

Contribution by the

FEDERAL REPUBLIC OF GERMANY

to the report on good practices and major challenges in preventing and eliminating female genital mutilation, pursuant to the HRC resolution 27/22

1. Can the Member State provide information on what it considers to be good practices in preventing and eliminating FGM?

In 2009, based on a decision adopted by the *Bundestag*, the Federal Government set up a Federal Government-Laender-NGO Working Group on eliminating female genital mutilation. The members include representatives from six federal ministries: the German Foreign Office, the Ministry of the Interior, the Ministry of Justice and Consumer Protection, the Ministry for Family Affairs, Senior Citizens, Women and Youth, the Federal Ministry of Health and the Ministry for Economic Co-operation and Development, as well as staff from the Federal Government Commissioner for Migration, Refugees and Integration, the Laender, the German Medical Association and a delegation of NGOs.

The recommendations contained in the EU Commission's Communication on combating female genital mutilation provide the basis for the Working Group's work. The Communication contains various measures to combat female genital mutilation including: gaining a better understanding of the aspects of the female genital mutilation problem in the EU as a whole; promoting long-term social change so as to prevent this mutilation; supporting Member States in effectively prosecuting female genital mutilation and providing protection for women at risk on EU territory. The task of the Working Group is to develop strategies to implement these measures. In 2015, it will be focusing primarily on collecting reliable statistical data and conducting a meta-analysis of the support landscape for women and girls affected by or at risk of female genital mutilation. These data are to be used to develop a tool for need and demand analysis.

Girls who are at risk of female genital mutilation are protected by the Federal Child Protection Act which stands for active and effective child protection. For example, when they are in acute danger, children have their own right to counselling by the Youth Welfare Office. Networking possibilities have also been strengthened. For example, in cases where a child's welfare is endangered, doctors are no longer bound by their oath of confidentiality. The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth funds a Federal Early Assistance Initiative for parents and children experiencing a stressful situation in their life, from pregnancy and through the first three years of the child's life. The initiative envisages a close relationship between children and young people and the health care system. Particularly family midwives often have a trusting and unencumbered relationship with, and therefore easy access to, families. Thus they are able to work intensively, at an early stage, with pregnant women or young parents and their children. While doing so, it is possible for them to be on the lookout for aspects of female genital mutilation.

The measures undertaken by the Federal Ministry of Health against female genital mutilation focus primarily on awareness-building and the mobilisation of health care professionals. On the initiative of the Federal Ministry of Health, for example, the German Medical Association drew up the 'Recommendations on the Management of Patients with a History of Female Genital Mutilation' in 2006. In 2012, the latter were revised and updated, then published in German and English. Both language versions can be found, *inter alia*, on the website of the Federal Ministry of Health.

In addition, the Women's Health Portal (www.frauengesundheitsportal.de), which is operated by the Federal Centre for Health Education (*BZgA*), an executive agency of the Federal Ministry of Health, gives a comprehensive overview of the problem under different areas of interest (violence, migration, research on women's health and political strategy) while providing useful information.

In 2009, the Federal Centre for Health Education published a booklet drafted in simple language. The prevention kit 'Body Knowledge and Contraception' targets both professionals, such as doctors, counsellors, members of the teaching and education professions, as well as midwives and men and women from different cultural backgrounds. Under the title "So-called circumcision/genital mutilation", the incidence, the various forms and the health impact of genital mutilation are described and attention is drawn to the fact that these are prohibited by law.

As long as they are ensured with the statutory health insurance, women and girls who are victim of genital mutilation receive the appropriate health treatment that they need to heal the disorder, to prevent it from worsening or to alleviate related symptoms (Section 27 sub-section 1 sentence 1 of the Social Code Book V). This includes all of the health care measures needed to treat these women and girls for all of the physical and psychological sequelae of female genital mutilation that require treatment. In October 2013, female genital mutilation was incorporated into the medical diagnosis codes and, as a result, is classified within the German statutory health insurance's reimbursement system.

According to the German Association of Private Health Insurance Funds (*Verband der Privaten Krankenversicherungen e.V.*), the private health insurance covers treatment if the mutilation renders medical treatment necessary. Female genital mutilation is not treated differently from other insurance cases.

