



Joint Shadow Report - GERMANY

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Authors:

LebKom e.V.: [Lebendige Kommunikation mit Frauen in ihren Kulturen](#) (Vivid Communication with women in their cultures) is an NGO operating internationally with more than 30 years of experience in the fields of sexual and reproductive health and rights as well as the reduction of gender based violence and the concrete and large-scale implementation of human rights for women and gender equality. LebKom e.V. empowers women. Its strength is training and education for women and men in their cultures with a focus on saving girls from FGM by community-based prevention measures within the families and large scale. Main target group are men as decision makers in order to change behaviour towards women and girls. Key of success is the scientifically based [Value-Centered Approach](#), developed by Prof. Dr. Muthgard Hinkelmann-Toewe, CENTER for PROFS, Germany. In Germany, LebKom e.V. conduct measures to sensitise about FGM, works in close cooperation with schools, offers training for professional groups, supports migrants in raising awareness in their communities, and is engaged in lobbying and networking on the European level.

Lessan e.V.: [Lessan](#) is a community-based NGO that promotes social and professional integration of people with immigration background through transcultural projects. The main topics are awareness raising and training on Female Genital Mutilation /Cutting (FGM/C), violence against women and girls as well as racism and discrimination. The NGO trains, informs and advises relevant institutions, Experts working on FGM/C, organisers of affected communities, survivors of FGM/C (immigrants and



refugees), pastors, imams and multipliers. Lessan raises awareness in different communities and accompanies pedagogical behavioural changes through individual counselling and offers space for exchange and assists women in overcoming the mental consequences of FGM/C.

TERRE DES FEMMES (TDF): [TDF](#) is Germany's largest women's rights organisation with more than 2000 members. In the past 35 years, TDF has worked tirelessly against FGM, because it is a human rights violation and affects the health of women and children. In that regard, TDF has worked hard over the last decades/years to: a) create awareness about FGM; b) calculate and publish the statistics of affected girls and women and those at risk in Germany; c) indulge in numerous petitions to raise awareness about countries that still accept the continuation of FGM (e.g. Egypt and Indonesia), with the intention of increasing political pressure on their representatives. The work of TDF is based on close cooperation with affected communities.

End FGM European Network (End FGM EU): [End FGM EU](#) is a European umbrella network of 30 organisations working in 14 European countries to ensure a sustainable European action to end female genital mutilation in Europe and beyond. Its vision is "a world free of all forms of female genital mutilation (FGM) where women and girls are empowered and can fully enjoy their human rights". Its mission is to be the driving force of the European movement to end all forms of FGM, joining the forces of communities and civil society organisations, and building synergies and cooperation with all relevant actors in Europe and globally.

INTRODUCTION

The present joint shadow report is produced by LebKom e.V., Lessan e.V. and TERRE DES FEMMES in coordination with the End FGM European Network, in order to highlight the current situation and propose concrete recommendations on the issue of prevention, protection, prosecution and integrated policies concerning female genital mutilation in Germany. Despite this report focusing only on this harmful practice, its aim is not to single it out in isolation, but to place emphasis on it, while still seeing it as one form of gender-based violence against women and girls, which is deeply rooted in gender inequality and patriarchal structures, and in a holistic and comprehensive manner.

This report represents the German chapter of a wider coordinated effort by End FGM EU to engage all its members who are under GREVIO revision to present an **FGM-focused report** in order to bring to the experts' attention the topic, which is too often neglected by State authorities. This project somehow stems from the Guide on the [Istanbul Convention as a tool to end female genital mutilation](#) which was produced in coordination between the Amnesty International End FGM European Campaign (the predecessor of End FGM EU) and the Council of Europe. It puts in practice the Guide's holistic approach by considering its full application to FGM as a form of violence against women and girls which needs to be addressed through

prevention, protection, prosecution and integrated policies. It does not only analyse the application of the specific FGM Article 38 of the Istanbul Convention, but addresses the full range of articles in the Convention and how they are applied to tackle FGM. In recognition of the fact that FGM stems from deeply rooted gender inequality, it is essential to actively involve men as decision-makers worldwide at all levels, as is also emphasised in Article 12.4.

