



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL JUSTICE

## CONSULTATION ON FEMALE GENITAL MUTILATION IN THE EU

### Questions for the public consultation

#### Objective of the consultation:

In this consultation, the European Commission would like your views on how best to develop **measures at EU level** to fight female genital mutilation.

Female genital mutilation is a specific form of violence against women and girls, involving procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is mostly carried out on young girls between infancy and the age of 15. It is a human rights' violation and a violation of the rights of the child and it has severe short-term and long-term physical and psychological consequences. Female genital mutilation is practised for various reasons related to religious beliefs, cultural identities, gender roles and social perceptions of sexuality, marriage or health, and is widespread in some specific African, Middle-East and Asian countries. Estimates suggest that hundreds of thousands of women and girls living in Europe have undergone such mutilation and many more are at risk.

#### Questionnaire:

##### 1. About you

1.1. In which country are you based? \* (compulsory):

(For international or European organisations, please enter 'international')

The Netherlands

1.2. In what capacity are you completing this questionnaire? \* (compulsory)

- Public authority
  - national
  - regional
  - local/city level

Academic / Research Institution

Non-governmental organisation (NGO)

International organisation

Private individual — please specify your sex:

female

male

Other: please specify which other category you belong to.

1.3. What is the name of your company, organisation or authority?

The Ministry of Health, Welfare and Sport and the Ministry of Security and Justice

1.4. Is your association/organisation registered in the European Commission transparency register? \* (compulsory)

Yes: please enter identification number

No

**2. Do you think FGM is an issue that should be tackled at European level? (maximum 200 words)**

**Yes. We believe this is important because families living in different parts of Europe influence each other when it comes to FGM. For example, Dutch families in communities at risk may be put under pressure to carry out FGM by relatives living in other European countries. There are also rumours that so called 'cutters' travel across Europe performing FGM, and that families travel to other European countries to get their daughters circumcised there. A joint European approach is required if we are to gain a greater understanding of what is happening and put a stop to it. This approach will also prevent migrants from choosing to live in countries exercising less restrictive policies on FGM. Moreover, we believe a single, firm European approach will do more to combat FGM than each EU country operating its own policy.**

**3. What should be done to improve knowledge about female genital mutilation in the EU? (maximum 200 words)**

**More research is needed into the prevalence and risk of FGM in European countries. This will allow us to determine if measures are required and, if so, which, and which groups should be targeted. For example, Dutch research has shown that newcomers face the greatest risk while girls whose mothers have grown up in the Netherlands are relatively safe. It would be helpful to know the prevalence of FGM in European countries. This would allow countries to share their experiences with different policies with those facing the same challenges. A European registration system could be developed for this purpose.**

**E-learning is a good instrument for improving knowledge among healthcare and other professionals. It allows them to study in their own time at relatively low cost. For example, the Netherlands has developed an FGM e-learning course for youth healthcare organisations. The course is also available to teachers. The Netherlands also developed an e-learning course for midwives. This course is also available for general practitioners.**

4. To raise awareness of female genital mutilation, which specific messages should the EU convey? What should be the target groups and means of communication? (maximum 200 words)

Research has shown that focusing on prevention and providing information – in combination with making all forms of FGM an offence – is effective. Men, women and young people originating from countries where FGM is traditionally practiced should be targeted, as should youth healthcare professionals, general practitioners, midwives and religious leaders.

5. Taking into account the instruments available to the EU<sup>1</sup> and the principle of subsidiarity,<sup>2</sup> which specific measures should the EU take to combat female genital mutilation in the fields of gender equality, children's rights, civil and criminal justice, health, asylum, integration and development policy? (maximum 200 words)

The EU could finance a European campaign, with FGM ambassadors (ideally including religious leaders) speaking out against FGM.

Meetings on FGM (including separate meetings for specific groups) could be organised in all European countries. It would be good if a European 'Say no to FGM' declaration could be signed by groups at these meetings. Ambassadors could then report during their campaign on how many declarations had been signed.

Another idea would be for the EU to facilitate the exchange of good practices. The Netherlands would be happy to share instruments such as the Declaration against FGM (Dutch 'Health Passport'), e-learning and research with other countries in the interests of combating FGM.

6. Which specific measures should the EU take in its relations with non-EU countries? (maximum 200 words)

Views on FGM seem to be changing in Europe and Africa. The EU should facilitate information exchange on the dangers of FGM between communities at risk in Europe and beyond.

7. How should the EU effectively support and promote the involvement of specific groups that could make a difference in convincing the communities practising female genital mutilation to abandon the practice? For example men (husbands, fathers, brothers), women practicing FGM,

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<sup>1</sup> In terms of legislation, the EU has no competence to legislate on criminal offences related to FGM (Article 83.1 of the Treaty on the Functioning of the European Union). In terms of funding, programmes are available: Daphne III and, once adopted, its successor, the Fundamental Rights and Citizenship Programme. In terms of knowledge development, the European Institute for Gender Equality (EIGE) has developed expertise on FGM. As regards policies, measures could be developed in the fields of gender equality, children's rights, criminal justice, asylum and integration, health, EU external actions and EU development and cooperation.

<sup>2</sup> The principle of subsidiarity is set out in Article 5 of the Treaty on European Union. It ensures that decisions are taken as closely as possible to the citizen and that constant checks are made on whether EU action is justified in light of the possibilities available at national, regional or local level. Specifically, it is the principle whereby the EU does not take action (except in the areas that fall within its exclusive competence), unless it is more effective than action taken at national, regional or local level. It is closely bound to the principle of proportionality, which requires that any EU action should not go beyond what is necessary to achieve the objectives of the Treaties.

community leaders, FGM ambassadors or women who have suffered from FGM? (maximum 200 words)

See our suggestions for a European campaign (answer to question 5).

**8. Additional comments and suggestions (maximum 200 words)**

As well as informing parents about the dangers of FGM, countries could also focus on providing care to women who have been subjected to FGM and are experiencing typical physical and/or psychological problems. Women often only realise later in life that their complaints are caused by FGM. It is important they know that most of these can be cured with the right care.

Contributions should be submitted at the latest **by 30 May 2013** by email to: [JUST-FGM-CONSULTATION@ec.europa.eu](mailto:JUST-FGM-CONSULTATION@ec.europa.eu)

Incoming contributions will be published on the website. If contributors would like their submissions to remain confidential, they should explicitly state this in their submission.