



Scientific Analysis and Advice  
on Gender Equality in the EU

**Seminar report**

***Gender-Based Violence:  
Harmful Practices Against Women and Girls***

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# ABOUT

This report summarises the SAAGE hybrid seminar held on 20 June 2022 in Brussels.



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# INTRODUCTION

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**Karen Vandekerckhove, Head of Unit, Gender Equality Unit of DG JUST, European Commission, opened the seminar with an introduction to the current ambitions of the European Commission in this policy field.**

The European Commission has recently adopted a proposal for a directive on combating violence against women and domestic violence. The proposal includes a focus on issues of harmful practices, specifically FGM/C, in the context of the criminal law. It has now started work on a Recommendation specifically on harmful practices. Work to-date has included a call for evidence, stakeholder focus groups, and this expert seminar.

The Recommendation will complement the proposal for a Directive. In particular, the Recommendation will encourage Member States to address issues of prevention, protection, support and access to justice. It will look beyond FGM/C to include issues such as forced abortion, forced sterilisation, forced or early marriage, and 'honour' based violence. This work reflects an ongoing implementation of commitments made in the European Commission's Gender Equality Strategy 2020-2025.

# UNDERSTANDING THE CHALLENGE

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**Professor Aisha K. Gill Ph.D. (University of Essex) CBE Professor of Criminology, University of Roehampton, UK, presented on honour, culture and violence against women and girls in racially minoritized communities**

Narratives of 'honour' based violence/abuse (HBV/A), 'honour' killings and forced marriage are being culturalised when situated within wider feminist discourse of violence against women as a 'cultural' problem, associated with particular racially minoritised communities. However, these are forms of gender-based violence, being rooted in broader patriarchal patterns of coercion and control. Culture permeates all communities and all cultures are underpinned by patriarchal norms. Socio-cultural factors are at play but these issues are not entirely culturally based. There is a need to beware discourses that problematise communities. There is a further danger of prioritising hegemonic voices from the dominant culture at the expense of the local expert voices within communities.

HBV/A and 'honour' killings involve misogynistic attitudes and/or socially discriminatory practices. Dishonour is deemed to be 'caused' by unacceptable associations. The family is deemed to be shamed by the actions of some members and public honour is regained through HBV/A. Shame, ridicule, loss of respect, ostracism and loss of social resources can be used as part of this. In such a context social supports are important with a need for the material resources for survival.

HBV/A cannot be separated from gender-based violence or we risk exoticising the issue. It is a gendered crime, there is a shared dynamic of women being killed by male perpetrators. There can be multiple perpetrators – the male perpetrators as well as women colluding with the patriarchal bargain. At the same time it is critical to understand the cultural motivation.

Forced marriage is a marriage performed without the consent of one or both parties, as well as marriage involving a child. It is a violation of individual human rights, and individual rights trump cultural rights. When a child is involved it is a form of child abuse. There can be multiple victims: women, men, LGBTI people, and people with disabilities.

In countering these issues, a holistic and intersectional approach is required. It is necessary to invest in services, and enable prioritisation of victim support. Pathways for access to help and redress are needed. Tools of prevention and protection need to be tailored to diverse communities, in that one size does not fit all. It is important to understand how silence operates and the difficulties in coming forward, and to gear

responses towards supports and non-criminalised justice.

Civil and criminal remedies are required. Within this, a multi-pronged intersectional approach is required to the Law itself. The power to protect must be put to better use.

Judges knowledge and understanding needs to be addressed. Judges need training on the impact of trauma and of coercive pressure within the family, on prevalent stereotypes of the culture and tradition of the abuser, and on the danger of positioning the issue as normal in the complainant culture.

The police and the criminal justice system need to learn from their mistakes, to invest in more effective responses, to be strategic, and to be held accountable. Training for this sector could usefully be based on successful and unsuccessful prosecutions.

Witness support is important. Specialist intermediaries could be deployed to assist the victim and the police. Expert witnesses could be used to assist an understanding of the religious and cultural context.

