



Daphne Booklets: Issues and experiences in combating violence
against children, young people and women

Harmful traditional practices



Disclaimer

This booklet was written by Dr June Kane in collaboration with the Daphne Programme management team of the European Commission. Its contents do not necessarily reflect the policies of the European Union or the positions of its Member States.

ISBN 92-79-03123-6

English

Available in other EU languages at:

http://ec.europa.eu/justice_home/funding/daphne3/funding_daphne3_en.htm

European Commission

DG Justice, Freedom and Security

Daphne Programme

B-1049 Brussels, Belgium

Author: June Kane

First printing: July 2007

Introduction

Europe has long been an enormous melting pot of peoples, each bringing their unique contribution to the forging of a rich and diverse region. As people from different corners of the globe have settled in Europe, they have brought with them their languages, customs, beliefs, traditions and rituals. In most cases these have become part of the fabric of everyday life in the Member States of the Union, being shared enthusiastically among people with different origins who now call Europe home and have a common dream for the future.

Sadly, within some communities – even second- or third-generation migrant communities where children and grandchildren have never known the country of origin of their families – some practices continue that are harmful to those who fall victim to them. These ‘harmful traditional practices’ must end because they violate the human rights of the people – most usually women and girls – who are subjected to them. Most obvious among them are female genital mutilation or ‘cutting’ (FGM/C)¹ and crimes justified on the grounds of ‘honour’.

The European Parliament has given very clear leadership on this issue, emphasising that anything that violates the rights of girls and women will not be tolerated by the people of Europe, and it is calling on Member States to embody this principle in national laws and policies. This is in no way a rejection of the cultural diversity that the many different migrant groups have brought to Europe but a recognition that all those who wish to live and prosper in Europe – whether born in one of the Member States or not – has an equal right to protection from practices that prejudice health, freedom, equality and human rights.

Across Europe, many groups in the past ten years have joined the effort to end harmful traditional practices to support girls and women who are their targets. Many of these groups include, or are led by, women who are themselves from within the concerned migrant communities. Their understanding of the problems and the strengths of these communities are vital to changing the attitudes and behaviours that put girls and women at risk.

The experience in parts of Africa where such practices exist is that young men in the communities are also often ready to work to end ‘traditions’ that they cannot justify on any grounds, other than a long-established belief that men have a right to control the bodies and lives of the girls and women in their family.

Young men – and not-so-young men – in Europe should also join efforts to end harmful traditional practices carried out here. We have seen how the White Ribbon Campaign – the men’s movement to say ‘no’ to violence against women – has grown in strength over the past decade and ‘gone global’, resulting in more men willing to stand up and be counted in rejecting such violence. A similar movement focusing on the particular violence of harmful traditional practices would further the work being done.

1. FGM/C stands for ‘female genital mutilation/cutting’. This ‘C’ has been added to the longer-used term ‘FGM’ in recent years following a call from the United Nations Special Rapporteur on Traditional Practices Affecting the Health of Women and Children to reflect sensitivity towards women who have undergone this procedure and who do not wish to be labelled as ‘mutilated’.

Since it began in 1997, the European Commission's Daphne Programme, to combat violence against children, young people and women, has achieved some significant advances in increasing understanding of the nature and scope of harmful traditional practices in Europe. Significantly, Daphne support was vital in early efforts to create a European network to stop FGM/C and Daphne supported the first European conference on 'honour' crimes in Europe.

As it enters its second decade, the Daphne Programme will continue to support projects that result in new knowledge, better analysis, increased networking and co-operation, and the development of tools and materials to increase understanding and empower those who can make a real difference to people's lives.

Franco Frattini
Vice-President of the European Commission,
in charge of Justice, Freedom and Security

Foreword

When I arrived in Europe from my native Somalia, I thought that I had stepped into a world where girls and women are free of the unspeakable pain and suffering inflicted on them in the name of tradition and 'honour'. As I went about my work as President of the Waris Dirie Foundation (www.waris-dirie-foundation.com) and UN Ambassador on FGM/C, my focus was on the countries where traditional practices such as FGM/C are commonplace – in some cases almost universal.

I was then shocked and horrified to learn that FGM/C happens in Europe, under our very noses, and that this terrible procedure is carried out in the suburbs of Paris, the streets of London, the hamlets of Germany – and in many more countries of the EU that have not yet been studied.

As I did the research for my book *Desert Children* (which deals with FGM/C in Europe), I had the opportunity to speak to many girls and women who have undergone FGM/C. They tell, without exception, of the pain and trauma this inhumane practice inflicted on them. Often when they spoke to me they admitted that this was the first time they had even considered talking about their experience, for, along with the pain, they carry a burden of shame, guilt and fear of being considered 'different'.

The depth and intensity of their feelings contrast immeasurably with the cold, calculating 'reasoning' of the man I watched being convicted in a French court of sending his daughter overseas to be 'cut', or the intellectual explanations I received from a surgeon in Germany who 'corrects' female genitals for 'cosmetic' purposes. These men have very different motivations and justifications for what they do. This only underlines the reality of the challenge facing us: we are not only talking about a clearly defined group of people who perpetuate FGM/C for a clearly defined reason. If only it were so easy!

We are talking about the way people – mostly men – look upon women as subject to their authority, especially when it comes to anything related to sex, chastity or their bodies more generally. Let me be clear about this: FGM has nothing to do with culture, FGM has nothing to do with religion, FGM has nothing to do with tradition. It is nothing but a brutal crime against innocent girls and women.



Waris Dirie
President, Waris Dirie Foundation
www.waris-dirie-foundation.com
Contact: waris@utanet.at

The problem

FGM/C and so-called 'honour' crimes – whether they occur in Europe or in other regions – constitute acts of violence. They have been the subject of a number of Daphne-supported projects since the Daphne Programme began in 1997 and have grown in prominence as awareness of them has increased.

FGM/C has been carried out for more than 4 000 years in some parts of the world, predominantly in Africa but also elsewhere. Twenty-eight of the 53 African countries practise FGM/C in one form or another. In Sierra Leone, for example, nine out of ten women have undergone FGM/C. In Burundi, on the other hand, the practice does not occur at all.

Three of the ten largest citizenship groups applying for asylum in the EU today come from African countries where FGM/C is practised². FGM/C is perpetuated within some families in migrant communities from Africa, as well as in parts of the Middle East and Asia, predominantly Indonesia and Malaysia. So deeply entrenched is this practice that, in the face of European legislation outlawing the practice, some migrant families take their female children back to their countries of origin to have the procedure performed there, often as part of an initiation ceremony marking their 'womanhood'. In 2006, police in London launched an awareness campaign on FGM/C to coincide with the start of the school summer holidays, precisely because that is the time when 'cutters' arrive from other countries or when families send their daughters back for the procedure³.

