



YOU CAN PROTECT THEM

Effective prevention of
genital mutilation in Germany

Recommended action by
SAIDA International e.V.





What's the aim of this brochure?

Dear professionals and interested persons,

Children need the protection of society and the state – in particular when they suffer violence within the family. In Germany, many thousands of girls are threatened by a particularly severe form of violence: genital mutilation.

The affected women and girls often live amongst us undetected. They only rarely ask for help. We simply cannot look away.

Experience from the countries of origin shows how persistent this practice has become. However, we also know from the SAIDA girls' protection programme in Burkina Faso that: effective protection is possible. The more people who are informed of the background behind this violence that has been handed down through the centuries and know about the situation in Germany, the greater the

chance of protection. Therefore, everyone's attention is required to create a preventative effect.

Skilled workers in social, medical and educational professions as well as the police and the justice sector play a key role.

With this brochure we aim to provide support so you can correctly assess possible danger and contribute to the girls growing up safely. Because:

YOU CAN PROTECT THEM

Yours faithfully, Simone Schwarz
Managing chairwoman

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Recognise danger,
act responsibly and
protect girls effectively



What does FGM actually mean?

The English abbreviation FGM stands for Female Genital Mutilation. The term was decided on in 1990 by the Inter-African Committee on Harmful Traditional Practices (IAC).

The World Health Organisation (WHO) includes the term FGM in their official language use. The term „Female circumcision“ or „Female genital circumcision“ is also often used.

The members of the IAC with initiatives in 29 African countries, Europe and Australia rejected these terms as belittling, claiming they damage the fight against this violence.

SAIDA supports the IAC's call to the global public to use the term genital mutilation consistently.



Dear reader,

we are an open and tolerant society. People who come to Germany from other cultures have the chance to practice their traditions and beliefs accordingly. However, this only applies as long as the basic rights of others are not violated. Human rights are not culturally negotiable. The genital mutilation of a girl is a severe bodily injury and also leads to serious psychological damage. It is a brutal form of gender-specific discrimination and violence.

It is therefore imperative that professional sectors, which are possibly in contact with the victims on a daily basis, are sensitised to the situation. Medical professionals and social workers have to receive appropriate training offers. Because it is important to observe and listen carefully in shared accommodation for refugees, in kindergartens, schools and doctor's surgeries.

Solid patriarchal structures form the basis for the practice of genital mutilation. It is a laborious process to break these structures. Information, education and empowerment play a key role. It has to be our objective to protect girls living among us from this dangerous intervention and to provide the affected women with suitable support. We should contribute to endangered girls becoming strong, self-confident and courageous and to their becoming independent women.

The association SAIDA International e.V. has been committed to prevention work for years and provides counselling for endangered and affected girls and women. I wish its colleagues continued success for this crucial work.

Prof. Dr. Thomas Fabian

Mayor and alderman for the youth, social issues,
health and schools in Leipzig.

Ladies and gentlemen,

the practice of genital mutilation is used in some countries to control female behaviour. Undamaged girls are defamed as "impure" and "unmarriageable". As a result of immigration, the problem is now becoming more highlighted in public life. An increasing number of women and children in whose country of origin this form of violence is prevalent are now living in Saxony. In migration, children are not any less endangered and affected women are reliant on help. Prevention to avoid genital mutilation and information on this type of violence pose a huge challenge for us.

As early as 2015 the state capital Dresden dedicated an event to this subject. In 2016, the first conference on genital mutilation took place with cooperation partners such as SAIDA International e.V.. The format was established and since then special events have been taking place each year in the state capital on medical, legal and social aspects. Continuing discussions by experts contribute to sensibilisation, and concrete plans of action are developed.

The competence and coordination centre for work with girls and young women (sowieso e.V.), SAIDA International e.V., Akifra e.V., Medea e.V. as well as the Saxon State Ministry of Social Affairs and Consumer Protection, Minister of State for Equality and Integration, regional office Saxony, Equal Opportunities Officer provide support along the way in a non-materialistic, financial and organisational capacity. We would like to express our gratitude for this work!