**Professor Aisha K. Gill Ph.D. (University of Essex) CBE Professor of Criminology, University of Roehampton, UK, presented on rethinking FGM/C (female genital mutilation/cutting): employing an intersectional human rights lens.**

FGM/C is rooted in socio-cultural and societal beliefs alongside misogynistic attitudes and/or socially discriminatory practices. It is gender-based violence, a violation of human rights, and a gendered form of child abuse. It feeds into male patriarchal control. It has serious health effects for women and girls including long-term impacts on sexuality, pregnancy and reproductive health.

There are ethical dilemmas and dangers in the medicalisation of this issue in a form of harm reduction, as opposed to taking the human rights perspective and understanding the long-term health consequences. In noting that this issue is rooted in some cultures, it is useful to note that culture is not static, and the migrant culture is in conversation with the host culture. Those promoting medicalisation can be complicit in sustaining cultural norms and there can be issues of financial gain at play.

FGM/C should be identified as child abuse rather than singled out as a specific offence. The latter approach fuels a focus on culture and diminishes the focus on safeguards. FGM/C is often referenced in wider more general legislation but laws differ in how bodily harm is recognised and, therefore, which forms of FGM/C are covered. Some countries have FGM/C specific legislation. Prosecutions are low and non-criminal interventions are important. The law and legal enforcement work slowly. Civil remedies such as protection orders can be important.

Health education and community dialogue are valuable in changing attitudes and moving towards a reduction in numbers. There is a challenge to find effective ways to engage people and to challenge social norms and attitudes. Cultural mediators can be a powerful and important voice with a role in early intervention and prevention. However, care is needed in their identification and who they speak for, given a potential to end up reinforcing cultural norms.

Work with healthcare providers in terms of prevention and response is important. Multi-faceted and intersectional interventions are needed. The community level is important and the voice of survivors must be central in any discussions. The structural impediment of racism needs to be addressed.

## PREVENTION, SUPPORT, PROSECUTION

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**Professor Dr. René Romkens, Römken Research & Consultancy, Em. Professor on gender-based violence – University of Amsterdam/Sociology presented on preventing harmful practices in the Netherlands: at the crossroads of culture, politics and policy.**

The National Action Programme on Harmful Practices: FGM, honour based violence and forced marriage/abandonment has a focus on multidisciplinary collaboration and prevention/awareness raising. Inter-agency cooperation in prevention and provision is a key feature of the Dutch response to harmful practices. A recent development in asylum procedures has been to make harmful practices a ground for

asylum but it is not clear yet how this will be done or how the capacity of relevant officials to handle this will be enabled.

There is a national expertise centre for each of 'honour' based violence and forced marriage or abandonment. There is no dedicated law in relation to 'honour' based violence as this falls under general legal provisions in relation to physical abuse, and the Youth Protection Law for civil cases. There are specific provisions that prohibit forced marriages and enable dissolution, under family law. There are issues, however, of lack of knowledge among the judiciary in relation to this field of harmful practices.

There is a national coordination centre ([www.pharos.nl](http://www.pharos.nl)) to address health inequalities, which serves as the national coordination and focal point on the issue of FGM/C. The National Chain Approach deployed in relation to FGM/C has a focus on prevention, providing support, and punishment.

Prevention encompasses:

- outreach and awareness, with a focus on women and on communities with a concern to involve key figures from migrant communities; distribute information; organise activities around national zero tolerance day;
- training professionals in asylum centres, youth healthcare professionals, safe at home platforms and doctors and nurses in hospitals, but sign-up to this is voluntary; and providing information through elementary schools around summer holiday time; and
- on-line information; and research.

Providing support encompasses: psycho-social supports via local youth healthcare, key figures in migrant communities and general practitioners; and medical supports and reconstructive operations. There are issues of: fear to speak out; limited knowledge of complaints as a consequence of FGM/C; multi-problem contexts; and engaging men within the woman's family.

Punishment encompasses the criminal law with general mutilation as a grievous physical abuse and there are some cross border aspects to this. This is a blunt instruments and can push people to hide the issue and there has been only one case. There is a need for legislation in setting the norm of unacceptability, but it is not enough to prevent the issue or support those experiencing the issue.