For a long time, FGM/C was known as 'female circumcision' because, like male circumcision, it involves cutting the genitals. Both FGM/C and male circumcision are in many communities seen as a 'rite of passage' – Jewish boys, for example, are circumcised as an article of faith ~~when they reach puberty~~. However, whereas male circumcision has been shown to be medically appropriate⁴, FGM/C has no medical value whatsoever. FGM/C is a high-risk procedure that, additionally, is most often carried out without anaesthetic by local specialists called 'cutters' ('exciseuses'), traditional birth attendants or older members of the community, usually women who are sometimes family members. Often they use rusty blades, knives or other implements that are not sterile.

In most countries medical personnel are not involved although Egypt is an important exception, with more than 60% of procedures there being carried out by health personnel. There are also reports that procedures that constitute FGM/C in all but name are carried out by cosmetic surgeons operating in Europe⁵. In January 2004, there was an outcry ~~when health authorities in Florence~~ ~~rejected a proposal from an Italian gynaecologist who wished to~~ perform a 'light' version of FGM/C to "satisfy traditional demands from... African mothers"⁶. The doctor argued that a medically supervised cut of the child's genitals was preferable to the child being subjected to traditional methods or being taken overseas for the procedure.

2. UNICEF: Changing a harmful social convention: Female genital mutilation/cutting, UNICEF Innocenti Research Centre, Florence, 2005, p.30. The groups are from Nigeria, Somalia and the Democratic Republic of Congo.

3. "FGM in Britain" at www.feministing.com, 28 July 2006.

4. *Male circumcision is also of course sometimes forced on boys and male adolescents against their will. The United Nations Secretary-General's Study on Violence against Children (Geneva, 2006) found that forced circumcision of male children is a significant problem in some South American countries. However there is no evidence that this is the case in Europe.*

5. Waris Dirie: Desert children, Virago Press, London 2005, pp.145-166.

6. Peter Popham: "Fury as Italians back female mutilation", The Independent, 23 January 2004.

Such 'medicalisation' of FGM/C, however, is widely condemned. Although it may reduce some of the risk during the procedure itself, it does not take account of FGM/C as a serious denial of the rights of girls and women to physical integrity, health, freedom from discrimination based on gender and protection from violence. It also does not take into account the future psychological and physical trauma the victim may well suffer, especially as she reaches the age of sexual activity, marriage and childbearing.

The age of the girls who are subjected to FGM/C varies. In Egypt, girls are typically between 5 and 14 years of age; in Ethiopia, 60% of girls who are cut have not reached their fifth birthday. In Yemen, a 1997 survey revealed that some three-quarters of female babies are cut in the first two weeks of life⁷. Some adult women also undergo FGM/C under pressure from the family or community, often as a 'purification' ceremony if they have lost their virginity and are about to marry. There are indications, however, that the procedure is forced on girls at an increasingly younger age as pressure mounts across the world for the practice to stop; it may be that families consider that it will be easier to hide mutilation from the authorities if the girl is very young. Female children in Europe, who live in migrant communities that have origins in the various countries where FGM/C is practised, are at a heightened risk of being subjected to the procedure when they reach these age groups.

The World Health Organisation (WHO) has identified four types of FGM/C: Type I (cliterodectomy) involves removing the clitoral hood, and sometimes all or part of the clitoris; Type II (excision) is the most commonly practised form and comprises the removal of the clitoris and part or all of the labia minora; Type III (infibulation – sometimes also known as pharaonic circumcision) involves the removal of all the external genitalia (clitoris, labia minora, labia majora) and then stitching or narrowing the vaginal opening so that only a tiny matchstick-sized gap is left to allow the passage of urine and menstrual blood; Type IV (unclassified/introscision) involves other procedures such as pricking, piercing or cutting the clitoris and/or labia, cauterisation, scraping of the vaginal orifice, and introducing corrosive substances (often plants or herbs) into the vagina to cause bleeding.

In addition to the pain, blood loss, trauma and risk of infection – and even death – when FGM/C is performed, the victim faces long-term consequences. She will probably have diminished or no sexual sensation, she may need to be re-cut to allow for sexual intercourse and will invariably suffer pain during intercourse as a result of the growth of scar tissue and loss of elasticity. Childbirth becomes both difficult and high-risk; to compensate for reduced elasticity during childbirth, tiny tears open up around the vagina. These are too small to stitch and develop scar tissue, reducing elasticity even further. Each episode of childbearing results in longer and more painful labour.

Girls in migrant communities in Europe also tell of the severe psychological trauma they experience as a result of FGM/C, even long after it has been carried out. Apart from the horror of the procedure and the pain they remember, they may carry with them feelings of low self-esteem and shame, and may be reluctant to enter into relationships or to share their experiences with friends.

So why would such a dangerous procedure that has no medical value be performed? The answer to this question – or answers, since different families and communities give different reasons to justify it – is the key to ending FGM/C.

Some argue that FGM/C is a religious duty. This is not true. No religion requires FGM/C and no religion offers justification for it. Despite common perceptions that FGM/C is a duty of Islam, for example, the practice in fact predates the Prophet. It is also carried out by Christian groups in the parts of Africa where it occurs. There has been confusion around this because some Imams have in the past refused to condemn it outright, insisting that the Prophet did not specifically prohibit FGM/C so they cannot either⁸. There was an important breakthrough in this regard, however, when on 26 November 2006 two of the most influential clerics of Sunni Islam – the Grand Sheikh of

7. Changing a harmful social convention: Female genital mutilation/cutting, *op.cit.*, p.6.

8. See, for example, interview with Sheikh Muhammed Omer, member of the Executive Committee of Ethiopia's Islamic Affairs Supreme Council, in *Razor's Edge: The controversy of Female Genital Mutilation*, IRIN Web Special. Web reference: www.IRINnews.org. Islamic scholars note that the Koran does not mention FGM/C at all and that the only reference to it is in one 'weak' Hadith (i.e. a Hadith whose source cannot be directly traced back to the Prophet).

Al-Azhar and the Grand Mufti of Egypt – released an official *fatwa* declaring FGM/C un-Islamic⁹. Commentators note that no Pope has yet condemned FGM/C, although it is also carried out in Christian communities¹⁰. Clear statements from religious leaders on the unacceptability of FGM/C are a vital step in breaking down community adherence to the practice.

