

Joint Shadow Report – FINLAND

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Authors

Finnish League for Human Rights (FLHR): [FLHR](#) is a religiously and politically independent general human rights organisation founded in 1979 and pursues the work of the League for Human Rights, established in 1935 to monitor the human rights situation in Finland. One of FLHR thematic focus areas is work against gender-based violence, particularly preventing female genital mutilation (FGM) and honour-based violence (HBV) by offering information, advice and training as well as doing advocacy work. FLHR works closely with various migrant organisations and communities, other CSO's as well as Finnish authorities. FLHR was involved in planning the National Action Plan for the Prevention of circumcision of Girls and Women (2012-2016). FLHR also coordinates networks against FGM and HBV.

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.

INTRODUCTION

The present joint shadow report is produced by FLHR in coordination with End FGM EU, in order to highlight the current situation and propose concrete recommendations on the issue of prevention, protection, prosecution and integrated policies concerning female genital mutilation in Finland. 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 Finnish 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 in Finland.

1. Legal Framework

Criminal Law

Female Genital Mutilation (FGM) is not explicitly prohibited in the Finnish Criminal Law, but in conformity with the Finnish Criminal Law, any type of FGM is illegal under the offence of "aggravated assault" (Penal Code, Chapter 21 section 6)¹. In compliance with the Istanbul Convention, the notion of extraterritoriality is included in such offence, and the incitement, coercion or procuring a woman or a girl to undergo of any types of FGM are also punished. The Finnish Criminal Law was amended in 1 August 2015² to include all legislative measures to criminalize FGM in compliance with the Istanbul Convention.

¹ Finlex *Unofficial translation of the Criminal Code.* Available at: <https://www.finlex.fi/fi/laki/kaannokset/1889/en18890039.pdf>

² Finlex 53/2015 – Valtiosopimukset. Available at: <https://www.finlex.fi/fi/sopimukset/sopsteksti/2015/20150053>

Child Protection Law

The Child Welfare Act is utilized in matters of child protection cases concerning FGM. The applicable paragraphs under the Child Welfare are: “chapter 3, §15; chapter 5, §25-28 and chapter 9, §40, including removing the child from the family and suspension of parental custody”³. Authorities and personnel employed in the health care and social care services, education services, youth services, law enforcement, education sector, professionals in the refugee centers, and other professionals working in similar positions can apply the aforementioned paragraphs in potential FGM cases concerning the child’s welfare⁴.

Asylum Law

The Alien Act in the Finnish legislation, could be used to grant asylum on the grounds of FGM. The applicable paragraphs under the Alien Act are: “chapter 4, §52 and chapter 6, §87a-b, §88”⁵. According to the Asylum Act, grounds for granting asylum can be the risk of persecution for bodily harm or injury, physical violence and psychological violence including sexual violence, torture and other cruel inhuman practices or degrading treatment⁶.

Professional Secrecy Law

Professionals in Finland are obliged by the professional secrecy regulations in their respective fields of work. However, Section 25.1 of the Child Welfare Act states that the duty to notify overrules confidentiality regulations in cases of ill-treatment of a child or in other situations where the child’s welfare is threatened.⁷ Therefore, if there is a suspicion of a planned, already performed or observed FGM on a girl child, any official must file a child welfare notification and notify appropriate authorities. If officials neglect their duty to notify in an aforementioned situation, it may constitute a violation of their duty since the duty to notify is required by law.⁸ In order to fulfill their duty to notify, officials have to discuss with their respective clients about FGM and its dangers and illegality.⁹ As this is a verbal recommendation, it is not logged on any database, and there is no available information on how officials fulfill such duty.

³ EIGE (2013) *Current situation and trends of female genital mutilation in Finland*. Available at: <http://eige.europa.eu/rdc/eige-publications/current-situation-and-trends-female-genital-mutilation-finland>, p.1.

⁴ Ministry of Social Affairs and Health (2012). *The Action Plan for the Prevention of Circumcision of Girls and Women 2012-2016*. Publications of Ministry of Social Affairs and Health, p.17.

⁵ EIGE (2013) *ibidem*.

⁶ Finlex Ulkomaalaislaki 301/2004 - Ajantasainen lainsäädäntö. Available at: <https://www.finlex.fi/fi/laki/ajantasa/2004/20040301#L6P87a>.

⁷ Ministry of Social Affairs and Health (2012). *The Action Plan for the Prevention of Circumcision of Girls and Women 2012-2016*. Publications of Ministry of Social Affairs and Health, p.18.

⁸ *Ibid*, p.17.

⁹ Terveiden ja hyvinvoinnin laitos. *Tyttöjen ja naisten ympärileikkausten (FGM) ehkäisy - Maahanmuuttajat ja monikulttuurisuus*. THL, 6 February 2018.