We hope that this brochure provides you with some sound suggestions for dealing with this difficult topic and thank you for your interest.

Dr. Alexandra-Kathrin Stanislaw-Kemenah

Equal opportunities officer for women and men
in the state capital Dresden



Background information

The community of nations has outlawed female genital mutilation worldwide as a violation of human rights and banned it in a number of international conventions. Nevertheless, every day 8000 girls are mutilated.

Global distribution

In the meantime, many countries in which the genital mutilation of girls is prevalent have issued penal laws.

However, each year at least 3 million girls are still subject to this abuse. 200 million girls and women have to live with the serious consequences. On a worldwide scale that is every 20th woman.

In some countries, almost the entire female population is affected, such as Egypt, Guinea and Somalia. In other countries the practice is only widespread amongst different ethnic groups.

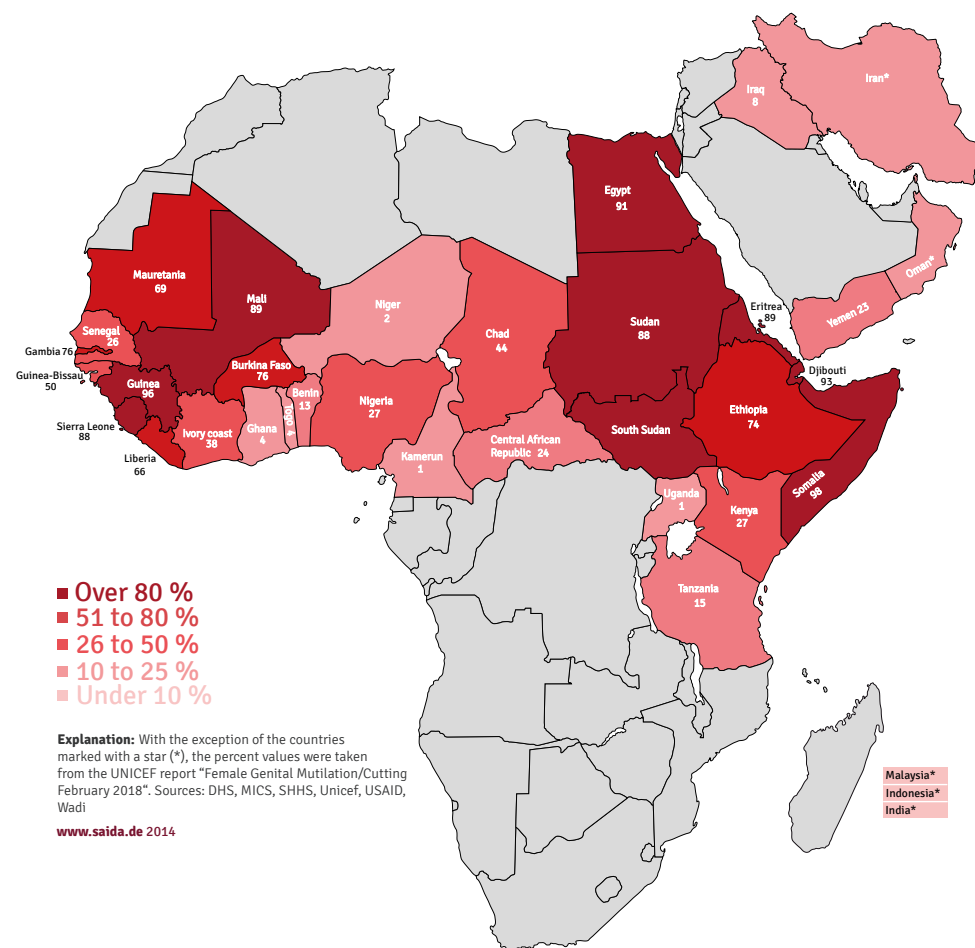
Genital mutilation is intended to control the sexual behaviour of girls. Intact girls and their families are insulted, defamed and threatened.