Some people argue that FGM/C is necessary because it is a social convention expected in their communities and that girls who do not undergo cutting will be stigmatised and passed over for marriage. This may well be true although it is, of course, a vicious circle because, as long as the practice continues, girls who are not cut will be in the minority and so will risk rejection. When a whole community expects all girls to be cut, then FGM/C becomes almost an economic necessity, because uncut girls will not find a husband, will be ostracised, and may have no way of surviving within their community¹¹. It is clear from this that ending FGM/C will require changing the attitudes and behaviour of entire communities, not just parents.

With no medical value or religious duty to sustain it, many commentators argue that FGM/C continues because of patriarchal structures and gender inequality¹². FGM/C and honour crimes are examples of gender-based violence because they are most often targeted at women and girls specifically because the perpetrators see the female sex as inferior or under their authority. FGM/C is a means of controlling girls' and women's bodies and lives by attacking their sexual organs. For this reason some groups prefer to call FGM/C 'sexual mutilation'. But whatever the justification given for violence and even murder in the name of honour, ultimately these crimes arise when men attempt to control the women over whom they believe they exercise power, or when female family members accept this patriarchal power and become complicit in the exercise of it by the men in their family. This is undoubtedly true; however many women also tolerate and, indeed, promote FGM/C, even when they have suffered it themselves and know the pain and suffering it causes. This reflects the deeply entrenched position of FGM/C and a fear of 'losing' cultural identity if it is stopped.

Within migrant communities, traditional practices – harmful or not – take on extra significance because they become important markers of cultural, religious and ethnic identity. They are therefore even more difficult to dislodge. Moreover those who know that harmful traditional practices must be stopped – lawyers, policy-makers, government authorities and others – may be wary of speaking out against these practices for fear of being labelled as 'racist' or unsympathetic to migrant communities. This is particularly the case of FGM/C because it is relatively easy to hide away and people can thus turn a blind eye to it.

The same is not true of honour crimes and in particular 'honour killings', which are, in general, highly visible and attract universal condemnation. A number of cases of honour killing have hit the headlines in Europe in recent years and have lifted the veil on this extreme form of patriarchal violence.

In 2002, a Kurdish migrant from Turkey, Rahmi (Fadime) Sahindal, was shot dead by her father in Uppsala, Sweden,¹³ when she 'shamed' her family by rejecting an arranged marriage and choosing her own partner. Four years earlier, Rahmi had been involved in a court action against her father and brother who had threatened to kill her.

In 2005, Hatin Surucu, a 23 year-old Berlin resident of Turkish origin, was lured to a meeting with her three brothers by an aunt, who convinced her that they wished to talk about reconciliation. Hatin had 'shamed' the family by divorcing the Turkish man she had been forced to marry at 16, and had abandoned her headscarf and enrolled in a technical school to study electrical engineering. Her body was found at a bus stop with multiple wounds to the head and chest¹⁴.

9. Report in Booman Tribune, 26 November 2006. Web reference: www.boomantribune.com.

10. Interview with Daniela Colombo, Advocacy Expert, in *The Razor's Edge*, loc.cit.

11. *The Razor's Edge*, op.cit., p.11.

12. Changing a harmful social convention, op.cit., p.11.

13. The father was sentenced to life imprisonment. See Shahrzad Mojab: "Honour killing: Culture, politics and theory" in *Association for Middle Eastern Studies*, Vol.XVII, Nos 1/2, Spring/Summer 2002. www.amews.org.

14. Tony Paterson: "How many more women have to die before society wakes up?"; Daily Telegraph, 27 February 2005. www.telegraph.co.uk.

Hatin's murder was the fourth honour killing in Berlin's 200 000-strong Muslim community in four months. Police records at the time of her death indicated that there had been 45 honour killings in Germany in the preceding eight years.

In the United Kingdom, 16 year-old Heshu Yones, also a Kurdish migrant, was found stabbed to death after she had started a relationship with a Christian boyfriend. Her father was jailed for life for the murder¹⁵.

On 23 September 2005, Ghazala Khan, of Pakistani origin, was shot by her brother at a suburban railway station in Denmark for marrying a man of her own choice. Seven other people, including an aunt and cousins, were convicted of being accessories to the murder.

The head of police homicide investigations for New Scotland Yard is quoted as saying¹⁶ that he believed that honour killings were a product of diverse cultures and alienation that saw people turn to ancient traditions. 'Ancient traditions', however, do not justify violence in any form, including the extreme violence of murder.

What honour crime and FGM/C have in common are the patriarchal structures and attitudes that underpin them. They are a result of family and community conventions that put girls and women at the bottom of the hierarchy and so allow men – fathers, brothers, husbands, community leaders – to make decisions for them, treat them inappropriately and 'punish' them when they are considered to have 'broken the rules'¹⁷.

Honour killings and FGM/C are, in fact, the tip of the iceberg of patriarchal violence that sees a much larger number of women in Europe suffer beatings, rape, being locked in the home (domestic arrest) and other physical violence. Indirect violence in the form of forced marriage, denial of access to education or the workplace are also indicative of family relationships in which the men believe that their religion and/or traditions give them authority over the women of the family and make them 'protectors' of the women's chastity. This has been described as a "massive abuse of collective politico-religious rules widened into the blank cheque of individual male power"¹⁸.

Migrant women who are victims of violence or at risk need special support. Much has been done in Europe in recent decades to provide places of refuge, social services and other forms of support for women who suffer domestic violence. Few of these services, however, can realistically cater for women who may have limited skills in the host language (because they may have been denied the right to leave the home, even if they have been resident in the country for several years), have special dietary requirements because of their religion, or have other needs specific to their culture. Many migrant women, additionally, do not have the support of the extended family that was left behind in their country of origin. Conversely, they may be unable to seek help from other family members because the family as a whole accepts the patriarchal structures that have allowed the violence to occur.

Practical, sympathetic and ongoing support – from authorities as well as individual members of the broader community – is vital in order to help women and girls from migrant communities to break out of the isolation that exacerbates their situation. This includes access to appropriate housing, education for themselves and their children, skills training and access to the job market, and health, legal and social services. Indeed, where this range of support is available, girls and women whose roots are outside Europe will be less at risk in the first place.

15. Joanne Payton article on the website: *STOP! Honour killings* (www.stophonourkillings.com), 6 August 2006.

16. "Europe grapples with 'honour killings'", Deutsche Welle on-line, undated. www.dw-world.de.