2. Policy Framework

The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, hereafter “the Convention”) entered into force in Finland in August 2015. The implementation of the Istanbul Convention has been a rather slow process. The **Committee for Combating Violence against Women and Domestic Violence** (hereafter “the Committee”) was appointed towards the end of 2016. It operates under the Ministry of Social Affairs and Health and it is responsible for the implementation, coordination, “follow-up and evaluation of principles and actions meant to prevent and combat all forms of violence falling within the scope of the Convention”¹⁰. The Committee consists of different Ministries and expert institutions alongside their administrative branches.

National Action Plans

Before the entry into force of the Istanbul Convention, Finland already had an **Action Plan for the Prevention of Circumcision of Girls and Women 2012-2016** (NAP on FGM), which focused specifically on the following areas: “1. ensuring training on FGM; 2. maintaining and improving the expertise of professionals; 3. producing and collecting material on FGM; 4. influencing community attitudes on FGM; 5. promoting research on FGM; 6. improving co-operation and co-ordination; and 7. publicity and launching the implementation”¹¹. The practical implementation of the NAP on FGM 2012-2016 was rather small-scale, especially concerning the first point, as most trainings on FGM were provided by civil society actors, predominantly by the FLHR. An official “Evaluation Report of the Action Plan for the Prevention of Circumcision of Girls and Women” was conducted by the National Institute for Health and Welfare (NIHW)¹². It would be crucial to ensure that any future NAP will include and address the recommendations and outcomes of the NIHW evaluation report.

There has been a gap in implementation of a national action plan in 2017, and currently the Finnish Ministry of Social Affairs and Health is preparing a new NAP on FGM for the period 2018-2020 with the involvement of FLHR in the steering group that creates and produces it, as part of the Action Plan for the Istanbul Convention for 2018-2020 (NAP Istanbul)¹³. However, the steering group has not started its task yet, and no further details are known at the moment concerning this new NAP. Nevertheless, under the Article 15 of the NAP Istanbul 2018-2020, the Ministry of Economic Affairs and Employment’s (TEM) Centre of Expertise in

¹⁰ The Ministry of Social Affairs and Health (2016). *Committee for combating violence against women and domestic violence*. Sosiaali- ja terveystieteiden ministeriö, 17 November 2017.

¹¹ Ministry of Social Affairs and Health (2012). *The Action Plan for the Prevention of Circumcision of Girls and Women 2012-2016*. Publications of Ministry of Social Affairs and Health, p.7.

¹² Koukkula, M., October, M., Kolimaa, M., Klemetti, R. (2017) *Tyttöjen ja naisten ympärileikkauksen estämisen toimintaohjelman 2012–2016 (FGM) loppuarviointi*. Terveystieteiden ja hyvinvoinnin laitos (THL).

¹³ *Istanbulin sopimuksen toimeenpanosuunnitelma 2018–2021*, s.25.

Immigrant Integration will fund nationwide trainings on FGM for professionals, authorities and NGOs working in the integration services¹⁴.

MAIN ISSUES AND RECOMMENDATIONS

3. Prevention

Article 15

Despite two of the six priorities of the NAP on FGM 2012-2016 were on providing training and increasing expertise for professionals, their implementation throughout the four years has been rather small-scale and **training on FGM for officials has been weak to a certain extent at national level**, especially in terms of sectorial coverage. Indeed, in this framework, FGM training was heavily dependent on the NGO sector and, in particular, it was provided mostly by FLHR to approximately 1500 people between public officials and professionals mostly in the child welfare and asylum sectors (reception centers' workers and Finnish Immigration Service -MIGRI-'s Asylum Unit workers) between 2015 and 2016¹⁵. Therefore, there is the **need to expand training to other sectors, such as the early childhood, law enforcement, medical and education**.

In particular, it would be of great importance to **reach out to and educate all medical students**, and especially, those who specialize in gynecology, obstetrics, and psychology. These specializations, in fact, will produce medical practitioners that will most certainly come across FGM-affected women and girls and need to be aware and adequately trained on the issue. This would be very beneficial to increasing the prevention of FGM and for a correct provision of treatment and aid for FGM survivors and would give them the right tools to intervene. It is central to the Istanbul Convention that women and girls are offered appropriate medical and psychological treatment, and this can only happen if physicians are fully prepared on FGM. It is important to mention that such training should be twofold and concern, on the one hand, anatomical and technical subjects, and, on the other hand, legal and policy subjects (see under Articles 19 & 21).

