

Joint Shadow Report - FRANCE

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Equilibres & Populations (Equipop): [Equipop](#) has been created in 1993 by doctors and journalists, in the context of the International Conference on Population and Development (ICPD) in Cairo. Since then, the Association's main objective is to improve the living conditions and status of women, which is a key factor of a fair and sustainable development. Equipop works mainly in francophone sub-saharan Africa on Female Genital Mutilation (FGM), strengthening health care systems, promotion of family planning and capacity building of civil society organisations. *Equipop* is a French member of the End FGM European Network.

Excision, parlons-en!: [Excision, parlons-en!](#) is an apolitical, and non-confessional French association created in 2013. Excision, parlons-en!'s vocation is to intensify the mobilization for the abandonment of female genital mutilations (FGM/C), gathering actresses and actors of the French civil society wishing to pool energies, efforts and resources to abandon FGM/C in France and worldwide. By developing and supporting a French network of associations working on the abandon of FGM/C, Excision, parlons-en! intends to share information, good practices and expertise through a multidisciplinary approach, thereby contributing to the disappearance of FGM/C. *Excision, parlons en!* is a French member of the End FGM European Network.

End FGM European Network (End FGM EU): [End FGM EU](#) is a European umbrella network of 19 organisations working in 12 European Union Member States to ensure a sustainable European action

to end female genital mutilation in Europe and beyond. Its vision is “a world free of all forms of female genital mutilation (FGM) where women and girls are empowered and can fully enjoy their human rights”. Its mission is to be the driving force of the European movement to end all forms of FGM, joining the forces of communities and civil society organisations, and building synergies and cooperation with all relevant actors in Europe and globally.

Moreover, the following French specialists participated in drafting this report:

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INTRODUCTION

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

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

1. Legal Framework¹

Criminal law

Female Genital Mutilation (FGM) is not specifically classified as a crime or offence under French law. However, according to general provisions related to **violence leading to mutilation**, FGM is a crime punishable by a 10-year prison sentence and a 150,000 euro fine (Article 222-9 of the Penal Code)². The principle of extraterritoriality applies, if the victim is of French nationality or resident on French territory (Article 222-16-2 of the Penal Code). The parents of the victim can be prosecuted as accomplices (Article 113-5 of the Penal code).

In 2013, two specific offences were added to the Penal Code to strengthen the protection of minors (under Law n°2013-711 of 5 August 2013): “encouraging a minor to be subject to genital mutilation”, (Article 227-24-1 par.1 of the Penal Code), and “encouraging other people to commit genital mutilation” (Article 227-24-1 par.2).

Child Protection Law

The **2007 Law on Protection of Children in Danger** provides for two types of protection: administrative protection, under the Departmental Council and governed by the Social Work and Family Code, and legal protection, under the children’s courts, governed by the Civil Code. All cases of FGM reported to the Public Prosecutor’s Office for children and adolescents are subject to a police investigation by the Brigade for the protection of minors in Paris (or equivalent local services), the children’s court judge, who can order an educational assistance measure (Article 375 of the Civil Code) and, if required, the temporary placement of the child in the care of the other parent, a member of the family, a trustworthy third person or a competent service (Articles 375-1 to 3), as well as prohibiting the child from being taken out of the country, requiring her inclusion on the missing persons’ list (Article 375-7, introduced in 2010) or requiring that she be presented for medical examination on her return to France. In emergency situations, the Prosecutor can order the temporary placement of the child and subsequently apply to the children’s judge (Article 375-5 of the Civil Code).

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

² This sentence can be extended to 20 years if the act is committed on a minor under the age of 15 or by a relative or any other person with authority over the victim (Article 222-10). In cases where violence leads to unintentional death, the applicable sentence is 15 years’ imprisonment (Article 222-7), extended to 20 years if committed on a minor under the age of 15 and 30 years when committed by a relative or any other person with authority over the minor (Article 222-8).

