includes a general attentiveness on people exposed to mental or physical violence and in particular on women or children. While there is no specific obligatory further training on FGM and FM for sitting judges and prosecutors (already on duty), they are able to attend seminars provided to the judicial staff in general. All future judges have to serve a minimum period of two weeks at a victim protection agency or welfare institution within their initial training. In addition they receive a particular three-day training course on human rights issues, including a unit focusing on the rights of children.

274. In the *United Kingdom*, the FGM and FM Units have launched e-learning tools for all safeguarding and child protection professionals which include details on how to identify both victims and potential victims and the measures that can be used to prevent and ultimately end FGM and FM. There is also an online resource pack for local areas and professionals to emphasise what works in tackling FGM and FM. The Department for Education has provided nearly £2 million funding for a national programme to strengthen the social care response.

275. In *Monaco*, the law provides for compulsory initial and continuing training for all professionals connected to the field of VAW, whether they belong to the judiciary, the police, the medical profession or social workers.

276. Training should also be **regular and sustained**, ensuring that professionals are up to date in the best practices and information in detecting and protecting individuals from these harmful practices, and that the issues are tackled in a sustained manner. Furthermore there should also be standards around the training given to professionals to ensure that they receive accredited and approved training that will be effective and sensitive to the victims and the complexities of these harmful practices. Evaluation and monitoring of the quality of training given to professionals and its effectiveness is also beneficial.

277. Online training is a valuable resource to reach wide numbers and to encourage participation at a low cost. However the value of face to face in person training should also be borne in mind in order to ensure that participants are actively engaged in the subject matter and are correctly processing the content.

¹²⁹ See http://ncpe.gov.mt/en/Documents/Projects_and_Specific_Initiatives/Forms%20of%20Violence/FGM%20Leaflet_EN.pdf.

¹³⁰ See <http://www.pharos.nl/information-in-english/about-us>.

¹³¹ See <http://www.pharos.nl/information-in-english/female-genital-mutilation/protocols-and-materials/model-protocols-and-position-statements/model-protocol-on-medical-care>.

Triggering a protective response

278. Early and immediate detection should lead to a protective response, so there should be pathways and mechanisms to go from detection to the necessary action. Given the extent of safeguarding and support at-risk individuals may require, and the wide range of agencies or actors involved, co-operation and communication between all relevant agencies is essential.¹³²

279. In the *United Kingdom*, the statutory multi-agency guidance on FGM highlights that a girl may need to be safeguarded over a significant proportion of her childhood, and it is therefore essential that agencies work together to determine the most appropriate safeguarding response that continues over time. The FGM Risk Indication System is a national system to support effective early intervention and ongoing safeguarding of girls potentially at risk of FGM. The System allows the potential risk of FGM to be shared confidentially with health professionals across all care settings until a girl is 18 years old. The System can be used at any appropriate time during the delivery of care to check whether the girl has been assessed as being potentially at risk of FGM. It is to be used in conjunction with local safeguarding frameworks and processes.

280. In *Spain*, the healthcare authorities can communicate their risk assessments to other authorities. An example: when a journey to the country of origin is planned by the family of a girl suspected as at-risk of FGM, health professionals can effectively communicate this fact to the child protection public authority and the public prosecutor, who will begin the process for the adoption of precautionary measures aimed to avoid this situation. Furthermore a medical examination of the minor is scheduled upon returning from her journey.

281. In *Finland*, maternity and child health clinics meet with all pregnant women. The renewed maternity card issued to all pregnant women always includes a question about FGM so the topic of FGM is brought up in a natural context at the clinic visit.

282. In line with detection, protection mechanisms should encourage, enable and facilitate the **reporting of suspected risks**.¹³³ Professionals who engage with potential victims and affected communities are in an ideal place to be able to identify and report on cases or risks of FGM and FM. However in order to do this they must be empowered, educated, and resourced to do so accurately and promptly. Methods to induce reporting can include legal obligations or waivers of confidentiality, along with appropriate training on reporting.

283. In *France*, there are a number of legal mechanisms to encourage or require professionals, mainly health and social care professionals, to report FGM offenses concerning girls up to 18. In order to encourage these professionals to report such offenses, these legal mechanisms include an explicit waiver of professional confidentiality, while failure to report may incur criminal penalties. In 2015, a law has also clarified the procedure for reporting cases of such offences by health and social care professionals. It states that such reporting cannot entail any liability for breach of confidentiality.

284. In the *United Kingdom*, there is a mandatory duty for regulated health and social care professionals and teachers to report to the police “known” (verbally disclosed or visually identified) cases of FGM when the victims are under 18 years old. This duty was implemented by working with the relevant professionals to ensure they were ready for the commencement of the duty and understood the procedure. The purpose is to give professionals the confidence to report and will hopefully increase police referrals allowing for more safeguarding. It can also serve as a deterrent to potential perpetrators.

¹³² Council of Europe, *Istanbul Convention*, Art. 18.2.

¹³³ *Ibid.*, Arts. 27-28.

285. In the *Netherlands*, organisations and independent professionals are required to adhere to a reporting code¹³⁴ to help them deal with signs of domestic violence and child abuse. The reporting code includes an action plan, guiding professionals through all the steps in the process, from identifying the signs of violence or abuse to deciding whether to file a report. The steps make it clear to professionals what is expected of them when they identify signs of domestic violence or child abuse and how, given their duty of confidentiality, they can reach a sound decision on whether to file a report. There are 300 instructors who are training the relevant professionals to work with the reporting code.

286. In *Finland*, in 2015 there was an extension of the number of various agencies required by law to report to police suspicions of assault and bodily harm in child protection cases regardless of confidentiality. This was accompanied by a voluntary right of reporting on serious threats to health or physical safety for other authorities. The desired effect is that the police will be able to receive increased and earlier warning on cases.

287. In *Monaco*, the reporting mechanism consists of an overall duty of reporting for professionals. Once reported, a social worker, a specialist educator and a psychologist are then in charge of evaluating the situation. A brochure entitled "Childhood in danger: the duty to alert" was published for this purpose by the Government.

288. While there is a strong focus on the actions of professionals, **the role of private individuals and those affected** in reporting is equally important. Individuals should also have access to reporting mechanisms and be encouraged, supported, sufficiently informed on detection and reporting, and confident that they will find the protection and support necessary.

289. In the *Netherlands*, *Veilig Thuis*¹³⁵ is the advice and reporting institution for domestic violence and child abuse. It has an extensive network of regional offices where victims, perpetrators and bystanders can go for help and advice.

290. In *Belgium*, the first "Family Justice Centre" (FJC) opened in 2016 in Antwerp. In the centre different professionals like the police, representatives of the judicial system, the welfare system and other authorities all work together under one roof in a multidisciplinary way with the common goal to stop the violence. Victims of different forms of violence, FM and FGM included, and their families can receive the information and support of different professionals at one time, in one place. In this way a FJC can facilitate detection and reporting. In Flanders it is the goal to install a FJC in each Flemish province in 2018.

291. In *Georgia*, reporting measures go beyond public or professional authorities. Activists and campaigners will be entitled to inform relevant agencies about alleged violence against women and girls, with the consent of the victim. Similarly *Ireland* has an obligation for any person with knowledge of a violation of certain articles of the FGM Act 2012 to report.

292. Depending on the rules in force in the applicable legal system, it may be necessary to remove barriers for professionals alongside increasing their abilities to help. This can also apply to self-reporting by affected victims, as they need assurances that their claims will be heard and handled with appropriate consideration for their safety and privacy.

293. This is vitally important where it is the victim who is coming forward, they need to be **confident that their claim will be taken seriously** and that they will receive real protection and support. Police and other front line authorities should be trained and have protocols on how best to ensure the safety of the individual and handle the situation in their best interests.

¹³⁴ Available at <https://www.government.nl/documents/reports/2013/03/14/model-reporting-code-domestic-violence-and-child-abuse>.

¹³⁵ See <http://www.vooreenveiligthuis.nl/veilig-thuis>.

294. It should be stressed that **reporting does carry its own responsibility**, as inadequately handled cases can risk causing harm to the individuals by stirring complicated family issues and by potentially exposing the individual to further victimisation. In encouraging reporting it is essential to sufficiently define and explain the warning signs and the reasonable suspicion required to ensure that there is no excessive, unwarranted, or even biased suspicion placed on individuals or communities. The training and rules for professionals, and outreach to the public, should include protocols and guidelines on the factual information that can give rise to a valid suspicion of risk.¹³⁶

Safeguarding measures

295. The culmination of reporting and detection, whether by professionals or individuals, is that this should lead to **concrete actions to give effective protection for those at risk**. The level of protection will vary according to what is necessary but may entail direct physical intervention to keep potential victims from harm, support services, mediation efforts, and education or further monitoring to attempt to induce a change in attitude from potential perpetrators.

296. Just as with training for professionals and working with communities, there should be established standards in the quality and content of services provided to affected individuals.

297. The Council of Europe has published a set of minimum standards for support services in Combating Violence Against Women¹³⁷ that States should consider implementing in order to deliver an equitable, comprehensive and adequate level of care and protection. The guide outlines the various types and forms of support services, such as shelters and hotlines and counselling, alongside the various features and themes that need to be incorporated into their provision, such as empowerment, confidentiality, accountability and co-ordination. It recommends a number of support services and categorises the basic and aspirational standards for each one.

298. The Directive 2012/29/EU¹³⁸ also obliges EU member States to ensure that victims of any crime receive adequate support and protection. It contains information on what support services should comprise of and the manner in which they should be implemented.

299. Phone lines and other means of imparting information, advice, and guidance for affected persons are highly recommended¹³⁹ and are widely used.

300. In *Germany*, a free 24/7 hotline provides information and initial counselling on all forms of VAW, including FM, and establishes contact with local assistance programmes, if necessary. The hotline is staffed with qualified female experts who provide confidential and, if requested, anonymous counselling. The service is offered in various languages and is accessible for those with disabilities. Interpretation in 15 languages can be arranged. Moreover, the counsellors have received cultural training. In addition to women affected by violence, the hotline is also intended for persons from the affected women's social environment and for professionals. There is also the option to receive guidance and counselling by email.

¹³⁶ Council of Europe / Amnesty International, *The Istanbul Convention – A tool to end female genital mutilation*, 2014, p.27.

¹³⁷ Available at [https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF\(2007\)Study%20rev.en.pdf](https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf).

¹³⁸ EU: Council of the European Union, *Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA*, 14 November 2012, L 315/57.

¹³⁹ Council of Europe, *Istanbul Convention*, Arts. 19, 21, 24.

301. The immigration authorities in *Denmark* have a special guidance system for young people. The guidance system is aimed at youth of both genders, who are about to enter into a marriage which is not by their own choice. The person in question may call the Immigration Service hotline number and receive guidance on their situation. It is also possible to get an appointment for a personal interview with a case worker and to receive further guidance materials.

302. In *Croatia*, there are support departments for victims and witnesses at a number of its county courts to provide emotional support, information on rights and practicalities at all stages of the proceedings. The information on these departments is made available immediately after a crime is reported to the police.

303. A network of shelters¹⁴⁰ can provide another level of security and support for at-risk women and girls. These can be specialised to the specific needs of FGM and FM survivors and can be more than just a refuge, as they can also be a one-stop source of integrated support, providing advice, advocacy, counselling, co-ordination with other service providers and authorities, and other empowering or supportive services.¹⁴¹

304. In *Denmark*, the Specialised Rehabilitation Centre for Ethnic Youth (RED- Safehouse) offers accommodation to young women, men and couples who are fleeing from so-called "honour" related conflicts, providing safety and help for rehabilitation.

305. In *Georgia*, the State Fund for Protection of and Assistance to (Statutory) Victims of Trafficking in Persons was established in 2006 on the basis of the Law for Combating Trafficking. The State Fund provides the victims of VAW and domestic violence with the following free of charge services:

- Shelters
- Legal aid
- Physiological and medical assistance.

In addition, a crisis centre was opened in Kakheti in 2016. It operates in parallel with shelters. Like the shelters, it will also envisage psycho-social rehabilitation measure for the victims, legal assistance and urgent medical service.

306. There should also be a direct response to guarantee the victims safety if necessary. However beyond conventional detention, arrest, intervention or injunction methods (addressed in the Prosecution section below), there should also be a variety of measures that authorities, in particular the police or child services, can make use of to protect concerned individuals in an immediate risk scenario. The best interest of the victim must always guide any action or intervention and actors must be conscious of avoiding secondary victimisation.

307. In *Norway*, the police may restrict access to addresses in the Population Register. This measure means that information about the person or persons threatened are protected in the National Registry and thus not available for persons other than within a very limited circle. An address is restricted for three years. Women and children exposed to violence in close relations constitute a large group of those with restricted addresses, as do witnesses in criminal cases and children whose parents are deprived of care rights. Further to restricted addresses, the police have a number of tools at their disposal for protecting victims of domestic violence and threats of violence such as mobile alarms, restraining orders and in special cases the right to assume a new identity. In February 2013 provisions on court authorisation of electronic surveillance in the case of restraining orders entered into force.

¹⁴⁰ Council of Europe, *Istanbul Convention*, Art. 23.

¹⁴¹ European Union Agency for Fundamental Rights (FRA), *Addressing forced marriage in the EU: legal provisions and promising practices*, 2014, p.38.

Transnational protection

308. The transnational aspect of these harmful practices raises the issue of cross-border protection. This includes the co-operation between States, the development of shared policy, consular assistance, and ensuring that effective measures to protect those at risk can follow the concerned individual as they cross jurisdictions. In this regard very few examples have been identified, which suggests further progress is needed.

309. The EU European protection order (Directive 2011/99/EU)¹⁴² can be used to grant international protection in cases of (or fear of) FGM and FM. Such an order allows for equivalent protection in other EU Member States where the protected person travels or moves.

2. Support for affected individuals

310. Should the worst occur there needs to be a comprehensive and long term system of support for those affected by FGM and FM. The harmful effects and damage that these harmful practices can inflict means varying levels of care and rehabilitation will be required.

311. While it may seem evident, the consequences of FGM and FM require not only general care,¹⁴³ but **specialised care** to properly address the specific impacts of these harmful practices. As such there should be specialised centres or staff available.¹⁴⁴

312. In *Ireland*, the Health Service Executive National Social Inclusion Office supports a free FGM treatment service¹⁴⁵ operating from the Everywoman Centre located in the Irish Family Planning Association in Dublin city centre. It offers free specialised medical, psychological, sexual and reproductive care and counselling to all women and girls in the country who have experienced FGM.

313. In *Italy*, a gynaecological day clinic has been operational at the San Camillo Forlanini Hospital since 1997. It assists women who underwent FGM to resolve related reproductive health complications. In 2007, the Maternal and Child Department of the San Camillo-Forlanini Hospital was designated as the Regional Reference Centre for the treatment of medical and surgical complications resulting from FGM.

314. In *Norway*, women and girls who have undergone FGM may receive healthcare where they live. They may also contact women's clinics at hospitals in the major cities which have special departments that help girls and woman who have undergone FGM. Healthcare is also provided for women and girls at specialised clinical services in several hospitals across the country.

315. In the *Netherlands*, Fier¹⁴⁶ is the nationwide expertise and treatment centre in the field of violence in dependency relationships. It offers help to victims, witnesses and offenders of violence which occurs in relationships. It combines specialised care in a safe/protected environment with an additional research role.

316. Medical care is essential, and of particular importance is ensuring that **psychological care and support** is also provided. All are necessary in order to facilitate a complete recovery, especially in the long term. Culturally appropriate and sensitive emotional, mental and psychological support should be built into care programmes.

¹⁴² EU: Council of the European Union, *Directive 2011/99/EU of the European Parliament and of the Council of 13 December 2011 on the European protection order*, 21 December 2011, L 338/2.

¹⁴³ Council of Europe, *Istanbul Convention*, Art. 20.

¹⁴⁴ *Ibid.*, Arts. 22, 25.

¹⁴⁵ See <http://www.ifpa.ie/Sexual-Health-Services/FGM-Treatment-Service>.

¹⁴⁶ See <http://www.fier.nl/home>.

317. Adequate **access to care**, both physical and psychological should be ensured. This entails that appropriate care should not be geographically limited or overly centralised where possible, but available for those who need it where they can easily access such care. Additionally, awareness-raising and promotion of the available support services is necessary to ensure those in need know of and make use of them. Service users should also be consulted in the development of support services, as given the intimate, complex, and sensitive nature of the harm they may experience, a tailored and flexible approach will be necessary.

318. Those affected by FGM and FM may also face legal issues, and have to deal with social and economic complications as a result of having suffered FGM or FM, or even as a result of having reported these violations to the authorities. There should be measures to ensure women and girls are supported **throughout every aspect of their recovery**, including legal counselling, financial assistance, housing, education, training and assistance in finding employment,¹⁴⁷ assistance in making individual or collective complaints¹⁴⁸ and in acquiring information on the available support services and legal measures.¹⁴⁹

319. The **social care elements** of support are particularly important in scenarios where the survivor has had their circumstances profoundly changed, such as where they require reintegration into education or work and where they are separated from their families. They may face violence, social boycott or exclusion. Protection and support should not end at the courtroom steps, and support systems should be available to facilitate every aspect and stage of the recovery to help survivors rebuild their life.

320. In *Switzerland*, FGM falls within the scope of the Law of 23 March 2007 on Victim Assistance. Assistance to victims is granted when the offence has been committed in Switzerland. Benefits include adequate medical, psychological, social, material and legal assistance. They are not conditional on the initiation of criminal proceedings. If the mutilation was committed abroad, the persons concerned may request assistance from the consultation centres provided that they are domiciled in Switzerland at the time of the facts and at the time when they submitted the application.

321. In *Latvia*, a person can receive State-funded social rehabilitation services for six months, if he or she has been recognised as a victim in criminal proceedings regarding trafficking in human beings. The social rehabilitation involves a team consisting of different professionals (psychologists, psychotherapists, lawyers, medical employees, employees of the State Police) and, if necessary, also other specialists (dentists, gynaecologists, psychiatrists, etc.), as well as offers a safe-house to victims of trafficking in human beings as a rehabilitation place throughout the service time or for a certain period of time, if necessary. It is also possible to change the safe-location, if the situation so requires. Where possible, and in co-ordination with local municipalities and NGOs, support to a victim can be provided in seeking employment. The victims also are provided with State-financed legal aid until the final court adjudication, and they are also entitled to receive State compensation for moral injury, physical suffering or financial loss resulting from an intentional criminal offence.

322. The available support services should also be **integrated** as far as possible,¹⁵⁰ to ensure that each form of care can be offered or referred onwards without unnecessary complexity or burden for the affected individual. It is recommended to have a range of support services available at one location and ensure the affected individual understands how to proceed to the next stage of their recovery.

323. Again it needs to be stressed that an absolutely vital aspect of any protection system is the co-ordination between the various actors and service providers involved. Due to the secretive and intimate nature of these harmful practices it is hard to discern their prevalence and identify potential at-risk cases, and the type of support an individual may require will involve a number of different providers and change over time. Therefore the protection and support system should enable and ensure that there is clear and effective communication between providers and at all stages of any such process to deliver appropriate care at the various stages.¹⁵¹

¹⁴⁷ Council of Europe, *Istanbul Convention*, Art. 20.1.

¹⁴⁸ *Ibid.*, Art. 21.

¹⁴⁹ *Ibid.*, Art. 19.

¹⁵⁰ *Ibid.*, Art. 18.3.

¹⁵¹ *Ibid.*, Art. 18.2; Council of Europe, *Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence*, §§ 113-114.

324. The support service providers should also be aware of their role in the wider integrated structure, with enhanced co-operation to better complement the other actors/services and all should be working with a common framework and goal in mind, in order to be most effective with their resources and actions.¹⁵²

325. In *Spain*, the health service has adopted a protocol on VAW that sets standard guidelines for action, support, prevention and early detection. The aim is to homogenise the response and actions across the healthcare system.

326. In *Finland*, steps have been taken to ensure information moves with the individual over time. A maternity card that contains all relevant information on pregnancy and birth is issued to each mother and is used to form a link between staff in antenatal care and subsequent care providers over the course of the pregnancy.

327. In *Italy*, there is an initiative to draft Memoranda of Understanding to improve links between all judicial bodies and care facilities (e.g. social services, NGOs, care centres, including anti-violence centres and hospitals). These memoranda, albeit within the limited scope of this kind of agreement, can play a role in ensuring that the training of all operators is done in a connected manner and provide an opportunity for discussion by agencies and service providers on key issues including the overall analysis of concrete solutions to combat gender-based violence.

3. Legal issues concerning FM

328. A particular protection challenge for member States is ensuring their domestic law on marriage acts as an effective shield against FM and addresses the informal continuation of the practice, such as through forced cohabitation or unofficial marriage.

329. One of the issues in this regard has been the reliance on legal requirements for legitimate marriage in member States as a means to prevent FM, as States can maintain control over marriage validity both prior to being officially concluded and after. It should be noted that a State may have different forms of marriage, civil or religious, within their legal system but the level of protection to prevent FMs should be harmonised and equal regardless, as varying or conflicting standards in marriage laws pose a challenge to preventing FM.¹⁵³

330. Concerning the situation prior to a marriage's conclusion, various provisions on age and consent are indeed set down in many States' national legislation in order to prevent FM taking place. Implementation of such standards, age requirements, safeguards for minors, and the operationalisation of the requirement of consent¹⁵⁴ can be done through pre-screening procedures during the registration phase, such as declaring consent before a registrar or competent objective official.¹⁵⁵ These provide an opportunity for authorities to conduct an assessment of consent and eligibility before the marriage is official. As with many protection efforts, the harmonisation of such eligibility requirements across Council of Europe member States will only strengthen the protections provided in Europe.

331. Legal provisions on marriage validity are further strengthened where there is a requirement for all marriages to be registered,¹⁵⁶ which can guard against undeclared or hidden marriages. Accessible information between States on such marriage status will also aid tackle the cross-border elements to FM.

332. However while ensuring legitimate marriages are not forced, this does not mean that marriage-like relationships or cohabitation are addressed. States can make efforts to ensure that their law and policy address the scenarios where the reality is a FM, regardless of its legal status.

¹⁵² Council of Europe, *Istanbul Convention*, Art. 18.2; Council of Europe, *Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence*, §§ 113-114.

¹⁵³ UN, *Report on "Preventing and eliminating child, early and forced marriage"*, 2 April 2014, A/HRC/26/22, §§ 42, 44.

¹⁵⁴ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 2014, pp. 20-22.

¹⁵⁵ PACE Resolution 1468 (2005) on *Forced marriages and child marriages*, adopted on 5 October 2005, § 1 4.2.3.

¹⁵⁶ *Ibid.*, § 14.2.2.

333. In *Belgium* the legal framework on FM was strengthened in 2013 with the criminalisation of forced legal cohabitation. Forced legal cohabitation is prosecuted at the same level as FM, which was already criminalised in 2007. At the same time the penalties on FM were also increased. Now the penalties on both FM and forced legal cohabitation are from three months to five years imprisonment. No distinction is made between victims of FM and forced legal cohabitation.

334. *Sweden* has criminalised “forced marriage or marriage-like relationship” to ensure that cases are not dismissed on technicalities. In the *United Kingdom*, where FM was criminalised in 2014, “marriage” means any civil or religious ceremony of marriage, whether or not legally binding so as to cover traditional or unregistered marriages.

335. *Mexico*, with observer status within the Council of Europe, has implemented the campaign "From A (Aguascalientes) to Z (Zacatecas): Mexico free of early cohabitation and child marriage of girls, by law and in practice". This initiative promotes the harmonisation of the national and local law with international standards so that all Civil Codes of the country ensure 18 years old as the minimum age for marriage, without any exception. This initiative also calls for concrete actions led by local governments and Congresses, as well as for NGOs, to put an end to early cohabitation and child marriages of girls such as: the empowerment of girls and teenagers to achieve substantive equality between women and men; and to ensure a comprehensive social protection policy for children and teenagers that promotes social inclusion and development opportunities.

336. States may also retain control over concluded marriages by granting the effective possibility to annul or otherwise end a forced marriage. The Istanbul Convention requires that there should be adequate safeguards towards annulment of marriage or divorce in order to expedite the affected individual's recovery and to free them from the situation they are in.¹⁵⁷

337. Furthermore it is necessary to not only enable the annulment of an FM in order to free the affected partner, but to do so in a manner that avoids burdening the individual. Most States do provide for the annulment of a FM, however costs and administration can place an unfair burden on the victim.

338. In *Belgium*, the judge presiding over the criminal proceedings for FM can grant an immediate annulment on finding a marriage was forced in order to save the victim the pain and stress of having to initiate another court proceeding or legal process.

339. A number of States have removed the duty to initiate annulment from the affected individual. In *Switzerland*, when a relevant authority has suspicion that a marriage has been forced it may refer the matter for review and can ask that annulment proceedings be initiated. In *Greece*, the public prosecutor may request the annulment of a marriage involving a child without requiring the consent of any other party.

340. In *Sweden*, a different approach is used, whereby an Immediate Divorce under Chapter 5, Section 5 of the *Äktenskapsbalk* (Marriage Code) is granted to victims of FM or child marriage. While it is legally illogical to grant a divorce to a marriage that would usually be considered void and null, the process is faster and more efficient within the Swedish legal system.

¹⁵⁷ Council of Europe, *Istanbul Convention*, Art. 32, see also Council of Europe, PACE Resolution 1468 (2005) on *Forced marriages and child marriages*, § 14.2.5.

Key points on protection

- Protection measures must address both the safeguarding of at-risk individuals and the support of those affected.
- Early and immediate detection mechanisms must be developed and implemented. This includes the relevant training for professionals and awareness for individuals.
- Reporting should be facilitated and must lead to an appropriate response from the relevant authorities.
- Safeguarding measures must then be available and accessible, and be implemented in the best interests of the individual.
- Support measures should be available, and address both the physical and psychological impacts of FGM and FM. These can be general and specialised and must be accessible by those affected.
- Social care, such as legal counselling, housing and employment assistance, financial support, education and training and other public welfare services, is an important element to long-term support and should be available according to the victims needs to facilitate a full recovery.
- Protection and support measures should be integrated in order to improve effectiveness and reduce the burden on the individual.
- Protection and support measures should be available regardless of the initiation of criminal proceedings.
- The civil law on marriages should also take account of FM; with requisite provisions ensuring marriages are concluded with consent, and ensuring the annulment of FM. Marriage-like relationships should also be addressed.

D. ASYLUM

341. Considering that FGM and FM are often carried out in a country outside Europe, and the immigrant demographics of those mainly at risk in Europe, the issue of asylum deserves specific focus.¹⁵⁸ In line with exercising the requisite due diligence towards the protection of those individuals at risk of FGM and FM and support for those who have been affected, a comprehensive protection strategy should include the right to international protection according to Article 18.5 of the Istanbul Convention.¹⁵⁹

342. There are three main considerations regarding asylum and these harmful practices. The first is the legal recognition and interpretation of gender-based violence, including FGM and FM, in determining refugee status; this is followed by ensuring any subsequent protection is actually implemented; and finally the establishment of gender-sensitive reception conditions for affected individuals. Additionally there are some specific considerations to be given to migrant women and girls.

1. Legal recognition

343. The UNHCR has established the requirement for a gender-sensitive interpretation of the **1951 Convention relating to the Status of Refugees** and its **1967 Protocol**, stating that the refugee definition covers gender-related claims.¹⁶⁰ Following a gender-sensitive interpretation, individuals who have been subjected or who are under the threat of being subjected to FGM and FM can be considered members “of a particular social group” in accordance with Article 1(A)(2), while the harmful practices, as forms of gender-based violence, can also be considered as forms of persecution to satisfy the convention.¹⁶¹

344. The Istanbul Convention, in Article 60.1, requires States to recognise that gender-based VAW may be accepted as a form of persecution within the meaning of the 1951 Convention relating to the Status of Refugees and as a form of serious harm giving rise to complementary/subsidiary protection. Article 60.2 additionally requires States to apply a gender-sensitive interpretation to each of the Convention grounds. The Council of Europe also has published an explanation¹⁶² on the impact of Article 60 of the Istanbul Convention on the protection of migrant and refugee women from gender-based violence.

¹⁵⁸ See Council of Europe, *Istanbul Convention, Factsheet - Protecting migrant women, refugee women and women asylum-seekers from gender-based violence*, available at <https://rm.coe.int/168046eabd>.

¹⁵⁹ Council of Europe / Amnesty International, *The Istanbul Convention – A tool to end female genital mutilation*, 2014, p.28.

¹⁶⁰ UNHCR, *Guidelines on International Protection No. 1: Gender-Related Persecution Within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees*, 7 May 2002, HCR/GIP/02/01, § 6.

¹⁶¹ UNHCR, *Guidelines on International Protection No. 1: Gender-Related Persecution Within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees*, 7 May 2002, HCR/GIP/02/01, §§ 9, 22-34; Committee for the Elimination of Discrimination Against Women, *General Comment No 32 on the gender-related dimensions of refugee status, asylum, nationality and statelessness of women*, 14 November 2014, CEDAW/C/GC/32, §§ 13, 15; as an example of this interpretation see EU: Council of the European Union, *Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast)*, 20 December 2011, OJ L. 337/9-337/26; 20.12.2011, 2011/95/EU, Arts. 9(2)(f), 10(1)(d).

¹⁶² Available at <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168046eabd>

345. The EU Qualification Directive¹⁶³ also establishes that in qualifying for refugee status an act of persecution can have a gender or child specific form,¹⁶⁴ while gender related aspects shall be a given due consideration for the purposes of determining membership of a particular social group.¹⁶⁵ Additionally, relevant provisions of the Reception Conditions Directive¹⁶⁶ provide that victims of FGM should receive the necessary medical and psychological treatment, and staff working with victims of FGM should have appropriate training.

346. The CEDAW Committee has also reiterated that VAW is one of the major forms of persecution experienced by women in the context of refugee status and asylum, and that many forms, including FGM and FM, are recognised as legitimate grounds for international protection.¹⁶⁷

347. Furthermore the UNHCR, in a detailed guidance note on FGM related claims, has established that the evolution of jurisprudence in asylum cases concerning FGM provides solid evidence and practice that women and girls fearing FGM can qualify for refugee status under the 1951 Convention, and in certain circumstances so too may their parents in connection with exposure of the child to the risk.¹⁶⁸ The UNHCR further states that FGM can also be considered a child specific form of persecution, and that FGM can be a continuing form of harm which can entail international protection¹⁶⁹. It is also stressed that those women and girls who fear FGM can belong to a particular social group, and outlines the rationale for including those who challenge FGM as challenging the established power structures and so be covered in the Convention by political opinion or religious grounds.¹⁷⁰

348. Many States recognise, through one legal source or another, legitimate risk of FM and FGM as grounds for asylum with a number of States incorporating the issue of gender-based violence into their national law to ensure legal clarity and appropriate weight is given to these asylum claims.

349. *Portugal* recognises FGM as a violation of fundamental rights, while *Croatia* includes emotional and sexual violence as acts of persecution, and victims of sexual violence as vulnerable groups. *Ireland* and the *United Kingdom* include acts of a gender or child specific nature as acts of persecution, and gender related aspects are taken into consideration for determining membership of a vulnerable group. *Malta* also specifies in its Refugees Act that an act of persecution may be gender-specific and gender forms of violence, such as FGM and FM, are valid grounds for seeking asylum.

350. Following the legal recognition of these harmful practices as grounds for international protection, such protection needs to be implemented and reflected in national policy and practice.

¹⁶³ EU: Council of the European Union, *Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast)*, 20 December 2011, OJ L. 337/9-337/26; 20.12.2011, 2011/95/EU.

¹⁶⁴ *Ibid.*, Art. 9(f).