1. Legal Framework¹

Criminal law

As of 2013, the mutilation of female sexual organs was specifically declared a criminal offence under Article 226a of the German Penal Code (StGB) and punishable for up to 15 years as a form of bodily harm. Cases of death due to FGM are punishable according to § 227 StGB, as a form of bodily harm resulting in death or “Körperverletzung mit Todesfolge”. Pursuant to Article 26, “Incitement”, parents can be held responsible as instigators of FGM. According to Article 171, “Violation of the Duties of Care or Education”, parents can be held responsible for the non-implementation and/or non-performance of the duties of a parent/legal guardian. Other persons involved in facilitating FGM may be viewed as co-perpetrators, subject to criminal prosecution under Article 25, paragraph 2 of the German Penal Code (StGB), “Perpetration”. Consent to genital mutilation by girls, women or parents are excluded, according to Article 228, “Consent”.

Since 2015, the principle of extraterritoriality has also been applicable in Germany, if the survivor is a permanent resident of Germany or the perpetrator is a German citizen (according to § 5 Abs. 9a, b StGB). Medical professionals also accused of FGM, can be charged under Article 226a of StGB, with an occupational ban (§ 70 StGB).

Child Protection Law

Article 1631 of the German Civil Code (BGB), “Contents and Limits of Care and Custody”, stipulates that children have the right to a life free of violence, corporal punishment, psychological harm and other degrading measures, including FGM. The legal framework protecting the welfare of a child in the case of an impending or actual offence is provided by Article 8a of the Social Code, “Protection Order in the Case of Endangerment of the Child’s Welfare”, and Article 1666 of the Civil Code, “Court Measures in the Case of Endangerment of the Child’s Welfare”, while Article 1666a, “Principle of Proportionality; Priority of Public Help”, outlines recommended courses of action. In addition, Article 8 of the Social Code, specifies

¹ For a more detailed information visit <https://uefgm.org/index.php/legislative-framework-de/>



that children and young people are entitled to counselling without the knowledge and/or consent of a parent or guardian.

Asylum Law

German asylum law can be applied for gender-specific reasons. Under Article 60 of the 2005 Immigration Act, “Prohibition of Deportation”, individuals are protected from non-governmental persecution. In addition, the Residence Act (AufenthG) states that an individual may not be deported to a country where his or her life or freedom is threatened because of his or her affiliation to a certain social group. In this case, women and girls threatened with gender-based violence are a “defined social group”, such that the threat of FGM constitutes gender-based grounds for the granting of asylum. Women or girls already affected by FGM may also be entitled to asylum — for example where there is the threat of a more severe form of FGM in the case of marriage (e.g. infibulation) or birth (e.g. re-infibulation) (UNHCR, 2009).

Professional secrecy law

Under German law, all persons living in Germany are obliged to report any knowledge of a serious crime, as specified in Article 138, “Failure to Report Planned Criminal Offences”. The obligation to secrecy for medical professionals is governed by Article 203 of the German Penal Code (StGB). However, as FGM is considered a violation of human rights, disclosure to protect “a more significant legal interest” applies where a girl/woman is at risk. This is ruled in § 4/Abs 3 “Act on cooperation and Information in Child protection.

Professionals with a protection mandate, such as teachers, staff of girls’ shelters, children/youth emergency services, social services, police and the public prosecutor’s office must take action if they have a strong suspicion that a girl is at risk from FGM (Article 8, German Social Code; Articles 8a and 8b and Article 4, “Act on Cooperation and Information in Child Protection”). Where there is suspicion of FGM, such professionals have the right to request youth welfare services to assess a child’s welfare, for the purposes of which they are authorised to make available relevant information in an anonymised form.

2. Policy Framework²

In terms of inter-institutional coordination mechanisms on policy actions around FGM, they exist at both federal and state level.

In 2009, a Federal Government/Länder (States) Working Group (Bund-Länder-NRO AG) was initially set up, but has been dissolved after only two meetings. In 2014, national responsibility

² For more detailed information, visit <https://uefgm.org/index.php/policy-framework-de/>

over FGM has been given to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) which, through its Department for Children and Young People, has since taken the lead and reinitiated the Bund-Länder-NRO AG. Such inter-institutional mechanism is made up of members of the Federal Ministries of Health, the Interior, Foreign Affairs, Justice and Consumer Protection, and Economic Cooperation and Development, as well as the Federal Commissioner for Migration, Refugees and Integration, the Länder (States) of the Federal Republic of Germany, the German Medical Association and the INTEGRA network.³ The working group shares strategies, exchanges best practice and information about developments in the field, in line with European Commission goals to end FGM (EU Commission, 2013).

