



Intercultural Approach to
Prevent Harmful Practices
**TOOLKIT FOR
FIRST-LINE PRACTITIONERS**

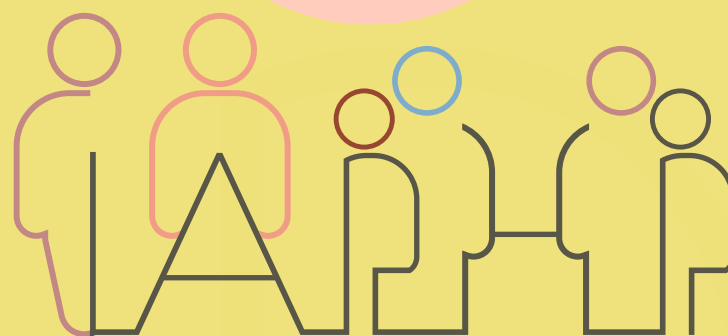
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PARTNERS





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Title

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TABLE OF CONTENTS

5	List of Acronyms	
7	INTRODUCTION	
9	SECTION 1: PREVENT	
	Chapter 1	
	How to prevent Harmful Practices in classroom settings?	11
	Chapter 2	
	Psychosocial and health aspects to prevent Harmful Practices	15
	Chapter 3	
	Non-governmental organization Initiatives for Preventing Harmful Practices	19
	Chapter 4	
	Best Practices from Public Policies	21
	Chapter 5	
	Evaluation and impact assessment of interventions to prevent harmful practices	39
	Chapter 6	
	Multisectoral and Multidisciplinary Approach for the Protection of Women	43
49	SECTION 2: EARLY DETECTION AND REFERRAL	
	Chapter 1	
	The Relationship between Power and Authority in the Context of traditional Harmful Practices	51
	Chapter 2	
	Legal Protection for Migrant Women	57
	Chapter 3	
	Social interventions: Risk Assessment and Referral	71
77	SECTION 3: CRISIS INTERVENTION	
	Chapter 1	
	Psychological and legal support for victims of harmful practices	79
	Chapter 2	
	Interculturality and communication with victims of harmful practices	85
	Chapter 3	
	Multisectoral methodology in intercultural mediation and its techniques	89
93	SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE	
	Chapter 1	
	Policy Implications	95
	Chapter 2	
	Practical recommendations for stakeholders: policies and operators	99
	Chapter 3	
	Practical recommendations for professionals	101

LIST OF ACRONYMS

CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women

CEFM – Child, Early, and Forced Marriage

CM – Cultural Mediator

CRC – Convention on the Rights of the Child

FGM – Female Genital Mutilation

HP – Harmful Practice

ICCPR – International Covenant on Civil and Political Rights

ICESCR – International Covenant on Economic, Social and Cultural Rights

INTRODUCTION

Harmful Practices (hereinafter, HPs) are behaviours or actions that are considered detrimental to individuals or groups, being grounded in discrimination based on sex, gender or age, among other factors, including instances of multiple and intersectional discrimination. These constitute denials of human rights and cause physical, emotional, or psychological harm, often associated with serious forms of violence.

HPs are prevalent in many different communities worldwide. They may be deeply rooted within the community, forming part of social norms (i.e. behavioural norms followed by groups in particular contexts), along with misconceptions related to certain disadvantaged groups of women and children.

Many social factors contribute to the continuation of traditional HPs, including: the belief in preventing greater harm, the control of women's sexuality, requirements for marriage (in the case of FGM), rites of passage (in the case of Female Genital Mutilation [FGM]), the preservation of family honour and morality, gender stereotyping, a sense of belonging and identity to a specific group, socio-economic dependence, among others. Regardless of any regional and national particularities of political, economic and cultural systems, it is a duty of all States to prevent HPs and promote human rights, which are universal, indivisible, inalienable, interrelated and interdependent.

To better assist victims and people at risk of HPs, it is important to understand their causes, the drivers and rationale for practising them, the supportive and unsupportive factors, the complexity or diversity within affected communities including how their perspectives may hold in a given context at any given time and how they change.

It is important, for instance, to ensure that the information provided helps deconstruct misconceptions, that it addresses needs and that it recognises difficulties in disclosing. To this end, training is essential, by providing capabilities for the performance of each specific role of all professionals and by collaborating in a multisector and multiagency framework, including working alongside cultural mediators, community leaders and religious leaders to eradicate HPs.

A comprehensive, multisectoral, and multidisciplinary approach that tackles the complex web of variables contributing to women's vulnerability is necessary to safeguard them from HPs. The understanding that damaging behaviours have strong roots in societal norms and economic institutions forms the foundation of this approach. For long-lasting change to be achieved, interventions must therefore go beyond the boundaries of just one sector or discipline. The ability to offer victims both physical and psychological support is a need for healthcare institutions. People seeking safety from abusive behaviours should have easy access to social resources, such as therapy and shelters. Initiatives for economic empowerment strengthen the protective framework even more by giving women the tools to break free from abusive and exploitative patterns

It is critical that government agencies, non-governmental groups, businesses, courts and healthcare providers work together. Society cannot eradicate the intricate network of harmful behaviours that jeopardise women's rights and well-being unless it works together in concert. We can create a future in which women are protected from danger and given the ability to live equal and dignified lives by promoting a holistic approach.

Strict laws must be passed and upheld in order to penalise and discourage dangerous behaviours. Simultaneously, education is essential in changing the attitudes of society. Extensive awareness efforts can question deeply held ideas and provide women with the knowledge of their rights when they are incorporated into formal and informal education systems.

This toolkit has been developed to provide practical tools and resources to support professionals and practitioners from different backgrounds, so that they may prevent, identify, refer and intervene with women who have experienced, or are at risk of, harm related to an HP. It is hoped that this toolkit increases the awareness, empowerment and confidence of professionals working in education, health, social and justice areas.

The toolkit and material are free to access and available to all professionals and practitioners from any agency/organisation. It includes four sections – *Prevention; Early Detection and Referral; Crisis Intervention and a final section titled Recommendations for Policy and Practice*, which includes a set of practical procedures for first-line practitioners.

SECTION 1: PREVENT



SECTION 1: PREVENT**Chapter 1****How to prevent Harmful Practices in classroom settings?****Chapter 1****How to prevent Harmful Practices in classroom settings?****Introduction**

Data from United Nations Population Fund and United Nations Children's Fund (UNFPA-UNICEF, 2021) emphasizes the role of education as a protective factor against traditional HPs, such as FGM. According to the paper, women with lower levels of education face an elevated risk of FGM; and there's a statistical correlation indicating that mothers with lower educational levels are more prone to advocating for FGM.

Education emerges as a fundamental tool for primary prevention of traditional HPs, operating through three pivotal mechanisms: (1) raising awareness among young people, (2) detecting and flagging instances of traditional HPs, and (3) providing support to victims within a school context.

Young women are frequently the primary victims of HPs leading to crimes. Whether it be FGM, forced marriages with minors, or honor crimes, these practices predominantly target young girls who deviate from the entrenched cultural paradigms. Consequently, the imperative to prevent traditional HPs in the classroom setting becomes apparent.

In this chapter, we debate classroom methodologies applicable to teachers and non-formal educators for proactively preventing instances of traditional HPs. Subsequently, we analyse methods for detecting and flagging specific cases of HPs within the school context. Finally, we reflect on the need for schools to formulate prompt victim support responses in collaboration with public authorities upon identifying victims.

1.1. Curriculum Development

Regarding the development of curricular themes addressing the prevention of traditional HPs, the integration of traditional HPs into the formal school curriculum is preminent. It is observed at a primary stage by some authors (Azkona et al., 2014) who assert that primary prevention through education is most effectively achieved by incorporating intercultural education models into classroom settings. These models can be utilised in conjunction with citizenship lessons or human rights models. For example, the intercultural education framework is frequently applied as a pedagogical model to deconstruct FGM through critical debates, similar to the Socratic method (Azkona et al., 2014).

At more advanced educational levels (lower secondary to higher secondary school), the incorporation of narratives, practical case studies and educational documentaries proves effective. For example, Grimmer et al. (2018) explored the impact of an educational documentary as a tool for sexual violence prevention, demonstrating the potential of documentaries in educational settings. According to the National FGM Centre (2019), students should be educated on the emotional, psychological and physical repercussions of traditional HPs, understanding these practices as crimes contextualized within the criminal codes of respective countries. It is fundamental to teach students that not only is it a crime to implement these practices, but helping to carry them out or failing to protect a minor under legal guardianship also constitutes criminal behaviour in certain States (National FGM Centre, 2019).

Therefore, students should be knowledgeable about methods for referral and the reporting of cases of traditional HPs. Moreover, education systems should provide classes on how to recognise unhealthy or abusive relationships, including those within family structures, and provide students with adequate support, if needed. Teachers should also propose strategies for integrating culturally relevant content into the curriculum and use dynamic methodologies based on the premise that the student is at the centre of the learning process.

When being designed, educational preventive programs should aim at reducing the determinants and burden of traditional HPs. These programs should focus on promoting the importance of education success and achievements to prevent HPs (Raj et al., 2019). According to UNFPA-UNICEF (2021), a dialogical community perspective applied into formal or non-formal classroom settings can play a significant role in deconstructing gender discrimination. For this purpose, establishing safe spaces for debate and dialogue is pertinent to a multidisciplinary prevention approach. These spaces extend beyond classroom settings to include the entire school community, incorporating initiatives such as clubs, forums, or platforms where students, teachers, parents, and community members can openly discuss and address issues related to HPs.

At the community level, teachers can work with community leaders to educate, create dialogue and facilitate understanding to strengthen community social support (Hawkins et al. 2021). Additionally, schools should consider engaging with community organisations and stakeholders to collaborate on implementing comprehensive violence prevention strategies that address a range of risk and protective factors at the individual, relationship, community and societal levels (Johns et al., 2020). Also, structured cooperation with youth organisations can empower peacebuilding and leadership.

Cooperation between stakeholders and civil society organisations makes a decisive contribution to the success of these strategies. Furthermore, it is important to address the root causes of traditional HPs. For instance, as regards the issue of early forced marriage, the empowerment of health technicians who work, side by side, with teachers on improving education and reducing the risk of pregnancy/childbirth has shown promise in preventing child marriage (Antarsih et al., 2023).

According to UNFPA-UNICEF (2021), it is imperative to train teachers in disseminating information to both girls and boys regarding the risks associated with such practices. Furthermore, teachers should be equipped to prevent the stigmatization of girls who have not undergone FGM and should possess the ability to detect and report cases of FGM, including making appropriate referrals. Educational institutions should implement training programs to educate staff on recognizing signs of traditional HPs and human rights violations, covering a range of topics including cultural practices, gender-based violence, and human rights law (Steen et al., 2016).

Intercultural competencies should be an integral component of professional development, including ongoing teacher training, to ensure that educators know how to adapt to specific culturally sensitive contexts. Equally important is for researchers to remain informed about the latest research, methodologies and interventions related to intercultural dialogue.

1.2. Detection and Referral

According to the National FGM Centre (2019), in the educational context, the identification of cases of FGM can occur in two circumstances: by visual identification or direct disclosure. In the first case, when an educator in a pre-school, pre-primary or primary school context is helping a child to go to the toilet, and may come across physical signs that traditional HPs such as FGM have occurred. Following recommendations from the National FGM Centre (2019), in these cases, under no circumstances may a third party examine the girl.

The second way in which cases are identified is when a girl under the age of 18 confides to an educator that she has been a victim of a situation of HP. Other case detection situations occur when (1) a parent or

SECTION 1: PREVENT**Chapter 1****How to prevent Harmful Practices in classroom settings?**

carer indicates intentions of FGM, forced marriage, or honour-related violence perpetuated by culture, (2) there is a previously identified case of a sister or cousin who has already suffered the same type of intervention or (3) a relative or close friend of the pupil confides that she has been a victim or is at risk of being a victim (National FGM Centre, 2019).

The National FGM Centre (2019) has identified additional risk indicators, such as a girl confiding that she is worried about a holiday or a ceremony, a girl showing pain or discomfort upon returning from holiday, or skipping school, and a girl not returning from holiday in a country with a high prevalence of FGM. Moreover, it is recommendable to involve parents in the planning and implementation of FGM sessions, inviting them to be part of the process, discuss what will be taught, answer any concerns and support parents in managing conversations with their children on the topic (National FGM Centre, 2019).

In terms of crisis management, schools are advised to have an intervention plan in the event cases are identified, by developing clear reporting mechanisms and protocols for handling suspected cases, which is crucial to ensure that incidents are appropriately addressed and referred to the relevant authorities. Furthermore, partnerships with local health and social service agencies can provide additional support for victims and help in referring cases for further assistance and intervention. In addition, educational institutions should promote a culture of openness, encouraging students and staff to report any suspected cases of HPs or human rights violations. This can be achieved through awareness campaigns, workshops, and the establishment of support networks within the school community.

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SECTION 1: PREVENT**Chapter 2****Psychosocial and health aspects to prevent Harmful Practices****Chapter 2****Psychosocial and health aspects to prevent Harmful Practices****Psychosocial and health aspects to prevent Harmful Practices**

Preventing traditional HPs on women requires a multimodal approach that takes mental and physical health into account. These strongly ingrained cultural customs frequently take the form of brutality against women, child marriage and FGM. Designing therapies that target the underlying reasons and encourage long-lasting change requires a thorough understanding of the psychological impact. Women who are subjected to traditional HPs frequently experience profound emotional distress on a psychological level. When cultural expectations are combined with a violation of one's physical integrity, it may lead to intense emotions of remorse, shame and worthlessness. Long-term effects of this psychological suffering could include post-traumatic stress disorder, anxiety disorders and depression. Furthermore, by restricting women's freedom of choice and fostering negative misconceptions, these practices reinforce gender inequity. In order to address the psychological components, specific mental health care, counselling and community awareness, initiatives are needed to question deeply held beliefs that justify these kinds of behaviours (Chandra-Mouli & Al-Raiby, 2021).

Traditional HPs present both short-term and long-term health dangers. For example, women who undergo female genital mutilation are at risk of infection, difficult childbirth and long-term gynaecological problems. Child marriage raises the risk of maternal and newborn mortality while also endangering the physical health of young brides. In addition to medical measures, comprehensive education about family planning, reproductive health and the effects of these behaviours is also necessary for addressing health-related issues. It is imperative that women impacted by harmful customs should have access to healthcare services so they can obtain the necessary medical care and assistance. Furthermore, developing awareness and alternative, non-harmful rites of passage requires active community involvement and cooperation with local authorities. On the whole, eliminating traditional HPs on women requires a holistic approach that considers both psychological and health aspects. Societies may work toward ending these HPs, guaranteeing the well-being and empowerment of women, by addressing the underlying causes, offering mental health care and encouraging comprehensive education (Chandra-Mouli & Al-Raiby, 2021).

How can professionals detect the victims who have suffered traditional Harmful Practices?

In order to identify and assist individuals impacted by traditional HPs, professionals committed with this responsibility use a diverse approach. First and foremost, thorough training programs are essential for giving law enforcement officers, social workers and medical professionals the knowledge and abilities to identify symptoms and indicators connected to these kinds of abuses. Cultural sensitivity should be covered in this course, helping workers negotiate different traditions without reinforcing preconceptions. Working together across several industries is essential to a comprehensive detection approach. To establish a network of support and information sharing, health professionals should collaborate with community leaders, non-governmental organisations and educators. Community awareness programs are essential for creating a secure space in which victims feel comfortable sharing their stories.

Moreover, psychological evaluations and medical exams are essential parts of the detection procedure. Healthcare practitioners need to be skilled in both assessing the psychological effects of these practices on victims as well as recognizing physical injuries such as scars or mutilations. Anonymous web forums and hotlines are examples of confidential reporting systems that can motivate people to come forward without worrying about retaliation. Professionals should work with law enforcement agencies and be knowledgeable about pertinent legislation to make sure that offenders receive the proper punishment.

In general, identifying those who have been harmed by traditional HPs requires a thorough and cooperative strategy that incorporates professional training, community involvement, medical assessment, psychiatric support and legal intervention in addition to cultural knowledge. To successfully identify and support persons who have been harmed by such activities, a dedicated effort and collaboration is essential (Zero Tolerance, n.d.).

Why do women accept traditional Harmful Practices?

For a multitude of intricately linked causes, women may tolerate harmful customs. People's views and behaviours are frequently significantly shaped by cultural norms and societal expectations. These customs could be well embedded and seen as fundamental elements of cultural identity in many societies. Women might therefore feel pressured to follow these customs to fit in and prevent being rejected by society (World Health Organization, Regional Office for the Eastern Mediterranean [WHO EMRO], 2013).

Furthermore, the continuation of negative customs may be facilitated by restricted access to education and knowledge. People who live in settings with limited educational possibilities might not have the information or critical thinking abilities to challenge or question conventional wisdom or norms. This may lead to a generational cycle of adhering to bad practices.

Economical issues also play a role because women in some cultures may be dependent on their families or communities for financial support. Fear of the financial consequences, like being left out or abandoned, can make women follow customs even when they do not agree with them.

Furthermore, women might have minimal options for restitution if harmful behaviours are not strictly regulated or protected by law. For women, resisting or escaping such practices can be challenging considering the lack of legal provisions for their rights.

Fundamentally, women's acceptance of traditional HPs is the result of a complex interaction between cultural, educational, legal and economic variables that work together to ensure the continued existence of these habits. A holistic strategy is needed to address this issue, one that includes community involvement, legal reform, education, and activism to empower women to question harmful customs and raise awareness (Banda & Atansah, 2016).

Awareness and training - Women who have suffered traditional Harmful Practices have to face their society's cultural norms and their own medical, psychological and legal needs.

Women who have experienced traditional HPs have a multidimensional dilemma with social, physical, psychological and legal implications. The challenges experienced by impacted women are exacerbated in societies where these harmful rituals are still practiced because of deeply entrenched cultural norms.

The situation facing these women is made even more difficult by the legal aspect. Certain legal systems may not sufficiently tackle customary HPs, thereby depriving victims of suitable legal remedies. Affected women may become even more vulnerable if protective laws are not followed or enforced. Reforming legal structures and strengthening survivor protection are essential steps in ending the cycle of impunity surrounding these harmful acts.

SECTION 1: PREVENT**Chapter 2****Psychosocial and health aspects to prevent Harmful Practices**

It is essential to take a thorough and coordinated approach in order to effectively handle these difficulties. Campaigns for culturally aware education can be extremely important in upending deeply held beliefs and promoting discourse within the community. In order to help women navigate the legal system and pursue justice, it is essential that they are aware of their rights and legal protections.

A complex strategy including cultural sensitivity, education, specialist healthcare, legal reforms, and international lobbying is needed to address this issue. We can only hope to destroy the deeply ingrained systems that support these damaging practices and give impacted women a route to justice and healing by making such extensive efforts (UNICEF, 2021).

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SECTION 1: PREVENT**Chapter 3****Non-governmental organization Initiatives for Preventing Harmful Practices****Chapter 3****Non-governmental organization Initiatives for Preventing Harmful Practices****Non-governmental organization initiatives**

It is important to integrate FGM in the national plans for Prevention and Combating of Violence against Women and Domestic Violence. It can reflect the understanding that traditional HPs, namely FGM and child, early and forced marriages, are forms of violence against women and their combat should be expanded and strengthened, thus fully implementing the Istanbul Convention.

Addressing the issue of FGM requires a frank dialogue with the communities where the risk exists and with their leaders, under the principle of respect for their values and cultural reference frameworks.

Being aware of this, public policies that involve the representative associations of the affected communities in the work, are very important to have a positive impact in raising awareness in the communities and mobilising local privileged interlocutors, particularly religious leaders, to the cause.

In a peer-to-peer approach, Portugal, through CIG (Commission for Citizenship and Gender Equality) has, for some years now, instituted a funding line every two years, specifically targeted at all those associations that, by developing a very effective territorial base, admittedly do not have the necessary resources to obtain funding from traditional sources for the development of community scope solutions. These are also very tailored to the public, their contexts and circumstances, while also having the tendency to fall outside the more generalist benchmarks.

In 2021, a call for proposals for Financial Support for Projects to Prevent and Combat Female Genital Mutilation was opened, increasing the amount available to EUR 60 000. In 2023 a new call was made and the amount available increased to EUR 80 000.

This funding is intended for small associations that work with affected communities, professionals and children and young people with the aim of promoting greater awareness of the rights of girls and young women, as well as the health dangers of practicing FGM.

We can highlight some of the actions of these projects, such as:

- Information/sensitization sessions in schools on FGM (teachers and students);
- Training for health, education, and other professionals;
- Digital brochures and flowcharts for Network response;
- Debate Cycles- social media on FGM and feminist, racial and migrant activism;
- Awareness-raising sessions aimed at young people from at-risk communities;
- Artistic productions, using dance, music and poetry as weapons in the fight against FGM;
- Reflection/debate forums (debates with student writers/young people, online debates/forums on the Voice of the Diaspora channel and awareness-raising in the field);
- Training of activists to deconstruct with leaders, mosques and meetings or visits with leaders;
- Integrated protocol for action by all the institutions in a city to intervene in FGM;

- Talks at places of worship, e.g., mosques;
- Awareness-raising actions aimed at higher education students;
- Meetings with girls and boys from communities affected by FGM;
- Help groups.

In addition to the measures that NGOs can make happen on the ground with more proximity, it is also important to note that they can also bring to their leaders the need for national measures to combat and prevent FGM.

Successful projects and campaigns

For example, in Portugal, there is an Electronic Health Record- Professional Area is a web platform that allows the registration and sharing of information between the various institutions of the National Health Service.

To this day there are various efforts to promote greater dissemination of this registration system, crucial for epidemiological surveillance of the violence phenomenon and support of good practices.

National campaigns on preventing and combating early and forced child marriages (online campaigns and brochures) were made available and they are very important to raise awareness among the public and technical professionals working in the field, with the aim of deconstructing myths associated with these practices, as well as some of the main warning signs to look out for.

Also, airport campaigns to prevent FGM are important actions, not only to raise awareness of the consequences of the practice, but also by providing information on contacts and support resources.

A publication of a Model of signage and prevention of victims in Portugal was made for anybody traveling to countries with FGM practice and early, child and forced marriages. The model is intended for all entities that contact communities affected by the practice of FGM or early and forced child marriages. It seeks to list the currently existing mechanisms to protect children and young girls from the risk of leaving national territory to be subjected to those traditional HPs. Then, border authorities can also make the appropriate referral of cases referred to and/or found in a border environment.

There is also a cross-sectoral working group, composed by public bodies from different government areas, non-governmental organisations and migrant associations representing the affected communities. This thematic Working Group has the role of supporting the implementation of public policies to prevent and combat FGM, while being a platform for discussion, sharing of best practices and establishing partnerships.

This working group can create repositories with documentation, articles, theses, news, national and international reports and legislation, review literature, develop models of inquiries to consult those who work in the field and key sectors, launch awareness campaigns to public service professionals and other professionals with intervention on the field. Also, it can propose recommendations that can develop intensive training based on the know-how and recommendations that are produced in this context.

