

# EUROPEAN PARLIAMENT

2004



2009

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*Committee on Women's Rights and Gender Equality*

**2008/2071(INI)**

21.10.2008

## **DRAFT REPORT**

on combating female genital mutilation in the EU  
(2008/2071(INI))

Committee on Women's Rights and Gender Equality

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### on combating female genital mutilation in the EU (2008/2071(INI))

*The European Parliament,*

- having regard to its previous resolution of 20 September 2001 on female genital mutilation<sup>1</sup>,
- having regard to petition 0298/2007, submitted by Cristiana Muscardini on 27 March 2007,
- having regard to UN resolution 2003/28 declaring 6 February the international day of ‘zero tolerance’ of female genital mutilation,
- having regard to Articles 2, 3, and 5 of the Universal Declaration of Human Rights, adopted in 1948,
- having regard to Articles 2, 3, and 26 of the 1966 UN International Covenant on Civil and Political Rights,
- having regard to the 1989 UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,
- having regard in particular to Article 5(a) of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979,
- having regard to Article 2(1), Article 19(1), Article 24(3), and Articles 34 and 39 of the Convention on the Rights of the Child, adopted on 20 November 1989 by the UN General Assembly,
- having regard to its resolution of 16 January 2008: ‘Towards an EU strategy on the rights of the child’<sup>2</sup>,
- having regard to the 1990 African Charter on the Rights and Welfare of the Child,
- having regard to Article 1, Article 2(f), Article 5, Article 10(c), and Articles 12 and 16 of General Recommendation No 19 of the UN Committee on the Elimination of Discrimination against Women, adopted in 1992,
- having regard to the Vienna Declaration and Programme of Action, adopted by the June 1993 World Conference on Human Rights,
- having regard to the December 1993 UN General Assembly Declaration on the Elimination of Violence against Women, the first international human rights instrument

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<sup>1</sup> OJ C 77 E, 28.3.2002, p. 126.

<sup>2</sup> Texts Adopted, P6\_YA(2008)0012

relating solely to violence against women,

- having regard to the Declaration and the Programme of Action of the UN International Conference on Population and Development, adopted in Cairo on 13 September 1994,
- having regard to the Beijing Declaration and Platform for Action, adopted by the World Conference on Women on 15 September 1995,
- having regard to its resolution of 15 June 1995 on the Fourth World Conference on Women in Beijing: ‘Equality, Development and Peace’<sup>1</sup>,
- having regard to its resolution of 15 June 2000 on the outcome of the Special Session of the General Assembly of the United Nations entitled ‘Women 2000: gender equality, development and peace for the twenty-first century’ of 5-9 June 2000<sup>2</sup>,
- having regard to the ACP-EU partnership agreement (Cotonou Agreement), signed on 23 June 2000, and the Financial Protocol thereto,
- having regard to its resolution of 18 May 2000 on the follow-up to the Beijing Action Platform<sup>3</sup>,
- having regard to its resolution of 13 March 1997 on the violation of women’s rights<sup>4</sup>,
- having regard to the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, adopted on 12 March 1999 by the UN Commission on the Status of Women,
- having regard to the Council of Europe resolution of 12 April 1999 on female genital mutilation (FGM),
- having regard to Council of Europe Resolution 1247 (2001) on FGM,
- having regard to its position of 16 April 1999 on the amended proposal for a European Parliament and Council decision adopting a programme of Community action (the DAPHNE Programme) on measures aimed to prevent violence against children, young persons and women<sup>5</sup>,
- having regard to the joint proclamation of the Charter of fundamental rights by the Council, the European Parliament, and the Commission at the Nice European Council of 8 December 2000,
- having regard to the report on FGM adopted on 3 May 2001 by the Council of Europe Parliamentary Assembly,

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<sup>1</sup> OJ C 166, 3.7.1995, p. 92.

<sup>2</sup> OJ C 67, 1.3.2001, p. 289.

<sup>3</sup> OJ C 59, 23.2.2001, p. 258.

<sup>4</sup> OJ C 115, 14.4.1997, p. 172.

<sup>5</sup> OJ C 219, 30.7.1999, p. 497.