All other persons with a history of genital mutilation (refugees, asylum-seekers, refugees whose deportation has been temporarily suspended, illegal immigrants) receive medical benefits, where required, pursuant to the Act on Benefits for Asylum Seekers.

In criminal law, the 47th Criminal Law Amendment Act of 24 September 2013, which entered into force on 28 September 2013, introduced new provisions making female genital mutilation a separate criminal offence in section 226a of the German Criminal Code (StGB). In contrast with the offence of (dangerous) bodily harm, the new provision provides for a greater sentencing range of 1 to 15 years' imprisonment. This reclassified the offence of genital mutilation as a felony. Furthermore, based on this range of penalties, criminal offences pursuant to section 226a of the Criminal Code are subject to a statutory limitation period of 20 years (section 78 (3), no. 2 of the Criminal Code).

In addition, criminal liability pursuant to section 226 of the Criminal Code can be considered in special cases, for example those in which the victim loses the ability to reproduce as a result of the offence. The parents of a victim aged under 18 will generally also be liable for the offence of "ill-treatment of individuals placed in the charge of another" pursuant to

section 225 of the Criminal Code (imprisonment of 6 months to 10 years). The introduction of section 226a of the Criminal Code brought two further changes: Section 78b (1) no. 1 of the Criminal Code, which governs the stay of the limitation period until the victim has reached the age of 21, was adapted to the new offence of section 226a of the Criminal Code. The rule in section 78b (1), introduced in 2009 to include female genital mutilation even when FGM was not defined as a separate offence, has been replaced with a reference to the new offence and thus simplified. Criminal procedure law was also adjusted: The victims of genital mutilation are permitted to join the public prosecution as private accessory prosecutors; upon motion, they are to be provided with an attorney as legal counsel.

Section 226a of the Criminal Code also applies to acts committed abroad to the extent that there is a domestic contribution to the offence, e.g. in cases where parents who remain in Germany send their daughters to a foreign country for their genitals to be mutilated, or do not prevent such travel. It is also applicable to offences committed abroad where the victim or perpetrator is German, or if the perpetrator is a foreigner discovered in Germany and has not been extradited, and the offence is punishable at the place of commission.

On 14 November 2014, an Act to Amend the Criminal Code – On the Implementation of European Provisions on Criminal Law for Sexual Offences (Bundestag printed paper 18/2954) – was finally adopted by the German Bundestag. This Act – after adoption by the Bundesrat – is set to enter into force by the end of the year. The Act foresees, inter alia, an increase in the age limit for the stay of the limitation period from 21 to 30, including for victims of FGM offences. Furthermore, this bill provides for the application of German law to offences committed abroad pursuant to section 226a of the Criminal Code irrespective of the law applicable at the place of commission if the offender is German or if the victim is domiciled or has her habitual place of residence in Germany.

2. Can the Member State provide information on what it considers to be the major challenges in preventing and eliminating FGM.

One of the major challenges in preventing and eliminating FGM is the fact that FGM is deeply rooted in traditions and religious beliefs and hence is considered to be a social/religious/cultural obligation. To overcome this traditional belief, a decentralised and intensive engagement with the communities concerned is needed. Supporting social change within communities is also crucial in order to improve the acceptance and implementation of laws against FGM.

The greatest current challenge is the paucity of surveys to collect data on women and girls affected by, or at risk of, female genital mutilation.

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth is planning a study that is to develop a reliable method for collecting data to provide the required information. The research is being conducted in close co-operation with the Ministry of the Interior. In this process, the results of the EIGE study on data collection methods with respect to female genital mutilation within the European Union are also to be taken into account.

The second challenge is that no complete information is available on the support landscape in Germany to date.

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth will be conducting a meta-study on this subject. The results will be used to determine and analyse the needs that have not yet been met.

3. Where applicable has the member state identified good practices in building the capacity through promoting self-learning, training, and mentoring of key persons and professionals from the health, social, education, judicial, law-enforcement, migration and asylum sectors in responding to the specific needs of girls and women at risk of FGM or affected by FGM?