Law on asylum

Under French case law, individuals at risk of mutilation in their country of nationality should be attributed refugee status. If the parents of such individuals are at risk of persecution or abuse because of their opposition to FGM, they may also claim refugee status. If this is not possible, parents can be granted subsidiary protection where conventional grounds for asylum cannot be established but where there is a risk of “inhuman or degrading treatment” on return to their country of origin (Article L712-1 of CESEDA).

The **2015 reform** of France’s asylum law makes special provision for **FGM as a serious form of psychological, physical or sexual violence** which must be identified during evaluations of the vulnerability of applicants, and taken into account in implementing their rights, including the period during which their application is processed, in order to determine specific needs in terms of accommodation (Article L744-6).

Furthermore, a **decree adopted on 23 August 2017** for the application of articles L.723-5 and L.752-3 of the Code on the Entry and Residence of foreigners and the Right of Asylum requires that children at risk of FGM go through a medico-legal examination for their asylum request. Before that decree, any general practitioner trained on FGM could make the examination and give a certificate. However, the consequences of such decree are unclear since there are no medico-legal staff throughout the French territory and, most importantly, they are not necessarily trained on FGM issues.

Professional secrecy law

According to the French Penal Code, **professional secrecy does not apply in cases of FGM** (Article 226-14). Moreover, there is an **obligation to report to the Public Prosecutor** for any competent authority, public officer or public employee who becomes aware of a crime or offence in the course of their duties (Article 40 of the Code of Criminal Procedure and Articles 434-2 and 223-6 of the Penal Code concerning minors). According to the Public Health Code, health professionals are obliged to report to the competent authorities any knowledge of the abuse of a minor or a woman unable to protect herself, because of her age or physical/psychological condition.

1. Policy Framework³

In France since 2005 Inter-Ministerial Plans for the Prevention of Violence Against Women have been put in place. The first Plan 2005-2007 did not specifically name FGM within its scope, but more broadly violence against women. However, since 2008, with the beginning of the 2nd Inter-Ministerial Plan, FGM is mentioned in all plans. In 2013, in this context, the **Inter-Ministerial Mission for the Protection of Women who are Victims of Violence and the Fight against Human Trafficking** (MIPROF) was created, which includes FGM in its action.

Pursuant to Article 1 of Law n°2014-873, specifying that gender equality requires preventive and protective action to combat violence against women and infringements of their dignity, the **Fifth Inter-Ministerial Plan for the Prevention of Violence Against Women 2017-2019** sets out specific actions relating to the prevention of and fight against FGM (Area 2.E, Goal 25):

- Consolidating the **support mechanisms for victims** of female genital mutilation and forced marriages, by renewing the partnership between the Ministry of Women's Rights and GAMS (Group for the Abolition of Genital Mutilation) with the signature of a new agreement on objectives for 2017-2019.
- Pursuing **preventive actions** on female genital mutilations **among relevant public and professionals**, thanks to the support of the Ministries in sharing basic and continuing formation tools among relevant professionals.
- **Updating knowledge on epidemiology and scalable tendencies** of the female genital mutilations phenomenon in France and perpetuating a follow-up mechanism of the progression of its prevalence. The Ministry of Health will be supporting the study led by the National institute of demographic studies (INED) in order to update the assessment of the number of victims in France and adjust accordingly the preventive and care national strategies throughout 2018 and 2019.
- **Local prevention, awareness-raising and training initiatives** are also being conducted by regional women's rights teams.

Moreover, in November 2016 the MIPROF in cooperation with a multidisciplinary team of experts and professionals published a [training kit on FGM and forced marriage for health professionals and social workers](#) called "Bilakoro".

³ For more detailed information, visit <https://uefgm.org/index.php/policy-framework-fr/>

There are no national protocols or multidisciplinary guides on FGM. However, the health and education sectors have each developed their own guides⁴. In addition, two maternal and child protection centres in France have implemented protocols on local action⁵.

MAIN ISSUES AND RECOMMENDATIONS

2. Prevention

Article 12

Despite the dissuasive role played by the criminalisation of the practice, FGM is deeply rooted in communities' beliefs. Therefore, prevention is key to address the causes of FGM and activities to help deconstruct the social/gender norms and justifications and that raise awareness on the legal and health consequences of the practice are most needed. We recommend **more awareness-raising and behaviour change projects addressing diaspora population and migrants from FGM-affected communities**. To this end, NGOs and other civil society organisations need to be funded in a more sustainable way to implement such activities. Moreover, projects aiming at empowerment of women from FGM-affected countries are key to end FGM, since they promote women's independence enabling them to assume their own choices.

