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| **Ministry of Education and Research** |
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Sweden’s answer to questionnaire for member states human rights council resolution 27/22

**Can the Member State provide information on what it considers to be good practices in preventing and eliminating FGM? In answering the question, the Member State may wish to take the following into consideration:**

**1a. Does the Member State have a national policy or strategy on FGM which is enacted by law?**

All forms of female genital mutilation are prohibited in Sweden. A special act prohibiting female genital mutilation was passed in 1982 and has gradually become stricter. A breach of the law can result in two to ten years in prison.

More severe punishment for FGM was introduced on 1 July 1998 (Govt. Bill 1997/98:55). A new provision was also added after an amendment that entered into force on 1 July 1999 (Govt. Bill 1998/99:70). The new provision meant the removal of the requirement of dual criminality. Previously, FGM committed outside Sweden was adjudged in accordance with Swedish law and by a Swedish court provided that the act was also subject to criminal liability under the law of the country in which it was committed. The reason behind the amendment is that families living in Sweden have had their daughters genitally mutilated while visiting their countries of origin.

On July 1, 2010, the statutory limitation period for female genital mutilation committed against children was extended in the sense that the time period is reckoned from the date on which the child attains or would have attained the age of 18.

**1b. Does the legislation contain preventive measures, as well as measures for the protection of and assistance to victims including in cases where the mutilation has been found to have been done in another country?**

The law against FGM includes the criminalization of failure to notify knowledge of the crime.

Other legislation regarding preventive measures, protection and assistance is placed in different acts.

#### Health and Medical Services Act

The overall objective of health and medical services is good health and care on equal terms for the whole population. Such care and services shall be provided so that the equal value of all human beings and the dignity of the individual are respected. The County Councils and to some extent municipalities shall provide health and medical services to people living in Sweden. Further, health care and medical services shall be of high standard and satisfy the patients need for security, be easily accessible, be based on respect for the patient’s right to self-determination and integrity, and promote good communication between the patient and health care personnel.

#### The Social Services Act

Under the Social Services Act (2001:453) the social services have a general obligation to ensure that children are able to grow up under good, secure living conditions and that a child is given the protection and support that it needs in order to develop well. Under this act, all staff of public agencies whose activities involve children and young people, other health, medical and social services agencies and those working with children professionally in private firms have an obligation to immediately report to the social services committee if they in their professional capacity receive information which means that the social services committee must intervene to protect the minor. This includes FGM.

#### The Care of Young Persons (Special Provisions Act)

If it comes to the notice of the social services committee that a child runs a palpable risk of impairment to her/his health and development, the social services committee may intervene and take the child into care

under the Care of Young Persons (Special Provisions) Act. In a situation of emergency, there is according to this Act a possibility for staff in schools, pre-schools, children's health services etc, to help prevent a girl from being taken out of the country to be genitally mutilated, by reporting to the social services.

As mentioned above, the requirement of dual criminality was removed in 1999. Protection and assistance to victims is offered to all girls and women, regardless of where the mutilation took place.

**1c. Does the legislation have special provisions regarding health providers practicing FGM?**

All forms of female genital mutilation are forbidden in Sweden. Consequently, there are no special provisions regarding health providers practicing FGM.

**1d. Are these mechanisms implemented and in use across the Member State?**

Since there are no special mechanisms regarding health providers practicing FGM, there is no need for such implementation.

**1e. What does the Member State consider as good practices in support and care services for women and girls living with FGM or for women and girls at risk of FGM?**

See answer 3.

**1f. Does the Member State have and disseminate evidence based information on the health risks of FGM?**

UMO is a national web-based youth friendly clinic for young people aged 13 to 25 years. The purpose of the site is to make it easier for young people to find relevant, current/up to date and quality assured information about sex, health and relationships. The site contains evidence based information on female genital mutilation.

1177.se is another national web-based site with a general focus on health care information. The site also contains evidence based information on female genital mutilation.

#### 1g. Does the MS have a proactive outreach program aimed at raising awareness on FGM including penalties for perpetrators and available services for victims

In 2013, the County Administrative Board of Östergötland and the National Board of Health and Welfare were commissioned to carry out preventive work against female genital mutilation. Reports on the completed commissions are to be presented in 2015.

The National Board of Health and Welfare has an assignment from the Government to conduct a project concerning FGM. One part of the project is to conduct a prevalence study and investigate how many are or may be subjected to genital mutilation in Sweden. The project also includes development of knowledge in the form of a national guidance and web-based information aimed for healthcare staff who, in their daily work meets women who are genitally mutilated. The aim is to create conditions for a qualitative treatment. The National Board of Health and Welfare has in the project a special focus on primary care, health care for asylum seekers, maternal health, child health, youth health, school health, and gynecological and obstetric clinics and should take into account girls and women who may seek treatment because of infection or may have the need for plastic surgery. The assignment also includes the development of a classification code for genital mutilation. A classification code would be especially important in prenatal care in order to give qualitative treatment to a women giving birth that has been subject to FGM. A code may eventually also result in reliable figures on prevalence.