Motive

The purpose of genital mutilation is to control the sexuality of girls and to make them compliant using this severe form of violence. In the practicing societies women are generally seen as property and systematically discriminated against.

Advocates of the practice build up immense social pressure. If a family tries to let their daughters grow up intact, the girls are berated as „impure“ and prostitutes. No one accepts food from them and they are considered unmarriageable. The entire family honour is linked to the sexual behaviour of the daughters.

Distribution of genital mutilation in girls and women between 15 and 49 years



Practice

The World Health Organisation (WHO) classifies female genital mutilation as all interventions, in which the external genitals are completely or partially removed or injured for non-medical reasons. There are four types:

Clitoridectomy (Type I)

The visible part of the girls' clitoris is either partially or completely cut away.

Excision (Type II)

The inner labia and sometimes the outer labia are often also partially or completely removed. Roughly 80 percent of the victims are subjected to types I and II.

Infibulation (Type III)

In the case of roughly 15 percent of the girls, the clitoris and inner and outer labia are cut away and the vagina is sealed apart from a minimal opening for the slow release of urine and menstrual blood. The scar generally has to be cut open for the first sexual intercourse (**Defibulation**). After birth, the wound is frequently tightly sewn up again (**Refibulation**).

WHO records variations under Type IV, such as burning, scraping, piercing or cauterising the clitoris, vulva and vagina.

The practice varies depending on the area, ethnic affiliation and local customs.

Circumstances

Typical circumstances of the offence are the extremely bad hygienic conditions and the omission of anaesthesia and painkillers. The instruments used by the generally female perpetrators are knives, sharp-edged stones and razor blades. They use ashes or sand to still the bleeding.

An increasing number of healthcare professionals is now agreeing to conduct the practice under hygienic conditions for prosperous families. This applies in particular to Egypt, Djibouti or Somalia.

Consequences of the abuse

For the victims the violence has severe, often lifelong consequences:

Acute physical consequences are e.g. extreme pain and uncontrolled bleeding, which cause a state of shock and can lead to death. Other frequent consequences are tetanus, urinary retention and inflammations. Pinning down, hitting and gagging during the offence often lead to broken bones.

Long-term physical consequences can be e.g. nerve damage, cysts and abscesses. Infections of the urinary tract, uterus and ovaries frequently cause infertility. If the urethra and intestine are also injured, a frequent consequence is incontinence. There are often problems with sexual intercourse, menstruation, pregnancy and childbirth.

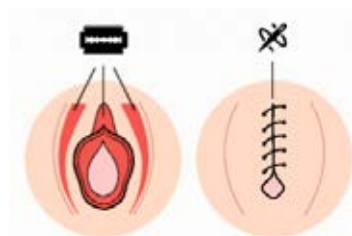
Different types of genital mutilation



Type I
Clitoridectomy



Type II
Excision



Type III
Infibulation



Type IV
Variations

Psychological effects occur frequently in the form of depression, behavioural disorders, fear responses and sexual disorders.

The violence and fear of death experienced very frequently trigger a severe emotional trauma. Those affected often suffer from a loss of trust to relations and an inability to form a relationship. Repression of the effects, hopelessness and social pressure lead to the practice being passed from generation to generation.



Risk age

Girls are at risk from infancy to adulthood. The majority are subjected to mutilation in childhood. However, in some countries the typical age shifts somewhat due to new penal laws.

Situation in Germany

According to a study by the Federal Ministry for Family Affairs in 2017, roughly 47,000 girls and women are at risk from or already victims of genital mutilation. Based on the current population figures, we assume that in 2019 there are over 81,000 affected and at risk. It is a huge challenge for society to act appropriately to this situation.

Why do we have to act?

Genital mutilation is a considerable encroachment of fundamental rights and the danger is so concrete that the state has to fulfil its duty to protect. The basic rights of human dignity, life and physical integrity are violated.