¹⁶⁵ *Ibid.*, Art. 10(d).

¹⁶⁶ EU: Council of the European Union, *Directive 2013/33/EU of the European Parliament and Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast)*, 29 June 2013, OJ L. 180/96 -105/32; 29.6.2013, 2013/33/EU.

¹⁶⁷ CEDAW, *General Comment No 32 on the gender-related dimensions of refugee status, asylum, nationality and statelessness of women*, 14 November 2014, CEDAW/C/GC/32, § 15.

¹⁶⁸ UNHCR, *Guidance Note on Refugee Claims relating to Female Genital Mutilation*, May 2009, §§ 1, 7, 8, 11.

¹⁶⁹ *Ibid.*, §§ 9-15.

¹⁷⁰ *Ibid.*, §§ 22-27; UNHCR *Guidelines on International Protection No. 1: Gender-Related Persecution Within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees*, 7 May 2002, HCR/GIP/02/01, §§ 25, 26, 34.

2. Implementation

351. In order for FGM and FM, or the well-founded fear of being subjected to these acts, to be considered in practice as valid grounds for asylum, **gender-sensitive asylum procedures** are necessary. The relevant international and national law should be clearly presented, eligibility officers should be informed and trained in the law and the appropriate assessment criteria, and they should be able to fairly assess FGM and FM claims for asylum in order to take into account the complexities and intimacies involved with these harmful practices.¹⁷¹

352. The UNHCR has published Guidelines on Gender-Related Persecution,¹⁷² a Guidance Note on the treatment of claims for refugee status relating to FGM¹⁷³ alongside a number of reports and Eligibility Guidelines for Assessing the International Protection Needs of Asylum Seekers from high FGM and FM prevalence States.¹⁷⁴

353. Further to training, staff should also have access to the latest and accurate data on the country of origin in order for them to identify and fully understand the context of any application and to make a fair assessment.

354. Asylum procedures should also enable the most vulnerable to receive a sensitive and fair determination process, that takes account of their situation and enables the fairest outcome. In addition to the use of gender-relevant country of origin information, gender-sensitive asylum procedures need to encompass, according to the UNHCR:

- the provision to women seeking asylum of information on reception and asylum procedures;
- the opportunity for women dependents to have a personal interview, separately and without the presence of family members;
- the opportunity for women to raise independent needs for protection and gender-specific grounds leading to a separate application for international protection;
- asylum interviews conducted by an interviewer, assisted by an interpreter when necessary, of the sex preferred by the applicant.¹⁷⁵

¹⁷¹ Council of Europe, *Istanbul Convention*, Art. 60.2; EU Qualifications Directive, Art. 37; See also PACE Resolution 2135 (2016) “*Female Genital Mutilation in Europe*”, § 4.

¹⁷² UNHCR, *Guidelines on International Protection No. 1: Gender-Related Persecution Within the Context of Art. 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees*, 7 May 2002, at: <http://www.refworld.org/docid/3d36f1c64.html>.

¹⁷³ UNHCR, *Guidance Note on Refugee Claims relating to Female Genital Mutilation*, May 2009.

¹⁷⁴ UNHCR, *Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Somalia*, 5 May 2010; UN High Commissioner for Refugees, *Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Eritrea*, 20 April 2011; UNHCR, *Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Iraq*, May 2012; UNHCR, *UNHCR Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Afghanistan*, 19 April 2016; See also UNHCR, *Too Much Pain: Female Genital Mutilation & Asylum in the European Union - A Statistical Overview*, February 2013, at: <http://www.refworld.org/docid/512c72ec2.html>; see also UNHCR, *Too Much Pain: Female Genital Mutilation & Asylum in the European Union - A Statistical Update (March 2014)*, March 2014, at: <http://www.refworld.org/docid/5316e6db4.html>.

¹⁷⁵ See UNHCR, *Guidelines on International Protection No. 1: Gender-Related Persecution Within the Context of Art. 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees*, 7 May 2002, §36 i to xii.

355. In *Germany*, the Federal Office has set up a training centre in Nuremberg for the sole purpose of training asylum caseworkers. The asylum training process creates specialist caseworkers who have specialised legal, cultural and psychological training to deal with vulnerable persons and gender-specific persecution. The specialised officers attend additional core and advanced training sessions on gender-specific persecution. This also applies to specialised officers in other areas, e.g. officers focused on unaccompanied minors, victims of human trafficking and victims of torture and traumatised asylum applicants. A specialised officer must be consulted during the asylum procedure if an asylum applicant's factual account, in particular during her personal interview, reveals that she is a victim of FGM or FM. Specialised officers are caseworkers with dedicated legal, cultural and psychological training, which qualifies them to handle the asylum procedures of vulnerable persons. The case worker and the specialised officer agree on the next steps and record who will be responsible for the case so that the applicant's interests are protected to the greatest extent possible.

356. In the *United Kingdom* all new asylum decision makers now have a module on FGM as part of their foundation training to ensure they are aware of the issues, and are given guidance on effective and sensitive interviewing and decision-making on the topic. Furthermore, each decision-making team now has a designated and specially trained FGM Technical Specialist who can provide advice and support to decision makers when conducting an interview or making a decision in a claim related to FGM. They can check interview records or decisions and provide specific feedback to ensure continuous improvement in decision-making. They have also forged links with external localised stakeholders to guide and advise survivors and those at risk of FGM to seek support. Asylum staff have also raised protection risks with local authorities.

357. In *Belgium*, during the refugee status determination process, protection officers have to create an atmosphere of trust in order to encourage more detailed reporting. They undertake individual interviews and provide day care for children in order to enable applicants to report in privacy and without concern over exposing their children to sensitive issues. Applicants are encouraged to report on all harmful acts they fear even if some will not be the basis for their asylum claim.

358. In *Sweden*, the Migration Agency's database has country specific information on FGM for case workers to consult so they are well informed of the risks and concerns of applicants.

359. The *European Asylum Support Office* launched the "Tool for Identification of Persons with Special Needs" in January 2016. This online instrument is a practical support tool for officials involved in asylum procedure and reception, and it includes FGM as a specific category with relevant indicators and guidance.

360. Civil society has an important role in monitoring and aiding the implementation by States of their asylum law and processes, and can provide additional training, expertise and information for those involved in the asylum process.

361. The *End FGM European Network* has published guidelines¹⁷⁶ for civil society on FGM and the EU Asylum Directive, highlighting the relevant provisions in the EU's Procedures, Reception Conditions, and Qualification directives alongside the Istanbul Convention to explain what these provisions entail for national asylum process. This aims at enabling better monitoring by civil society on the implementation by States of these new provisions which ensure a gender-sensitive approach is taken in consideration of claims and in reception.

¹⁷⁶ Available at <http://www.endfgm.eu/resources/end-fgm-network/fgm-in-eu-asylum-directives-on-qualification-procedures-and-reception-conditions-end-fgm-network-guidelines-for-civil-society-2016/>.

362. The *United to End FGM Platform* is an e-learning tool¹⁷⁷ that aims to support professionals, including asylum staff. In addition to its goals to improve the support and treatment offered to survivors, the course aims to strengthen the skills needed to maintain a high standard of decision-making in protecting FGM-affected and/or at-risk women and girls seeking asylum. It further aims to improve harmonisation of the European Asylum System by highlighting the relevant European and international legislation that protects those affected by FGM.

363. The *United Kingdom* issued an Asylum Policy Instruction, developed in consultation with expert organisations, to caseworkers in order to guide them on addressing gender issues and to ensure gender-sensitive procedures.

3. Gender-sensitive reception conditions

364. While processing FGM and FM claims, the specific situation and needs of the applicants must be taken into account on their arrival, in particular the gender and age concerns and those surrounding the abuses they may have suffered. To this end there must be sufficient **support services for arrivals** while their claim is being processed and during their reception in the State to prevent any further harm and to support those affected by these harmful practices.¹⁷⁸ Additionally the reception phase can serve as an ideal starting point to engage in prevention and protection work for those newly arrived and to begin to empower those women and individuals and communities affected.

365. Such reception conditions and support services largely echo the fundamentals of domestic protection measures of the previous section, where they should seek to identify, protect and support those affected. Early identification and sensitising of those affected is of particular importance since there is the possibility that the individuals are not aware that they have suffered, or do not consider the act, a violation. The provision of information on gender-based violence to ensure asylum seekers are aware of their rights, safe and separate accommodation and toilet facilities, alongside adequate medical care and counselling are all examples of gender-sensitive reception conditions. The provision of these services would also require the necessary training on the specifics of gender-based violence and FGM and FM to reception staff.

366. An additional consideration is the access by newly arrived women and girls to these services. Various legal and social barriers may prevent them from seeking or accessing the available care, such as restriction of movement or social barriers, language, or knowledge of available services.

367. As a case example, the UNHCR has published a How To guide on eradicating FGM within refugee camps and the surrounding population.¹⁷⁹

368. In the *United Kingdom* an FGM e-learning module has been reviewed and updated in conjunction with training, policy and operational leads to include information relevant for asylum staff to raise awareness and manage asylum cases relating to FGM. In addition, all applicants are allowed to pick the gender of their interviewing officer and interpreter. The “Epione Project” allows asylum applicants to be referred by United Kingdom Visa and Immigration for counselling if they have experienced or fear gender-based violence which specifically includes FGM and FM.

369. In *Croatia*, specially trained police and immigration officers are able to identify the personal circumstances of the applicants. The Ministry of Interior also contracts with NGOs to provide specialised psychological help to vulnerable groups.

¹⁷⁷ See <http://uefgm.org/>.

¹⁷⁸ Council of Europe, *Istanbul Convention*, Art. 60.3.

¹⁷⁹ UNHCR, *How to Guide: Reproductive Health in Refugee Situations. From Awareness to Action: Pilot Project to Eradicate Female Genital Mutilation, Hartisheikh (Ethiopia)*, May 1998.

370. In *Denmark*, when an asylum applicant has their first interview with the Immigration Service, the interviewer will ensure that information on the applicants' marital relationship is obtained and that indicators for FGM and FM are detected. The Asylum Office makes an assessment of asylum applications. If there is any indication during the interview that the applicant is at risk of FGM and FM, the Immigration Service will notify relevant authorities and the Danish Red Cross.

371. In *Belgium*, there is a programme within its asylum process to identify and protect the children of applicants from FGM:

- Prior to the official notification of the refugee recognition decision, the child's parent (with the help of an interpreter) will be given a detailed explanation of the context and reasons for the "monitoring of FGM".
- The parent is asked to sign a "pledge of honour" which stipulates that the refugee recognition decision is granted due to the risk that his or her daughter(s) might undergo FGM. The attention of the parent is drawn to the fact that they are responsible for their child and that the practice of FGM is prohibited and a crime in Belgium. The parents are informed that if they are under pressure from their family circle, there are organisations in Belgium that can provide support. By signing the commitment of honour, the parents also undertake to submit an annual medical certificate stating that his or her child has not undergone any form of FGM to date.
- Finally, it is made clear to the parent that the asylum authority has jurisdiction to review the granted refugee status if they are informed that the conditions that led to protection are no longer relevant. After signing the commitment of honour, the refugee receives by mail the refugee status recognition decision. Unlike other recognition decisions (i.e. for reasons other than FGM), the decision contains a specific clause with the details of the concerned girl. The decision also points out that refugee status was granted because of a risk towards the child to undergo FGM.

372. The UNHCR's Executive Committee, of which many Council of Europe States are members,¹⁸⁰ has recommended in its *Conclusion on Women and Girls at Risk* to strengthen the use of resettlement as a means of protection and as a durable solutions tool for refugee women and girls at risk. This entails enhanced identification of refugee women and girls at risk for resettlement, including through training; and the further streamlining of processing systems, including by establishing measures to enable the speedier departure of refugee women at risk and their dependants.¹⁸¹ With regards to internally displaced women and girls at risk, the UNHCR's Executive Committee has recommended considering using special evacuation programmes given that resettlement is very rarely available to them.¹⁸²

4. Migration-specific issues concerning FM

373. In a similar context to asylum seekers, migrant women and children face particular issues and challenges regarding these harmful practices. Migrant women and children are particularly vulnerable to forms of gender-based violence, and should not risk exclusion from protection and support based on their legal status.¹⁸³

¹⁸⁰ For the period October 2016 to October 2017, 37 Council of Europe States are members of UNHCR's Executive Committee, the list of members is available at: <http://www.unhcr.org/excom/scaf/5748082a4/list-members-observers-2016-2017.html>.

¹⁸¹ UNHCR, *Conclusion on Women and Girls at Risk No. 105 (LVII) - 2006*, 6 October 2006, No. 105 (LVII) - 2006, § (p), at: <http://www.refworld.org/docid/45339d922.html>; See also: UNHCR, *Better Protecting Refugees in the EU and Globally: UNHCR's proposals to rebuild trust through better management, partnership and solidarity*, December 2016, see Chapter 1.4 on Expanding opportunities for safe pathways, at: <http://www.refworld.org/docid/58385d4e4.html>.

¹⁸² UNHCR, *Conclusion on Women and Girls at Risk No. 105 (LVII) - 2006*, 6 October 2006, No. 105 (LVII) - 2006.

¹⁸³ Council of Europe, *Istanbul Convention*, Art. 4.3; Council of Europe, *Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence*, § 53.

374. Migrants face a specific set of difficulties, such as residency in the context of FM. Those who try to escape or annul a FM may risk undue loss of their residency if it was dependent on their connection to the perpetrator and this fear may prevent them from coming forward. Furthermore the very act of being returned home can be a form of secondary victimisation as they can suffer further violence and discrimination on return to their country of origin. Additionally those who are taken abroad and forced to stay abroad in marriage risk losing their residency status in their host country. There need to be adequate safeguards to ensure that victims may retain or regain their residency status.¹⁸⁴

375. Foreigners legally resident in *Germany* will not lose their residence permit if they were unlawfully forced to marry abroad and kept from returning to Germany by violence or threat of serious harm. However they must return within three months after the marriage has ended and the total time abroad is limited to 10 years.

376. In *the Netherlands*, it is possible to regain residence on grounds of suffering so-called “honour-based” violence, and FM is considered as such a ground.

377. *San Marino* has prepared a draft law which will provide for the possibility to grant the residency status to those who have left their country of residence as victims of FM.

378. In *France*, third-country nationals cannot have their residence permit withdrawn if the cause of separation is domestic violence (which FM would constitute).

379. Those who have come to *Norway* after being granted family immigration with their spouse can apply for an independent residence permit in the country (Section 53 of the Immigration Act) if the marriage is annulled because it was a FM.

380. A further complication in protecting migrant individuals, particularly as regards FM, is the issue of marriages conducted abroad or those involving non-nationals. As mentioned above States can maintain some control over the validity of marriages both before and after the marriage is concluded. Prior to the celebration of a suspected FM abroad the State may exercise some pressure through the diplomatic/consular authorities. However once the marriage is concluded there are some private international law issues to contend with, namely the recognition of foreign marriages.¹⁸⁵

381. Given the scenario where FM can be grounds for granting asylum and international protection, it is then counter intuitive that courts or authorities will also validate a case of FM due to private international law concerns.¹⁸⁶ While there can be respect and mutual recognition of marriages conducted abroad under different legal systems, States do have a responsibility to end FM and avoid legal loopholes. As the majority of FM victims are taken abroad for the marriage, and in the context of migration into Europe, States should have appropriate procedures in place to fairly assess and validate foreign marriages yet protect vulnerable youth from FM.¹⁸⁷

382. If the marriage has been concluded abroad, the State may later exercise control over the validity of the marriage through its competent administrative authority during the registration or transcription of the marriage certificate to its jurisdiction. PACE Resolution 1468(2005) calls on national parliaments to ensure that their domestic legislation is adapted to refrain from recognising FM contracted abroad except where recognition would be in the victims’ best interests with regard to the effects of the marriage, particularly for the purpose of securing rights which they could not claim otherwise.¹⁸⁸

¹⁸⁴ Council of Europe, *Istanbul Convention*, Art. 59.

¹⁸⁵ See FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 2014, pp.23-25.

¹⁸⁶ *Ibid.*, 2014, p.23.

¹⁸⁷ PACE Resolution 1468 (2005) on *Forced marriages and child marriages*, adopted on 5 October 2005. § 14.1, § 14.2.4.

¹⁸⁸ *Ibid.*, § 14.2.4.

383. This should also be the case where non-nationals are marrying in the territory of the host state. The host State should be wary of applying civil law rules of foreign legal systems if this would lessen protection, and should uphold the same scrutiny and requirements that it uses to prevent FM among its own nationals.¹⁸⁹

384. Finally the State should make provision for the annulment or termination within its jurisdiction of a FM concluded abroad. As mentioned above States should enact legislation and policy which prescribes procedures to aid the dissolution of a FM and enable the courts to make prompt rulings, without undue burden to the victim.

385. In the *Netherlands*, under the Law to Diminish Forced Marriage, marriages that take place outside the country are only recognised when both parties are over 18.

386. *Denmark* has passed legislation that prohibits people under 18 from getting married and stipulates that minors who were married abroad will not have their marriages recognised by Denmark.

387. When one of the spouses is domiciled in the *United Kingdom*, the rules governing the nullity of a marriage are those established by the United Kingdom regardless of where the marriage took place.

388. Family reunification is another aspect that must be considered when attempting to protect against FM. Family reunification is an important part of migration law, but it would require careful scrutiny in order to avoid its misuse in connection with FM. While addressing FM in the context of family reunification, some States may seek to prohibit it if there is an indication of FM, alongside further scrutiny in applications and additional interviews. This may contribute to preventing or discouraging FM, although protection of the victims remains a priority.¹⁹⁰

389. A raised age limit for family reunification is another potential option, however this must be balanced with the right to private and family life.¹⁹¹ As such while the issue of family reunification is one to be aware of, States should exercise prudence in measures so as to avoid harming genuine reunification cases.¹⁹²

Key points on asylum

- National asylum law or decisions should ensure a gender-sensitive interpretation of the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, and recognise FGM and FM, or a well-founded fear of either, as valid grounds for asylum.
- Such law and interpretation should be implemented in practice by asylum staff. Gender-sensitive asylum procedures and training is required.
- There should be gender-sensitive reception conditions for new arrivals that take account of their specific needs. Protection and support measures should be available and the reception phase is also a convenient point to engage in prevention measures with newly arrived communities.
- Migrant women and girls are vulnerable to violence and discrimination and should be able to access appropriate protection and support.
- The complications surrounding autonomous residency and foreign marriage recognition and annulment should also be addressed to ensure that affected individuals are not dissuaded from coming forward, or are adversely impacted by seeking protection.

¹⁸⁹ See FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 2014, p.23

¹⁹⁰ *Ibid.*, p.26.

¹⁹¹ United Kingdom, R (Quila and Another) v. Secretary of State for the Home Dept [2011] UKSC 45; summary available at <https://www.supremecourt.uk/cases/docs/uksc-2011-0022-press-summary.pdf>.

¹⁹² FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, p.26.

E. PROSECUTION

390. Prosecution and justice are an essential component to the elimination of harmful practices. They can provide closure and vindication for the victim, punishment and rehabilitation for the perpetrator and importantly send a message and standard that, as a society, this practice is not justifiable, is unequivocally harmful, and will not be accepted.

391. The main aim of measures in this category is the adoption or modification of legislation alongside improving the capabilities of law enforcement and the justice system to appropriately prevent and protect individuals, and to prosecute cases of these harmful practices. The powers, competencies and skills of the police, prosecutors and judges need to be complementary to the wider efforts and goals undertaken in prevention and protection; and ensure that there is a prompt, effective and sensitive justice system available to encourage victims to come forward and deliver justice in the interest of the victim and wider society.¹⁹³

392. It is indisputable when taking measures in this context, the rights of the accused and the right to fair trial must be respected and upheld.

1. Criminalisation and the legal framework

393. One of the effective tools to end a behaviour or practice is to criminalise it.¹⁹⁴ In addition to providing a legal deterrent and avenue for intervention or punishment, criminalisation and punishment send a strong and clear message that particular behaviours are intolerable and breaches will have consequences. It also offers a shield to potential victims, giving them the courage to speak up or stand up to a practice that they know is illegal and unjustifiable. Criminalisation also challenges the presumption of acceptance, the view of the behaviour as normal or customary, and is a catalyst to creating a new social and cultural norm.

394. A further advantage of criminalisation is its potential to cultivate an impact beyond the immediate jurisdiction. Criminalisation in one jurisdiction can have a preventive and protective element in another, particularly the country of origin where most cases of FGM and FM actually occur. Knowledge of the illegality of the practice, as well as the belief that there will be criminal consequences for those involved in the host State, can deter families from performing these acts when they visit their country of origin. Extended relatives can understand that the parents will face criminal liability on returning.

395. As a response to the prosecution for FGM of three members of its community in Australia, religious leaders of the Dawoodi Bohra community in the *United Kingdom* (and Australia), a *Ismā'īlī* Shia sect predominantly residing in India, issued decrees urging its community members to abide by the laws of land where they reside and not to practise FGM if it would be in violation of domestic law. Yet FGM continues to be practised by the community in India where, the practice is recommended by religious leaders and supported through tradition.¹⁹⁵ However there are further campaigns and calls for the criminalisation of the practice coming from within the India-based community.¹⁹⁶

¹⁹³ Amnesty International has published a Checklist on Justice for Violence Against Women detailing six main areas for review in this context, providing for the identification of obstacles and ensuring relevant law and practice are able to deliver meaningful access to services and justice. Available at <https://www.amnesty.org/en/documents/ACT77/002/2010/en/>.

¹⁹⁴ Arts. 37 and 38 of the Council of Europe *Istanbul Convention* define FM and FGM respectively and call on member States to recognise them as acts that must constitute crimes.

¹⁹⁵ See <https://sahiyo.com/2016/03/08/notices-by-sydney-melbourne-and-londons-anjuman-e-burhani-trusts-on-khafd-khatna-or-female-genital-cutting/>.

¹⁹⁶ See <http://www.bbc.com/news/world-asia-india-35129466>.

396. A number of States have criminalised these harmful practices. This has been achieved either through specific criminal provisions or through the application of broader criminal acts (e.g. such as assault or coercion). The merits of each approach depend on the legal system in question, though specific criminalisation delivers a clearer message.

397. Given the sensitive nature of these harmful practices, and the lack of common practice or cultural justification, there are multiple criminal and practical elements that need to be taken into account for criminalisation. Aggravating circumstances, preparatory acts, and appropriate penalties¹⁹⁷ all need to be addressed in order to effectively criminalise these harmful practices and ensure the best interests of the victim are maintained.

398. Sweden is planning to widen the criminalisation of the preliminary stages of coercion to include conspiracy to commit FM.

399. The *United Kingdom* created a new offence of failing to protect a girl from FGM. This makes those who have parental responsibility for a girl who has undergone FGM aged under 16, and are in frequent contact with her, or who have assumed responsibility for such a girl, potentially liable if they knew, or ought to have known, that there was a significant risk of FGM being carried out, but did not take reasonable steps to prevent it from happening. The evidential burden for showing that a defendant did not know there was such a risk, or took such reasonable steps, is placed on the defence.

400. In *Austria*, a new clause of “a threat of breaking off family contacts” has been added to the criminal law on coercion that can trigger criminal responsibility.

2. Jurisdiction

401. The cross-border element to these harmful practices can constitute a major complication to their prosecution. As typically these acts are committed in another jurisdiction, and may involve non-nationals, States should ensure that any criminal legislation on FGM and FM also allows for **extraterritorial application**.¹⁹⁸

402. A number of States have accounted for extraterritorial jurisdiction of these criminal acts in relation to their citizens and residents. In an ideal situation the law would not distinguish between citizen or resident, nor victim or perpetrator to claim extraterritorial jurisdiction over these serious human rights violations.

403. The *United Kingdom* in particular has extraterritorial jurisdiction over the offences of FGM and FM and recently extended the requirement for extraterritorial application of FGM prosecution to the victim or perpetrator being habitually resident in the country, from a previous requirement of permanent residency.

404. The requirement of **dual criminality**¹⁹⁹ can also hinder the effective application of criminal legislation and negate its advantages by diluting the message and removing the deterrent and protective elements of such laws. As stated in the Istanbul Convention, legislation should waive the requirement of dual criminality in respect of these crimes if they are to effectively combat FGM and FM and address them as the global concern that they are.²⁰⁰

¹⁹⁷ Council of Europe, *Istanbul Convention*, Arts. 41, 45, 46.

¹⁹⁸ *Ibid.*, Art. 44.

¹⁹⁹ The rule of dual criminality usually requires that in order for a State to prosecute a crime under its domestic legislation that was committed abroad, the act must also be a criminal offence in the place where it was committed, see Article 44, § 3 of the Istanbul Convention (as well as the relevant paragraphs of its Explanatory Report).

²⁰⁰ Council of Europe, *Istanbul Convention*, Art. 44.3.

405. *Belgium* has a specific penal provision which condemns any person found on the territory who has committed the crime of FGM in Belgium or abroad, setting a broad scope as regards extraterritorial application.

406. In dealing with jurisdictional issues many States have also criminalised **the taking of a person abroad to perform these acts**, ensuring that they retain some jurisdiction over the violation regardless of the place of the acts commission or questions of dual criminality.

3. Law enforcement and investigation

407. One of the major difficulties in making criminalisation and prosecution into an effective tool to combat FGM and FM is the intimate, sensitive and secretive nature of the practices. This creates complications for investigations and the appropriate police response.

408. The reporting and referral mechanisms established as part of the prevention and protection measures should trigger a co-ordinated response to prevent the act from taking place or for supporting the victim; and this includes the police and law enforcement agencies.²⁰¹ The police response should be **proactive, prompt and appropriate**, and can involve taking preventive operational measures and the collection of evidence.²⁰²

409. To deliver such a response, police and other actors need to be sufficiently trained, sensitised and empowered to carry out effective interventions, pro-active investigations, and criminal proceedings that address the complexities of these cases and maintain the victim's best interests at their core.²⁰³ Specific protocols on handling and investigating such crimes should be developed. Specifically tailored interview techniques should be established, taking into account the gender, age and development of the victim, and there should be appropriate techniques to ensure the collection of evidence is done in a respectful and timely manner.²⁰⁴

410. In *Norway*, the proposed "Escalation Plan against Violence and Abuse 2017-2021", increases the use of the risk assessment tool "Patriarch". This is a tool to assess risk in cases of so-called "honour-based" violence. It has a two part checklist, one on risk factors for the potential perpetrator(s) and one for the potential victim(s). The risk factors are based on research on risk in general and so-called "honour-based" violence in particular, but are mostly taken from SARA:SV (Spousal Assault Risk Assessment Guide: Short Version). SARA: SV is a checklist to assess risk in cases involving domestic violence, and was developed in Canada and Sweden. All police districts have completed training in the use of the tool and all have a SARA co-ordinator.

411. The *United Kingdom* authorities are improving the police response to FGM and FM by working with the College of Policing and the National Policing Lead. The College of Policing has published professional practice guides on FGM to raise awareness amongst investigators and better equip them to tackle the practice, and the National Policing Lead has developed a national police strategy to tackle all forms of so-called "honour-based" violence, including FGM and FM. In addition, Her Majesty's Inspectorate of Constabulary has conducted an inspection of police forces' responses to such violence, and made recommendations to government, police and the College of Policing.

²⁰¹ See Council of Europe, *Istanbul Convention*, Arts. 18, 49, 50, 51.

²⁰² *Ibid.*, Art. 50.

²⁰³ UN, *Preventing and eliminating child, early and forced marriage*, § 54; Council of Europe, *Istanbul Convention*, Arts. 49, 51, 54.

²⁰⁴ Council of Europe / Amnesty International, *The Istanbul Convention – A tool to end female genital mutilation*, 2014, p.36.

412. In *Georgia*, after criminalising FM in domestic legislation, specific training has been held for law enforcement officers on FM especially in the territories where the risks of such a crime are comparably high. Permanent training sessions are held for prosecutors around the country to enhance their skills and competences in terms of different forms of VAW (as well as men and boys when it concerns FM). In January 2015, in co-operation with UN Women, prosecutors were retrained as coaches on the issues of violence against women and girls. At the High School of Justice, in 2014-2015, several training sessions were held for judges, judicial candidates and legal assistants on the issues of violence against women and girls as well as on the rights of child.

413. The Judicial Academy in *Germany* offers conferences on the complex topic of victim protection and all associated issues; these conferences routinely include interdisciplinary approaches such as communication with particularly vulnerable victims or dealing with victims of sexual violence. Furthermore, the "*Länder*" also offer a large number of their own further-training events.

414. In *Belgium*, the Minister of Justice and the College of General Prosecutors have developed a new "Guideline for the prosecution of 'honour-based' violence, FGM and FM". This Guideline emphasises the need for special training for police officers and prosecutors in this matter, the designation of specialised police officers and prosecutors, a checklist that the police can use while confronted with these harmful practices and a decision tree for the prosecutors (choice between protection measures, mediation, prosecution etc.). To improve data collection, it also contains guidelines for the correct registration of the cases in the judicial databases. This Guideline will enter into force in June 2017.

415. Aside from the police, healthcare professionals will also be involved in the investigation and prosecution of these practices. The WHO has developed Guidelines²⁰⁵ on the medico-legal care for victims of sexual violence, which aim to support healthcare professionals in their roles of both provision of care and collection of evidence.

416. An essential component of an appropriate response to these harmful practices is risk assessment and risk management.²⁰⁶ This is not just of relevance to police and law enforcement, but all relevant authorities, who are obliged to devise a plan to identify and manage the safety risks of a particular victim on a case-by-case basis, following standardised procedure and in co-operation with each other. The probability of repeat violence and lethality should also be taken into account. There should also be consideration given to those women who speak out against these harmful practices, as they may face severe backlash. The purpose of such risk assessment and management is to ensure a sufficient level of protection is established and that it is co-ordinated in a multi-agency manner.²⁰⁷

417. Due to the sensitive and intimate nature of these harmful practices, and the complicated family relationships that will be affected by the involvement of the authorities, it is important that any interventions are conducted in a sensitive manner and in the best interests of the victim.

418. In *Norway*, a Family Violence Co-ordinator has been appointed in all police districts. The co-ordinator is to help ensure that the police meet the victim of violence and her family and friends with understanding, knowledge and insight, in both professional and civilian terms. In the largest police districts, separate teams with this function are being established.

²⁰⁵ Available at <http://apps.who.int/iris/bitstream/10665/42788/1/924154628X.pdf>.

²⁰⁶ Council of Europe, *Istanbul Convention*, Art. 52.

²⁰⁷ Council of Europe, *Explanatory Report to the Istanbul Convention*, §§ 260-261.

4. Prosecution and access to justice

419. A further important concern in the prosecution aspect is that there must be sufficient access for vulnerable individuals to the justice system. A sense of trust must be built between the victim and the judicial system in order to empower and encourage them to make use of it. There should also be as few barriers as possible to make contact with the authorities and engage the appropriate response.

420. In *Norway*, the statute of limitations on FGM will not start to run before the victim has turned 18 to prevent the crime from being time barred before the victim can be assumed to be sufficiently mature to decide whether to press charges. In *Portugal* the statute of limitations begins to run at the age of 23.

421. In the *United Kingdom*, lifelong anonymity is conferred upon victims of FGM to encourage them to speak out and report, and the same anonymity has been introduced for victims of FM through the Policing and Crime Act 2017. However true anonymity is a hard thing to guarantee given the family context of these harmful practices.

