

BRIEFING PAPER

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Framing the European Commission's 10 Principles for Integrated Child Protection Systems in the context of Female Genital Mutilation



End FGM
EUROPEAN NETWORK



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This briefing paper by the End FGM European Network outlines the importance of the ten overarching principles for Integrated Child Protection Systems (ICPS) agreed by the European Commission in the context of female genital mutilation (FGM). It further demonstrates how they must be integrated and coordinated with some FGM-specific principles and perspectives, in order to provide a more holistic protection of girls affected by or at risk of FGM.

The present document is aimed at providing to policy and decision-makers at EU and national level a sound understanding of the specific protection needs of girls affected by or at risk of FGM, in order to better shape national and cross-border ICPS to include the specificity of the FGM issue. To ensure a better understanding, for each principle some promising approaches from End FGM EU members and other organisations/entities will be cited.

The **End FGM European Network** (End FGM EU) is an umbrella network of 24 national organisations working in 13 European countries who are experts on FGM. This Network is a meeting ground for communities, civil society organisations, decision-makers and other relevant actors at European level to interact, cooperate and join forces to end all forms of FGM in Europe and beyond. We put at the heart of our work grassroots voices to influence European governments and policy-makers to work towards the elimination of FGM. We build our members' capacity, offer spaces to share expertise and develop partnerships.

While being dedicated to being the driving force of the European movement to end FGM, we are equally committed to build bridges and cooperation with all relevant actors in the field of FGM both in Europe and globally. In this sense, we actively promote and foster cooperation between the European movement and movements in other regions of the world.

What is FGM?

FGM comprises “all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons”¹. It is a harmful practice that is recognised worldwide as a human rights violation. FGM has been documented in certain parts of Africa, Asia and Middle East. It is now encountered in Europe as well. Most often, girls are taken to their

countries of origin during school holidays where they are confronted with the pressure to be cut. In 2012, the European Parliament estimated 500.000 girls and women living in Europe are suffering with the lifelong consequences of FGM, while 180.000 girls are at risk every year. However, recent reliable data is currently not available, therefore the extent of the problem is not fully known.

Why is FGM a child rights issue?

FGM is practiced on girls usually in the range of 0-15 years. Hence, the practice of FGM violates children’s rights as defined in the United Nations Convention on the Rights of the Child (UNCRC), in particular the right to be free from discrimination (Article 2)², right to be protected from all forms of mental and physical violence and maltreatment (Article 19(1)), the right to the highest attainable standard of health (Article 24) and freedom from torture or other cruel, inhuman or degrading treatment or punishment

(Article 37). Because it is performed without the consent of the girls it also breaches the right to express freely one’s view (Article 12)³. Even if the girl child is aware of the practice the issue of consent remains, as girls are usually too young to be consulted and have no voice in the decision made on their behalf by members of their family or community. Moreover, the negative effects of FGM on children’s development contravene the best interest of the child - a central notion to the Convention (Article 3).

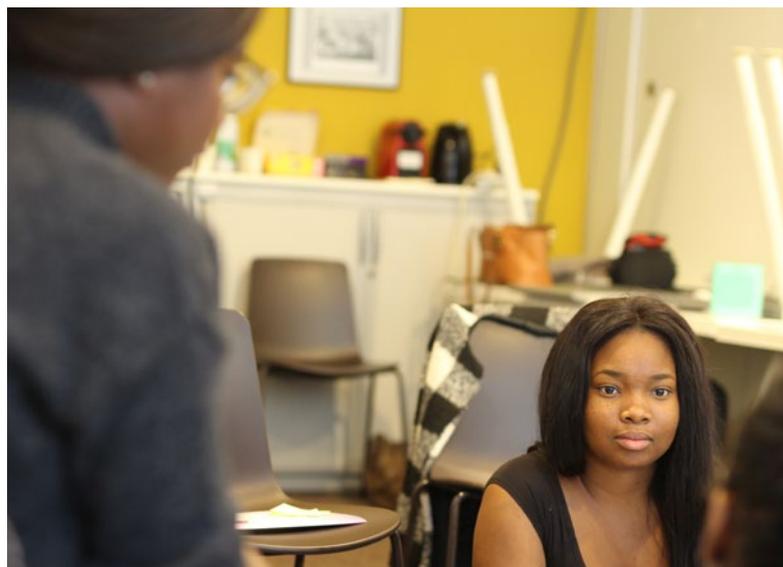
1 <http://www.who.int/mediacentre/factsheets/fs241/en/>