Another good example is the creation of support offices for victims of domestic violence and/or traditional HPs in the three national support centres for the integration of migrants. These support offices aim to provide an integrated and proximity response through specialised service, while also guaranteeing information and personalised guidance to migrants and descendants in Portugal.

Postgraduate training on FGM for health professionals is also a good practice, as is the training of judges and prosecutors, that can provide both initial and life-long training on various topics of fundamental rights and constitutional law, in the form of courses, workshops or seminars, which include gender-based violence and FGM.

SECTION 1: PREVENT**Chapter 4
Best Practices from Public Policies****Chapter 4
Best Practices from Public Policies****Best Practices in Public Policies for Preventing Harmful Practices**

A coordinated effort at all levels of government, including international, European Union (EU) and European state authorities is needed to eradicate HPs. Collaborative activities and agreements are important on an international scale. International bodies such as the United Nations (UN) and the World Health Organization (WHO) can give member states a forum to exchange best practices, create all-encompassing plans and set universal guidelines for doing away with detrimental cultural conventions.

Coordinated action is needed within the EU to address these behaviours uniformly among its member states. The EU has the ability to promote the sharing of knowledge, resources and skills among its member states. Furthermore, legal frameworks can be harmonised through the implementation of EU directives and rules, guaranteeing a cohesive approach against conventional HPs (Council of Europe, Group of Experts on Action against Women and Domestic Violence [Council of Europe, GREVIO], 2018).

For the past decade, the international community has mobilized to accelerate progress against HPs. International governance institutions have devoted specific priorities to the elimination of unlawful HPs through the enactment of regionally anchored plans targeting their mitigation and eradication. The United Nations Sustainable Development Goals, for example, calls for the elimination of HPs by 2030.

Nevertheless, traditional HPs have proved to be remarkably tenacious (Murray et al., 2023). Although a number of countries have witnessed declines in the prominence of FGM, child marriage or honour killings, the impact of migration has enhanced its presence across the world. Nations worldwide, which previously did not contemplate HPs as a societal challenge, increasingly include diaspora communities in which women and girls are subjected to these crimes. Similarly, evidence demonstrates that conflict-prone regions, in which indexes of unlawful practices had declined, are now facing a trend of re-emergence (United Nations High Commissioner for Refugees [UNHCR], 2020).

The question, therefore, is how to organise a State's response to maximise the likelihood of achieving the desired outcome – namely the decrease and ideally elimination of traditional HPs, whilst ensuring the effective pursuit of those breaching rules against those practices.

Within the context of Europe, a further dimension is layered on top of this, since these objectives are pursued alongside wider goals relating to: migration policy, social integration, respect for a person's cultural identity and community cohesion.

Achieving the right balance between countering traditional HPs and wider objectives is particularly challenging having in mind some of the root causes of traditional HPs based on patriarchal traditions and gender inequality. Similarly, traditional HPs are often based on societal norms which place the greatest importance on respect for and protection of the family unit and the community.

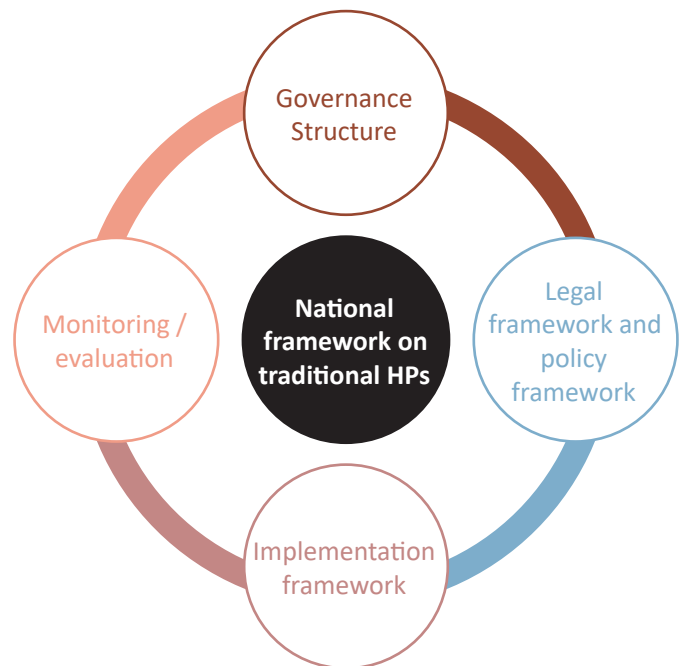
In addition to this challenge, as with other victims of crime policies, action against traditional HPs tends to be flawed as it either focuses on one type of HP or action is limited- in time, location, actors involved, or scope of objectives. This fails to take into account the many underlying drivers and consequences of traditional HPs and the multiple actors and sectors involved, which requires a comprehensive and co-ordinated response framework.

This chapter explores some of the core elements necessary to organise a comprehensive, long term framework against traditional HPs which is founded in victimological theory and practice. This brings together:

- pre-existing approaches to combating different forms of traditional HPs;
- core approaches to victims policy;
- the key elements of evidence based policy making.

As pointed out by the Committee on the Elimination of Discrimination against Women (CEDAW), a holistic approach must be established supported by appropriate legislation, political will and accountability (United Nations, Human Rights Office of the High Commissioner [UN, OHCHR], 2019). Bringing those all together, it can be seen that there are four broad areas essential to achieving long term progress.

1. An effective national governance structure must be established for determining the policies around traditional HPs and supporting implementation.
2. Laws must be in place to prevent traditional HPs, to pursue those who commit it and to enable actors to fight against it whilst supporting victims. These laws must be accompanied by appropriate policy making activities which help determine how change can be achieved.
3. Implementation mechanisms need to be in place and properly funded.
4. Monitoring, evaluation and adaptation processes are needed to ensure implementation is effective and impactful, and to identify what improvements are required.



National Governance Structure

As UNICEF (United Nations Population Fund & United Nations Children’s Fund [UNFPA & UNICEF], 2020) reflects with respect to FGM, it is:

A complex phenomenon at the intersection of culture, gender equality and health. Its elimination is not the responsibility of a single State organ (e.g. executive/judiciary/legislative) or sector (e.g. Ministry of Women/Family/Health) and requires political leadership and commitment at all levels of government (p.4).

Best practices demonstrate that for plans to be successful, **a holistic approach must be established, backed by appropriate legislation, political will and accountability** (UN, OHCHR, 2019). Likewise, transformation cannot be achieved exclusively at policy level.

SECTION 1: PREVENT**Chapter 4
Best Practices from Public Policies**

The point is even more valid when addressing all forms of traditional HPs. Similarly, we can look at systems put forward by the Office for Democratic Institutions and Human Rights from the Organization for Security and Co-operation in Europe (OSCE/ODIHR) for a National Referral Mechanism for victims of human trafficking as well as the national support framework that Victim Support Europe has put forward for victims of all crimes. These all focus on establishing governance infrastructure to determine what action is needed and how that action should be organised and implemented. Without these structures, action tends to be uncoordinated and on a short term basis. This is particularly ineffective where solutions rely on changes in behaviours, beliefs and social/ moral norms – something that is at the heart of countering traditional HPs.

Based on approaches set out by UNICEF, OSCE and Victim Support Europe (VSE), some of the key aspects of a governance structure are summarised below:

A national strategy that sets out key priorities, objectives, and governmental activities relevant to a given field (addressing traditional HPs).

Acknowledging that the aim is to change the attitudes that justify HPs, **strategies should coordinate local, regional and national sectors**, involving civil society organisations, religious authorities, law enforcement, and social welfare institutions (UN, OHCHR, 2019); those recommendations also reflect that political will and accountability across all policy levels need to constitute the first step to establish an integrated national plan.

Experts emphasise that for a strategy to be effective, coordination is key. Case studies demonstrate that in the best practices in preventing HPs, **cross-sectoral coordination** brings together all relevant actors within society (UN, OHCHR, 2019).

The joint programme strategy for FGM/Cutting abandonment is guided by the following principles (United Nations Population Fund [UNFPA], 2020):

- FGM/C is a significant sexual and reproductive health concern;
- Empowered communities making collective choices;
- Public declarations are a powerful means to persuade others;
- Engaging traditional and religious leaders as agents of change;
- The importance of banning the medicalization of FGM/C;
- Effective media campaigns shape attitudes;
- A human rights based legal framework accelerates abandonment.

Some of the key coordination structures include:

- A national coordinator who is a high-level government or civic official responsible for the overall delivery of the system;

- An independent body in charge of monitoring and challenging government on its policy, which would give recommendations and advice to the government as well as act as the voice of victims of traditional HPs and raise awareness of victims' rights and issues;
- A working group or implementation committee made up of senior governmental and civil society representatives, who can develop and implement the National Traditional HPs Strategy and coordinate activities across different sectors;
- Ad hoc working groups that deal with specific issues or types of traditional HPs;
- A national advisory council composed of victims and survivors ensures that the voices of victims are an integral part of the development of policies, procedures and practices;
- Integration with wider support and referral mechanisms that ensures victims are referred to the appropriate services.

With respect to coordination approaches, it is essential this occurs not only across sectors and between civil society and state actors, but also at the community, local and national level. This means that policies must consider the improvement of educational capabilities, social welfare programmes, access to healthcare and law enforcement, among others, as well as **enhancing stakeholders' participation**. It includes interacting with and getting feedback from members of civil society, judicial authorities, traditional leaders, or community members.

Moreover, as Victim Support Europe explains

“Specific operational details may be set out in legislation, administrative rules or in practical guides, though greater consistency and certainty is achieved through legislation. Such details can include: an assessment to determine the key stakeholders; who should participate in the framework; what structure might be most effective in any given country; and what issues require the most attention. Working arrangements, setting out roles and duties, should be formalised, for example, through protocols or Memoranda of Understanding. To guide the development of a national strategy and the implementation of a national referral mechanism, policy makers should be encouraged to use countrywide and community focused needs assessments. In short, the assessment is a strategic process to identify the needs of a community at a national, regional or local level, in order to better address and integrate those needs in planning and delivering services” (Meindre-Chautrand et al., 2022, p. 11).

Good practice – Example of coordination (European Institute for Gender Equality [EIGE], 2013):

A 2013 EIGE report on good practices in combating FGM highlighted a coordination policy established in the Netherlands. A Commission Fighting FGM was set up which resulted in a range of actions including several pilot projects focused on prevention.

Those projects use a chain approach which is a method of collaboration between a number of key actors dealing with FGM including those working on FGM protection, prevention, prosecution and provision of services such as Youth Health Care (YHC); police; schools; medical professionals (midwives, maternity care, GPs, gynaecologists, paediatricians); child protection (Youth Care (YC)); migrant organisations; and advice and reporting points on child abuse. Moreover, the strong cultural anchoring of the practice of FGM required the inclusion of communities of migrants from FGM-practising countries living in the Netherlands to provide adequate services and protection

In the chain approach the actors and chain members get to know each other so the threshold for asking questions and inter-referring cases is lowered. Joint working is supported through the elaboration of co-operation protocols points which set out the roles and responsibilities of each actor in the chain, as well as instruments to support their activities. Training and knowledge sharing also form important aspects of the chain approach.

SECTION 1: PREVENT
Chapter 4
Best Practices from Public Policies

All best practices commonly share the engagement of diverse profiles when it comes to developing and implementing strategies, to ensure that the primary concerns relating to HPs are accurately identified (UN, OHCHR, 2019).

Policy and Legal Framework

With respect to policy making, this should be developed through the structures described above and should include core aspects of evidence-based policy making combined with victims' policy making. Policy positions then support implementation decisions including whether laws or other formal rules are required. Some of the key aspects of policy making include:

1) Establish a vision and objectives for action

At the heart of this vision is a victim sensitive approach that includes understanding the needs of victims which are interlinked with the harm caused by the crime. Layered on top may be wider societal issues, needs of different sectors and actors etc.

Taken from the UN's definition of a victim-centric approach, the victim sensitive approach as set out by Victim Support Europe is one that ensures victim-centric priorities exist, are effective and are not inferior to defence rights and guarantee respectful treatment, victim empowerment, well-being and safety (Meindre-Chautrand et al., 2022). Ultimately, it ensures victims' priorities are at the heart of decisions and these are balanced having in mind other rights and priorities.

UN Definition of Victim-Centric (UNHCR, 2020):

"a way of engaging with victim(s) that prioritises listening to the victim(s), avoids re-traumatization, and systematically focuses on their safety, rights, well-being, expressed needs and choices, thereby giving back as much control to victim(s) as feasible and ensuring the empathetic and sensitive delivery of services and accompaniment in a non-judgmental manner" (p.6).

Policies should be designed following this victim sensitive approach which also means including within their objectives meeting the needs of the victims: respect, recognition, protection, support, access to justice and compensation/ restoration and the addressing of any kind of harm caused to victims.

2) Determine what are the problems and drivers for problems and crime

Alongside identifying objectives, public policies must consider the historical, cultural, religious, situational and many other aspects of HPs and address these drivers of HPs as part of a long-term shift in behaviour and mentality of individuals (UNHCR, 2020). In addition, the problems that victims face, why they face those problems and any other wider challenges, for example, by practitioners in responding to traditional HPs. These all must be taken into account.

Properly assessing the combination of these issues helps to determine the most appropriate actions in terms of prevention, pursuing perpetrators and supporting victims. Moreover, by understanding the specific issues for each form of HP, common issues requiring common solutions can be determined.

For example, with respect to child marriage, as the Inter-Parliamentary Union (IPU) has pointed out – the causes are complex, interrelated, very often dependent on socio-economic circumstances and the cultural context relevant to that country. “Gender inequality, poverty, social exclusion, marginalisation and insecurity are some of the factors that drive and underpin the practice of early marriage” (Svanemyr et al., 2013, p. 9)

In contrast, many organisations point out that FGM is both an age-old practice perpetuated because it is a custom, but also it is one that perpetuates control over women and gender inequality. However, in understanding that FGM is a social convention governed by rewards and punishments, it is also understood that abandonment of the practice involves support from the wider community, especially its elders (Mbaku, 2021). In addition, whilst in case of early child marriage, parents may feel they are acting in the best interests of the child, on the other hand, a family may carry out FGM out of fear that not conforming would bring greater harm to the family including through shame and exclusion.

Understanding these factors leads to a participatory approach to determining needs and solutions. Participatory deliberation which is based on human rights principles encourages individuals to describe and articulate their own values, reach consensus on their common goals and reflect on the obstacles to achieving their common goals. This leads to a process of reflection and action that can result in large-scale social transformation (Gillespie & Melching, 2010).

Identifying good practices from the field and other sectors

Based on the aforementioned analytical process, pre-existing good practices in the field and in other sectors may be identified which are well designed to address the problems. In this respect, the EIGE’s report on good practices with respect to combating FGM established an effective process for analysing practices to determine if they were indeed good practices (EIGE, 2013).

Some of the key criteria (as part of a standard EU evaluation approach) used for the analysis of practices were:

- sustainability;
- impact;
- effectiveness;
- efficiency;
- relevance.

As part of this analysis, each practice was also examined with respect to its gender equality objectives, whether specific/outcome changes were an actual result of the process/ activity, which target groups, aims, methods and tools were used, whether there had been an evaluation of practice carried out, ways in which the good practice/activity could have been improved, plans to gather financial resources and/or institutional arrangements and transferability.

Having identified potential solutions, further impact or cost-benefit analysis and feasibility should be carried out, again through pre-existing coordination structures.

Developing a Legal Framework

Having determined policy priorities, these must next be implemented. A starting point is to determine the necessary legal framework. This measure should be adopted to put an end to traditional HPs and to prosecute those who carry out such practices. One obvious element of this is the criminalisation of these acts. However, to be truly effective, it is not enough to simply criminalise the act. Many other factors have to be taken into account such as support for such acts, accomplices or assistance, aggravating factors etc. In addition to this basic framework, other laws should enable actors to cooperate, share information, take action against those who carry out traditional HPs abroad, and much more.

SECTION 1: PREVENT**Chapter 4
Best Practices from Public Policies**

Laws are required on two fronts – to make traditional HPs as difficult as possible to carry out and to hide whilst making it as easy as possible for government and non-government actors to cooperate, whilst supporting victims.

In this respect, criminal law may not always be the best solution and all options should be examined. Equally, gaps, exceptions and loopholes should be identified as well as laws which may result in unexpected consequences such as the medicalisation of FGM.

An example of a good practice in law: Spain

In Spain since 2001, various resolutions and laws have been adopted to combat HPs. This began in Catalonia with a Parliamentary resolution on measures against the practice of FGM. A protocol aimed at preventing FGM was subsequently passed, addressing health professionals, primary care social services, schools, police and other preventive associations. It was updated further throughout Spain in the following years. In 2010, a specific law was also adopted that establishes prevention, care and protection for girls who have been subjected to FGM or are at risk of undergoing the procedure (Law 14/2010 of May 27 on Rights and Opportunities for Children and Teenagers)

Implementation Framework

The process of implementation is broken down in line with core objectives, which as explained are designed to eliminate traditional HPs and the harms caused by traditional HPs. In addition, vertical coordination must be put in place to allow states to cooperate at local, national and international levels, in creating transnational plans that are later adapted to the cultural realities of each nation (UN, OHCHR, 2013). Past policies also demonstrate that general guidelines are not sufficient and that strategies must always be holistic, in entailing appropriate measures, tools, policies and budgets.

Preventing traditional HPs: root causes and individual cases

This should be understood on two levels – at the social level and at the individual level. With respect to the social aspects, as the UN points out:

To be effective, legislation needs to be supported by an engaged and multidimensional process of national implementation that includes: information and awareness raising initiatives; available and accessible services; active institutions; and a wide process of social mobilisation. With the involvement of community and religious leaders, parliamentarians, professional associations, academic institutions and grass-root organisations to influence and mobilise society for change, legislation can then gain traction as a genuine deterrent (United Nations, Office of the Special Representative of the Secretary General on Violence against Children, & Plan International [UN, Office of SRS/ VAG & PI], 2016, p.19)

Thus prevention is focused on addressing root causes related to social norms and behaviours, related to socio-economic conditions and to gender inequalities. This requires significant efforts related to awareness raising and education with the entire system built from the ground up through community based solutions. Some key implementation areas are discussed below.

Secondly, it must be focused on individual cases. This means putting in place systems and structures to help at risk individuals to come forward and seek assistance in a way that does not put them at additional risk. It also means proactive efforts to identify high risk situations or vulnerable individuals who may be exposed to HPs. This requires multi-agency working since many different actors can be in contact with at-risk individuals. Moreover, solutions often require at-risk individuals to either escape the situation (their family and community) entirely, without returning, thus generating even more risk. Either that or it requires mediation between the victim and the family/community which also poses many risks.

Swedish police – Honour crime risk checklist - A European Parliament report discusses this practice (Prpic, 2015):

The Swedish Patriarch checklist is a structured professional judgement tool used by the police in cases of suspected risk of “honour”- based criminality. Experience with using this checklist has been reported as positive. The list includes traditional risk factors for targeted violence and factors specifically related to “honour”-based violence (such as previous “honour”-based violence, attitudes that support “honour”-based violence, origin from an area with known sub-cultural values, and lack of cultural integration). This list is important because it can be used in prevention of the crime and by police officers in the field.

Addressing Financial Drivers

With respect to economic drivers, practical interventions can be focused on **mitigating lack of resources**, through the design of policies that address the economic drivers of HPs. The United Nations provides a case study about Ethiopia, emphasising how 80 % of the interviewed victims of forceful marriage, were forced to it due to economic reasons (UN, Office of SRSG/VAG & PI, 2016). In that regard, for instance, financial incentives can be provided to defray school fees, conditional cash transfer programs can be implemented or cash grants can be offered (United States Agency for International Development [USAID], 2020).

Similarly, in less favoured communities in which discriminatory norms restrict the social mobility of women, **human capital must be strengthened**, establishing a solid knowledge base for girls (USAID, 2020). Educational programmes which confer knowledge, build skills and empower girls to successfully transition to employment, are fundamental.

Community Engagement and addressing root causes

Community engagement is essential to addressing traditional HPs since they are largely based on social conventions, social norms and moral norms. This means that to be successful in both prevention and protection, solutions need to be designed by and with communities and need their participation.

Three drivers for continuation of traditional HPs

Social conventions: a social rule that members of a community follow based on the expectation that others have done the same and that others will follow suit. Compliance is in everyone’s own best interests.

Social norms: a rule of behaviour that members of a community are expected to follow and are motivated to follow through a set of rewards and sanctions. Compliance is motivated by expectations of rewards for adherence to the norm and fear of sanctions for non-adherence.

Moral norms: a behavioural rule motivated by personal values of right and wrong. This differs from the first two (though is also influenced by them) in that it is intrinsically motivated rather than extrinsically motivated by social rewards and sanctions.

SECTION 1: PREVENT**Chapter 4
Best Practices from Public Policies**

As described by Gillespie and Melching (2010), participatory deliberation:

Encourages individuals to describe and articulate their own values, come to a consensus on their communal objectives and think about what obstacles are in the way of achieving their common goals. This leads to a process of reflection and action that can result in large-scale social transformation. Members of the community introduce and discuss concrete issues that appear as ‘givens’ in their lives, such as the tacit acceptance of abuse by female victims of domestic violence. When they connect these real situations to the more abstract domain of human rights, discussing such subjects as the right of everyone to be free from all forms of violence, communities are encouraged to become proactive and find solutions. This may be in the form of setting up a mechanism that can protect at-risk girls and women and intervening to prevent violence (p.16-18).

Many different examples of how to support community engagement exist. However, it is useful to define some frameworks of reference for approaching community involvement. For example, the Replace Framework is an innovative approach in addressing FGM which “replaces the dominant methods used to end FGM in the EU which focus on raising awareness of the health and human rights issues associated with the practice and then expecting individuals to change their behaviour concerning FGM” (Barrett et al., 2015, p.6). Similarly, the Participatory Action Learning System (PALS) developed by Linda Mayoux, helps women and men to develop achievable targets for change and roadmaps to move towards their visions (Mayoux, 2022a). Action is also expanded to include community change namely through the training of champions (Mayoux, 2022b).

Replace Framework – FGM - The three pillars of the Replace Framework are:

Behavioural Change: REPLACE has adopted relevant elements from both individually focussed behaviour change theories and the theories that concentrate on the role of society to tackle the social norm of FGM.

Engaging and working with communities: The REPLACE Approach uses Community-based Participatory Action Research (CPAR) to engage with communities and collect information concerning individual and community practices and beliefs regarding FGM and the perceived barriers to ending FGM. This means involving the community at all stages in examining problems, social norms perpetuating FGM, design of solutions, evaluation etc. Interventions must also take into account the different stages of readiness that a community is at with respect to abandonment, and how to move communities towards such readiness. This adapted the Tri-ethnic Centre’s Community Readiness model to the issue of FGM in the EU following dimensions of change, to determine a score to match to one of nine stages of readiness to change. The nine stages of readiness set out in this framework are: No community awareness, Community Denial/Resistance, Vague Community Awareness, Preplanning, Preparation, Initiation, Stabilisation, Expansion and Community Ownership. At the appropriate moment, the community should next be part of the intervention development, followed by delivery and evaluation.