17. *There have been some instances of boys being the victims of honour crimes, although this is less frequent. Boys may also, however, be put under considerable pressure to conform to traditional views of what male family members must think and do, and may have to deal with expectations that they will commit honour crimes for the sake of the family, even when they are opposed to such behaviour.*

18. Dr Hans Peter-Raddatz, quoted in Jamie Glazov: "Symposium 'Murdering women for 'honour'", Front Page Magazine, 10 June 2005. www.FrontPageMagazine.com.

Some facts and figures

In 2000, the United Nations estimated that some 5 000 girls and women in at least 14 countries – including Pakistan, Jordan and Turkey – were killed each year in the name of family ‘honour’. Europol reports that the number of honour killings in Europe has risen since the mid-Nineties, although few official data are available¹⁹. Many of the high-profile cases of recent years relate to the murder of girls and women in Turkish/Kurdish communities, although honour killings are by no means confined to this group. Some of the women killed in the United Kingdom, for example, were of South Asian origin.

Girls in migrant families become victims because they were born into a family that strictly follows certain cultural or social conventions. Young women die because their murderers find justification in a perverted sense of honour, religious duty or patriarchal responsibility. Motivation, however, is not always recorded in statistics on assault or murder. As a result it is impossible to give accurate figures for the number of honour crimes in Europe each year. Police across Europe have, in fact, only recently become aware of the need to pay more attention to this sort of crime.

Following a 2006 meeting in The Hague to look at ways of tackling honour-related violence, the English and Welsh police, for example, decided to reopen the files on 100 murders going back ten years which they suspected might be linked to honour killings. Subsequently, 18 domestic homicides out of 22 recorded in 2005 were reclassified as ‘murder in the name of so-called honour’.

Data on FGM/C in Europe is beginning to emerge, but it has not long been systematically collected and in some countries data are still not available.

The French NGO GAMS (Groupe pour l’Abolition des Mutilations Sexuelles) quotes 180 000 women and girls in Europe who have been cut or who are at risk of FGM/C²⁰. This includes 43 000 in France, 40 000 in Italy, 37 000 in Germany and 33 000 in the United Kingdom. The British-based Foundation for Women’s Health, Research and Development (FORWARD) estimates that some 279 500 women living in Britain have undergone FGM/C, with another 22 000 girls under the age of 16 at risk²¹. Research by the Waris Dirie Foundation put the number of women and girls living in Europe who have undergone FGM/C or are at risk of it at half a million²².

Worldwide, the WHO estimates that some 130 million girls and women alive today have undergone FGM/C and that a further 3 million become victims each year on the African sub-continent alone²³.

19. Patti McCracken: “Honor killings in Europe”, San Francisco Chronicle, 24 July 2006.

20. Moussa Sawadogo: “FGM: Women step up the campaign”, in The Courier ACP-EU, No. 196, Jan/Feb 2003.

21. Samhita: “FGM in Britain” at www.feministing.com, 28 July 2006.

22. Desert Children, *op.cit.* These figures indicate the unreliability of data used even by reliable organisations, underlining the need to move towards comprehensive data collection. The figures may also reflect differing definitions of ‘Europe’ and cover different countries.

23. United Nations Secretary-General’s Study on Violence against Children, press kit. www.unviolencestudy.org.

National and European legislation and frameworks

Honour crimes are generally covered under other areas of legislation relating to violence, such as assault, battery, domestic violence or murder. An international conference in 2004 on honour-related violence was held in Stockholm in December 2004 which resulted in some very focused recommendations,²⁴ but there is clearly much more to do to move these heinous crimes up the European political agenda and to paint a clearer picture of the extent of the problem.

In an unequivocal rejection of FGM/C, the European Parliament, in 2001, passed a Resolution on Female Genital Mutilation (2001/2035(INI)) that strongly condemned it as a violation of fundamental human rights. It urged the EU and Member States to work together to harmonise existing legislation and draw up specific legislation on FGM/C if existing laws are not appropriate.

The resolution clearly opposed any medicalisation of FGM/C and called on the European Commission to investigate the issue and draw up a strategy to eliminate it. The resolution also called on Member States to “pursue, condemn and punish the carrying-out of these practices”, to recognise FGM/C as a specific crime, and to “punish anybody who helps, encourages, advises or procures support for anybody to carry out any of these acts on the body of a woman or girl”. More importantly, the resolution specifies that such actions should take account of offences committed outside national frontiers (extraterritoriality), thus allowing for the prosecution of parents who take their children overseas for the procedure²⁵.

In 2006, the European Parliament nominated 29 November as ‘International Day against female genital mutilation’. The United Nations has designated 6 February as the ‘International Day of zero tolerance of female genital mutilation’.

Harmful traditional practices, including FGM/C, are also dealt with in international law, much of which has been ratified by EU Member States. As early as 1952, the United Nations Commission on Human Rights adopted a resolution on this issue. The 1979 Convention on the elimination of all forms of discrimination against women (1981) specifically recognised FGM/C as a human rights violation. The UN Convention on the rights of the child (1989) recognises harmful traditional practices as compromising the child’s right to health and as a form of violence – underlined in the UN Secretary-General’s Study on violence against children presented to the General Assembly in October 2006²⁶.

Despite their ratification of these international instruments and their participation in the development of European frameworks against FGM/C however, very few EU Member States have translated these obligations into national laws.

24. Combating patriarchal violence against women – Focusing on violence in the name of honour, *Report from the international conference (7-8 December 2004)*, Ministry of Justice and Ministry of Foreign Affairs, Stockholm 2005.

25. Similar provisions are contained in the Council of Europe Parliamentary Assembly’s 2001 Resolution 1247.

26. See www.unviolencestudy.org. Other international instruments that are generally applicable to the elimination of harmful traditional practices are listed in *The Razor’s Edge: The controversy of FGM*, and IRIN web special at: www.IRINnews.org. WHO, UNICEF and UNFPA also issued a joint statement on FGM/C in 1997 (www.who.int).

Sweden and the United Kingdom have legislation criminalising FGM/C, which are Sweden's Law No. 316 of 27 May 1982 Prohibiting Female Circumcision, and the United Kingdom's Prohibition of Female Circumcision Act, 1985. Belgium, Denmark, Italy and Spain have modified existing laws to make specific reference to FGM/C. Finland, France, Germany, Greece and the Netherlands prohibit FGM/C under laws pertaining to physical injury and abuse of minors. There is an urgent need, however, for all Member States to ensure that their legislation is adequate to deal with the very specific nature of FGM/C.