2 According to the UN CRC, “discrimination against girl children is a serious violation of rights, affecting their survival and all areas of their young lives as well as restricting their capacity to contribute positively to society” (2005).

3 It has to be noted that, on the other hand, adolescent girls and women often agree to undergo FGM because they fear the non-acceptance of their communities, families and peers, according to 2008 Report of the Special Rapporteur on Torture.

Why girls affected by or at risk of FGM need child protection?

FGM is prohibited in all European Union (EU) countries, therefore girls at risk or survivors of this practice have rights as victims or potential victims of crimes such as FGM. Under the 2012 EU Victims' Rights Directive⁴, which is implemented by every EU Member State, every victim of crime is entitled to be recognised, respected and receive adequate protection, support and access to justice. Every girl or woman who has undergone FGM is considered a victim, if the criminal act is reported in the respective EU Member State. Child victims are treated as full bearers of rights (Article 2.14) and are eligible for special protection (Article 22.4). The child's best interests shall be the primary consideration, assessed on an individual basis in a child-sensitive manner (Article 1.2 and EU Charter on Fundamental Rights⁵).



4 EU Victims' Rights Directive, available at <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32012L0029>

5 Available here: http://www.europarl.europa.eu/charter/pdf/text_en.pdf

What are the European Commission 10 Principles on ICPS⁶?

During the 2015 **European Forum on the Rights of the Child** focused on “**Coordination and Cooperation in integrated Child Protection systems**”, the European Commission adopted a document listing ten overarching principles which should shape ICPS, based on a prior broad multi-stakeholder consultation. The European Commission defined ICPS as “*the way in which all duty-bearers (namely the state authorities represented by law enforcement, judicial authorities, immigration authorities, social services, child protection agencies, etc.) and system components (e.g. laws, policies, resources, procedures,*

processes, sub-systems) work together across sectors and agencies sharing responsibilities to form a protective and empowering environment for all children”⁷. Moreover, according to the European Commission, in an ICPS “*components and services are multi-disciplinary, cross-sectorial and inter-agency, and they work together in a coherent manner*”. All ICPS should also place children at the centre of their laws and policies, governance, resources, monitoring and data collection, as well as prevention, protection and response services and care management, according to the standards set out in the UNCRC⁸.

This is why the 10 Principles presented by the European Commission are based on a **child rights approach** and fully recognize **children as rights holders**, emphasizing their capacity to claim their rights.

1. Every child is recognized, respected and protected as a rights holder, with non-negotiable rights to protection.
2. No child is discriminated against.
3. Child protection systems include prevention measures.
4. Families are supported in their role as primary caregiver.
5. Societies are aware and supportive of the child's right to freedom from all forms of violence.
6. Child protection systems ensure adequate care.
7. Child protection systems have transnational and cross-border mechanisms in place.
8. The child has support and protection.
9. Training on identification of risks is delivered to a wide range of people working for and with children.
10. There are safe, well-publicized, confidential and accessible reporting mechanisms in place.

6 ICPS: Integrated Child Protection System https://ec.europa.eu/info/sites/info/files/10_principles_for_integrated_child_protection_systems_en.pdf

7 Reflection paper for the 9th European Forum on the rights of the child, Coordination and cooperation in integrated child protection systems, available at http://ec.europa.eu/justice/fundamental-rights/files/2015_forum_roc_background_en.pdf

8 See General Comment No 13 (2011) of the UNCRC on child's freedom from all forms of violence.

How do the 10 European Principles on ICPS relate to girls affected by or at risk of FGM?