In the background, FGM/C is deemed to be about migration and globalisation which makes it political. There is a need to be aware of this, particularly in contexts of rising populism. There are challenges at national level of:

- administrative challenges with fragmentation of effort with decentralisation of youth health care to municipal level and regionalisation of police force, instability of funding, and separation from the asylum process;
- social challenges with limited support base within migrant communities, and difficulties to break the silence due to fear of retaliation, being inculcated into collusion, and taboos and normalisation of the issue, and to engage supportive men; and
- professional challenges with limited expertise and gender sensitivity in the absence of mandatory training and reluctance to take on new issues.

At EU level, there is a need to strengthen data collection and monitoring of measures taken, to address issues of harmonisation and competences in relation to administration and legislation on the issue, and to address professional development. An intersectional approach is required that addresses women, and women and men.

**Professor Adriana Kaplan Marcusán, Department of Social and Cultural Anthropology, Universitat Autònoma de Barcelona, Spain presented on prevention of and responses to FGM, challenges and innovations in Spain.**

There has been law to criminalise FGM/C in Spain since 2003. The civil code since 2000 allows judges to take preventive measures where there is a risk of FGM/C. However, legislation can re-victimise the victim. In this, rather than imprisoning parents and sending girls to victim centres, a better approach might be to impose a high fine that has to be collected from the community, though this is not possible under Spanish law.

Prevalence of FGM/C is mapped on a regular ongoing basis, using a methodology that is different to EIGE in not applying ethnicity prevalence. This mapping is now available by municipality, so institutions know where to work. But progress is still not being made.

Catalonia has been a pioneer with protocols setting out five levels of intervention:

- prevention with a focus on informing and training primary healthcare professionals, informing, educating and sensitising citizens, and health information and education for families and children;
- detection encompassing health, security education and social services;
- non-urgent care covering sensitisation, education and networking;
- urgent care addressing risk situations with written commitment to non-mutilation and reporting to prosecutor's office or the court; and
- recovery with attention to the physical, mental and sexual consequences of FGM/C once performed.

Risk factors according to the protocol include belonging to an ethnic group that practices FGM/C, to a family in which the mother or other sisters have already had FGM/C, to a family group where the myth of the return to the country of origin remains present, and proximity of a holiday trip to the country of origin. Factors reducing risk include: family already sensitised and against the practice, the mother being a member/activist of an entity against FGM/C, and evaluation if there is a social/family pressure in the country of origin to practice FGM/C or not.

There are implementation issues in relation to the protocol. There is an immediate jump from detection to urgent care as people panic and don't know what to do but are obliged to report. Training is essential but is not happening as professionals have no time to give to this and participation is voluntary. In this regard, these issues need to form part of the academic curriculum across relevant professions.

There is a focus on protection but little prevention is being done and there is a lack of participation by communities and their associations. In the focus on protection, there is limited capacity to address the consequences after people have been sensitised and to follow up on this sensitisation, with such as psycho social support. There is a sense of betrayal as a result. There is a challenge to enable sensitised families to challenge and contradict elders and the authority held by these elders.

In some areas, more positively, there has been:

- prioritisation of coordination between professionals; and
- implementation of the prevention stage has been ensured whereby:
  - ✓ families have continued to rely on primary care services in health, social services and education;
  - ✓ unnecessary complaints have been avoided;
  - ✓ each possible case of risk has been assessed in a unique way, preserving the right to privacy; and
  - ✓ girls have travelled to country of origin and returned intact (without FGM/C).

**Anika Liversage, Senior Researcher, VIVE Danish Centre for Social Research, Copenhagen, Denmark, presented on key principles in responding to harmful practices and the experience in Denmark.**

FGM, forced or early marriage, and 'honour' based violence are all criminal offences. Special clauses have been introduced in relation to forced marriage, forced face-covering, and FGM/C but have only been applied to a limited extent. General provisions in legislation suffice, though, and what is at play here is symbolic politics – 'being tough on migration'.