Evaluation: The REPLACE Approach advocates the use of evaluation approaches that can be easily adopted and employed by communities and organisations working with limited budgets, so that they can assess the effectiveness of their work and decide how best to make use of limited funds and resources.

Education, Training and Awareness Raising

As reflected in the Replace and the Gender Action Learning System frameworks, change in individuals and communities requires awareness, training and wider education. This may focus on values and norms but it is also important regarding income means and independence whereby girls and women are empowered to get further education, get employment, become self-employed or be business owners.

Example 1: Education

Case studies demonstrate that promoting and supporting female literacy, acutely decreases the prevalence of unlawful practices, such as FGM and early childhood marriage. The target should be to promote female education, both for adult women and young girls, by increasing school enrolment and attendance above primary school years.

A geographical assessment by UNICEF highlights that low levels of education are a common defining feature of communities in which the indexes of child marriage are high. Data demonstrates that “in the five countries with the world’s highest rates of child marriage, 15 % or fewer girls finish secondary school; in the top three countries, completion rates for secondary school are no more than 5 %” (Murray et al., 2023, para. 4).

Case studies cannot be clearer about the nexus between prevention and increased literacy: it tackles a grassroot issue which is systematically forcing women to accept unlawful crimes. Importantly, in the European context, education levels and outcomes are largely poorer from migrant children. For example, European Commission research by RAND Europe (Harte et al., 2016) indicated evidence that:

On average EU migrant children do not do as well at school as their native counterparts, especially when their new country’s language is different. Moreover, the underperformance in education of EU-migrant children is associated with later challenges in the labour market. For example, rates of youth unemployment among EU migrants tend to be higher than for non-migrant youth (p.iii).

Similarly, Eurostat data showed a much lower level of early leavers from education amongst young nationals who lived in their own country (8.3 %) compared with young non-EU citizens in the EU (26.1 %) and for young citizens of an EU Member State living in another EU Member State (21.4 %) (Eurostat Statistics Explained, 2024).

Not only must access to education be increased but the quality of the education must also be focused on to foster discussions about the societal roles they are accepting, in turn generating a pivotal change in communities. At the same time, knowledge and **training of skills empower women to successfully transition to employment** (Murray et al., 2023).

Good practice: Education of communities and capacity-building to eradicate early marriage in Kenya (Plan International, n.d.):

In the Kwale and Kinango Districts of Kenya, the average age of brides stands at a mere 12 years. Despite the illegality of child marriage in Kenya, the practice remains deeply ingrained, frequently serving as an economic alternative for impoverished families.

Within the context of Joint Recommendation by CEDAW and the CRC, the **Early Girl Child Marriage Project** was initiated in March 2008 by the NGO Plan International. It envisioned to employ innovative approaches to safeguard girls from the illicit practice of child marriage.

Most specifically, the project aimed at altering the cultural practices which recurrently allow for child marriage, by **working at societal level towards recognising and confronting HPs to their children.**

SECTION 1: PREVENT**Chapter 4
Best Practices from Public Policies**

The project brought together a **consortium of diverse stakeholders**, enhancing collaboration between policy makers, civil society organisations, local advocates, and health professionals. Before designing the correct action plan, an **analysis of the cultural attitudes** which perpetuate discriminatory norms was conducted, to establish an overall framework of action. The most positive outlook came from the **cross-sectoral capacity building**, regarded for teachers, school management committees and local leaders.

Evidence collected on the impact of the project shows how intergenerational dialogue forums facilitated by children heightened awareness of the harmful consequences of traditional practices, already paving the way for a mentality shift.

Additionally, the enhanced community-level support, has the potential to lead to more favourable attitudes towards girls' rights. Duty bearers, such as teachers, have posteriorly exhibited increased commitment to combating early marriages, ensuring girls stay in school and complete their education.

Example 2: Awareness raising

Action-oriented strategies need to address the lack of information at ground level, providing **long term awareness raising activities**, to achieve the shift in mentality and behaviour needed in local communities.

The initial step should be the development of awareness-raising activities on the harmfulness and impact of traditional practices, with a particular focus on health concerns. United Nations strategies in Sudan illustrate that men are broadly unaware of the nature of FGM, therefore, awareness campaigns prove to be extremely beneficial (Murray et al., 2023).

Campaigns to eliminate the prevalence of traditional HPs must not be limited to an initial contact, but rather follow on after initial awareness building. Equally, the target population cannot only be women, all societal levels can benefit from awareness raising campaigns to generate the shift in thinking that is needed. In particular, it is extremely important to **inform parents, religious or traditional authorities or health workers**, with a focus on harmful health consequences rather than the legal or human aspects (Murray et al., 2023).

Good practice: Eliminating FGM in Mali (Plan International, n.d.):

As per data from the 2006 Health and Population Study, "85% of Malian women aged 15 to 45 have undergone some form of excision, seven out of ten before the age of five" (p.6). To address this issue, Plan International started executing a project against FGM in 2004, aimed at diminishing the practice, by tackling the underlying issues at national and local level, coordinating actions between a diverse stakeholder group.

Plan Mali employees and partners received training on human rights and FGM, while civil society organisations initiated **community public awareness campaigns** and facilitated women's access to healthcare.

The impact of the project has proved to be quite positive, with around 70% of girls up to the age of five saved from the practice in project villages. Additionally, enabling positive change involving building the capacities of grassroots community organisations, influenced a shift in mentality in traditional leaders.

It is also fundamental to take into account and integrate within strategies the cultural reality of the country of implementation: policies must respect and be adjusted to the cultural specificities of the countries they are targeting, in accordance with a culture-sensitive approach.

Good practice: Changing social norms in Ethiopia through awareness-raising (UN Women Africa, 2023):

UN Women has implemented several action plans in African countries, to help change social attitudes that lead to the prevalence of crimes against females. In October 2023, a summary of its campaign in Ethiopia was published, enlightening about the extent to which underlying social factors can affect cultural realities.

The case study illustrates the issue of child marriage in the region, through the testimony of Mengistie Tegenie, a young man whose four sisters were forced to marry at an early age. The initiative of UN Women, in partnership with other local and international organisations, started in 2021 and has allocated funds to prevent and respond to child marriage in countries across Africa.

The main task has been the creation of awareness raising campaigns at grassroot level, in the form of community conversations engaging women, children, and men. The key innovation was the involvement of community leaders, who can help modify the notion on the extent to which HPs affect women and girls.

Educational safeguarding resources were created for professionals to be trained and legislative changes including mandatory reporting were enacted. The HPs pilot strategy implemented 74 training courses, delivered to practitioners. Training efforts have posteriorly been recognised as an outstanding success, since they improved the knowledge of front-line practitioners and their ability to identify the occurrence of HPs.

Further interesting initiatives directly tackle issues at communal level, by working with traditional leaders in awareness raising activities, to demonstrate the harmfulness of practices such as FGM. During the course of the strategy, **51 community engagement events** were carried out, aimed at awareness raising among participants. These community engagements were given quite positive feedback, with attendees recognising their deeper understanding about these crimes and the negative impact for women.

Pursue, Prosecute, Punish those who perpetrate traditional HPs

While a strong legislative framework is essential, the nature of traditional HPs makes the pursuit of perpetrators particularly difficult. Often the only witness is the victim, who may be unwilling to participate in the prosecution of family members or the community. The community itself is likely to close ranks and be uncooperative whilst police and prosecution may also rely on individuals from the community to support procedures, for example through interpretation and translation services.

SECTION 1: PREVENT**Chapter 4
Best Practices from Public Policies**

As the Office of the Special Representative of the Secretary General on Violence against Children and Plan International (2016) indicate:

When law enforcement is pursued in isolation from social engagement, without information and advocacy campaigns, and lacking support from adequate child protection measures, harmful practices run the risk of moving underground where they are hidden from the public domain, and make their prevention and children's protection particularly difficult (p.19).

Recognising the need for a comprehensive approach, the Netherlands has put in place a series of measures with respect to combating honour based crimes starting with the fact that the police have stressed the importance of differentiating between honour-related violence and domestic violence.

- Since 2004, the multi-ethnic police work, which was a pilot unit of the police force, has been tasked with collecting data on honour-related violence.
- In 2005, a joint protocol was set up between the police, the Public Prosecution Service and the organisation Women's Shelter in order to improve detection of honour crimes and formulate an effective approach to this type of violence.
- An honour crimes coordinator is assigned to each police unit. The Haaglanden police review complaints recorded by the main police station, on a daily basis. Since 2011, honour crimes have been indicated by markers (red flags) in their computer register. A "checklist" is used by police officers to differentiate honour crimes from other types of crime.

Case Study: Family Justice Centres - Belgium - help victims of traditional HPs

This pioneering approach to domestic violence brings together different organisations such as the police, public prosecutor's office, social welfare, local municipalities, youth (protective) services, probation services, amongst others, together under one roof.

While an essential element of the system is that organisations have representatives in a single location, it is as much about getting to know each other, knowing each other's possibilities and limitations. It is about creating a joint vision and a joint language to strengthen cooperation and tailor-made solutions. This is at a policy level, but especially at a victim's level, because no two cases are the same. Everything – whether related to risk, harm, what is driving the violence, how the violence can be addressed, impacts on the victim and family members – must be explored collaboratively. This means screening for risk factors, sharing information, analysing the situation, looking for patterns, determining the HP profile (compared to families in distress, coercive control, high conflict divorce...) and developing a tailor-made approach for each individual situation, never losing sight of the safety of everyone involved, especially the safety of children. Decisions are made according to the victims' best interests – not by what is easiest or quickest.

In the case of traditional HPs, Family Justice Centres can provide a multi-agency and systemic approach to assist victims. To illustrate its functioning, the team working on honour related violence within the Limburg Family Justice Centre, can be flagged as an example. The Centre works in coordination with police officers and welfare professionals to attend to victims who suffered this form of violence.

When it comes to dealing with victims of HPs, it is fundamental to carry out an extensive analysis of the nature, level and immediacy of risk. In that regard, having a strong understanding of family ties, the community environment, and drivers behind the practice are essential. Moreover, the centres ensure that multiple agencies completely understand the risks of honour crimes and other HPs, to avert further possible risks.

Likewise, the approach taken in honour violence cases is quite tailored to the circumstances of the victim. For instance, engagement with community members is not always possible, since it can add danger to the well-being of a victim. In certain cases, even, total separation from the family may be the only successful solution to avoid jeopardising the victim, or even family members opposed to unlawful practices. Total separation is extremely difficult for victims, who in many cases decide to go back to gain acceptance. In these circumstances, the centre can support safer returns by engaging with the family and community leaders to find a suitable resolution in line with the victim's wishes and needs.

Supporting victims of traditional harmful practices

In line with the principles set out in VSE's national victim support framework, it is critical to maximise easy access for victims of traditional HPs to support services. This means that services specialised in supporting all victims should exist as well as services that are specialised in supporting victims of traditional HPs and victims from different communities. Specialist services may focus on one type of HPs, may focus on one type of support, e.g. a shelter, they may be provided within services that support other victims. In Berlin, for example, the organisation Papatya provides counselling, shelter and advice to female victims of domestic violence, forced marriage and abduction.¹

To maximise access, entry routes to services should be diverse including through helplines, drop-in visits, referral from organisations, community based and mobile services, outreach and awareness raising activities etc.

The way that the services operate should be coordinated through national and local mechanisms, which ensure speedy and easy referral from any organisation in touch with a victim to the appropriate support service. In the Netherlands, for example, the Ministry of Justice, in association with Women's Shelter and the organisation Fier Frise, has developed a shelters pilot project especially for women who have been threatened with or are victims of honour crimes. Organisations assisting victims should operate to recognised standards and should have specialist knowledge and capability to address the specific needs of victims of each type of HP. To be successful those organisations should be part of or co-operating with relevant local communities, whilst also addressing any risks of such co-operation.

Monitoring and review

Establishing well-functioning and **effective monitoring mechanisms**, ensures that state parties can track the progress. Not only is the collection of data fundamental in that regard, but rather also a comprehensive set of measures which assess the evolution of results (UN, OHCHR, 2019). Such monitoring should occur at local and national level. This means that individual actions and projects should include success/impact

¹ Papatya – Protection and Counselling- Berlin

SECTION 1: PREVENT**Chapter 4
Best Practices from Public Policies**

criteria and evaluation mechanisms. Equally, evaluation processes should be adopted by local authorities in relation to their yearly and strategic planning, and the same should be applied to national actions and strategies. Such monitoring has to be planned from the outset so that criteria can be agreed and relevant data collected on a continuous basis in order for evaluations to be able to succeed.

Evaluation of London harmful practices Pilot (Pepper & McKinnon, 2017):

An example of an evaluation process can be seen following the pilot project led by the Mayor of London. The Mayor's Office for Policing and Crime (MOPAC) HPs Pilot aimed to improve the way agencies identify and respond to FGM, "Honour" Based Violence (HBV), Forced Marriage (FM), and Faith Based Abuse (FBA), with a focus on early identification and prevention, safeguarding and support, and community engagement. It involved three key areas of work: training for professionals; an Educator Advocate (EA) service and community engagement activity. The final evaluation report was based on an interim report for the first year, drawn up in June 2016, which focused primarily on implementation, views of those attending the first tranche of training sessions and the early experiences of professionals and communities receiving services as part of pilot delivery.

The aims of the evaluation were to critically review implementation, capture the views of practitioners and capture the views of communities. According to the report, the "evaluation fieldwork incorporated a holistic range of methods to capture both 'the numbers and the stories' of those involved in the pilot" (p.7). This included: stakeholder surveys, training feedback surveys, community engagement surveys, semi-structured face-to-face or telephone interviews with stakeholders, pilot staff, practitioners and clients; observations at four training sessions and five community engagement events; and performance data around both individual cases supported and overall pilot project.

How can the legal system of a country contribute to the abolition of cultural traditional harmful practices?

An important factor in addressing and abolishing harmful cultural traditions is a nation's legal system. Legislators must pass legislation that clearly forbids these kinds of activities and makes them illegal in order to do this. These rules ought to be all-inclusive, covering everything from psychological abuse to bodily harm, so as to ensure that all aspects of detrimental cultural customs are adequately taken care of.

In addition, strong legal frameworks need to be put in place to make these laws enforceable. This entails setting up divisions within law enforcement, organisations that are specifically equipped to look into and manage situations involving harmful cultural practices. To guarantee these units' effectiveness, sufficient funding must be provided and working with pertinent NGOs and community leaders can expand the scope and influence of law enforcement.

Furthermore, victim care and protection must be at the forefront of the laws. The implementation of safe spaces, psychological services and financial aid may be necessary to enable victims to escape the

destructive cycle of behaviour. By providing witnesses with security and anonymity, laws should also promote reporting and a climate of responsibility in local communities.

But without campaigns to raise awareness and educate the public, legislation on its own is inadequate. The judicial system ought to collaborate with academic institutions, local authorities and civil society organisations in order to increase public awareness of the harmful consequences of these actions. Communities may experience a shift in attitude as a result, encouraging a general rejection of HPs.

Additionally, international cooperation is essential. Nations can work together to exchange resources, tactics, and best practices in the struggle against dangerous cultural practices. This could entail taking part in international agreements and treaties that highlight the commitment of all nations to end these kinds of practices.

As it stands up, national laws shall specifically aim at the elimination of harmful cultural traditions by drafting effective laws, enforcing them effectively, providing victim support services, launching educational programs and collaborating with other countries in tackling such phenomena. Making a significant and long-lasting change requires both a larger social effort and a thorough legal strategy.

The issue of FGM should be included in the National Strategic Objectives and measures such as those mentioned below could be considered:

- Integrating the issue of traditional HPs into local and regional public policies.
- Developing and disseminating campaigns, information and awareness-raising actions and support materials for preventing and combating traditional HPs.
- Integrating the issue of traditional HPs into educational materials and references, in the training of teaching and non-teaching staff and in higher education curricula.
- Integrating the issue of traditional HPs into development cooperation and promoting international projects.
- Support for migrant and refugee victims of traditional HPs and their descendants, particularly in the context of the various support networks for migrants, victims of domestic violence and human trafficking.
- Reinforcement of bilateral cooperation between states in the signalling and protection of girls and young women who are potential victims of traditional HPs, through bilateral protocols signed with a view to signal and protect girls and young women who are potential victims of traditional HPs with a view to monitoring them at their destination and a report mapping cases reported and/or detected in border environments.
- Support for civil society organisations in the development of projects aimed at empowering girls and women from communities affected by traditional HPs.
- Carrying out studies on the prevalence of FGM.
- Postgraduate courses specializing in FGM for health professionals.
- Qualification of professionals from the Justice, Health, Social Security and Employment, Education, Security Forces and Services and other Public Administration professionals that work with the migrant population.

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SECTION 1: PREVENT

Chapter 4
Best Practices from Public Policies

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SECTION 1: PREVENT**Chapter 5****Evaluation and impact assessment of interventions to prevent harmful practices****Chapter 5****Evaluation and impact assessment of interventions to prevent harmful practices**

The evaluation of social programmes has been widely discussed in development economics and public policy literature. Contemporary methodologies include the theory of change as well as the counterfactual evaluation methodology. With regard to evaluating the impact of programmes to prevent traditional HPs, this chapter aims to, firstly, establish recommendations on how to implement an evaluation of programmes aimed at preventing HPs, based on tangible quantitative and qualitative indicators. Secondly, the chapter aims to understand the typology and respective impact of existing evidence on FGM interventions, following a report published by UNFPA, UNICEF, WHO and Population Council Kenya.

5.1. Impact Indicators

In order to evaluate specific programmes to prevent FGM, among other traditional HPs, an organisation must ensure that the programmes are based on impact indicators, analysed using quantitative or qualitative methods. Many contemporary authors have also defended the thesis that developing a theory of change can be a relevant means of evaluating the impact of a project. In order to design a theory of change to evaluate a project aimed at preventing FGM, a multisectoral approach should be considered. Such an approach should include the system, organisational, community and individual levels, recognising that changes at these levels can contribute synergistically to the elimination of FGM and the advancement of gender equality (UNFPA & UNICEF, 2020).

The evaluation framework should include impact, outcome and output indicators organised by domains such as enabling environment, changing norms of FGM, empowerment of girls and women, FGM prevention, protection and care services. It is important to have a clear system for regularly reviewing progress, including identifying and analysing factors that may facilitate or restrict the achievement of the expected results. It is also relevant for the evaluator to ensure that the theory of change includes mechanisms for change and intermediate results, such as - by way of example - peer dialogue systems, sanctions against FGM and alternative rites of passage, which are crucial for the empowerment of women and girls and the disappearance of FGM norms (UNFPA & UNICEF, 2020).

Defining tangible indicators to assess the minimisation or elimination of traditional HPs can cover a range of factors, depending on the area of intervention. If a training programme is being developed, these indicators could include the knowledge and attitudes of health professionals, educators and community members towards HPs (Abdulcadir et al., 2017). If the context is health, an impact indicator could be the readiness and speed of response of health systems to prevent and respond to HPs, including the availability of services and expertise (Kimani et al., 2022).

With regard to indicators contextualised in community practice, understanding community perceptions and beliefs related to HPs, as well as the prevalence and acceptance of these practices in specific cultural contexts, all these can be considered a relevant social indicator (Masho & Matthews, 2009). Similarly, examining traditional beliefs and practices that may contribute to the prevention of HPs can also be an integral part of the assessment (Abebe et al., 2021).

On the other hand, in relation to projects aimed at changing the political and legislative system through human rights advocacy, assessing the existence or application of legal and political frameworks aimed at preventing and addressing traditional HPs, including the presence of action plans, registration systems and preventive initiatives, can be considered a relevant indicator (Christoffersen et al., 2018). The existence of legal frameworks can also benefit from an analysis of monitoring systems and referral procedures for affected individuals, as well as an analysis of adherence to international, regional and national laws related to the prevention of these practices. Measuring awareness of violations of these human rights- in the form of HPs- and the potential of restorative justice in addressing these violations may also be an indicator to consider (Wenzel et al., 2021).

Assessing the prevalence of gender-based violence and traditional HPs against women, including the factors associated with these practices, is a critical aspect to analyse (Gebre et al., 2019) and understand the socio-cultural context and its influence on the perpetuation of HPs, including the impact of socio-economic status, education and community norms, which is also an integral part of the assessment.

These indicators, when assessed together, can provide a comprehensive understanding of the prevalence, determinants and responses to traditional HPs and human rights violations in different contexts, allowing better evaluation of programs and interventions.

With regard to qualitative evaluation methodologies, FGM-related documents can be analysed to identify evidence-based objectives, strategies and budgets and surveys or stories of change can be conducted with key policy actors to assess how evidence has influenced policy or practice. Changes in service providers' practices could also be measured through qualitative staff surveys or client surveys. It is important to ensure that the evaluation is based on evidence and that it takes into account the capacities of national human rights institutions and civil society organisations in its assessment.

5.2. Effectiveness of Evaluation Interventions to Prevent Female Genital Mutilation

An impact assessment study developed by the UNFA, UNICEF, WHO and Population Council Kenya (Matanda et al., 2021) aimed to analyse 115 studies and/or interventions developed on FGM prevention, in order to evaluate some of their results. This publication was based on an impact assessment based on four types of intervention: (1) systemic intervention; (2) community; (3) media and communication and (4) individual. As concerns the location of the interventions, 71 % of the interventions mapped were implemented in Africa, 13 % in Europe and 3 % in Asia.

The impact of the first intervention typology, (1) systemic, refers to attempting to change existing policies and legislation that contribute to the elimination of FGM, as well as policies that protect women at risk of FGM and enable them to access comprehensive services. Similarly, the aim is to create a protective social environment (Matanda et al., 2021). Concerning the community intervention type (2), it can be concluded that this refers to awareness-raising actions aimed at women leaders, women's associations, as well as religious and cultural leaders, in order to develop a space for critical reflection and deliberation aimed at rethinking the set of norms and the behaviour that needs to be improved.

From the point of view of the individual interventions (4), the aim is to improve the economic status and critical reflection capacity of girls and women, promoting knowledge about their rights and an egalitarian perspective based on the Universal Declaration of Human Rights.

On the issue of access to basic services, it is important to note that the interventions analysed by the report aimed to develop the capacities of health, social and legal services in the area of response to the FGM. In addition, they also included efforts to add the topic of FGM to the school curriculum and social protection programmes, targeting women and girls.

SECTION 1: PREVENT**Chapter 5****Evaluation and impact assessment of interventions to prevent harmful practices**

Regarding the evaluation of conclusions in this area, Matanda et al. (2021) concluded the following:

1. Legislation-based interventions need to be multifaceted in order to be effective;
2. Interventions at community level seem to be effective in changing attitudes towards FGM, however, more innovative approaches need to be created, for example, using technology, in order to go beyond attitudinal changes to behavioural changes;
3. Regarding the individual level, the study concluded that the formal education system is effective in reducing the prevalence of FGM in young girls. However, educational changes are quite prolonged in time, so additional activities such as training or workshops are needed. The study also concluded that more information is needed on evaluations of health interventions.