422. Given the intimate and close connection between the perpetrators and victims in these acts, an issue common to many acts of VAW, it is important that investigations and criminal proceedings are able to be initiated and continue *ex parte* to enable criminal investigations and proceedings to be carried out without placing the onus of initiating such proceedings and securing convictions on the victim. Investigations into and proceedings shall also not be wholly dependent upon a report or complaint filed by a victim if the offence was committed in whole or in part on its territory, and that the proceedings may continue even if the victim withdraws her or his statement or complaint.²⁰⁸

5. Court experience

423. Judicial proceedings regarding FGM and FM can understandably be a stressful and daunting experience for those involved, particularly the victim. Therefore all appropriate measures and safeguards should be available to the victim to ensure they are safe from intimidation, retaliation, and repeat victimisation throughout the investigation and court proceedings. This is to not only ensure their safety but also to encourage them to seek and pursue justice while preserving their dignity.

424. The Istanbul Convention highlights some specific consideration for protection that should be afforded during investigations and judicial proceedings.²⁰⁹

425. As mentioned above, lawyers and judges should also be trained for dealing with victims of these harmful practices, in particular on the appropriate use of medical evidence, and should understand the crimes and their particularities.

426. In *Spain*, the Organic Law on Comprehensive Protection Measures against Gender Violence amended the Organic Law of the Judiciary in order to establish the Courts on Violence against Women. These criminal courts are primarily entrusted with the investigation of all crimes related to gender violence (including, in particular, those related to FGM and FM as defined by law). They are also competent for the adoption of interim measures and extend their jurisdiction to related civil law decisions, according to the Organic Law of the Judiciary. Within the remit of their competencies lies the investigation of such crimes when linked to gender violence where the victim is a minor, or a descendant under the custody or guardianship of the suspect, or their spouse/partner. In summary, these courts provide for a "specialised justice" aimed at achieving an effective response to all forms of gender violence and at preventing or mitigating their negative consequences.

²⁰⁸ Council of Europe, *Istanbul Convention*, Art. 55.1.

²⁰⁹ *Ibid.*, Art. 56.

427. In *Belgium*, INTACT, an NGO, prepared a study on “The child’s best interests applied to the prevention and criminalisation of FGM”. The study analyses the concept of the best interests of the child to apply it effectively to preventive, protective and criminal procedures in cases of FGM at both international and national level. Tangible application of the child’s best interests is applied to these measures. This analysis could be helpful for other member states in applying the best interest of the child to their own policy measures.

428. To further make the court experience more sensitive to the needs of victims there should be the possibility for governmental and non-governmental organisations and domestic violence counsellors to assist and/or support victims, at their request, during investigations and judicial proceedings, as these can equip them to actively contribute to the outcome of the proceedings.²¹⁰

429. Legal aid should also be provided where needed in order to further deliver on access to justice.²¹¹

6. Convictions

430. In order for criminalisation to have any real effect, there must be appropriate and legitimate convictions for perpetrators. This will strengthen the message that criminalisation sends but also reassure victims that the system is effective, giving them the confidence to make use of it. Low conviction rates or ineffectiveness in processing claims will discourage victims to seek recourse to the legal system and weaken the purpose of criminalisation.

431. In *France*, there have been a number of trials and successful convictions concerning FGM over the past decades, and covering several aspects of the practice, with an estimated 29 criminal cases being heard in France out of 41 in the EU by 2012.²¹² In 1983 the practice of FGM was brought to the French courts for the first time. In 1991, the first conviction, of an excisor, was handed down. In 1996 a French court applied extraterritorial jurisdiction and sentenced a father who subjected his daughter to the practice in Africa. In 1999, the first criminal case was successfully brought by a victim against her parents and the excisor. It should be noted that the proceedings were instigated after being brought to the attention of authorities by professionals working in child protection.

432. In *Norway*, a recent report has reviewed 25 judgments regarding FM and identified that since 2002 there have been 12 cases of FM prosecuted, and two cases of child marriage. The report highlights the difficulty to obtain sufficient basis for a conviction, partly because victims withdraw their statements or refuse to give evidence in the case. The report recommends to make the provisions of the General Civil Penal Code better known within relevant affected communities. It is particularly important to explain that the legal provision of FM also can include psychological force and threats of social exclusion.²¹³

433. Convictions should be accompanied by effective, proportionate, and dissuasive punishments, which may include not only imprisonment, but monitoring and supervision of convicted persons and the withdrawal of parental rights.²¹⁴ Justifications on the basis of culture, custom, religion, tradition or so-called “honour” should also be prohibited from constituting a defence or reducing penalties.²¹⁵ Aggravating circumstances should be considered in determining sentences, with an envisaged set of such circumstances appearing in Article 46 of the Istanbul Convention.

²¹⁰ Council of Europe, *Istanbul Convention*, Art. 55.2.

²¹¹ *Ibid.*, Art. 57.

²¹² EIGE, *Estimation of girls at risk of female genital mutilation in the European Union*, p.19.

²¹³ Hilde Lidén & Anja Bredal, *Institutt for samfunnsforskning*, report 2017:1.

²¹⁴ Council of Europe, *Istanbul Convention*, Art. 45.

²¹⁵ *Ibid.*, Art. 42.

7. Impacts of criminalisation and complementary measures

434. There are certain issues and drawbacks to criminalisation that must be properly addressed in order to ensure it is effective at ending these harmful practices. It should be borne in mind that the overarching objective is not simply the punishment of perpetrators, but the ending of these practices in society.

435. The major advantage of criminalisation is the message it sends. This is weakened if those in the affected communities are not made fully aware of the applicable laws or the illegality of the harmful practices, and are not convinced of the severity of the criminalisation. The deeply embedded cultural beliefs that support these practices can hinder the application or effectiveness of legislation if the law and rationale for criminalisation is not adequately communicated.²¹⁶ Furthermore the law should be clear for the affected community. Issues such as criminal elements, extraterritoriality, and duty of reporting should be fully explained in order to have a greater impact. With proper awareness of the law, criminalisation can play a deterrent role not just a punitive one.

436. In the *Netherlands*, it is possible to obtain a Statement opposing FGM.²¹⁷ This is an official document in various languages stating the health risks and the fact that FGM is a criminal offence in the Netherlands. The document can be used by parents to withstand pressure from family members in the country of origin for FGM to be performed on their daughter(s).

437. In the *United Kingdom*, ministers across Government signed a “Statement Opposing FGM”. This outlines what FGM is, the legislation and penalties involved and the help and support available. The statement is often referred to as a health passport and is available in a number of languages. It can be taken abroad by girls and their families to highlight that FGM is illegal.

438. Given the intimate and family oriented context of these harmful practices, criminalisation may discourage victims from coming forward as they fear criminal penalties against family members,²¹⁸ or to avoid the consequences of failed prosecutions.²¹⁹ To mitigate this there should also be an alternative to criminal penalties available: as appropriate, mediation, restraining orders and emergency barring orders,²²⁰ police protection and supervision are examples of measures which can provide effective protection and prevention, while also triggering the involvement of the justice system to ensure that any action pursued has the victim’s interest at its core.

439. The *United Kingdom* makes use of both FGM and FM civil protection orders. A protection order is a civil remedy but breaching one can incur criminal liability. An order could include, for example, requirements to surrender a person’s passport or any other travel document; and not to enter into any arrangements, in the country or abroad, for FGM or FM to be performed on the person to be protected. Or it could require the disclosure of the location of a victim who had been taken overseas and forbidden from returning.

²¹⁶ UN, *Preventing and eliminating child, early and forced marriage*, § 45.

²¹⁷ See <http://www.pharos.nl/information-in-english/female-genital-mutilation/protocols-and-materials/prevention-materials/statement-opposing-female-circumcision>.

²¹⁸ UN, *Preventing and eliminating child, early and forced marriage*, § 46.

²¹⁹ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, p.19.

²²⁰ Council of Europe, *Istanbul Convention*, Arts. 52, 53.

440. Judicial authorities in *Monaco* can issue decisions for the specific protection of victims. They have the discretion to evaluate the necessary measures in each specific case and can issue a number of restrictions on perpetrators, reinforced by imprisonment or fine: the prohibition, for a specified period, of entering, by any means, including electronic communications, into relation with the victims; and the prohibition for a fixed period, to appear in certain places frequented by those whom they have violated, such as schools, gymnasiums and any other place of work, leisure or life, including their home. This prohibition can be issued at various stages as an emergency measure during the preliminary investigation stage; or as a measure taken by the investigating judge to protect the victims during the period of the investigation, or as a complementary penalty to a main conviction.

441. The concerns and drawbacks to criminalisation can be best addressed by implementing it as part of the integrated so-called “four Ps” approach. Criminalisation and prosecution has its role to play, a valuable deterrent and catalyst, yet alone it will not address the root causes of VAW, and FGM and FM, nor will it prevent or protect those at risk. However when all approaches are implemented in a concurrent and complementary manner, they will be able to appropriately and effectively safeguard those at risk and eliminate FGM and FM.

Key points on prosecution

- FGM and FM should be criminalised, preferably specifically, and their characteristics should be adequately addressed in legislation.
- Considering the cross-border element to these acts, extraterritorial and jurisdictional issues should be addressed, including the removal of the requirement of dual criminality.
- Law enforcement and the judiciary should be adequately sensitised and trained on how to handle investigations and cases on these issues.
- In particular law enforcement should conduct proactive investigations, taking account of the intimate and personal aspects of these crimes and ensuring the best interest of the victim is maintained at all times.
- The experience of all those involved in court proceedings should be considered, ensuring that victims are supported and protected during and after the proceedings.
- Adequate convictions with appropriate and dissuasive punishment should be delivered to ensure criminalisation has an impact, and to build the confidence of victims in the legal system. In pursuing such convictions and punishment it is evident that the rights of the accused must be respected.
- The impacts of criminalisation should be monitored and assessed. Negative effects such as driving the practices underground or abroad, discouraging reporting, or excessive intervention and harm caused to the individual should be addressed and alternatives to criminal penalties – such as mediation, restraining orders and emergency barring orders, police protection and supervision - should also be available where necessary.

F. CHALLENGES AND FUTURE WORK

442. An analysis of the submissions received for this guide reveal a number of challenges that States face in their efforts to meet their obligations to respect, protect and fulfil the rights of women and children to live free from FGM and FM which should be addressed in further endeavours to tackle these harmful practices.

443. The collection of reliable data on FGM and FM within minority communities affected by and at risk of²²¹ these harmful practices remains a major challenge, as does the lack of capacity of relevant officials and the absence of standard guidelines.

444. Despite the commitment of governments to address these harmful practices, in many instances support in the form of shelters and other services for victims and those at risk is inadequate. Few countries make provisions in law or policy to offer protection following allegations of FGM and FM. The practices do not fit easily into systems to prevent violence against women or child protection systems. For instance, in several European countries, agencies that typically report on suspected child abuse cases do not report FGM as they are often unaware of its occurrence. Furthermore, most domestic violence shelters do not accommodate children.²²²

445. In the area of service provision, a key challenge is the lack of evidence on effective interventions and strategies to mitigate the health consequences of FGM and FM.²²³ This includes a need to improve the knowledge base about obstetrical and gynaecological consequences.²²⁴ There is also a further need to provide appropriate care for women and girls suffering from the psychological consequences of FGM.²²⁵

446. FM, including child and early marriages, is today predominantly practiced in refugee and migrant communities in Europe.²²⁶ Some national authorities have expressed uncertainty of how to address the issue of under-aged migrant and refugee marriages. FM is a complex issue, also as a form of trafficking, which despite the existence of legislation in many member States criminalising FM, can be challenging to tackle in practice due to the difficulty in gathering the necessary proof.²²⁷

447. The medicalisation of FGM remains a concern²²⁸ as it might confer a sense of legitimacy on the practice or give the impression that FGM is harmless. FGM carried out by trained doctors and medical staff can have even more severe, consequences throughout a woman's life cycle. Many front-line professionals, such as teachers, police, medical professionals and child protection officers, are not sufficiently trained in or may be unaware of the law, or may be unfamiliar with the issue and fail to record cases.²²⁹

²²¹ EIGE, *report on 'Estimating of girls at risk of female genital mutilation in the European Union'*, (2015) page 87 (Recommendations for a better estimation of FGM risk in the EU).

²²² OHCHR, *Good practices and major challenges in preventing and eliminating female genital mutilation*, Report A/HCR/29/20, § 64.

²²³ See Appendix I, § 450.

²²⁴ PACE report on *Female genital mutilation in Europe*, Doc 14135, §§ 33-34; OHCHR, *Good practices and major challenges in preventing and eliminating female genital mutilation*, Report A/HCR/29/20, § 65.

²²⁵ PACE Resolution 2135 (2016) on *Female Genital Mutilation in Europe*, § 5.12.

²²⁶ PACE Resolution 1468 (2005) on *Forced marriages and child marriages*, adopted on 5 October 2005, § 2.

²²⁷ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, p.19.

²²⁸ OHCHR, *Good practices and major challenges in preventing and eliminating female genital mutilation*, Report A/HCR/29/20, § 61.

²²⁹ *Ibid.*, § 63.

448. Legislation in most member States provides for large fines and prison sentences for those who engage in these harmful practices. However, effective enforcement is often inadequate. Furthermore, prosecutions remain rare. This is partly due to the nature of these practices, which poses particular investigation challenges to law enforcement officials. FGM and FM are often deeply taboo, usually performed in the privacy of the family or community and shrouded in secrecy.²³⁰ It is also not immediately obvious that a woman or a girl has been subjected to genital mutilation or living in an FM. In a number of places, the enforcement of laws against FGM and FM and the punitive legal approach has driven these practices underground and to being undertaken or carried out abroad.

449. There is also a gap in the protection afforded by existing legal frameworks. Most States have criminalised FGM and FM when it takes place on national territory or when a victim is taken abroad for FGM or FM if they are a citizen or permanent resident of the State. This does not take into consideration the mobile or transnational character of practicing communities. A further challenge is insufficient collaboration among Governments across borders on identification, protection and enforcement.²³¹

450. The persistence of social norms that perpetuate FGM and FM, and differences in the underlying reasons for the practice and cultural environments where it takes place make it particularly challenging to eliminate these practices. However, the positive results of programmes to prevent FGM and FM demonstrate that attitudes in support of these harmful practices can be successfully addressed.²³²

²³⁰ PACE report on *Female genital mutilation in Europe*, Doc 14135, §§ 54-56.

²³¹ PACE Resolution 2135 (2016) on *Female Genital Mutilation in Europe*, § 5.5; OHCHR, *Good practices and major challenges in preventing and eliminating female genital mutilation*, Report A/HCR/29/20, § 60.

²³² OHCHR, *Good practices and major challenges in preventing and eliminating female genital mutilation*, Report A/HCR/29/20, § 66.

Appendix I

Female genital mutilation and forced marriage – definitions, causes and consequences

Definitions and causes

451. While there is no single internationally recognised definition of either FGM or FM, due to an increased awareness of and concern about these acts their definitions have developed over time alongside increasing efforts to end them.²³³

Female genital mutilation

452. According to the WHO, FGM is categorised as:

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

453. The Istanbul Convention similarly elaborates the acts considered to be FGM in Article 38, and has clarified the term “excising” as referring to the partial or total removal of the clitoris and the labia majora. “Infibulating”, on the other hand, covers the closure of the labia majora by partially sewing together the outer lips of the vulva in order to narrow the vaginal opening. The term “performing any other mutilation” refers to all other physical alterations of the female genitals.²³⁴

454. The justifications for FGM vary across affected communities and groups, meaning there is no single central belief or reason for the practice. Furthermore the rationale can be dynamic, with communities changing and evolving their beliefs and attitudes over time. In communities where FGM is practised, it is often considered a cultural tradition, which is used as an argument for its continuation. In communities where there is an attached value to the practice, it is perceived to be an effective method of controlling the sexuality of women and girls, is sometimes thought to be preferred by men aesthetically, and can be associated with a supposed religious requirement or medical advantage.²³⁵ It is often enforced or sustained within the community as a requirement for marriage and a symbol of eligibility and sexual purity.²³⁶ However it has been found that the strongest factor in its continuation has been a need to adhere to the established tradition or social convention and to avoid social stigma.²³⁷ In short FGM can be regarded as social and cultural norm.

²³³ For example, “female circumcision” was previously used, see CEDAW, *CEDAW General Recommendation No. 14: Female Circumcision*, 1990, A/45/38 and Corrigendum, *CEDAW General Recommendation No. 19: Violence against women*, 1992, § 11. This term, however, draws a parallel with male circumcision and, as a result, creates confusion between these two distinct practices, see UN, *Eliminating female genital mutilation – an interagency statement* OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, Annex 1. The Council of Europe Committee of Ministers has noted, in its reply to PACE Recommendation 2023 (2013) on “Children’s right to physical integrity”, that it is unacceptable to put this kind of mutilation of girls on an equal footing with the circumcision of young boys for religious reasons, which is not the subject of similar legal provisions. UNICEF uses the wider term “female genital mutilation/cutting (FGM/C) which takes into consideration that community-based approaches, and therefore considered less judgemental, UNICEF Innocenti Research Centre: *Changing a Harmful Social Convention, Female Genital Mutilation/Cutting*, Innocenti Digest, Florence, 2005) reprinted in 2008.

²³⁴ See Council of Europe, *Istanbul Convention*, Art. 38; Council of Europe, *Explanatory Report to the Istanbul Convention*, § 199.

²³⁵ UN, *Eliminating female genital mutilation – an interagency statement* OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, p.6.

²³⁶ *The Istanbul Convention – A tool to end female genital mutilation - Council of Europe / Amnesty International - Guide*, 2014, p. 6; UN *Eliminating Female Genital Mutilation - an interagency statement*, § 19.

²³⁷ UN, *Eliminating female genital mutilation – an interagency statement*, p. 6.

455. It is mostly young girls between infancy and age 15 who are subjected to the practice.²³⁸ Girls face intense social and familial pressure to submit to the practice. In some cases they are totally or partially unaware of the act they are about to undergo. The matter is also often out of their hands completely, as parents and members of the extended family, in particular the mothers and female family members, are usually involved and responsible for the decision-making about FGM.²³⁹

456. FGM is an intimate issue and still often a taboo topic among affected communities.²⁴⁰ It is generally carried out in secrecy and the matter closed for discussion, limiting wider discourse on its role and place in society. In the European context the act is often carried out abroad; the victims are taken to their or their family's countries of origin where they are confronted with pressure and coercion, or even rewards, to undergo the procedure.²⁴¹ In some cases the process may involve the abduction of women and girls accompanied by isolation in the country of origin as well as illegal confinement or "resocialisation" to make them adopt behaviour regarded as compatible with local traditions.²⁴²

457. FGM can also be linked to other harmful practices associated with a girl's coming of age, such as child, early and forced marriage.²⁴³ In such scenarios the practice becomes a compounding factor in multiple victimisation that women and girls can face.

Forced marriage

458. The precise definition of FM varies from one regional or national legal instrument to another, yet ultimately the phenomena concerns a marriage where one of the parties has not given full and free consent to the marriage.²⁴⁴ According to Article 37 of the Istanbul Convention, the act of FM comprises two types of intentional conduct: forcing an adult or a child to enter into a marriage, and luring an adult or a child abroad with the purpose of forcing this person to enter into marriage.²⁴⁵ The European Union Agency for Fundamental Rights (FRA) describes FM as a marriage concluded without the consent²⁴⁶ of one or both partners, and therefore against the will of at least one of them.²⁴⁷ As marriage comprises not just the initial union but is a continuous state of affairs, the UN adds that FM exists where one or both of the parties are unable to end or leave the marriage,²⁴⁸ including as a result of duress or intense social or family pressure.²⁴⁹

459. Some references to FM make a distinction between *forced*, *child* and *early marriage*.²⁵⁰ Child marriage, as with early marriage, occurs when at least one of the parties is under 18 years of age. The overwhelming majority of child marriages, both formal and informal, involve girls, although at times their spouses are also under 18 years of age. A child marriage or early marriage can be regarded as a form of FM, in that one and/or

²³⁸ WHO – Media Centre, Female genital mutilation, Factsheet No. 241, Updated February 2016.

²³⁹ UN, *Eliminating female genital mutilation – an interagency statement*, p. 5.

²⁴⁰ Commission Communication to the European Parliament and the Council towards the elimination of female genital mutilation COM (2013) 833 final, p. 6, § 3.1.

²⁴¹ UN, *Eliminating female genital mutilation – an interagency statement*, p. 6; Amnesty International, *Ending Female Genital Mutilation: A Strategy for the European Union Institutions*, February 2010.

²⁴² PACE report on *Action to combat gender-based human rights violations, including abduction of women and girls*, §10, Doc. 11784 of 18 December 2008.

²⁴³ UN General Assembly, *Intensifying global efforts for the elimination of female genital mutilations*, Report of the Secretary General, 26 July 2016, A/71/209, § 22.

²⁴⁴ UN, *Preventing and eliminating child, early and forced marriage : Report of the Office of the United Nations High Commissioner for Human Rights*, 2 April 2014, A/HRC/26/22, § 6.

²⁴⁵ See Council of Europe, *Istanbul Convention*, Art. 37; Council of Europe, *Explanatory Report to the Istanbul Convention*, § 199.

²⁴⁶ According to a Council of Europe study, consent to marry consists of both the psychological intent (inner commitment i.e. the internal inclination leading to the decision to commit oneself) and the formal declaration of intent (external commitment i.e. the declared agreement expressed in the form required by the law) at the time the marriage is contracted, see Council of Europe, Edwige Rude-Antoine, *Forced marriages in Council of Europe member States*, 2005. This conceptualisation of the lack of consent does not define by itself what constitutes consent and the degree to which the validity of consent can vary. Although national civil legislation typically declares the nullity of a marriage concluded against the will of at least one of the spouses, the circumstances vitiating the consent may vary, FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 2014, p. 22.

²⁴⁷ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 2014, Introduction and Conclusions.

²⁴⁸ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 23.

²⁴⁹ See OHCHR *Report on "Preventing and eliminating child, early and forced marriage"*, § 6.

²⁵⁰ For example in the OHCHR *Report on "Preventing and eliminating child, early and forced marriage"*. See also the report of the PACE Committee on Equal Opportunities for Women and Men, *Forced Marriages and Child Marriages*, Doc.10590 of 20 June 2005.

both parties have not expressed full, free and informed consent, as they do not yet possess the legal capacity/standing to do so.²⁵¹ It should be noted that as a matter of respecting the child's evolving capacities and autonomy in making decisions that affect her or his life, a marriage of a mature, capable children or minors below 18 years of age may be allowed in exceptional circumstances, provided that the child is at least 16 years of age and that such decisions are made by a judge (or other competent impartial authority) based on legitimate exceptional grounds defined by law and on the evidence of maturity, without deference to culture and tradition.²⁵² In this guide FM is used as a general term that very often encompasses all forms given the common feature is lack of valid consent.

460. In today's Europe, most victims of FM are young women from immigrant backgrounds, and most perpetrators (those deciding on, organising or facilitating the act) are older male relatives, yet the issue is often a family affair and entails the involvement of other relatives and extended family.²⁵³ Additionally, there is evidence that some Roma communities in Europe continue to practise FM, in particular child and early marriage.²⁵⁴ It should nevertheless be noted that FM may also affect men and boys although in a much smaller proportion than women and girls.²⁵⁵ There is also data that victims, male or female, with learning disabilities are at additional risk of FM.²⁵⁶

461. There are multiple reasons for carrying out FM that vary between affected communities. Alongside controlling unwanted behaviour and sexuality, reported reasons for the practice include preventing unsuitable relationships, protecting so-called "honour" and protecting a perceived religious or cultural identity.²⁵⁷ In other cases however the marriage may be seen as a route out of poverty and can be valued as providing a measure of economic stability and a future for the girl.²⁵⁸ As with FGM, the social pressure and power of conformity within cultural and traditional values is one of the central issues inherent to the practice's continuation. It is perpetuated because it is the accepted, or expected, practice or norm.²⁵⁹

462. When FM occurs in the context of migration it may be to ensure that a girl marries within the family's community of origin or may provide extended family members or others with documents to migrate to and/or live in a particular destination country.²⁶⁰ In other contexts, research shows that there seems to be a relationship between FM and poverty²⁶¹ and THB.²⁶² The European Union Agency for Law Enforcement Cooperation (Europol) has also noted an emerging trend whereby women are trafficked in order to be forced into marriage of convenience.²⁶³ In some cases, families will agree to the temporary "marriage" of their daughter in exchange for financial gains, also referred to as a contractual marriage, which is a form of trafficking in human beings.²⁶⁴ The practice is also increasingly being used by armed groups during conflict as there are indications that FM is connected to gender-based violence in conflict situations, emergencies and fragile States.²⁶⁵ Furthermore FM may also be a means for a girl to escape post-conflict poverty.²⁶⁶

²⁵¹ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, p. 9.

²⁵² UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 20.

²⁵³ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, p.12-14.

²⁵⁴ See Report on *Promoting gender equality within Roma communities, with a focus on child/early and forced marriages*, CAHROM(2015)8; FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 1.2.

²⁵⁵ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 4.

²⁵⁶ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, p.15.

²⁵⁷ *Ibid.*, p.16.

²⁵⁸ UN, *Preventing and eliminating child, early and forced marriage*, § 17.

²⁵⁹ *Ibid.*, § 19.

²⁶⁰ *Ibid.*, § 23.

²⁶¹ UN General Assembly, Resolution 69/156, *Child, Early and Forced Marriage*, 18 December 2014; FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 1.2; UN Women 2013 *Inter-agency assessment – Gender based violence and child protection among Syrian refugees in Jordan, with a focus on early marriage*.

²⁶² EU, *Forced marriage from a gender perspective*, European Parliament study for the FEMM Committee, 2016.

²⁶³ Europol Early Warning Notification, *Marriage of convenience: A link between facilitation of illegal immigration and THB*, March 2014.

²⁶⁴ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 24.

²⁶⁵ *Ibid.*, § 23.

²⁶⁶ *Ibid.*

Consequences

463. FGM and FM cause both immediate and long-term damage, often with physical and psychological consequences. FM has an additional impact on the educational and social development of the victim. The tables below list the main consequences.

*Female genital mutilation*²⁶⁷

Immediate physical consequences ²⁶⁸	Long-term physical consequences ²⁶⁹
<ul style="list-style-type: none"> • Severe pain. • Excessive bleeding (haemorrhage). • Shock caused by pain and/or haemorrhage. • Septic shock. • Difficulty in passing urine and faeces due to swelling, oedema and pain. • Infections may be spread after the use of contaminated instruments (e.g. use of same instruments in multiple genital mutilation operations), and during the healing period. • Human immunodeficiency virus (HIV) could potentially be transmitted by use of the same surgical instrument without sterilisation, increasing the risk for any situations where girls undergo FGM together. • In extreme, but far from rare, cases death may result from haemorrhage or infections, including tetanus and septic shock. 	<ul style="list-style-type: none"> • Chronic pain which can be due to trapped or unprotected nerve endings. • Keloid (scarring). • Infections, including reproductive and urinary tract infections, and sexually transmitted infections. • Decreased sexual enjoyment and pain during intercourse. • Increased risk of infertility²⁷⁰ associated with the cutting of the labia majora and the possible resulting infections, indicating that all forms of FGM carry their risks. • Birth complications.²⁷¹ There is a higher rate of death among babies during and immediately after birth where the mother has undergone FGM. There is also a higher incidence of post-partum haemorrhage, which is a life threatening condition, and a greater recourse to caesarean sections which in some cases may cause further complications. Obstetric Fistulae is a complication from prolonged labour and may be a secondary consequence of birth complications caused by FGM. Victims may also experience increased tearing during childbirth and require episiotomies.
Psychological consequences ²⁷²	Additional consequences of Type III FGM ²⁷³
<ul style="list-style-type: none"> • Shock from the nature and force of the procedure. • Post-traumatic Stress Disorder. • Anxiety. • Depression. • Fear of sexual intercourse. 	<ul style="list-style-type: none"> • Urinary and menstrual problems due to the resulting narrowed vaginal opening. • Painful sexual intercourse as the infibulation must be opened up either surgically or through penetrative sex, sexual intercourse is frequently painful during the first few weeks after sexual initiation. • Defibulation surgery may be required in order to facilitate child birth. • Reinfibulation after childbirth.

²⁶⁷ As there is limited data on the different practices included in Type IV female genital mutilation, information on these forms is not included.

²⁶⁸ The following consequences can be found in UN, *Eliminating female genital mutilation – an interagency statement*, p. 33.

²⁶⁹ Unless otherwise referenced, the following consequences can be found in UN, *Eliminating female genital mutilation – an interagency statement*, p. 34.

²⁷⁰ See also UN, *Eliminating female genital mutilation – an interagency statement*, p. 23.

²⁷¹ *Ibid.*, p. 11.

²⁷² UN, *Eliminating female genital mutilation – an interagency statement*, pp. 34-35.

²⁷³ *Ibid.*, p. 35.

Forced marriage

Physical consequences	Social and other impacts
<ul style="list-style-type: none"> • Increased risk of “early and frequent pregnancies and forced continuation of pregnancy”.²⁷⁴ • Increased maternal and newborn mortality risks from early pregnancies.²⁷⁵ • Risk of sexually transmitted infections, including HIV/AIDS.²⁷⁶ • Continual exposure to domestic violence, sexual abuse and rape during the marriage.²⁷⁷ • Victims of FM may also face reprisals, intense social stigma and even violence while attempting to flee or resist the “marriage”, or may resort to suicide to avoid or escape their situation.²⁷⁸ Furthermore, women who challenge this established power dynamic, whether inside an FM against their husbands or outside in the wider society, can also be subjected to additional forms of so-called “honour-based” violence.²⁷⁹ • Those inside an FM may also experience conditions which meet the legal definition of slavery and slavery like practices such as servile marriage or even conditions of sexual slavery, child servitude, child trafficking, and forced labour.²⁸⁰ 	<ul style="list-style-type: none"> • Where the husband is significantly older, limited decision-making power in relation to their own lives.²⁸¹ • Due to early pregnancy and social pressure, higher rates of school dropout and forced exclusion from school.²⁸² • Loss of personal and economic autonomy²⁸³ leading to hindered personal freedom and development. • Restrictions on freedom of movement.²⁸⁴ • Loss of control over their social and private lives.²⁸⁵ • Lack of education and social development is a causal form of abuse that leads on to a further loss of empowerment and which leaves victims more vulnerable and open to other abuses later in life.²⁸⁶

²⁷⁴ UN, *Preventing and eliminating child, early and forced marriage*, § 23.

²⁷⁵ *Ibid.*

²⁷⁶ *Ibid.*

²⁷⁷ EU, *Forced Marriage from a gender perspective*, European Parliament study for the FEMM Committee, 2016, § 2.1.2.

²⁷⁸ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 23.

²⁷⁹ UN, *Preventing and eliminating child, early and forced marriage*, § 22.

²⁸⁰ *Ibid.*, § 21.

²⁸¹ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 22.

²⁸² UN, *Preventing and eliminating child, early and forced marriage*, § 24.

²⁸³ UN, *Child, early and forced marriage : UN General Assembly Resolution* adopted on 22 January 2015, A/RES/69/156, Preamble; UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 23.

²⁸⁴ UN, *Joint general recommendation No. 31 CEDAW/CRC*, § 22.

²⁸⁵ UN, *General Assembly Resolution 71/168, Intensifying global efforts for the elimination of female genital mutilation*, A/RES/71/168 (19 December 2016), preamble.

²⁸⁶ UN, *Preventing and eliminating child, early and forced marriage*, § 24.