The terrain for addressing these issues is complex, as this is the ultimately the terrain of values and practices. There can be very different transitions into adulthood between host society and new communities. Classical patterns for minority ethnic women can be of no sex before marriage, marriage at a young age, and marriage into one's own community. These are not evident in the majority community. This can raise issues of individual liberty and control over one's own body. There can be a fine line between practices that stretch from upbringing and family values, to negative social control, and then on to 'honour' based violence. There are dangers: of trust being undermined where there is a desire evident or

experienced to liberate children from families; and where there are experiences of coercive concern being practiced.

General and specific interventions are involved. General interventions involve: urgent aid with access to refuges for women survivors of domestic violence and police work; support in terms of social interventions and access to phone lines; and general prevention in terms of teaching about individual rights and initiatives such as community mothers. Special interventions are required not because the violence is greater but there is a greater need for assistance. Special interventions involve: urgent aid with RED safehouses and safety consultant; RED phone line and funding to the municipalities that are now on the frontline; and role model presentations. In relation to the prosecution perpetrators, special clauses are involved, but used to a limited extent, and the ordinary penal code is deemed sufficient. There are few cases on FGM/C.

Key principles in moving forward on this issue include the need to: raise the qualifications and capacity of front-line staff; ensure provision of urgent aid such as safe houses; and legislate against forced marriage and negative social control, while not becoming detached from gender based violence given the dangers in relation to symbolic politics being at play in relation to this issue. There is, further, a need to address a growing difficulty in terms of insecurity of residency permits.

## EUROPEAN LEVEL ACTION

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### **Johanna Engstrom, Gender Equality Unit DG JUST, European Commission, presented on the current perspectives of the European Commission.**

The work being done by the Commission in preparing for the Recommendation is raising questions and challenges. The lack of data and evidence on prevalence of the various harmful practices is posing a challenge. The Recommendation is likely to seek action to address this at Member State level.

There is the initial issue of how to define harmful practices and which harmful practices to address. Stakeholders have looked beyond the initial focus in the Gender Equality Strategy, raising issues such as, intersex genital mutilation, obstetric violence, and conversion therapies. Where to draw the line will need to reflect a focus on issues that: majorly affect women and girls; perpetuate male dominance and gender inequality; and look beyond what is deemed the traditional or cultural.

In seeking targeted and concrete action from the Member States, the Recommendation is likely to address five strands: prevention; capacity building; access to justice; support; and data collection. There is a concern to include an intersectional perspective, including a focus on the particular situation and experience of women with disabilities, and women from Black and minority ethnic groups. A focus on country of origin could be pursued through action taken by the various diplomatic missions.

### **Valentine Josenhans, Council of Europe (GREVIO), presented on learning from the work of GREVIO.**

The Istanbul Convention covers various forms of gender-based violence, defined as “harmful practices” by other international treaty bodies: forced marriage (Art 37); forced abortion (Art.39); and forced sterilisation (Art.39), female genital mutilations (Art 38) and crimes committed in the name of so-called “honour” (Art.42). The first four of these are to be criminalised. The Istanbul Convention addresses four areas: integrated policy; prevention; protection; and prosecution.

Integrated policy is concerned with adopting and implementing comprehensive and coordinated policy in this field. It includes allocation of financial resources, support for NGOs and civil society, and collection of gender-disaggregated data and research. Issues emerging from the GREVIO monitoring include: insufficient policy attention to the area of harmful practices; responses to ‘honour’ based violence that are gender neutral and that may perpetuate stereotypes; insufficient financial support to and involvement of relevant NGOs; and lack of data collection.

Prevention addresses long-term change in mentalities to overcome stereotyping and prevent violence



against women. It includes awareness raising, education, and training. Issues emerging from the GREVIO monitoring include: lack of coordinated and global awareness actions with focus on short-term and limited funding; lack of compulsory training; and lack of involvement of specialist NGOs in training and awareness raising.

