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WORKING DOCUMENT

on female genital mutilation

Committee on Women's Rights and Gender Equality

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Introduction

This working document is intended to launch the debate in the FEMM Committee on the subject of FGM with a view to

- ascertaining what progress has been achieved since the 2001 resolution, and
- assessing what should be the next steps in the attempts to stamp out FGM.

Migration to Europe in the last thirty years has caused new cultures, traditions, customs, and modes of behaviour to spread into European societies. While this has been happening, gender-based '*traditional bloodshed*' has survived, even within the EU; one example of such practices is female genital mutilation (FGM).

At international level the growing awareness of this phenomenon fits into the general approach being applied in order to protect women's rights. This has enabled African woman activists to spell out the inherent violence of FGM, reflected in the adoption of the term '*mutilation*' in place of '*female circumcision*'. Medical experience on the ground and various studies on the short- and long-term physical and psychological consequences of FGM have demonstrated the seriousness of the problem.

However, it is still difficult to monitor and gauge the exact impact of FGM in Europe, since what has to be taken into account is not just the practices carried on secretly on EU territory, but also the continuing risk that girls might be mutilated when they are sent back temporarily to their countries of origin. WHO figures show that FGM occurs widely in 28 African countries, in the Middle East, and in some Asian countries (Indonesia, Malaysia, and neighbouring countries) and that somewhere between 100 and 140 million women and girls in the world have been mutilated and about 4 million a year are potentially at risk.

The origins of the phenomenon are not easy to trace, stemming as it does from archaic tribal customs and rites deeply rooted in the local ethnic communities that practise them. The reasons now put forward in support of FGM can be divided into five categories:

- religion (FGM is invoked – wrongly – in the name of Islam);
- health (benefits to fertility or risks of impotence in men);
- socio-economic situation (FGM as a precondition of marriage);
- tradition/ethnic loyalty;
- image of womanhood (FGM symbolises a woman's recognition of her femininity, and the associated risks of sexual desire and dishonour).

Parliament's position

International documents on FGM approach and condemn the problem from different perspectives encompassing

- *the human rights dimension,*

- *the women's rights dimension*, and
- *the dimension of the rights of the child*.

Parliament has on several occasions spoken out strongly against FGM and called on both the Commission and the Member States to devise and implement an overall strategy aimed at eradicating it, providing for, among other means, legislative measures to prevent and punish the practice.

(Resolution A5-0285/2001 on female genital mutilation)

When it previously expressed its view on the subject the EP noted that

- any form of female genital mutilation constitutes **an act of violence** against women, tantamount to violation of their fundamental rights;
- FGM derives from social structures based on inequality between the sexes and on a skewed balance of power, domination, and control in which social and family pressure leads to violation of a fundamental right, namely respect for the integrity of the human person;
- proper education and information help to discourage FGM, and it is especially important to persuade populations that they can abandon given practices without, in so doing, relinquishing what they see as meaningful aspects of their culture;
- female genital mutilation is a risk which the Commission and Council should take into account in a common European immigration and asylum policy and in negotiations between the EU and non-member countries;
- the Member States now have a Community legal framework allowing them to adopt an effective policy to combat discrimination and enforce common rules on asylum and a new immigration policy (Article 13 and Title IV of the EC Treaty).

In addition, Parliament put forward the following demands:

- the EU and the Member States should work together to harmonise existing legislation and, if necessary, draw up specific legislation with a view to safeguarding human rights, integrity of the human person, freedom of conscience, and the right to health;
- the Commission should draw up an overall strategy to eradicate FGM in the EU, which, instead of relying purely on condemnation, should provide the means required – as regards prevention, education, and social provisions, as well as legal and administrative procedures – to enable actual and potential victims to be genuinely protected;
- the EU and the Member States should prosecute, condemn, and punish acts of FGM, applying a comprehensive strategy taking into account the legislative, health, and social dimensions and integration of the immigrant population.

DAPHNE III: the main action at Community level

This programme has been the prime source of funding for measures in the fields of awareness-raising, prevention, and of protection of those who have fallen victim to, or are at risk from, FGM. Specifically, the DAPHNE programme has financed 14 FGM-related projects to date, involving a total of €2.4 m over ten years.

Without exceeding the general scope of the programme, the projects are pursuing the aims of exchanging good practice, raising awareness, and setting up contact networks.

Although the DAPHNE programme has, up to now, certainly contributed to greater awareness and a clearer understanding of the scale of the problem in the EU, it does not seem realistic to suppose, given the nature of the programme and the resources assigned to it, that projects of this type could suffice in themselves to eliminate FGM.

