



Prevention, care, protection and intervention in female genital mutilation/circumcision in Switzerland

Recommendations and Best Practice

EXECUTIVE SUMMARY

Josefin De Pietro

Andrea Graf

Christina Hausammann

Brigitte Schnegg

Sanna Voegeli

Bern, March 2014

Schweizerisches Kompetenzzentrum für Menschenrechte (SKMR)

Centre suisse de compétence pour les droits humains (CSDH)

Centro svizzero di competenza per i diritti umani (CSDU)

Swiss Centre of Expertise in Human Rights (SCHR)

Schanzeneckstrasse 1, 3001 Berne

Tel. +41 31 631 86 55, evelyne.sturm@skmr.unibe.ch

On behalf of the Federal Office for Migration and the Federal Office of Public Health within the framework of the National Programme on Migration and Health

Over 125 million circumcised girls and women live in the 29 countries in Africa and the Middle East where female genital mutilation/circumcision (FGM/C) is practised. The number of girls and women living in Switzerland who have been or are at risk of being circumcised is currently estimated at around 10,000, and is mainly the result of persistent migration.

Following the enactment of the Roth-Bernasconi parliamentary initiative (2005), Switzerland has specifically prohibited all forms of genital mutilation since 1 July 2012 under Art. 124 of the Swiss Criminal Code (SCC). In parallel, the Roth-Bernasconi motion (2005) requires the implementation of prevention, care, protection and intervention measures in the field of FGM/C. The competent agency, the Federal Office of Public Health (FOPH), together with the authorities and non-governmental organisations active in the field of FGM/C, has therefore set up the **National Working Group Against Female Genital Mutilation** (WG FGM), which brings together the existing expertise on the subject in Switzerland and guarantees the exchange of information. The FOPH, in collaboration with the Federal Office for Migration (FOM), has commissioned several studies and, in particular, has asked the Gender Politics Cluster of the Swiss Centre of Expertise in Human Rights (CSDH) to draw up recommendations covering the prevention of FGM/C, care measures for victims of FGM/C and protection and intervention where there is a risk of FGM/C.

Firstly, and within the framework of the present study, an overview has been prepared of the existing recommendations, which have been classed by target group and prioritised. Secondly, an important and extensive **consultation process** has been put in place, during which the recommendations were validated by the experts. The specialists who participated in this consultation process together represent all the stakeholders who are confronted with the issue of FGM/C (the health, education, child and youth welfare, social assistance, integration, migration and asylum fields, as well as the courts and the police). Furthermore, representatives of the migrant communities in which FGM/C is practised were present at every consultation. The interpreters and intercultural mediators played a particularly important role in this process by acting as multipliers of knowledge and attitudes. The conclusions of the five consultation procedures were subsequently evaluated in detail and form the basis for a series of strategic and operational recommendations that the FOPH and FOM are issuing as results. The process of identifying shortcomings during the consultations has been less conclusive, since the participants were unable to reach agreement on exactly what should constitute good practice.

The **strategic recommendations** are primarily intended for the Swiss Confederation and the cantons. They identify the most important demands formulated by the various professional groups and experts from migrant communities and conclude with a recommendation on the development of a national strategy for prevention, care, protection and intervention in the field of FGM/C. A national and global strategy should continue the measures that have been successfully implemented in the past, and supplement and develop these in a targeted manner. Measures that are particularly recommended include community-based prevention, detailed documentation and a comprehensive information portal on the subject of FGM/C, coordinated prevention work in the asylum procedures field and definition of the responsibilities and corresponding procedures in the work on protection and intervention. Another important strategic recommendation concerns the integration of the issue of FGM/C in initial and in-service training courses for experts who have to deal with cases of FGM/C and who are potentially in a position to prevent them.

The **recommendations for implementation** refer 1. to the work on awareness-raising and prevention, 2. to the care of individuals who have to deal with FGM/C and 3. to measures in the field of protection and intervention. While the recommendations for implementation differ for the various target groups, many of the recommendations are relevant to all groups. The conclusions

have highlighted the essential role played by the monitoring of procedures that take account of the needs of migrant communities and individuals affected by FGM/C, avoid stigmatisation, take on board the intimate nature of the subject and adopt appropriate sensitivity. Another important principle is the consideration of each context and the involvement of the multipliers, for which the corresponding resources should be made available so that their valuable work can be remunerated appropriately and without discrimination. Finally, the long-term goal of all operational measures should be to bring about a change in behaviour.