In summary, this chapter contributes to the discourse on evaluating and assessing interventions targeting traditional HPs, with a specific emphasis on Female Genital Mutilation (FGM). The proposed evaluation framework integrates both quantitative and qualitative methodologies, utilising a diverse set of impact indicators across organisational, community and individual levels. Drawing insights from the WHO and UNICEF impact assessment encompassing 115 interventions globally, the study highlights the nuanced effectiveness of legislative, community and individual interventions. Legislative approaches require a comprehensive, multifaceted strategy and community-level interventions should explore innovative methods beyond attitudinal changes. Also, sustained efforts complemented by additional activities are imperative in educational interventions. These findings underscore the necessity for ongoing assessments and adaptable strategies to address the multifaceted dimensions of HPs.

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SECTION 1: PREVENT**Chapter 6****Multisectoral and Multidisciplinary Approach for the Protection of Women****Chapter 6****Multisectoral and Multidisciplinary Approach for the Protection of Women****Multisectoral and multidisciplinary protection - Definitions and discussion**

This approach's multidisciplinary nature acknowledges that addressing traditional HPs requires knowledge from a variety of domains, including public health, law, sociology, and anthropology. Interventions can be designed to address the underlying causes and effects of these behaviours by integrating ideas from other disciplines, resulting in a more complex and long-lasting effect (ActionAid UK et al., 2013).

Thus, comprehensive protection against harmful traditional HPs necessitates a multi-sectoral and multidisciplinary approach. This cooperative endeavour recognizes the complex ways in which culture shapes behaviour and emphasises the significance of concerted efforts to protect people and advance society (World Health Organization, United Nations Children's Fund & United Nations Population Fund [WHO, UNICEF & UNFPA], 1997).

Approaches before, during and after the harmful practice experience

Prior to engaging in HPs, preventative actions must be taken to lessen the likelihood of them happening.

It is critical to intervene quickly when traditional HPs are experienced, by establishing hotlines, support groups and secure areas where victims can go for aid and report occurrences. Law enforcement organisations ought to receive sensitive case management training so that offenders are made to answer for their deeds. Health personnel should also be prepared to give victims the attention and counsel they require.

Rehabilitation and reintegration initiatives are critical following the traumatic incident. To assist survivors in standing on their own feet, support services such as counselling, job training and community reintegration initiatives should be easily accessible. Legal frameworks need to be reinforced in order to prosecute perpetrators, deterring future misconduct and demonstrating the government's commitment to doing away with it. Long-term initiatives to end harmful traditional HPs and advance a culture of respect for human rights and dignity require cooperation among governmental organisations, non-governmental organisations, and community leaders (United Nations, Committee on the Elimination of Discrimination against Women, Committee on the Rights of the Child [UN, CEDAW, CRC], 2014).

6.1. Activities and synergies**The existing agents, what they do and their connection with foreign agents**

Numerous international organisations are actively working to protect refugee women who have been subjected to traditional HPs. To address the complex issues these women face, international organisations, governmental institutions and NGOs in Greece work together.

The Ministry of Migration and Asylum of the Greek government is a key player in putting policies and programs into action that protect the rights and welfare of women refugees. This involves initiatives to

stop and address HPs such as forced marriage and FGM. In order to collaborate on resources and expertise, the government frequently works with foreign organisations such as the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR).

Organisations that work in Greece, such as the Greek Council for Refugees and Médecins Sans Frontières (MSF), are leading the way in helping refugee women. For victims of HPs, they provide legal aid, psychological support and medical care. These groups frequently work together as well as with foreign non-governmental organisations to share resources and increase their overall effect.

Many international NGOs are committed to meeting the needs of refugee women who have been harmed by traditional HPs on a worldwide scale. For example, Plan International is a global organisation that aims to empower women and girls, including refugees, by defending their rights and offering necessary assistance. UN Women is a United Nations organisation that promotes women's empowerment and gender equality while standing out for the rights of refugee women on a global scale.

Collaboration between Greek and foreign organisations is essential for a successful reaction. Best practices, information and resources can be shared between Greek NGOs and their foreign counterparts through cooperative efforts. Such partnerships guarantee a more thorough and organised strategy for defending women refugees. International NGOs also frequently provide financial and logistical support to Greek projects, enhancing the country's overall ability to tackle the particular difficulties faced by refugee women who have been subjected to harmful cultural practices (Theodosiadou & Gavouneli, 2017).

What does the Greek state do to protect refugee women who have experienced traditional harmful practices?

The Greek government is dedicated to protecting the rights and welfare of refugee women who have been subjected to traditional HPs. The government has adopted a multipronged strategy that includes support services, legal frameworks, and cooperative efforts with foreign organisations in order to tackle this intricate problem.

Greece has formally accepted a number of international conventions and accords that deal with the protection of women's rights, particularly those of individuals who have been harmed by traditional HPs. The legal system of the nation serves as a foundation for the prosecution of offenders and the provision of legal recourse to victims. The Greek state's commitment to preserving gender equality and human rights is shown in its adherence to international norms (Siouti, 2020).

Greece has set up support programs that are specifically designed to meet the requirements of refugee women in order to guarantee their safety and wellbeing. These services include healthcare institutions that are designed to manage the psychological and physical effects of traditional HPs, as well as shelters and counselling services. The Greek government wants to enable refugee women to reestablish their lives and get past any traumas they may have experienced by providing them with an extensive support system.

One of Greece's main strategies is cooperation with international organisations. Through strong collaboration with organisations like the UNHCR and NGOs, the Greek state is able to optimise the efficacy of its programs by leveraging resources and experience. This cooperative strategy not only improves the assistance given to women refugees but also creates a comprehensive understanding of the challenges they face.

Furthermore, the Greek government places a strong emphasis on education and awareness-raising initiatives to encourage cultural sensitivity and dismantle harmful customs in refugee communities. By addressing the underlying causes of negative behaviours and stopping them from continuing, these efforts hope to bring about long-lasting societal transformation.

SECTION 1: PREVENT

Chapter 6

Multisectoral and Multidisciplinary Approach for the Protection of Women

In conclusion, the Greek government vigorously defends refugee women who have been subjected to HPs by utilising a range of legislative tools, social assistance, partnerships with other countries, and educational programs. This comprehensive strategy demonstrates the government's dedication to upholding the rights and welfare of marginalised groups, adhering to global norms, and establishing a more secure and welcoming society for everybody (Kontos, 2017).

6.2. Community Awareness and Engagement

According to empirical findings in Greece and after contacting victims of HPs, it is worth pointing out that the key point that was raised from the professional participants was the need for **special training** in order to be able to proceed with support and protection. In order for prevention to bring results, there should be **sensitization of the community** without judging one's tradition, but by explaining why HPs such as FGM are dangerous for the woman's mental and physical health. The agents involved in raising awareness should have received the **proper training on how to approach people** in communities where HPs are performed. Unfortunately, beyond the various seminars, **there is no formal training** on how to communicate, persuade or show why aspects of a tradition are harmful to one's well-being. Practitioners in this terrain rely on their own volition to help people by placing emphasis on a **"Person Centred Approach"**. It was pointed out by the participants, that not only the individual actors or the NGOs engaged in this field, but also the responsible governmental authorities and legislative agents should be equipped with the proper training to alleviate the pain from the people who have suffered HPs (Koutzoukis, 2019).

The practitioners have tried to raise awareness and **mobilise society** on the issue of HPs application. Having come in contact with the receivers of such practices, they lay emphasis on the essential training of how to approach communities or people where such practices are usually performed with **a view to preventing further practice of them**.

The development of **tools aiming at detecting HPs** as well as the **indicators to be able to recognize** the practices can certainly be of great help.

Furthermore, it is imperative that the involved practitioners should respect the people who have experienced such practices. **Training to dedicated communities** can also help as a preventive measure and especially, when it comes to the protection of their children.

There is not any particular training of such kind. In order for the training on these practices to be realised, there should be **first the sensitization of the agents** involved in the prevention of such practices. Since there is no formal State training on the subject, the **empirical training is obtained mostly** by gynaecologists, intensive care unit doctors and community specialists or by any of these experts who have taken part in missions involving reproductive health or by coming in contact with the people whose society performs HPs.

The proper training on how to approach and deal with HPs receivers will not only be of great help to the receivers, it will also prove once again the **importance of prevention compared to suppression**.

As a professional participant pointed out, in the female genital mutilation cases along with forced marriages and crimes of honour, a practitioner is faced with **the tradition of a societal culture** which springs from a long historical background. Therefore, **it is the practitioner who becomes the obstacle and the difficulty**.

How to abolish a traditional practice is the difficult part and the major challenge.

46

It is a very delicate issue and one should be very careful how to approach it. Beyond the necessary training that the involved practitioners should receive, it is imperative that cases of HPs **should be recorded**. At this moment, there is no data available.

Moreover, more than obvious is the **insufficient funding** that does not allow the development of **research** on the subject. It is also the Hellenic legal framework that must be addressed in another way. **Insufficient knowledge or training of judges, prosecutors and police** on the subject of these practices result in delayed procedures.

Finally, people who lack legal documents and have been victims are more likely to be deported than to manage their **trauma since they do not have access to protection services** – mostly regarding the forced marriage cases.

With respect to the women interviewed, women who have experienced HPs and according to our recent research interview, the application of HPs took place because in certain cultures women are considered inferior to men.

Three (3) out of five (5) reported the traditional HPs as “bad” situations and/or behaviours that should not be happening and should be dealt with. All of them were not able to refer to specific practices.

One (1) out of three (3) attributed related behaviours/incidents to a stereotype for the position of women in each culture.

Two (2) out of five (5) explained their understanding of traditional HPs through specific examples. More specifically, both of them mentioned forced marriages, and described them as marriages that take place without the women’s will. One (1) out of two (2) mentioned also the FGM happens regardless women’s will and their rights in order to survive.

Finally, an experience was also shared in which the family wanted the woman to marry to someone that she did not want to, so she decided to leave, which led to her survival.

The results showed unanimity of **positive answers regarding the awareness** of any HPs per country of origin. Actually, all interviewees indicated that they knew about incidents of different practices, such as honour crimes, violent behaviours of men against their wives, forced marriages and forced removal of female genitals.

More specifically, four (4) out of five (5) mentioned that they were aware of forced marriages.

One (1) out of five (5) reported the forced genital mutilation as a practice that took place in her country of origin.

Another one (1) knew about honour crimes and violent behaviour of men against their wives, as she was an eyewitness when her father used to violently beat her mother.

Lastly, one (1) interviewee shared that she knew how these things happened and connected the practices with the explanation that “some people think that they are more powerful than women or because of their background, and that is why they behave badly”.

SECTION 1: PREVENT**Chapter 6****Multisectoral and Multidisciplinary Approach for the Protection of Women**

It seems that all the interviewees strongly agreed that the above-mentioned HPs have to stop, because they cause physical and psychological harm, perpetuate gender inequality and discrimination, and hinder the development of societies.

Five (5) out of five (5) have recognized the need to eliminate traditional HPs and promote the rights and well-being of all women. They also agreed that there is a need to find ways to deal with the social and cultural pressures that perpetuate these practices. One (1) participant mentioned a way to deal with such practices through providing support and protection to those at risk by the State and the Police Authorities.

Two (2) out of five (5) included in their answers the reasons behind the existence of these practices, such as norms, e.g.: women are considered as the property of their husband and/or father, fact that possibly leads to forced marriages, belief of the caste some families belong to, other beliefs, e.g.: parents that consider their daughters as a burden and want to marry them off, local religion, and so on (*The above data have been derived from the interviews of first line practitioners carried out by PRAKSIS for the purpose of the Report on Empirical Findings, Greece*).

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SECTION 2: EARLY DETECTION AND REFERRAL



SECTION 2: EARLY DETECTION AND REFERRAL**Chapter 1****The Relationship between Power and Authority in the Context of traditional Harmful Practices****Chapter 1****The Relationship between Power and Authority in the Context of traditional Harmful Practices**

The result of relations of power and authority between men and women are forced early marriage, FGM, and so-called “honour crimes”. Therefore, it constitutes gender-based violence.

This violence is perpetrated based on gender, gender identity or gender expression and can result in physical, sexual, emotional, or psychological harm and even economic losses for the victim. It is a form of discrimination and a violation of the victim’s fundamental freedoms (Portugal, Instituto Nacional de Estatística [INE], 2023).

When violence is hidden behind sociocultural norms and everyday life, affecting individuals who have internalised it, it ends up being less visible and even assumed to be natural and non-violent (Han & DeMarco, 2018). This lack of individual and collective awareness causes damaging imbalances in relational dynamics.

Societies are at different stages which will influence the understanding of the world and position themselves concerning their culture as well as their understanding of traditional HPs.

Violence is more systematic in specific groups or communities deeply rooted in social organisation and incorporated into social practices, fostering specific behavioural patterns and the exercise of power (Falcão & Carvalho, 2022).

The human rights of all those who face significant limitations to the exercise of citizenship, who are victims of the arbitrary use of power as well as the normalisation of inequality are not guaranteed (Rancière, 2004).

1.1 Analysing power dynamics in the context of traditional harmful practices

In some parts of the world, in different cultures, traditional HPs (FGM, forced early marriage, and honour crimes) are procedures shrouded in different power dynamics and where the belief in the sovereignty of men over women can be considered the common denominator of various causes and factors that perpetuate them.

The belief in this sovereignty is maintained through the imposition on women of practices and rituals that aim to replicate behaviours and ways of life with a burden of submission towards men, the future husband’s family, and elders through different forms of violence, and which reinforce women’s inequality concerning men’s power, discrimination and gender-based violence (Djaló, 2020), not allowing spaces for women to make themselves heard in both the private and public spheres (González, 2021).

The idea that human rights are universal collapses when stated that “women’s rights can be limited by culturally specific definitions of women’s role in society” (Bunch & Frost, 2000, p.3). This limitation of

rights, based on gender inequality, is structural, rooted in human relationships and inscribed in everyday practices in societies marked by patriarchal power (Djaló, 2020) and is very challenging to deconstruct.

In patriarchal systems of male domination, there is a relationship of subordination and domination between women and men, respectively, marked by social positions that cannot be reversed and which are sustained by the inequality built into the sexual division. This distinction subjugates and limits women, with men's violence against women becoming an instrument for maintaining this relationship of superiority (Lerner, 2019; Silva et al., 2022).

This type of social organisation has been framed and justified by factors of a biological nature linked to bodily differences, in which we highlight, on the one hand, men's greater physical strength, bequeathed when assigned to war and other events that recognize them as a being endowed with greater virility and sovereignty, versus women's affective sensitivity and responsibility for pregnancy, breastfeeding, and childcare, thus confining them to the private space (Bourdieu, 2012; Blay, 2014). These statements have legitimised male superiority as determined by nature and tend to set the tone for various forms of discrimination and violence against women, including threats and acts of coercion and/or abusive deprivation of any kind of freedom, choice, or decision.

Domination is a learned behaviour used by individuals to exert control and influence over others. It is based on an unequal relationship whose characteristics are power, submission, strength, and virility. Power, in turn, is any kind of influence exercised over a person or group, acting in an arbitrary and sovereign way (Bourdieu, 2012). For Bobbio (2001), power is also responsible for keeping society unequal. The division of the sexes and gender distinction has led to the exercise of power by the dominant over the dominated, where women are the target of this exercise of power.

The concept of "male domination" thus considers the historical, social, and cultural context that constructs and constitutes a condition of society organisation and structure, through the demarcation between male and female, basing gender roles on the biological order, which validates male superiority to the detriment of female inferiority (Bourdieu, 2012). In these societies and cultures, there is a strong belief that men have the authority to determine women's behaviour, receiving the approval or condescension of society to control their bodies and lives.

The use and abuse of patriarchal power, which is understood to reinforce the supremacy and power of men, is exercised harshly through a wide variety of destructive and undignified forms of violence that place women in a situation of discrimination and exclusion, especially those who deviate from what is considered acceptable and exceptable for this power, which does not include a woman's right to make choices and decisions (Saffioti, 2009, cited by Silveira et al. 2014; Silva et al., 2015; Gomes & Erdmann, 2014).

In this culture of male domination, consolidated by the patriarchal system, women are conditioned not to compete with men. Some women live in environments of constant violence, are unaware of the dramatic situation that goes along with submission, and live passively because of what is imposed by nature, by this social structure, by culture, and customs (Beauvoir, 2009 cited by Candiani, 2019; Junior et al., 2021). Other women, although they understand the context of violence, recognize the unequal exercise of power and attribute their view of men as the sovereign of the relationship to the way they were brought up unconsciously believe that they must submit and, oppressed, try to experience this situation with some normality, even as a guarantee of their protection and that of their family (Amarijo et al., 2020).

Social inequalities between women and men stem from socio-cultural representations/dominant stereotypes of each gender, which change over time and space, and from patriarchal structures/power relations, which are more resistant to change (Silva et al., 2022).

SECTION 2: EARLY DETECTION AND REFERRAL**Chapter 1****The Relationship between Power and Authority in the Context of traditional Harmful Practices**

The attachment to beliefs and fundamentalisms, supposed truths and historically produced habits constitutes the structural inequality between men and women, the maintenance of gender roles, sexist attitudes and violence. By maintaining a hierarchy that generates unequal social valuation of individuals according to their sex, delegitimizing citizenship and distancing women from equality and their control and power, the patriarchal system has been referred to in the literature as social and political violence against non-masculine genders (Eleutério, 2017; Faleiros, 2007).

Traditional HPs are nonetheless a manifestation of these historically unequal power relations between women and men, which lead to the subjugation, vulnerability and women's discrimination, as well as a social instrument through which men nurture and sustain a position of domination, whether in the public sphere or the experience of intimacy (Silva et. al., 2022).

It is crucial to give visibility to and problematize all the conditions, mechanisms, and causes that enable, facilitate and perpetuate the disadvantage and subordination of women, on the one hand and the reproduction and maintenance of men's privileges, on the other; to understand and act on the structural causes underlying these forms of violence.

1.2 Factors that contribute to perpetuating traditional harmful practices

To fully comprehend the factors that contribute to the continuation of traditional HPs, it is important to have a deeper understanding of the concept of culture and the intercultural experience. There are hundreds of concepts of culture depending on the object of study in question.

From an ethnographic perspective, Spradley (1980) spoke of culture as the accumulated knowledge people use to interpret experience and induce behaviour, encompassing everything people do, know and say. Avruch (1998) presents a more dynamic view of culture derived from individual experience, as opposed to more static and classical ideas. They both influence and are influenced by change. For Avruch (1998) cited in Spencer-Oatey (2012), culture is a derivative of individual experience, something learned or created by individuals themselves or socially transmitted to them by contemporaries or ancestors. Spencer-Oatey (2012) emphasises that culture is learned and not inherited, deriving from the social environment from established interactions and not from inherited genes.

Regarding intercultural experience, Bennett (1993) proposes two dimensions: ethnocentrism and ethnorelativism, each with three stages. In ethnocentrism, the person is more self-centred and the three stages proposed are denial, in which the person considers their cultural experience to be the only one they know, **denying** the existence of another cultural being. **Defence** is the stage in which the person sees themselves and their culture as superior to others. **Minimisation** denies the differences with other cultures and only tries to see the similarities, minimising these differences by taking away their value and uniqueness. In the second dimension proposed by Bennett, ethno-relativism, the person is more aware of others. The first stage of this dimension is **acceptance**, in which the person accepts other cultures, even if they disagree. In **adaptation**, the person sees the world through new eyes and may even intentionally change their values and behaviours. Finally, according to Bennett's proposed stages, the **integration** stage allows a person to fluidly navigate between different cultural worldviews.

Thus, this intercultural experience presupposes respect and sensitivity towards another culture. However, this does not mean accepting practices that violate fundamental human rights, such as traditional HPs. This understanding of the different cultural realities should guide the promotion of respect for these inalienable rights.

There have been numerous international movements focused on protecting women's rights in all aspects (Chaves, 2020; Portugal, Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens [CNPDPCC], 2020). Traditional HPs such as FGM, forced early marriage and honour crimes persist in various regions of the world, making it necessary to study these phenomena. There are no known religious grounds for maintaining these practices, though in certain groups they are supported by religious beliefs, traditions, and cultural practices that are thousands of years old, which they believe can preserve the group's cultural identity and sense of belonging to the community.

Various factors try to frame and even justify the persistence of these practices, varying according to the practice: i) Culture and tradition; ii) Belief in preventing a greater harm; iii) Preservation of virginity/chastity in marriage; iv) Control of women's sexuality; v) Social acceptance; vi) Requirement for marriage (in the case of FGM); vii) Rite of passage (in the case of FGM); viii) Preservation of family honours and morality; ix) Gender stereotype; x) Sense of belonging and identity to a specific group (CNPDPCC, 2020); xi) Socio-economic dependence; xii) Obtaining some "social benefits".

In communities where traditional HPs still exist, women who do not undergo them are often viewed as unfaithful, promiscuous, and unworthy of "serving" a man.

This view compromises the woman's future, as it makes it impossible for her to get married, placing her in a situation of enormous vulnerability, the target of socially consented abuse that is considered natural, and is thus seen as necessary to avoid stigmatisation and discrimination in the contexts of her community (Cerejo et al., 2017). FGM is considered a rite of passage that marks the end of childhood and the beginning of adulthood for women, a requirement for marriage, a way of controlling a woman's sexual desires, ensuring virginity, fidelity, and greater sexual pleasure for the husband (Branco, 2006; Chaves, 2020; Martingo, 2009).

In any case of the traditional HPs mentioned, the desire to preserve purity and chastity, "family honour" and morality perpetuate male or familial power, besides early and lifelong control over women's sexuality (Lisboa et al., 2015).

Transversal to these practices is gender discrimination, as they are deeply rooted in inequalities and asymmetries between men and women, undermining women's rights. These traditional HPs are still gender-based violence, even when carried out by women, because they are a maneuverer here, used as a means of making eternal a culture of inequality that discriminates against women, subjugates, annuls and violates their fundamental rights such as equality, dignity and integrity, as well as the right to control their own lives.

Moreover, many women who are directly affected by these practices are twice victimised. They not only endure traumatic and sometimes fatal violence, but also feel complicit and complacent in their own victimisation. This can lead to a lifetime of guilt and conflicting emotions. These traditional HPs take place in contexts in which women are socially invisible and can only obtain economic security and social status through marriage, through the reproductive function, which leads mothers, even though they may not agree with these practices, to subject their daughters to FGM or force them into early marriage while they are virgins, for the pleasure of men, because they believe it is the only way to ensure a better future for them (Branco, 2006; Chaves, 2020). In male-dominated communities, where women are worthless, FGM is a form of gender-based discrimination that prevents women from fully exercising their citizenship (Martingo, 2009; Branco, 2006; Chaves, 2020) and the enjoyment of supposedly universal human rights.

SECTION 2: EARLY DETECTION AND REFERRAL**Chapter 1****The Relationship between Power and Authority in the Context of traditional Harmful Practices**

This practice is assumed to be a social norm, intrinsic to gender identity and the condition of being a woman, considered necessary for the social recognition of women, thus justifying its prevalence (Branco, 2006; Chaves, 2020).