Within this mandate, in 2017, the Ministry for Family Affairs, Senior Citizens, Women and Youth commissioned INTEGRA to carry out a study⁴ on FGM in Germany (see Article 11), which contained a set of recommendations for policy action. Unfortunately, the German Government has not yet made **adequate financial resources available to fully implement these recommendations**, which we urge the government to do as soon as possible.

Moreover, the last meeting of the working group took place in 2018, with no new meeting scheduled since. We urge the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth to **reconvene the Bund-Länder-NRO AG as soon as possible**, as it is an important mechanism for carrying out work at federal level on FGM.

The state governments of North Rhine-Westphalia, Hamburg, Berlin-Brandenburg and the Capital of the Land of Bavaria, Munich have introduced roundtables on FGM, bringing together a delegation of NGOs and government representatives to discuss a range of topics, such as psychological care in refugee accommodation. The aim of the roundtables is to improve prevention and care through local ‘intervention chains’, as well as for networking and the exchange of information.

Germany has no legally binding regulations on approaches to FGM, relying instead on the several recommendations, guidelines and manuals developed by individual organisations.⁵

³ Launched in 2000, the German Network for the Elimination of FGM (INTEGRA) consists of over 33 German organisations and exists to eliminate FGM in Germany and globally.

⁴ Available here <https://www.netzwerk-integra.de/startseite/studie-fgm/>

⁵ “**Intervention und Unterstützung bei Weiblicher Genitalverstümmelung – Möglichkeiten interdisziplinärer Fallzusammenarbeit**” (Intervention and Support in the Case of Female Genital Mutilation), published in 2015 by the Hamburg Roundtable. The guidebook is aimed at professional personnel such as teachers, police officers and staff from the youth-welfare, victim protection and health services (Hamburger Runder Tisch, 2015); “**Weiblicher Genitalverstümmelung begegnen: Ein Leitfaden für Fachkräfte in sozialen, pädagogischen und medizinischen Berufen**” (Responding to Female Genital Mutilation: A Guide for Key Professionals in Social, Pedagogical and Medical Professions), (TERRE DES FEMMES, 2014); “**Empfehlungen zum Umgang mit Patientinnen nach weiblicher Genitalverstümmelung**” (Recommendations for dealing with FGM affected girls and women by the German Federal Doctors’ Chamber) (Bundesärztekammer, 2016); “**Leitfaden für pädagogische Fachkräfte**” (Guide for educational personnel), (Stop mutilation, 2012).

On the basis of an interpellation in the Bundestag, the nation-wide INTEGRA network against FGM drew up a request for a National Action Plan (NAP) on FGM, including preventive measures for the comprehensive protection of at-risk and affected girls and women in Germany and countries of origin, scientific research, greater inclusion of women and men from migrant communities, and further training of professional staff. However, the National Action Plan has not yet been adopted.

In 2007, Germany adopted a National Action Plan to combat gender-based violence. However, **there is an urgent need for a new National Action Plan at the federal level** which takes into account the current situation and contains corresponding updated measures. Particularly with regard to female genital mutilation, the situation in Germany has changed significantly over the last ten years. An enormous increase in the number of affected women and girls and those at risk poses completely new challenges for Germany.

MAIN ISSUES AND RECOMMENDATIONS

1. Prevention

Article 12

To date, although FGM and gender-based violence are on the political agenda, clear political will and concrete actions to address them, including through the involvement of communities, are still lacking. Particularly in the area of prevention, it is urgently necessary to create new structures to achieve a sustainable end to FGM and any other form of gender-based violence. This can only be achieved through challenging existing gender structures that are also yet to be found in German society.

A sustainable change is only possible if it comes from within. Therefore, all approaches tackling FGM must always involve the communities themselves. A best practice is the CHANGE approach, which includes the intense training of members from affected communities as multipliers and involves the entire community. The CHANGE approach has been recognised by the EU as an example of best practice.⁶

A basic condition that must be met to ensure all forms of gender-based violence, including FGM, become a thing of the past is to hold men accountable. Working with men, and in terms of FGM working with men of affected communities, to create behavioural change towards