Priorities for preventing and eradicating FGM in Europe

To prevent and stamp out FGM in Europe, there needs to be a sound strategy that could serve to

- quantify the numbers of women who have undergone FGM or are at risk in each Member State;
- establish a ‘European health protocol’ for monitoring purposes and an FGM data bank, which might be useful for statistical purposes or information campaigns targeted at the immigrant communities concerned;
- gather such scientific data as might assist WHO support for the efforts to rid Africa and Europe of FGM;
- compile the best practices being applied at various levels and assess their impact (where appropriate using the projects financed and the results obtained under DAPHNE III) and disseminate the related information over wide areas;
- strengthen the existing European networks which are seeking to prevent harmful traditional practices, for instance by organising training courses for NGOs, regional non-profit-making organisations, and persons operating on the ground;
- secure the involvement, under their respective multi-annual and/or annual work programmes, both of the European Union Agency for Fundamental Rights and of the European Institute for Gender Equality with a view to combating FGM. These agencies could carry out priority research and/or awareness-raising actions, thus helping to improve understanding of the FGM phenomenon at European level;
- make Member States enforce their existing laws on FGM, encouraging ways to prevent and tackle it through proper awareness on the part of the professionals involved (social workers, teachers, police forces, health professionals, etc.), thereby enabling them to recognise FGM cases;

- provide – in the European directives on immigration – for an offence to cover those who perform genital mutilation and for suitable penalties for persons who commit such an offence;
- set up permanent technical harmonisation and contact desks, on the one hand comprising the Member States and secondly linking the Member States and African institutions. The desks should be staffed by FGM specialists and representatives of leading European and African women's organisations;
- ensure categorical rejection of pricking of the clitoris and other alternatives being proposed as a halfway house between circumcision and respect for traditions serving to define identity;
- support valid ways to break free of FGM through support and integration policies for women and families who live according to traditions encompassing it, so as to ensure that, without watering down the law or violating fundamental human rights, the scourge of FGM can finally be eradicated.

Change of attitudes

One of the areas in which the efforts to combat FGM will need to be intensified is, undoubtedly, prevention with specific reference to girls. The essential first step in that direction is to identify the children at risk and implement preventive measures in cooperation with their families. The ultimate goal is to make such families change their attitudes. The following activities are proposed as means to that end:

- immigrant families should be integrated more successfully in their host countries, as they will then feel less need to resort to traditional rites in order to reassert their identity; a widespread culture of welcome is a sine qua non for joint action to tackle the appropriate solutions;

- immigrant parents should be helped to understand that parenting in a host country will require them, to some extent, to adopt attitudes and customs different from those to which they have been used, since their early childhood, in their countries of origin, but this will in no way diminish them as parents; and that their children need to have parents who are present and committed, but they also need to integrate in the country where they are living;

- immigrant families should be made aware that FGM performed in their host countries not only does physical and psychological damage, but also carries a stigma that could cause their daughters to be further marginalised in relation to girls of the same age, that is to say, school- and playmates;

- immigrant families should be made aware that FGM is prohibited both by European laws and the laws of their countries of origin. It is essential to explain that moves are being made in all parts of the world to break free of traditional practices harmful to women and girls.

Furthermore, it needs to be pointed out that **in countries where migrants have come to live,**

1. a mutilated woman does not gain social acceptance by way of compensation for the

impairment that she has suffered;

2. her awareness that she is *'different'* is the badge of her origins, but also brands her as an outsider in her host society;
3. what lies behind FGM is not the corruption of gratuitous violence, but a substratum in which women are embedded: their roots, their land, and their parents;
4. the grimly scandalmongering tones occasionally struck by mass media coverage of FGM make a mutilated woman feel guilty, so that, in addition to the physical wound inflicted on her, she is wounded psychologically;
5. MGF must be fought resolutely because of the irreversible damage that it does, but neither the cultures with which it is associated nor, still less, the women who have undergone it should be stigmatised outright;
6. the implications, not least at the psychological level, are totally different in migrants' host countries, where the second generations are particularly exposed to risk and problems. However, a mutilated adult woman likewise encounters responses at odds with the models inculcated in her childhood, and she may suffer an identity crisis. To feel *'mutilated'* for the first time in her life and to be perceived as *'sexually handicapped'* and the victim of a primitive, barbaric world (partly – and regrettably – as a result of bad media coverage): all this can cause quite severe distress, and there are as yet no psychological support systems to relieve it.