Article 13

In France, preventive measures in Maternal and Child Welfare Centres are very efficient to prevent FGM on children up to 6 years old. These include regular checks on children, medical follow-up particularly before and after holidays, awareness-raising and informative talks on FGM given to parents by trained professionals. However, no similar measures are foreseen for children over 6 years old and adolescents, who do not fall within this Maternal and Child Welfare system. Therefore, the French government should strengthen awareness raising and information as tools for prevention of FGM among girls older than 6 years and adolescents. Following the ratification of the Istanbul Convention, there have been several national cam-

⁴ [Le praticien face aux mutilations sexuelles féminines](#) (The Practitioner Faced with Female Genital Mutilation), Gynécologie Sans Frontières and Direction générale de la santé, 2016; [Comportements sexistes et violences sexuelles](#) (Sexist Behaviour and Sexual Violence), 2014, Guidebook on resources for educational teams in junior and senior high schools, with a section on FGM.

⁵ "How to Behave When Faced with Female Genital Mutilation", Seine-Saint-Denis region Maternal and Child Protection Centre; "How to Behave When Excision is Confirmed or in Cases of Risk of Excision for a Child or a Young Minor", Paris Maternal and Child Protection Centre (Directorate of the Family and Early Childhood, 2011).

paings against FGM. For instance, a national campaign has been launched by the Excision parlons-en!-run network to inform adolescents on the risks they might face during holidays in their countries of origin⁶. Moreover, the first chat⁷ dedicated to adolescents was created by the same network, allowing them to get information on the practice, advice on how to protect themselves and other youth in their circle.

We recommend that **prevention and awareness raising initiatives tackling children between 7 and 18 years old continue to be supported and are scaled up** to broaden and increase their impact. Moreover, we recommend that the French government put in place **further preventive measures targeting awareness raising of paediatricians, schools, families** beyond the limited scope of the Maternal and Child Welfare Centres, to broaden the beneficiaries of the prevention.

Article 14

FGM and violence against women and girls are not included within school curricula within the modules on sexuality education. We recommend that a section on **prevention of sexist and sexual violence, and FGM** among them, be systematically **integrated in sexuality education courses**, as it was recommended in the 2016 report by the French High Council for Equality between Women and Men⁸.

Article 15

In maternity hospitals in cities with a large population of women victims of FGM, we recommend **targeted prevention for women coming from FGM-affected communities in postpartum care**. This would allow informing parents on the harmful consequences of FGM in families at risk. This would also allow to recall the law and propose orientation towards appropriate help services if need. This will require **training maternity hospitals professionals**, who will be in charge of networking with relevant services in the areas at risk in order to prevent FGM.

Concerning training of professionals, since 2006, in France initial training for health professionals (e.g. university curricula) includes a compulsory module on FGM, which is a very good practice that should be extended to all other relevant professions. Moreover, FGM should be a compulsory subject also within the continuous training that professionals undertake to keep themselves up to date throughout their career. Therefore, we recommend making **compulsory in initial and continuous training of all professionals** (child protection, health, social,

⁶ See <http://alerte-excision.org/>

⁷ See <https://enavanttoutes.fr/le-tchat/>

⁸ See [http://www.haut-conseil-](http://www.haut-conseil-egalite.gouv.fr/IMG/pdf/hce_rapport_sur_l_education_a_la_sexualite_synthese_et_fiches_pratiques.pdf)

[egalite.gouv.fr/IMG/pdf/hce_rapport_sur_l_education_a_la_sexualite_synthese_et_fiches_pratiques.pdf](http://www.haut-conseil-egalite.gouv.fr/IMG/pdf/hce_rapport_sur_l_education_a_la_sexualite_synthese_et_fiches_pratiques.pdf)

education, law enforcement, justice) **a module on all forms of violence against women and girls, including FGM.** Those trainings should be realised with the support of organisations specialised on the subject.