Genital mutilation is an unparalleled severe form of abuse with irreparable consequences for the victim. Therefore, precise and consistent action is necessary to safely avoid danger – there's only one chance!

Legal position

Since 2013 a specific criminal offence has been regulating genital mutilation stipulating that „the offence carries a penalty of not less than one year imprisonment for anyone who mutilates the external genitals of a female person“ (section 226a German Penal Code). According to published criminal statistics, by the end of 2017 there were no legal proceedings according to section 226a German Penal Code in Germany or criminal charges against parents. The reason for this is that the offence is committed in private, the evidence

remains hidden from outsiders and the damaged girls remain silent out of fear of burdening their families.

The main problem is the medical pledge of secrecy, because if the mutilation is discovered there is no obligation to report it to the authorities as is the case for example in France. In case of suspicion of an imminent offence doctors do however have the right to inform the youth welfare office.

There are also obligatory medical checks in individual federal states, in which the abuse would become apparent.

To prevent offences abroad, family courts mandate that parents may not take their daughters into their country of origin in individual cases.



SAIDA is advocating a requirement to report the act to the authorities and state-wide compulsory medical examinations for all children.

Girls and women affected and at risk in Germany – Estimate 2018/2019

Nationality	Distribution in country of origin	Girls and women in Germany	Of these girls under 18 years	Of these women over 18 years	Girls at risk	Women affected	Total at risk and affected
Egypt	87%	10,570	2,855	7,715	2,484	6,712	9,196
Ethiopia	65%	9,095	1,980	7,115	1,287	4,625	5,912
Benin	9%	840	215	625	19	56	76
Burkina Faso	76%	585	130	455	99	346	445
Ivory coast	37%	2,185	440	1,745	163	646	808
Djibouti	93%	75	10	65	9	60	70
Eritrea	83%	23,005	6,230	16,775	5,171	13,923	19,094
Gambia	75%	1,905	410	1,495	308	1,121	1,429
Ghana	4%	16,890	3,890	13,000	156	520	676
Guinea	97%	3,490	940	2,550	912	2,474	3,385
Guinea-Bissau	45%	310	85	205	225	92	317
Indonesia*	49%	11,370	540	10,835	265	5,309	5,574
Iraq**	8%	103,050	40,835	62,215	3,267	4,977	8,244
Yemen	19%	2,345	670	1,675	127	318	446
Cameroon	1%	10,655	1,490	9,165	15	92	107
Kenya	21%	8,320	830	7,490	174	1,573	1,747
Liberia	44%	290	55	235	24	103	128
Mali	83%	455	130	325	108	270	378
Mauretania	67%	170	30	140	20	94	114
Niger	2%	240	70	170	1	3	5
Nigeria	18%	28,095	9,420	18,680	1,696	3,362	5,058
Senegal	23%	1,390	215	1,175	49	270	320
Sierra Leone	86%	1,260	360	900	310	774	1,084
Somalia	98%	15,250	5,230	10,020	5,125	9,820	14,945
Sudan***	87%	1,860	545	1,315	474	1,144	1,618
Tanzania	10%	875	95	780	10	78	88
Togo	5%	5,005	920	4,085	46	204	250
Chad	38%	140	50	85	19	32	51
Uganda****	1%	1,340	175	1,165	2	12	13
Central African Republic	24 %	50	10	40	2	10	12
Total		261,110	78,855	182,240	22,566	59,021	81,587

Sources: Federal statistical office, foreign female population according to nationality and age on 31.12.2018; data on the distribution in the country of origin were taken from the UNICEF report "Female Genital Mutilation/Cutting" October 2018 and „Statistical Profile On Female Genital Mutilation Indonesia“ 2019; data compiled by SAIDA International e.V., as of April 2019. Explanation of overall approach and methods at www.saida.de/genitalverstümmelung/situation-in-europa

* Data for Indonesia according to the Basic Health Research Survey (RISKESDAS) 2013; ** data for Iraq refers to the region of North Iraq (Autonomous Rep. Kurdistan); *** the information for Sudan also contains the figures for South Sudan; **** only isolated cases

Effective prevention

Challenge for professionals

The Federal Ministry of Family Affairs clearly states that genital mutilation “is without doubt a severe threat to children’s welfare” and that “the responsible bodies for public youth welfare and the courts are called upon to ensure the protection of girls from this danger.”