Very few EU countries yet recognise the desire to escape FGM/C as a reason for granting asylum. There has been much debate about whether women/girls are too broad a category to be considered 'a particular social group', which is generally the test for those claiming refugee status as a result of persecution. Nevertheless, as early as 1984 the European Parliament determined that "women fearing cruel or inhumane treatment as a result of transgressing social mores" should be considered a "social group" for the purpose of determining refugee status, and the EU, through Council Directive 2004/83/EC of 29 April 2004 on the minimum standards for qualifying third-country nationals as refugees,²⁷ has required of all Member States that the risk of gender-based violence (the definition of which implicitly includes FGM) should be recognised as grounds for persecution²⁸.

Even where laws exist, enforcement has been limited. By 2000, only one case had been brought to court in Sweden. By the same date in France, 25 prosecutions had been brought for involvement in FGM/C using criminal injury legislation.

27. Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted, OJ L 304, 30.9.2004.

28. The question of whether 'women and girls from societies where FGM is practised' can be considered a 'social group' for the purpose of granting refugee status/asylum was tested in the UK House of Lords in its 2005-6 session. The House concluded that women and girls from countries where FGM is practised could indeed be considered a 'social group' in this context. They followed the guidelines laid down by the UN refugee agency, UNHCR, which states that 'if a woman is persecuted because she is a woman and women generally are assigned an inferior status in the society, she should qualify for recognition as a refugee'. The Lords also noted that FGM is in breach of international human rights law and standards.

Experiences from the Daphne Programme

In its first year, Daphne supported a project that aimed to produce an “inventory and international workshop on legal, medical and socio-cultural aspects surrounding traditional female circumcision practices as applied in the European Union” (project 1997/096/WC). The project, which was coordinated by the International Centre for Reproductive Health (ICRH) at the University of Ghent, Belgium, also involved partners from the Royal Tropical Institute of the Netherlands and the NGO Defence for Children International in the Netherlands. The project included information from the perspectives of communities affected by FGM/C. It resulted in a number of recommendations that stressed the need to involve community members in all aspects of information and education, advocacy, training and support for affected women, girls and their families.

The recommendations emphasise that laws on FGM/C must provide special protection for children at risk and that attention must be paid to extraterritoriality. It recommended that funds should be made available for training on FGM/C and gender sensitisation of police, justice and immigration officers, and that resources should be made available so that migrants and refugees can be informed on the laws in their new country. In combating FGM/C, the entire legal system must be involved, including immigration, child protection, administrative and penal laws.

In this regard, the project recommended that the laws that regulate the medical profession (codes of conduct that include professional secrecy) should be amended in the case of FGM/C and that health professionals should have an obligation to report on children who have been subjected to FGM/C or who are at risk. Concerning migration law, the project recommended that women should have rights to asylum and immigration independent of their husbands' status, particularly in divorce and deportation proceedings.

Information should be made available on the possibility of prosecution and/or bringing a civil suit and of claiming damages from the perpetrators. Where there is no possibility of claiming damages directly from the perpetrators, there should be a possibility of state-funded compensation.

The project concluded that a first priority for dealing with problems in Europe is intensive education for health workers (physicians, nurses and others) on FGM/C, using members of affected communities as educators whenever possible.

A follow-up project by the ICRH with a Swedish partner in 1999 (1999/036/WC) aimed to build on the work and take it forward by developing a European network for the prevention of FGM (EuroNet-FGM). The network (which continues to work today) includes doctors, gynaecologists and obstetricians, midwives, nurses and school doctors, as well as university researchers and community-level actors such as social workers, community workers and outreach workers active in NGOs and community-based organisations. Victims of FGM/C are also active in many of these organisations and are well represented in the network.

The project brought these groups together in a series of workshops, aimed at improving their knowledge on FGM/C and offering opportunities for improving their skills in dealing with related issues. It also developed a database with educational material housed on the website of the ICRH (www.icrh.org).

A number of important tools were developed during the course of the project, including frameworks for training health professionals on FGM/C-related issues and for developing guidelines for the care of women who have undergone FGM/C. A research agenda on FGM/C in Europe was developed as well.

The ICRH was also a partner in a two-year project that began in 2000, involving a number of organisations coordinated by Consorzio Aurora in Italy. This project (2000/334/W) set out to contribute towards preventing FGM/C in Europe by promoting co-operation among the various agents who are the first to have access to women who have undergone FGM/C or are at risk of it. It focused in particular on professionals in the healthcare sector, social services and legal sector.

The partners trained 25 people as trainers to reach out to professionals from these groups in Belgium and Italy and, based on this pilot experience, developed a compendium that includes background information on FGM/C, information for gynaecological and clinical interventions, psychosocial support, legal advice and an overview of national legislation.

Complementing work with professional sectors to improve understanding of FGM/C and the means of combating it, a 2001 project set out to develop community-based methods to prevent FGM/C, focusing on the situation of Somali women and girls in Finland and Denmark. This project (2001/028/WYC) was coordinated by the Finnish Red Cross with the Finland-Somalia Association of Finland and the Somali Women's Organisation of Denmark as partners.

The initiative for this project came from communities practising FGM/C themselves. It achieved a number of important outputs: members of Somali communities from Finland and Denmark were trained to use participatory rural appraisal methodologies, the methods were used and tested in practice, and a series of cartoon booklets against FGM/C was published in the Somali language and distributed in Finland and Denmark, as well as through EuroNet-FGM.

Also in 2001, a wide-ranging project (2001/225/WYC) coordinated by the French association GAMS brought together 16 European organisations working to prevent FGM/C. Each partner contributed their particular strength, from output and advice on information-education-communication (IEC) actions to guidelines on working with the media. This project was an important step in the work in Europe against FGM/C because it brought together many of the major civil society players and allowed significant information and experience sharing. In May 2002, GAMS received the Prix Label Paris Europe from the Mayor of Paris, M. Bertrand Delanoë, for this the first European programme for the prevention of FGM in Europe. Later that year, GAMS, ICRH, the Italian association AIDOS (Associazione Italiana Donne per lo Sviluppo) and many partner associations were present at the official launch of the 'Stop FGM!' campaign at the European Parliament in Brussels.

The Centro Piemontese di Studi Africani and the Centro d'Iniziativa del Piemonte in Italy, in partnership with local, national and European organisations, launched a two-year project in 2001 called IDIL (Instruments to develop the integrity of lasses, which also means 'intact' in Somali). The project (2001/247/C) mapped available materials and gauged community interest before developing new materials and adapting those created in past Daphne projects to be used in Italy and Spain.

Also building on earlier Daphne experiences, the project undertook to train health and education staff, social workers, cultural mediators and animators. An information kit and brochure were produced for use by these trained personnel within communities affected by FGM/C and a website was created as a permanent platform for the exchange of information.

