

Current situation and trends of female genital mutilation in Sweden



LEGAL FRAMEWORK

International and European conventions

Sweden 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 (CFREU). Sweden has also signed the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (CETS No. 116).

Criminal law

Since 1982, female genital mutilation has been explicitly prohibited in Sweden. This rule is primarily contained in the Act Prohibiting the Genital Mutilation of Women (1982). According to the wording of the Act, an operation may not be carried out on the outer female sexual organs with a view to mutilating them or bringing about some other permanent change in them, regardless of whether or not consent has been given for the operation. Those attempting to perform, prepare or complete commit the offence if female genital mutilation are punishable, as is a party who fails to report female genital mutilation. The principle of automaticity is applicable, making FGM punishable even if it is committed outside the country.

Child protection law

General child protection law could be used in cases of FGM, namely the Social Services Act (2002), the Law of Young Persons (Special Provisions) Act (1990), and the Act regarding Special Representation for a Child (1996). With the aim of clarifying the applicability of the Social Services Act in relation to FGM, the Swedish Board of Health and Welfare issued guidelines (2002) for officials in the social sector concerning actions and measures in a variety of situations. If there is an impending risk that FGM is about to be performed, if the parents have positive views on FGM, and if there is a suspicion that FGM has been performed, social service interventions for children and young people must primarily be provided in a voluntary form with the support of the Social Services Act. It is only where this is not possible, that the Care of Young Persons (Special Provisions) Act (SFS) can be applied. LSI is a supplementary protective act, which regulates the circumstances in which a young person can be taken into care or protective custody without their consent. LSI is used where the young person has a need for care or protection which cannot be

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 Valérie 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 in division of I.A.D.C.

The desk research in the 27 EU Member States and Croatia and the in-depth research in one EU Member State 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 or proven impact, prevention, protection of services, partnership and prevalence.

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

Downloads



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Dagsläget i fråga om kvinnlig könsstympning i Sverige

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