



TEXTS ADOPTED

P9_TA(2020)0031

An EU strategy to put an end to female genital mutilation around the world

European Parliament resolution of 12 February 2020 on an EU strategy to put an end to female genital mutilation around the world (2019/2988(RSP))

The European Parliament,

- having regard to Articles 8 and 9 of 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 (‘the Victims’ Rights Directive’)¹, the provisions of which also apply to victims of female genital mutilation (FGM),
- having regard to Articles 11 and 21 of Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (‘the Reception Conditions Directive’)², which specifically mentions victims of FGM among the categories of vulnerable persons who should receive appropriate healthcare during their asylum procedures,
- having regard to Article 20 of 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 (‘the Qualification Directive’)³, in which FGM as a serious form of psychological, physical or sexual violence is included as a ground to be taken into consideration for granting international protection,
- having regard to its resolution of 14 June 2012 on ending female genital mutilation⁴, which called for an end to FGM worldwide through prevention, protection measures and legislation,
- having regard to its resolution of 6 February 2014 on the Commission communication entitled ‘Towards the elimination of female genital mutilation’⁵,

¹ OJ L 315, 14.11.2012, p. 57.

² OJ L 180, 29.6.2013, p. 96.

³ OJ L 337, 20.12.2011, p. 9.

⁴ OJ C 332 E, 15.11.2013, p. 87.

⁵ OJ C 93, 24.3.2017, p. 142.

- having regard to its resolution of 7 February 2018 on zero tolerance for Female Genital Mutilation (FGM)¹,
- having regard to the EU Annual Reports on Human Rights and Democracy in the World, in particular its resolution of 15 January 2020²,
- having regard to the Council conclusions of June 2014 on preventing and combating all forms of violence against women and girls, including female genital mutilation,
- having regard to the Council conclusions of 8 March 2010 on the eradication of violence against women in the European Union,
- having regard to the Commission communication of 25 November 2013 entitled ‘Towards the elimination of female genital mutilation’ (COM(2013)0833),
- having regard to the joint statement of 6 February 2013 on the International Day against Female Genital Mutilation, in which the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy and five Commissioners reaffirmed the EU’s commitment to combating FGM in its external relations,
- having regard to the EU Action Plan on Human Rights and Democracy 2015-2019, in particular Objective 14(b) which specifically mentions FGM, and taking into consideration the Action Plan’s current revision and the negotiations for its renewal,
- having regard to the experience acquired through implementing the Commission’s Strategic Engagement for Gender Equality 2016-2019 and through pursuing the measures set out in the action plan forming part of the Commission’s communication of 25 November 2013,
- having regard to the 2030 Agenda for Sustainable Development, in particular Target 5.3 on eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation,
- having regard to the 1994 International Conference on Population and Development (ICPD) in Cairo and its Programme of Action, and to the outcomes of subsequent review conferences, in particular the Nairobi Summit on ICPD25, and its commitment to zero FGM,
- having regard to the Beijing Platform for Action and the outcomes of its subsequent review conferences,
- having regard to the Gender Action Plan 2016-2020 (GAP II), in particular its Thematic Priority B which has a specific indicator on FGM, and taking into consideration its current revision and the negotiations for its renewal,
- having regard to the commitment by the President of the Commission to adopting measures to tackle violence against women, as stated in her Political Guidelines,

¹ OJ C 463, 21.12.2018, p. 26.

² Texts adopted, P9_TA(2020)0007.