Girls affected by or at risk of FGM are considered (potential) victims of crime under EU legislation, and are therefore entitled to a comprehensive, coordinated, integrated and child-appropriate prevention and protection system⁹. To this end, governments must establish a policy framework to put in place a **multi-agency national system** safeguarding girls in an efficient institutional setting, e.g. overseen by a central unit, and with guidelines or protocols. **Interaction and collaboration among stakeholders in different sectors** - including teachers, asylum officers, social workers, health professionals, psychologists, lawyers, judges, police, probation and prison officers, journalists, community workers, public officials, civil society and traditional and religious leaders both in diaspora communities and in countries of origin - are key to ensure a truly effective ICPS.

Moreover, to ensure protection in line with **international human rights standards**¹⁰, such ICPS for girls affected by or at risk of FGM should: be adequately resourced; have in place accessible child-friendly, gender- and culturally-sensitive referral systems; take into consideration the added vulnerabilities and specific needs of girls affected by or at risk of FGM; have specialised services and trained staff to address them, including by providing psychosocial



support services to address immediate and long-term psychological trauma. In general, any ICPS should pay attention to the fact that perpetrators of FGM are very often family members of the girl or members of her community, therefore all components of the system should take this into careful consideration for the girls' safety.

The 10 overarching principles set by the European Commission are crucial to inform national ICPS safeguarding girls affected by or at risk of FGM. This briefing paper will now analyse each principle to highlight the specific and intrinsic relation every one of them has to the issue of FGM¹¹.

⁹ Moreover, the States parties to the Council of Europe Convention on preventing and combating violence against women and domestic violence (also known as Istanbul Convention, available at <https://www.coe.int/en/web/istanbul-convention/home?desktop=false>) are obliged to establish a framework of policies to encourage comprehensive and coordinated cooperation, and to facilitate the work of professionals offering support and protection to at-risk girls and survivors of violence, including FGM.

¹⁰ Joint General Recommendation N° 31 of CEDAW (CEDAW/C/GC/31) et N° 18 of the UNCRC (CRC/C/GC/18), available here: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N14/627/78/PDF/N1462778.pdf?OpenElement>

¹¹ Please see ANNEX 1 to consult the full 10 Principles document, since for the sake of space we are hereby only mentioning the general titles.

1. Every child is recognized, respected and protected as a rights holder, with non-negotiable rights to protection

It is extremely important that girls affected by or at risk of FGM are fully considered as **rights-holders** and are treated as **complete individual human beings**. While this is generally a problematic issue for all children - very often considered not entitled to independent decisions outside of their parents' will -, this is even more true for a girl child, since gender stereotypes and traditional family roles subject her most of the times to decisions of other family members, including her brothers. Finally, the cultural and traditional (sometimes even religious) weight put on the practice of FGM makes the girl child even more vulnerable, with extremely reduced decisional powers.

For these reasons, any ICPS needs to treat girls affected by or at risk of FGM with **dignity** and **sensitivity** due to their extremely vulnerable situation. It is crucial that girls are **informed** about their rights - particularly to be free from discrimination and violence, to physical and mental integrity and to the highest attainable standard of health. They also need to be **involved** in the development of prevention and protection strategies, from their creation, through their realization, until their evaluation. Finally, a **gender-, child- and culturally-sensitive approach**, taking due account of the girl child's age, maturity, views, needs and concerns, must prevail.

PROMISING PRACTICE:

*Young People Speak Out (YPSO!)*¹² is a programme co-ordinated by **FORWARD UK**, a member of the End FGM EU. The programme seeks to empower young people (aged 16 to 25) from FGM-affected communities and to give them the skills to advocate within their local communities against FGM and early/child marriages. It offers young people the chance to gain skills and help create change in their communities and works with them to create projects, events and workshops as a way to raise awareness about FGM in the UK. FORWARD UK offers its premises as a safe space for discussion and a staff member is dedicated to the co-ordination of the groups. On request, it provides training on FGM, leadership and advocacy to young people.