⁶ For more information, please see: <https://www.frauenrechte.de/unsere-arbeit/themen/weibliche-genitalverstuemmung/let-s-change>



women and girls, is a precondition for implementing gender equality and for sustainable abandonment of FGM. In this regard, the Fulda-Mosocho-Project⁷ conducted pioneering work over the past 20 years in this field. It has generated large scale changes concerning violence against women and has also led to collective abandonment of FGM in the area of cooperation with high-prevalence affected communities, by training men as main target group through the Value-Centered Approach.⁸ Now other projects are also being implemented in Germany around targeting men in the abandonment of FGM.⁹

While these are important civil society achievements, more political will and corresponding action is needed. Therefore, we urge the German Government to **spread successful education/training programmes based on existing scientific insights/strategies, which have proven to lead in practice to men's behavioural change**. Necessary resources have to be made available for public benefit. Furthermore, we recommend to **ensure the involvement of affected communities, and within them specifically men**, to produce sustainable behavioural change and the long-term abandonment of FGM.

In regard to addressing the specific needs of women and girls in positions of vulnerability, the vulnerabilities of migrant women and girls are often not addressed. As such, the government must go to greater lengths in order to **adequately consult with migrant women and girls to identify and remove problems that they are particularly more vulnerable to**.

Article 13

In Germany, a government-led national campaign to shine light on the issue of FGM has not taken place yet. We recommend the German government to **invest and carry out national campaigns to raise awareness on FGM amongst multiple audiences**. They should contain information on women and girls' rights, available support services, legislation and policy surrounding the issue. Separate campaigns should also be launched targeting FGM-affected communities, however, such campaigns must avoid stigmatisation and be tailored towards their specific needs. Campaign materials should be accessible, simple and easy to understand for all literacy levels. Furthermore, campaigns should also be initiated which specifically target

⁷ The Fulda-Mosocho-Project, scientifically guided by CENTER for PROFS, Germany, was the first intercontinental pilot project in the field of overcoming FGM and with focus on men's behavioural change co-financed from 2002-2005 by the EU, implemented by LebKom e.V., Germany and Enka Enyia, Kenya.

⁸ „The Dynamics of Social Change towards the abandonment of Female Genital Mutilation/Cutting in five African countries“, Unicef Innocenti Research Centre, 2010, Chapter Kenya, pg. 37 <https://www.fulda-mosocho-project.com/center-for-profs-english/>

⁹ Since 2019 Lesson e.V. in Hamburg, TERRE DES FEMMES e.V. in Berlin and Femmes Entraide et Autonomie in Paris are implementing „Men Standing Up for Gender Equality“, a project co-funded by the EU. . For more information see: <https://www.frauenrechte.de/unsere-arbeit/themen/weibliche-genitalverstuemmung/men-standing-up-for-gender-equality/aktuelles-men-standing-up/4022-projektaufakt-men-standing-up-for-gender-equality>

frontline professionals, containing safeguarding duties and procedures. Throughout this, expert organisations should be consulted at all stages of creation, implementation and evaluation as well as to coordinate the systematic dissemination of information to reach target audiences.

Article 14

In Germany, the development and provision of curricula for schools is the responsibility of the Länder or states. We recommend, if possible, **developing at the federal level curricula and learning materials on gender and gender-based violence** (from a gender-, child- and culturally sensitive perspective which, in a practice-oriented way, enables people to practise equality and non-violent coexistence). The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) should ensure, in cooperation with the Ministry of Education and Research, that curricula and programmes in the academic education system are implemented. These curricula and materials should be made available to the Länder and be taught as cross-cutting issues in the various school subjects. School textbooks should be reviewed and checked for existing discriminatory stereotypes and revised, with the involvement of pertinent research institutes, in a non-discriminatory and non-stereotypical way that does not stigmatise the role of women and girls in society. Funds must be made available for this purpose.

FGM should also be systematically integrated in school curricula modules on gender equality and sexuality, throughout the school cycle (primary, secondary and further education). Educating all children is essential for teaching them their rights to bodily integrity and empowering the next generation to take action. Though there are a few NGO-run projects including FGM education in schools in Germany,¹⁰¹¹ filling such governmental educational gaps should not be a burden placed on civil society and institutions should address such issue in a more integrated and systematic way.

Article 15

Professionals are too often not aware nor trained on FGM and its consequences, which poses a real problem for the adequate prevention and protection of women and girls affected, and in some cases can result in their re-traumatisation. In particular, FGM is not an obligatory part of the curriculum for students of the medical professions. As a result, affected women do not

¹⁰ Since 2018, End FGM EU has been coordinating the implementation of the Gender ABC Project in four European countries, including Germany, where, together with TERRE DES FEMMES, we are ensuring FGM and gender-based violence are addressed in several German schools.