The County Administrative Board of Östergötland also has an assignment from the Government to collect and develop best practice in prevention and proactive work for staff groups in government agencies.

In order to work towards a change in attitude and against FGM, it is crucial to understand both the relevant staff groups, and how the women and men look at FGM. The County Administrative Board will acquire this knowledge through consultation meetings, questionnaires, surveys, dialogue conversation and dialogue meetings, lectures, and by using different existing networks. Targeted staff groups include professionals in social services, schools, youth clinic, police and NGOs. It will also make an international outlook, mainly Norway, Finland and England. Norrköping municipality will be used as the reference municipality where they have ongoing work against genital mutilation which is seen as being in the forefront.

As mentioned under 1a, all forms of female genital mutilation are prohibited in Sweden. A breach of the law can result in 2 to 10 years in prison.

#### 1h. Good practice in working with civil society organizations including women groups, community leaders, and United Nations Partners

When it comes to FGM the importance of civil society organisations, in particular women’s organisations and holding governments to account for commitments made cannot be emphasised enough. To abolish FGM we need to support culturally sensitive but firm human rights-based approaches that promote positive institutional and social changes.

In the commission to the County Administrative Board of Östergötland to carry out preventive work against FGM the Government points out that the Board should conduct their commission in consultation with relevant authorities and civil society organizations and women groups.

Sweden and The Swedish International Development Cooperation Agency, SIDA, is one of the largest donors to UN Women who are actively working to prevent gender-based violence against women and to strengthen the right to sexual and reproductive health as well as UNICEF, which works to prevent genital mutilation of young girls. Sweden supports the WHO also works with the health risks surrounding the execution of the procedure and the UNFPA in Somalia in the work of reproductive health.

Sweden also directly targeted support to an umbrella organization in Ethiopia (a total of 35 million since 2002) and a UN joint program with among others. a. The UNFPA and WHO in Liberia, 8 MSEK, approximately 1,2 MUSD . The area Kambata in Ethiopia, the work resulted in 98% of the parents of the girls today stands opposed to genital mutilation (same figure corresponded to the number of previous sexual mutilation) and the Afar region is now banned FGM.

Sweden supports the UNFPA/UNICEF Joint Programme on the Abandonment of Female Genital Mutilation/Cutting: Accelerating Change to End FGM/C. Sweden contributes with 40 MSEK, approximately 6 MUSD, to this programme because we share the ambition that with wit and hard work, we can eliminate FGM/C within a generation.

#### 2. Can the MS provide information on what it considers to be the major challenges in preventing and eliminating FGM?

Based on what are the major challenges in Sweden, work of the Government is focused on preventing FGM and build capacity among actors that meet the target group in order to protect and support and to give qualitative care for girls who are at risk or who already are victims of FGM.

#### 3. Has the MS identified good practice in building capacity through promoting self-learning, training and mentoring of key persons and professionals (health, social, education, judicial, law-enforcement, migration and asylum seekers) in responding to the special needs of girls and women at risk of FGM of effected by FGM?

A good practice on municipal level is preventive work being done within Norrköping municipality. Norrköping municipality is included as a reference municipality in the County Administrative Board in Östergötland mission. The municipally has since autumn 2013 been a pilot municipality and conducts a special training to schools and health care professionals to stop FGM and help those affected. The nurses asked, among other things, about symptoms that a student might have had like headaches and pain during urination which are common symptoms of FGM. If the municipals way to work on the issue is successful, it could be a model for the country's other municipalities.

The government hopes the assignment to the National Board of Health and Welfare to develop web-based information on handling, treatment and prevention for health care staff will be good future practice. The board has a special focus on primary care, health care for asylum seekers, maternal health, child health; youth health, school health, and gynecological and obstetric clinics, but also girls and women are genitally mutilated who seek treatment because of infection or the need for plastic surgery.

The government also hopes that the assignment to the County Administrative Board of Östergötland to develop best practice in prevention will give professionals in social services, schools, youth clinic, police and NGOs enhanced possibilities to work against FGM.

#### 4. 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 experience and best practice regarding data collection to map prevalence and incidence rates among various groups inside the country?

Within the current assignment the National Board is mandated to conduct a prevalence study on the number of girls and women exposed to FGM in Sweden.