3. Protection

Article 22

In France, there are a few **medical units providing genital reconstructive surgery** to women victims of FGM, which seems to be enough according to the population concerned. However, in public hospitals, there are no multidisciplinary teams (sexologists, gynaecologists, psychologists, ethnologists) fully working within the FGM units, which are key within these specialised units. Professionals giving their services in these units are in fact public or maternity hospitals employees, and they work in the FGM units only partially within their working hours and for the rest as volunteers in their free time. **Adequate and quality care for FGM victims require more time allocation, and fully dedicated and trained staff.** No budget is allocated for secretaries, psychologists or social workers in such units, which inevitably affects the quality of the service provided. We recommend a thorough evaluation of genital reconstructive surgery units and a **greater allocation of human and financial resources** to them.

Article 24

In France, people who seek protection from violent situations can use two hotlines. One of them was established specifically to help minors⁹ and stays open 24/7, while the other is addressed to adult women from 9h to 22h from Monday to Friday and from 9h to 18h in the weekend and bank holidays¹⁰. We recommend **increasing resources**, including to be able to provide a **multi-language service, and working hours of the helpline for women** who are victims of violence, so that it can provide a round-the-clock support.

Article 27

According to Article L226-3 of the Social Work and Family Code, the Departmental unit for collecting and evaluating 'information of concern' (CRIP) receives data from children's social assistance services, maternal and child protection services and social work services concerning dangers or risks of danger to the health, safety or morality of minors. It would be very im-

⁹ See <http://www.allo119.gouv.fr>

¹⁰ See <http://www.solidaritefemmes.org/appeler-le-3919>

portant to gather some **data and statistics on such 'information of concern' reported by professionals to the CRIP**, including on the type of information, their nature and the follow-up they are given. Having available this kind of information would be beneficial to understand whether the child protection policy in place is working in an appropriate way and, in case, it would be crucial to identify possible gaps and consequent solutions.

Articles 60 & 61

Concerning asylum, the most crucial problem in France is the one of lack of space for welcoming and accommodation of women asylum seekers, including with children, or for isolated/unaccompanied minors.

The recognition of refugee status on grounds of being at risk of FGM and the determining factors, according to the French asylum system, leading to the refugee status determination in these cases pose some problematic outcomes. Indeed, in France, **international protection on ground of FGM is only granted strictly to the girls who are at risk of FGM**, not to their parents, who once their daughters obtain the refugee status can obtain a residence card.

However, the fact that parents of a girl at risk do not obtain the status of refugees causes **problems particularly in terms of family reunification** when there are one or more children, especially girls, left in the country of origin. Currently, indeed, the family reunification principle does not apply between siblings, therefore a girl recognized as a refugee in France because she is at risk of FGM cannot facilitate the arrival of her brothers and sister left in the country of origin. However, our organizations were made aware that a new Draft law "for controlled immigration and an effective right of asylum" that will be tabled for discussion in spring 2018 might propose such change, namely the possibility for girls protected by the right of asylum to facilitate the arrival of their siblings in the context of family reunification. We strongly recommend for this initiative to succeed, as it would benefit concretely a substantial number of girls and their families. Moreover, the possibility for minors to ask for asylum in their countries of origin in case of risk of FGM is not guaranteed, therefore we would request this issue is taken in due consideration.

In addition, when the mother of a girl at risk has not been cut or if she has a rather high level of education, a job and is economically independent, the French Asylum services (OFPRA) and judges tend to quickly and wrongly draw the conclusion that that mother is able to protect her daughter. We recommend that OFPRA and judges **recognize the specificity of FGM as a social norm in practicing communities and the consequent pressure that is put on the families to perform it as key elements in the refugee status assessment**. Educated and economically independent women do not necessarily and systematically protect their children against their communities because of their status.