2. No child is discriminated against

Anti-discrimination, as basis of the human rights based approach, must also be at the core of any ICPS. Children very often are discriminated on the basis of their **age**, and are not seen as full decision-making individuals. In addition to this, girls are subjected to another layer of discrimination compared to boys, due to their **gender**. Finally, girls affected by or at risk of FGM are mostly of migrant origin, and therefore even when being EU citizens born on European soil, they are vulnerable to acts of discrimination

based on their **ethnicity** and migratory background as well as on their **religion**.

This is why ICPS that wish to support girls affected by or at risk of FGM must take into consideration the existence of this **intersectional and multiple discrimination**, and provide adequate responses to address its complex dynamics in order to tackle it in all its aspects and address the **specific girls' needs**.

12 For more information visit <http://forwarduk.org.uk/what-we-do/uk-programmes/uk-youth-fgm-programmes/>

PROMISING PRACTICE:

APF, the Portuguese member of the End FGM European Network, conducted a 5-year pilot project with the support of the Portuguese Ministry of Education, in order to introduce in the education curriculum modules dealing with gender equality and non-discrimination, gender-based violence, partner violence and comprehensive sexual education. During the project, APF trained school teachers and conducted direct educational sessions to children between 10 and 17 years old at national level. After the conclusion of such important pilot project and the evaluation of its results and impact, the Portuguese government approved a law making it mandatory to address these subjects in school curricula.

3. Child protection systems include prevention measures

Prevention is key to ending FGM and protecting girls at risk and survivors of it¹³. In this sense, **legislation prohibiting the practice** is a crucial deterrent for perpetrators and works as a preventive measure for girls to avoid the risk of being subjected to the practice in the first place. It is very important to have specific provisions in the Penal Code of EU Member States considering FGM as a criminal offence, which most of the EU Member States have.

Awareness-raising and **education** are a key tool to prevent that FGM is practiced, and need to tackle all members of society starting from the girls themselves, their parents and community, society at large as well as professionals and decision makers in a tailored way. Moreover, concerning communities, **behaviour change** activities, targeting gender

stereotypes and the specific justifications of FGM cited, have proved to be very effective in terms of preventive measures to end the practice. However, changing attitudes to a deeply rooted tradition takes time and rarely occurs across a community once and for all. A crucial aspect to achieve full and effective prevention and behaviour change is the **empowerment** of girls at risk of FGM, intended as the process of acquiring knowledge of their rights and bodies, as well as the skills and tools needed to claim those rights.

Moreover, prevention structures and measures should be shaped based on solid **data collection** and research on all aspects of FGM, while exercising caution to ensure that the individual's right to privacy is not violated.

PROMISING PRACTICE:

Our German member **LESSAN e.V.** carries out a project called *GamBoosa*¹⁴, which aims at empowering young people and young adults, both boys and girls, through theatre and creative means to artistically address violent incidents and experiences and to prevent violence against women and girls. It allows a cross-cultural exchange between youth coming from a migrant background, including refugees, and raises their awareness and the one of the broader public on the issues of gender-based violence against women and girls, including on FGM. Through this project, LESSAN e.V. helps youth affected by violence and FGM gain self-confidence to oppose the practice in their families and communities.

¹³ It has to be noted that prevention is also relevant for girls who have already undergone FGM, since there is still the risk of FGM being performed a second time.