- having regard to the anticipated new EU Gender Equality Strategy,
 - having regard to the European Institute for Gender Equality (EIGE) report of 2013 on ‘Female genital mutilation in the European Union and Croatia’, as well as the two subsequent reports entitled ‘Estimation of girls at risk of female genital mutilation in the European Union’ of 2015 on Ireland, Portugal and Sweden, and of 2018 on Belgium, Greece, France, Italy, Cyprus and Malta,
 - having regard to the Council of Europe Convention on preventing and combating violence against women and domestic violence (‘the Istanbul Convention’) of 2014, Article 38 of which requires the criminalisation of FGM by all States Parties,
 - having regard to its resolution of 12 September 2017 on the proposal for a Council decision on the conclusion, by the European Union, of the Council of Europe Convention on preventing and combating violence against women and domestic violence (COM(2016)0109 – 2016/0062(NLE))¹,
 - having regard to its resolution of 28 November 2019 on the EU’s accession to the Istanbul Convention and other measures to combat gender-based violence²,
 - having regard to the Declaration of the Council of Europe Committee of Ministers of 13 September 2017 on the need to intensify the efforts to prevent and combat female genital mutilation and forced marriage in Europe,
 - having regard to the WHO guidelines on the management of health complications from female genital mutilation,
 - having regard to the UN Human Rights Council resolution of 5 July 2018 on the ‘Elimination of female genital mutilation’,
 - having regard to the United Nations Secretary General report of 27 July 2018 on ‘Intensifying global efforts for the elimination of female genital mutilation’,
 - having regard to the UN General Assembly resolution of 14 November 2018 on ‘Intensifying global efforts for the elimination of female genital mutilation’,
 - having regard to the Cotonou Agreement and its ongoing revision process,
 - having regard to the EU-UN Spotlight Initiative of September 2017 on eliminating violence against women and girls,
 - having regard to Rule 132(2) of its Rules of Procedure,
- A. whereas FGM is considered internationally to constitute a gross and systematic violation of human rights, a form of violence against women and girls and a manifestation of gender inequality, not connected to any one religion or culture, and is now recognised as a global issue affecting at least 200 million women and girls in 30 countries, according to statistical reports from UNICEF, the United Nations Population

¹ OJ C 337, 20.9.2018, p. 167.

² Texts adopted, P9_TA(2019)0080.

Fund (UNFPA) and the WHO; whereas, however, there is evidence of the occurrence of FGM in over 90 countries across all continents;

- B. whereas, according to 2018 UNFPA data, if population trends continue in the direction they are currently moving in, 68 million girls worldwide will be at risk of FGM by 2030, with the yearly increase expected to rise from an estimated 4.1 million in 2019 to 4.6 million per year by 2030;
- C. whereas, according to the most recent national data available across Europe, it is estimated that around 600 000 women and girls in Europe are living with the lifelong physical and psychological consequences of FGM, and a further 180 000 girls are at a high risk of FGM in 13 European countries alone;
- D. whereas FGM comprises all procedures that involve partial or total removal of the external female genitalia, such as clitoridectomy, excision, infibulation and other harmful procedures, and that intentionally alter or cause injury to the female genital organs for non-medical purposes, producing physical, sexual, and psychological health complications that can lead to death;
- E. whereas FGM is mostly carried out on young girls between infancy and the age of 15; whereas, moreover, a girl or woman can be subjected to FGM on multiple occasions throughout her life, for example when she is imminently about to be married, or when she is about to depart on a trip abroad;
- F. whereas, a recent increase in the percentage of women and girls potentially already affected by FGM, according to 2018 data from the Office of the United Nations High Commissioner for Refugees (UNHCR), means that the relevance of the issue is becoming even greater and the number of those affected or at risk is continuing to grow; whereas, according to the UNHCR, over 100 000 female asylum seekers potentially affected by FGM arrived in Europe in the last five years alone;
- G. whereas, according to UNICEF, progress has been achieved with the risk of FGM for girls being one third less today than it was 30 years ago; whereas, however, taking into account all the available data, and with 10 years to go until 2030, Sustainable Development Goal 5.3 on the elimination of FGM is far from being achieved; whereas the absolute numbers of women and girls affected appear, on the contrary, to be on the increase and continue to increase unless massively scaled-up efforts are urgently taken to prevent this from happening;
- H. whereas, in order to accelerate change and achieve the goal of ending FGM worldwide by 2030, there is an urgent need to scale up and coordinate existing efforts to end the practice at local, national, regional and international levels, to capitalise on these efforts and bring about increased and lasting change through effective and comprehensive strategies;
- I. whereas FGM is a form of gender-based violence and addressing the root causes of gender inequality at community level, including gender stereotypes and harmful social norms, is essential to put an end to FGM;
- J. whereas FGM is often indissociable from other gender inequality issues, and is but one of many violations of women's rights, such as the lack of access to education for girls, including comprehensive sexual education, the lack of employment for women, the

inability to own or inherit property, forced or early child marriage, sexual and physical violence, and the lack of quality healthcare, including sexual and reproductive health and rights services;