These societies that impose these practices annul women as persons, depriving them of their civil, political, economic, social, and cultural rights and throwing them into dependence on men or their families.

There is no denying the intersectionality between the factors identified, which feed off each other and throw women into total devaluation in these societies. These traditional HPs contribute to gender inequality and the violation of the human, sexual, and reproductive rights of girls and women from many cultures and ethnic groups around the world. They are seen as relevant to community identity and integration, capable of raising family honour by ensuring the idea/belief of what it means to be an adequate wife, daughter-in-law, sister-in-law, and mother in the future. They persist, fuelled by the belief of defending the family/ girls and women when they have recourse to them both in the context of extended families and the more closed and less enlightened community and religious leaderships (CNPDPJC, 2020).

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Chapter 2 Legal Protection for Migrant Women

2.1. Legal protection for victims of harmful practices

HPs are entrenched traditional social and cultural behaviours that stem from and are justified by social attitudes, customs, and norms. These practices, enforced by family, community or society at large, often involve violence and cause physical or psychological harm. They infringe upon an individual's dignity, resulting in various forms of harm and impede full participation in society. Their causes are multidimensional and include stereotypes on gender-based roles, attempts to control women's bodies and sexuality, unequal power structures and social inequalities. These practices are often justified by both sociocultural and religious customs or values but in reality, they are fundamentally grounded in gender-based and intersecting forms of discrimination (Toe-Bouda & Narain, 2022).

Gender inequality and the violence associated with it are rooted in a universal patriarchal culture that affects, albeit in different forms, women in all societies. Simultaneously, in all societies, women have, historically, individually and collectively, actively resisted and negotiated oppressive cultural practices (Ertürk & United Nations, Human Rights Council [Ertürk & UN, HRC], 2007).

The interconnection between culture, violence and its relevance to the implementation of the human rights framework, is one that is characterised by contentious discussions.

Since the establishment of human rights, their universality¹ and local validity has been contested, particularly with regards to the rights of women. Essentialised interpretations of culture lead to either justifying violations of women's rights in the name of culture, in spite of the clear binding human rights principle that "no custom, tradition or religious consideration can be invoked to justify violence against women" (Ertürk & UN, HRC, 2007, p.3) or to "other" such violence as inherent to specific cultures, ignoring the universal dimensions of patriarchal culture. These views are underpinned by myths that incorrectly see culture as static, immutable, homogenous and overlooking the relations between culture, oppression and power structures, as well as considering it as apolitical or detached from material living conditions. Both conceptualisations privilege one interpretation of a culture as dominant over others and furthermore ignore the active intervention of women worldwide in resisting and negotiating culture to eradicate its negative aspects and reinforce its positive ones (Ertürk & UN, HRC, 2007).

Legislation is one critical aspect to eliminating HPs, as a deterring factor for perpetrators, as well as a strong signal to society that such forms of violence are unacceptable and to protect its victims. However, research has shown that legislation alone is not effective in changing attitudes towards the prevalence of HPs. Robust legal frameworks are essential, but must be accompanied by suitable enforcement mechanisms

1 While, in fact, human rights protect core values, such as dignity or equality, which are values articulated in literature, religions and cultural practices across the entire world. In response to human suffering, these values were formalised and human rights have been enshrined in international law through consensus efforts of Member States of the United Nations, as a result of advocacy efforts by civil society groups (Ertürk, Y. & UN, 2007).

and accompanied by a combination of other well-resourced interventions perceived as acceptable by local communities (Matanda et al., 2023). A multi-sector and multi-agency approach to combating the phenomena and ensuring a holistic and integrated system of protection and support to its victims is thus paramount.

In this section, we will briefly explore how HPs constitute violations of international human rights law and what obligations States have under that framework. We will also address some key aspects of the European regional rights framework, and its effects at state level, in terms of protection in the law. This baseline information intends to equip professionals of different fields who interact with victims and potential victims of HPs in Europe with a general basic understanding of human rights considerations to HPs, particularly child, early and forced marriage (CEFM), FGM and some key aspects of the legal protection that may be offered within the European context.

2.2. Harmful practices as violations of international human rights

HPs are violations of the human rights of women and children, as recognized in international and regional human rights frameworks. While early human rights instruments do not specifically refer to particular forms of HPs, they provide a foundation for the right to be free from various forms of violence, including HPs. FGM and CEFM involve the violation of several human rights enshrined in international human rights law, they are specifically recognised as forms of gender-based violence, as forms of violence and discrimination against women and children, while being infringements upon broader categories of rights (namely within the rights enshrined in the International Covenant on Civil and Political Rights – ICCPR, and the International Covenant on Economic, Social and Cultural Rights – ICESCR).

There are two international human rights instruments worth singling out due to their particular relevance: the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC). Article 19 of the CRC establishes that States must ban all forms of violence against children, while article 23, paragraph 3 stipulates that appropriate and effective measures must be taken to abolish HPs to the health of children. Similarly, Article 5 together with article 2 (f) of the CEDAW oblige States to take action against HPs that violate women’s human rights, including through legislation (United Nations, Office of the High Commissioner for Human Rights (United Nations, Office of the High Commissioner for Human Rights [UN, OHCHR], 2019).

Freedom from gender-based violence and violence against children

The CEDAW does not explicitly specify FGM or CEFM as forms of violence against women, but its broad term of discrimination against women encompasses a prohibition of these practices, as it obliges States’ parties to alter or repeal laws or customs that support practices promoting distinctions based on sex with the intention or result of impairing fundamental human rights of women. It recognises that States must prevent and fight against discrimination within the family and was, as such, the first Convention to extend women’s human rights to the private sphere. The CEDAW Committee has since specifically promoted measures to eradicate FGM and forced marriages through consecutive recommendations.

At the European regional level, the most significant and ground-breaking instrument has been the 2011 *Council of Europe’s Convention on preventing and combating violence against women and domestic violence*, commonly known as the Istanbul Convention, the first legally binding instrument on this subject in Europe. FGM and CEFM are among the different manifestations of violence against women that the Convention explicitly defines as practices that must be sanctioned as crimes. Within the Convention, the concept of “women” includes girls under the age of 18 years (article 3 f).

At the European Union (EU) level, the *European Union Guidelines on violence against women and girls and combating all forms of discrimination against them* specifically include FGM and CEFM as forms of violence against women and girls.

The CRC, the most ratified international treaty, in its article 19 obliges all States parties to protect children from all forms of physical or mental violence, including HPs, as clarified by the Committee on the Rights of the Child (CRC)², a treaty body, in its *General Comment n.º 13*, where specific mention is made to FGM and other HPs, including CEFM (paragraph 29). The Convention specifically obliges States to abolish any “traditional practices prejudicial to the health of children” (article 24).

Violations of human rights throughout the commitment of female genital mutilation and child early forced marriage

FGM, across all its four types, is defined by the United Nations as a HP, a form of violence against girls and women and a violation of the rights of the child. This is because of its life-threatening short-term effects and its serious long-term physical, sexual and psychological consequences, as well as its deep-rooted basis on gender inequality (Kaplan et al., 2017). The practice compromises the enjoyment of human rights such as the right to physical integrity, the right to the highest attainable standard of health (including sexual reproductive health, once maturity is reached), it may even risk their right to life, either directly as a result of carrying out the practice, or as a contributory factor to maternal death. It impacts on the right to freedom from physical or mental violence, injury or abuse, the right to be free from discrimination on the grounds of sex, as well as the rights of the child, including a child’s right to development, protection and participation (United Nations Children’s Fund [UNICEF,] 2005).

With regards to the rights of the child, it can be found in the CRC in article 2 (right to be free from discrimination), article 19 (right to be free from all forms of physical or mental maltreatment), article 37 (right to be free from torture), article 12 (right to express freely one’s view, since it is done without the consent of the child, an issue that remains even if the child is aware of the practice when she is too young to effectively consent³). FGM is also a gross violation of article 3 of the CRC, since the negative effects of the practice contravene the best interest of the child, a central notion to the Convention.

FGM has been recognised as a form of torture or ill-treatment,⁴ since it causes severe pain and suffering. It is done for no medical reasons and by intentional decision of someone other than the victim (parent, family or community member), done to women and girls with gender-specific motivations that make it discriminatory, with the victim in a state of powerlessness⁵. Here, States fail to provide for effective measures to prevent and protect from the practice, as indifference and inaction lead to encouragement of the practice (Leye & Kehrer, 2018).

2 Both the CEDAW Committee and the CRC are treaty bodies, meaning that they consist of groups of independent experts that monitor the implementation of the two respective Conventions, and their Optional Protocols, as established in each treaty.

3 Although it may be inflicted at any point throughout a woman’s life, and particularly also during late teenage and young adulthood, FGM is mostly carried out on young girls between infancy and the age of 15. See European Parliament resolution of 12 February 2020 on an EU strategy to put an end to female genital mutilation around the world.

4 Among other instances, in Committee Against Torture, General comment no. 2: implementation of article 2 by State parties, and in the Human Rights Committee, General comment no. 28: Article 3.

5 Special Rapporteur Manfred Nowak proposed the concept of powerlessness (one person exercising full control over another) applied to the context of torture when the victim is unable to flee or otherwise coerced to stay, considering the specific status of the victim, which is always satisfied in the case of children due to their dependency and loyalty constraints towards their parents. In HRC, Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, including Right to Development: Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak.

Considering the violence involved in the practice of CEFM, as well as the abuse that may be committed to enforce it, CEFM impacts the realisation and enjoyment of the victims' human rights in many and very significant ways. The age and power difference between spouses can undermine the action and autonomy of the victim, who is most often a girl. The Special Representative of the UN Secretary-General on Violence against Children (2012)⁶ highlighted how child marriage makes girls more vulnerable to abuse and violence, such as physical, psychological, economic and sexual violence, as well as restriction of movements. In some cases, they may even experience situations that meet the legal definition of slavery or slavery-like practices, such as sexual slavery, child servitude, child trafficking and forced labour. The level of violence may be such that it may imply a violation of the prohibition of torture, inhumane or degrading treatment or punishment.⁷ CEFM also violates their right to respect for private or family life and especially considering its gendered nature, the prohibition of discrimination. Frequent and early pregnancies are also common in the context of CEFM, with various implications to the sexual and reproductive health of girls, who additionally lack the space to negotiate family planning and contraceptive use, increasing also the possibility of contracting sexually transmitted diseases. Within this context, their right to physical and mental health, but also their right to life are at stake. It furthermore presents considerable obstacles to the fulfilment and enjoyment of their right to education and right to live with dignity, including accessing employment and other economic opportunities (OHCHR, 2014).

The right to marry with complete and free consent as a human right

This right is enshrined in several international human rights instruments. The *Universal Declaration of Human Rights*, a non-binding instrument, yet the cornerstone of human rights, in its article 16, paragraph 1 establishes that every person of full age has "the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution", without any discriminatory grounds, and paragraph 2 sets that marriage is only permitted with the "free and full consent" of both parties. Thus, it entails the right not to be forced into a marriage, and that underage children shall not enter into marriage. At the European level, this same right is also protected under its regional legal framework, first and foremost in article 12 of the *European Convention for the Protection of Human Rights and Fundamental Freedoms* (ECHR), and at the European Union (EU) level also in article 9 of the *EU Charter of Fundamental Rights*.

The ICCPR, which is binding on its States parties and is widely ratified, establishes this same right in its article 23. The same right is also enshrined in the Convention on the Rights of Persons with Disabilities (article 23), as well as in the ICESCR, which established in its article 10 the right to marry only with free consent. Significantly, this right is also enshrined in the CEDAW, in article 16. Even though both women or girls and men or boys may fall victim to forced marriage, it disproportionately affects women and girls and is often committed on grounds that result from patriarchal cultural constructs.

Furthermore, the *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages* reiterates this right, providing that marriage is only legally contracted with the full and free consent of both parties, expressed in person, after the required publicity, before the competent authority and in accordance with the law, further requiring States to take the necessary legal measures to define the minimal age for marriage. This right thus entails that CEFM is a violation of the right to marry, as it requires free and full consent, which includes being older than a certain minimum age.

⁶ Special Representative of the Secretary-General on Violence against Children and Plan International "Protecting children from HPs in plural legal systems" (2012).

⁷ The Committee against Torture, responsible for interpreting and monitoring State Parties' adherence to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, has specifically denounced laws enabling child marriage and identified it as a harmful practice. The UN Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, in 2016, denounced child marriage as a form of torture or ill-treatment, particularly when governments neglect to establish a minimum age for marriage in line with international standards or permit child marriage despite existing laws prohibiting it.

These human rights law norms impose an obligation on States to prevent and address CEFM, which is primarily done by implementing or revising domestic legislation. In doing so, different fields of Law (i.e. criminal law, civil law, private international law, migration law, asylum law) are relevant and may require different measures to be taken.

Full and free consent in the context of forced marriages

One first issue that arises is the minimum age set for consent. The CRC, in its *General Comment No. 4*, established that States Parties to the Convention need to guarantee specific legal provisions under domestic law to establish a minimum age for sexual consent, marriage and medical treatment, and that these minimum ages shall be the same to both boys and girls. Furthermore, both the CRC and the CEDAW Committee (the latter, in its *General Recommendation No. 21*) recommend setting the minimum age for marriage with and without parental consent to 18 years, for both girls and boys. However, there is diversity in this regard across different countries, and challenges are presented even where safeguards exist for marriages under the age of 18. In fact, according to the WORLD Policy Analysis Centre, in 2019, only 34 out of 170 countries with the legal minimum age of marriage set at 18 years old had no exceptions to the rule. Furthermore, of the 147 countries, 54 allow girls to marry at a younger age than boys. In most cases, plural legal systems contain marriage provisions that contravene international obligations. Efforts to prevent child marriage are at times compromised by factors such as exceptions of marriage under the legal age permitted with parental or judicial consent or the coexistence of customary or religious laws on marriage with lower minimum age or the existence of other socially accepted forms of partnership that are not expressly prohibited (United Nations, Secretary General [UNSG], 2018). Several EU countries have exceptions to the rule of 18 as the legal age for marriage. For instance, in Portugal, marriage is possible from the age of 16 with parental approval, on the basis of a legitimate exceptional grounds legally established, without reference to culture or tradition. In Lithuania, with court approval, in case the girl is pregnant, the age may be lower (European Union Agency for Fundamental Rights [FRA], 2014; *Girls not Brides*, n.d.). The European Agency for Fundamental Rights (FRA) suggests, where such exceptions exist, that safeguards should be introduced. Such measures could be, for instance, that each party to the marriage is heard without the presence of any of the parents, legal guardians or future spouses, which allows understanding if the circumstances justify such exception and on the other hand, may also help identify cases of forced marriage (FRA, 2014).

Coercion and consent in the context of CEFM are particularly important aspects. Research has shown that subtle forms of control and coercion, especially family pressure, are most frequently used to force a victim into marriage, particularly when the victim is a child, and violence more commonly appears later (Paisal, 2020; Torres & Villacampa, 2021). The spectrum of women's experiences in the realm of marriage choices encompasses a range of attitudes, with consent and coercion representing opposing extremes in a continuum. Different degrees of societal and cultural expectations shape women's decisions, involving the exertion of control, persuasion, pressure, threats and force within the context of gender-based inequalities, thereby creating the potential for exploitation (Anitha & Gill, 2009). While courts readily acknowledge that physical threats and emotional pressure amount to coercion, it is challenging to find jurisprudence accepting as coercion the impact of factors that may be specific to some communities, which can be particularly burdensome for women, such as the fear of community ostracism or societal notions of shame (FRA, 2014).

Ensuring free consent requires States to consider prevention also through legal provisions and in some countries, civil law has played a key role in offering solutions. For example, some EU countries have established measures such as Germany, where the requirement that both prospective spouses declare before the registrar their willingness to contract marriage and if there is any suspicion, there is the possibility of individual interviews to assess full consent; or in the Netherlands, where the public prosecutor may be permitted by court to obstruct a marriage until further notice if there is sufficient evidence of coercion (FRA, 2014). Another important mechanism is the possibility of declaring a marriage void due to the absence of free consent by one party. In fact, the Istanbul Convention's article 32 establishes that "Parties shall take the necessary legislative or other measures to ensure that marriages concluded under force may be voidable, annulled or dissolved without undue financial or administrative burden placed on the victims" and thus it is also an obligation of States to adopt such civil law measures. In practice, such proceedings may be burdensome, costly and psychologically difficult for the victim. Therefore, to limit "undue financial or administrative burden", a best practice is, for instance, the possibility of the judge him/herself initiating the procedure ex officio if it is believed there may be a forced marriage instead of requiring the victim to petition for nullity herself, as foreseen in Belgium legislation (Paisal, 2020); or the, seemingly legally illogical, but faster and more efficient process set in the Swedish legal system, by which a victim of forced marriage can request immediate divorce (Council of Europe, Steering Committee for Human Rights [Council of Europe, CDDH], 2017).

2.3. Considerations on the legal framework for the protection of victims of harmful practices in the European Union (EU) member states and in the United Kingdom (UK)

Harmful practices as criminal offences

Most EU Member States, as well as the UK, have ratified the Istanbul Convention, and thus are obligated to fully respect and fulfil the obligations set therein. The EU has also itself ratified the Convention, which means that it applies to matters falling within its scope of competence, namely in the areas of judicial cooperation, asylum and non deportation⁸. Article 37 of the Istanbul Convention introduces obligations on State parties to prohibit CEFM by legislating or adopting other measures in order to criminalise: (a) intentionally forcing an adult or child into marriage, (b) luring an adult or child to a country other than that of their residence to force them into marriage. FGM must also be criminalised, under the obligations set in the Convention, namely in article 38, whereby States are obliged to adopt measures to ensure that both performing FGM and inciting, coercing and procuring a girl to undergo FGM are criminalised.

FGM is criminalised across the EU, either through specific provisions in Penal Codes or ad hoc legislation, or through general provisions in national Penal Codes. The latter is the case in France, to date the country that registers most convictions in FGM related cases, where the practice has been criminalised under legal provisions on bodily harm causing permanent infirmity or mutilation, or referring to acts of torture and where committing an offence against a child is an aggravating circumstance (European Institute for Gender Equality [EIGE], 2018).

Regarding CEFM, since the Istanbul Convention, the normative approach adopted in the EU consists of a growing trend to criminalise the practice, yet some countries choose to not enshrine it in legislation as a specific criminal offense, but instead prosecute it inasmuch as it constitutes another crime, such as rape, or bodily harm, or infringement of freedom and integrity, among others (FRA, 2014; Torres & Villacampa, 2021). Where it is legislated as a specific criminal offence, forced marriages are generally punished as a specific form of coercion and must involve certain means of commission: violence or intimidation, which may bring about difficulties in many cases - as seen above in observations made about coercion in the context of CEFM (Paisal, 2020). The focus on criminal measures has extended to countries such as the UK, where initially a more protective approach was adopted (Torres & Villacampa, 2021).

⁸ EU countries that signed but did not ratify the Convention are, at present: Bulgaria, Czechia, Hungary, Lithuania and the Slovak Republic. See Chart of signatures and ratifications here: Full list- Treaty Office (coe.int)

An important aspect of criminal law in cases of HPs is its extraterritorial application, which is possible in most EU jurisdictions. Within the EU, in countries such as France and Spain, this means that if a national or resident is taken abroad to commit the offence in another country, it is still a criminal offence in the country of departure and may be prosecuted upon return (Equilibres et Populations et al., 2018; Paisal, 2020). In the UK, there is such jurisdiction when the perpetrator is a national or resident of the UK (National FGM Centre et al., 2023).

At the European Union level, the phenomenon of forced marriages has particularly been addressed as both a form of gender-based violence and a form of human trafficking (Campmajó, 2020). Particularly relevant in this regard is the *Directive 2011/36/UE of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims*, which explicitly establishes forced marriage as a form of trafficking in human beings (THB), when it fulfils the constitutive elements of THB, that is the conduct, means and objective of the offence (recital 11)⁹. Some EU countries (such as Greece or the Netherlands) have introduced forced marriages as a form of exploitation into their national criminal legislations, as an aggravating factor or as one of the exploitative purposes for THB (European Commission, 2022)¹⁰. The Directive adopts a comprehensive and human rights approach and establishes minimum standards on prevention and combat of THB, as well as for the protection of its victims.

An important aspect of criminalisation is its role of general prevention of crime, sending a strong signal that it is not acceptable, and it may lead to severe punishment. For this to be achieved, however, strong legislation needs to be in place and enforced¹¹. Moreover, it is not sufficient to legislate, the public needs to be made aware. Information has to be known and understood particularly by affected communities, understanding the elements which amount to criminal offences, why they are criminalised (i.e. rights violations, health risks, etc) and the fact that perpetrators may be prosecuted even if the act is committed outside national territory (Council of Europe, CDDH, 2017). However, mere criminalisation does not seem to suffice to stop FGM or CEFM. One key factor is that if legislation is implemented without careful consideration of the root causes of the practices and the local affected communities' context, it may be counterproductive, inefficient to eradicate HPs and even harmful. For example, in the case of FGM, it has led to situations in which girls would be cut at younger ages to reduce the possibility of the practice being detected, or to the medicalisation of the practice. Enforcement of legislation without fitting into a broader holistic strategy to eradicate HPs, including targeted awareness raising, may even reduce the number of victims reporting and seeking support and protection (Matanda et al., 2023). Furthermore, if other measures are not taken simultaneously and the phenomena is not addressed in a holistic and

9 To illustrate some possible scenarios: marriage can be linked to transportation or transfer of the victim by her family to the family of the spouse, who then receive and harbour her, or as a way to facilitate the transportation of the person to the country of destination to put her in a situation of exploitation; it may also be directly linked to deception, kidnapping, abuse of a vulnerable position and obtaining financial gains in the form of payment or gifts, means that could be used to force victims into situations of exploitation.

10 The Impact Assessment has revealed that forced marriage has become more prevalent in the EU since 2011 and it is no longer considered a mere "emerging" trend. A forthcoming amendment to the Directive 2011/36/UE, undergoing legislative procedure, includes CEFM as an explicit form of THB.

11 The European Parliament resolution of 12 February 2020 on an EU strategy to put an end to female genital mutilation around the world notes concern about lack of prosecuted cases, thus apparent ineffectiveness of criminal law measures alone.

intersectional manner, victims who may not want to initiate criminal or civil proceedings against family members can be deterred from seeking protection altogether (Anitha & Gill, 2009). A real holistic and victim-centred approach needs to prioritise prevention (including outreach to and participation of the affected communities) and early detection, as well as well-funded support targeted to the needs of victims, their empowerment, and protection measures beyond punitive responses (Torres & Villacampa, 2021).

Protection for victims of harmful practices within criminal proceedings and other precautionary measures

Protection efforts involve two main considerations: first, the protection of individuals at risk, in order to intervene and avoid that practice is carried out (or continues to be carried out) and secondly, support for victims. Support services that should be accessible to victims and respond to their needs, regardless of their willingness to press charges or testify, which is an aspect that needs to be guaranteed by State parties as obligated under article 18 of the Istanbul Convention. Both aspects need to be addressed in an integrated and holistic manner to ensure effective protection, prevent further harm and address ongoing consequences of violence. This involves a large range of agencies and actors, effective coordination between them and a person-centred approach. Interventions include, among others, child protection, risk assessment, prosecution and international protection (Council of Europe, CDDH, 2017).