¹⁴ For more information visit <http://www.lessan.eu/2017/09/14/gamboosa/>

4. Families are supported in their role as primary caregiver

Performing FGM on girls is very rarely an individual decision. **Families play a key role**, both in a positive and negative way, in the perpetuation (or not) of this practice and therefore necessarily also in its prevention and in the protection of girls affected by or at risk of FGM. On the one hand, it is mainly due to the will of members of the close or extended family that girls are subjected to the practice, which is traditionally considered as a rite of passage from girlhood to womanhood and a way of being accepted in society. However, on the other hand, very often the opposite is also true, since opposition

to practicing FGM on a girl comes many times from a close relative within the family.

Therefore, all preventive interventions need necessarily to **involve and engage with the girl's family**, since without any family members convinced by the importance of abandoning FGM, no action can be truly effective, sustainable and long-lasting also for other girls in the family and in future generations. Moreover, it is crucial to support through protective measures those family members who are opposed to the practice against the pressures of the community.

PROMISING PRACTICE:

In 2011, within the integrated chain approach promoted among others by our two Dutch members **FSAN** and **PHAROS** and involving several stakeholders at professional and governmental level, an official document was developed to help parents withstand pressure from their families and communities. This document is known as the *Statement opposing female circumcision*¹⁵ and exists in several languages. It outlines the health consequences of FGM, explaining relevant Dutch legislation and that FGM in the Netherlands is prosecutable and treated as a form of child abuse. Parents are given a copy of the document by Youth Health Care centres and school doctors. The statement is officially stamped by the Ministries of Health and Justice and aims to help parents counter pressure when visiting their families in their country of origin¹⁶.

5. Societies are aware and supportive of the child's right to freedom from all forms of violence

While the entire society should always be involved in the prevention of abuses and acts of violence against children, in the case of FGM, FGM-affected **communities represent another crucial actor** playing a fundamental role in the perpetuation of the practice and therefore, as for the family members, they can be a fundamental ally in FGM prevention. The practice of FGM is deeply rooted in gender and social norms and socio-cultural dynamics that perpetuate it within communities. Traditionally, FGM plays a major role in the construction of gen-

der identity and without such a step, girls are not considered to become women from a socio-cultural perspective, and therefore are segregated and bring dishonour to their families in front of the whole community. This is why community and family pressure, including from traditional and religious leaders, play a fundamental role in the perpetuation of FGM from generation to generation. Moreover, sometimes FGM is given even more cultural weight by diaspora communities living in Europe, representing a symbolic connection with their countries of origin,

¹⁵ Available at http://www.pharos.nl/documents/doc/engelse%20versie%20verklaring%20tegen%20meisjesbesnijdenis_2014.pdf

¹⁶ Several similar initiatives have been developed also in other EU Member States such as UK, Belgium and Spain, in cooperation between national authorities and civil society organisations.

a proof of their cultural identity, to which they hold on not to lose their roots.

Therefore, **empowerment and raising awareness of FGM-affected communities** is crucial to tackle this practice at grassroots level and to ensure better protection for girls affected by or at risk of FGM,

since true change can come only from the communities themselves. This must be done through producing **behaviour change** from within the communities themselves with the engagement of representatives who are willing to work towards the abandonment of FGM in their communities.

PROMISING PRACTICE:

The *CHANGE Plus* project carried out by 8 European organisations and 2 African associated partners¹⁷ aims at raising awareness, changing attitudes and promoting behaviour change towards the abandonment of FGM in affected African communities in Germany, The Netherlands, Portugal and France. The main objectives are: empowering community members to act as catalysts of behaviour change, raising awareness on FGM, reducing pressure on families to continue FGM and to integrating community voices into debates on FGM. The project works on 2 levels with CHANGE Agents, community representatives who have been recruited and trained to have extensive information about FGM and the necessary resources, communication strategies and methodological skills they need to fulfil their role as multipliers and to promote behaviour change; and CHANGE Champions, experienced multipliers who mentor the current Agents and conduct more advocacy activities at institutional and political level with national and European authorities. Diversity in terms of age, gender, origin and professional experience (including work with religious leaders and imams) ensures that most community members are reached.