In the second year of the project, the training was extended to 60 more people from interested communities in northern Europe, Spain and Italy. A public information campaign was also developed, and local and national authorities were contacted to explore the possibility of creating a permanent training/awareness campaign with national resources.

By 2001, the network of organisations working to end FGM/C in Europe had grown in size and momentum and it was clear that organisations were in contact with each other and sharing vital experience and materials. A number of succeeding Daphne projects built on the dynamics that had been created: adding new members to the network, adapting materials for use in other Member States, and extending methodologies and experiences to new target groups or in new contexts.

Three projects in 2002 were in this spirit. The African Women's Organisation in Vienna, with partners in Sweden and the Netherlands, extended training to three very specific groups of professionals crucial to efforts to end FGM/C: religious leaders, community leaders and communicators (2002/040/WYC). The municipality of Rome took up the campaign to stop FGM/C and organised leaders behind a Declaration of Intent to work towards its elimination (2002/163/WYC). With a view to developing the knowledge base to support continuing advocacy and practical work to end FGM/C, the ICRH and partners mapped legislation in all EU Member States with regard to FGM/C. They then looked at the implementation and outcomes of legislation in a comparative pilot study in the United Kingdom, Sweden, Belgium, France and Spain, and evaluated it so that recommendations could be drawn up. The results of the research were published in a book: *Legislation in Europe regarding FGM and the implementation of the law in Belgium, France, Spain, Sweden and the UK*, published by the University of Ghent.

After so many innovative projects supported by the Daphne Programme, 2003 saw a stage of consolidation and learning. In an important initiative, the European network, coordinated by the ICRH, reviewed all the materials produced in earlier projects with a view to assessing their usefulness and identifying gaps for the future (2003/028/W). After using the materials in workshops with the network's member organisations, they concluded that there was a need to help NGOs to adapt and translate the most appropriate materials for their use, and to ensure that what was available was more widely distributed.

There remained some obvious gaps in the information available, especially relating to support services in the various Member States, for example resources for health and education. Some of the materials, too, were not readily usable by people in the communities affected by FGM/C, and there was a particular gap in materials available to help men to understand the issues around FGM/C and to mobilise them to help end it. The project recommended that there should be some sort of focal point or 'clearing house' for all existing IEC material and that those working to end FGM/C should be helped to improve their capacity to change behaviour, not just to raise awareness. This is an important point because raising awareness without prompting a change in behaviour does not lead to long-term change.

There was also a clear need to reach young people in the affected communities to make sure they understood the issues and knew where to seek help if they were at risk. In a 2003 project (2003/099/YC), GAMS and partners developed a comic book for young people aged 10-18 on FGM/C and forced marriage. This comic was translated into German, English, Dutch and Somali to be used as a teaching aid by associations active in the field, in as many countries of the European Union as possible. A black and white version was pre-tested before the colour version was finalised. The comic was designed to reach not only the young people in affected communities but also their peers in the host countries in order to mobilise their support.

In another project that used creative means to both give and receive information (2004-1/025/WYC), the Somali Women's Association in Denmark joined with partners to introduce women in affected communities to issues around FGM/C, health and rights through theatre and debate. The project also involved public health workers, but the women themselves were the most important motivators in the activities²⁹.

In relation to other forms of patriarchal violence in migrant communities, many Daphne projects have concentrated on providing appropriate support to women experiencing violence or at risk of it. An early Daphne project coordinated by the organisation *Türkisch Deutscher Frauerverein* (TDF), under the name *Papatya* (1997/025/WC), set up a network to develop measures to protect girls and women with an Islamic background from violence. It initiated a number of pilot projects, along with co-operation and transfer of experience, between the Berlin Senate, youth welfare departments, overseas organisations and youth work advocates. TDF have a long experience in running places of refuge for Muslim women in Germany and the women in the Berlin shelter were consulted throughout the project to ensure that the actions and outputs reflected their specific experiences.

Giving Muslim women a voice was at the heart of a 2000 project coordinated by the University of Nottingham (2000/092/W). Through a number of academic and grassroots partners, the project worked in the UK, Germany and the Netherlands, and set out to identify common themes and differences across these countries, along with other

29. *Projects 2006-1/150/C – on developing National Plans of Action to eliminate FGM/C – and 2006-1/253/WC – Disseminating lessons and building capacity to improve enforcement of FGM/C legislation – had not reported at the time of writing.*

areas for shared experience that could be used as a basis for training professionals working in this area. This was done by collecting individual biographies of Muslim women, analysing them and choosing samples to edit and post on a website. The case studies were anonymous and untraceable. The project resulted in a rich collection of issues that could be used to inform other people working to support Muslim women who are victims of violence in Europe.

Making the wider community aware of the particular risks that women from migrant communities face was the central theme of another project that year (2000/330/WC). Stichting ProJob and partners in the Netherlands set out to break through the cultural taboos related to domestic violence against migrant and refugee women and girls by organising a training programme on self-help mechanisms; organising a travelling exhibition to raise awareness about domestic violence; producing a manual for professionals with background information and new methods to break through cultural taboos related to domestic violence, including strategies for effective self-help mechanisms; and creating a website and developing a European network on the Internet (www.tiye-international.org). The manual that was produced, *Breaking Through*, can be downloaded from the Daphne Toolkit website (see Resources, below).

In 2002, the Berlin Institute for Comparative Social Research (BIVS), in partnership with the University of Florence, launched a project focusing on the vulnerability of women arriving in the EU for marriage (2002/094/W). The project analysed the legal situation on 'marriage migration' in the EU Member States, and documented the services available to this group of migrant women and whether these meet their specific needs. An important outcome of the project was a set of minimum standards for the protection of migrant women arriving for marriage, which fed into the EU-wide debate (for instance, in the formulation of the EU Commission proposal on reuniting families).

The research addressed 'regular', forced and arranged marriages. It looked at the role of national and international marriage arrangement agencies, mediating in arranging marriages of third-country nationals with EU nationals. The project investigated the access of migrant women coming under the specific category of 'marriage migrants' to legal or social counselling and self-help organisations. The role of the relevant institutions responsible for the protection of this group, such as women's shelters, were described and analysed.

The project found that, although the extent to which individual Member States deal with the problems accompanying international and intercultural marriages differs significantly, many interesting programmes and initiatives, sometimes crossing national borders, exist and can serve as examples for future efforts to protect this particular group of migrants.

A series of country studies on the legal and social position showed that, in all countries, the situation of these migrant women is marked by their dependence on the husband. Consequently, marriage migrants find themselves in an extremely vulnerable position, unfortunately linked to violence in many cases. Follow-up projects (2003/080/W and 2004-2/052/W) developed the analysis further and translated findings into recommendations for preventing violence.

