



End the Cut

Female Genital Mutilation in
Sweden

act:onaid

 **After**
empowering women

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Female Genital Mutilation/Cutting

A Baseline Review on Policies, Laws, Services and Recommendations to Combat FGM/C

List of countries where FGM/C is practiced:

Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Ivory Coast, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Iraq, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Yemen.

Definitions

Female genital mutilation/cutting (FGM/C) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (WHO, 2017). There are four major types, and for this reason we can use the plural, feminine genital mutilations:

1. Type I or clitoridectomy: it is the partial or total removal of the clitoris.
2. Type II or excision: it is the partial or total removal of the clitoris and the labia minora.
3. Type III or infibulation: labia majora are cut causing a narrowing of the vaginal opening through the creation of a covering seal. Only a small opening is preserved for urine and menstrual flow. Vagina is preserved so virginity of the woman is guaranteed. Later, this type of mutilation sometimes requires the practice of de-infibulation, in which the area is again cut open to allow for sexual intercourse and childbirth.
4. Type IV: this includes all other harmful procedures such as pricking, piercing, incising, scraping and cauterizing the genital area of the woman.

SWEDEN

Population originating from countries where FGM/C is practiced



Source:
Compiled by authors based on Eurostat data (2015)

Sweden is one of the European countries with the largest population originating from FGM/C-risk areas. According to data available from Eurostat¹, the number of people originating from the 30 countries where the practice is most common, rose to 266,392 in 2015 of which 47% (125,343) are women. Furthermore, the number of girls under the age of 15

originating from FGM/C- practicing countries was 16,749.

Figures reveal that the population from FGM/C-practicing countries in Sweden has increased by 25% in 2015 compared to (213,181) in 2011.

The nationalities with the highest representation in Sweden are Iraqis with 130,178 people of which 46% are women, followed by Somalis with 57,906 of which 50% are women, followed by Eritreans with 21,827 of which 47% are women, followed by Ethiopians with 16,145 of which 50% are women. These four nationalities represent 85% (226,056) of the total migrant population originating from the 30 countries² where FGM/C occurs most frequently.

There are 111,605 people in Sweden from countries where the prevalence of FGM/C is equal to or higher than 68%, according to UNICEF definition. Out of which include 48% women. Therefore, there is a high probability among this migrant population of having suffered mutilation or being at risk. Additionally, the last figure includes 44% of women who originate from areas where the most serious type of mutilation, type III, is practiced.

1 <http://ec.europa.eu/eurostat/data/database>

2 https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf



Legal and policy framework

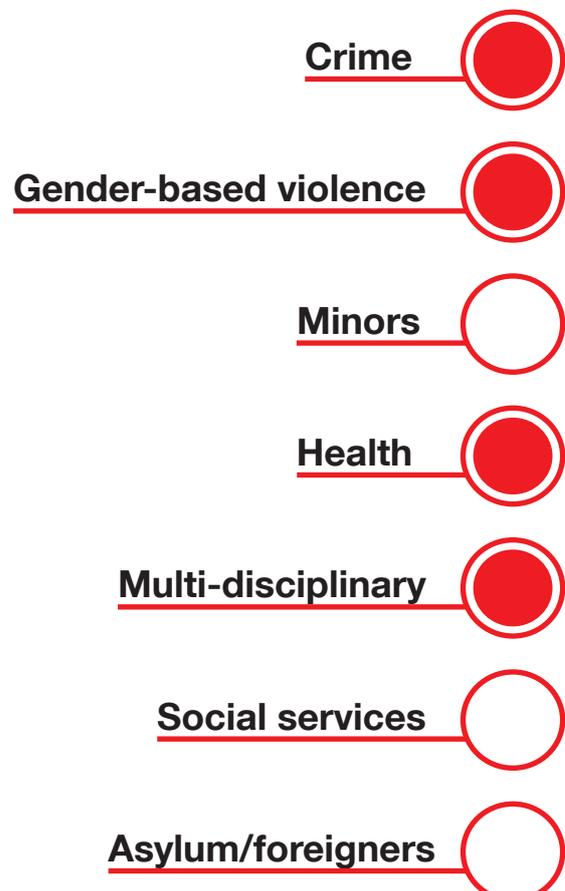
Sweden has four instruments in which FGM/C is explicitly mentioned. These instruments are developed in the penal, social services and gender-based violence contexts. From a penal perspective, Sweden was the first country where FGM/C was prohibited in 1982 (Act.1982:316, prohibition of circumcision of women). In 1998 this law was revised and terminology was subsequently changed from “female circumcision” to “female genital mutilation”, and more severe penalties for violations were imposed (Act.1998:407). The law was further reformulated in 1999, to allow for extraterritorial prosecution (removal of the principle of double incrimination) (Act: 1999:267).