As part of its annual further training programme, the German Judicial Academy (Deutsche Richterakademie) – a trans-regional in-service training provider for judges and public prosecutors from throughout Germany, funded jointly by the Federation and the Länder – consistently offers seminars on the complex issue of victim protection and all the questions surrounding it. These programmes also pursue interdisciplinary approaches, such as communication with particularly vulnerable victims. Courses with titles such as Issues of Victim Protection, Dealing with Victims of Sexual Violence during Criminal Proceedings and Domestic Violence (Criminological, Family-law and Criminal-law Aspects of a Complex Issue) are now a standard feature of the annual programme. The large numbers of participants in these seminars demonstrates the high level of interest in these issues among judges and prosecutors. Furthermore, the Länder also offer a large number of further-training seminars of their own.

In cases of threatened or already committed female genital mutilation, those affected or their relatives can turn to the National Violence against Women Helpline, which is financed by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. The helpline is open on a 24-hour basis and provides a direct connection to interpreters in over 20 languages. The psychologists there have been trained in the area of female genital mutilation by an NGO and are able to put the women through to the competent bodies.

4. Where applicable, has the Member State identified good practice in providing assistance by means of technical cooperation and the exchange of information concerning administrative, legislative and judicial and non-judicial measures to address FGM, as well as experiences and best practices regarding data collection to map prevalence and incidence rates among various groups inside the country?

a) Measures of technical cooperation

Since 1999, Germany has implemented programmes and measures aiming at ending FGM, amongst other through a supra-regional and global programmes. Programmes and measures follow the holistic human rights-based, multi-level and multi-sectoral approach of German development policy.

Germany regards it as important to contribute to global efforts to ending FGM based on a common understanding. Therefore, Germany contributes to the UNFPA-UNICEF Joint Programme on FGM/C.

Furthermore the role of civil society is essential. Therefore, Germany gives financial support to several projects of German non-governmental organisations tackling the issue of FGM in the countries where the practice is common.

Germany has adopted a holistic multi-level and multi-sectoral approach that addresses the various social and political aspects of FGM. Thus, German development cooperation has assisted its partners in taking measures and instruments regarding education, awareness raising and dialogue at direct target-group level, moreover, it has assisted in the development of capacity of institutions and organisations, and in giving policy advice at national level in countries of high prevalence.

Since FGM is a practice deeply rooted in traditional beliefs and social norms, Germany has supported the adoption and implementation of measures to promote collective social change. This includes collaboration with key actors – who play a major role as opinion leaders – such as religious and traditional authorities, health personnel or teachers, and civil society organisations. The following examples highlight good practices of Germany's efforts concerning the capacity development of key actors in ending FGM.

- Example: supporting community based dialogues to foster social change

If social change leading to the end of female genital mutilation is to be possible, people have to perceive it as an opportunity and not as a threat. German development cooperation has developed the intergenerational dialogue which is a participatory method for ending FGM. It goes beyond IEC campaigns (information, education, communication) and aims for concrete changes in behaviour. The method is built around a moderated, respect-based dialogue process across sexes and generations and is specifically designed to empower target groups to change their behaviour by strengthening their ability to take action.

These skills are subsequently put to the test using binding, dialogue-driven pledges in which the different generations and sexes undertake to make realistic efforts to change.

The intergenerational dialogue has been used in several countries, Independent evaluations have demonstrated that this method has led to changes in attitudes and behaviours.

(Further information:

<http://www.giz.de/fachexpertise/downloads/Fachexpertise/giz2011-en-fgm-gen.pdf>).

- Example: Capacity development of key actors in Guinea

In Guinea, German development cooperation has worked with a range of key actors. On national level, the development of a national strategy against FGM (Plan Stratégique National de l'Abandon des Mutilations Génitales Féminines, 2012-16) was supported, amongst others by enhancing the networking capacities of the involved stakeholders (state and non-state organisations, UNFPA, UNICEF, international organisations and religious leaders). The issue of the medicalization of FGM was addressed in the context of the work on reproductive health. Here, initiatives were being developed in dialogue with medical staff to promote FGM-free health centres. Furthermore, the dissemination of legal texts and the capacity development of police and judicial personnel were supported. Accompanying measures were implemented on micro-level through projects that promote behaviour change, such as Generation Dialogues as well as the integration of the topic of FGM into sexual education classes or the establishment of school clubs.