Therefore, **the NAP on FGM 2018-2020 should ensure that a broader range of professionals and public authorities acquire the necessary training on FGM**, in order to gain adequate

¹⁴ Sosiaali- ja terveysministeriö (2018). *Istanbulin sopimuksen toimeenpanosuunnitelma 2018–2021*. Sosiaali- ja terveysministeriön julkaisuja, p.18.

¹⁵ Beyond the NAP on FGM 2012-2016 FLHR trained also "future professionals", including social welfare and healthcare sector students (medical, public health and nursing students). However, FLHR has not been able to reach a large number of medical students, apart from during a one-day training for the Finnish Medical Students' International Committee in 2016.

knowledge on its different types, and to ensure a greater implementation of prevention and protection measures.

4. Protection

Articles 19 & 21

According to a study conducted by FLHR, **health practitioners in the maternity and child health clinics do not always discuss FGM with their clients** who come from FGM-practicing areas, and therefore fail to fulfill their duty to notify. This information is based on the interviews carried out with 40 women and girls of Somali, Eritrean and Ethiopian background, who took part in FLHR FGM group discussions. The same trend was confirmed by the experiences of public officials and professionals who participated in FGM trainings given by FLHR and FGM-network meetings¹⁶ and shared their opinions. This indicates that FGM is quite weakly discussed with women from countries with a high FGM prevalence rate. The same outcomes are also reflected in the official NIHW evaluation report on the NAP 2012-2016. Therefore, we recommend addressing this issue in the upcoming NAP 2018-2020.

Articles 27 & 28

According to the knowledge of FLHR, another important gap to tackle in order to increase protection of women and girls affected by FGM is the **lack of awareness by professionals and public officials of their duty to notification and intervention**. Indeed, during the trainings conducted with the different actors, it has emerged that the duty of notification and intervention is not clear enough for professionals and officials. Therefore, there is a **need for unambiguous guidelines and more training** on the topic matter. In addition, data and **statistics** should be collected on the fulfilment of such obligations to notify and intervene.

Articles 20 & 22

According to the Istanbul Convention, a States Parties must provide women and girls victims of gender-based violence with appropriate and accessible services, including concerning physical and mental support. However, in Finland the **lack of mental health services for victims of violence, including FGM**, is alarming at the moment.

¹⁶ The FGM-network was founded by the FLHR in 2016, and the network consists of 20 prominent actors who are significant operators in the prevention of FGM. These actors consist of **national authorities** such as the Ministry of Social Affairs and Health, Ministry of Economic Affairs and Employment, National Institute of Health and Welfare, Finnish Immigration Service, the National Police Board and Ombudsman for Children, and **civil society actors** such as The Finnish Red Cross, The Iraqi Women's Association who work in different sectors of Finnish society. The aim of these meetings is to bring different officials and professionals together and tackle issues relating to FGM. Our meetings take place twice a year, in fall and in spring, and each meeting focuses on different issues regarding FGM.

Article 60¹⁷

Asylum is granted on the basis of FGM if a girl child or a woman is found to be at risk of FGM and when there are no other possibilities to avoid FGM in the country of origin. This is done by analysing country of origin information (COI), which includes information on FGM prevalence, the State's attitude towards FGM (is it illegal and is the law monitored), the applicants chance to receive protection from authorities or to be able to move to another part within the same country (i.e. internal relocation). Therefore, it is extremely important to **ensure the accuracy and quality of the COI** utilized by the Finnish government, particularly in terms of its **gender-sensitivity**, and to continuously keep it up-to-date by consulting expert researchers.

In the asylum interview with a minor, authorities always inquire on the threat of FGM if, according to the COI, the minor comes from a FGM-practicing country or community. In addition, issues regarding the risk of FGM are always ascertained in the asylum interview of the girl child or of her parents. Authorities do not initiate questions on FGM if the asylum applicant is an adult, unless FGM comes forth in the asylum interview or it happens to be the main ground to apply for international protection.

To this end, as a mean of information for all asylum seekers, MIGRI's Asylum Unit, in cooperation with refugee centers' health care services, published a brochure on FGM¹⁸ available in seven languages, which explains that: FGM is illegal in Finland; being at risk of FGM is a ground for requesting asylum; the asylum applicants must request a medical certificate and need to mention FGM independently in the asylum interview if they are afraid to be at risk or if they suffer from serious physical or mental health complications as a result of performed FGM. Since the Finnish asylum procedures work under the assumption that adult asylum seekers are made aware at their arrival of the issue of FGM thanks to this brochure, and therefore there is no need to insist on the point, it would be crucial to **monitor whether in practice social assistants and reception centres personnel proactively give such information and discuss it.**

If the asylum applicant's claims are gender-sensitive such as FGM or other forms of gender-based violence, MIGRI's Asylum Unit strives to provide a female officer and interpreter to conduct and facilitate the asylum interview in a gender- and culturally-sensitive manner, according to a written instruction. The same is likewise granted upon request of the asylum seeker and similar adjustments can be made throughout the course of the asylum process in case necessary.