- having regard to its decision of 14 December 2000 to include FGM within the scope of Article B5-802 of the 2001 budget, intended to finance the DAPHNE programme,

- having regard to Articles 2, 5, 6, and 19 of the 2003 Protocol to the African Charter on Human and Peoples’ Rights, also known as the ‘Maputo Protocol’, which entered into force on 25 November 2005,
  - having regard to Articles 6 and 7 of the EU Treaty on respect for human rights (general principles) and Articles 12 and 13 of the EC Treaty (non-discrimination),
  - having regard to Rule 45 of its Rules of Procedure,
  - having regard to the report of the Committee on Women’s Rights and Gender Equality (A6-0000/2008),
- A. whereas, according to figures compiled by the World Health Organisation (WHO), between 100 and 140 million women and girls in the world have undergone genital mutilation, and about 4 million women a year are potentially at risk from these severely disabling practices,
  - B. whereas every year approximately 180 000 female emigrants in Europe undergo, or are in danger of undergoing, FGM,
  - C. whereas, according to the WHO, FGM is widely practised in at least 28 African countries, some Asian countries (Indonesia and Malaysia), and in the Middle East (Iran, Iraq, Yemen, Oman, Saudi Arabia, and Israel),
  - D. whereas the WHO has identified four types of FGM, ranging from clitoridectomy (partial or total removal of the clitoris) and excision (removal of the clitoris and the labia minora) – the latter accounts for 85% of FGM procedures – to the most extreme form, infibulation (removal of all of the clitoris and the labia minora and of the inside of the labia majora and stitching of the vulva, leaving only a narrow vaginal opening), and introcision (pricking, piercing, or incising of the clitoris or the labia),
  - E. whereas FGM does very serious damage in the short and long term to the physical and mental health of the women and girls who undergo it, and in some cases can even be fatal,
  - F. whereas the EU strategy on the rights of the child (resolution of 16 January 2008) also urges Member States to adopt specific provisions on MGF enabling prosecutions to be brought against persons who perform such procedures on children,
  - G. whereas the African Charter on the Rights and Welfare of the Child recommends that signatory states eliminate social and cultural practices affecting the welfare, dignity, and the normal growth and development of the child,
  - H. whereas in the Vienna Declaration and Programme of Action, adopted in June 1993, paragraph 18 states that the human rights of women and girls are an inalienable, integral, and indivisible part of universal human rights,
  - I. whereas Article 2 of the 1993 UN Declaration on the Elimination of Violence against Women refers explicitly to female genital mutilation and other traditional practices harmful to women,

- J. whereas Article 4 of that Declaration stipulates that states should condemn violence against women and should not invoke customs, traditions, or religious considerations to avoid the obligation of eliminating it,
- K. whereas the Programme of Action of the UN International Conference on Population and Development, held in Cairo in 1994, calls on governments to abolish female genital mutilation wherever it exists and to support the NGOs and religious institutions which are fighting to eliminate such practices,
- L. whereas the Platform for Action adopted at the Fourth UN Conference in Beijing calls on governments to strengthen their laws, reform their institutions, and promote standards and practices aimed at eliminating discrimination against women, embodied in, among other forms, FGM,
- M. whereas the ACP-EU partnership agreement (Cotonou Agreement) is based on similar universal principles and contains provisions serving to prohibit female genital mutilation (Article 9, specifying the essential elements of the agreement, and Articles 25 and 31 on, respectively, social development and gender issues),
- N. whereas the report adopted on 3 May 2001 by the Council of Europe Parliamentary Assembly calls for female genital mutilation to be banned and equates it with inhuman treatment within the meaning of Article 3 of the European Convention on Human Rights; whereas the report maintains that the protection of cultures and traditions must not be allowed to take precedence over respect for fundamental rights and the need to outlaw practices amounting to torture,
- O. whereas, as far as a common European immigration and asylum policy is concerned, the Commission and Council recognise that FGM constitutes a violation of human rights and as such could serve to secure the right of asylum,
- P. whereas Council Directive 2004/83/EC<sup>1</sup> on minimum standards for the qualification and status of third country nationals or stateless persons as refugees has made a call for Member States to include gender-specific violence and hence, implicitly, the danger of FGM among the legitimate reasons for granting such status,
- Q. whereas in a statement issued on 5 February 2008 Commissioners Ferrero-Waldner and Michel explicitly spoke out against FGM, describing it as unacceptable whether carried on in the EU or in non-EU countries, and maintained that violating women's rights can never, under any circumstances, be justified by invoking cultural relativism or traditions,
1. Roundly condemns FGM as a violation of fundamental human rights and considers it to pose a serious problem for society;
  2. Calls on the Commission to draw up an overall strategy aimed at eradicating FGM in the EU and, to that end, to provide the means required – in the form of laws and administrative provisions, prevention systems, and education and social measures – to enable real and potential victims to be properly protected;