The Istanbul Convention is of particular relevance within the European context. The Convention adopts an interconnected comprehensive approach (prevention, protection, prosecution, reparation) and foresees measures that include two types of protection scenarios: for women or girls at (immediate) risk of FGM or CEFM; for women or girls who are affected by FGM or CEFM.

Early and immediate detection of HPs risk situations imply that professionals are properly trained, clear guidelines are at their disposal, and once a case is detected there should be clear pathways and mechanisms leading to a protective response. An example of good practice comes from Spain, where healthcare authorities can communicate risk assessments to other authorities. An example would be in cases where there is risk of practice of FGM and travelling abroad is planned, direct communication can be made to child protection authorities and the public prosecutor, who will initiate procedure for possible adoption of precautionary measures. This implies consideration in terms of professional secrecy. This is addressed as well in the Istanbul Convention, in article 28, which establishes the need to ensure that confidentiality rules do not create obstacles to reporting when there are reasonable grounds to believe that serious acts of violence will be committed (Council of Europe, CDDH, 2017; Council of Europe & Amnesty International, 2014). In fact, consideration needs to be given to legislation encouraging reporting, understanding that FGM and CEFM are particularly difficult crimes to report, while ensuring “reasonable grounds of suspicion” is a well-defined term in law and regulations and not based solely on a family’s ethnic origin (Council of Europe & Amnesty International, 2014). One important aspect to consider concerning reporting is that migrants in Europe can be exposed to particular vulnerabilities, including regarding their legal status, among others. The legal status of refugees, asylum seekers, immigrant residents and, particularly, undocumented migrants may add to their fear of reporting crime and seek protection. The Istanbul Convention determines the right of victims of all forms of violence covered by the Convention to be granted an autonomous residence permit following the dissolution of a relationship in case of difficulties (article 59). This is relevant within cases of CEFM and affects particularly migrants whose status depends on that of their partners. Various countries offer legal measures to that effect, particularly within the framework of domestic violence (FRA, 2014).

In terms of protection of individuals at risk, the Convention establishes the necessity of a fast and adequate response by law enforcement, one that is to be guided by a well-implemented risk assessment and resort to the most suitable measures to respond to the situation. Measures may range from preventative operational measures (article 50), to specific obligations with regards to specialised shelters for temporary accommodation and integrated empowerment supportive services (article 23), to protection orders to ensure physical integrity and that may imply the temporary separation from the family (article 53). In

Guidelines published by the Council of Europe, together with Amnesty International, to support the implementation of the Istanbul Directive (2014), regarding FGM, the following recommendation is provided under article 50:

When a child under 18 is at risk of FGM it is advisable that professionals first consider adopting voluntary child protection measures¹² which may include:

- providing information on the consequences of FGM and on national legislation to the parents
- hearings with the family
- counselling and warnings to the family.

If these voluntary measures prove insufficient, compulsory child protection measures may be considered. These include issuing a protection order to ensure the physical integrity of the child at risk and may also include the temporary removal from the family (p.34).

Protection orders in cases of FGM and CEFM have been considered a promising practice in ensuring safety for girls at risk in the UK, in the case of FGM also being used by concerned parents to resist family or community pressure (National FGM Centre et al., 2023; Campbell et al, 2020). In the case of FGM, protection orders can be requested by either adults or children, declared on the court's initiative or submitted by a third party within family courts. There is a wide range of possible orders, including conditions such as not being allowed to take a child outside of the country or not associating with certain persons. Breaching such an order may lead to a criminal offence. There are particular safeguards in case of heightened risk, such as issuing it without prior notice to the respondent when the risk justifies such a decision or withholding parts of evidence on a hearsay basis. These protection orders need to be registered and monitored, they may be temporary or with undetermined validity. These are, thus, imposed outside the framework of criminal proceedings and not dependent upon them. It is however also possible to request them within criminal proceedings for FGM offences. Similarly, in cases of forced marriages protection orders may also be issued as civil injunctions, in family courts (National FGM Centre et al., 2023; Campbell et al, 2020).

The Directive 2012/29/EU (Victims' Rights Directive) (European Union, 2012) is a milestone within the European Union legal framework. FGM is a criminal offence and a form of gender-based violence in all EU countries. CEFM, on the other hand, is recognised as a form of gender-based violence but it is not a specific criminal offence in some EU countries, although there protection may be ensured through a combination of more general criminal provisions (related to criminal acts involved in the context of CEFM, such as rape or coercion or abduction or THB)¹³. Victims of the crimes of FGM and CEFM are thus entitled to the rights set in the Directive, some of which are of the utmost importance and not dependent on the existence or their participation in criminal proceedings (e.g. right to access support services). The Directive sets solely minimum standards that Member States can expand on. Regarding protection, all victims of crime and their family members are entitled to protection from repeat and secondary victimisation and to protect their dignity during questioning and hearings (article 18), measures to avoid contact with perpetrators

12 While there are important aspects to consider with regards to child protection legislation, we will not address them in this section.

13 See European Parliament, Opinion of the Committee on Women's Rights and Gender Equality for the Committee on Foreign Affairs, of 18.04.2018.

during criminal proceedings (article 19), measures to protect them during criminal proceedings, including to minimise the number of interviews during investigations or to be accompanied by a person of trust in interrogations or court hearings (article 20), as well as protection of private life (article 21). Victims have the right to an individual assessment of their special protection needs, according to national legislation, considering their personal characteristics, the nature and circumstances of the crime (article 22).

As victims of forms of gender-based violence, in some cases having suffered considerable harm, victims of FGM or CEFM are due particular attention (Recital 17) and child victims are always presumed to have specific protection needs and subject to an individual assessment. As such, they may benefit from additional protection measures foreseen in article 23 of the Directive, including, for instance, special conditions for hearings and avoiding contact with perpetrators. Article 24 establishes specific aspects of protection awarded to child victims, including the possibility of a special representative being appointed to them and the right to legal assistance in their own name in cases of conflict of interest with parents or other legal guardians, which is particularly relevant to cases of FGM and CEFM, considering that family and community members are usually the perpetrators. Family members, and particularly parents, play a key role, both in a negative and in a positive way, by either perpetuating the practices or opposing them (End FGM European Network [End FGM EU], 2019). They are thus key players to involve in both prevention and protection efforts, in diverging ways depending on their role in the case, including protection to them in cases where they are also at risk for opposing the HPs.

Harmful practices as claim for international protection

One important aspect for the effective protection of migrant women who are affected or at risk of FGM or CEFM is their right to seek international protection, when their country of nationality or habitual residence has failed to prevent persecution or offer adequate protection and remedies.

The 1951 *Convention relating to the Status of Refugees* (Refugee Convention) establishes as necessary elements to qualify for refugee status a “well-founded fear of being persecuted for reasons of race, religion, nationality, and membership of a particular social group or political opinion”. If the agent of persecution is a non-State actor, an applicant needs to demonstrate that the authorities in their country were unable or unwilling to protect them. The UN High Commissioner for Refugees (UNHCR) guidelines on gender-related persecution, providing non-binding guidance to states on gender-related claims, in interpreting the term “persecution” in this context notes that “while female and male applicants may be subjected to the same forms of harm, they may also face forms of persecution specific to their sex” (United Nations High Commissioner for Refugees [UNHCR], 2002, p.3). It further states that “there is no doubt that rape and other forms of gender-related violence, such as [...] female genital mutilation [...] are acts which inflict severe pain and suffering [...] and which have been used as forms of persecution, whether perpetrated by State or private actors” (UNHCR, 2002, p.3). Regarding FGM, in 2009 the UNHCR issued specific guidelines where it further recognises the practice as a form of child-specific persecution, as well as indicating that “the fear of a girl or woman of being subjected to FGM may be for reasons of membership of a particular social group, but also of political opinion and of religion” (UNHCR et al., 2009, p.11), the latter because of how it is perceived in certain communities, even if it is not in reality a religious norm.

The Istanbul Convention, a binding legal instrument, brings an important strengthening to gender-based claims for international protection in Europe, adhering to the UNHCR appeal for a more gender-sensitive and child-sensitive approach to refugee status determination procedures¹⁴. It requires states to legislate or take other measures to ensure gender-based violence is recognised as a form of persecution in the meaning of the Refugee Convention and as a form of serious harm, making it as such also a valid ground

14 UNHCR has also issued guidelines regarding child-specific asylum claims, considering the importance of a child-sensitive interpretation and referring to FGM as a child-specific form of persecution. See UNCHR (2009). Guidelines on International Protection No. 8: Child Asylum Claims under Articles 1(A)2 and 1(F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees.

for subsidiary protection (article 60(1)); as well as to recognise that a woman may be persecuted because of her identity and status as a woman, further adopting a gender-sensitive approach to the five Refugee Convention grounds (article 60(2)).

Within the European Union, the EU Qualifications Directive¹⁵ lists “acts of a gender-specific or child-specific nature” among possible acts of persecution (article 9), as well as it imposes that Member States take into account gender-specific aspects when determining membership of a particular social group or identifying a characteristic of such a group (article 10). The Directive guarantees eligibility for international protection for women and girls with well-founded fear of persecution due to issues arising from their gender, for customs such as FGM (Recital 30), both those who have been subjected to the practice and those who are at risk of it, as well as for parents fearing persecution or facing a real risk of serious harm because of their refusal to let their children undergo this HP (Recitals 36).

The application of these standards of qualification is widely varied among the different countries, with diverging considerations of whether the risk of future subsection to HPs, particularly FGM, is a form of persecution or not, as well as regarding the criteria to establish seriousness of harm past or future risk of the practice (Leye & Kehrer, 2018). A positive evolution in the direction of greater recognition is particularly noted in recent jurisprudence from the French National Court of Asylum. In *J. v. OFPRA* (2022) the court granted international protection to a woman for belonging to a particular social group. These were Ethiopian women and girls escaping forced marriages and Ethiopian women and children of Amhara ethnicity at risk of FGM. This happened because the national authorities were powerless to provide effective protection. In *E. v. OFPRA* (2022) international protection was granted to an Egyptian girl recognising her belonging to a particular social group, that of women and children exposed to FGM, also considering the maternal aunts support to the practice and the inability of the father, a refugee in France, to protect his daughter from them.

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SECTION 2: EARLY DETECTION AND REFERRAL**Chapter 2****Legal Protection for Migrant Women**

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SECTION 2: EARLY DETECTION AND REFERRAL**Chapter 3****Social interventions: Risk Assessment and Referral****Chapter 3****Social interventions: Risk Assessment and Referral****3.1. Social Interventions**

Respect and sensitivity towards a culture does not mean accepting traditional HPs or violating fundamental human rights. Understanding different cultural realities should lead us, in partnership, to promote respect for human rights. Cultures are not static, but dynamic. They influence and are influenced by change. It is this change that needs to be implemented. There should be no opposition between human rights and cultural values, but progress should be made towards neutralising harmful cultural practices and strengthening positive ones.

The promotion of reflective and open dialogue, including dialogue centred on cultural variations between communities, must be adopted as a primary element in combating all forms of violence. Laws banning FGM are an important measure, but they are also just a starting point. We know that the existence of national action plans allows communities, local and religious leaders, and service providers to unite to ensure greater adherence to measures aimed at ending these practices.

The work to change mentalities, with a focus on prevention and intervention, should not only focus on changing social norms. We need to go further and address broader issues, such as the role of women and girls, their human rights, and their access to opportunities. The socio-cultural beliefs and identities surrounding situations associated with FGM do not make it easy to work with community groups where the practice is prevalent. It is very important for all community entities to work together, for example, health units, nurseries, kindergartens, schools, security forces, non-governmental organizations, associations, informal migrant groups and projects, always with the aim of systematically sharing information and planning prevention actions, as well as intervening in known FGM situations.

There are many consequences of FGM for individuals and for the community/society, whether in the host community or in the community of origin, and that is why it is also important that raising awareness, prevention and information also take place in different sectors, such as social intervention in the community, health, education, training, research and cooperation with countries where these practices are carried out without any kind of criminal and/or social censure.

In areas where there is a greater risk of FGM, there will be an even greater need for preventive actions, such as information, education, communication, activities/programs to change behaviours and attitudes, both in schools and in the communities themselves, the local press and other contexts deemed relevant.

It is of the utmost importance to build bridges and involve women leaders, religious leaders, as well as other key figures in the communities themselves, whose work is important, to raise awareness among their peers and succeed in abandoning and eliminating the practice of FGM as soon as possible.

When we think of projects and programs in the field of FGM, they should be based on providing clear, accurate and consistent information that is also culturally accepted, using the involvement of local communities in the planning and participating in activities, always taking into account the different needs of the group, their values, beliefs, aspirations, expectations, conflicts and reference groups.

As a strategy for this decision-making and behavioural change process, mutual aid groups are often essential. We know that the community plays an essential role in this change, and so it is essential to reinforce the need for its involvement and the involvement of those directly affected by FGM (and not just representatives and leaders) with the public authorities, NGOs and government bodies responsible for public policies on equality and non-discrimination. This involvement can be through meetings, hearings and other activities that involve, for example, the promotion of public information, education and prevention campaigns about the health risks associated with FGM.

If we consider the various physical and psychological consequences that result from this practice, health services and care are, due to their characteristics and resources, essential agents of prevention; both in the intercultural approach to sexual and reproductive health, information and in prioritising the promotion of personal and social skills for women and their families. The approach to FGM as a health problem should therefore encourage the development and structuring of programmes and generalise access to basic health care, including sexual and reproductive care.

As an intermediary between the local community and the host society, socio-cultural mediation can play a fundamental role in facilitating dialogue and negotiation between the parties, seeking to create consensus without imposing cultural hierarchies. In addition to specific support in different areas such as health, education and social action, mediation also facilitates communication between public/private service professionals and citizens of different cultural origins, acting at the level of prevention and actively collaborating with all those involved in the intervention processes.

Alongside the interventions to be carried out with communities at risk and women who are victims of FGM, it is important to work with health professionals to train them to better recognise and deal with FGM, as well as learning and training in diagnosis and correction procedures. FGM is not just a physical or anatomical issue. This practice is part of a socio-cultural and often religious universe of its own, which modulates the way women live, think, feel and are seen in society.

To create a close relationship with these women, it is essential to be familiar with this reality. Without this, it is not possible to establish adequate and effective interventions in the community. Although it is recognised that the approach to these women must be individualised and geared towards the needs and concerns that they themselves express, standards of practice (good practice manuals) can be drawn up to be distributed in the various services to facilitate this approach.

3.2. Risk assessment of female genital mutilation

For the risk assessment of FGM, a form has been prepared to differentiate between women with mutilation and young women at risk of mutilation. This differentiation is organised based on the victim's age in conjunction with the age prevailing of mutilation victims in the country of origin. The factsheet does not claim to provide a specific indication of the conditions of women and girls, but to indicate the somewhat intense possibility that we must be compared with a woman or a child that was mutilated. Furthermore, the identification of the age of the victim at risk of mutilation allows both to "treat" minors according to the specific needs of those who have undergone mutilation and above all to act in the family context to prevent it (Associazione Parsec Ricerca e Interventi Sociali et al., 2018).

The set of indicators necessary for the determination of a probability score of relating to a **woman with FGM – placed from 1 to 6 and possibly reclassified into high, medium, low** – makes use of referable information found in the countries of origin.

SECTION 2: EARLY DETECTION AND REFERRAL

Chapter 3

Social interventions: Risk Assessment and Referral

The estimated prevalence of the ratio of women with FGM aged 15-49 years to the number of women in the same age group (%) attests to the evolution of the phenomenon over time. The reference indicator, divided into three modes (strong, discrete, weak decline) was generated by comparing the FGM prevalence in the countries of origin of the older generations (45-49 years) with that of the youngest (15-19 years). This latter number was however after the potential mutilation intervention. This indicator has the function of reinforcing or mitigating the risk value attributed. If the trend is strongly declining and women are **under 30 then** it is possible that the prevalence is reduced by a quarter (**sharp decline**), **between 10-20% (fair)**, or is irrelevant (**none**) (Associazione Parsec Ricerca e Interventi Sociali et al., 2018). The combined outcome of the information is shown in the tab below.

Table 1 – FGM prevalence among women aged 15-49 by country of origin, risk identification (Associazione Parsec Ricerca e Interventi Sociali et al., 2018)

Nationality	FGM (%)	Trend to decrease	Risk
Somalia	98	None	6 High
Guinea	97	None	6 High
Djibouti	93	None	6 High
Sierra Leone	90	Fair	6 High
Mali	89	None	5 High
Egypt	87	Fair	5 high
Sudan	87	Fair	5 High
Eritrea	83	Fair	5 High
Nigeria* Stati: Imo, Ebonyl, Osun, Oyo	70-80		5 High
Senegal* South regions	70-80		5 High
Burkina Faso	76	Sharp	5 High
Gambia	75	None	4 medium
Senegal* Etnie: Madingue, Soninke	70		4 medium
Ethiopia	74	Fair	4 medium
Ghana* North regions	75		4 medium
Kurdistan-Iraq	70	Sharp	4 medium
Mauritania	69	Fair	4 medium
Liberia	50	Sharp	3 medium
Benin* Etnie: Bariba, Peul,; Area Borgou	50	Sharp	3 medium
Senegal* Etnie: Diola, Poular	40-50		3 medium
Guinea-Bissau	45	None	3 medium
Nigeria* States: Edo (Benin City); Lagos, Ondo, Delta; Kano; Kwara, Enugu	30-50		3 medium
Nigeria* Etnie: Ekoi, Igbo, Yoruba	30-50		3 medium
Chad	44	Fair	3 medium
Côte d'Ivoire	38	Fair	3 medium
Nigeria	25	Sharp	2 low
Senegal	25	Fair	2 low
Central African Republic	24	Sharp	2 low
Kenia	21	Sharp	2 low

Nationality	FGM (%)	Trend to decrease	Risk
Yemen	19	Fair	2 low
Tanzania	15	Sharp	2 low
Benin	9	Not significant	1 low
Iraq	8	Not significant	1 low
Togo	5	Not significant	1 low
Ghana	4	Not significant	1 low
Niger	4	Not significant	1 low
Cameroon	1	Not significant	1 very low
Uganda	1	Not significant	1 very low

Most of the girls underwent FGM by the age of 9, which allows operators working in the reception and care of migrant women or asylum seekers to implement information and prevention interventions. Knowing the FGM's age prevailing in the country of origin, it is possible to act with girls, especially parents, for preventive purposes.

Table 2 – Age to FGM operation (Associazione Parsec Ricerca e Interventi Sociali et al., 2018)

< 5 years old		< 9 years old		10-14 years old	
Yemen	100%	Burkina Faso	91%	Central African Rep.	52%
Mali	98%	Somalia	88%	Sierra Leone	37%
Ghana	83%	Ethiopia	86%	Kenya	30%
Nigeria	82%	Djibuti	84%	Egypt	29%
Mauritania	81%	Benin	84%	Tanzania	21%
Senegal	74%	Ivory Coast	83%		
		Gambia	83%		
		Niger	83%		
		Guinea	82%		
		Sudan	74%		
		Egitto	71%		
		Chad	71%		
		Togo	68%		
		Tanzania	68%		
		Eritrea	68%		
		Iraq	67%		
		Guinea Bissau	62%		
		Kenia	52%		

Referral Guidelines

The identification of women with FGM or forced marriages is essential to ensure access to rights and for their subsequent referral to competent or specialized services. Through this mechanism, victims receive assistance and are fully informed about their future options and are referred to one or more organisations that provide all necessary support.

Women with FGM, identified based on the above criteria, must be appropriately sent, considering the level of urgency reported by the doctors of the reception centers, to health facilities of the NHS for appropriate therapeutic management (Italian Law 7 of 9 January 2006 on *Provisions concerning the prevention and prohibition of female genital mutilation practices*).

SECTION 2: EARLY DETECTION AND REFERRAL**Chapter 3****Social interventions: Risk Assessment and Referral****3.3. Risk assessment models**

Collecting reliable data on the prevalence of FGM is essential for working with affected communities and for creating effective policies that have a decisive impact on the lives of women and girls subjected to FGM, with the aim of protecting those at risk. Given the existence of migratory flows from countries where FGM is carried out, the WHO has warned of the risk of its practice in other countries, particularly in the EU.

The exact number of girls and women subjected to FGM is unknown, but to work more consistently with the girls and women affected by this practice, studies on the prevalence of FGM can help to calculate the risk. Research and compilation of health information, together with national research, could have significant benefits for the women affected, whose lives could improve considerably. Based on these studies, NGOs can promote programmes and create local action protocols, in collaboration with local authorities, with a view to detecting possible risk situations.

In addition to these prevalent studies, registering cases on a health platform can also identify women who are victims of this practice, as well as flag situations where there is a risk of further FGM. Through a health registry, such as the Electronic Health Registry Platform in Portugal, it is possible to carry out epidemiological surveillance of the phenomenon of violence while promoting referrals and support for victims or women at risk.

For clinical data on FGM, an individual tab was created where it is possible to record, for each woman submitted to cutting, the following variables: current age, registration date, institution where the registration is introduced, type of mutilation (type 1; 2; 3; 4), age and country where the mutilation was performed, whether it was performed during the stay in Portugal (yes/no), scope in which the woman was observed (consultation; hospitalization; pregnancy; puerperium), whether the women were informed of the legal framework (yes/no), if and what are the associated complications (uro-gynecological; sexual; obstetric; psychological).

This knowledge, based on more concrete data, has helped NGOs to forge partnerships with official organisations, directing their action towards the most affected territories and making decisions that are more based on the characteristics and needs of the communities affected. Due to its complexity, FGM requires an integrated and coordinated intervention, involving all professional areas that, directly or indirectly, may have to deal with cases or possible cases of FGM.

The existence of action protocols, as well as guidelines for health professionals, social services, child and youth protection services and the police, are extremely important for tackling this problem. The priority in intervention should be to immediately guarantee the protection of the girl or girls, the mother or family members who have asked for help, to prevent the practice from taking place.

So not only is analysing the risk important, but there are also very important activities to combat this traditional HP, such as: carrying out information/awareness-raising and training activities; involving religious leaders and women with leadership skills in the communities; holding wider community meetings, such as seminars, workshops, gatherings, among other formats, as spaces for sharing and mutual learning; promoting the empowerment of women and girls within communities, enabling them to be agents of

change among their peers; establishing partnerships with professionals and public and private entities that work closely with communities from countries where FGM takes place; and using participatory and mobilising dynamics among the younger generation, also involving young women. 76

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SECTION 3: CRISIS INTERVENTION



SECTION 3: CRISIS INTERVENTION**Chapter 1****Psychological and legal support for victims of harmful practices****Chapter 1****Psychological and legal support for victims of harmful practices**

HPs and in particular, FGM, early forced marriage and honour-based violence and killing, have a significant and complex impact on their victims. Due to the nature of the crime and the violence, victims often suffer from important physical and psychological consequences, which need to be adequately addressed by professionals who engage with them. The professionals who engage with victims or potential victims of HPs, may indeed be able to prevent, detect the risk of HPs and mitigate it, as well as help people who have already been victimised providing them with tailored support based on victim's specific and individual needs.