The Centre for Gender Equality in Norway focused on the problem of women falling victim to repeat perpetrators of violence (2002/181/WYC). The project produced some important findings, among which was the fact that racism and racist attitudes on the part of both the perpetrators and service providers can be barriers to providing good services. It also concluded that, although the issue of violence against women invariably centres on the women as victims and therefore on their needs and rights, it cannot be adequately addressed without including the perpetrators as those responsible for the problem. The project shifted the focus from seeing this issue not only as a women's problem but also as a men's problem.

As a number of 'honour'-related crimes hit the headlines in Europe in 2002, the issue of honour killing became a feature of Daphne projects. In 2003, The Shehrazad project, coordinated by Kvinnoforum, Sweden, and with a range of partners across the EU (2003/048/W), aimed to raise the level of awareness on the occurrence of honour crimes in Europe and produced a Resource Book, which included status reports on the incidence in five European countries (Sweden, Spain, Germany, the UK and Greece). One of the main outcomes of the project's final conference in Stockholm was the adoption of the *Stockholm Declaration to Combat Honour-based Violence in Europe*. This was adopted at the highest political levels in Sweden and participating countries. It can be found on the project pages of the Daphne Toolkit (see Resources)³⁰.

30. Two further projects: 2005-1/046/WY (on the development of tools to combat violence against refugee girls and women); and 2005-1/226/W (Nonamus – Rights belong to every woman) had not reported at the time of writing. Their results will be updated in the Daphne Toolkit.

Gaps and challenges

Since the Daphne Programme began (as the one-year Daphne Initiative) in 1997, there have been enormous strides in the work being done to put an end to harmful traditional practices in the EU. Most heartening is the depth of networking among the various grassroots agencies, and academic and research institutions working on this issue. Many women from affected communities are themselves at the centre of many of the initiatives that have been taken and they provide the key to translating these efforts into change.

But there remains so much more to be done. First of all, the fear of acknowledging and acting against traditional harmful practices must be broken down. Concerns that criticism of such acts might label the advocate as 'racist' or 'insensitive' are far outweighed by the seriousness of the impact of harmful traditional practices on the girls and women of Europe, and indeed on the broader community in which they live. The threat of potential criticism will, in any case, diminish as more and more people speak out loud and clear: practices that violate the rights of girls and women living in Europe will not be tolerated nor justified on any grounds.

This firm stance has already been taken by the European Parliament, which has called on Member States to translate their shared commitment to human rights into legislation that provides real protection for victims and potential victims, and punishes those who break the law. Too few Member States have acted to outlaw the specific violence perpetrated on women through harmful traditional practices or in the name of so-called 'honour'. And those laws that are in place have not been adequately enforced. This may be because of low reporting of these crimes, evidence gathering or difficulties in pursuing those that perpetrate them, but these barriers must be overcome. The initiative of Europol to convene a meeting of police forces from across Europe on this issue is positive and Europol's leadership will be vital if policing of harmful traditional practices is to advance.

To provide all those who work to combat harmful traditional practices with a solid platform for action, the gathering and sharing of information needs to continue, but it must be supplemented by more comprehensive national data that is compiled by Member States based on agreed parameters and definitions. Healthcare workers, law enforcement agencies and NGOs have much to share in this regard and a strategy for data collection from as many reliable sources as possible is needed.

Finally, the girls and women who have suffered harmful traditional practices or who are at risk need better support. This means not only shelters and services for those who have already fallen victim but ongoing awareness raising and information actions, in different formats and languages, and using information channels that are open to women in migrant communities.

It is time to harness all the work that has been done – including learning lessons from work that has been done in the countries of origin of the affected communities – so that harmful traditional practices are consigned to history and have no place in the Europe of the 21st century.

Selected on-line resources

- The Daphne II and III Programme websites can be accessed through the European Commission EUROPA site:
Daphne II: http://ec.europa.eu/justice_home/funding/2004_2007/daphne/funding_daphne_en.htm
Daphne III: http://ec.europa.eu/justice_home/funding/daphne3/funding_daphne3_en.htm
- The Daphne Toolkit, which includes descriptions, lessons and comments on all completed Daphne projects as well as useful links, 'tools and tips' and multimedia materials from the projects, is at www.daphne-toolkit.org (Please note that the Toolkit will be under reconstruction in 2007, resulting in a new address to which a link will be provided on the Daphne Toolkit Programme website. The Daphne Toolkit is currently only fully operational in English but will gradually be updated in other languages).
- The International Campaign Against Honour Killings (ICAHK) website provides news and links to other resources: www.stophonourkillings.com.
- The European coalition of NGOs campaigning against FGM, EuroNet-FGM, has a site at www.euronetfgm.org.
- The worldwide campaign to end FGM, Stop FGM! has a site at www.stopfgmc.org.
- A resource for academics and researchers on harmful traditional practices can be found at www.fgmnetwork.org. It is part of the FGM awareness and education project of the US National Organization of Circumcision Information Resource Centers.
- The International Centre for Reproductive Health at the University of Ghent, Belgium, has been at the forefront of research on FGM in Europe: www.icrh.org.
- GAMS, a women's group in Europe working for the abolition of FGM and other harmful practices has a site at <http://perso.orange.fr/..associationgams/> (France) and at www.gams.be (Belgium).
- The African benevolent association RAINBO works with international donors and agencies to provide technical support and advice on FGM. Its website address is www.rainbo.org.
- The German Organisation for Development Aid (GTZ) has an English-language version of its site, which includes around 100 documents on FGM, at www.gtz.de.
- The US clearing house for information on circumcision, the National Organization of Circumcision Information Resource Centers, acts as an umbrella group for more than 100 centres worldwide. Its site includes education materials, bibliographies and links to affiliated organisations: www.nocirc.org.

- The American NGO Tostan is based in Senegal, West Africa, and has provided a number of good practice examples of rights-based actions that have been evaluated by international agencies: www.tostan.org.
- A number of United Nations and inter-governmental agencies work in areas related to FGM and/or gendered or other violence. The World Health Organisation (WHO) site has a bibliographic database, fact sheets on FGM, guides for teachers, students, nurses and midwives, an information pack detailing rulings on FGM in Islam and more: www.who.int/topics/female_genital_mutilation/en. The United Nations Children's Fund, UNICEF: www.unicef.org, the UN Development Fund for Women, UNIFEM: <http://www.unifem.org/> and the UN Population Fund, UNFPA: www.unfpa.org also have sections devoted to harmful traditional practices.
- The actions of the United Nations Special Rapporteur on traditional practices affecting the health of women and children are administered through the Office of the United Nations High Commissioner for Human Rights. The Special Rapporteur submits an annual report to the UN General Assembly: www.ohchr.org and www.un.org.