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<sup>1</sup> OJ L 304, 30.9.2004, p. 12.

3. Supports the moves by Europol to coordinate a meeting of European police forces with a view to intensifying the measures to combat FGM, tackling the issues related to the low reporting rate and the difficulty of finding evidence and testimonies, and taking effective steps to prosecute offenders;
4. Calls on the Member States to quantify the number of women who have undergone FGM or are at risk in individual countries, taking into account the fact that there are as yet no figures available for many countries, which likewise do not have harmonised data-gathering systems;
5. Calls for a 'European health protocol' to be introduced for monitoring purposes and for an FGM data bank to be set up, since this might be useful from the statistical point of view or for information campaigns targeted at the immigrant communities concerned;
6. Calls on the Member States to gather such scientific data as might assist WHO support for the efforts to rid Africa and Europe of FGM;
7. Calls for the best practices being applied at the various levels to be compiled and assessed in terms of their impact (making use where appropriate of the projects financed and results obtained under DAPHNE III) and for the related information to be disseminated over wide areas;
8. Calls for the European networks currently aimed at preventing harmful traditional practices to be strengthened, for instance by organising training courses for NGOs, regional non-profit-making organisations, and persons working on the ground;
9. Calls for both the European Union Agency for Fundamental Rights and the European Institute for Gender Equality, under their respective multi-annual and/or annual work programmes, to play a role in combating FGM; believes that these agencies could carry out priority research and/or awareness-raising actions, thus helping to improve understanding of the FGM phenomenon at European level;
10. Calls on the Council and Commission to request that the Member States enforce their existing laws on FGM, or legislate for penalties for the grievous bodily harm resulting from it, and help to prevent and combat FGM by fostering the proper awareness among the professionals involved (including social workers, teachers, police forces, and health professionals), thus enabling them to recognise FGM cases, and to do their utmost to achieve the greatest possible degree of harmonisation of the laws in force in the 27 EU countries;
11. Calls for the European directives on immigration to treat the act of committing genital mutilation as an offence and lay down appropriate penalties for persons guilty of such an offence;
12. Calls for permanent technical harmonisation and contact desks to be set up in order to bring together the Member States and provide a link between them and African institutions; believes that the desks should be staffed by FGM specialists and representatives of leading European and African women's organisations;



13. Urges firm rejection of pricking of the clitoris and medicalisation in any form, which are being proposed as a halfway house between circumcision and respect for traditions serving to define identity;
14. Calls for FGM to be eliminated by means of policies to support and integrate 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;
15. Instructs its President to forward this resolution to the Council and Commission.

## EXPLANATORY STATEMENT

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 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*'.

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.

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).

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.

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.

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 FGM 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 and 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 million 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

- ascertain how many women 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 from the statistical point of view or for 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, and this could be achieved in the following ways:

- 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 the social acceptance that supposedly compensates her for being impaired;
2. what lies behind FGM is not the sadistic pleasure of gratuitous violence, but a substratum in which women are embedded and by which they are conditioned because they are dominated by men, ignorant of the laws in force in their countries of origin, and influenced by prevailing superstitions stemming from religious dictates;
3. 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;
4. MGF must be fought resolutely because of the irreversible damage that it does, but the women who have undergone it should not be blamed;
5. the implications, not least at the psychological level, need to be taken into account in migrant communities, in which the second generations are particularly vulnerable 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. If, for the first time in her life, she feels '*mutilated*' and is singled out as a '*sexually handicapped*' casualty of ancestral customs, then she, the victim of a primitive, barbaric world (an unfortunate image created to some extent by poor media coverage), will be subjected to quite severe distress, and there are as yet no psychological support systems to relieve it.