- K. whereas the ‘medicalisation’ of FGM is the practice of FGM carried out by a healthcare professional or in a hospital or medical facility; whereas the medicalisation of FGM is a dangerous attempt to legitimise the practice of FGM and even potentially to profit from it;
1. Reiterates its commitment to help eliminate the practice of FGM worldwide, as a form of gender-based violence that has long-lasting psychological and physical consequences on women and girls, and in some instances causes death;
 2. Notes that the recognition of The Restorers on the shortlist for the Sakharov Prize marks an important step in this direction and in the fight against FGM; further recognises the important role of young people in empowering themselves and others by becoming role models within their own communities;
 3. Stresses that the primary goal of any action relating to FGM must be its prevention through sustainable societal change and the empowerment of communities, and specifically of the women and girls within them, through the provision of education and information and by creating the preconditions for the economic empowerment of women and girls; underlines that the protection and aftercare of survivors of FGM must be a priority to be achieved by providing adequate protection and information, and access to professional and adequate physical, psychological, medical and sexological care and support for survivors of this practice through increased investment;
 4. Underlines that the involvement of men and boys in the process of reshaping gender relations and changing behaviour, and in supporting the empowerment of women and girls is equally crucial to the elimination of this harmful practice; stresses, furthermore, the importance of involving community leaders in ending FGM, as it is transmitted through traditions and culture, using cutters and circumcisers, who often have influential roles within communities, and using diverse religions as legitimation for carrying out and passing on this practice;
 5. Stresses that FGM must be tackled through a holistic and intersectional approach, addressing the root causes of gender inequality that underlie all forms of gender-based violence against all women and girls, including violations of their human rights, physical integrity and sexual and reproductive health and rights, and, in particular, linking FGM to other harmful practices such as early and forced marriage, breast ironing, hymenoplasty and virginity testing;
 6. Is worried about the increasingly widespread phenomenon of the ‘medicalisation’ of FGM in some countries – even those in which FGM is illegal – and the growing involvement of health professionals in this practice; insists that this is an unacceptable response in addressing the root causes of FGM, as has already been established by the UN and the WHO; invites the countries concerned to explicitly outlaw the medicalisation of FGM while raising awareness among medical staff about this problem through the provision of information and training, as well as adequate supervision and enforcement;

7. Underlines that, under Article 38 of the Istanbul Convention, the Member States are under an obligation to criminalise FGM, as well as the incitement, coercion or procurement of a girl to undergo it, and that the Convention protects not only girls and women at risk from FGM, but also girls and women who are suffering the lifelong consequences of this practice; is pleased to note that criminal law in all Member States protects girls and women from FGM, but is extremely concerned about its apparent ineffectiveness, with only a handful of cases reaching court in the EU;
8. Notes that in many EU countries it is also possible to prosecute FGM performed abroad, in accordance with the principle of extra-territoriality, which therefore also prohibits the taking of children to third countries in order to undergo FGM; notes that criminalisation must be matched with prosecutions and investigations; stresses that the best interests of the child must always be a primary consideration, and that the process of prosecuting and convicting family members who carry out FGM practices must also ensure that the girls and children involved are not put at further risk as a consequence;
9. Calls on the Commission and the Member States to ensure that the future EU budget, both internally and externally, continues to support the sustainability of community engagement in projects and programmes, through adequate funding that takes into account the operational realities of community-based organisations and survivor- and youth-led organisations and initiatives; to this end, calls on the Commission and the Council to ensure the flexibility, accessibility and sustainability of funding on the basis of structural financial support in the longer term within the budgetary discussions on the next multiannual financial framework (MFF);
10. Welcomes the work already accomplished through the Rights, Equality and Citizenship Programme and calls on the Commission and the Member States to ensure that the future EU budget takes the need for greater flexibility and for synergies between internal and external funding programmes into account, in order to promote budgets which address the complexity of the issue, as well as more comprehensive transnational and cross-border interventions to achieve the global eradication of FGM;
11. Encourages the Commission and the Member States to strengthen their engagement with European and national networks of professionals, including those in the areas of health, social care, law enforcement and civil society, and to ensure that EU funding goes to projects aimed at training and awareness-raising campaigns for professionals on how to effectively prevent, detect and respond to cases of FGM and violence against women and girls;
12. Urges the Commission to ensure that all Member States translate the 'Victims' Rights Directive' into national legislation and fully implement it, in order to ensure that the survivors of FGM are able to access confidential specialist support services, including trauma support and counselling, as well as shelters, in emergency situations in the EU;
13. Notes that access to specialist healthcare, including psychological care, for female asylum seekers and refugees who are survivors of FGM must be considered as a priority at both EU and Member State level, in the light of the latest UNHCR data;
14. Calls on the Commission and the Council to ensure that within the reform of the Common European Asylum System (CEAS), the highest international protection standards on qualification, reception conditions and procedural rights are applied homogeneously across the EU, facilitating strong cooperation between the Member