Selected bibliography

Honour-related violence

- Biehl, Jody K. 'The whore lived like a German', *Der Spiegel*, 2 March 2005
- Burk, Robin 'Honour-related violence: The feminist response', *Winds of Change*, 6 March 2005. Website: www.windsofchange.net
- Glazov, Jamie 'Symposium: Murdering women for 'honour'', *Front Page Magazine*, 10 June 2005. Website: www.FrontPageMagazine.com
- Government Offices of Sweden *Combating patriarchal violence against women – Focusing on violence in the name of honour*, report from the international conference (7-8 December 2004), Ministry of Justice and Ministry of Foreign Affairs, Stockholm 2005. Website: www.sweden.gov.se or www.regeringen.se
- Government Offices of Sweden *Patriarchal violence – An attack on human security*, Government Offices of Sweden, Stockholm 2005
- McCracken, Patti 'Honour killings in Europe', *San Francisco Chronicle*, 24 July 2006
- Mojab, Shahrzad 'Honour killing: Culture, politics and theory', *Association for Middle Eastern Studies Review*, Vol. XVII, Nos. 1/2, Spring/Summer 2002. Website: www.amews.org
- Nickerson, Colin 'For Muslim women, a deadly defiance', *Boston Globe*, 16 January 2006
- Paterson, Tony 'How many more women have to die before this society wakes up?' *Daily Telegraph*, 27 February 2005. Website: www.telegraph.co.uk
- Rice-Oxley, Mark 'Britain examines 'honour killings'', *The Christian Science Monitor*, 7 July 2004. Website: www.csmonitor.com
- 'Europe tackles 'honour killings'', *BBC News*, 22 June 2004. Website: <http://news.bbc.co.uk>
- 'Europe grapples with honour killings', *Deutsche Welle*, undated. Website: www.dw-world.de

Female Genital Mutilation/Cutting

- Council of Europe *Resolution 1247 (2001): Female genital mutilation*. See: www.coe.int
- Diamantopolou, Anna *Female genital mutilation: What Europe should and can do* (speech), 29 November 2000, Brussels
- Dirie, Waris *Desert Children*, Virago Press, London 2005
- European Parliament *European Parliament resolution A5-0285/2001 on female genital mutilation (2001/2035(INI))*, OJ C77E/126
- ICRH *Legislation in Europe regarding FGM and the implementation of the law in Belgium, France, Spain, Sweden and the UK*, University of Ghent, Belgium 2002
- Leye, E., Bauwens, S. and Bjälkander, O. *Behaviour change towards female genital mutilation: Lessons learned from Africa and Europe*, ICRH, Brussels 2006

Leye, E. et al. 'Health care in Europe for women with genital mutilation' in *Health care for Women International*, Vol. 27, 2006, pp. 362-378

Momoh, Comfort (ed.) *Female genital mutilation*, Radcliffe Publishing, Oxford 2005

Popham, Peter 'Fury as Italians back female mutilation', *The Independent*, 29 November 2006

UNICEF 'Changing a harmful social convention: Female genital mutilation/cutting', *Innocenti Digest*, 2005

UNOCHA *Razor's Edge: The controversy of female genital mutilation* (IRIN web special), United Nations Office for the Coordination of Humanitarian Affairs, March 2005. See: www.IRINnews.org

WHO *Female genital mutilation: Programmes to date – what works and what doesn't*, World Health Organisation, Geneva 1999

WHO/UNICEF/UNFPA *Female genital mutilation: A joint WHO/UNICEF/UNFPA statement*, World Health Organisation, Geneva 1997

-- *FGM in Britain*, posted at www.feministing.com, 28 July 2006

-- *African migrants fight to curb female mutilation in Europe*, 29 November 2006, at www.afrol.com

-- *Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (the Maputo Protocol)*, 11 July 2003

Daphne projects related to harmful traditional practices and support to victims

FGM/C

1997-096-WC	Towards a consensus on FGM in the EU
1999-036-WC	Support to victims and potential victims of FGM
2000-334-W	Information resource for medical professionals and support staff on FGM
2001-028-WYC	Community methods to prevent FGM
2001-225-WYC	Mobilisation and empowerment against FGM
2001-247-C	Strategies to prevent FGM
2002-040-WYC	Training of community and religious leaders as trainers against FGM
2002-058-WYC	Legislation in Europe with regard to FGM
2002-163-WYC	European strategies to prevent FGM
2003-028-W	Field testing of all Daphne-supported tools to combat FGM, good practice identification, capacity building of organisations working against FGM
2003-099-YC	Comic for adolescent girls on FGM and forced marriage, and information campaign
2004-1-025-WYC	IFT I IN – Enlightenment: Promoting ethnic women's health and preventing FGM through new, creative and artistic ways
2006-1/150/C	Developing national plans of action (PoA) to eliminate FGM in the EU
2006-1/253/WC	Towards an improved enforcement of FGM legislation in Europe: dissemination of lessons learned and capacity building of actors

Patriarchal and family violence

1997-025-WC	Protection and prevention for girls and young women of Muslim origin against violence in their families
2000-092-W	Listening to Muslim women across Europe
2000-330-WC	Awareness raising on domestic violence against migrant women
2002-094-W	Heirat I: Vulnerability of women arriving in the EU for marriage
2002-181-WYC	Services and policies for minority women victimised by repeat perpetrators
2003-048-W	European mapping of honour-based violence, including forced marriage, early marriage, honour killings
2003-080-W	Heirat II: Protection and help for women migrating for marriage into the EU
2004-1-048-WY	Honour and shame: Socio-cultural, legal and public health-related aspects of violence against women in Europe
2004-2-052-W	Heirat III: Female marriage migrants: Awareness raising and violence prevention
2005-1-046-WY	Development of a prevention tool to combat violence against refugee women and girls in Europe
2005-1-226-W	Nonamus – Rights belong to every woman (<i>Namus</i> is a Farsi word meaning 'the protectiveness of men over the women in the family')

European Commission

Daphne Booklets: Issues and experiences in combating violence against children, young people and women
Harmful traditional practices

Luxembourg: Office for Official Publications of the European Communities

2007 – 24 pp. – 21.0 x 29.7 cm

ISBN 92-79-03123-6

© European Communities, 2007

Reproduction is authorised provided the source is acknowledged.

Printed in Belgium, July 2007

PRINTED ON WHITE CHLORINE-FREE PAPER