Appendix II

National contacts - relevant ministries or authorities; applicable legislation; national action plans or strategies; national policies, campaigns and initiatives; partnerships both national and international²⁸⁷

MEMBER STATES

 ANDORRA / ANDORRE	
Relevant ministries or authorities	<p>Equality Policies Department Ministry of Social Affairs, Justice and Interior Government of Andorra Person of contact: Mireia Porras Garcia, Head of the Equality Policies Department Contact number: 00376874800 Email: mireia_porras@govern.ad or igualtat@govern.ad</p>
Applicable legislation	<p>- The Council of Europe Convention on preventing and combating violence against women and domestic violence, adopted in Istanbul on 11 May 2011 and ratified in Andorra in 2014.</p> <p>- Andorran Criminal Code:</p> <p>Article 171a, Forced / non-consensual marriage: Anyone who forces a person to marry, against or without his/her will, shall be punished with imprisonment for up to two years.</p> <p>Article 116, 2, Qualified injuries: Whoever causes a person genital mutilation or forced sterilization, shall be punished with imprisonment of three to ten years.</p>
Campaigns and initiatives	<p>Within the framework of the deploying of the Istanbul Convention, from the Equality Policies department, training is provided to different professionals from all over the country that intervene directly and/or indirectly in cases of gender-based violence. The aim is to provide them with the necessary tools for the detection, intervention and referral of these cases. One of the subjects of discussion is forced marriage and female genital mutilation</p>
 AUSTRIA / AUTRICHE	
Relevant ministries or authorities	<p>Federal Ministry of Health and Women's Affairs: https://www.bmgf.gv.at/home/EN/Women_Equality/ Federal Ministry of Justice www.justiz.gv.at Federal Ministry of Interior http://www.bmi.gv.at/cms/BK/praevention_neu/gewalt/start.aspx</p>
Applicable legislation	<p>§ 106a of the Austrian Criminal Code (StGB)</p> <p>Protection Against Violence Act: https://www.bmgf.gv.at/home/EN/Women_Equality/Domestic_Violence_[In_English] § 30a of the Residence and Settlement Act (Niederlassungs- und Aufenthaltsgesetz) § 54 (4) through (6) of the Austrian Physicians Act (Ärztegesetz)</p>

²⁸⁷ The purpose of the appendix is to enable better networking and cooperation, whereby readers of the document would have the relevant information to follow up with national authorities, or be able to study relevant legislation, policies and campaigns on these issues. The information is presented in the language in which it was submitted. The Appendix will be updated regularly on the CDDH's website.

National action plans or similar	<p>National Action Plan on FGM (2008) National Action Plan to Protect Women against Violence 2014 – 2016 (Nationaler Aktionsplan zum Schutz von Frauen vor Gewalt 2014 – 2016): https://www.bmgf.gv.at/home/Frauen_Gleichstellung/Gewalt_gegen_Frauen/Nationaler_Aktionsplan_zum_Schutz_von_Frauen_vor_Gewalt_2014_2016</p> <p>Austrian platform « Stop FGM » Austrian platform against forced marriage</p>
National policies	<ul style="list-style-type: none"> - Shelter for girls and young women affected and threatened by FM and counselling of FGM - Financial support for help and awareness-raising activities of NGOs - School workshops - Brochures “Tradition und Gewalt – Zwangsheirat, FGM/C”
Campaigns and initiatives	<p>Austrian platform “Stop FGM”: http://www.stopfgm.net/ Coordination body on FM: http://www.orientexpress-wien.com/de/wir_fuer_frauen/koordinationsstelle/</p>
Partnerships (both national and international)	<p>Bright Future - Afrikanische Frauenorganisation: http://www.african-women.org/index.php FEM Süd- Frauengesundheitszentrum: http://www.fem.at/FEM_Sued/femsued.htm Orient-Express: http://www.orientexpress-wien.com/ Online- Counselling by Orient Express: http://www.gegen-zwangsheirat.at/ Divan – Caritas der Diözese Graz-Seckau: https://www.caritas-steiermark.at/hilfe-angebote/migrantinnen-fluechtlinge/beratung-betreuung/divan/?L=0</p>



BELGIUM / BELGIQUE

Relevant ministries or authorities	<p>Ministry of Justice Margot Taeymans Margot.taeymans@just.fgov.be +3225427933</p> <p>The Institute for the equality of women and men Nicolas Belkacemi Nicolas.belkacemi@igvm.belgie.be Marijke Weewauters Marijke.weewauters@igvm.belgie.be</p> <p>The Institute for the Equality of Women and Men coordinates the National Action Plan to combat all forms of gender-based violence 2015-2019. For contact information on the policies and contact information of the federated entities (Flanders, the Brussels region, the French community and the German speaking community), please contact this institute. http://igvm-iefh.belgium.be/en - http://igvm-iefh.belgium.be/fr - http://igvm-iefh.belgium.be/nl</p> <p>Office of the Commissioner General for Refugees and Stateless Persons Valentine Audate Valentine.audate@ibz.fgov.be Melanie Knott Melanie.knott@ibz.fgov.be CGRA-CGVS.gender@ibz.fgov.be</p> <p>Ministry of Home Affairs and Immigration Office Colette Van Lul CVanlul@ibz.fgov.be</p> <p>Federal Agency for the Reception of Asylum Seekers (FEDASIL) Martine Hendrickx martine.hendrickx@fedasil.be</p> <p>Ministry of Health Jelle Osselaer jelle.osselaer@gezondheid.belgie.be</p> <p>Ministère public (Prosecution office) Collège des procureurs-generaux / Board of general prosecutors Nadia Laouar nadia.laouar@just.fgov.be</p>
---	--

Applicable legislation	<p>28 NOVEMBRE 2000. - Loi relative à la protection pénale des mineurs. (Introduced Article 409 in the Penal Code)</p> <p>Loi de 2 juin 2013 modifiant le Code civil, la loi du 31 décembre 1851 sur les consulats et la juridiction consulaire, le Code pénal, le Code judiciaire et la loi du 15 décembre 1980 sur l'accès au territoire, le séjour, l'établissement et l'éloignement des étrangers, en vue de la lutte contre les mariages de complaisance et les cohabitations légales de complaisance.</p> <p>Belgium has a specific penal provision which condemns <u>any person found on the territory</u> who has participated in the mutilation of a girl or a woman in <u>Belgium or abroad</u> (Section 409 of the Criminal Code CP and Section 10 b of the Clcr).</p>
National action plans or similar	<p>National Action Plan on the fight against all forms of Gender-Based Violence (2015-2019) http://igvm-iefh.belgium.be/fr/publications/plan_daction_national_de_lutte_contre_toutes_les_formes_de_violence_basee_sur_le_genre</p>
Campaigns and initiatives	<p>Concerted Strategies for fighting female genital mutilation</p> <p>A participatory process for analysis and action in the Wallonia region. It is a collective process involving actors from various sectors concerned by FGM (health-care professionals, politicians, target groups, organisations in the field). Together, they participate in workshops and networking days to exchange ideas and thoughts on how to create a common reference framework for analysis and action, and, ultimately, conduct a situational analysis and set up an operating plan.</p> <p>http://www.strategiesconcertees-mgf.be/</p>
Partnerships (both national and international)	<p>INTACT (NGO): Katrin Verstraete katrin.verstraete@intact-association.org http://www.intact-association.org/en.html http://www.intact-association.org/nl.html http://www.intact-association.org/fr.html</p> <p>GAMS: Fabienne Richard fabienne.richard@gams.be http://gams.be/</p>

 BOSNIA AND HERZEGOVINA / BOSNIE-HERZÉGOVINE	
Relevant ministries or authorities	<p>FGM: Gender Equality Agency Ms Samra Filipović-Hadžiabdić (Director)</p> <p>Trafficking: Ministry of Security</p>
Applicable legislation	<p>FGM: Family Law of the Federation of BiH; Family Law of the Republika Srpska; Criminal Code of the Federation of BiH; Criminal Code of the Republika Srpska; Criminal Law of BiH</p> <p>Trafficking: Rules on protection of aliens being human trafficking victims (Official Gazette of BiH, No. 90/08); Decision on proceedings and coordination of activities to prevent human trafficking and establishing state coordinator for BiH (Official Gazette of BiH No 24/03 and 37/04) Rules on protection of victims and witnesses being human trafficking victims with the citizenship of BiH (Official Gazette of BiH, No 66/07)</p>
National action plans or similar	<p>Action plan relating to human trafficking in Bosnia and Herzegovina 2016- 2019</p>

**BULGARIA/BULGARIE**

Relevant ministries or authorities	<p>Ministry of Foreign Affairs – http://www.mfa.bg/setlang/en/ Human Rights Department</p> <p>Ministry of Labour and Social Policy – https://www.mlsp.government.bg/index.php?section=HOMEN2&lang=eng Equal Opportunities, Anti-discrimination and Social Assistance Benefits Department</p> <p>Ministry of Justice – http://www.justice.government.bg/ (Bulgarian only) International Legal Cooperation and European Affairs Department</p> <p>National Council for Cooperation on Ethnic and Integration issues – http://www.nccedi.government.bg/page.php?category=125</p> <p>State Agency for Child Protection – http://sacp.government.bg/bg/ (Bulgarian only)</p> <p>National Commission for Combating Trafficking in Human Beings – http://antitraffic.government.bg/en/</p>
Applicable legislation	<p>Criminal Code – http://www.vks.bg/english/vksen_p04_04.htm</p> <p>Family Code – https://www.mlsp.government.bg/ckfinder/userfiles/files/admob/ Family_Code.pdf</p> <p>Protection against Domestic Violence Act – https://www.mlsp.government.bg/index.php?section=POLICIESI&I=320&lang=eng</p> <p>Equal Opportunities for Women and Men Act – http://lex.bg/bg/laws/ldoc/2136803101 (Bulgarian only)</p> <p>Combatting Trafficking in Human Beings Act – https://www.mlsp.government.bg/ckfinder/userfiles/files/admob/Combating_Trafficking_in_Human_Beings_Act.pdf</p>
National action plans or similar	<p>National Strategy on the Child – https://www.mlsp.government.bg/index.php?section=POLICIESI&I=263&lang=eng</p> <p>National Roma Integration Strategy (2012-2020) – http://www.nccedi.government.bg/page.php?category=125&id=1740</p>
Campaigns and initiatives	<p>Amalipe Center for Interethnic Dialogue – “Preventing Early Marriages”, Publication – http://www.amalipe.com/files/publications/ranni%20brakove%20last.pdf</p> <p>Animus Association Foundation – http://animusassociation.org/en/</p>
Partnerships (both national and international)	<p>Global Partnership Girls not Brides – http://www.girlsnotbrides.org/child-marriage/bulgaria/</p> <p>Strategy on the Advancement of Romani Women and Girls (2014-2020)</p>

**CROATIA / CROATIE**

Relevant ministries or authorities	<p>Ministry for Demography, Family, Youth and Social Policy Contact persons:</p> <p>Ms Sandra Batlak, Advisor at the Cabinet of the Minister Tel. +385 1 555 7201 sandra.batlak@mdomsp.hr</p> <p>Ms Tajana Krstonošić, Senior Expert Advisor Tel. +385 1 555 7131 tajana.krstonosic@mdomsp.hr</p>
---	--

	<p><u>Government Office for Gender Equality</u> Tel: +385 1 6303 090 ured.ravnopravnost@urs.vlada.hr</p> <p><u>Government Office for Human Rights and Rights of National Minorities</u> Tel: +385 1 4569 358 ured@uljppnm.vlada.hr</p> <p><u>The Ministry of Science and Education</u> Tel: +385 1 4594 461 standardstrategije@mzo.hr</p> <p><u>Education and Teacher Training Agency</u> Tel: +385 1 2785 002 agencija@azoo.hr</p> <p><u>Ministry of Justice Victim and Witness Support Unit</u> Tel: +385 1 3714-756 zrtve.i.svjedoci@pravosudje.hr Relevant website: https://pravosudje.gov.hr/podrska-zrtvama-i-svjedocima/6156</p> <p><u>Ministry of Interior</u> Contact person: Suncica Zelle and Biljana Ban, Asylum Support Officers Tel: 00385 1 4570950 suncica.zelle@mup.hr biljana.ban@mup.hr Relevant website: http://stari.mup.hr/120027.aspx</p>
Applicable legislation	<p><u>Act on the Protection from Domestic Violence</u> Act on the ratification of the Istanbul Convention (under preparation)</p> <p><u>Act on Gender Equality</u></p> <p><u>The Crime Victims Compensation Act</u></p> <p><u>The Witness Protection Act</u></p> <p><u>The Act on International and Temporary Protection [In English]</u></p>
National action plans or similar	<u>National Plan for Combating Trafficking in Human Beings 2012-2015</u> (The new Plan is under preparation)
National policies	<p><u>National Strategy of Protection against Domestic Violence for period 2011 - 2016</u> (The new Strategy for period 2017 -2022 is under preparation)</p> <p><u>National Policy for Gender Equality (2011-2015)</u> [In English]</p> <p><u>National Roma Inclusion Strategy (2013-2020)</u> [In English]</p>
Campaigns and initiatives	Health and Civic Education Programmes provide for learning and teaching about non-violent behaviour and gender equality.

 CYPRUS / Chypre	
Relevant ministries or authorities	Ministry of Health Dr. Azina Myrto, Medical Officer A Tel.: + 357 22605410 Email: MAzina@mphs.moh.gov.cy
Applicable legislation	Asylum Service Konstantina Konstantinou, Administrative Officer Tel.:+ 357 22445273 Email: kkonstantinou@papd.mof.gov.cy
National action plans or similar	Ministry of Education and Culture Dr. Christina Ioannou, Educational Psychologist A Tel.: + 357 22800600



CZECH REPUBLIC / REPUBLIQUE TCHEQUE

<p>Relevant ministries or authorities</p>	<p><i>Female Genital Mutilation</i></p> <ul style="list-style-type: none"> • Office of the Government of the Czech Republic; Section for Human Rights, Department for Gender Equality www.vlada.cz; www.tojrovnost.cz • Ministry of Interior of the Czech Republic, Department of the Security Policy and the Prevention of Criminality www.mvcr.cz • Other relevant ministries: Ministry of Justice (www.justice.cz); Ministry of Health (www.mzcr.cz) <p><i>Forced Marriage</i></p> <ul style="list-style-type: none"> • Office of the Government of the Czech Republic; Section for Human Rights, Department for Gender Equality www.vlada.cz; www.tojrovnost.cz • Ministry of Interior of the Czech Republic, Department of the Security Policy and the Prevention of Criminality (responsible for the coordination of the fight against human trafficking) • Ministry of Interior of the Czech Republic, Department of Asylum and Migration Policy (responsible for the awarding international protection, and various residence statuses) www.mvcr.cz • Other relevant ministries: Ministry of Justice (www.justice.cz); Ministry of Defence (www.army.cz); Ministry of Foreign Affairs (www.mzv.cz) Ministry of Labour and Social Affairs (www.mpsv.cz).
<p>Applicable legislation</p>	<p><i>Female Genital Mutilation</i></p> <ul style="list-style-type: none"> • Section 145 of the Criminal Code (Grievous Bodily Harm) in relation to Section 122 (2) of the Criminal Code (definition of <i>grievous bodily harm</i>) • Section 198 of the Criminal Code (Maltreatment of Entrusted Person) <p><i>Forced Marriage</i></p> <ul style="list-style-type: none"> • Section 168 (2) of the Criminal Code (Human Trafficking) • Section 175 of the Criminal Code (Extortion) <p>Notes:</p> <p>1) According to Act No. 418/2011 (Act on Criminal Liability of Legal Persons and Proceedings against Them) which came into force in 2012, a legal person may also be held criminally responsible under all the above mentioned provisions of the Criminal Code.</p> <p>2) Act No. 45/2013 (Act on the Victims of Criminal Acts) includes specific and enhanced protection of and assistance to the so called “especially vulnerable victims”. These include disabled persons but also victims of criminal acts of a sexual nature or of acts including violence or threads of violence.</p>
<p>National action plans or similar</p>	<p><i>Action Plan for the Prevention of Domestic and Gender-based Violence for 2015–2018</i></p> <p>The Action Plan was approved by the Czech Government in February 2015. The Action Plan includes 70 specific measures focused on prevention and elimination of domestic and gender-based violence (including FGM and forced marriages).</p> <p>The Action Plan was drafted in cooperation with the Committee for the Prevention of Domestic Violence and Violence against Women, bringing together experts from non-governmental organisations, relevant ministries and academia. The Norwegian organisation <i>Alternativ til Vold</i> (Alternative to Violence) also participated in the preparation of the Action Plan allowing exchange and sharing of Norway’s experience and knowledge.</p> <p>The English version of the Action Plan is available at http://www.vlada.cz/assets/ppov/rovne-prilezitosti-zen-a-muzu/dokumenty/AP_DN_AJ_BROZURA.doc.</p> <p><i>National Strategy for the Prevention of Human Trafficking for 2016–2019</i></p> <p>The National Strategy is prepared by the Inter-ministerial Coordination Group for the Fight against Human Trafficking while the fulfilment of the National Strategy is further monitored by the same body. The current National Strategy focuses, <i>among others</i>, on the human trafficking issue from the perspective of criminal law and also on the side effects.</p> <p>For more information, including in English, see http://www.mvcr.cz/clanek/obchod-s-lidmi-dokumenty-982041.aspx.</p>

National policies	No specific policies for the prevention of FGM/forced marriage have been implemented.
Campaigns and initiatives	In November 2016 the Office of the Government of the Czech Republic launched a raise-awareness campaign "That's equality" focusing <i>inter alia</i> on the prevention of gender-based violence. TV spots, informative posters and a webpage (www.tojеровnost.cz) are part of the campaign. The campaign aims mainly at domestic violence and sexual violence prevention as those are the most common forms of gender-based violence in the Czech Republic.
Partnerships (both national and international)	<i>Alternativ til Vold</i> (Norwegian NGO): cooperation on gender-based violence prevention policies and measures.

 DENMARK / DANEMARK	
Relevant ministries or authorities	Ministry of Immigration and Integration Division of Integration Analysis Head of Section: Helle Stovegaard Fahl E-mail: hfh@uim.dk Phone: +45 6198 3308
Applicable legislation	Legislation and initiatives regarding "honour" related conflicts and negative social control [in Danish]: http://uim.dk/arbejdsomrader/copy_of_aeresrelaterede-konflikter
National action plans or similar	National action plan on prevention of "honour" related conflicts and negative social control: http://uim.dk/filer/integration/national-handlingsplan-forebyggelse-af-aeresrelaterede-konflikter-og-negativ-social-kontrol.pdf/@download/file/national-handlingsplan-forebyggelse-af-aeresrelaterede-konflikter-og-negativ-social-kontrol.pdf The Danish Criminal Code: https://www.retsinformation.dk/Forms/r0710.aspx?id=181992 The notification of The Director of Public Prosecutions on unlawful coercion containing a paragraph on re-education journeys and forced marriages (Section 4.1): https://vidensbasen.anklagemyndigheden.dk/api/portals(6e302527-f0b3-4a5e-889a-668aa67e5491)/Print/h/6dfa19d8-18cc-47d6-b4c4-3bd07bc15ec0/VB/1d8ebc37-0b1c-4eeb-abd1-ed8714099b96

 ESTONIA / ESTONIE	
Relevant ministries or authorities	Ministry of Justice Penal Law and Procedure Division Advisor: Anne Kruusement E-mail: Anne.Kruusement@just.ee Telephone: + 372 620 8203
Applicable legislation	Amendments of Penal law (paragraphs 118 ¹ , 133, 175) that are not approved by Parliament yet. https://www.riigikogu.ee/tegevus/eelnoud/eelnou/f9a7291c-8c46-4ad8-a740-4e1c55c83964/Karistususeadustiku%20ja%20v%C3%A4lismaalaste%20seaduse%20muutmise%20seadus
National action plans or similar	Violence Prevention Strategy for 2015-2020



FINLAND/FINLANDE

Relevant ministries or authorities	<p>National contacts for prevention of FGM : Ministry of Social Affairs and Health / maire.kolimaa@stm.fi The National Institute for Health and Welfare / reija.klemetti@thl.fi</p> <p>National contacts for actions against VAW : Ministry of Social Affairs and Helth / pirjo.linnsunde@stm.fi The National Institute for Health and Welfare/ martta.october@thl.fi</p>
Applicable legislation	Criminal Code, Social Welfare Act, Marriage Act
National action plans or similar	<p><u>Action Plan for the prevention of circumcision of girls and women 2012-2016 (FGM)</u> – implemented and evaluated</p> <p>Action Plan for Sexual and Reproductive Health (2014-2020) – among many other things includes national actions related to FGM (and violence against women) http://www.julkari.fi/handle/10024/116162 (Plan is in Finnish, summary in English)</p> <p>Implementation of the Istanbul convention is currently underway: The first National Plan for Implementation (2018-2021) will be adopted in 2017.</p>
National policies	Information for professionals on following webpages: The National Institute for Health and Welfare www.tyttojenymparileikkaus.fi – in which advice for different professionals how to manage FGM.
Campaigns and initiatives	Nationally, training of health care and social work professionals with regard FGM has been incorporated in the study materials, such as Handbook of midwives, handbook of maternity clinic nurses as well as the electronic child protection services handbook (Lastensuojelun käsikirja: https://www.thl.fi/fi/web/lastensuojelun-kasikirja). Also training of doctors includes information of FGM.
Partnerships (both national and international)	A National Network of health care and social work professionals, NGO's and policy makers on FGM has been run by the ministry and National Institute for Health and Welfare. It brings together different professionals on a yearly basis to discuss the topic.



FRANCE

Ministères ou autorités pertinentes	<p>- Secrétariat d'Etat chargé de l'égalité entre les femmes et les hommes - Mission interministérielle pour la protection des femmes contre les violences et la lutte contre la traite des êtres humains (MIPROF) : Email : miprof@miprof.gouv.fr</p>
Législation applicable	<p>Mariages forcés Code pénal – Article 222-14-4 Code civil – Article 202-2</p> <p>Mutilations génitales féminines Code pénal - Article 222-9 Code pénal - Article 222-10 Code pénal - Article 227-24-1</p> <p>Les mesures de signalement Code pénal - Article 113-7</p> <p>L'extraterritorialité Code de procédure pénale - Article 40 Code pénal - Article 434-3 Code pénal - Article 226-14</p>
Plan national d'action	<p>Le 5ème plan de mobilisation et de lutte contre toutes les violences faites aux femmes (2017-2019) contient plusieurs mesures concernant les mariages forcés et les mutilations sexuelles féminines. http://www.egalite-femmes-hommes.gouv.fr/wp-content/uploads/2016/11/5e-plan-de-lutte-contre-toutes-les-violences-faites-aux-femmes.pdf</p>

	<ul style="list-style-type: none"> Action 72 : Former les professionnels en lien avec les jeunes femmes sur l'ensemble des violences faites aux femmes dont le cyber sexisme, le harcèlement sexiste et sexuel, les violences dans le couple, les mariages forcés, les violences sexuelles Action 73 : Former les professionnels sur les mariages forcés et, en premier lieu, les travailleurs sociaux les professionnels de l'éducation (enseignants, conseillers principaux d'éducation, psychologues scolaires, infirmiers et médecins scolaires) Action 81 : Consolider les dispositifs d'accompagnement des jeunes femmes victimes de mariages forcés et de mutilations sexuelles Action 82 : Poursuivre les actions de prévention des mutilations sexuelles féminines (MSF) auprès des publics concernés et des professionnels Action 83 : Actualiser les connaissances sur l'épidémiologie et les tendances évolutives du phénomène mutilations sexuelles féminines en France et pérenniser un dispositif de suivi de l'évolution de la prévalence
Campagnes et initiatives	<ul style="list-style-type: none"> Campagne nationale d'information et de sensibilisation sur les mutilations sexuelles féminines et les mariages forcés, juin 2017 http://www.egalite-femmes-hommes.gouv.fr/campagne-de-communication-pour-lutter-contre-le-mariage-force-et-lexcision/ Dépliant d'information « Les mutilations sexuelles féminines, un crime puni par la loi », disponible en français et en anglais. http://www.stop-violences-femmes.gouv.fr/IMG/pdf/Depliant_Mutilations2015_FR.pdf Création d'outils de formation des professionnels <ul style="list-style-type: none"> Sur les mutilations sexuelles féminines : Kit Bilakoro (court-métrage, livret d'accompagnement "La-le professionnel-le face aux mineures menacées ou victimes de mutilations sexuelles féminines", brochure "le praticien face aux mutilations sexuelles féminines » http://www.stop-violences-femmes.gouv.fr/les-outils-de-formation-sur-les.html Sur les mariages forcés : livret de formation des professionnels « le repérage et la prise en charge des filles et des femmes victimes de mariage force », clip « Parole de victime » http://www.stop-violences-femmes.gouv.fr/les-outils-de-formation-sur-le.html



GEORGIA / GEORGIE

Relevant ministries or authorities	<p>Interagency Council on Implementation of Measures for Elimination of Domestic Violence Other organisations involved in work on the subject are: Administration of Government, Assistant of the Prime Minister on Human Rights and Gender Equality Ministry of Justice Ministry of Internal Affairs Prosecutor's Office Ministry of Labour, Health and Social Affairs Ministry of Education and Science Gender Equality Council of the Parliament of Georgia Public Defender's office of Georgia LEPL State Fund for Protection and Assistance of Victims of Human Trafficking (State Fund) Task Force on the Issues of Early Marriages (Gender Theme Group (GTG))</p>
Applicable legislation	<p>The Minister of Justice of Georgia signed the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) on 19 June 2014 which was ratified on 5 April 2017.</p> <p>FM (including an unregistered marriage) was criminalised in Georgia on 17 October 2014 (article 150 of Criminal Code of Georgia).</p> <p>[In English] https://matsne.gov.ge/en/document/view/16426?publication=173</p> <p>As to the FGM, for the aim of ratification of the Istanbul Convention, the Parliament of Georgia approved legislative amendments aimed at protecting women's rights and preventing domestic violence. The bill includes, among others, criminalization of FGM (article 133). http://info.parliament.ge/file/1/BillReviewContent/148885</p>

<p>National action plans or similar</p>	<p>National Human Rights Strategy for 2014-2020. It identifies 23 strategic directions including Gender Equality, Women’s Empowerment, fight Against Domestic Violence, as well as Child Rights.</p> <p>[in English] http://gov.ge/files/429_51454_924779_STRATEGYENG.pdf</p> <p>Human Rights Action Plan for 2016-2017 https://matsne.gov.ge/ka/document/view/3350412</p> <p>National Action Plan for 2016-2017 on the Measures to be Implemented for Combating Violence against Women and Domestic Violence and Protection of Victims/Survivors https://matsne.gov.ge/ka/document/view/3350284</p>
<p>National policies</p>	<p>The Government of Georgia acknowledges that elimination of all kinds of violence against women requires concerted interagency policy.</p> <p>The Interagency Council on Implementation of Measures for Elimination of Domestic Violence is chaired by the assistant to the Prime Minister on Human Rights and Gender Equality issues and is comprised of the representatives from Ministries, other governmental and non-governmental entities, including international organisations.</p> <p>The Interagency Council is a policy making body tasked with coordination and monitoring of Government Agencies involved in implementation of National Action Plan on the Measures to Combat Domestic Violence in Georgia.</p> <p>The latest Action plan for 2016-2017, approved by the Cabinet in 2016, has been expanded to violence against women with the aim to bring the national commitments with the requirements of the Istanbul Convention.</p> <p>In November 2014, a Consultative Group to the Interagency Council consisting of civil society representatives and International Organisations was also established. The main objective of the Group is to elaborate relevant recommendations for the Council.</p> <p>Additionally, Task force on the Issues of Early Marriages was established by the Interagency Council and Gender Theme Group (GTG) coordinated by the UN family. The main task of the Group is addressing the practice of early marriages. In December 2015, the Task Force undertook mapping of the Government Strategies and Action Plans that were relevant to address/integrate Child Marriage prevention. As a result relevant policy recommendations were integrated in the Governmental Human Rights Action Plan for 2016-2017.</p>
<p>Campaigns and initiatives</p>	<p>The Government of Georgia acknowledges the importance of awareness-raising campaigns to efficiently address the violence against women and gender-based violence. For this purposes in 2015 the Ministry of Justice issued the one-off grant of 15.000 GEL to non-governmental organisations to promote their engagement in the preventive activities on violence against women, including Forced Marriage and to strengthen cooperation with NGOs in this field.</p> <p>Within the framework of the Grant project of the Ministry, multilingual brochures (Georgian, Russian, English, Azerbaijani and Armenian) on violence against women and domestic violence were produced.</p> <p>Since February 2017 the Ministry of Justice has started a large-scale social campaign named "Act."</p> <p>The main messages of the campaign are distributed through all communication channels. Special attention is paid to organise meetings with the students, as well as social centres and educational institutions. Special training modules are developed by the Training Centre of Justice, which envisions to hold meetings, trainings and discussions in 2017 in Community Centres in all towns and villages across the country.</p> <p>Within the framework of the campaign, the Ministry of Justice produced three videos bearing the message: #act. http://www.i.justice.gov.ge/News/Detail?newsId=5350 http://www.tci.gov.ge/ka/news/378/ http://imogmede.ge/</p>
<p>Partnerships (both national and international)</p>	<p>Council of Europe EU delegation to Georgia UN Women Public Defender’s Office of Georgia</p>



GERMANY / ALLEMAGNE

<p>Relevant ministries or authorities :</p>	<p>Federal Ministry for Family Affairs, Senior Citizens, Women and Youth Forced Marriage: Division 411 411@bmfsfj.bund.de</p> <p>Child Marriage: Division 512 512@bmfsfj.bund.de</p> <p>Federal Ministry of Justice and for Consumer Protection Criminal Code (Special Part): Division II A 2 IIA2@bmjv.bund.de</p> <p>Family law; law of succession: Division I A 1 IA1@bmjv.bund.de</p> <p>Federal Ministry of the Interior Contact for training and education relating to asylum procedure: Division 113 Ref113Posteingang@bamf.bund.de</p> <p>Contact for Police statistics: Division OeS11 OeS11@bmi.bund.de</p> <p>General questions of asylum procedure: Division 230 Ref230Posteingang@bamf.bund.de</p>
<p>Applicable legislation</p>	<p>FGM: section 226a of the Criminal Code</p> <p>FM: section 237 of the Criminal Code</p> <p>German criminal law also applies in cases of female genital mutilation and forced marriage committed abroad, regardless of the law applicable in the place where the act was committed, if the offender is a German citizen or the victim's place of residence is Germany at the time of the offence (section 5 no. 6 (c) and no. 9a (b) of the Criminal Code).</p> <p>Foreigners who legally resided in Germany as minors will, contrary to section 51 (1) nos. 6 and 7 of the Residence Act, not lose their residence permit if they were unlawfully forced to marry and kept from returning to Germany by violence or threat of serious harm, and if they return to Germany within three months after the forced marriage has ended but no later than ten years after their departure.</p> <p>The Act to Combat Child Marriage (<i>Gesetz zur Bekämpfung von Kinderehen</i>) entered into force on 22 July 2017. The Act aims to take decisive action against child marriage and contains, <i>inter alia</i>, provisions on the determination of marriageable age.</p>
<p>National action plans or similar</p>	<p>In Germany an interdisciplinary working group works on the elimination of female genital mutilation within Germany (see below). It works on the grounds of the recommendations of the Communication of the EU commission towards the elimination of female genital mutilation.</p>
<p>National policies</p>	<p>Within Germany's federal system, state and municipal authorities are responsible for prevention and support in the field of forced marriage. Legislative competence for the issues associated with forced marriage is held at the federal level. In addition, federal authorities may fund pilot projects or publish information materials. Civil society organizations such as Terre des Femmes also actively combat forced marriage.</p>
<p>Campaigns and initiatives</p>	<p>Germany's Federal Government has commissioned a study on the prevalence of FGM in Germany („Empirische Studie zu weiblicher Genitalverstümmelung in Deutschland"- netzwerk-integra.de/startseite/studie-fgm/).</p> <p>One important form of assistance provided to women affected by violence, in particular immigrant women, is the Violence against women support hotline. The hotline provides information and initial counselling on all forms of violence against women, including forced marriage, and establishes contact with local assistance programmes, if necessary. The service is offered in various languages and is accessible for those with disabilities. The hotline is available 24/7 and is free of charge at 08000 116 016.</p> <p>Specialized counselling services in the individual federal states can also be found on the Terre des Femmes website: www.zwangsheirat.de.</p>