6. Child protection systems ensure adequate care

Professionals dealing with children in different areas of work, including the health, asylum, social work, child protection, education, legal and law enforcement sectors, are often the first ones getting in contact with girls affected by or at risk of FGM. However, most of the times, they are not adequately prepared to address such a delicate and complex issue in a respectful, cultural-, gender- and age-sensitive way, and too often they cause secondary traumatising and victimisation in already extremely vulnerable subjects, such as girls affected by or at risk of FGM.

Training for child protection professionals (including child protection officers, social workers, school

and university staff, counsellors offering services to migrants or refugees, NGO staff working on children and human rights, integration, education, youth, gender and violence) should entail a basic understanding of FGM as a human rights issue and a form of gender-based violence, as well as a deeper understanding of the gender and social dynamics involved. Moreover, such training should also include sector-specific information, such as: different tools for protection of girls affected by or at risk of FGM, how to identify and safeguard at-risk girls, how to support and advise underage survivors of FGM, obligation and duties to report cases of FGM, how to identify actors involved in child protection and appropriate forms of cooperation.

17 For more information visit <http://www.change-agent.eu/>

PROMISING PRACTICE:

The *United to END FGM (UEFGM) European Knowledge Platform* created by 12 European partners and supported by 4 associated organisations¹⁸ is a free-of-charge online platform offering training on FGM to professionals from diverse sectors including: Health, Asylum, Law and Justice, Law Enforcement/Police, Education, Social and Child Protection, and the Media. The platform includes: an e-learning course available in 9 languages, country specific information covering 11 EU Member States (including country data, legal framework, policies, milestones and practices, advice and support, resources and national focal points, international and European conventions), as well as 'live knowledge' including webinars and an online discussion forum. Module 10 of the UEFGM e-learning platform is entirely dedicated to "FGM and Child Protection" and includes information about the legal framework of FGM and children rights, prevention, protection, risk-assessment and decision-making for child-protection professionals, prosecution, cooperation and multi-agency approach.

7. Child protection systems have transnational and cross-border mechanisms in place

FGM is a **global issue**, which affects all continents. FGM has emerged also as a European issue due to migration inflows from FGM-affected countries and it is practiced by several diaspora communities residing in the EU, which have strong transnational linkages with their countries of origin. This is why the practice must be addressed in **bi- and multilateral discussions** among countries and stakeholders and requires developing measures with a **cross-border dimension** and collaboration between stakeholders in the EU and beyond. A key End FGM EU's strategic priority is to address the transcontinental nature of FGM through a **Building Bridges** approach, defined as "synergies and cooperation between actors from different sectors in EU countries of residence and in countries of origin to implement actions, policies and legal frameworks to end FGM tackling the transnational nature of this practice"¹⁹.

It is clear that also provision of protection and support to girls affected by or at risk of FGM requires a **multi-agency approach** at national level, bringing different stakeholders together to protect girls, as well as encouraging **effective cooperation** beyond national borders. In addition to national action plans



and child-protection systems, formal procedures for cooperation and information-sharing should be established between countries - including guidelines and protocols concerning foreign children and information on children moving across borders -. This acquires enormous relevance concerning FGM, since women and girls affected by or at risk of FGM are entitled to **international protection** as victims of gender-based and child-specific persecution and can therefore claim asylum.

¹⁸ Available at <https://uefgm.org/>

¹⁹ For more information on the End FGM EU Building Bridges approach please have a look at our website www.endfgm.eu

PROMISING PRACTICE:

The project *Building bridges between Africa and Europe to tackle FGM. A pilot experience*, carried out by three members of the End FGM European Network, **AIDOS** (Italy), **GAMS** (Belgium) and **Equipop** (France), aims to create links among African communities, young activists, professionals (media, health, psycho-social, etc.) dealing with FGM in Europe and in Africa to address the issue, share good practices and experiences, strengthen links, adapt existing best practices in a mutual learning and exchange perspective. Its main objectives are to improve the quality of the psycho-sexual care for women and girls affected by FGM in Africa and Europe; contribute to the abandonment of FGM globally by involving migrant communities living in Europe and communities in countries of origin; and increase the commitment of young people living in Europe and communities in countries of origin to jointly engage for the abandonment of FGM globally. This is achieved through a Community of practice on FGM²⁰ with a particular focus on psychosexual care, activities linking communities from Mali and France, and trainings on video production for young activists living in Africa and Europe.