In line with the 2012 Victims' Rights Directive (article 8) and the Istanbul Convention (Hooper, 2019), victims of HPs have the right to access support services and expert care and treatment, to support their recovery. This includes family members of a person deceased as a result of a crime as well, in the case of honour-based killing. Psychological and legal support for victims of HPs has been recognised as particularly critical and important. While access to support is key to victims' recovery, States' focus in the last decades have mainly been on the prevention and the prosecution of HPs, hence leaving as secondary the development of an adequate and high-quality system of delivery of victim support. (End FGM European Network [End FGM EU, 2021]). This leaves victims still facing many barriers in accessing care and support that is adapted to their needs.

This section will examine what are supports needs of victims of FGM, early forced marriage and honour-based violence/killing, with a specific focus on psychological and legal needs. It will then examine how professionals can best support these victims and respond to those needs in an appropriate manner.

1.1. Impact of crime & key needs of victims of harmful practices

We can identify five main needs that are in common to all victims of crime and that must be the starting point for any response in supporting victims of crime. These needs, recognised by the EU Victims' Rights Directive, are the following (Meindre-Chautrand et al., 2022; European Union, 2012):

1. respectful treatment and recognition as victims;
2. access to support;
3. access to justice;
4. protection from secondary and repeated victimisation, intimidation and retaliation;
5. compensation and restoration.

These needs may change over time, and may differ depending on common factors linked to different groups (e.g.: type of crime, category of victim) and to the situation of each victim. Personal characteristics, social interaction, and circumstances have been identified as factors that play an important role in how a victim is affected by crime and how they recover (Wedlock & Tapley, 2016). There are specific needs related to a victim's identity and cultural background; personal strengths; coping mechanisms; available social support network; victim's level of past traumatisation, previous experiences with justice systems

and first responders, as well victim's physical and psychological health (Meindre-Chautrand et al., 2022). These specific needs, along with the general needs, must be identified and considered in any support response.

1.2. Psychological impact of harmful practices and victims' specific needs

In the case of victims of HPs, the important psychological impact of the crimes has been recognised by professionals, and the **access to psychological support and care as key to victims' recovery**. (End FGM EU, 2021). In cases of honour-based violence for example, it is identified that the physical and psychological violence endured by victims can lead to cases of post-traumatic shock (Réseau Mariage et Migration, 2018). Professionals engaging with victims and survivors of FGM have also noted that survivors present overall **higher rates of mental health disorders/consequences** than other victims (End FGM EU, 2023). These can include post-traumatic stress disorders (PTSD), anxiety disorders, depression, among others (End FGM EU, 2023), including among young girls who often show signs of irritability, depression, anxiety and mood swings (United Nations, Office of the High Commissioner for Human Rights [UN, OHCHR], n.d.). In addition, research shows for example, that women who are in situations and environments of control/coercion, surveillance, in which they are expected traditional roles associated to women and with anxiety created by the marital situation, which applies to many women and girls who are in situations of early and forced marriage, are at **higher risks of presenting self-harm and/or suicidal behaviours** (Pasteel, 2015).

Specific psychological needs of victims firstly emerge from specificities linked to the **nature of the crimes**. In many cases, FGM, early forced marriage and honour-based violence/killing all involve both **physical and psychological forms of violence**, which can take place during many years. This long-term abuse hence creates important psychological impacts on victims. This includes in a lot of cases, attempts to control, isolate the victim from external networks, but also the impact of repeated physical abuse, for example of repeated rape in the case of victims of early and forced marriage (Pasteel, 2015). The nature of this violence leads victims of HPs in need of special protection when leaving the situation of abuse, to ensure protection from repeated victimisation, intimidation and retaliation from the offender(s). Specific protection is also needed to ensure crimes do not escalate, for instance, FGM and early forced marriage risking to become honour-based violence/killing if the victim tries to leave the family, or to disclose what happened to someone external, whether without or outside of the community (Janssens et al., 2015).

HPs are in addition complex crimes in nature, that are interlinked with other crimes. For example, HPs are also recognised as a **form of domestic violence and abuse**, which is well-recognised as considerably impacting victims' wellbeing and lives. Specialists in support services note that key effects on victims of domestic abuse can include (Victim Support, n.d.): depression; fear, anxiety and panic attacks; loneliness and isolation; a lack of confidence or self-esteem; feeling of guilt or self-blame; trouble sleeping; difficulty at work or in other relationships. In some cases, HPs and in particular early forced marriage can be linked to **trafficking in human beings** as well, with cases identified in Belgium, in the United Kingdom and more across the EU (Janssens et al., 2015). Recognised as a violent and exploitative crime, human trafficking affects all areas of lives of victims and relies on repeated and prolonged exploitation and abuse, hence creating repeated and prolonged trauma (International Organization for Migration [IOM], 2020).

Finally, research shows that oftentimes, some HPs themselves arise from preferences of boy children over girl children. As a consequence, neglect becomes the rule and can lead to violent and abusive behaviour, which include HPs (UN, OHCHR, 2009).

Specific psychological needs of victims of HPs also emerge from the **links with the community and culture** in the crime and abuse. Research shows that victims can often share complex sentiments of **ambivalence towards their family** and community in that respect (UN, OHCHR, 2009). This is the case for FGM, early forced marriage and honour-based violence/killing, in which the family can be linked to the crime, in either committing it or participating to it. In the case of victims who are in migrant families and live in a

SECTION 3: CRISIS INTERVENTION

Chapter 1

Psychological and legal support for victims of harmful practices

country where the culture is very different, this can lead to a conflict of values between the values of the family and the values of the country of residence.

For victims, the loyalty to the family contrasts with the refusal or fear of being submitted to the harmful practice(s), leading to this ambivalence, and to victims' fear of retaliation from the family if they seek help or support (UN, OHCHR, 2009). Measures of retaliation can include the **exclusion from the community**, which is often feared by victims as a consequence of seeking help or reporting crime. These dynamics create complex emotional and psychological impacts on victims, which has to be taken into account in the support response.

Lastly, some additional elements are to be considered when looking at the psychological needs of victims of HPs. In many cases, these crimes take place when victims are at a young age – either minors, teenagers or young adults – in particular for early forced marriage and FGM. Research is well established regarding the **impact of violence on children** and demonstrates how stressful and traumatic events, violence and neglect lead to long-term consequences on victims' physical, psychological, emotional and social wellbeing, among others. It also shows how they can impact the child's brain and emotional development, and creates difficulties in, for instance, cognitive capacities, memory issues, delays in language development, but also risks in developing severe conditions such as PTSD (United Nations Office on Drugs and Crime [UNODC], 2019). Victims' young age also usually mean that they are often taken out of schools, especially in the case of early and forced marriage and therefore have lack of access to education and knowledge (United Nations Children's Fund [UNICEF], 2023). This consequently limits their access to professional opportunities and hence their financial independence (Pasteel, 2015). Victims can indeed often be in a situation of **dependence on their family** for the access to their basic needs, e.g. housing, finances/work, social and health. When the family or members of the family are playing a role in the offence, it means victims must rely on their offenders for this. This is reinforced by victims' ages as, as explained above, victims of HPs are often young in age and consequently more vulnerable and more dependent on others for accessing their basic needs.

This is also increased as research shows that in situations of early forced marriage or honour-based violence for instance, members of the family (spouse, parents), often implement measures of isolation and surveillance on the victim, as means of control (Pasteel, 2015).

This isolation reinforces **barriers for victims to create social support networks** – i.e. a network or group of friends – outside of the family and to seek help, whether to their support network if they have any, or to external organisations (police, support services, healthcare services etc). When victims leave the situation and environment, this possible lack of support network creates higher risks of returning to their family environment in which they were victimised. This situation increases even more when victims who want to leave the abusive situation or environment have dependents/ children. Not only does this increase difficulties for victims to leave the situation, as to provide access to basic needs for the children as well, but also increases the risks of returning to the abusive environment at a later stage (Pasteel, 2015).

In cases of **honour-based killing**, victims may also be the **family members** of the person deceased as the result of the offence, in line with the definition of a "victim" in the 2012 Victims' Rights Directive, which includes "family members of a person whose death was directly caused by a criminal offence and who

have suffered harm as a result of that person’s death” (European Union, 2012). This requires a specific and targeted approach in order to respond to their needs in accordance with their situation.

Advocates for Victims of Homicide (AdVIC), an Ireland-based organisation advocating for the voices of families bereaved by homicides, provides information and support to members of families who lost a closed one by homicide. AdVIC underlines that **counselling** can be an effective tool to cope with the homicide of a beloved one. For instance, according to Advic, it can (Advocates for Victims of Homicide, n.d.):

- help accepting the loss;
- help the bereaved to overcome their pain and grief;
- create a space where the bereaved feels safe and free to talk about the crime, its consequences, and their feelings;
- support people understanding their reactions to the crime and enable them to navigate and adjust them (if needed);
- provide information, sharing, reassurance, acceptance to the indirect victim by being supportive and educational.

All the elements described above create a high psychological impact on victims of early forced marriage, FGM and honour-based crimes. The needs created by the impact of the crime on victims should form the basis of the support response and of any engagement professionals have with these victims or potential victims, across sectors.

1.3. Legal needs of victims of harmful practices

For victims of crime, navigating the justice system, from reporting of crime to criminal proceedings and their outcomes, can be a challenging experience. Justice systems can be particularly complex to navigate, especially when victims are not familiar with its functioning (Blondé et al., 2023). This is heightened for cross-border victims who are even more unfamiliar with the national legislation and justice systems and who face additional barriers to access information and services due to language barriers and lack of accessible information, among others (Baudouin-Naneix et al, 2022). Hence, helping victims navigate the justice systems can be improved through the provision of information about their rights, and access to legal aid, accompaniment and support among others.

For victims of HPs, a first step is informing them about the legal framework on HPs, i.e. informing them that HPs are criminalised as an offence (where applicable), as the victim might not be aware of it; informing victims about the different options and their rights (Réseau Mariage et Migration, 2018). Victims/potential victims should then be informed about how the justice system functions and the different steps (e.g. reporting of a crime and its consequences), but also about legal support available, including legal accompaniment and representation for criminal proceedings, where applicable.

Referral mechanisms are crucial to facilitate the access to services (Ivanković et al., 2019), whether support, healthcare services, law enforcement, or to any other “support services that will best help them recover from the events that led to the individual becoming a victim” (Carmo et al., 2020). Best practices in referrals are based on mandatory opt-out referrals systems, where the victim is told that their contact details will be passed on to the services, unless they object to it. This has shown a best practice in reducing the burden on victims and providing better results in victims being contacted by support services and providing information about what help they can get (Ivanković et al., 2019).

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SECTION 3: CRISIS INTERVENTION**Chapter 2****Interculturality and communication with victims of harmful practices****Chapter 2****Interculturality and communication with victims of harmful practices**

Driven by a fundamental desire for connection, individuals possess an innate inclination to assimilate into esteemed and pertinent social circles, while steering clear of straying from the norms of these groups. The individual's inclination to adhere to a group's standards, the internal pressure within the group for consistency, and the group's imposition of sanctions on members deviating from their norms vary based on context and cultural influences. Nonetheless, the fact that these conformity mechanisms are widespread underscores that aligning with a group is not a flaw in human character to be surmounted; rather, it is an intrinsic aspect of human psychology that leads to both prosocial and antisocial outcomes. This drive to fit in with their group is relevant to comprehend the power of social norms (Paluck et al., 2010).

These conformity mechanisms tend to be stronger in the so-called collectivistic societies, where most migrants in the European Union originate from. The concepts of collectivism (horizontal and vertical) and individualism (horizontal and vertical) exist on a spectrum, and societies may exhibit varying degrees of collectivistic and individualistic tendencies (Fatehi et al, 2020). Additionally, an individual's orientation may be influenced by cultural, familial, and situational factors. However, broadly speaking, in contexts where collectivism is prioritised, the needs and goals of the community, family, or social group may take precedence over the individual personal desires, as there is greater interdependence within the group, as well as a stronger understanding of personal identity as part of the group (Darwish & Huber, 2003). In order to better assist victims, it is important to understand that such contexts and constructs may influence the way people react to circumstances, the specific dimensions of their fears, the configuration of difficulties they face and the particular support they value and need.

In order to provide effective support, it is also important to realise that professionals may harbour the stereotypes or prejudices prevalent in their own societies regarding certain social groups. This is particularly relevant considering that, in addition to the initial victimisation resulting from a criminal act, victims may suffer secondary victimisation when engaging with the criminal justice system (law enforcement, judicial system, etc.), health system, social services, media and other entities (Herek & Berrill, 1992). The risk of secondary victimisation arises not only from systemic issues, such as the frequent repetition of statements to authorities, but also from the possibility that professionals may hold unconscious alignment with societal biases, which can impact their treatment of the victim. These situations have the potential to foster in the victim feelings of hopelessness and mistrust towards institutions.

As front-line professionals interacting with victims and potential victims of HPs, it is important to reflect on the ways in which you communicate with individuals, your positioning and your own constructs, as well as the particularities that may hinder or support the person you provide a service to. Note that the information hereby contained focuses particularly on FGM, CEFM and HBC and within the context of its prevalence in European Union countries, where most affected communities are migrant or minority communities. The aim of this section is to briefly address some of the main aspects to consider when interacting with victims of HPs (i.e. fundamental aspects, principles of intervention, cultural sensitivity, cultural awareness, interpersonal communication), not specific to a professional category but applicable to any professional dealing with a victim or potential victim in some capacity.

Basic principles and communication skills

Building rapport

Developing a positive relationship with the victim is crucial to instil feelings of safety and comfort that allow them to share their story. Even though relationship develops gradually, you can create a good relationship through your attitude and professionalism from the first contact, following these basic principles to frame communication:

- Empathy – the ability to acknowledge and, to the degree possible, understand how another person feels, thinks, as well as the motivation driving their behaviour. This facilitates effective communication, establishing a relationship between the professional and the victim, thereby enhancing the ability to convey essential information.
- Neutrality – it implies treating every person equally regardless of their personal characteristics and situation, being non-judgmental in what is said and how, and in your attitude towards the victim, avoiding influencing to adopt an idea or impose an outcome.
- Objectivity – an impartial attitude, avoiding stereotypical perceptions or other external influences when communicating, not to distort, over or underestimate any information.

Active listening

To be an effective listener, one must consider specific verbal and non-verbal behaviours. These include minimising distractions and interruptions, demonstrating openness, avoiding value judgments, encouraging the victim to express themselves freely, providing clear signals (both verbal and non-verbal) to indicate active attention, and asking clear, open questions that focus on the victim's priorities. Engaging in active and empathetic listening, particularly when dealing with victims of HPs, requires professionals to approach the situation with humility, acknowledging their own limitations in understanding and recognising the unique needs and circumstances of the victim. Professionals will learn these, as well as the underpinning cultural beliefs, with and from the victim. This involves paying careful attention to the victim's verbal and non-verbal communication and staying informed about issues relevant to interactions with individuals from social groups that may be less familiar to the professional.

Understanding a professional's own position and power

Professionals working with victims and potential victims from different cultures must recognise their own status as cultural beings, influenced by the cultural norms and biases of their society. Efforts to overcome ethnocentrism are particularly important, as it can lead to misunderstandings and prejudice. Understanding one's own biases and prejudices towards the community the victim belongs to and their cultural values is essential to avoid negative attitudes and prevent interference with professional conduct.

Negative opinions or emotions towards others due to personal traits or circumstances may originate from stereotypes. These oversimplify, offering a narrow and one-dimensional judgement that overlooks truth or accuracy, which can result in prejudiced assessments, decisions and potentially discriminatory and racist behaviours.

To counteract these inherent tendencies, it is crucial to cultivate self-awareness and actively overcome biases. Interacting with individuals with diverse perspectives helps recognise uniqueness beyond group affiliations, and also helps understanding the diversity within cultural groups themselves. Failing to recognize and appreciate cultural subtleties may give rise to biased assumptions and presuming that particular norms are universally applicable can contribute to cultural bias when engaging with individuals from diverse backgrounds.

SECTION 3: CRISIS INTERVENTION**Chapter 2****Interculturality and communication with victims of harmful practices**

Furthermore, professionals must reflect on differences, inequalities and power dynamics between themselves and the victim, including age, gender, skin colour, ethnicity, culture, religion/belief, nationality, sexual orientation, gender identity and social class. Acknowledging one's privileged position and being aware of the associated privileges is vital. Recognising power imbalances is crucial, they impact interactions and outcomes. Consider that victims and persons at risk may be dealing with trauma, discrimination and uncertainty, whereas you are doing your salaried job, for which you were educated, you have a knowledge of the system and a role to play in it that gives you some level of decision making.

Considering the concepts already described in the introduction and previous chapters, to better assist victims and people at risk, it is pivotal to comprehend what the different HPs are, their prevalence and the harm they cause; the cultural complexities linked to the practices and intersectional factors; mechanisms locally in place and effective prevention strategies. Understanding these alone, however, is not sufficient to be able to talk with affected persons about such issues in effective, respectful, informed and empowering ways (Costello et al., 2013).

Fundamental principles to consider when interacting with victims of harmful practices

- **Safety as a priority**
Safety refers to both physical security as well as a sense of psychological and emotional safety. Victims have the right to personal safety, as well as to be informed of their rights and choices. Seeking services is not always safe for a victim and could lead to more harm. For instance, the victim's friends, family and/or community may discover the situation, potentially resulting in stigma, expulsion from home or the community and increased vulnerability to further violence.
- **Confidentiality**
Careful consideration to keep interactions and information confidential regarding the victim, which will promote their safety, trust and empowerment. Always inform victims about their options and allow them to make their own choices on what feels safe for them, whenever possible.
- **Non-discrimination**
Professionals must guarantee equal treatment for victims of HPs, avoiding discrimination based on identity and social characteristics. To achieve a non-discriminatory approach, professionals need to reflect on their own practices, position and power relations, as previously mentioned. It is important to emphasise that non-discriminatory treatment does not mean uniform treatment for all victims. Alongside recognising the individual dimensions of each victim, sensitivity is essential in addressing specific issues and experiences between the victim and their family and community. Failure to respect this principle may make the victim feel more hopeless, distrust professionals and discourage them from seeking help.
- **Victim-centred approach**
A victim-centred approach is one that is supportive and compassionate, focused on promoting the victim's safety, dignity and promoting their ability to act. It recognises that each victim should

be believed and treated with respect and empathy; that victims are unique in their reactions and needs, as well as their strengths, resources and coping mechanisms; and that they have the right to decide who should know about what has happened to them and what happens next.

- Rights focused and avoiding radical cultural relativism
HPs are violations of human rights. These are also criminal offences in most countries and its victims have the right to be protected and to receive support. Promoting and fostering cultural diversity does not equate to accepting violence and abuse committed on the basis of any social norms or traditions or perception of their existence.

Avoid the risk of falling into radical cultural relativism, whereby the notion and thus the universality of human rights are entirely disregarded and cultural diversity viewed in an amoral and unquestionable sphere (Van Gils, 2010). Violence and abuse should not become a taboo topic when practised within communities other than your own, but instead be equally addressed, understanding that, while its forms vary, GBV and other types of abuse exist in every culture. Failing to do so may ultimately lead to comparative interpretations of cultures and potentially accepting discrimination against people because they are of another culture, which would not only be wrong but also put lives at risk. In order to engage in responding to these offences and supporting its victims, the perspective of those affected by HPs is key.

Within the context of FGM, Pompeo (2017) argues that particular attention needs to be paid to subjectivities, and as such on language, in order to establish conditions for a dialogue with affected women, as the only way forward to eradicate the practice:

Rather than using the term “mutilation”, it would be better to use modification, to build with social actresses a “neutral” space, relatively free from bias, in which a cross-cultural dialogue and mediation develop. Shifting the emphasis does not justify the practices in any way. Rather, extending the gaze from below and from afar (we speak of people and with people) allows us to understand how the body is socially constructed in local contexts and how, through it, meanings linked to the relationships between the genders are given and negotiated.

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SECTION 3: CRISIS INTERVENTION**Chapter 3****Multisectoral methodology in intercultural mediation and its techniques****Chapter 3****Multisectoral methodology in intercultural mediation and its techniques****3.1. Collaborative approaches**

Cultural mediation is a widely employed tool for working with migrants. It is essential for enabling effective communication between practitioners and people with migratory background, especially women. The Cultural Mediator (CM) is not only a person who facilitates the exchange from a linguistic point of view, but s/he acts as a real bridge to bring different cultures into dialogue. This professional role aims at going beyond the cultural barriers that arise when dealing with migrants, and s/he is supposed to master the verbal and nonverbal language, including the use of space, gestures, and mimicry. Only this makes it possible to create an effective dialogue between practitioners and migrant people in which different cultural elements are not an obstacle but on the contrary are integrated into a common space of encounter.

According to the Guidelines provided by UNHCR for providing protection through mediation, the standard skills and competences of a CM are (Marjanović & Harbutli, 2021):

- Language skills, which means knowledge of at least two languages including her/his native language.
- Translation and interpretation skills, that is the capability (certified or not) to translate concepts and facts from one language to another.
- Interpersonal skills, such as empathy, active listening, good communication competences and emotional resilience. These skills are crucial to deal with refugees and vulnerable migrants.
- Cultural competences, which means being aware of the cultural diversity that defines people and modifying one's expectations accordingly.
- Qualifications, certifications, and standardisations, that is, having certain requirements met, such as language proficiency, educational background, completed training.

This set of competences that are supposed to be held by a CM poses the critical issue of the defining and standardisation of the mediation profession. In most parts of Europe, cultural mediation is not a registered profession, thus the role of CMs is not clearly defined. It means that the practice does not follow a standardised code of conduct, and it is not exercised within a certain legal framework. It also means that usually the choice of people from migratory background as CM is left to the discretion of each organisation.

Regarding mediation in the context of HPs, a CM is always a migrant woman herself, or coming from a family with a migrant background, as is the case of second-generation girls. This ensures that she will be able to understand the migration experience firsthand and therefore to translate emotional and psychological, as well as cultural, aspects of this experience to the interlocutor. At the same time, the fact that she has lived in the host country for a long time makes the CM capable of conveying its cultural aspects to the migrant, fostering her/his real integration through a deep understanding of the context where s/he is currently living. In a sense, it can be said that CM has internalised a dual belonging that makes her a communicative and relational bridge between practitioners and migrant people who turn to the services.

This approach presupposes a kind of neutral territory where both parts are open to mutual contamination and where the relation does not follow only one direction, from practitioners to migrants. On the contrary, CM should ensure that migrant people also can communicate their positions, bringing professionals to challenge their own cultural models and be open to diversity and contamination.

An Italian social worker with a migration background expresses well this concept where she explains that:

“Cultural mediation is the necessary tool to prevent the most extreme situations, but if it is done with a constructive logic, that is, not built on an Italian model but not even on the Indian one, a model that finds a balance between the two dimensions, even if sometimes they remain in continuous struggle” (Int. ST-MS-IT).