Protection addresses setting up and/or supporting services that assist and protect victims from re-victimisation/secondary victimisation. It includes victims access to information, general support services, specialist support services and shelters, and gender-sensitive asylum procedure and reception procedure/centres. Issues emerging from the GREVIO monitoring include: lack of specialist services; lack of accessibility of information/existing services to women with disabilities, migrant women, women from ethnic minorities, and LGBTI women/children; inadequacies of funding for NGOs providing supports; vulnerability for women with disabilities, in residential settings and situations of guardianship, to forced abortion; and lack of data on asylum claims related to FGM or forced marriage.

Prosecution addresses criminal investigation and prosecution. It involves criminalising such as FGM, forced marriage, forced abortion and sterilisation, immediate response of law enforcement agencies, and protection measures during investigation and judicial proceedings. Issues emerging from the GREVIO monitoring include: provision on general offences that are ill-suited to include this field; protection orders that do not cover this field; inadequacies of risk assessment in this field; lack of knowledge about rights; and reluctance to intervene.

Moving forward at this European level could usefully involve: encouraging ratification of the Istanbul Convention; strengthening prevention in particular training and awareness raising, including in cooperation with NGOs; implementing gender sensitive and inclusive and intersectional policy and action; promoting multi-agency cooperation in protection of and support to victims; addressing gaps in provision of supports to and protection for victims; and improving data gathering.

### **Eleonora Esposito, Ph.D., EIGE presented on the work done in the field of FGM/C by EIGE.**

FGM/C is a severe form of gender-based violence leaving deep physical and psychological scars. It is a violent form of gendered subordination that contradicts principles of gender equality. EIGE has undertaken significant research in this area, in particular establishing the estimation of girls at risk of FGM/C in the Member States.

EIGE has developed and refined a risk estimation methodology in relation to FGM/C. This starts from establishing the 'State of the Art' in relation to legal and policy frameworks. It includes a quantitative component gathering different types of data from the different institutions that hold it, in country of origin (including national and regional prevalence rates) and country of destination (residents from FGM/C practicing countries). It includes a qualitative component that is community-based and participative to explore such as understandings of, views on, and attitudes to FGM/C and impact of migration on decisions to engage in this practice. This qualitative component involves focus groups with women and men residents from FGM/C practicing countries. Finally there is the risk estimation, expressed in interval format with a low value and a high value.

Taking an overview perspective, and without homogenising communities, factors that motivate FGM/C include: social pressure at the level of the family, the community and the country of origin; cultural beliefs and tradition; and marriageability and notions of aesthetics and purity. Factors that discourage FGM/C include: criminalisation; awareness campaigns on health and psychological consequences and the legal consequences; and stigmatisation.

Moving forward at a national level could usefully involve: national action plans specifically on FGM; training of professionals in this field; engaging with the communities, including men; and systematic data collection. At a European level it could usefully involve: accession to the Istanbul Convention; gender-sensitive Common European Asylum System; external action to prevent FGM; and incentives through EU Integration Strategies.

**Alexia Fafara, EWL, presented the perspectives of the EWL, drawing from the Observatory on Violence against Women.**

The EWL has emphasised a broad approach to harmful practices, aligned with UN CEDAW. This encompasses: all forms of violence constituting “a denial of the dignity and/or integrity of the individual and a violation of human rights and fundamental freedoms enshrined in the two Conventions”; and “discrimination against women or children and are harmful insofar as they result in negative consequences for them including physical, psychological, economic and social harm”.

A broader approach to harmful practices would include a focus on forced abortion as well as the denial of access to safe and legal abortion. It would encompass FGM/C as well as practices that promote normalisation of dangerous elective surgeries and hypersexualisation of women. It would include sexual exploitation including prostitution, surrogacy, and pornography. There is a need to look beyond the Istanbul Convention and address issues that have arisen subsequent to this in the era of digitalisation including such as shaming through non-consensual sharing of photographs, cyber stalking, and cyber harassment.

It is necessary to encompass all women and girls, in particular women from Black and minority ethnic groups and women with disabilities. Specific needs require specific support and consideration. It is important to avoid the language of the perpetrator in the naming of ‘honour based violence’.