In 2003 a National Plan for the Prevention of FGM/C was developed. Despite its importance, the national plan has not since been renewed.

With regards to the health context, the Swedish Board of Health and Welfare elaborated on some guidelines demanding the necessity of reporting cases of FGM/C, in 2002. These demands have put an end to the silence set by the Law of Social Services (2001:453) concerning FGM/C, as social services professionals are obligated to intervene if there is a risk. Furthermore, in 2003 a National Plan for the Prevention of FGM/C was developed. Despite its importance, the national plan has not since been renewed.

In the context of the fight against gender-based violence, an Action Plan for Combating men’s violence against women, violence and oppression in the name of honour and violence in same-sex relationships, was drawn up in 2007. FGM/C was included and considered a form of violence and oppression in the name of honour. The National Strategy for men’s violence towards women and violence related with honour and oppression (SOU 2015:55) in 2015 was a continuation of this strategy. This strategy highlights forced marriage and female genital mutilation as forms of violence against women and considers specific measures for the protection of victims and the prosecution of this practice.

Specific frameworks mentioning FGM/C



Measures for the prevention, protection and prosecution of FGM/C

Sweden has various measures in place for the prevention of, protection/assistance from and prosecution of FGM/C. Concrete measures have been developed on the issue of violence against women; (National Strategy for men's violence towards women and violence related with honor and oppression, SOU 2015:55) and health (Guidelines of Swedish Board of Health and Welfare, 2002). Moreover, the National Strategy establishes that every county in Sweden should receive concrete instructions on how to support victims in cases of violence against girls and women (FGM/C is explicitly included) and also indicates a specific annual budget for this overall purpose. Furthermore, in the Guidelines of Swedish Board of Health and Welfare, 2002 (SW4), training on FGM/C for professionals in the health sector is suggested as a preventive measure.

Among the measures for protection/assistance of victims, in accordance with the responsibility of the social services for providing support and assistance to FGM/C victims, social services are allowed to take a young person into care in cases where there is no other alternative to protect a minor from the risk of being mutilated.

Generally, citizens are obliged to report to social authorities if they know of, or suspect a case of FGM/C. This duty is a legal obligation for all authorities, professionals in schools, preschools,

healthcare centers and police institutions. In connection with the legal aspect, an official who fails to report such an instance commits breach of duty and may be prosecuted.

Moreover, as mentioned above, FGM/C is considered a crime in Sweden and offenders are subject to prison sentences of 2 to 10 years. Lastly, it is worth mentioning that there is a ministerial proposal (Ds 2001:1) included in the Action Plan for Combating men's violence against women, violence and oppression in the name of honor and violence in same-sex relationships, 2007. According to this plan, the statute of limitations period during which an offender can be prosecuted would be extended as FGM/C is usually performed when the victim is 5-year-old or older, so the period of legal prescription would start when the victim is 18 years old.

Cases of FGM/C prosecution

Sweden was the first European country to adopt specific legislation on FGM/C in 1982. However, it was not until 1998 that severe punishments are applied: two to four years in prison and up to 10 years if the crime endangered the life of the girl/woman.