This form of child abuse on girls is however so specific that concepts from the prevention of other forms of violence can not simply be adopted. Therefore, professionals are faced with a special challenge.

Assessing the risk

Persons who can contribute to the protection of girls have to be aware of how to recognise a threat and assess the risk.

The risk for girls **depends on**

- the prevalence of genital mutilation in the family’s country of origin and
- the status of the female relatives.

The risk **does not depend on**

- awareness of criminal liability,
- knowledge of the scope and consequences,
- the level of education and social milieu or
- the age of the girl.

Most girls who are subject to the practice are between early childhood and 15 years of age. However, the risk age is varying more and more, especially in migration. That means that older girls can also be protected.

In the case of indications of danger, please adopt all legal options. Bear in mind that discussions with the parents are not sufficient. A comprehensive set of measures is always required. Because genital mutilation is an unparalleled form of abuse, there is only one chance for protection.

Protection in the case of danger when travelling to the country of origin

If a girl with a corresponding migrant background travels alone or with her parents to the country of origin of the family, this can be seen as a potential danger.

Decisive factors for the assessment are the situation in the respective country and the fact that authorities cannot gain an insight into the local family situation from Germany.

The youth welfare office can effect protection from an offence committed abroad using a legal proclamation to restrict the right to determine place of residence.



The decisions made by the family court from the past years therefore have the following in common:

- An intervention was made based solely on the fact that travel to a risk country was imminent.
- The explicit planning of the offence was not subordinated to the parents.
- The realistic risk assessment was always based on a review of the situation in the respective country. Virtually region-wide coverage produces an extremely high risk.
- Genital mutilation is defined as such severe abuse with irreparable consequences that it can in no way be tolerated by children. Therefore it must be prevented.
- The rights of the parents and possibly interests of the children to visit their home country recede due to the right of the child to life and physical integrity.

The BGH grants the highest priority to the child’s right to protection of their human dignity and physical integrity.

Decision of the federal court (BGH) from 15.12.2004, XII ZB 166/03 online at: juris.bundesgerichtshof.de

Protection in the case of danger in Germany

If there is any suspicion that a minor girl is to be mutilated in Germany or in another European country, we recommend youth welfare offices the following course of action:

- Talk to the family immediately about the criminal liability of the offence. Inform them that the same sentence applies for abetting as for the perpetrator, this also applies to offences abroad.
- Always create a control instrument, even if the family assures you that they are against the practice. Arrange regular medical examinations. In case of doubt, apply for a transfer of medical care to your authorities from the family court.

Assistance and counselling

If you have any questions,
please feel free to contact us at
**SAIDA counselling centre for girls and
women suffering from genital mutilation**

Telephone: +49 (0)341 247 46 69

Mobile: +49 (0)1590 166 77 63

Email: beratung@saida.de

In addition to counselling, we also offer conferences and training courses for professionals. The SAIDA competence centre in cooperation with the St. Georg clinic is a multidisciplinary contact point in central Germany for medical assistance.

The contacts for youth welfare offices, children and youth emergency services and advisory offices in your area are listed on the internet. The national helpline for violence against women is available round the clock and free of charge on **Tel. 08000 116 016**.

**In cases of immediate danger call police
on the emergency services number 110.**

Please help protect the victims!



Donations account

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SAIDA International e. V. has been campaigning since 2010 for the consistent implementation of women's and children's rights in developing countries. We provide local help to contain gender-specific violence and oppression. We contribute to sustainable improved living conditions in societies through concrete projects for the protection, education and health of girls.

For more information go to www.saida.de.

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