Partnerships (both national and international)	Within the Federal government the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has the lead management with regard to combatting FGM within Germany. It works closely with the Ministry of Health, the Federal Ministry of Interior, the Federal Ministry of Foreign Affairs and the Federal Ministry of Justice and Consumer Protection and representatives of the German Bundesländer in an interdisciplinary working group . The Commissioner for Migration, Refugees and Integration, the German Medical Association and NGOs are part of this working group as well.
---	--



GREECE / GRECE

Relevant ministries or authorities	<p>Ministry of Interior – General Secretariat for Gender Equality www.isotita.gr, www.womensos.gr (FGM-Forced marriages) Ms. Georgia Papageorgiou geopapag@isotita.gr</p> <p>Ministry of Justice, Transparency and Human Rights EU and International Organisations’ Dept. adaskalopoulou@justice.gov.gr, ekaplani@justice.gov.gr</p>
Applicable legislation	<p>Female genital mutilation:</p> <p>Criminal Code, article 310 paras. 2-3 (grievous bodily harm with intent); Criminal Code, article 325 (illegal detention); Criminal Code, article 330 (illegal violence) ; Criminal Code, article 333 para. 1 (threat).</p> <p>Forced marriage:</p> <p>Civil Code, articles 1350, 1378 (annulment, following, inter alia, a request by the Public Prosecutor, of a marriage involving a child, if the marriage took place without the court’s consent); Criminal Code, article 355 (punishing whomever persuades somebody by fraudulent means to proceed to a void or voidable marriage); Criminal Code, article 327 par. 1 (involuntary abduction with the purpose of marriage); Law 3500/2006 on domestic violence, article 7 (coercion to action, omission or tolerance of an action from the part of the victim).</p> <p>Extraterritoriality:</p> <p>Criminal Code, articles 6 (crimes committed by Greek citizens abroad) and 7 (crimes committed against Greek citizens abroad) (under the precondition of dual criminality - see also art. 9 CC)</p>
National action plans or similar	<p>National Action Plan on Gender Equality 2016-2020. Actions to support women victims of FGM are included. http://www.isotita.gr/wp-content/uploads/2017/04/ESDIF.pdf</p>
National policies	<p>Greece signed on May 11th 2011 the "Convention on preventing and combating violence against women and domestic violence" of the Council of Europe, known as the Istanbul Convention.</p> <p>The draft bill ratifying the Convention and adjusting domestic legislation with the provisions of the latter was submitted to Parliament at the end of February 2018. The draft bill enhances victims’ protection and strengthens the relevant criminal legislation on FGM and forced marriage. .</p>
Campaigns and initiatives	<p>Campaign on violence against women</p>



IRELAND / IRLANDE

Relevant ministries or authorities	<p>Forced Marriage Anti-Human Trafficking Unit, Department of Justice and Equality ahtudivision@justice.ie</p> <p>FGM Department of Health and the Health Service Executive The Health Service Executive is committed to progressing health related elements of FGM with specific reference to awareness-raising among communities, staff information and support, together with data collection. They also fund a specialist clinic operated by the Irish Family Planning Association for girls and women who have undergone FGM.</p>
---	---

Applicable legislation	<p>Forced Marriage Domestic Violence Bill 2017 (to be enacted in 2017)</p> <p>FGM <u>The Criminal Justice (Female Genital Mutilation) Act 2012</u> provides for the creation of an offence of female genital mutilation and other offences relating to female genital mutilation. This Act explicitly prohibits Female Genital Mutilation along with related offences - some of which apply to certain extra-territorial jurisdictions. The Act also makes it an offence to remove a girl from the State for the purpose of FGM. The legislation takes a human rights perspective and stipulates that the right to practice one's cultural traditions and beliefs cannot be used to justify FGM, which has been internationally recognised as a form of gender-based violence. A defence of custom or ritual in proceedings is not permitted; neither is a defence that the girl/woman or her parents/guardian consented to FGM.</p>
National action plans or similar	<p>Forced Marriage The Second National Action Plan to Prevent and Combat Human Trafficking in Ireland.</p>
Campaigns and initiatives	<p>FGM The Health Service Executive National Social Inclusion Office supports a free <u>FGM treatment service</u> operating from the Everywoman Centre located in the Irish Family Planning Association (IFPA) in Dublin city centre. It offers free specialised medical, psychological, sexual and reproductive care and counselling to all women and girls in the country who have experienced FGM.</p>
Partnerships (both national and international)	<p>FGM The Department of Health and Health Service Executive work in partnership on FGM health related matters. The non-governmental organisation AkiDwA works closely with at risk communities and also to identify and alert when suspected persons may possibly be seeking FGM procedures. They then alert the appropriate authorities. The HSE also funds AkiDwA to do awareness raising and information provision.</p>

 ITALY / ITALIE	
Relevant ministries or authorities	<p>Department for Equal Opportunities – Presidency of the Council of Ministers Mr. Michele Palma Ms. Tiziana Zannini europa.po@governo.it +39 (06) 67792430 +39 (06) 67792018</p>
Applicable legislation	<p>FGM <u>International and European Conventions</u> Italy has ratified various international conventions condemning FGM: the 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).</p> <p><u>Criminal law</u> Law No. 7/2006 «Provisions concerning the prevention and prohibition of female genital mutilation » 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. http://www.camera.it/parlam/leggi/060071.htm</p> <p><u>Child protection law</u> Italy has ratified the Lanzarote Convention by Law No. 172/2012. The law introduces an additional paragraph to article 583 bis, providing for the removal of parental authority in case the crime is committed by a child parent or guardian. http://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:legge:2012;172</p> <p><u>Asylum law</u> Asylum claims on the grounds of FGM could fall under Legislative Decree No. 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). http://www.asgi.it/wp-content/uploads/public/decreto.legislativo.19.novembre.2007.n.251.pdf</p>

	<p>Gender based violence law Law n. 119/2013 “Urgent provisions on security and for the fight against gender-based violence, as well as on civil protection and compulsory administration of provinces” provides for the increasing of punishment for some offences related to intimate partner violence, as well as legal aid and residence permit for victims of FGM (art. 76 §4 ter, art. 18 bis). http://www.gazzettaufficiale.it/eli/id/2013/10/15/13G00163/sg</p> <p>FM: No specific reference to forced marriages exists in the Italian legislation. For such phenomenon, reference is usually made to the crime of maltreatments within the family (art. 572 of the Penal Code). http://www.brocardi.it/codice-penale/libro-secondo/titolo-xi/capo-iv/art572.html</p> <p>Furthermore, art. 122 of the Italian Civil Code envisages the opportunity to annul marriage in case the spouse’s consent was extorted under duress, or was due to exceptionally serious fear of events outside the spouse’s control. http://www.brocardi.it/codice-civile/libro-primi/titolo-vi/capo-iii/sezione-vi/art122.html</p> <p>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). http://www.regione.molise.it/web/crm/lr.nsf/0/3F8917E052F75A38C1257C150052D069?OpenDocument http://normelombardia.consiglio.regione.lombardia.it/NormeLombardia/Accessibile/main.aspx?view=showdoc&iddoc=lr002012070300011</p>
<p>National action plans or similar</p>	<p>FGM: In January 2011, the Second Strategic Plan on the priority actions for the prevention of and fight against FGM to be carried out in accordance with Law No. 7/2006 was launched. http://www.pariopportunita.gov.it/media/2746/intesaconferenza_mgf.pdf</p> <p>FM: FM is included in the broad framework of violence. Therefore, the reference plan is the Extraordinary Action Plan against Sexual and Gender-Based Violence. http://www.pariopportunita.gov.it/media/2738/piano_contro_violenzasessualeedigenere_2015.pdf</p>
<p>National policies</p>	<p>FGM: On the occasion of the Third International Day of Zero Tolerance against Female Genital Mutilation (6 February 2009), the national information campaign “Nessuno Escluso” (Nobody Excluded) was launched. http://presidenza.governo.it/DIE/attivita/campagne_istituzionali/XVI_Legislatura/nessuno_escluso/</p> <p>A national survey on the incidence of FGM in Italy was carried out by the Piepoli Institute on behalf of the Department for Equal Opportunities in 2009. http://ods.ars.marche.it/Portals/0/Materiale%20MGF/Valutazione%20Quantitativa%20e%20Qualitativa%20MGF%20Italia_2009.pdf</p> <p>FM: The Department for Equal Opportunities carried out a quantitative and qualitative assessment of other harmful traditional practices violating the rights of girls and young women in Italy, namely forced marriages. http://sitiarcheologici.palazzochigi.it/www.pariopportunita.gov.it/novembre%202016/www.pariopportunita.gov.it/index.php/dipartimento/pubblicazioni/2476-il-matrimonio-forzato-in-italia-conoscere-riflettere-proporre.html</p>
<p>Partnerships (both national and international)</p>	<p>Italy supported the conduction of the “END FGM” European campaign, promoted by Amnesty International, in line with the firm request raised by the European Parliament to eradicate female genital mutilation through a joint resolution , which was adopted on 14 June 2012.</p> <p>As for the international campaign against female genital mutilation, Italy is strongly committed to eliminating this practice, under both the political and development cooperation points of view.</p> <p>Italy has always distinguished itself within the framework of this campaign and has become a privileged link with the African countries which have submitted the Resolution on FGM to the United Nations General Assembly. The Resolution was adopted on 26 November 2012 and co-sponsored by over 110 States (including 50 African countries).</p>

 LATVIA / LETTONIE	
Relevant ministries or authorities	<p>Ministry of the Interior National Anti-Trafficking Coordinator Ms Lāsma Stabiņa - Senior Desk Officer of Sectoral Policy Department e-mail – lasma.stabina@iem.gov.lv tel.: +371 6782 9674 www.iem.gov.lv National Anti-Trafficking web page www.cilvektirdznieciba.lv, www.trafficking.lv</p> <p>Anti-Trafficking Unit, State Police thb@vp.gov.lv</p> <p>State Funded Social Rehabilitation Service Providers: NGO “Shelter “Safe House”” – for victims of trafficking in human beings, social mentoring for asylum seekers, integration measures for third country nationals Lāčplēša iela 75 - 9/10, Riga, LV-1011 +371 67898343, drosa.maja@gmail.com +371 28612120, 24/7 Trustline for victims of trafficking in human beings</p> <p>NGO “Centre Marta” – for victims of trafficking in human beings, victims of domestic violence Matīsa iela 49-3, Riga, LV-1009 +371 67378539, centrs@marta.lv +371 80002012, Hotline, working hours 10.00 - 18.00</p> <p>Ministry of Welfare – leading institution of the state administration in the areas of labour, social security, children's and family rights as well as equal rights for people with disability and gender equality. E-mail: lm@lm.gov.lv, www.lm.gov.lv</p>
National action plans or similar	National Anti-Trafficking Strategy “Guidelines for the Prevention of Trafficking in Human Beings 2014-2020”
Campaigns and initiatives	Project HESTIA “Preventing human trafficking and sham marriages: A multidisciplinary solution” HOME/2013/ISEC/AG/THB/400005845 http://www.trafficking.lv/en/preventing-human-trafficking-and-sham-marriages-a-multidisciplinary-solution-hestia Project deliverables are available on http://www.trafficking.lv/en/project-materials
Partnerships (both national and international)	Latvia is a Member State of the Council of the Baltic Sea States which is an overall political forum for regional cooperation. Ministry of the Interior is a member of the Task Force against Trafficking in Human Beings of the Council of the Baltic Sea States. Ministry of Welfare is a member of Expert Group on Children at Risk of the Council of the Baltic Sea States. http://www.cbss.org http://www.cbss.org/safe-secure-region/tfthb/ http://www.cbss.org/safe-secure-region/eg-on-children-at-risk/

 LUXEMBOURG	
Ministères ou autorités pertinents	<p>Ministère de l’Egalité des chances http://www.mega.public.lu/fr/index.html</p> <p>Ministère de la Santé http://www.sante.public.lu/fr/index.php</p> <p>Ministère de la Justice http://www.mj.public.lu/</p>
Législation applicable	<p>Mutilations génitales féminines :</p> <ul style="list-style-type: none"> - Articles 398 à 410 du Code Pénal (<i>Lésions corporelles volontaires</i>) – incrimination générale - Projet de loi n°7167 : Ratification de la Convention d’Istanbul, y compris insertion d’un nouvel article 410 du Code Pénal – incrimination spécifique <p>Mariage forcé :</p> <ul style="list-style-type: none"> - Articles 387 à 389 du Code Pénal (<i>Des mariages et partenariats forcés ou de complaisance</i>)

Campagnes et initiatives	<p>- Plan d'action national de l'Egalité des femmes et des hommes http://www.mega.public.lu/fr/publications/publications-ministere/2015/pan-egalite-2015/06244_Broch_Plan_Egalite_Femmes_Hommes_2015-2018_04-2015-Web.pdf</p> <p>- Campagne de sensibilisation contre la violence domestiques ; Brochure « <i>La violence domestique fait du mal à toute la famille</i> » (http://www.mega.public.lu/fr/campagnes/egalite-societe/2011/campagne-violence/index.html) ; Théâtre de prévention en matière de violence domestique</p> <p>- Campagne de sensibilisation « <i>Orange Week</i> » contre la violence faite aux femmes</p> <p>- Brochure "<i>NON aux mutilations génitales féminines</i>" (Ministère de la Santé) http://www.sante.public.lu/fr/publications/n/non-mutilations-genitales-femmes/index.html</p>
Partenariats (nationaux et internationaux)	<p>Service Central d'Assistance Sociale – Service d'Aide aux Victimes http://www.justice.public.lu/fr/aides-informations/aide-victime/flyer-service-aide-aux-victimes-scas.pdf</p> <p>Conseil Nationale des Femmes du Luxembourg http://www.cnfl.lu/site/</p> <p>Planning familial http://www.planningfamilial.lu/fr/Sexoogle/category/Mutilations-genitales</p>



REPUBLICA MOLDOVA/ REPUBLIC OF MOLDOVA

Relevant ministries or authorities	<p>Ministry of Foreign Affairs – http://www.mfa.gov.md Human Rights Department</p> <p>Ministry of Health, Labor and Social Protection – http://msmps.gov.md</p> <p>Ministry of Justice – http://justice.gov.md</p> <p>The peoples advocate (Ombudsman) – http://ombudsman.md</p> <p>Council for Preventing and Eliminating Discrimination and Ensuring Equality – http://egalitate.md</p>
Applicable legislation	<p>Criminal Code Chapter VII – Offenses against the family and minors Article 320¹. Failure to enforce the measures of the protection order of the victim of domestic violence</p> <p>Contravention Code Article 63. Failure to meet the child's maintenance, education and training obligations Article 64. Preventing the exercise of the right to communicate with and to educate the child Article 65¹. Discrimination in the field of education Article 78¹ Domestic Violence</p> <p>Law on preventing and combating domestic violence no. 45-XVI din 01.03.2007 Law on equal opportunities for women and men no. 5-XVI din 09.02.2006 Law on preventing and combating trafficking in human beings no. 241-XVI din 20.10.2005 Law on equality no. 121 din 25.05.2012</p>
National action plans or similar	<p>Decision on the approval of the "Women in Business" Pilot Program no. 1064 of 16.09.2016 The purpose of the Program is to provide financial and non-financial support by providing investment grants and services relevant to the development of businesses managed by women. The program will help support women's businesses by maintaining employment and creating new jobs. The program will focus on women in business with growth potential through expansion of the export, export and innovation market.</p> <p>Strategy for ensuring equality between women and men in the Republic of Moldova for the years 2017-2021 The Strategy for ensuring equality between women and men in the Republic of Moldova for the years 2017-2021 aims to foster respect for the role of the law in the achievement of the protection of human rights, the assurance of the values of a rule of law, economic growth and the sustainability of society in general.</p> <p>Free Telephone Service for Victims of Domestic Violence and Violence Against Women (Decision No. 575 of 19.07.2017)</p> <p>The State Register of Homes for Domestic Violence (Decision No. 544 from 09.09.2009)</p>

 MONACO	
Ministères ou autorités pertinents	Ministère de la Santé et de la Sante, Direction de l'Action Sociale et de l'Aide Sociale (DASO) Service administratif du Département des Affaires Sociales et de la Santé.
Législation applicable	FGM: Article 247 du Code Pénal FM: Article 274-1 du Code Pénal (La préservation du consentement des parties) Articles 117, 147, 148 et 151 du Code Civil (Nullité) Article 148 du Code Civil A été créée, sous l'impulsion des services judiciaires, l'Association d'Aide aux victimes d'Infractions Pénales (AVIP), agréée par arrêté ministériel n° 2014-660 du 20 novembre 2014. Les pouvoirs et compétences de la DASO sont prévus par l'Ordonnance Souveraine n° 5.641 du 14 décembre 2015 portant création d'une Direction de l'Action et de l'Aide Sociales (DASO). La Direction de l'Action et de l'Aide Sociales est chargée de toutes missions relatives à l'action ainsi qu'à l'aide sociales.
Politiques nationales	Association d'Aide aux victimes d'Infractions Pénales (AVIP) http://www.avip-monaco.org/
Campagnes et initiatives	« Monaco dit non aux violences » http://www.monacosaysnotoviolence.org un site Internet pour mieux informer, sensibiliser et fournir une assistance aux victimes de violences conjugales Une brochure intitulée « Enfance en danger : le devoir d'alerter » a été éditée à cet effet par le Gouvernement Princier
Partenariats (nationaux et internationaux)	La plaquette de l'Association Femmes Leaders Mondiales Monaco où figurent les adresses et coordonnées des différentes structures d'aide et de prise en charge de la Principauté. (Texte bilingue : français/anglais - http://www.femmesleadersmonaco.com/).

 NETHERLANDS / PAYS-BAS	
Relevant ministries or authorities	Ministry of Social Affairs and Employment Ministry of Health, Welfare and Sport Mr Jeroen Meijerink aj.meijerink@minvws.nl Ministry of Security and Justice Ministry of Foreign Affairs, Social Development Department (DSO) Ms Marie-Louise Wijne Marie-Louise.Wijne@minbuza.nl Ms Mieke Vogels and Ms Maartje van der Meulen mieke.vogels@minbuza.nl and maartje-vander.meulen@minbuza.nl Ministry of Education, Culture and Science Ms Marjolein Paantjens m.m.e.paantjens@minocw.nl
Applicable legislation	Mandatory Reporting Code (Domestic Violence and Child Abuse) Act [In English] 'Wet tegengaan huwelijksdwang' [Law to diminish FM] Staatsblad 2015, 354
National action plans or similar	Actieplan Zelfbeschikking 2015-2017 Actieplan aanpak kindermishandeling 2012-2016 Dutch policies on domestic violence
National policies	FM policy information [In English]
Campaigns and initiatives	Campaign 'Trouwen tegen je wil' [Marrying against your will] Social-media campaign

	<p>Campaign against domestic violence</p> <p>Chain approach at municipal level [In English]</p> <p>Strategic partnership 'Dialogue and Dissent'</p> <p>SRHR partnerships</p>
Partnerships (both national and international)	<p>Veilig Thuis [safe at home]</p> <p>Fier</p> <p>Federation of Somalian Associations Netherlands (FSAN) [In English]</p> <p>Pharos [In English]</p> <p>Amref Flying Doctors</p>



NORWAY / NORVEGE

Relevant ministries or authorities	<p>Ministry of Education and Research https://www.regjeringen.no/en/dep/kd/id586/ postmottak@kd.dep.no Contact Person: Ms. Toril Melander Stene, E-mail: Toril-melander.Stene@kd.dep.no</p> <p>Directorate of Integration and Diversity https://www.imdi.no/en/ post@imdi.no Contact Person: Solfrid Lien sli@imdi.no</p> <p>Directorate for Children, Youth and Family Affairs https://www.bufdir.no/en/English_start_page/, postmottak@bufetat.no Contact Person: Elisabeth Grøtteland elisabeth.grotteland@bufdir.no</p> <p>Expert Team for the Prevention of Forced Marriage and Female Genital Mutilation kompetanseteamet@bufdir.no +47 47809050</p> <p>Directorate of Health https://helsedirektoratet.no/English, postmottak@helsedir.no Contact Person: Gro Saltnes Lopes Gro.Saltnes.Lopez@helsedir.no</p> <p>NORAD Norwegian agency for development cooperation postmottak@norad.no Contact Person: Nina Strøm nina.strom@norad.no</p>
Applicable legislation	<p>General Civil Penal Code § 253 Forced Marriage, § 283 Female genital mutilation, § 285 Gross female genital mutilation https://lovdata.no/dokument/NL/lov/2005-05-20-28</p> <p>Other relevant national legislation see appendix to the national action plan: [In English] https://www.regjeringen.no/en/dokumenter/the-right-to-decide-about-ones-own-life/id2542163/</p>
National action plans or similar	<p>The Right to Decide about One's Own Life – Action Plan to Combat Negative Social Control, Forced Marriage and Female Genital Mutilation 2017-2020 [In English] https://www.regjeringen.no/en/dokumenter/the-right-to-decide-about-ones-own-life/id2542163/</p> <p>Freedom, Empowerment and Opportunities – Action Plan for Women's Rights and Gender Equality in Foreign and Development Policy 2016-2020 https://www.regjeringen.no/globalassets/departementene/ud/vedlegg/fn/kvinner_handlingsplan.pdf</p>
National policies	<p>Escalation Plan Against Violence and Abuse 2017-2021 https://www.regjeringen.no/no/dokumenter/prop.-12-s-20162017/id2517407/</p>
Campaigns and initiatives	<p>Redcross Helpline for Forced Marriage and Female Genital Mutilation http://rodekorstelefonen.no/ +4781555201 info.tvangsekteskap@redcross.no</p> <p>Stop Extreme Control Campaign</p>

	<p>Stop the Wedding Campaign, Plan International Norway [In English] https://www.plan-norge.no/english/stop-wedding Født Fri (Born Free) www.fodtfri.no</p>
Partnerships (both national and international)	<p>Non-Governmental Organisations, see www.imdi.no for updated list of organisations receiving grants for preventive efforts against FM and FGM.</p> <p>Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) [In English] https://www.nkvts.no/english/</p> <p>Regional resource centers about violence, traumatic stress and suicidal prevention (RVTS), http://rvtsost.no/</p> <p>NOVA Oslo and Akershus University College of Applied Sciences [In English] http://www.hioa.no/eng/About-HIOA/Centre-for-Welfare-and-Labour-Research/NOVA/Prosjekter/Childhood-Family-and-Child-Welfare-Research/The-Domestic-Violence-Research-Program</p>

 POLAND / POLOGNE	
Relevant ministries or authorities	<p>Bureau of International Cooperation</p> <p>National Prosecutor's Office</p> <p>Ms. Magdalena Beroud-Korowajczyk Rakowiecka Str. 26/30 02-528 Warsaw e-mail: Magdalena.Beroud@pk.gov.pl</p>

 PORTUGAL	
Relevant ministries or authorities	<p>Comissão para a Cidadania e Igualdade de Género (Commission for Citizenship and Gender Equality)</p> <p>Vitor.almeida@cig.gov.pt Tel: 351217983000</p>
Applicable legislation	<p>Criminal Code: articles 144 A; 154 B and 154 C Law 147/99, of 1 September, amended by law 142/2015, of 8 September</p>
National action plans or similar	<p>III Programme of Action for the Prevention and Elimination of Female Genital Mutilation 2014-2017 (part of the V National Plan to Prevent and Combat Domestic and Gender-based Violence 2014-2017)</p>

 SERBIA / SERBIE	
Relevant ministries or authorities	<p>Ministry of Labour, Employment, Veteran and Social Affairs-Department for anti-discrimination policy and improvement of gender equality: https://www.minrzs.gov.rs/</p> <p>Ministry of Justice: https://www.mpravde.gov.rs/</p> <p>Ministry of Interior Affairs: http://www.mup.gov.rs/wps/portal/sr/</p> <p>Government of the Republic of Serbia- Coordinating Body for Gender Equality https://www.rodnaravnopravnost.gov.rs/</p>
Applicable legislation	<p>Criminal Code Law on Prevention of Domestic Violence Law on Gender Equality</p> <p>FGM is treated as a crime according to the particular Article 121A of Criminal Code. Furthermore, FM is prescribed as criminal offense according to the Article 187A of the same Code.</p>

	Provisions contained in Law on Prevention of Domestic Violence could be used in cases of FGM and FM concerning the Article 4 paragraph 1 item 18 of the same Law. In addition, general provisions on domestic violence according to the Article 29 of Law on Gender Equality could be used in cases of FGM and FM.
National action plans or similar	<p>The National Strategy for Gender Equality 2016-2020 Action plan for implementation of National Strategy for Gender Equality 2016-2020 The National Strategy for Preventing and Combating Violence Against Women in the Family and in Partner Relationships</p> <p>FGM is considered as „femicide” by the National Strategy for Gender Equality 2016-2020 while combating FM is intended as a measure for a specific objective for improvement of multiple discriminated and vulnerable groups of women.</p> <p>FGM and FM are not to explicitly set out in the National Strategy for Preventing and Combating Violence Against Women in the Family and in Partner Relationships but it’s objectives, measures and activities certainly refer to these cases pursuant to domestic violence.</p>
Campaigns and initiatives	<p>Campaign of the Ministry of Justice called “Isključi nasilje”(“Turn of the Violence”) aimed at raising awareness on legislation improvements concerning domestic violence and the position of the victims of the domestic violence.</p> <p>Since 29 May 2017, Coordinating Body for Gender Equality, in cooperation with UN WOMEN and European Commission, has been participating in project for prevention of violence against women in the countries of Western Balkans and Turkey.</p> <p>Since September 2016, Coordinating Body for Gender Equality with support of the Government of the Kingdom of Sweden, has been implementing project called „Integrirani odgovor na nasilje nad ženama i devojčicama u Srbiji II”(„Integrated Response to Violence against Women and Girls in Serbia II”) aimed at improving multi-sector cooperation at national and local level, understanding phenomenon of violence against women, improving protection against violence, preparing first national report on implementation of the Istanbul convention etc.</p>



SLOVAK REPUBLIC / REPUBLIQUE SLOVAQUE

Relevant ministries or authorities	<p>Ministry of Interior Affairs Ministry of Labour, Social Affairs and Family Ministry of Justice Ministry of Health</p>
Applicable legislation	<p>FGM could be treated as a crime according to the general provisions of the Penal Code. In particular, Articles 123, 155 and 156 referring to acts of bodily injury can be used. Furthermore, Article 208 could be applied to FGM as it consists of the crime of abuse of a close person causing physical or mental suffering.</p> <p>Furthermore, general child protection provisions could be used in cases of FGM, particularly the provision included in Article 27 of the Act No. 305/2005 on Social and Legal Protection of Children and Social Curatorship. This provision refers to cases in which the life, health or physical and mental development of a child is endangered.</p> <p>Act No. 480/2002 on Asylum could be applied to FGM cases, as they fall under the definition of prosecution in the form of physical or mental violence including sexual violence and actions targeting a particular sex or children (Article 2).</p>
National action plans or similar	<p>FGM is considered as violence against women thus covered by the : National action plan on prevention and elimination of violence against women 2014–19</p>
National policies	<p>Specific policies on FGM have not been developed. This is probably due to the very low number of women coming from countries where FGM is practised. Based on the relatively strict asylum policy and Slovakia’s labelling as a transition country, immigration from countries where FGM is practised is predicted to remain low. (in 10 years there were two cases of FGM identified)</p>
Partnerships (both national and international)	<p>International Organisation on Migration</p>

 SLOVENIA / SLOVENIE	
Relevant ministries or authorities	Ministry of Labour, Family, Social Affairs and Equal Opportunities http://www.mddsz.gov.si/en/ Ministry of Justice http://www.mp.gov.si/en/
Applicable legislation	Penal Code of the Republic of Slovenia Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS 210)
Campaigns and initiatives	Study on forced marriages (Roma girls) by Social Protection Institute of the Republic of Slovenia (from 2014, available on the following link): https://www.irssv.si/upload2/Prisilne%20poroke%20romskih%20deklic.pdf

 SPAIN / ESPAGNE	
Relevant ministries or authorities	Ministry of Health, Social Services and Equality. Government Delegation for Gender Violence violencia-genero@msssi.es The Government Delegation for Gender-based Violence has the competence to propose the government policy on countering different forms of violence against women on the basis of gender; and to promote, coordinate and advise on all measures taken in this area (see article 3 of Royal Decree 485/2017 of May 12, which develops the basic organisational structure of the Ministry of Health, Social Services and Equality)
Applicable legislation	Article 149 of Organic Law 10/1995, of November 23, of the Penal Code Article 13 of the Organic Law 1/1996, of January 15, on the Legal Protection of Minors Article 23 of Organic Law 6/1985, of 1 July, of the Judicial Branch Law 4/2015, of 17 April 2015, on the Statute of Crime Victims
National action plans or similar	The National Strategy for the Eradication of Violence against Women (2013-2016), which also considers other forms of violence: [In Spanish and English] http://www.violenciagenero.msssi.gob.es/planActuacion/estrategiaNacional/home.htm Common Protocol on health actions countering Female Genital Mutilation, approved on January 14, 2015 by the Plenary of the Interterritorial Council of the National Health System Update to the Basic Protocol for Intervention against Child Abuse in the Family, approved by the Plenary Session of the Observatory of Children at its meeting on June 9, 2014: http://www.violenciagenero.msssi.gob.es/otrasFormas/mutilacion/protocolos/protocolo/home.htm
Campaigns and initiatives	Commemorations of the World Day of Zero Tolerance against Female Genital Mutilation (6 th February): The Government Delegation for Gender Violence has collaborated with <i>Médicos del Mundo</i> in the dissemination of the exhibition "A journey with commitment: the value of prevention in the fight against female genital mutilation". http://www.violenciagenero.msssi.gob.es/otrasFormas/mutilacion/sensibilizacion/home.htm The Government Delegation for Gender Violence has developed the study "Female Genital Mutilation in Spain" (2015), in collaboration with the Professor and Director of the Wassu-UAB Foundation, Adriana Kaplan, and together with Nora Salas Seoane and Aina Mangas Llompart. http://www.violenciagenero.msssi.gob.es/otrasFormas/mutilacion/estudios/home.htm