8. The child has support and protection

In the context of FGM, a crucial aspect when appointing a **legal guardian or other recognised responsible adult** who can support girls affected by or at risk of FGM is that members of their close or extended family or of their community may also represent a risk or may be the main perpetrators. Therefore, careful consideration should be put into the appointment of a guardian coming from the close surroundings of the girl and any possible candidate should be subjected to strict scrutiny, specifically concerning his/her opinions about FGM.

Moreover, a girl affected by or at risk of FGM may be put under custody of **child protection services**,

which may deem necessary her placement outside the home environment. In most serious cases, when the risk is imminent and the urgency to intervene to protect the girl from undergoing the practice is pressing, an emergency procedure to get a placement order and extract the girl from her home should be available and implemented. However, a placement situation can significantly affect the girl's well-being and it is therefore crucial that the proceedings leading to it assess very carefully the situation of risk; for instance, there have been cases in which further investigation revealed that no FGM was performed or no risk was present.

PROMISING PRACTICE:

In Belgium, **INTACT**, member of the End FGM European Network, prepared a study on *The child's best interests applied to the prevention and criminalisation of FGM*²¹. The study analyses the concept of the best interests of the child to apply it effectively to preventive, protective and criminal procedures in cases of FGM at both international and national level. Tangible application of the child's best interests is applied to these measures. This analysis could be helpful for other Member States in applying the best interest of the child to their own policy measures.

20 Visit <https://copfgm.org/>

21 Available at: http://www.endfgm.eu/editor/files/2017/03/The_child_s_best_interests_applied_To_The_prevention_and_criminalisation_of_female_genital_mutilation_pdf_5_.pdf

9. Training on identification of risks is delivered to a wide range of people working for and with children

The duty/right to take action for professionals dealing with girls affected by or at risk of FGM varies from country to country and is determined on a case-by-case basis. Apart from the **moral obligation** to act upon knowing that a girl will be harmed, in some countries professionals with a protection mandate are **legally obliged to report** FGM cases they are aware of.

However, the **risk-assessment of FGM cases is harder than for other acts of violence against children**, and it heavily depends on the professionals' thorough knowledge of the issue. When assessing possible cases of FGM, cultural sensitivity is crucial in ensuring no accidental harm is caused, as it is equally important to rely on the advice of specialised NGOs in case of uncertainty. Moreover, the assessment must be done on a case-by-case basis, must take into account the specific context and the girl's family background, as well as methodically



analyse a combination of several factors which may indicate (though not confirm) that a girl is at risk of FGM²². Once gone through this assessment process, child protection professionals need to be trained on determining the risk likelihood, and have to be skilled to create a tailored risk management and intervention strategy²³.

PROMISING PRACTICE:

In 2014, **GAMS Belgique** and **INTACT**, the two Belgian End FGM European Network members, produced a *Decision Tree*²⁴ as part of an *FGM Prevention Kit* to guide professionals in detecting FGM and supporting girls affected by or at risk of the practice. The decision tree is a protocol describing the protection measures that professionals need to adopt when confronted with a risk or an act of FGM. The tree is supplemented by risk assessment indicators and a risk scale which professionals are advised to consider before reporting. Risk indicators aim to help professionals in making an objective assessment of the situation and have been designed to be culturally and child-sensitive. Once the risk indicators have been identified, professionals can refer to a five-level risk scale: 1. no risk; 2. possible risk but not imminent; 3. serious and imminent risk; 4. suspicion of FGM; 5. FGM recorded. Protection measures as described in the decision tree are then determined according to the level of risk identified by the professionals.