¹⁷ Information on this article was provided to FLHR directly by MIGRI's Asylum Unit officers.

¹⁸ Available here <http://migri.fi/documents/5202425/6197803/Female+genital+mutilation+%28en%29>

Concerning reception conditions, facility-based refugee centers do not have women-only facilities. Certain refugee centres have a separate section for unaccompanied women or separate family sections. However, decentralized refugee centers can provide apartments for women-only or e.g. single mothers and children. It would be crucial to **guarantee the availability of gender-sensitive facility-based refugee centers**, equipped with women-only facilities.

During the compulsory basic health examination that all asylum seekers undergo, questions on the gynecological status are asked to the female applicants, including if she is a victim or at risk of FGM. The adult asylum applicant can furthermore discuss about FGM, the problems related to it and possible treatment with a healthcare practitioner at their reception centre.

5. Prosecution

Articles 38, 44 & 49

As aforementioned, the criminalization of FGM is in compliance with the Istanbul Convention. Nonetheless, there are no cases of prosecution and few reported offences of FGM in Finland. Among the factors contributing to this, there might be the lack of awareness, notification and intervention by professionals and public authorities.

6. Integrated Policies

Articles 7 & 9

The convention requires the State Parties to ensure coordination and cooperation among authorities, professionals and civil society's efforts to combat gender-based violence against women and girls. **Civil society actors** have a key role in the prevention of all types of gender-based violence in Finland, since they have a sound understanding and expertise rooted in the grassroots community level, therefore **must be seen as key partners and fully and meaningfully involved in all phases of planning, implementation and monitoring of policies and practices**. However, while being involved in the initial planning of the NAP on FGM 2012-2016, FLHR (as well as other NGOs) was not involved nor consulted in its official evaluation process by the NIHW, which we consider as a shortcoming to its comprehensiveness. We therefore recommend that for **the future evaluation of NAP on FGM 2018-2020 the Finnish government fully involve civil society, and particularly FLHR**.

Moreover, we also consider that the involvement of NGOs in the planning of the NAP Istanbul could have been greater. Indeed, while NGOs were invited to a hearing on the NAP Istanbul,

and to comment on its draft in June 2017, we deem that requesting civil society actors to only attend the hearing and send comments is not sufficient. As key partners in the planning, implementation and monitoring of the NAP Istanbul, **NGOs should have a space in the Committee for Combating Violence against Women and Domestic Violence**, created at the end of 2016 to overview the implementation, coordination, follow-up and evaluation of the NAP Istanbul.

On a positive note, public authorities do get involved with civil society on FGM in other ways, since various governmental officials take part in the FLHR Network against FGM and participate to meetings on a continuous basis, contributing in this way also to an open flow of information between officials and NGOs.

Article 11

The Istanbul Convention requires State Parties to collect disaggregated “data at regular intervals on cases of all forms of violence covered by the scope of this Convention”¹⁹. **Finland has not yet carried out a national research nor survey on the subject of FGM**, and the country could benefit from having data available in order to better shape policies and practices around FGM around such evidence.

CONCLUSIONS

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

- The NAP on FGM 2018-2020 should ensure that a broader range of public authorities and professionals acquire the necessary training on FGM, and training programmes should be expanded to early childhood, law enforcement, medical and education sectors;
- Ensure that all medical students, particularly those who specialize in gynecology, obstetrics and psychology, get an adequate education about FGM;
- Ensure that health practitioners in the maternity and child health clinics discuss FGM with their clients, and inform them about its medical and legal consequences;
- Ensure and monitor that professionals and public authorities are aware of and fulfill their duty of notification and intervention in cases of risk or of performed FGM, through the publication of clear guidelines and the gathering of data and statistics on the matter;

¹⁹ Council of Europe, *The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*, November 2014, p.10.

- Increase the availability of mental health services for victims of violence, including FGM;
- Concerning the asylum system, ensure: accuracy and quality of the COI utilized by the Finnish government, particularly in terms of its gender-sensitivity; monitoring of the dissemination of information on FGM in reception centres; and gender-sensitive facility-based refugee centers;
- Ensure the meaningful involvement of civil society in policy making, implementation and monitoring, including through engaging NGOs in the future evaluation of NAP on FGM 2018-2020 and preserving a space for civil society in the Committee for Combating Violence against Women and Domestic Violence;
- Conduct a national survey on FGM and put in place a robust data collection system in order to be able to better tailor policies and practices on the issue.

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