SWITZERLAND / SUISSE

<p>Ministères ou autorités pertinents</p>	<p>Secrétariat d'État aux migrations (SEM) https://www.sem.admin.ch/sem/fr/home/themen/integration/themen/zwangsheirat.html</p> <p>Office fédéral de la santé publique (OFSP) https://www.bag.admin.ch/bag/fr/home/themen/strategien-politik/nationale-gesundheitsstrategien/nationales-programm-migration-gesundheit/chancengleichheit-in-der-gesundheitsversorgung/massnahmen-gegen-weibliche-genitalverstueummelung.html</p>
<p>Législation applicable</p>	<p>Loi fédérale concernant les mesures de lutte contre les mariages forcés du 15 juin 2012 https://www.admin.ch/opc/fr/official-compilation/2013/1035.pdf</p> <p>Article 124 Code pénal suisse https://www.admin.ch/opc/fr/classified-compilation/19370083/index.html#a124</p>
<p>Plan national d'action ou équivalent</p>	<p>Programme fédéral de lutte contre les mariages forcés http://www.gegen-zwangsheirat.ch/F/</p> <p>Réseau contre les MGF https://www.bag.admin.ch/bag/fr/home/themen/strategien-politik/nationale-gesundheitsstrategien/gesundheitsliche-chancengleichheit/chancengleichheit-in-der-gesundheitsversorgung/massnahmen-gegen-weibliche-genitalverstueummelung.html</p>
<p>Campagnes et initiatives</p>	<p>Une plateforme d'informations soutenue par l'Office fédéral de la santé publique : www.excision.ch Les femmes ayant subi ou risquant de subir une mutilation génitale féminine y reçoivent des informations sur cette pratique interdite en Suisse. La page est proposée en français, en allemand, en italien, en anglais, en somali et en tigrinya. Les spécialistes trouvent un lien vers le site d'experts en haut à gauche de la plateforme d'informations ou directement via www.excision.ch/accueil/</p> <p>Centre de compétence contre les mariages forcés L'ONG Service contre les mariages forcés est soutenue financièrement par la Confédération suisse pour les années 2018-2021 en tant que centre de compétence fédéral contre les mariages forcés.</p>
<p>Partenariats (nationaux et internationaux)</p>	<p>Service contre les mariages forcés http://www.zwangsheirat.ch/</p> <p>Caritas Suisse https://www.caritas.ch/fr/nos-actions/en-suisse/integration/excision/</p> <p>Unicef Suisse http://www.unicef.ch/fr/nous-aidons-ainsi/campagnes/halte-lexcision</p> <p>Terre des Femmes http://www.terre-des-femmes.ch/fr/themes/mutilations-genitales-feminines</p> <p>Santé sexuelle Suisse https://www.sante-sexuelle.ch/fr/</p> <p>Centre suisse de compétence pour les droits humains http://www.skmr.ch/frz/domaines/genre/nouvelles/mutilations-sexuelles-feminines.html?zur=91</p>



"THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA" / « L'EX-RÉPUBLIQUE YOUGOSLAVE DE MACÉDOINE »

<p>Relevant ministries or authorities</p>	<p>Ministry of labour and social policy www.mtsp.gov.mk Ms.Elena Grozdanova State counsellor for equal opportunities egrozdanova@mtsp.gov.mk Ms.Gjulten Mustafova State counsellor for non-discrimination and human rights</p> <p>Department for Equal opportunities Ms Mirdita Saliu Head of DEO msaliu@mtsp.gov.mk</p> <p>National Referral Mechanism for the victims of trafficking in person(NRM) Ms Elena Grozdanova State counsellor for equal opportunities Ms Svetlana Cvetkovska counsellor for non-discrimination and prevention of WTP scvetkovska@mtsp.gov.mk</p>
--	--

	<p>Ministry of interior National commission against trafficking in person and illegal migration www.mvr.gov.mk Ms.Svetlana Vlahovic Depute coordinator svetlana_vlahovic@moi.gov.mk</p> <p>Ministry of Justice www.pravda.gov.mk Ms.Tanja Kikerekova Head of Unit for Human Rights tkikerekova@mjustice.gov.mk</p>
Applicable legislation	<p>Family Law (Official gazette RM n.80/92) –Article 16 ; Criminal code of RM-Article 418 -g</p> <p>UN Convention for elimination of all forms discrimination against women; Council of Europe Convention on preventing and combating violence against women and domestic violence</p>
National action plans or similar	<p>National action plan for gender equality 2017-2020 www.mtsp.gov.mk</p>
National policies	<p>National strategy and action plan against trafficking in person and illegal migration 2016-2020 www.moi.gov.mk(eng)</p> <p>National strategy for gender equality 2013-2020(eng) www.mtsp.gov.mk</p>

 TURKEY / TURQUIE	
Relevant ministries or authorities	<p>Ministry of Family and Social Policies (<i>Aile ve Sosyal Politikalar Bakanlığı</i>) Eskişehir Yolu Söğütözü Mahallesi 2177.Sokak No:10/A Çankaya/ANKARA . +90 (312) 705 40 00 http://www.aile.gov.tr/</p> <p>General Directorate on the Status of Women (<i>Kadının Statüsü Genel Müdürlüğü</i>) Eskişehir Yolu Söğütözü Mahallesi 2177 Sokak No:10/A Kat: 20-21 Çankaya/ANKARA . +90 (312) 705 91 77-78 http://kadininstatusu.aile.gov.tr/</p> <p>General Directorate for Child Services (<i>Çocuk Hizmetleri Daire Başkanlığı</i>) Eskişehir Yolu Söğütözü Mahallesi 2177.Sokak No:10/A Kat: 10-11-12-13 Çankaya/ANKARA . +90 (312) 705 50 24 http://cocukhizmetleri.aile.gov.tr/</p>
Applicable legislation	<ul style="list-style-type: none"> • Child Protection Law (http://www.lawsturkey.com/law/juvenile-protection-law-5395) • Law to Protect Family and Prevent Violence against Woman (http://www.lawsturkey.com/law/law-to-protect-family-and-prevent-violence-against-woman-6284) • Criminal code of Turkey (http://www.lawsturkey.com/law/criminal-code-law-of-turkey-5237)
National action plans or similar	<ul style="list-style-type: none"> • National Strategy Paper and Action Plan on the Rights of the Child (2013-2017) • National Action Plan on Combating Violence Against Women (2016-2020) • National Strategy Paper and Action Plan on Early and Forced Marriage (2018-2023) [final draft]

 UNITED KINGDOM / ROYAUME-UNI	
Relevant ministries or authorities	<p>Home Office Uzma Ali uzma.ali@homeoffice.gsi.gov.uk Lena Goodfellow lena.goodfellow5@homeoffice.gsi.gov.uk</p>

Applicable legislation	Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015 Forced marriage is a criminal offence under the Anti-social Behaviour, Crime and Policing Act 2014.
National action plans or similar	Ending violence against women and girls strategy: 2016-2020 https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020
National policies	Multi-agency statutory guidance on FGM https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation Multi-agency statutory guidance on FM https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf
Campaigns and initiatives	Online resource pack highlighting best practice examples in tackling FGM: https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack FGM e-learning: https://www.fgmelearning.co.uk/ FGM online resource pack: https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack FGM mandatory reporting duty procedural information: https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information FGM protection order factsheet: https://www.gov.uk/government/publications/fgm-protection-orders-factsheet

OBSERVER STATE

 MEXICO / MEXIQUE	
Relevant ministries or authorities	National Women's Institute https://www.gob.mx/inmujeres/ National System for the Protection of Children and Adolescents https://www.gob.mx/sipinna Ministry of Foreign Affairs https://www.gob.mx/sre
Applicable legislation	General Law for the rights of girls, children and adolescents (LGDNNA) , published in the Official Journal of the Federation (DOF) in 2014. The Article 45 of this normative instrument prohibits the marriage of every person under the age of 18. http://www.diputados.gob.mx/LeyesBiblio/pdf/LGDNNA_260118.pdf National Women's Institute (INMUJERES) is conducting an analysis of the civil and penal legislation of the federal entities to promote the harmonization regarding to prohibition of child marriage before age 18.
National action plans or similar	The National Program for the Protection of Girls, Children and Adolescents 2016-2018 (PRONAPINNA) , contains guidelines for the development of this age groups in our country, especially regarding the eradication of the child and forced marriage. http://www.dof.gob.mx/nota_detalle.php?codigo=5494057&fecha=16/08/2017 The Strategy National of Prevention of Pregnancy in Adolescents (ENAPEA) , promotes among its actions, the adoption of initiatives in state congresses to eliminate forced marriages in the adolescent population https://www.gob.mx/cms/uploads/attachment/file/55979/ENAPEA_0215.pdf National Plan to end Violence Against Children was launched in 2017 in order to eradicate all forms of violence against girls and boys and to promote, in particular, legislative harmonization on child marriage at local levels. https://www.gob.mx/segob/prensa/se-aprueba-plan-de-accion-de-mexico-para-poner-fin-a-la-violencia-contra-la-ninez
National policies	Centers of Justice for Women (CJM) , is one of the most important Mexican mechanism for the protection of survivors of violence –particularly of child marriage- that provides multidisciplinary

	<p>services such as: psychological, legal and medical care; temporary shelters; workshops on social and economic empowerment to support women to get out of the cycle of violence. https://www.gob.mx/conavim/acciones-y-programas/centros-de-justicia-para-las-mujeres</p> <p>The National Commission to Prevent and Eradicate Violence Against Women (CONAVIM) elaborated a model of attention to girls, children and adolescents witnesses/victims of domestic violence to be applied in the CJM in order to strengthen the institutional capacities in the public and social sectors and the design, implementation and evaluation of public campaigns on violence prevention and the elimination of harmful practices.</p> <p>https://www.gob.mx/cms/uploads/attachment/file/174461/Modelo_CECOVIM.pdf</p> <p>The National Institute of Statistics (INEGI) has developed different data bases such as: The National Survey on the Dynamics of Relationships in Households (ENDIREH) http://www.inegi.org.mx/saladeprensa/boletines/2017/endrehe/endrehe2017_08.pdf; the Intercensal Survey http://www.beta.inegi.org.mx/proyectos/enchogares/especiales/intercensal/; and National Information System of Girls, Boys and Adolescents https://www.infosipinna.org/</p> <p>The Mexican consultancy “Investigation in Health and Demography” (INSAD), has published in 2018 the Report on Early Unions in Mexico, which analyses the main Mexican surveys on violence and the most important obstacles on child marriage https://www.girlsnotbrides.org/resource-centre/report-early-unions-mexico/</p>
<p>Campaigns and initiatives</p>	<p>SIPINNA published information materials on the main figures of child marriage in Mexico and their negative effects on the rights of children and adolescents.</p> <p>National Women’s Institute and CONAVIM have promoted various actions to address attitudes, individual behavior and social practices that promote gender stereotypes -such as campaigns, awareness-raising workshops, partnerships with actors from the private sector, among others- in order to prevent harmful practices such as child and forced marriage.</p> <p>In 2016, Mexico was one of the first countries that joined the “Global Alliance to End Violence Against Girls, Boys and Adolescents”</p>

Appendix III

Analysis of the legal situation at international level and in Council of Europe member States on combating and preventing female genital mutilation and forced marriage²⁸⁸

I. FOREWORD

1. At their 1241st meeting in November 2015, the Ministers' Deputies decided to give terms of reference of intergovernmental structures for the period 2016-2017. With regard to the Steering Committee for Human Rights (CDDH), the Deputies asked the CDDH under "Specific tasks" in respect of the "Development and promotion of human rights" with regard to:

"Female genital mutilation and forced marriage

- (i) Further to work already conducted in the area of human rights and culturally diverse societies, undertake work to combat and prevent female genital mutilation and forced marriage, which are serious violations of human rights. To this end, conduct an analysis of the legal situation at international level and in the Council of Europe member States (deadline: 30 June 2016).
- (ii) On this basis, prepare a guide to good national practices aimed at combatting and preventing these affronts and, if necessary, make proposals to (a) ensure coherent policies and better implementation of the legislation aimed at preventing these affronts; (b) reinforce the national and European legal framework as well as co-operation between member States; (c) raise awareness of this issue. These proposals may result in, inter alia the preparation of a draft recommendation of the Committee of Ministers (deadline: 31 December 2017). This activity is to be carried out ensuring appropriate co-ordination and co-operation with the relevant bodies involved, in particular the GEC, GREVIO, GRETA and the CDPC."

2. At its 84th meeting in December 2015, the CDDH had an exchange of views on the "preparation of the CDDH 2016-2017 biennium work" and agreed at the current stage to give priority to the work related to female genital mutilation and forced marriage. To this end, a Drafting Group on female genital mutilation and forced marriage (CDDH-MF) was set up with the following mandate:

"Under the authority of the CDDH, the CDDH-MF is called to:

- (i) Further to work already conducted in the area of human rights and culturally diverse societies, undertake work to combat and prevent female genital mutilation and forced marriage, which are serious violations of human rights. To this end, conduct an analysis of the legal situation at international level and in the Council of Europe member States (deadline: 31 March 2016).
- (ii) On this basis, prepare a guide to good national practices aimed at combatting and preventing these affronts and, if necessary, make proposals to (a) ensure coherent policies and better implementation of the legislation aimed at preventing these affronts; (b) reinforce the national and European legal framework as well as co-operation between member States; (c) raise awareness of this issue. These proposals may result in, inter alia the preparation of a draft recommendation of the Committee of Ministers (deadline: 15 November 2016)."²⁸⁹

3. Mr Rob LINHAM (United Kingdom) was appointed Chairperson of the Group and Rapporteur for this activity. Under his instruction the Secretariat on 13 March 2016 sent a questionnaire to CDDH members and CDDH-MF members with a call for submission of national good practices by 10 April 2016. At present, 24 member States and two non-governmental organisations have replied.²⁹⁰

²⁸⁸ Adopted by the CDDH at its 85th meeting (June 2016) and transmitted to the Committee of Ministers which took note of the analysis at its Ministers' Deputies' 1264th meeting (14 September 2016) as contained in document CM(2016)104-add2.

²⁸⁹ Document CDDH(2015)R84, §§ 39-40, Appendix VI.

²⁹⁰ See document CDDH-MF(2016)03.

II. INTRODUCTION

a. Definitions

4. Although there is no internationally recognised definition of either female genital mutilation (FGM)²⁹¹ or forced marriage (FM), both acts are regarded as among the most serious human rights violations against women and girls as well as violations of the rights of the child.²⁹² Moreover, the United Nations has considered these phenomena as “harmful practices”.²⁹³ Both acts are described in various terms in the different legal instruments at the international and regional level that refer to these phenomena. Furthermore, due to an increased awareness of and concern about these acts, the definitions have developed over time.²⁹⁴

5. At present, there exists a diversity of definitions of FGM. The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) requires its Parties to criminalise FGM.²⁹⁵ Its primary definition is based on that given by the World Health Organisation (WHO), which defines FGM as the act of excising, infibulating or performing any other mutilation to the whole or any part of the labia majora, labia minora or clitoris, including when performed by medical professionals.²⁹⁶ The Explanatory Report to the Istanbul Convention defines the term “excising” as referring to the partial or total removal of the clitoris and the labia majora. “Infibulating”, on the other hand, covers the closure of the labia majora by partially sewing together the outer lips of the vulva in order to narrow the vaginal opening. The term “performing any other mutilation” refers to all other physical alterations of the female genitals.²⁹⁷

6. Also the definition of FM varies from one international or regional organisation to another. According to the Istanbul Convention, FM comprises two types of intentional conduct: forcing an adult or a child to enter into a marriage, and luring an adult or a child abroad with the purpose of forcing this person to enter into marriage.²⁹⁸ The EU Agency for Fundamental Rights (FRA) describes FM as a marriage concluded without the consent²⁹⁹ of one or both partners, and therefore against the will of at least one of them.³⁰⁰ The United Nations

²⁹¹ The European Institute for Gender Equality (EIGE) recommends developing a common definition of FGM prevalence, ensuring its consistent use at national, regional, European and international levels and guaranteeing regular administrative and population-based data collection, EIGE 2013 *Report on female genital mutilation in the European Union and Croatia: a comprehensive approach to FGM in the EU*, Conclusions and recommendations.

²⁹² UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §1.

²⁹³ In addition to the two above-mentioned, harmful practices include female infanticide and prenatal sex selection, child marriage, dowry-related violence, acid attacks, so-called “honour” crimes, and maltreatment of widows, UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §7.

²⁹⁴ For example, “female circumcision” was previously used, see UN Committee on the Elimination of Discrimination Against Women (CEDAW), *CEDAW General Recommendation No. 14: Female Circumcision*, 1990, A/45/38 and Corrigendum, CEDAW General Recommendation No. 19: Violence against women 1992, §11. This term, however, draws a parallel with male circumcision and, as a result, creates confusion between these two distinct practices, UN, *Eliminating female genital mutilation – and interagency statement* OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFA, UNHCR, UNICEF, UNIFEM, WHO, Annex 1. The Committee of Ministers has noted, in its reply to Parliamentary Assembly *Recommendation 2023 (2013) on “Children’s right to physical integrity”*, that it is unacceptable to put this kind of mutilation of girls on an equal footing with the circumcision of young boys for religious reasons, which is not the subject of similar legal provisions. The term used by UNICEF is wider and includes the notion of “cutting” to speak of “female genital mutilation/cutting (FGM/C). This definition takes into consideration that community-based approaches, and therefore less judgmental notions, are sometimes required, UNICEF Innocenti Research Centre: *Changing a Harmful Social Convention, Female Genital Mutilation/Cutting*, Innocenti Digest, Florence, 2005) reprinted in 2008.

²⁹⁵ See Art. 38 of the Istanbul Convention)

²⁹⁶ WHO World Health Assembly *Resolution 61.16 on accelerating actions to eliminate female genital mutilation*. A 1997 Joint Statement by the WHO, UNICEF, UNFPA on *Female Genital Mutilation* classifies female genital mutilation into four types:

- Type I - Partial or total removal of the clitoris and/or the prepuce (clitoridectomy);
- Type II - Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision);
- Type III - Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation);
- Type IV - All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

²⁹⁷ [§§199-201 of the Explanatory Report to the Istanbul Convention.](#)

²⁹⁸ See Art. 37 of the Istanbul Convention as well as the relevant paragraphs of its Explanatory Report.

²⁹⁹ According to a Council of Europe study, consent to marry consists of both the psychological intent (inner commitment i.e. the internal inclination leading to the decision to commit oneself) and the formal declaration of intent (external

adds to this definition that one or both of the parties is/are unable to end or leave the marriage³⁰¹, including as a result of duress or intense social or family pressure.³⁰²

7. Some references to FM make a distinction between forced, child and early marriage.³⁰³ Child marriage, also referred to as early marriage, indicates that at least one of the parties is under 18 years of age. The overwhelming majority of child marriages, both formal and informal, involve girls, although at times their spouses are also under 18 years of age. A child marriage is considered to be a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent. As a matter of respecting the child's evolving capacities and autonomy in making decisions that affect her or his life, a marriage of a mature, capable child below 18 years of age may be allowed in exceptional circumstances. It has been recommended that the child should be at least 16 years of age and that such decisions should be made by a judge based on legitimate exceptional grounds defined by law and on the evidence of maturity, without deference to culture and tradition.³⁰⁴

b. Prevalence and characteristics

8. Harmful practices, such as FGM and FM, are endemic to a wide variety of communities in most countries. Some are also found in regions or countries in which they had not been previously documented, primarily owing to migration, whereas in other countries where such practices had disappeared they are now re-emerging as a result of such factors as conflict situations.³⁰⁵ The causes are multidimensional and include stereotyped sex- and gender-based roles, the presumed superiority or inferiority of either of the sexes, attempts to exert control over the bodies and sexuality of women and girls, social inequalities and the prevalence of male-dominated power structures.³⁰⁶ Social norms and cultural beliefs supporting such harmful practices persist and are at times emphasised by a community in an attempt to preserve its cultural identity in a new environment, in particular in destination countries where gender roles provide women and girls with greater personal freedom.³⁰⁷

9. In most communities, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation. In some communities, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.³⁰⁸ Within some cultures, it is a requirement for marriage and believed to be an effective method of controlling the sexuality of women and girls.³⁰⁹ It is mostly carried out on young girls between infancy and age 15.³¹⁰ Members of the extended family are usually involved in decision-making about FGM, although women are usually responsible for the practical arrangements for the FGM to be carried out.³¹¹

commitment i.e. the declared agreement expressed in the form required by the law) at the time the marriage is contracted, Council of Europe, Edwige Rude-Antoine, *Forced marriages in Council of Europe member States*, 2005. This conceptualisation of the lack of consent does not define by itself what constitutes consent and the degree to which the validity of consent can vary. Although national civil legislation typically declares the nullity of a marriage concluded against the will of at least one of the spouses, the circumstances vitiating the consent may vary, FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 2014, 2.2, p. 22.

³⁰⁰ European Union Agency for Fundamental Rights (FRA), *Addressing forced Marriage in the EU: legal provisions and promising practices*, 2014, Conclusions.

³⁰¹ UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §23.

³⁰² See OHCHR *Report on "Preventing and eliminating child, early and forced marriage"*, §6.

³⁰³ For example in the OHCHR *Report on "Preventing and eliminating child, early and forced marriage"*.

³⁰⁴ UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §20.

³⁰⁵ *Ibid.*, §8.

³⁰⁶ *Ibid.*, §17.

³⁰⁷ *Ibid.*, §18.

³⁰⁸ WHO – Media Centre, *Female genital mutilation*, Factsheet No. 241, Updated February 2016.

³⁰⁹ *Ibid.*, §19.

³¹⁰ WHO – Media Centre, *Female genital mutilation*, Factsheet No. 241, Updated February 2016.

³¹¹ UN, *Eliminating female genital mutilation – an interagency statement* OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFA, UNHCR, UNICEF, UNIFEM, WHO.

10. There is very scarce data available on the prevalence of FGM both globally³¹² and at the European level.³¹³ In the EU it is estimated that some 500 000 women and girls have already undergone genital mutilation and 140 000 girls are considered at risk of being subjected to it every year.³¹⁴ FGM occurs in Europe mainly in migrant communities from certain regions of Africa, Asia, the Middle East and from some communities in Latin America.³¹⁵ Moreover, there is a lack of evidence on the circumstances of mutilations carried out on women and girls living in the EU.³¹⁶ FGM is an intimate issue and still often a taboo topic among affected communities.³¹⁷ Primarily the victims are often taken to their countries of origin during the holiday period where they are confronted with pressure and coercion.³¹⁸ Such action may in some cases be characterised as the abduction of women and girls accompanied by isolation in the country of origin as well as illegal confinement or “resocialisation” to make them adopt behaviour regarded as compatible with local customs.³¹⁹ A UNICEF report shows that there is a higher prevalence of FGM in poor families or in which the parents have a low educational level.³²⁰ FGM seems to be on the rise in Europe due to an increased number of immigrants and asylum seekers to this continent.³²¹ In addition, around 20 000 women and girls from FGM-practising countries seek asylum in EU member States every year, with an estimated 1 000 asylum claims directly related to FGM. This number has steadily increased since 2008.³²²

³¹² About 100 million to 140 million women and girls worldwide are affected, and each year an estimated further 3 million girls are at risk of being subjected to the practice throughout the world, UN *General Assembly Resolution 69/150 on intensifying global efforts for the elimination of female genital mutilations*. See also *Good practices and major challenges in preventing and eliminating female genital mutilation*, Report of the Office of the United Nations High Commissioner for Human Rights, Doc. A/HRC/29/20, §3.

³¹³ At present, information and data on the prevalence of FGM in Europe are fragmented and scattered. There are no EU-wide FGM prevalence estimates, and the existing national prevalence studies are not comparable. Administrative data relevant to FGM is neither systematically collected nor centrally stored. At the same time it is important to carefully consider how FGM data and initiatives may be used and misused for a variety of political or ideological purposes, including racist and anti-immigrant discourse. Such abuse of information should be prevented, EIGE 2013 *Report on female genital mutilation in the European Union and Croatia, Conclusions and recommendations: a comprehensive approach to FGM in the EU*.

³¹⁴ According to experts, these figures are underestimated and do not take into account second-generation or undocumented migrants, European Parliament Resolution of 14 June 2012 on ending female genital mutilation (2012/2684(RSP)), B.

³¹⁵ WHO – Media Centre, Female genital mutilation, *Factsheet No. 241*, Updated February 2016. EIGE recommends improving the collection of primary data and introducing further quantitative and qualitative analyses to better estimate the risk of FGM for second- and third-generation women and girls originating from FGM-practising countries, and to have better knowledge on how integration processes affect FGM practices in the EU, EIGE 2013 *Report on female genital mutilation in the European Union and Croatia, Conclusions and recommendations: a comprehensive approach to FGM in the EU*. Further research on risk and prevalence has been carried out by the EIGE in its 2015 report *Estimation of girls at risk of female genital mutilation in the European Union* where it pilot tested a qualitative and quantitative methodological approach with positive results, however it expressed the need for continued research while reiterating the complexities and uncertainties with estimating risk and urged caution in interpreting its results.

³¹⁶ In the late 1970s and early 1980s, several cases brought to court in France provided evidence of mutilations carried out on French territory. Later on, convictions of parents and cutters may have prompted families to cut their girls in their home countries or in EU member States where legislation or enforcement are weaker, EU, Communication from the Commission to the European Parliament and the Council, *Towards the elimination of female genital mutilation (COM/2013/833 final)*, 2.

³¹⁷ *Ibid.*, 3.1.

³¹⁸ Amnesty International: *Ending Female Genital Mutilation. A Strategy for the European Union Institutions*.

³¹⁹ PACE report on *Action to combat gender-based human rights violations, including abduction of women and girls*, §10

³²⁰ UNICEF Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change, New York, 2013.

³²¹ WHO – Media Centre, Female genital mutilation, Factsheet No. 241, Updated February 2016; Parliamentary Assembly Recommendation 2023 (2013) on “*Children’s right to physical integrity*”, Explanatory memorandum §48

³²² EU, At a glance *Zero tolerance for female genital mutilation*, European Parliament, Plenary -5 February 2015.

11. There is even less information on the prevalence of FM and the circumstances under which it is practiced due to the fact that under-reporting and incomplete data are major issues;³²³ however FM constitutes a serious concern in Europe.³²⁴ Likewise most victims of FM are young women from immigrant backgrounds, and most perpetrators are older male relatives.³²⁵ Moreover, there is evidence that some Roma communities in Europe continue to practise FM, in particular child and early marriage.³²⁶ It should nevertheless be noted that FM may also affect men and boys although in a much smaller proportion than women and girls.³²⁷ When FM occurs in the context of migration it may ensure that a girl marries within the family's community of origin or may provide extended family members or others with documents to migrate to and/or live in a particular destination country.³²⁸ Research shows that there seems to be a relationship between FM and poverty³²⁹ and trafficking in human beings.³³⁰ In some cases, families will agree to the temporary "marriage" of their daughter in exchange for financial gains, also referred to as a contractual marriage, which is a form of trafficking in human beings.³³¹ FM is also increasingly being used by armed groups during conflict or may be a means for a girl to escape post-conflict poverty.³³² There are indications that FM is connected to gender based violence in conflict situations, emergencies and fragile States.³³³ Europol has also noted an emerging trend whereby women are trafficked in order to be forced into marriage of convenience.³³⁴

c. Consequences

12. FGM and FM are serious human rights violations which infringe physical integrity and human dignity. They both have a physical as well as a psychological impact on the girls and women concerned. They also violate the rights of children.

³²³ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, Introduction.

³²⁴ At the global level, approximately 15 million girls are married every year before they reach 18 years of age and that more than 700 million women and girls alive today were married before their eighteenth birthday, UN General Assembly, *Resolution 69/156 on 'Child, Early and Forced Marriage'*, 18 December 2014. FM is widespread and occurs in all regions of the world, *Human Rights Council Resolution 24/23 on Strengthening efforts to prevent and eliminate child, early and forced marriage: challenges, achievements, best practices and implementation gaps*. According to a recent study, despite the fact that EU member States are parties to several international conventions which prohibit FM and subject to European human rights law which has a principle ban on FM, this practice is still widespread in the EU. *Forced Marriage from a gender perspective*, European Parliament study for the FEMM Committee, 2016, 1.1.

³²⁵ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, §1.2.

³²⁶ See Report on *Promoting gender equality within Roma communities, with a focus on child/early and forced marriages*, CAHROM(2015)8; FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 1.2.

³²⁷ UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §4.

³²⁸ *Ibid.*, §23.

³²⁹ FRA, *Addressing forced marriage in the EU: legal provisions and promising practices*, 1.2; UN Women 2013 Inter-agency assessment – Gender based violence and child protection among Syrian refugees in Jordan, with a focus on early marriage.

³³⁰ EU, *Forced Marriage from a gender perspective*, European Parliament study for the FEMM Committee, 2016.

³³¹ UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §24.

³³² *Ibid.*, §23.

³³³ UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §18.

³³⁴ Europol Early Warning Notification, *Marriage of convenience: A link between facilitation of illegal immigration and THB*, March 2014.

13. The severity and risk of FGM are closely related to the anatomical extent of the cutting, including both the type and amount of tissue that is cut, which may vary between the types (see above footnote 8). The severity and prevalence of psychological (including psychosexual) risks may also vary with characteristics other than the physical extent of tissue removal, such as age and social situation.³³⁵ Amongst the immediate consequences of FGM are severe pain; shock caused by pain and/or haemorrhage; excessive bleeding (haemorrhage) and septic shock; difficulty in passing urine, and also passing of faeces, due to swelling, oedema and pain; infections may spread after the use of contaminated instruments (e.g. use of same instruments in multiple genital mutilation operations), and during the healing period; human immunodeficiency virus (HIV) by use of the same surgical instrument without sterilisation increasing the risk for transmission of HIV between girls who undergo female genital mutilation together; death caused by haemorrhage or infections, including tetanus and shock; psychological consequences due to the pain, shock and the use of physical force by those performing the procedure; unintended labia fusion; repeated female genital mutilation usually due to unsuccessful healing.³³⁶ Amongst the long-term effects are chronic pain which can be due to trapped or unprotected nerve endings; infections; keloid; reproductive tract infections and sexually transmitted infections; human immunodeficiency virus (HIV); quality of sexual life due to the removal of, or damage to highly sensitive genital tissue; birth complications; danger to the new-born with higher death rates; and psychological consequences.³³⁷ The additional risks for complications from Type III are later surgery; urinary and menstrual problems; painful sexual intercourse; and infertility. Most survivors of FGM need help to cope with the short- and long-term consequences of the procedure. Their needs will vary according to their age or their situation.³³⁸ Many women who have survived FGM may also experience other forms of violence, such as FM or domestic violence.³³⁹

14. FM constitutes a serious threat to multiple aspects of the physical and psychological health of women and girls, including but not limited to their sexual and reproductive health significantly increasing the risk of early, frequent and unintended pregnancy; maternal and new-born mortality and morbidity; obstetric fistula and sexually transmitted infections, including HIV/AIDS; as well as increasing vulnerability to all forms of violence.³⁴⁰ In particular where the husband is significantly older than the wife, and where girls have limited education, the girls generally have limited decision-making power in relation to their own lives.³⁴¹ It often results in girls lacking personal and economic autonomy and attempting to flee or commit self-immolation or suicide to avoid or escape the marriage.³⁴² Child marriage also contributes to higher rates of school dropout, especially among girls, forced exclusion from school and an increased risk of domestic violence, in addition to limiting the enjoyment of the right to freedom of movement.³⁴³ Women who are forced into a marriage are often continually exposed to violence and rape during the marriage.³⁴⁴

III. APPLICABLE LEGAL STANDARDS AND NORMS

a. Council of Europe

15. A number of fundamental rights and freedoms recognised by the *European Convention on Human Rights* (ECHR) can be applied to FGM and FM such as Article 2 (Right to life), Article 3 (Prohibition on torture and inhuman or degrading treatment or punishment), Article 4 (Prohibition of slavery), Article 5 (Right to liberty and security), Article 8.1 (Right to private and family life), Article 12 (Right to marry)³⁴⁵ and Article 14 (Prohibition on discrimination). Issues may also be raised under Article 2 of Protocol No. 1 which provides a right to education.

³³⁵ UN, *Eliminating female genital mutilation – and interagency statement* OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFA, UNHCR, UNICEF, UNIFEM, WHO, Annex 2.

³³⁶ *Ibid.*, Annex 3.

³³⁷ *Ibid.*

³³⁸ EU, Communication from the Commission to the European Parliament and the Council, *Towards the elimination of female genital mutilation*, 3.2.

³³⁹ *Ibid.*

³⁴⁰ UN General Assembly, Resolution 69/156 on *Child, Early and Forced Marriage*, 18 December 2014.

³⁴¹ UN, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, §22.

³⁴² *Ibid.* §23.

³⁴³ *Ibid.*, §22.