Another unaddressed issue concerns **protection of parents who oppose the mutilation of their girl children** and who are exposed, in case of return to their countries of origin, to persecution because of their opinion against FGM. The French asylum system tends not to recognize the forced isolation, marginalization and stigmatization they risk facing by their communities, although these are clearly constituent elements of persecution (according to the Geneva Conventions). French legislation only allows parents to get resident cards and stay in the country if their daughters get international protection. This mechanism deprives them of being recognized themselves as refugees, which means they benefit from less rights and support concerning their integration process. Concerning this, we recommend OFPRA and the judges to **take into greater consideration the Geneva Conventions' definition of persecution** and to assess under its light the risk of social exclusion of women if they return to their countries of origin.

4. Prosecution

France is the country of the European Union with the largest number of criminal prosecution of FGM cases. Since 1979, there has been about 30 trials¹¹. However, organisations lack information on the precise number of cases and the detailed decisions of the courts.

5. Integrated Policies

Articles 8 & 9

To truly end with the practice of FGM, we need to promote behaviour change among people, families, professionals, communities and their leaders. However, such activities do not promote behaviour change in the short term. It takes time to see change in the community, therefore bringing long-lasting impact is only possible thanks to **sustainable, longer-term resources, and governmental funding schemes** should take this into consideration. We recommend that programmes and activities of NGOs and associations working on sensitisation of migrant and diaspora communities, targeted campaigns and training of professionals are supported for longer periods.

¹¹ See National Consultative Commission for Human Rights, 2013, § 29 at <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000028313269> and Isabelle GILLETTE-FAYE, *La juridiciarisation de l'excision : historique*, last Edition February 2018.

Moreover, to put an end to FGM is crucial to tackle the practice's transnational and cross-border nature¹², by working at the same time with diaspora communities in France and with grassroots organisations in their countries or origin. For instance, Equipop implements projects with this “building bridges” approach, both in France and in the migrants' countries of origin, in order to accompany the process of abandonment of FGM¹³. However, **despite the support of French Cooperation Agency** which allows for funding jointly domestic and development and cooperation projects, therefore making it possible to fund such innovative approach to end FGM, **it is difficult to find co-funding which is as geographically flexible**. This remains a challenge all along the duration of the project.

Article 11

Data collection is important to shape tailored laws, policies and practical interventions in terms of prevention and protection to end FGM. In France, the last scientific research on FGM was realised in 2006¹⁴. We therefore recommend **financing an update of this national scientific research**, with a focus on Paris and Ile-de-France, where there is a large number of people originating from FGM-affected countries.

CONCLUSIONS

In conclusion, Equipop, Excisions, parlons en! and End FGM EU would like to call upon the French authorities to keep working towards putting an end to FGM, by taking the following measures:

- Promote more awareness-raising and behaviour change projects addressing diaspora population and migrants from FGM-affected communities;
- Strengthen prevention initiatives tackling children between 6 and 18 years old;
- Integrate prevention of sexist and sexual violence, including FGM, in sexuality education courses;
- Provide targeted prevention for women coming from FGM-affected communities in postpartum care;

¹² This is due to the strong transnational economic, cultural and affective linkages between diaspora communities residing in Europe originating from countries affected by the practice and their families and communities in their countries of origin.

¹³ See Equipop's Building Bridges projects [Protecting the Next Generation](#) and [Kayes Dit Non](#).

¹⁴ Excision and Handicap (EXH):

https://www.pantheonsorbonne.fr/fileadmin/CRIDUP/Rapport_final_ExH_volet_quantitatif.pdf

- Establish compulsory initial and continuous training on all forms of VAW, including FGM, for all professionals;
- Allocate greater human and financial resources for multidisciplinary teams in medical units for genital reconstructive surgery;
- Increase resources, including to provide a multi-language service, and working hours of the helpline for women;
- Collect data and statistics on 'information of concern' reported by professionals to the CRIP;
- Address all issues raising from the strict interpretation of the refugee status on ground of FGM as only granted to girls at risk, in terms of: appropriate application of the principle of family reunification; recognition of the specificity of FGM as a social norm and the consequent pressure put on families to perform it; protection of parents who oppose the mutilation of their girl children;
- Establish sustainable long-term governmental funding schemes for civil society organisations and NGOs;
- Finance more research on FGM as well as an update of the national scientific survey.

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