- Example: Dialogue and collaboration with religious leaders in Mauritania

Religious leaders are important key actors in the efforts to abandon FGM. Germany thus encourages the dialogue and the networking with religious leaders on the issue. German development cooperation has supported religious authorities in Mauritania in the development of a model sermon and a collection of arguments against FGM based on religious documents. In February 2013, on the occasion of the International Day "Zero Tolerance against FGM", the sermon and argumentary were officially launched and distributed to 500 imams, for use at the local level. These measures were accompanied by radio broadcasts about FGM and Islam in local languages.

(<http://www.giz.de/fachexpertise/downloads/Fachexpertise/giz2013-en-fgm-islam.pdf>)

- Example: Capacity development of regional key actors

Working with local, regional and international networks plays an important role in ending FGM. Germany thus supports the capacity development of networks and organisations such as the supraregional non-governmental organisation Women in Law and Development in Africa (WiLDAF). Due to this support, WiLDAF could accelerate the process of ratifying the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) in Sierra Leone where the involved state and non-governmental stakeholders have drafted an action plan to prepare ratification. WiLDAF was further enabled to address the implementation of the Maputo-Protocol during the 54th session of the African Commission on Human and Peoples' Rights (ACHPR) in Banjul in October 2013.

- Example: Education- Integration of FGM in school curricula in Burkina Faso

Education is essential in shifting values and beliefs, hence in preventing and abandoning FGM. Children who are aware of their rights are later more likely to assert and to respect these and oppose harmful practices. Therefore, Germany contributes for instance in Burkina Faso to the integration of the topic of FGM into school curricula, both on primary and secondary level, in combination with appropriate professional training for teachers. Supporting the capacity development of teachers and further key groups, with regard to FGM, is crucial, since dealing with the topic of FGM requires not only knowledge about the issue and appropriate teaching materials but also considerable sensitivity as well as moral leadership from key actors. Besides these aspects, the trainings focuses furthermore on the use of participative teaching and learning techniques respectively (for example role playing games, contests, surveys) which invite students to get actively involved in a mutual exchange, as well as to acquire and defend their own opinions.

Germany also supports the Burkina Faso-wide campaign to accelerate the inclusion of the topic of FGM into the national curricula, which is led by a National Coalition composed of key experts and specialists, non-governmental organisations, associations and networks as well as relevant governmental departments and agencies. (Further information: <http://www.giz.de/fachexpertise/downloads/Fachexpertise/giz2013-en-fgm-education.pdf>)

(As to the integration of FGM in formal and informal education, German development cooperation has gathered experience in Mali. For further information: <http://www.giz.de/fachexpertise/downloads/Fachexpertise/giz2013-en-fgm-education-GenDia-Mali.pdf>)

b) Promoting international and national exchange of information/good practices

The German government acknowledges the importance of establishing synergies between national and international stakeholders and of exchanging information and experiences on abandoning FGM both in national and international networks. Germany is active member of the international Donors Working Group on FGM/C (DWG) where donors and international organisations share good practices and have developed a common systematic approach and standards towards abandoning FGM. In November 2014, Germany and the European Commission co-hosted the DWG's annual meeting in Berlin.

c) Promoting data collection and research

The German government acknowledges the need for more detailed and sound data on FGM, for example regarding prevalence in Asia or the impact of successful interventions and strategies on FGM.

In addition to the impact monitoring and evaluation conducted in the programmes and projects of German development cooperation, Germany has been supporting preparatory activities for the creation of a University Chair on Harmful Traditional Practices with a focus on FGM at Geneva University. The chair is supposed to conduct among others research on the economic and social impact of FGM as well as legal measures to prevent the practice and its medicalization. A particular emphasis will be placed on establishing a knowledge sharing and cooperation network with other universities and research institutions working on the topic of FGM, for example in Kenya and Burkina Faso or in European countries.