³⁴⁴ EU, *Forced Marriage from a gender perspective*, European Parliament study for the FEMM Committee, 2016, 2.1.2.

³⁴⁵ A 2011 United Kingdom (UK) Supreme Court decision found that the '[...] forcing of a person into marriage is a gross and abhorrent violation of his or her rights under [...] Article 12 of the European Convention on Human Rights' (ECHR), United Kingdom, *R (Quila and another) v. Sec of State for the Home Department*, 2011, UKSC 45.

16. However, the European Court of Human Rights (ECtHR) has not as yet issued a conclusive judgement on the issue of FGM. Many of the cases brought have been declared inadmissible not due to the acts of FGM failing to constitute a violation of human rights (specifically Article 3 on degrading treatment), but due to the specific circumstances of each case whereby the applicant failed to prove a real risk of FGM being carried out on them.³⁴⁶ However in a number of these admissibility decisions the Court has noted that it was not in dispute that FGM would amount to ill treatment under Article 3.³⁴⁷ A currently on-going case on the issue is *Bangura v. Belgium*³⁴⁸ in which once again the parties and the Court are not considering whether FGM amounts to a violation of Article 3, but the specific risk to which the applicant is susceptible in her home State.

17. A number of cases concerning FM have been held admissible by the ECtHR; however they have not resulted in a Court ruling of a violation. In response to a claim that the refusal to recognise marriage with an underage girl as permitted by Islamic law involved an interference with manifestation of belief was deemed not to fall within the scope of Article 9 but as governed by a specific provision of Article 12 which referred to the national laws.³⁴⁹

18. The **Council of Europe Convention on preventing and combating violence against women and domestic violence** (Istanbul Convention)³⁵⁰ is the foremost legally binding instrument in the area of violence against women and so has a specific focus on the acts of violence against women and girls. It contains definite provisions on FGM and FM and sets out a comprehensive framework using a four-sided approach of Integrated Policies, Prevention, Protection, and Prosecution. While the Convention in its entirety is relevant to the issues of FGM and FM, a number of provisions deal with the issues specifically. Articles 37 and 38 require States Parties to criminalise FM and FGM respectively.

Article 37:

1. Parties shall take the necessary legislative or other measures to ensure that the intentional conduct of forcing an adult or a child to enter into a marriage is criminalised.

2. Parties shall take the necessary legislative or other measures to ensure that the intentional conduct of luring an adult or a child to the territory of a Party or State other than the one she or he resides in with the purpose of forcing this adult or child to enter into a marriage is criminalised.

³⁴⁶ European Court of Human Rights Press Unit, *Factsheet – Violence against women*, January 2016.

³⁴⁷ *Collins and Akaziebe v. Sweden* (decision on Admissibility), no. 23944/05, ECHR 2007; *Omeredo v. Austria* (decision on Admissibility), no 8969/10, ECHR 2011

³⁴⁸ *Bangura v. Belgium*, no. 52872/10, Application Communicated to the Belgium Government 15 April 2014, ECHR 2014

³⁴⁹ *Khan v. the United Kingdom*, no. 11579/85, Commission decision of 7 July 1986. See also *Compilation of Council of Europe standards relating to the principles of freedom of thought, conscience and religion and links to other human rights*, §54.

³⁵⁰ CETS No. 210, adopted in 2011 and entered into force in 2014. It has been ratified by Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Denmark, Finland, France, Italy, Malta, Monaco, Montenegro, Netherlands, Poland, Portugal, Romania, San Marino, Serbia, Slovenia, Spain, Sweden and Turkey. Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Norway, Slovak Republic, Switzerland, “the former Yugoslav Republic of Macedonia”, Ukraine and United Kingdom have signed but not yet ratified it. Armenia, Azerbaijan, Liechtenstein, Republic of Moldova and the Russian Federation have neither signed nor ratified it. The Convention is also open for signature and ratification by the EU.

19. In the first paragraph “forcing” refers to the physical and psychological force where coercion or duress is employed. The offence is complete when a marriage is concluded to which at least one party has not consented voluntarily due to the circumstance of being “forced”.³⁵¹ In the second paragraph the marriage does not have to be concluded for the offence to have occurred.³⁵² The term “luring” refers to any conduct whereby the perpetrator entices the victim to travel to another country. The intention must cover the act of luring the victim abroad, as well as the purpose of forcing this person to marry abroad.³⁵³

20. In addition to criminalising FM, Article 32 of the Convention requires that States Parties take the necessary legislative or other measures to ensure that these marriages be voidable, annulled or dissolved under civil law without undue financial and administrative burden on the victim.

Article 38:

Parties shall take the necessary legislative or other measures to ensure that the following intentional conducts are criminalised:

- a. excising, infibulating or performing any other mutilation to the whole or any part of a woman’s labia majora, labia minora or clitoris;*
- b. coercing or procuring a woman to undergo any of the acts listed in point a;*
- c. inciting, coercing or procuring a girl to undergo any of the acts listed in point a.*

21. It should be noticed that the act of “inciting” is limited to girl victims only as the drafters wished to differentiate between child and adult victims, and did not wish to criminalise the incitement of women to undergo any of the acts in the first paragraph.³⁵⁴

22. In applying paragraphs *b.* and *c.* the individual cannot be taken to have intentionally committed the offence merely because the offence resulting from the coercion, procurement or incitement was foreseeable. The individual’s actions must also be able to cause the acts in *a.* to be committed.³⁵⁵

23. In respect of both FGM and FM the Convention takes steps to criminalise the aiding, abetting and attempt of these acts (Article 41), removes unacceptable justifications for these crimes such as honour or religion or culture (Article 42) and requires the offences be applicable regardless of the relationship between the victim and perpetrator (Article 43).

24. While the Convention requires FGM and FM to be criminalised, a number of differing approaches have been used by States which can be seen as effective to comply with the Convention.³⁵⁶

25. The Convention also addresses the issues of extraterritorial jurisdiction and dual criminality.³⁵⁷ Articles 44.1d. and 44.2 require States to apply the principle of nationality to attain jurisdiction over these offences in cases where either the victim or perpetrator is a national. Article 44.1e. also covers residents, further extending the reach of the States’ jurisdiction to cover acts committed abroad by, and to, non-nationals. Article 41.3 also requires that States ensure their jurisdiction is not subordinate to the condition that the acts are criminalised in the territory where they were committed, eliminating any complications with the principal of dual criminality. However this clause is open to reservations as provided for in Article 78.2.

³⁵¹ Council of Europe, *Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence*, §196

³⁵² *Ibid.*, §197

³⁵³ *Ibid.*

³⁵⁴ *Ibid.*, §201

³⁵⁵ *Ibid.*, §202

³⁵⁶ FRA *Addressing forced Marriage in the EU*: 2014, p. 20. Nevertheless an earlier Council of Europe document CDEG (2005) 1 “*Forced marriages in Council of Europe member States: comparative study of legislation and political initiatives*”, prepared by Ms Edwige Rude-Antoine recommend Governments to include in their criminal-law provisions a specific offence of forced marriage, with penalties reflecting aggravating circumstances.

³⁵⁷ The rule of dual criminality usually requires that in order to prosecute the acts must be criminal offences in the place where they are committed, see Article 44 , paragraph 3 of the Istanbul Convention (as well as the relevant paragraphs of its Explanatory Report) which aims at combating in particular certain forms of violence against women which may be – or are most frequently – committed outside the State’s territory.

26. Article 44.4 removes any requirement that the victim make a complaint in order to initiate proceedings. Article 59.4 attempts to address some of the legal ramifications of marriage ensuring that Parties shall take the necessary legislative or other measures to ensure that victims of forced marriage brought into another country for the purpose of the marriage and who, as a result, have lost their residence status in the country where they habitually reside, may regain this status.

27. Article 60 further requires Parties to take the necessary legislative or other measures to ensure that gender based violence against women may be recognised as a form of persecution within the meaning of Article 1, A (2), of the 1951 Convention relating to the Status of Refugees and as a form of serious harm giving rise to complementary/subsidiary protection. Further to this, Article 61 requires that Parties respect the principle of non-refoulement³⁵⁸ in accordance with existing international law obligations.

28. The Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) is the independent expert body responsible for monitoring the implementation of the Istanbul Convention by the Parties. It must be noted that this monitoring process is still in the early stages due to the recent establishment of the monitoring mechanism. As such no recommendations or comments have been issued, however the first assessment and reporting has commenced as of 2016.³⁵⁹

29. The *Council of Europe Convention on Action against Trafficking in Human Beings*³⁶⁰ is relevant for FM as trafficking can have the purpose of forced marriage.³⁶¹

30. The *Council of Europe Convention on the protection of children against sexual exploitation and sexual abuse (Lanzarote Convention)*³⁶² requires criminalisation of all kinds of sexual offences against children. It sets out that States in Europe and beyond shall adopt specific legislation and take measures to prevent sexual violence, to protect child victims and to prosecute perpetrators. Although the Convention makes no explicit references to FGM or FM, these two harmful practices, and especially the second one, could fall under Article 18 (Sexual abuse) since children are victims.

31. The Committee of Ministers has in its *Recommendation (2002)5 to member States on the protection of women against violence* also defined violence against women as including FGM and FM and as such they constitute a violation of fundamental rights.³⁶³ The *Guidelines of the Committee of Ministers to member States on the protection and promotion of human rights in culturally diverse societies*³⁶⁴ refer explicitly to FGM and FM by stating that member States should consistently combat any form of physical, sexual, psychological and economic violence particularly directed against women and girls (including stalking, sexual

³⁵⁸ The principle is found in Article 33(1) of the 1951 Convention relating to the Status of Refugees “No Contracting State shall expel or return (“refouler”) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion; it is further explained by the UN High Commissioner for Refugees (UNHCR), *UNHCR Note on the Principle of Non-Refoulement*, November 1997.

³⁵⁹ For further information on issues, themes and practices arising from the Convention, the Council of Europe, in partnership with Amnesty International, has published a guide on the Convention in which it explains the intended content, purpose, and functioning of the Convention alongside promising practices in a number of State Parties. See *The Istanbul Convention – A tool to end female genital mutilation - Council of Europe / Amnesty International - Guide, 2014*.

³⁶⁰ CETS No. 197, adopted in 2005 and entered into force in 2008. It has been ratified by Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Republic of Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, “the former Yugoslav Republic of Macedonia”, Turkey, Ukraine and United Kingdom. Belarus has also ratified it. The Czech Republic has signed but not yet ratified it. The Russian Federation has neither signed nor ratified it. The Convention is also open for accession by the EU.

³⁶¹ See for example, §10 of *Report concerning the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings by “the former Yugoslav Republic of Macedonia”*, First evaluation round, published on 17 June 2014; §§10-11, 91 *Report concerning the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings by Bosnia and Herzegovina*, 14 May 2013.

³⁶² CETS No. 201, adopted in 2007 and entered into force in 2010. It has been ratified by Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Republic of Moldova, Monaco, Montenegro, Netherlands, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, “the former Yugoslav Republic of Macedonia”, Turkey and Ukraine. Armenia, Azerbaijan, Estonia, Ireland, Norway and the United Kingdom have signed but not yet ratified it. The Convention is also open for signature and ratification by the EU.

³⁶³ Preamble; Appendix §1.a.

³⁶⁴ Adopted by the Committee of Ministers on 2 March 2016.

violence, forced and child marriage, female genital mutilation, forced abortion and forced sterilisation, sexual harassment, crimes committed in the name of so-called “honour”, aiding or abetting and attempt to commit any of these offences); and violence against persons on the basis of their sexual orientation or gender identity, including situations when violence is perpetrated under the pretext of a cultural and religious prescription or practice. They should strive to adopt adequate legislation and introduce initiatives to prevent such violence, protect the victims and prosecute the perpetrators.³⁶⁵

32. The Parliamentary Assembly of the Council of Europe (PACE) affirmed in its **Resolution 1247 (2001) on female genital mutilation** FGM as a violation of Article 3 ECHR.³⁶⁶ It called for legislation and education aimed at ending the practice and to prosecute perpetrators even when the crime is committed abroad. In **Recommendation 1723 (2005) and Resolution 1468 (2005) on forced marriage and child marriage** the Assembly expressed its grave concern at the fact that, under the cloak of respect for the culture and traditions of migrant communities, there are authorities which tolerate forced marriages and child marriages although they violate the fundamental rights of each and every victim.³⁶⁷ **Recommendation 1868 (2009)**³⁶⁸ and **Resolution 1662 (2009)**³⁶⁹ on action to combat gender-based human rights violation, including the abduction of women and girls refer both to FGM and FM. **Recommendation 1891 (2009) on migrant women: at particular risk from domestic violence** refers to FGM.³⁷⁰ **Recommendation 1940 (2010)**³⁷¹ and **Resolution 1765 (2010)**³⁷² on gender-related claim for asylum also refer explicitly to FGM. **Resolution 1952 (2013) on children’s rights to physical integrity** include FGM.³⁷³ A new **motion for a resolution on female genital mutilation in Europe**³⁷⁴ has been issued which calls for the Assembly to investigate further the issue of FGM in member States with a view to identify measures to effectively end the practice. The Assembly will investigate the various dimensions of this problem in Europe with a view to identifying measures to effectively prevent FGM, including when it occurs outside Europe, and to ensure both the protection of women and girls at risk and the multidisciplinary care of the consequences of these mutilations.

b. United Nations

33. A number of provisions set out in the **Universal Declaration of Human Rights (UDHR)**³⁷⁵ can be considered applicable to both FGM and FM. In particular the articles relating to equal treatment and non-discrimination (Articles 1, 2, 7) can be applicable due to the discriminatory and gender specific nature of these acts, while the acts themselves and their consequences can be considered a violation of the right to life, liberty and security of person (Article 3).

34. Specific to FM there is the potential application of Article 4 on the prohibition of slavery, as there is the conceivable social impact of forced marriage to be a form of servitude. Child marriage has also been recognised as having the potential of constituting cruel, inhuman or degrading treatment, particularly where governments have failed to establish a minimum age of marriage that complies with international standards.³⁷⁶ FGM equally violates Article 5 by qualifying as degrading treatment.³⁷⁷ Focusing more on the consequence and implications of these acts, Article 8 requires the availability of an effective remedy for violations of the aforementioned rights, while Article 14.1 provides for the right of asylum in the face of persecution.³⁷⁸

³⁶⁵ *Guidelines of the Committee of Ministers to member States on the protection and promotion of human rights in culturally diverse societies*, adopted on 2 March 2016, Guidelines 44.

³⁶⁶ PACE Resolution 1247 (2001) on female genital mutilation, §7.

³⁶⁷ PACE Resolution 1468 (2005) on forced marriage and child marriage, §3.

³⁶⁸ PACE Recommendation 1868 (2009) on action to combat gender-based human rights violation, including the abduction of women and girls, §1.

³⁶⁹ PACE Resolution 1662 (2009) on action to combat gender-based human rights violation, including the abduction of women and girls, §1, 4, 5, 7.2 and 7.4.

³⁷⁰ PACE Recommendation 1891 (2009) on migrant women: at particular risk from domestic violence, §2.1.

³⁷¹ PACE Recommendation 1940 (2010) on gender-related claims for asylum, §1.

³⁷² PACE Resolution 1765 (2010) on gender-related claims for asylum, §3.

³⁷³ PACE Resolution 1952 (2013) on children’s rights to physical integrity, §2.

³⁷⁴ Motion for a resolution on female genital mutilation in Europe, Doc. 13736 of 24 March 2015.

³⁷⁵ Adopted by the United Nations General Assembly in 1948.

³⁷⁶ See concluding observation of the Committee against Torture on Bulgaria (CAT/C/BGR/CO/4-5).

³⁷⁷ The Special Rapporteur for Torture has considered FGM as falling within his mandate; see comments under the Convention against Torture below.

³⁷⁸ The European Union Institutions in particular have discussed the threat of FGM as a possible factor when considering asylum claims. The Istanbul Convention, Article 60, discussed above, also makes provision for the consideration of violence against women in asylum claims.

35. As regards the issue of FM, Article 16 also grants men and women equal rights as to marriage, during marriage and at its dissolution; and requires that marriage shall be entered into only with the free and full consent of the intending spouses.

36. The **1951 Convention relating to the Status of Refugees** and its **1967 Protocol** can apply to cases of FGM and FM, as individuals at risk of these can be considered members “of a particular social group” in accordance with Article 1(A)(2). Article 33 also includes the principle of non-refoulement. Furthermore, the UNHCR Executive Committee of the High Commissioner's Programme (ExCom) adopted the **Conclusion on Women and Girls at Risk**³⁷⁹ which, inter alia, suggests to provide women and girls at risk of sexual and gender-based violence (SGBV), including FGM and FM, with emergency voluntary relocation (e.g. to another town within a given country), or emergency resettlement (to a third country). Another way forward would be to lower requirements for family reunification for these vulnerable cases. UNHCR has also issued **Guidelines on International protection: Gender-Related Persecution within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees**.³⁸⁰

37. The **Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery**³⁸¹ contains provisions applicable to some forms of FM. Article 1(c) has required the abolition of any marriage that takes place in exchange for remuneration without the women's right of refusal, transfer of the wife for value, or for any marriage under the age 18 where it will exploit the child. Article 2 again calls for setting a suitable minimum age for marriage and for free consent to be a requirement for marriage.

38. The **Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriage**,³⁸² Article 1, further confirms the need for free consent in marriage. In Article 2 the States Parties are required to set a minimum age for marriage and only in exceptional cases shall marriage be granted under the minimum age. In Article 3 there is an obligation to register all marriages in an official register.

39. The **International Covenant on Civil and Political Rights** (ICCPR)³⁸³ also contains a number of fundamental and wide reaching rights. The consequences and impact on the lives of women of both FM and FGM can lead to these rights being infringed.³⁸⁴ Specific to the issue of FM however, Article 23.3 provides that “No marriage shall be entered into without the free and full consent of the intending spouses”.

³⁷⁹ UNHRC, 6 October 2006, No. 105 (LVII) -2006

³⁸⁰ UNHCR selected publications on preventing and combating Sexual and Gender-Based Violence: *Position Paper on Violence against Women and Girls in the European Union And Persons of Concern to UNHCR*, March 2014; *Note du Haut Commissariat des Nations Unies pour les réfugiés relative à l'évaluation des demandes d'asile introduites par des femmes*, December 2012; *Action against Sexual and Gender-Based Violence: An Updated Strategy, Division of International Protection*, June 2011; *Comments on Articles 48 and 48 bis of the Draft Council of Europe Convention on preventing and combating violence against women and domestic violence*, November 2010; *Improving Asylum Procedures: Comparative Analysis and Recommendations for Law and Practice. Key Findings and Recommendations*, March 2010; *Key Gender Related Findings and Recommendations*, March 2010; *Handbook for the Protection of Women and Girls*, 2008; *Guidance Note on Refugee Claims Relating to Sexual Orientation and Gender Identity*, November 2008; *Evaluation of UNHCR's efforts to prevent and respond to sexual and gender based violence in situations of forced displacement, PDES/2008/08*, October 2008; *Handbook for the Protection of Women and Girls*, January 2008, section 5.8.1

³⁸¹ Adopted in 1956 and entered into force the following year.

³⁸² Adopted in 1962 and entered into force in 1964. On 1 June 2016 it has been ratified by Austria, Azerbaijan, Bosnia and Herzegovina, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hungary, Iceland, Montenegro, Netherlands, Norway, Poland, Romania, Serbia, Slovak Republic, , Spain, Sweden, “the former Yugoslav Republic of Macedonia” and United Kingdom. Greece and Italy have signed but not yet ratified it. Albania, Andorra, Armenia, Belgium, Bulgaria, Estonia, Georgia, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Republic of Moldova, Monaco, Portugal, the Russian Federation, San Marino, Slovenia, Switzerland, Turkey and Ukraine have neither signed nor ratified it.

³⁸³ Adopted by the General Assembly in 1966 and entered into force in 1976.

³⁸⁴ These rights are: the right to life (Article 6), the prohibition of degrading treatment (Article 7) which may be infringed by FGM and the prohibition on slavery (Article 8) and right to liberty and security (Article 9) by FM.

40. Article 3 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR)³⁸⁵ provides once again for the equal treatment of men and women in the enjoyment of their convention rights. Article 10.1 requires marriage to have free consent of both parties while Article 12.1 recognises the right of enjoyment of the highest standard of physical and mental health.³⁸⁶

41. The *Convention on the Elimination of all Forms of Discrimination against Women* (CEDAW)³⁸⁷ states in its Article 1: [...] *the term "discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field"*.

42. Article 2 of the Convention then proceeds to prohibit and eliminate such discrimination. Of particular relevance to State's responsibilities on the issue of FGM and FM are subsections (b) on the adoption of legislative measures to prohibit discrimination, (e) on taking appropriate measures to eliminate such discrimination by any person, organisation or enterprise, and (f) on the adoption of appropriate measures including legislation to *"modify or abolish existing customs and practices which constitute discrimination against women"*.

43. Article 3 requires States to make efforts to ensure the full development and advancement of women in all fields for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms. Both FM and FGM constitute a direct interference and violation of women's rights, while their effects and long-term impact further hinder them from full enjoyment of their freedoms.³⁸⁸

44. Article 5 further requires State measures to *"modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women"*. Given the discriminatory nature of both FGM and FM and their basis on a stereotype of female inferiority or subservience,³⁸⁹ Article 5 is particularly relevant to these issues.

45. Article 16 contains provisions applicable to FM as it provides that women have the same right as men, and to freely choose a spouse. The Committee on the Elimination of Discrimination against Women has issued General Recommendations on the progress of the Convention's implementation. In General Recommendation No. 21 the Committee has stated that *"while most countries report that national constitutions and laws comply with the Convention, custom, tradition and failure to enforce these laws in reality contravene the Convention."*³⁹⁰

46. Of particular significance to FGM and FM is General Recommendation No.19 on Violence against Women.³⁹¹ According to the Recommendation violence against women *"includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty"*.³⁹² The Committee on the Elimination of Discrimination Against Women has confirmed gender-based violence as included in the definition of discrimination under Article 1 and affirms the applicability of specific provisions of the Convention in such cases, regardless of whether those provisions expressly mention violence.³⁹³ It also confirms the responsibility of States in cases where the acts of discrimination are carried out by private entities,

³⁸⁵ Adopted by the General Assembly in 1966 and entered into force in 1976.

³⁸⁶ UN, CEDAW/CRC *Joint general recommendation No. 31 on harmful practices*; for the health implications of FM see §§ 20-21; for the health implications of FGM see § 19: *"It may have various immediate and/or long-term health consequences, including severe pain, shock, infections and complications during childbirth (affecting both the mother and the child), long-term gynaecological problems such as fistula, psychological effects and death"*.

³⁸⁷ Adopted by the UN General Assembly in 1979 and entered into force in 1981.

³⁸⁸ UN General Assembly, *Declaration on the Elimination of Violence against Women*, 20 December 1993, A/RES/48/104, preamble.

³⁸⁹ CEDAW/CRC *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices*, 2014, CEDAW/C/GC/31-CRC/C/GC/18, § 6.

³⁹⁰ UN Committee on the Elimination of Discrimination Against Women (CEDAW), *CEDAW General Recommendation No. 21: Equality in marriage and family relations* 1994, §15.

³⁹¹ UN Committee on the Elimination of Discrimination Against Women (CEDAW), *CEDAW General Recommendation No. 19: Violence against women* 1992.

³⁹² *Ibid.*, §6.

³⁹³ *Ibid.*

relying on Articles 2 and 5.³⁹⁴ The Committee has also confirmed FM and FGM as violent practices perpetuated by traditional attitudes of the subordination of women for the purpose of Articles 2(f) and 5.³⁹⁵ It equally confirms the effects of such violence to “deprive them of the equal enjoyment of, exercise and knowledge of human rights and fundamental freedoms.”³⁹⁶

47. With regards to FM, General Recommendation 21 focuses on equality in marriage and expresses that “A woman's right to choose a spouse and enter freely into marriage is central to her life and to her dignity and equality as a human being.”³⁹⁷ In this connection the Committee has pointed that the States parties' reports reveal “that there are countries which, on the basis of custom, religious beliefs or the ethnic origins of particular groups of people, permit forced marriages or remarriages. Other countries allow a woman's marriage to be arranged for payment or preferment and in others women's poverty forces them to marry foreign nationals for financial security”.³⁹⁸

48. Focusing on the right to health in the context of FGM and FM, the Committee on the Elimination of Discrimination Against Women also identifies violence against women as a critical issue for the health of women and so falls under Article 12 of the Convention guaranteeing equality in health care.³⁹⁹ The Committee has stated that State reports must demonstrate that health legislation, plans and policies are based on scientific and ethical research and assessment of the health status and needs of women in that country and take into account any ethnic, regional or community variations or practices based on religion, tradition or culture.⁴⁰⁰ This is all the more so as “some cultural or traditional practices such as female genital mutilation also carry a high risk of death and disability”.⁴⁰¹

49. Article 16 of the *Convention against Torture*⁴⁰² proscribes acts of cruel, inhuman or degrading treatment or punishment. The Committee against Torture has applied this obligation to States' “*failure to prevent and protect victims from gender-based violence, such as rape, domestic violence, female genital mutilation...*”⁴⁰³ and the Special Rapporteur on Torture has considered FGM a violation falling within their mandate.⁴⁰⁴

50. Furthermore, the Committee against Torture and the Committee on the Elimination of Discrimination against Women have also identified child marriage as a harmful practice which leads to the infliction of physical, mental or sexual harm or suffering, with both short- and long-term consequences, and negatively impacts on the capacity of victims to realise the full range of their rights.⁴⁰⁵

³⁹⁴ *Ibid.*, §9.

³⁹⁵ *Ibid.*, §11.

³⁹⁶ *Ibid.*

³⁹⁷ UN Committee on the Elimination of Discrimination Against Women (CEDAW), *CEDAW General Recommendation No. 21: Equality in Marriage and Family Relations*, 1994, §16.

³⁹⁸ *Ibid.*

³⁹⁹ UN Committee on the Elimination of Discrimination Against Women (CEDAW), *CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, 1999, A/54/38/Rev.1, §5.

⁴⁰⁰ *Ibid.*, §9.

⁴⁰¹ *Ibid.*, §12(b).

⁴⁰² Adopted by the UN General Assembly in 1984 and entered into force in 1987.

⁴⁰³ UN Committee Against Torture (CAT), *General Comment No. 2: Implementation of Article 2 by States Parties*, 24 January 2008, CAT/C/GC/2, §18

⁴⁰⁴ UN Human Rights Council, *Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak : Addendum*, 5 February 2010, A/HRC/13/39/Add.5, §195: “Articles 1 and 16 CAT include in their definitions of torture and cruel, inhuman or degrading treatment “acquiescence by a public official”, which clearly extends State obligations into the private sphere and which should be interpreted to include State failure to protect persons within its jurisdiction from torture and ill-treatment committed by private actors. I consider that the concept of “acquiescence” contained in the CAT, goes beyond the protection obligations and entails a duty for the State to prevent acts of torture in the private sphere, and recall that the concept of due diligence should be applied to examine whether States have lived up to their obligations.” See also UN Human Rights Council, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak*, A/HRC/7/3, §68.

⁴⁰⁵ See, for example, the concluding observations of the Committee against Torture on Bulgaria (CAT/C/BGR/CO/4-5) and the concluding observations of the Committee on the Elimination of Discrimination against Women on Montenegro (CEDAW/C/MNE/CO/1).

51. Given that FGM and FM are often practiced on girls under the age of 18,⁴⁰⁶ the **Convention on Rights of the Child**⁴⁰⁷ is another significant instrument on these two issues. Article 2.2 provides that “States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians or family members”. Article 5 has implications for the prohibition of FM and FGM as it provides for the respect of the rights and duties of parents in the raising of their children. However this respect is not an absolute devolution of responsibility and the State must ultimately act in the best interests of the child’s wellbeing pursuant to Article 3. Article 11.1 adds: “States Parties shall take measures to combat the illicit transfer and non-return of children abroad”. Article 11.2 provides: “To this end, States Parties shall promote the conclusion of bilateral or multilateral agreements or accession to existing agreements.”

52. The most directly relevant provision of this Convention to FGM and FM is Article 19.1 which provides: “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” The Committee on the Convention of the Rights of the Child in its General Comment No. 13 has listed both FGM and FM as harmful practices which constitute violence for the purpose of Article 19.⁴⁰⁸ Article 24.3 requires States to take “all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children”. Following the same reasoning as the right to health concerns, FGM and FM can also be covered by Article 27, which guarantees the right of children to “a standard of living adequate for the child’s physical, spiritual, moral and social development.” Equally pertinent to the victims of FGM and FM is Article 39 which requires States to take steps to promote the recovery and reintegration of a child that has suffered from abuse, exploitation, or inhuman and degrading treatment.

53. States Parties to the **Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography**⁴⁰⁹ have explicit obligations with regard to child and/or forced marriages that include dowry payments or bride prices because they could constitute a sale of children as defined in article 2 (a) of the Protocol.⁴¹⁰

54. The preamble of the General Assembly **Declaration on the Elimination of Violence against Women**⁴¹¹ affirms that violence against women is a violation and nullifies their enjoyment of fundamental rights and freedoms, and is a manifestation “of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women”. Article 1 defines Violence against Women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Article 2 expressly refers to “female genital mutilation and other traditional practices harmful to women” as a form of violence against women. Article 4 calls on States to “pursue by all appropriate means and without delay a policy of eliminating violence against women”⁴¹² and, for that purpose, “exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women whether those acts are perpetrated by the State or by private persons”.

55. The **Beijing Declaration and Platform for Action** further echoes the stance of the above General Assembly Declaration and its definitions of violence against women while introducing objectives to be used to end such practices. FGM and FM are specifically referred to as harmful practices.⁴¹³ The Beijing Platform for Action also lists early marriage as an impediment on access to education⁴¹⁴ and classes both FM and FGM as

⁴⁰⁶ CEDAW/CRC Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices, 2014, CEDAW/C/GC/31-CRC/C/GC/18§20; OHCHR report on *Good practices and major challenges in preventing and eliminating female genital mutilation*, §3.

⁴⁰⁷ Adopted by the UN General Assembly in 1989 and entered into force in 1990.

⁴⁰⁸ UN Committee on the Rights of the Child (CRC), *General comment No. 13 (2011): The right of the child to freedom from all forms of violence*, 18 April 2011, CRC/C/GC/13, §29.

⁴⁰⁹ Adopted by the UN General Assembly in 2000 and entered into force in 2002.

⁴¹⁰ See also Art. 3 (1)(a)(i).

⁴¹¹ UN General Assembly, *Declaration on the Elimination of Violence against Women*, 20 December 1993, A/RES/48/104

⁴¹² See also the conclusions of the 51st session of the Commission on the Status of Women, on the elimination of all forms of discrimination and violence against the girl child.

⁴¹³ United Nations, *Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women*, 27 October 1995, Platform of Action §39.