Only two cases have been carried to tribunals in Sweden: Case no. B 3153-06 at Mölndal District Court (3 years), and Case no. B 5015-06 at The Court of Appeal for Västra Götaland (2 years).



Campaigns against FGM/C

Government campaigns

- 2015: National Board of Health and Welfare: online materials on FGM/C for training healthcare professions.
- 2013-2015 Östergötland, County Administrative Board led a campaign called Dare to see - A guide for the support, care and protection of girls and women who are, at risk of being genitally mutilated. The campaign offers educational videos, guideline information, hotline for professionals, templates for local action plans, informative meetings with municipalities and parents and girls/women affected by FGM/C.

CSOs campaigns

- 2014-2017: "It's about Love and Love is free". Save the Children

Budget and funding for fighting FGM/C

There is no specific budget that is solely designed to combat FGM/C.

Services

Specialised services for FGM/C

- AMEL-clinic in Söder Hospital (public): is the only clinic specialized in addressing FGM/C related issues in Sweden.
- Karolinska Hospital (public): offers the service of reconstruction surgery after FGM/C.
- Origo (public): offers hotline support to victims of honor-related oppression. Origo consist of social workers, police and midwives.

- RISK National Association for Ending Female Genital Mutilation (private): is a non-governmental organization working with grassroots and partner organizations to end FGM/C in Sweden and beyond. A partner organization called Female Integrity was set up in 1995 and both organizations have been working together to map out a future strategy to end the practice in Sweden. They also work closely with the Ethiopian Women's Association in Uppsala.
- Unga Kvinnors Värn (private): an NGO that offers social service and shelter for young people and women.



- Elektra (private): a project which is part of the youth organization Fryshuset. It offers support for girls and boys who live under honor-related violence and oppression, including FGM/C.

- Riksföreningen Glöm aldrig Pela och Fadime (GAPF) (private): a Swedish acronym for "Never Forget Pela and Fadime" is a secular, non-profit association working against honor related violence, it focusses on both men and women who are exposed to honor violence and their goal is to help and support those affected as well as being a source of information about honor-related violence in Swedish society.

Specialised services for FGM/C

Hotlines for girls/women who may be subject or subjected to violence, including FGM/C:

- Kvinnofridlinjen
- Linnamottagningen
- Systerjouren Somaya
- Terrafem

Recommendations

- Correctly identifying the communities where FGM/C is practiced is essential to carrying out an effective prevention and working towards its eradication. Furthermore, together with nationality or country of birth, which are the most frequent data collected, it is essential to incorporate data on the ethnic group to which women and girls belong to.
- To implement measures for the improvement of research.
- To keep track of FGM/C cases in health records.
- To develop policies to prevent FGM/C and guarantee protection to the victims and FGM/C-asylum seekers.
- To incorporate gender, intercultural and human rights perspectives to policies.
- To design and implement comprehensive plans/policies. To create mechanisms for the co-ordination of different services and units which offer assistance to FGM/C victims, as well as the co-ordination of CSOs with experience of this type of work and those who support populations which might be at risk.
- To put into practice effective procedures and evaluate the level of implementation of the policies, laws and services and the quality of their functioning, and to allow public access of the results of these evaluations.
- To mention FGM/C more explicitly and to develop specific regulations and plans in the context of the protection of minors. An alternative to these specialized regulations would be to incorporate FGM/C in the basic articles of the existing instruments in the context of minors, similar to the regulation of gender-based violence. This would be helpful to reduce the limitations in the application of the existing regulations in the context of minors.
- To develop a new action plan to ensure continuity of the previous one from 2003 and to improve those measures which have been inefficient.
- Specialized services and resources are needed across the country to guarantee the access by those who are in need for them.
- To set up co-ordination protocols to promote the collaboration among existing services, both public and those offered by different NGOs.
- Greater efforts in the dissemination of the existing resources among the population to facilitate the access for the affected population.
- To allocate clear, sufficient and sustainable funding to implement legislative changes, to develop policies on FGM/C in all its dimensions and to set up pertinent services and resources.



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