

LEGAL FRAMEWORK

International and European conventions

Denmark has ratified various international conventions condemning FGM, including the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Rights of the Child (CRC), the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) and the Charter of Fundamental Rights of the European Union (2010/C 83/02).

Criminal law

Since 2003, there is a specific criminal law provision on FGM, namely, section 245a of the Penal Code. The law is applicable to any procedure that involves removing parts of the female external sex organs (clitoridetectomy, excision, infibulations) whether or not this happens voluntarily or by force. The general provisions of the Danish Code of Criminal Law cover 'attempt to' and 'participation in' whereas 'performance' is described in the specific law. The principle of extraterritoriality is applicable, making FGM punishable even if is committed outside the country.

Child protection law

General child protection laws could be applied in cases of FGM through the Law on Social Services, section 58 that allows removing the child from the family and suspension of parental custody.

Asylum law

The Aliens Act, section 7.2 stipulates the possibility of granting asylum as 'a refugee with protection status' in



case of reasonable risk of inhuman and degrading treatment, including FGM.

Professional secrecy law

In Denmark, general laws with regard to professional secrecy and disclosure may be used to report cases of performed or planned FGM. It follows from section 154 of the Act on Social Services that any person who learns or becomes aware that a child or young person under the age of 18 is being neglected or abused by their parents or other persons involved in their upbringing, or who is living under conditions endangering their health or development, shall notify the municipal authorities. Based on section 153, persons involved in public service positions or professionals who become aware, during the course of their work, of factors giving rise to the presumption that a child or a young person

About the study

In order to contribute to identifying and filling the gaps in prevalence data collection and support the development of strategies for combating female genital mutilation (FGM), the European Institute for Gender Equality has commissioned the 'Study to map the current situation and trends of female genital mutilation in 27 EU Member States and Croatia'. The study was launched at the request of Viviane Reding, Vice-President of the European Commission. It was conducted by the International Centre for Reproductive Health (ICRH) of the Ghent University and Yellow Window Management Consultants (a division of E.A.D.C.).

The desk research in the 27 EU Member States and Croatia and the in-depth research in nine EU Member States brings about the first collection of information and data, legal and policy framework, actors, tools and methods in the area of FGM in the EU. The different national approaches to tackle FGM in the EU were analysed and compared in order to identify practices with potential in prevention, protection, prosecution, provision of services, partnership and prevalence.

The data provided in this publication were collected through desk research conducted between December 2011 and April 2012. More information and references about the study are available at: eige.europa.eu

INDICATOR COUNTRY	FGM prevalence studies	Asylum granted on FGM grounds	Specific criminal law provision on FGM	National action plan covering FGM	FGM-related child protection interventions	Hospital/medical records of FGM
BELGIUM	✓	✓	✓	✓		✓
BULGARIA						
CZECH REPUBLIC						
DENMARK			✓	✓	✓	
GERMANY	✓	✓				
ESTONIA						
IRELAND	✓	✓	✓	✓		✓
GREECE				✓		
SPAIN			✓	✓	✓	
FRANCE	✓	✓		✓	✓	✓
ITALY	✓	✓	✓	✓	✓	
CYPRUS			✓			
LATVIA		✓				
LITHUANIA		✓				
LUXEMBOURG						
HUNGARY	✓	✓				
MALTA						
NETHERLANDS	✓	✓		✓	✓	✓
AUSTRIA		✓	✓	✓		
POLAND						
PORTUGAL				✓		✓
ROMANIA		✓				
SLOVENIA						
SLOVAKIA		✓				
FINLAND				✓	✓	
SWEDEN		✓	✓	✓	✓	✓
UNITED KINGDOM	✓	✓	✓	✓	✓	✓
CROATIA			✓	✓		

What is female genital mutilation?