⁴¹⁴ *Ibid.*, §71.

grave health risks.⁴¹⁵ In regards to FM, the Beijing Platform for Action calls for laws to ensure marriage is only entered into with full free consent of parties and in addition, enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage and raise the minimum age for marriage where necessary.⁴¹⁶ A follow up Resolution adopted on the implementation of the Beijing Declaration and Platform of Action lists FGM and FM as harmful customary or traditional practices which are “violations of the human rights of women and girls and obstacles to the full enjoyment by women of their human rights and fundamental freedoms”, and are to be eradicated.⁴¹⁷ The Five-year Review of the implementation of the Beijing Declaration and Platform for Action (Beijing + 5) reports that progress has been made since the Fourth World Conference in Beijing. Women’s rights have gained recognition, violence against women is now an illegal act in almost every country, and there has been worldwide mobilisation against harmful traditional practices.⁴¹⁸

56. In December 2012 the General Assembly adopted for the first time by consensus **Resolution 67/146 on intensifying global efforts for the elimination of female genital mutilations**. The Resolution recognises FGM as a harmful practice that constitutes a serious threat to the health of women and girls. It expresses deep concern that, despite the increase in national, regional and international efforts and the focus on the abandonment of female genital mutilations, the practice continues to exist in all regions of the world. It urges States to condemn all harmful practices that affect women and girls, in particular female genital mutilation, and to take all necessary measures, including enacting and enforcing legislation, awareness-raising and allocating sufficient resources to protect women and girls from this form of violence.”⁴¹⁹

57. In December 2014 the General Assembly adopted **Resolution 69/156 on Child, Early and Forced Marriage** declaring FM as “a harmful practice that violates, abuses and impairs human rights and is linked to and perpetuates other harmful practices and human rights violations and that such violations have a disproportionately negative impact on women and girls”.⁴²⁰ The 2030 Agenda for Sustainable Development contains Goal 5 on achieving gender equality and empowering all women and girls. Sexual violence and exploitation are specified as a barrier to achieving this goal⁴²¹, while the elimination of harmful practices, specifically including FGM and FM, is one of the targets to achieve this Goal.

⁴¹⁵ *Ibid.*, §93.

⁴¹⁶ *Ibid.*, §274(e).

⁴¹⁷ UN General Assembly, *Further actions and initiatives to implement the Beijing Declaration and Platform for Action*, 16 November 2000, A/RES/S-23/3, §69(e).

⁴¹⁸ § 28 <http://www.un.org/womenwatch/daw/followup/beijing+5.htm>

⁴¹⁹ §§4, 9 and 14.

⁴²⁰ UN General Assembly, *Resolution 69/156 on Child, Early and Forced Marriage*, 18 December 2014.

⁴²¹ UNDP, Sustainable Development Goals, Goal 5 : Gender Equality available at <http://www.undp.org/content/undp/en/home/sdgooverview/post-2015-development-agenda/goal-5.html>

c. European Union

58. The **Charter of Fundamental Rights** contains many of the same rights as the Universal Declaration, the International Covenants and the ECHR which for the same reasons as noted earlier are applicable to FM and FGM.

59. The European Union has adopted a number of instruments on both FGM and FM. While there is a long list of resolutions and directives calling for an end to FM and FGM only the most significant will be discussed here.

60. The EU has issued a number of directives where it has addressed FGM and FM:

- **Directive 2003/86/EC**⁴²² deals with family reunification. In Article 4.5 it provides that States, in an effort to combat forced marriage, can institute an age requirement to be met before unification is allowed.
- **Directive 2011/95/EU**,⁴²³ known as the EU Qualifications Directive, sets forth the standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection. In qualifying for refugee status an act of persecution can have a gender or child specific form,⁴²⁴ while gender related aspects shall be a given due consideration for the purposes of determining membership of a particular social group.⁴²⁵
- **Directive 2012/29/EU** establishing minimum standards on the rights, support and protection of victims of crime, identifies both FGM and FM as harmful practices that constitute Gender Based Violence.⁴²⁶
- **Directive 2013/33/EU**, known as the EU Reception Conditions Directive, lays down conditions for the reception of applicants of international protection (refugee status or subsidiary protection)⁴²⁷. It requires States to take into account the specific situation of vulnerable persons in implementing the Directive and specifically mentions victims of FGM.⁴²⁸

61. Additionally the **Communication from the Commission to the European Parliament and the Council: Towards the elimination of female genital mutilation** (COM/2013/833 final) reiterated the EU Commission's commitment to combating violence against women and eliminating FGM. The communication provides an overview of the situation regarding FGM in the EU, reaffirming it as a violation of human rights and sets out the Commission's objectives and steps to: attain a better understanding of FGM in the EU; promote sustainable social change to prevent FGM and support victims; guarantee protection to at risk women within existing EU asylum legislative framework; support member States enforcement and prosecution efforts; and promote the worldwide elimination of FGM.

62. Furthermore the General Affairs Council of 8 December 2008 adopted **EU guidelines on violence against women and girls and combating all forms of discrimination against them**. These guidelines, which cover FGM and FM, set out the operational objectives and intervention tools for the EU's external action on combating violence against women and girls. They represent a political and long-term commitment to prevent violence, protect and support victims and prosecute perpetrators.

⁴²² European Union: Council of the European Union, *Council Directive 2003/86/EC of 22 September 2003 on the Right to Family Reunification*, 3 October 2003, OJ L. 251/12-251/18; 3.10.2003, 2003/86/EC.

⁴²³ European Union: Council of the European Union, *Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast)*, 20 December 2011, OJ L. 337/9-337/26; 20.12.2011, 2011/95/EU.

⁴²⁴ *Ibid.*, Art. 9(f).

⁴²⁵ *Ibid.*, Art. 10.1(d).

⁴²⁶ European Union: Council of the European Union, *Directive 2012/29/EU of the European Parliament and of the Council of October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA*, 14 November 2012, L 315/57, Recital 17.

⁴²⁷ Directive 2011/95/EU, Article 2(a).

⁴²⁸ European Union: Council of the European Union, *Directive 2013/33/EU of the European Parliament and Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast)*, 29 June 2013, OJ L. 180/96 -105/32; 29.6.2013, 2013/33/EU, Art. 21.

d. Organisation of American States

63. The **American Convention on Human Rights** (Pact of San Jose)⁴²⁹ contains similar rights as discussed above with the Covenants and ECHR.

64. The **Inter American Convention on the Prevention, Punishment and Eradication of Violence against Women** (Convention of Belém do Pará)⁴³⁰ reaffirms that violence against women is a violation of fundamental rights and freedoms.⁴³¹ It repeats the various rights of women to life, dignity, security and more (Article 4) and recognises that violence against women prevents the exercise of their civil, political, economic, social and cultural rights (Article 5).

65. Of particular note to FGM and FM it also references the right to be valued and educated free from stereotyped patterns of behaviour and social and cultural practices based on concepts of inferiority or subordination (Article 6). Given the cultural and discriminatory root of these practices it is valuable to address this aspect of FGM and FM.

66. Article 7(e) requires States to “take all appropriate measures, including legislative measures, to amend or repeal existing laws and regulations or to modify legal or customary practices which sustain the persistence and tolerance of violence against women”.

67. Article 8(b) also focuses on the social and cultural roots of violence against women, such as FGM and FM, by requiring States to “modify social and cultural patterns of conduct of men and women” to “counteract prejudices, customs and all other practices which are based on the idea of the inferiority or superiority of either of the sexes or on the stereotyped roles for men and women which legitimise or exacerbate violence against women”.

e. African Union

68. The **African Charter on Human and Peoples' Rights** (Banjul Charter)⁴³² contains similar fundamental rights as for the Covenants and ECHR. It mentions elimination of discrimination against women in Article 18.3

69. The **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa** (Maputo Protocol)⁴³³ addresses the specific rights of women and therefore has a number of provisions to contribute to the legal sphere on FM and FGM. It defines discrimination against women as having the effect to “*compromise or destroy the recognition, enjoyment or the exercise by women, [...], of human rights and fundamental freedoms*”⁴³⁴ and prohibits harmful practices which endanger the health and general well-being of women.⁴³⁵

70. Article 5 contains a specific prohibition of FGM and all harmful practices which “negatively affect the human rights of women and which are contrary to recognised international standards”.⁴³⁶ With regards to FM, Article 6 specifies that State Parties shall ensure that women and men enjoy equal rights and are regarded as equal partners in marriage while also requiring free consent of both parties for marriage to take place.

⁴²⁹ Adopted on 22 November 1969 and entered into force on 18 July 1978.

⁴³⁰ Adopted on 9 June 1994 by the General Assembly of the OAS and entered into force on 5 March 1995.

⁴³¹ Organisation of American States (OAS), *Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women* (“*Convention of Belem do Para*”), 9 June 1994, Preamble.

⁴³² Adopted at the OAU's Assembly in 1981, entered into force on 21 October 1986.

⁴³³ Adopted by the African Union on 11 July 2003 and entered into force on 25 November 2005.

⁴³⁴ African Union, *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*, 11 July 2003, Art. 1(e)

⁴³⁵ *Ibid.*, Art. 2(b)

⁴³⁶ Maputo Protocol, Arts. 5 and 5(b)

f. Southern African Development Community

71. Likewise the Southern African Development Community has adopted the ***Protocol on Gender and Development***⁴³⁷ referring to FGM and FM.

g. South Asian Association for Regional Cooperation

72. The South Asian Association for Regional Cooperation has adopted the ***Convention on combating and prevention of trafficking in women and children for prostitution***⁴³⁸ and the ***Convention on regional arrangements for the promotion of child welfare in South Asia***⁴³⁹ which both refer to FGM and Child Marriage.

IV. OVERVIEW OF APPROACHES AND PRACTICES IN PLACE IN MEMBER STATES

73. The replies⁴⁴⁰ submitted to the questionnaire reveal and emphasise the wide scope of issues FGM and FM can impact. States, owing to differing experiences, seem to view and address these two practices from a multitude of angles. This has resulted in a diverse range of overarching approaches, which in turn influence and create a wide variety of specific practices and responses.

74. The effectiveness or success of the various approaches and practices are not evaluated here, merely the variety of actions and approaches available are highlighted to show the multiple routes open to States in tackling FGM and FM.

75. Despite this diversity of approaches and the wide variety of practices, they can be grouped into categories following the framework taken in the Istanbul Convention.

76. States find it difficult to acquire data and information on FGM and FM, which in turn makes it hard for States and other actors to communicate and coordinate their approaches, and which again in turn can exacerbate the difficulty in finding information.

a. Integrated policies, development and data collection

National action plans

77. A number of States have specific action plans for these issues and though several reporting States do not have National Action Plans on FGM and FM, this is often due to these issues being covered under more general violence against women, equality, child protection, or human rights action plans.

78. Within these plans or in the general promotion and protection of rights, States have adopted a variety of organisational approaches. Some States have a multi-agency approach, involving the resources and cooperation of a wide range of government agencies, from ministries of health, education, immigration, to employment and foreign affairs. These multi-disciplinary systems are often coordinated by one department, such as the Ministry of Justice, and focus on implementing a national strategy based on close cooperation between the agencies and ensuring the multi-agency approach covers all aspects of these issues via specialisation of skills and resources, and complementary practices.

79. Other States implement their national strategy through a single department; however there is often cooperation with other government agencies. Some States also distinguish between national and international efforts to fight FGM and FM and so specialise their projects and resources between home and foreign offices.

80. In some States the municipalities or regional authorities are also engaged as main actors to design or implement policy and practices, ensuring a local stakeholder with goals and responsibilities and allowing for a targeted approach to specific areas and communities.

⁴³⁷ Adopted on 17 August 2008 and entered into force on 22 February 2013.

⁴³⁸ Adopted on 5 January 2002.

⁴³⁹ Adopted on 5 January 2002.

⁴⁴⁰ See document CDDH-MF(2016)03.

81. Most States reported a level of engagement, both in domestic and foreign operations, with NGOs and other interested bodies such as academic institutions and volunteer or charity organisations at a variety of levels, from development and consulting on policy and practices, to implementation and funding.

Data collection

82. Most States reported insufficient or unavailable statistics on many aspects of FGM and FM. Criminal convictions, reporting, and asylum applications statistics were hindered by various factors; however given the recent changes in legislation and action plans new data should be available in the future.

83. Criminal case statistics on FGM and FM and case monitoring efforts were lacking in many States' replies, often due to insufficient data or to a lack of data collection systems.

84. In those States which did report criminal proceedings, the numbers were often low. However a number of factors contribute to this, including the short time elapsed between the introduction of the new criminal offences, the categorisation of criminal cases, and the general difficulties involved in securing prosecutions or even police reporting of these acts. This highlights, not that there is a lack of risk in respect of FGM or FM, but that efforts for prevention and protection are either more effective or are more suited than prosecution efforts to the fight against FGM and FM.

85. However there is some data available on the prevalence of FGM and FM within the States. While many States do not have a national or systematic data collection project, States have relied on inquiries, calls and various other accesses to their support services to collect data. Additionally statistics are also produced by police departments; data is collected by the medical services on women during pregnancy; and studies have been carried out on the activities of shelters and social workers. Additionally NGOs have also carried out their own research and data collection.

86. Some States have used qualitative and quantitative studies to analyse the risk and pervasiveness of these acts in their jurisdictions using the data from States with high prevalence of FGM or FM and the immigration from those States. This data has then been used to also understand the likelihood of the practice continuing and to identify the attitudes and behaviours behind the practice, which in turn enables better responses and preventive techniques.

87. There are a number of issues of privacy given the intimate nature of these issues, however some States have taken efforts to catalogue and record cases found by medical staff, such as the creation of a medical code for FGM or the mandatory collection of data by medical practitioners.

88. However data collection still remains sporadic and speculative, with many States not reporting any significant collection efforts. Better information on the prevalence and risk of these acts, in addition to improved understanding of the mentality and attitude behind the practice, and the sharing of this information will be a major advantage in designing and implementing efforts to end the practices.

b. Prevention

89. In this section the States' replies indicated approaches and practices in the scope of prevention of FGM and FM. Prevention methods vary but a particular emphasis has been placed on raising awareness, education, early identification, training of professionals, public information campaigns, shifting attitudes and involvement of NGOs and civil society.

Information campaigns

90. The majority of responding States have engaged in an awareness campaign. These campaigns are multifaceted in their approach and content, focusing on a variety of issues involved with FGM and FM. Awareness campaigns can be directed at a number of recipients such as towards the victims, educating those at risk on their rights and the protections available, whilst encouraging them to speak up about abuse or to challenge harmful practices. They are also directed towards professionals, raising awareness in a various fields and encouraging their participation and expertise in tackling these issues. Additionally the general population can be engaged by a campaign to encourage discussion, engagement with the problems, and stimulate a shift in accepted attitudes.

91. It is observed that while a number of States have campaigns at the national level, some retain the focus to only those regions or municipalities where there is a risk or prevalence of FGM and FM. This narrow approach enables the tailoring of the information and tactics to the particular community's view and issues surrounding FGM or FM. One particular method within this tailored approach is the dissemination of information or targeting of these campaigns at asylum centres, airports during times of migration, and newly arrived immigrant communities.

92. A notable aspect to these campaigns is their involvement of a variety of media. Traditional methods such as leaflets and seminars on the various issues are supported in some States by social media campaigns. Online campaigns, e learning tools, and web based information are also seen as useful methods to spread and promote information. A number of States also engage the State television network while others involve Academic Institutions to benefit from their research and networks. NGOs and local charities in many States were also invited to participate; and often were used to enable the dissemination of information and encouraged to actively participate in the campaign.

93. Another focus of the awareness campaigns is the inclusion and cooperation of various agencies and disciplines involved in the fight against FGM and FM. While awareness-raising focused towards the public is one side of the issue, communication between the various sections of the public sector and civil society, which must work together to provide effective solutions to the issue, is also a benefit to ensure a cohesive and cooperative strategy.

94. In addition to domestic efforts, a number of States engage in international or extra-territorial campaigns. Given that FGM and FM are much more prevalent in States outside Europe, campaigns and activities in this external arena are essential to foster change and progress where the phenomena stem from. A number of States support awareness projects in foreign countries either through their own charities or NGOs or in partnerships with various States by supporting the activities and campaigns of Intergovernmental Organisations, such as the UNFPA/UNICEF programme "Female Genital Mutilation/Cutting: Accelerating Change" or by raising awareness of FGM and child, early or forced marriage through events such as the Girl Summit in 2014.

Training of professionals

95. Aside from raising awareness within various professional fields, concrete and comprehensive training is essential to provide actors with the tools to identify, report, support and provide care to those who are at risk or have suffered from FGM and FM. The majority of responding States have a variety of training programmes to enable professionals to prevent FGM and FM. The most comprehensive of these are run by the State, with the support of civil society, however some States have let NGOs or institutions involved with FGM and FM take the lead; while others still have created specialist expert teams or units to coordinate the efforts against FGM and FM.

96. It should be noted that while some States have specific training on FGM and FM, these are sometimes administered as parts or sections of wider programmes, such as eliminating violence against women, domestic violence, trafficking in human beings, child protection or so called 'honour-based' crimes.

97. A wide range of professionals should receive training on these issues, from child protection services, medical professionals, social workers, school and educational institutions to asylum and immigration officials and the police and judiciary. Each field or profession will need to be adequately trained to understand these issues within their field of expertise and be equipped with effective tools to handle arising cases.

98. Training methods vary between States and between sectors. Some States reported mandatory, regular and continuous training of actors, while other actors are encouraged and incentivised to attend training. In some fields it is included in basic training, in others it is pursued in more detail as a specialisation, enabling the creation of specialist caseworkers.

99. Another aspect identified is the involvement of parents in the training via the form of family education programmes. Here professionals in education, health and social care are able to interact and support parents in the course of educating them on child development.

Early identification

100. A number of States have a mechanism in place for the early identification of those individuals at risk, though in a number of cases this was not implemented on the national level.

101. A multitude of sectors including education, childcare, healthcare, police, immigration, religion and even consular services are relied upon, and hopefully trained, to provide an early warning of at risk individuals. This is often implemented via a duty to report perceived risks (with a freedom from confidentiality in the cases of certain professions) combined with training in early warning signs and symptoms. Of particular note was the practice of information sharing (and the ensuing privacy discussion) between professionals, departments, or sectors in order to properly monitor or assess the vulnerability of an individual to FGM or FM.

Shifting cultural behaviour

102. To complement the skills and tools given to professionals to prevent FGM and FM, there should also be wider efforts to inspire a shift in behaviour and attitude of those who engage in these practices.

103. Potential offenders and victims must be informed and educated on not only the laws and risks involved, but engaged to think on, understand and question any harmful traditional attitudes and stereotypes which give rise to these practices.

104. The empowerment of women and girls, and the education of children as well as parents are essential focuses to enable a shift in attitude and a change in deeply held beliefs.

105. Pre-Schools and Schools are particularly important in this regard. States have reported curriculums with classes on gender perspectives, diversity training, combatting prejudice and stereotypes and the building of healthy sexual and interpersonal relationships. These can, and should, take place at all ages and stages of education, building and advancing alongside the child's education and maturity.

106. One method also identified was the training and evaluation of the educators themselves, to ensure their values and teaching methods further enhance the content being taught.

107. Outside of schools, some projects have focused on education through respected peers, mentors and community figureheads. These individuals are able to reach out to younger men and women to inspire and support them to evaluate and challenge established gender roles or stereotypes. The wider community itself has also been engaged to shift established attitudes. Some programmes involved faith leaders, community leaders, parents and other influencers to create a dialogue and support system for challenging and shifting attitudes within the at risk community.

c. Protection

Procedures, measures, and support services

108. It should be noted that while some States have specific FGM or FM protection mechanisms, in many cases these are part of or covered by a general system of measures and procedures on violence against women or child protection. The structure of protective mechanisms can span various state sectors, and is implemented via specific and coordinated measures, procedures and services.

109. A number of States have implemented a hotline which allows at risk individuals to receive instant support and advice on their situation and general information. Public institutions and interested organisations and charities can further support those at risk by providing information and advice and it should be noted that many States' replies identified the need for anonymity in respect of the potential victim, as this encourages them to make use of the resources.

110. Shelter networks, protective housing and protection groups in hospitals are used to create a safe physical space for victims but also to provide appropriate care, in particular psychological and emotional care, to those at risk or affected. It should be mentioned that while some States reported a national network of shelters, others rely on more localised and municipal systems.

111. The duty to notify is also cited as a measure to enable the protection of at risk individuals and victims. Given the reluctance to report or even the acquiescence of some victims to the practices means that it is necessary to encourage and support professionals and citizens to notify and report suspected or potential cases. Many States have specific obligations and procedures for healthcare workers, social workers and educators to notify or report when they suspect a risk of FGM or FM. While there should be due care and debate on privacy concerns, a number of States have exemptions for medical professionals in their confidentiality laws to enable and encourage or require reporting.

112. The various frontline institutions and organisations, such as in education, immigration and healthcare play a vital role in fulfilling the protection element of FGM and FM policies. Prompt assessment and investigation by the relevant authorities once an at risk individual has been identified leads to effective protective measures being implemented in time and in the most appropriate way to take into account all interests concerned.

113. If necessary many States provide for an intervention by child protective services in the cases where this is required. This can include monitoring, removal of the child to protective custody and follow up visits. Trained social workers, from the State or from relevant organisations, can also provide mediation and dialogue-based resolution of conflicts between the family and the at risk individual.

114. The police must also possess adequate training and mechanisms to effectively recognise, identify, handle, and pursue cases brought to them in order to enable effective protection of the victim.

115. While involving the police, non-penal measures may be useful due to the complex family elements involved in these issues. At times victims will seek protection but not wish to see family members punished. It is therefore necessary to also have a civil, social and healthcare mechanism in place to provide immediate and long-term protection. One approach is Protection Orders which can be obtained for those at risk, guaranteeing police and state protection, with legal force, yet without instigating criminal proceedings. These also can produce enforceable orders such as the removal of passports to prevent a victim being taken abroad or requiring their location and return if they are already outside the State.

116. Adequate healthcare is obviously required. Many States report public healthcare provided to victims, both physical and psychological in both short and long term.

d. Asylum issues

117. Many reporting States recognise FGM and FM as potential grounds for international protection or asylum, typically by considering gender-based violence as a form of persecution, and, in some manner, gender as a particular group. The legal basis varies State to State, from the implementation of EU Directive 2011/95/EU; to interpretation of the 1951 Convention Relating to the Status of Refugees; or in national legislation following ratification of the Istanbul Convention. It is also common that States have made it an obligation or practice to ensure a gender-sensitive interpretation is adopted when processing asylum claims. Furthermore, many States have ensured that there are reception conditions and support services available, underlined by a gender-sensitive approach, to victims of FGM and FM during their asylum process.

118. However despite this recognition few States collect data on these asylum applications due to their collection methods or the general categorisation of these claims as gender based violence. To improve this it is worthy to regard the practices of those States who do have data collection and recording methods in place; and in some States the Immigration and Asylum officers will make note of suspected FGM and FM risks even when not claimed as a reason for asylum.

119. It should also be highlighted that many reporting States have no special procedure for regaining residency status for migrant victims who have left and then not returned to the host State because they were forced into marriage in another State. A few States do have some procedures on this but many are often tied to conditions of time limits, residency as minor, risk of life, humanitarian grounds, or a particular connection to the State.

e. Prosecution

120. In the majority of reporting countries FGM and FM are criminalised. However the exact form of the criminal provision varies. Many States have specific offences, or plan to introduce them. However a number of States rely on other criminal offences such as assault, coercion, bodily harm, abuse of trust etc.

121. It should be noted that for those criminal codes which do not introduce a specific crime that the Istanbul Convention and a number of States with specific provision also criminalise the act of removing a person from the State to perform FGM and FM upon them. While some States have made mention of this, it would be useful to know if and how this aspect is covered by the alternative criminal provisions in the States that rely on those.

122. The Istanbul Convention makes reference to various elements of the prosecution of these crimes in Articles 42-48, such as aggravating circumstances, sanctions, prohibiting mandatory alternative dispute mechanisms and unacceptable justifications. Not all States commented on these aspects of their criminal law of FGM and FM and in particular it would be beneficial to know the relevant provisions for States which have not ratified the Istanbul Convention.

123. Whilst not concerned directly with prosecution, many States cited their validity of marriage laws (age, consent, due notification etc.) as a form of prevention or protection against forced marriage. While it was not explicitly asked in the Questionnaire, few States commented on the civil consequences of forced marriage. Although it is presumed that forced marriage would contravene the consent and possibly age requirements most national jurisdictions have, it would be edifying to understand the various States positions on the validity of forced marriages conducted abroad. Additionally, it should be establish what residency implications of an annulment of a forced marriage arise where the residency is dependent on the un-coerced partner.

Extraterritorial jurisdiction

124. One of the major aspects to the criminalisation of FGM and FM is the reality that these acts often occur outside the territory of the State in question. This creates issues of jurisdiction, specifically of extraterritoriality and dual criminality.

125. The reporting States have a mix of approaches. The majority have provisions which provide extraterritorial jurisdiction. However some States only have this in relation to one of the crimes.

126. There is also a mix of approaches in how that extraterritorial jurisdiction is established. The majority of States employ the principle of nationality, in respect of both the victim and the perpetrator. However others take this further and claim jurisdiction when the victim or perpetrator is a permanent resident of their State. To add to the mix some States also go even further by including those who are habitually resident.

127. The issue of dual criminality also produces different responses. A number of States have waived the requirement, thereby claiming criminal jurisdiction over these acts regardless of the law where they were committed. Other States uphold the requirement of dual criminality and so will not prosecute unless these acts were criminalised in the State they were committed in. Some States also waive the requirement of dual criminality in respect of one act, often FGM, but not of the other, or waive it in regard of their nationals and residents but not of those who are merely present on their territory.

V. CONCLUSIONS AND POSSIBLE FOLLOW-UP

Conclusions

128. FGM and FM are serious human rights violations in contradiction with a number of fundamental rights and freedoms recognised by the European Convention on Human Rights (ECHR) in particular Article 2 on the right to life and Article 3 on the prohibition on torture and inhuman or degrading treatment or punishment which imply a positive obligation upon the States. Moreover such harmful practices are in contradiction with the Istanbul Convention, namely Articles 37 and 38 which deal specifically with FGM and FM, as well as a number of other provisions contained in the Convention.

129. The fact that that not only women but often girls are victims of FGM and FM implies a violation of their rights according to the UN Convention on the Rights of the Child.

130. The standards and norms contained in international and regional treaties applicable to FGM and FM have led to the adoption and implementation of legislation, policies and strategies in many member States. Nevertheless these serious human rights violations continue to exist and their number seems even to be on the rise in Europe.

131. A comprehensive approach including integrated policies, protection, prevention, and prosecution is most effective to tackle the nuanced and multifaceted issues of FGM and FM including cultural attitudes supporting such practices.

132. Prevention is one of the core elements to ending these practices. Prevention methods may vary but a particular emphasis has been placed on raising awareness, early identification, education, the training of professionals, public information campaigns, shifting attitudes and the involvement of NGOs and civil society.

133. Some States have specific FGM or FM measures, in many cases these are part of or covered by a general system of measures and procedures on violence against women and girls or child protection.

134. Most States recognise FGM and FM as potential grounds for international protection or asylum, typically by considering gender-based violence as a form of persecution, and, in some manner, gender as a particular group. However despite this recognition few States collect data on these asylum applications due to their collection methods or the general categorisation of these claims as gender based violence.

135. In the majority of reporting States FGM and FM are criminalised. However the exact form of the criminal provision varies. Many States have specific offences, or plan to introduce them. However a number of States rely on other criminal offences such as assault, coercion, bodily harm, abuse of trust etc.

136. A number of States have specific action plans for these issues and though several reporting States do not have National Action Plans on FGM and FM this is often due to these issues being covered under more general violence against women, equality, child protection, or human rights action plans. It was noted that an effective response to combat FGM and FM requires more than individual measures in the fields of prevention, protection and prosecution and therefore integrated policies need to be further implemented.

137. Amongst the challenges identified are:

- That there is a lack of data, in particular comparable data, on FGM and FM;
- That some States do not have a mechanism in place for the early identification of individuals at risk;
- That there should be wider efforts to promote a shift in behaviour and attitude of both the public at large, and those who engage in these practices; and that the empowerment of women and girls, and the education of children as well as parents are essential focuses to enable a shift in attitude and a change in deeply held beliefs;
- That many reporting States have no special procedure for regaining residency status for migrant victims who have left and then not returned to the host State because they were forced into marriage in another State; and
- That there is a lack of information from States regarding elements of the prosecution of these crimes, such as aggravating circumstances, sanctions, prohibiting mandatory alternative dispute mechanisms and unacceptable justifications are included in their criminal law.

Possible follow-up

138. On the basis of the current draft legal analysis prepared by the CDDH-MF and the replies from member States to the questionnaire, the Group would pursue its work on the drawing-up of a Guide to national good practices. This Guide would be following the structure *a*. Integrated policies, development and data collection, *b*. Prevention, *c*. Protection, *d*. Asylum issues, *e*. Prosecution.

139. Any further follow-up work could take several forms:

- a *declaration* by the Committee of Ministers reaffirming that FGM and FM are serious human rights violations for which States have an obligation to prevent and combat these acts in Europe and abroad; and/or
- a *recommendation* by the Committee of Ministers that would give further guidance to member States on the effective implementation of the existing standards which apply to these issues, mainly those of the Istanbul Convention. Such an instrument could include examples of national good practices (in the same manner as the Committee of Ministers' Recommendation to member States on human rights of older persons).

140. It would also be possible in the above legally non-binding instruments to encourage further ratification of relevant treaties such as the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention),⁴⁴¹ the Council of Europe Convention on Action against Trafficking in Human Beings,⁴⁴² the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention)⁴⁴³ and the UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriage.⁴⁴⁴

141. It is important that any possible new recommendation will not duplicate work already undertaken by other committees and bodies of the Council of Europe or other international and regional organisations and

⁴⁴¹ See above footnote 62.

⁴⁴² See above footnote 72.

⁴⁴³ See above footnote 74.

⁴⁴⁴ See above footnote 94.

that it will bring added value. This should in no way lead to any contradiction with the standards of the Istanbul Convention, which however does not cover all aspects related to these two practices to the same degree, but instead to focus on issues which are not covered so extensively by it, such as international cooperation to tackle the problems. Moreover, at present not all member States are Parties to the Istanbul Convention and it is expected that it will take quite a while before it will be applicable to all. On the other hand, due to the seriousness of these human rights violations there is a degree of urgency in moving ahead with the combat and prevention of FGM and FM in all member States whether or not they are Parties to the Istanbul Convention.

142. Any decision on the most appropriate instrument should await the outcome of the work on the preparation of the Guide to national good practices. Bearing in mind the urgency of the matter, a decision on further follow-up action could therefore be discussed at the next meeting of the CDDH-MF in September and submitted to the CDDH in December before pursuing any further work.

143. Any further action by the CDDH would of course imply the continued necessary coordination with other relevant bodies (GEC, GREVIO, GRETA, CDPC). In addition, other Committees and other bodies of the Council of Europe are invited to participate in the CDDH-MF meetings (e.g. Lanzarote Committee and CAHENF). Furthermore, other bodies and intergovernmental organisations (e.g. OHCHR, FRA, EIGE) as well non-governmental organisations active in this field (e.g. Centre d'Information sur les Droits des Femmes et des Familles) and religious and belief communities could send a representative to the meetings upon the decision of the CDDH-MF or its Chairperson.

Female Genital Mutilation and Forced Marriage are human rights violations and grave forms of violence against women and girls. Since these violations often occur during childhood, they also constitute a violation of children's rights. The fight against these practices is founded on a rights-based approach and an integrated policy which addresses the larger systemic issues at play in society that breed such forms of violence, gender inequality and discrimination.

The Declaration of the Committee of Ministers on the need to step up efforts to prevent and combat Female Genital Mutilation and Forced Marriage in Europe calls on member States to fully recognise these practices as human rights violations which concern European States, and to this end to develop national action plans and strategies, and to promote exchanges of practices in order to fight against these human rights affronts.

The Guide to good and promising practices aimed at preventing and combating female genital mutilation and forced marriage aims at providing strategic guidance on the standards, principles, features and characteristics of the necessary integrated response to end these practices. In support of these elements the Guide also outlines selected current initiatives being taken by a number of Council of Europe member States in preventing, combating and addressing the effects of Female Genital Mutilation and Forced Marriage.

www.coe.int

The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, 28 of which are members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.