22 Risk indicators that a girl may be subjected to FGM include: maternal history of FGM; sisters' history of FGM; parents or family expressing positive attitudes towards FGM; traditional family role models and customs and/or limited broader social integration; girl's hints at family plans; high FGM-prevalence in country of origin.

23 To deepen the knowledge about risk factors and risk-assessment procedure consult the UEFGM e-learning platform, Module 10: <https://uefgm.org/>

24 Available at: http://www.strategiesconcertees-mgf.be/wp-content/uploads/MGF-tryptique_final_RTP.pdf

10. There are safe, well-publicized, confidential and accessible reporting mechanisms in place

Reporting violence is always difficult, and for children it entails additional challenges. Moreover, **for girls is even more complex to report having undergone FGM or being at risk of it** for several reasons. First, European authorities and service-providers agencies are very often unfamiliar with such practice. Second, it is still a practice that is very much taboo and that has a strong cultural value attached, which makes it harder for a girl child to separate it from an act of violence and to identify as a human rights violation. Third, girls who have undergone FGM sometimes do not even remember the episode, especially when the practice is performed at a very young age. Fourth, if not sensitized and educated, they are not aware of the dire health and physical consequences that FGM might entail. Finally, perpetrators are very often close relatives of the girls, making the act of reporting increasingly more difficult.

Due to the specificity and complexity of the issue, it is quite unlikely that girls affected by or at risk of FGM would use helplines. Rather, contact is more likely to be made in other contexts, such as education or health services. Therefore, **any facility dealing with children in different sectors should have a reporting mechanism in place** which is not only safe, well-publicised, confidential and accessible, but also of high quality in terms of **gender-, child- and cultural-sensitivity** and with **specifically trained** personnel. However, national helplines or hotlines inserting the issue of FGM in the broader field of child abuse are anyways of help, and their staff should equally be well-prepared to address the complexity of the issue in case they are faced with it.

PROMISING PRACTICE:

Terre des Femmes, the End FGM European Network German member, established a *Counselling Centre*²⁵ which offers counselling services and support to women and girls who are affected by violence. The Counselling centre provides both initial and specialised counselling concerning violence against women, FGM, forced marriages and honour-related violence. Moreover, a youth portal²⁶ was also created to provide information and counselling services. The women's team working at the Centre is intercultural and interdisciplinary and offers counselling in multiple languages. The counselling can take place in person, via telephone and online and is addressed to girls and women, friends, supporting relatives, professionals, communities and anyone who wants to help. The counselling is free and anonymous upon request.

25 Visit <https://www.frauenrechte.de/online/index.php/en/our-work/counselling-centre/terre-des-femmes-counselling-centre>

26 Visit www.zwangsheirat.de

Main conclusions and recommendations

To sum up, in order to put in place truly effective ICPS for girls affected by or at risk of FGM, there is the need to consider some **further important crosscutting principles**, which should be kept in mind when considering the European Commission's 10 Principles, and which are specific to the peculiarity of the social, cultural and gender dynamics surrounding the practice FGM:

- ▶ Pay careful attention to the added vulnerabilities in terms of **multiple and intersectional discrimination** (age, gender, ethnicity, religion) that girls affected by or at risk of FGM are subjected to;
- ▶ Beyond a child-friendly approach, **mainstream gender- and cultural-sensitivity** among all the stakeholders involved and throughout all phases of the ICPS;
- ▶ **Involve key actors** in the perpetuation or abandonment of the practice of FGM as a social and gender norm, specifically members of the close or extended family of the girl and communities, including religious leaders;
- ▶ **Build bridges** between countries, regions, stakeholders, sectors and forms of violence, in order to truly protect girls in a comprehensive and holistic way;
- ▶ **Empower** young girls to speak out and claim their rights.

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