The same person believes that cultural mediation is a fundamental tool not only to get the practitioner’s message to the woman, but also to enable professionals to understand the woman’s real situation and her motivations for being in certain situations. She thinks that the activity of mediation has to be meant as mediating between two worlds. According to this approach, the CM should be in a position of neutrality, both in relation to the Italian context and the migrant’s context of origin.

3.2. Mediation practices

This seems especially true in the case of one of the HPs most explored during the project: FGM. In this area, cultural mediation can really foster neutral communication free from cultural biases. In Greece, for example, FGM emerges as a culturally connoted practice, which suggests the crucial role of cultural mediation to get foreign women and practitioners in relation. The topic is extremely sensitive and must be handled with care by all the professionals involved; CM in this case is central to allow the migrant woman to be able to open up in an atmosphere of trust and non-judgment, but also to make practitioners to authentically understand the meaning of the practice for the woman herself.

Often health personnel are unprepared in front of women who present themselves at clinics, counseling centers or birth wards in hospitals, showing undeniable signs of genital mutilation, usually occurring in the country of origin. The intervention of CM allows operators to care adequately at a psychosocial level for the person as regards to her experience; but in a broader sense it contributes to the implementation of preventive interventions of such practices in the case of girls born or residing in the host country. Given the sensitivity of the issue, the Guidelines issued by the Italian Ministry of Health recognizes the need for social health services to make use of CMs (Italia, Ministero della Salute, 2007), hoping that CMs will manifest a special sensitivity stemming from deep knowledge of the phenomenon and a special respect for the opinions of those people with whom they interact. A gynaecologist employed in a hospital facility of Milan reports that:

“[Migrant women] come with a specific question, with specific symptoms; in this case the reception and the following path that is taken with the woman, whether she wants to do a deinfibulation operation or not, is always a path in which, in addition to CM and gynaecologist, there is always also the psychologist” (Int. ST- BG-IT).

The choice of a CM from a specific territory is also important because some women, despite their language in common, may perceive the person from a given country as culturally oriented with respect to FGM, and this could lead them to close off from dialogue. Intervention and prevention should never be in the context of changing a person’s cultural affiliation and this is why the role of CM is very delicate on this issue.

The figure of the mediator is crucial not only in interventions with women victims of FGM but in general with migrant women who have been victims of violence before and during the migration trajectory, but potentially also once they reach the host country. Here they may find significant obstacles in accessing care and support

SECTION 3: CRISIS INTERVENTION**Chapter 3****Multisectoral methodology in intercultural mediation and its techniques**

services. These obstacles are certainly due to linguistic and cultural barriers and unfortunately practitioners are often inadequately trained in socio-anthropological issues and lack the proper communication tools to accommodate the needs of migrant women. This is why the role of a CM is central in making the needs of GBV victims to emerge and be properly taken care of. Since a CM has often migrated herself, it may happen that she has been a victim or witness of violence. This makes her particularly sensitive to issues of gender-based violence and HPs, and is thus able to create a climate of trust that allows women to open and seek help. However once again the importance of specific training on GBV for CM cannot be underestimated. In Italy, an interesting model is run by Cooperative CRINALI, an NGO working in the Lombardy Region in the field of intercultural clinical support. This organisation offers a cultural mediation service employing only CMs trained for working with migrant women on health and psychosocial interventions. But in general, the need for specific training on HPs is widely recognized. The Abruzzi Region for instance has published an interesting handbook for training cultural mediators on prevention of FGM, lunging on school and health as issues deserving specific attention (Marcantonio, 2009).

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SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE



SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE**Chapter 1
Policy Implications****Chapter 1
Policy Implications****1.1. Female genital mutilation**

Prevention of FGM is a concern for many European Member States, which have sought to develop health and psychosocial care policies, child protection measures and FGM prevention programmes, including laws prohibiting FGM in European countries. Some countries (e.g. Italy and Greece) apply the principle of extraterritoriality, punishing even those who, being residents in Italy or Greece, practice FGM abroad.

Health professionals can be agents of change in this field, both in terms of prevention, identification/referral, crisis management and post-trauma interventions, to the extent that they are integrated and legitimised in the community.

Based on the 1951 Geneva Convention and 1967 Protocol, the UNHCR has established that persons who are victims of- or at risk of- gender-related persecution can be recognised as beneficiaries of international protection. On the basis of this provision, Belgium and Greece recognise this right by law.

In response to the increase of FGM cases, several European countries have taken measures to address **prevention, treatment and support** for women affected by this practice. Italy, Belgium and Portugal have developed several strategies and initiatives to combat FGM, focusing on training for professionals, provision of health services and implementation of legal provisions.

Many European countries put significant emphasis on the training of social and health professionals as an important tool for the prevention of HPs and with the aim of increasing awareness and understanding of the problem. A range of health services are also offered, including deinfibulation, clitoral reconstruction, counselling and psychological treatment. Great attention is paid to obstetric complications due to third-type FGM that can have a negative impact on the health of the woman and her newborn. In several European hospitals, reconstructive surgery is proposed to restore women's natural genital anatomy and improve their sexuality.

In Belgium, GAMS (Groupe pour l'Abolition des Mutilations Sexuelles)- a non-profit organisation that offers support to women with FGM in the country- is active. GAMS has two main strategies to support women: group discussion workshops and individual accompanying.

In addition to prevention and health services, it is also essential to consider post-trauma intervention, providing health, emotional and psychological support to FGM victims. This is crucial to address the long-term effects of the practice and assist survivors in their recovery.

1.2. Forced and early marriage

In all EU countries, forced marriage and early marriage are punished and prosecuted by law. In some countries (Italy, Portugal) it is allowed at the age of 16, in exceptional situations and only after a judge's

ruling, after hearing the parents' opinion. In addition to the law, other measures are needed, including the empowerment of girls and women, as well as the empowerment of boys and men. A cultural change is necessary and must take place through constant and systematic education and awareness-raising programmes.

Then, in Europe, policies against early and forced marriages are still poor. It is necessary to promote and activate programmes on:

1. Financial, psychological and emotional support for girls who have been rescued from this type of situation;
2. Implementing socio-cultural mediation and family intervention;
3. Formulating a social diagnosis that distinguishes between the situations of adult women and the situations of young women in a migrant context.

In Italy, for instance, the provisions contained in art. 7 of the **"Codice Rosso" (Red Code)** establish the institution of the new crime of "coercion or inducement to marriage", included in Title Eleventh "Crimes against the family", Chapter I "Crimes against marriage", art. 558 bis of the Italian Criminal Code.

"Anyone who, by violence or threat, forces a person to enter into marriage or civil union is punished with imprisonment from one to five years. The same penalty applies to anyone who, taking advantage of the conditions of vulnerability or mental inferiority or necessity of a person, with abuse of family, domestic, work or authority relationships deriving from the custody of the person for reasons of care, education, supervision, or custody, induces her/him to contract marriage or civil union. The penalty is increased if the acts are committed to the detriment of a child under eighteen years of age. The penalty is from two to seven years of imprisonment if the acts are committed to the detriment of a child under the age of fourteen. The provisions of this article shall also apply when the act is committed abroad by an Italian citizen or a foreigner residing in Italy or to the detriment of an Italian citizen or a foreigner residing in Italy."

Forced early marriage has negative consequences for the victims' physical, psychological and moral health. Therefore, social and health policies and organisations must also activate post-trauma intervention programmes, such as:

- Creation of shelters for girls and women victims and their families;
- Assistance to victims and inclusion in the labour force to give them real economic autonomy and consequent social status;
- Integration of families into the community and raising their awareness of the negative effects of forced marriages on girls' lives;
- Awareness-raising activities in schools and communities;
- Establishment of a National Observatory on traditional HPs;
- Training for practitioners working in the area, such as teachers, law enforcement agencies, judicial authorities.

1.3. Honour crimes

For honour crimes, prevention is also considered a key action to combat the practice. Honour crimes, like FGM and forced and early marriage, is internationally considered a form of Gender-Based Violence (GBV).

There are several methodologies for violence prevention, the main objective of which is to transform the conditions that support GBV. These methodologies aim to promote social learning of positive behaviour and the development of skills for change, including preventive actions. They promote programmes that

SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE**Chapter 1
Policy Implications**

aim to change harmful community and institutional norms; the implementation of individual and social awareness-raising programmes; the involvement of religious leaders in the development of religious awareness and in taking an active role in the defence and strengthening of human rights; and the involvement of the media, as they can help change the attitudes of individuals and communities.

For example, programmes such as **Communities Care** aim to support communities in taking the lead in creating healthy, safe and peaceful environments with quality responsive services for women and girls. This programme consists of 15 weeks of structured and facilitated dialogues with community members in training. Groups of adults and adolescents, of both sexes, come together to raise awareness of the shared values of respect for human dignity, equity and justice; to relate their own experiences of violence and injustice to the experiences of others; and to explore how social norms contribute to gender-based violence, including honour crimes.

The Communities Care programme uses a participatory approach, whereby local partners take the lead in mapping and evaluating the various support sectors in order to provide safe and confidential services to survivors of gender-based violence. An example of this is the assessment of the services' readiness to respond to survivors of gender-based violence.

WHO defines the following strategy and action plan to strengthen the health system to address violence against women in the period 2015-2025 (Pan American Health Organization & World Health Organization [PAHO & WHO], 2015):

- Improve the extent, quality, dissemination and use of data on violence against women to promote evidence-based policies and programmes;
- Strengthen the capacity to prevent violence against women;
- Improve the response of health systems to violence against women;
- Supporting the development and evaluation of national policies and plans to combat violence against women;

There are currently several institutions that take in girls and women victims of violence who have fled their home countries. One example of this is Kruton, based in Stockholm. Kruton is an institution consisting of a shelter and a support and counselling centre managed by the social services. It offers expertise, support and guidance to social service professionals. The main objective of this institution is to accommodate emerging situations such as the housing of girls in sheltered environments. The work carried out by Kruton is based on assistance, crisis management and individual accommodation planning according to the needs and protection of each girl/woman. A risk assessment is also carried out to evaluate the need for protection and restrictions while in the facility.

SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE**Chapter 2****Practical recommendations for stakeholders: policies and operators****Chapter 2****Practical recommendations for stakeholders: policies and operators**

From the interviews conducted in this project, it is very clear that respondents give great importance to any form of intervention against traditional HPs. All interviewees emphasised the importance of investing above all in prevention as it empowers victims by providing them with knowledge of their human, health and choice rights. Preventive activities are also important to raise awareness among civil society and professionals working with populations at risk.

On a preventive level, it must be considered that, when a woman finds herself in the new migration context, she experiences a kind of identity crisis; therefore, it is important to ensure support in every case, to show closeness without judging. In migration, women experience a sort of inner conflict between what they want to do and what they “have” to do within the social rules of their family and community of origin. It is therefore necessary to offer her a place where she can reflect on herself and what she would like as well what she feels. Ideally, there should be services and professionals able to help women make this transition.

The interviews also reveal the need to activate language paths for migrant women, since language is a major obstacle to understanding and communicating with the society of residence.

In order to prevent HPs, information should be provided in languages women can understand to facilitate communication. It would also be useful to bring people together informally through self-help groups, to bring together women with the same problems so that they can communicate and exchange views directly and find common strategies. It is certainly useful to compare different cultures and points of view, not to emphasise differences, but rather to look for what they have in common.

Prevention and taking care is a great cultural work that should be carried out very consciously by public institutions, and should never be oriented towards changing cultural background.

However, it must be emphasised that in recent years there has been a significant change in the behaviour of mothers towards their daughters, especially after the Covid pandemic, since they have not been able to return to their countries of origin for two years, and therefore relationships with family members and local traditions have also been suspended. Women are changed, because they are younger and receive different messages, and this applies to both FGM and early and forced marriage.

- The training of health, social and educational personnel is also essential as it is still very much lacking. There is a lack of training in schools with young people, on sexuality, sexually transmitted diseases and HPs. There are signs that staff do not know how to do it because they are not prepared;
- Training and information should be included in national planning of social and health policies and organisations. Resource and time constraints should be overcome;
- There is the need for clear and defined tools for practitioners to work properly and adequately with women at risk of HPs, so a referral mechanism is needed;

- There is the need to identify the indicators and the risk factors, making them known to the operators, women and men;
- Awareness of these issues is needed.

In conclusion, in order to improve prevention, a **primary study of communities** practising harmful traditions is necessary. People must be made aware of the serious health and life consequences of HPs. As far as awareness-raising campaigns are concerned, synergies between all agencies dealing with the issue (including NGOs, law enforcement agencies, public authorities, the state) are to be focused on in order to have complementary cooperation.

In addition, services and facilities must be **accessible** and well informed about communities in order to provide ongoing information to community members and professionals. The existence and support of a coordinating body dealing with these issues, such as a national and European **observatory** on traditional HPs, is necessary.

Another important point to highlight is knowledge and information on the **referral mechanisms** in each country. In fact, interviews with women revealed that a proportion of them did not know who to turn to in case of need.

SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE**Chapter 3**
Practical recommendations for professionals**Chapter 3**
Practical recommendations for professionals

Throughout their engagement with victims or potential victims of forced marriage, FGM and honour-based crimes, professionals should bear in mind the **“one chance” rule**: they might have only one opportunity to speak to a victim or potential victim and thus to save their life. This is particularly important as many victims might be in a situation of isolation and control where it is difficult for them to seek and find help externally, as explained earlier. If the victim does not receive the appropriate information and support that one chance might be wasted (United Kingdom, Foreign Commonwealth and Development Office [UK, FCDO], 2023; Scotland, National Health Service [Scotland, NHS], 2009; Forced Marriage Initiative, 2021).

For this reason, it is important that professionals are aware of how to engage with victims of HPs, with regards to their support needs and take into account the recommendations presented below (Welsh Government, 2019; Scotland, NHS, 2009; Forced Marriage Initiative, 2021; England and Wales, College of Policing, 2021).

Key recommendations for professionals’ engagement with victims include: provide safe and confidential environments; ensure no family or community member is present; assess risks to victims’ safety; ensure victim- and culturally-sensitive approaches; ensure victims receive appropriate support through individual needs assessments and referrals when appropriate.

Providing **safe environments** has been identified as a key priority when engaging with victims or potential victims of HPs (End FGM European Network [End FGM EU], 2021). Safe spaces will support the creation of a relationship of trust with professionals in order to help victims come forward, and create an empowering environment for providing support and interviews in a private and secure space. This is particularly important due to the fear and barriers victims might have in seeking help, due to fear of retaliation from the family or community for instance, as explained above. Professionals should ensure the victims are alone, and that **no family or community member is present**. If it is a minor, the presence of an appropriate adult rather than family members should be considered. If needed, a professional interpreter can be hired: relatives or community members must not be the interpreter. Also consider that if the victim or potential victim is a child, they may not perceive the procedure as abusive, since the person who carries out/authorises the practice is also, symbolically and affectively, the one who protects and cares for them; and be sensitive to the intimate nature of the crime.

Provision of tailored and accessible information is key to help victims understanding their situation, understanding their rights, available support services, but also possible risks and solutions that can be implemented (End FGM EU, 2021). Information should include legal information about their rights, the justice systems, any legal support available to victims. All communications of information to victims should follow a respectful and victim-sensitive approach, e.g. being non-judgemental and making no assumptions, giving victims time and space to talk and ask questions, and using simple and accessible language.

Determining the support a victim might need should be based on the implementation of an **individual needs assessment** (henceforth INA). The INA is a “strategic process to establish the nature and extent of

a victim's needs" (Meindre-Chautrand et al., 2019). Victim support professionals should in particular try to collect information on needs that are linked to the type of crime and on individual circumstances. On that basis, tailored support can be provided and, where needed, a referral can be operated to relevant services.

Professionals should also identify and **evaluate risk factors and situations of high risks** for victims. This includes high risks to the victims' safety, where the victim can be at risk of: being submitted to the harmful practice (if the contact happens before); repeated victimisation; intimidation or retaliation; any other immediate risk putting the victims' safety or life in danger. This can include: (Pasteel, 2015)

- Death of one parent that leads the other parent to take urgent measures to ensure the children are married;
- Sexual orientation of the child/person can lead parents to forced marriage as to maintain appearances;
- Existing conflicts and violence within the family;

Professionals should also keep in mind that disclosing the crime(s) that took place can place victims in a situation of danger and at risk of retaliation or repeat victimisation from the offender(s). For example, disclosing a situation of FGM or trying to escape a situation of forced marriage, might lead the victim to be subjected to honour-based violence and crimes, if their family/community might learn about it. Appropriate measures should be put in place during the engagement, including the development of a **safety plan** with victims (Réseau Mariage et Migration, 2018). Whenever possible, it is suggested to not send a victim away or return them to their family against their wishes (Forced Marriage Initiative, 2021). In general, professionals should listen to the victim and respect their wishes whenever possible. In some cases, victims may want to take a course of action that can endanger their safety, therefore professionals should explain to them the risks and, if applicable, adopt the necessary child or adult protection precautions (Foreign Commonwealth and Development Office, 2023).

Adopting a **culturally-sensitive approach** in the engagement with victims or potential victims is fundamental to a respectful and victim-sensitive approach. This can be done through, for example (Bessoule & Hildenbeutel, 2022):

- Avoiding generalised statements and stigmatisation, in particular referring to the affected communities;
- Be mindful of the language used and try to use the language used by the person you are talking to (for example, use the wording "circumcision" instead of "female genital mutilation" when talking to a victim);
- Be mindful of the complexity of the crimes, in particular linked to the involvement of the family and the risk of exclusion from the community as measures of retaliation and the feelings it might create in victims/potential victims;
- When possible, involve cultural mediators to facilitate the engagement.

The reception of women victims or at risk of HPs

- Women must be guaranteed regular and timely access to information and training on their rights in a language they understand.
- Practitioners must know, and act accordingly, that every child, every woman, beyond all traditions and conventions, has the right to health and the integrity of her person.
- Knowing the traditions and typical practices of other cultures is a fundamental element in building an equal relationship between operators and guests of the facilities, always bearing in mind the universal principles of protection of the human rights of women, children and girls.
- Knowing these traditions in their proper dimension and avoiding stigmatisation and/or criminalisation helps to prepare for a dialogue that welcomes women who have been victims of these practices.

SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE**Chapter 3****Practical recommendations for professionals**

- It is important that the reception workers are also prepared to deal with these issues, informed about the existence of these traditions and able to offer the women bearers the necessary assistance.
- The interviews with women must consider the possible ethical, psychological and therapeutic implications, should use cultural mediation and must constantly be marked by respect for the principle of the person's autonomy and that of their benefit.
- In conducting an interview with women who may have been subjected to a traditional HP, a balanced attitude must be maintained, without prejudice and judgement of either the phenomenon or the culture of origin, and without assuming that all women have been subjected to the practice.
- Considering that sexuality remains taboo in many communities, the approach of verifying a woman's reproductive health and well-being can provide insight into whether she has been subjected to FGM or other HPs.
- In the specific case of healthcare professionals in identifying FGM, if deemed necessary, the healthcare professional should identify the type of incision or alteration present, taking care to minimize repeated examinations that may cause the individual to experience increased discomfort or feelings of intrusion into their personal privacy.

At the initial interview stage, it is recommended to:

- Identify the woman's geographical and cultural background.
- Ask the victim or person at-risk if they feel comfortable talking to you in your current location, and make sure to speak to them in a secure and private space. If the person is accompanied by someone, do not assume it is safe to talk about their experience in front of that person, you should always speak to them on their own.
- Reassure the victim or person at risk about confidentiality and explain informed consent, namely that you will not give information to anyone (including family, friends or community) without their consent or against their wellbeing.
- Understand whether she has a minimum of schooling and basic knowledge of her body.

Once these two elements are understood, discuss with the woman the possible traditional practices present in her culture and linked to rites of passage and/or purification. This will make it possible to understand with what terminology the woman identifies the phenomenon, and then to relate with her to identify what type of practice was performed.

Once a relationship of trust and confidence has been established, one can proceed with more specific questions concerning, for example, the regularity of the menstrual cycle, possible pain during the cycle and/or during sexual intercourse, and how any pregnancies and births have taken place. Depending on your professional capacity and how the victim or person at risk of harmful practice reaches you, when you contact them they may not disclose directly what has happened to them, or may only indirectly give a hint. Victims may not step forward easily because of insecurity, feelings of shame and guilt, and out of loyalty to the family. In the case of FGM, at times victims do not even perceive it as an issue or the cause of other health problems.

Things to do:

- Inform the woman about her rights and the course of the interview that is to be conducted;
- Use simple, clear language, without the use of adjectives that might indicate judgement with respect to the woman's culture of origin;
- Conduct the interview in a protected place and with female staff (including the linguistic-cultural mediator, trained on the subject);
- Engage on a "need to know" basis. This means that you should only ask what you need to know in that moment in order to fulfil your role in supporting or protecting the person in need;
- Do not ask unnecessary intrusive questions that might further traumatise the victim;
- Say some statements of comfort and support and reinforce that what happened to them was not their fault;
- Consider that, if possible, this conversation might require longer time allocation. It is not easy to speak about traumatic experiences, so it should not be rushed;
- If the level of risk does not demand otherwise and it is possible for you to do so, you may need to evaluate whether or not the victim or at risk person is ready to talk about the harmful practice. If they are not yet ready to talk more and it is possible for you in line with your professional capacity, give them time;
- Try to find what fears and anxieties are interfering, reassure them about confidentiality, encourage to meet again and provide them with accurate and up-to-date information about relevant available services;
- Reassure the victim or at-risk person that actions to be taken will be discussed with them and also that they can ask for help at any point, even later, unless there is a risk requiring an immediate action.

Things not to do:

- Take for granted what FGM or other HPs are and consider it as negative practices;
- Use aggressive and/or stigmatising language;
- Avoid conducting the interview with multiple people present, or excluding a woman from the interview process, especially when the victim is female.

The reception of potential women victims of forced marriages

- All interviews with the woman must take place confidentially;
- For the interview, it is essential never to use relatives, friends or mediators belonging to the community of reference as interpreters, because this would prevent the woman from expressing herself clearly about the situation of violence suffered and prevent her from asking for help directly;
- The interview should always take place in a place that is perceived by her as safe. All risk factors must be considered and assessed in the interview;
- The woman must be explained, briefly and clearly, the possibilities of aid she can avail herself of and the possible solutions from a legal point of view.

Pregnant women after a forced marriage

In cases where the woman has chosen to keep a child born because of the unwanted marriage, the path of protection is flanked by that of accompaniment to motherhood. Loneliness, feelings of guilt, and nostalgia for a "family community", even if violent and disrespectful, may have devastating effects on the woman's psychological and physical health.

It must be borne in mind that, until the child reaches the age of six months, stringent security measures must be taken: in fact, this is the time limit in which the father may have an interest in tracing and recognising the child to obtain regularisation if he has entered irregularly in such European country.

SECTION 4: RECOMMENDATIONS FOR POLICY AND PRACTICE**Chapter 3****Practical recommendations for professionals****References**

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