States, particularly with regard to vulnerable female asylum seekers affected by or at risk of FGM and other forms of gender-based violence;

15. Urges the Commission, in the light of the increase in the number of women and girls affected by FGM, to launch a review of the 2013 communication entitled ‘Towards the elimination of female genital mutilation’ in order to ensure the scaling up of actions against the practice worldwide, and that work is done to tackle the disparities in laws, policies and service provision between the Member States, so that women and girls affected or at risk of FGM can access equal standards of treatment throughout the EU;
16. Calls on the Commission to ensure that the forthcoming Gender Equality Strategy includes actions to end FGM and to provide care for survivors, that it contains inclusive language, strong commitments and clear indicators in all areas of EU competence, together with regular reporting and a strong monitoring mechanism, so that it ensures the accountability of all EU institutions and Member States;
17. Calls on the Commission, the European External Action Service (EEAS) and the Member States to step up cooperation with third countries in order to encourage them to adopt national laws banning FGM, to support law enforcement authorities in ensuring the implementation of these laws and to prioritise the issue of FGM and other practices harmful to women and girls in its external human rights policy, notably in its bilateral and multilateral human rights dialogues and other forms of diplomatic engagement; stresses that the EU can help to eradicate FGM around the world by establishing and encouraging best practices here in the EU;
18. Calls on the Commission to ensure that the forthcoming Gender Action Plan III continues to include among its pivotal actions the eradication of FGM and the provision of care for survivors, as part of the fight against all forms of violence against women and girls, through concrete and trackable indicators;
19. Calls on the Commission, including the EEAS, to ensure that the forthcoming new EU Action Plan on Human Rights and Democracy continues to include among its objectives the eradication of FGM and the provision of care for survivors;
20. Reiterates its call on the Council to urgently conclude the EU ratification of the Istanbul Convention on the basis of a broad accession without any limitations, and to advocate its ratification by all the Member States; calls on the Council and the Commission to ensure the full integration of the Convention into the EU legislative and policy framework to ensure the prevention of FGM, protection of women and prosecution of offenders and adequate provision of services in response to FGM by all State Parties;
21. Reiterates its calls on the Commission and the Member States to mainstream the prevention of FGM in all sectors, especially in health, including sexual and reproductive health and rights, social work, asylum, education, including sexual education, employment, law enforcement, justice, child protection, media, technology and communication; calls for the establishment of multi-stakeholder platforms between the different sectors to better coordinate such cooperation;
22. Welcomes the Commission’s efforts and its active promotion of the elimination of FGM through internal discussions with civil society and external policies through dialogues with partner countries, as well as its commitment to a yearly assessment of the EU’s fight against FGM;

23. Calls on the Commission and the Member States to ensure that appropriate and structured mechanisms are in place to meaningfully engage with FGM-affected community representatives and grassroots women's organisations, including survivor-led organisations, in policy and decision-making;
24. Calls on the Commission to ensure, through the inclusion of human rights clauses, that EU cooperation and trade agreements with third countries are negotiated and reviewed in line with their compliance with international human rights standards, including the elimination of FGM as a systematic human rights violation and a form of violence hindering the full development of women and girls;
25. Welcomes the updated methodology contained in the 'Estimation of girls at risk of female genital mutilation in the European Union: Step-by-step guide (2nd edition)' published by the EIGE and aimed at gathering more accurate and robust data; calls on the Commission and the Member States to update the relevant data and address the lack of reliable comparable statistics at EU level on the prevalence of FGM and its types, and to involve academics, as well as practicing communities and survivors, in the process of data collection and research, through a community-based and participatory approach; urges organisations, governments, and the EU institutions to work together to provide more accurate qualitative and quantitative information on FGM, and to make it available and accessible to the wider public; encourages, furthermore, the exchange of best practices and cooperation among the relevant authorities (police and prosecutors), including international alerts;
26. Calls on the Commission to invest more sustainable funds in research into FGM, as producing in-depth qualitative and quantitative research is the only way to promote a better understanding of the phenomenon and ensure it is targeted in a tailored and effective way;
27. Instructs its President to forward this resolution to the Commission and the Council.