- Female genital mutilation (FGM), also known as female genital cutting, is a form of gender-based violence. It comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.
- Female genital mutilation has negative effects on the health of women in the short, medium and long term and may even lead to death. It is carried out for both cultural and social reasons. Religious arguments tend to be used to justify the practice but there is no religious mandate for it.
- According to UNICEF, FGM is practised in more than 20 African countries spreading between Senegal in the west and Somalia in the east.
- Although overall figures are difficult to estimate, thousands of women and girls residing in the European Union may have been genitally mutilated or are at risk of FGM.
- The EU institutions and the Member States are committed to fighting FGM, as it is shown in the Commission's 'Strategy for equality between women and men (2010–2015)'. The Daphne III programme has played a crucial role in putting FGM on the agenda in several EU countries and in providing financial support for the implementation of transnational projects in this field.
- The European Parliament resolution of 14 June 2012 on ending female genital mutilation clearly stipulates that 'any form of female genital mutilation is a harmful traditional practice that cannot be considered part of a religion, but is an act of violence against women and girls which constitutes a violation of their fundamental rights'. The European Parliament calls on the Member States to take a firm action to combat this illegal practice.

under the age of 18 is in need of special support, are particularly obliged to notify the authorities. No disciplinary sanctions are imposed in case of non-reporting.

POLICY FRAMEWORK

The National Board of Health of Denmark started dealing with the issue of FGM as early as 1981, by issuing a statement that no health professional should perform FGM. In 1996, some political parties requested a specific criminal law on FGM. A number of guidelines were published by the authorities, among others, the national guidelines on FGM prevention by the National Board of Health (1999) and guidelines for various professionals by the Ministry of Children and Education (2003). This policy document of the Ministry of Children and Education provides information and guidelines for health professionals, social workers and teachers on how to act when they come across a girl at risk of FGM or a girl who has already been subjected to FGM. Denmark is one of eight countries that have developed a specific action plan on FGM. The 'Danish National Action Plan 2009-2010' was developed by a number of civil society organisations and coordinated by the Somali Women's Organisation in Denmark, within the framework of the Daphne project 'Developing National Action Plans to Prevent and Eliminate Female Genital Mutilation'.

The Ministry of Health and the National Board of Health supported the National Action Plan (NAP), but were not officially responsible for its implementation. Neither an implementing agency nor a budget was allocated for its implementation. The NAP sets out strategies, target groups, and responsible actors to deal with FGM. However, so far there has been no follow-up of the National Action Plan.

PREVALENCE OF FGM IN THE COUNTRY

The studies on FGM in Denmark focus on the consequences of FGM for women or on the implementation of legislation, but they do not concern the prevalence of FGM. Statistical data about the population from those countries where FGM is practised can be obtained from the national statistical office (Statistics Denmark). In 2011, 15,116 female migrants and their daughters were registered as living in Denmark, most of them from Somalia (8,220). Of these, 5,873 are girls between 0 and 18 years old, the majority of them from Somalia (4,128). These statistics do not provide any information on the number of women victims of FGM in Denmark, and they do not include refugees, asylum seekers or undocumented migrants.



Facts

- Denmark began to develop its FGM policy in the early 1980s, when the National Board of Health issued a statement that health professionals should not perform FGM. The 'Danish National Action Plan 2009 2010' was developed under the Daphne project 'Developing National Action Plans to Prevent and Eliminate Female Genital Mutilation'. In addition, guidelines aimed at protecting and providing care for minors were developed by the Ministry of Children and Education (2003).
- In Denmark, both public bodies and civil society organisations are actively involved in combating FGM. Two actors having FGM as their focus were identified: a civil society organisation working on the elimination of FGM, and a network of researchers from the Nordic countries.

Figures

- In 2011, approximately 15,116 women living in Denmark originated from countries where FGM is performed. The majority of these women come from Somalia. The number of women who have actually undergone FGM is unknown.
- There is evidence that one asylum request was based on FGM, but asylum was not granted.
- One FGM case has been brought to court in 2008, covering both criminal and protective procedures.

About the European Institute for Gender Equality (EIGE)

The European Institute for Gender Equality is the EU knowledge centre on gender equality.

EIGE supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all Europeans and beyond, by providing them with specific expertise and comparable and reliable information on gender equality in Europe.

More information: eige.europa.eu

Neither the European Institute for Gender Equality nor any person acting on its behalf can be held responsible for the use made of the information contained in this publication.



eige.europa.eu

ISBN 978-92-9218-241-0 doi:10.2839/75831