¹¹ Since 2006 LebKom e.V. is working with schools in Germany. With the question “What does FGM have to do with me personally?” LebKom e.V. enables in a practice oriented and sensitive way, by consideration of the existing gender structures, to gain new insights and perspectives to end FGM and GBV.



receive adequate treatment nor sensitive care, which emerged from an empirical study conducted by INTEGRA in 2017.¹²

A transformation in the courses of study, education and further training is important to enable important changes to be made in relevant societal areas, towards the aim of ending gender-based violence and promoting the welfare of women and girls. To this end, we urge the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), in cooperation with the Ministry of Education and Research, to make recommendations for the academic education system and further training, incorporating basic research findings on gender issues that have already proven their worth in practice. What is needed is gender sensitisation, scientifically-based knowledge in gender structures – like the Value-Centered Approach¹³ – and a transformation of education for all relevant professional groups. The necessary financial resources must be made available for this purpose.

We therefore call upon the Federal Government to **ensure that gender-based violence, including FGM, is included in a systematic way in compulsory initial and continuous studies and training for relevant professional groups**, such as social workers, teachers, educators, youth-welfare officers, asylum officers, gynaecologists, general practitioners, paediatricians, midwives, etc. Curricula should be (further) developed that deal in a practice-oriented way with these topics from a gender-, child- and culturally sensitive perspective and funding should be made available for this purpose.

2. Protection

Article 18

In 2017, the German Passport Act (section 7(1) no. 11 PassG) was amended so that passports can be withdrawn if there is a suspected violation of section 226a of the German Penal Code (StGB): "The passport shall be refused if certain facts give reason to believe that the passport applicant will perform an act described in section 226a of the German Penal Code or cause a third party to perform such an act". However, the implementation of this new law is deficient, as the criteria for the withdrawal of passports have not been further defined. As a result, the law has hardly been applied so far. At the same time, this can lead to the stigmatisation of people from affected communities by placing them under a general suspicion, resulting in

¹² "Eine empirische Studie zu weiblicher Genitalverstümmelung in Deutschland: Daten – Zusammenhänge – Perspektiven" by INTEGRA/Ramboll 2017 <https://www.netzwerk-integra.de/startseite/studie-fgm/>, pg 43

¹³ The Value-Centered Approach, developed by Prof. Dr. Muthgard Hinkelmann-Toewe, University of Applied Science, Germany Fulda and applied in the Fulda-Mosocho-Project, was nominated for the EU-Sakharov Prize because of its excellent results: <https://www.fulda-mosocho-project.com/center-for-profs-english/>

discrimination and racism. We strongly recommend the German government to **better define the criteria for applying this provision in a proportionate, sensitive and adequate way.**

Article 20 & 22

As one of the few European countries offering reconstructive surgery that is also covered by insurance,¹⁴ Germany has been recognised for its progressive treatment for women affected by FGM. The recommended method of reconstructive surgeries in Germany is performed by Dr. med. Dan mon O'Dey at [Luisenhospital Aachen](#), who developed a method that reconstructs both the form and function of the female genitalia. Reconstructive surgery is officially recommended as treatment for FGM survivors by the German Medical Association (GMA),¹⁵ an association of doctors¹⁶ and the Ministry of Health.¹⁷ Nonetheless, only a select few clinics offer appropriate reconstructive surgery, which means that it is not accessible to all survivors. For many women, making such a journey is a major obstacle – both psychologically and financially. This may be linked to the lack of physicians trained in dealing with patients who have undergone FGM. We therefore call on the German government to **enhance the accessibility of such treatment throughout the national territory.**

However, while reconstructive surgery in Germany is both available, medically recommended and politically supported, we regret to see that it is not included in a more holistic approach to care for FGM survivors, which goes beyond the mere reconstruction of genitalia, to also address psychosocial and sexological support. Studies and practices in other countries show that, after being supported by a multidisciplinary team of health care professionals, only a minority of FGM survivors decide to undergo reconstructive surgery, while the majority feel satisfied with psychosocial and sexological care.¹⁸ We urge the German government to **put in place and fund a comprehensive and holistic approach to care for FGM survivors.**

Article 19 & 21

According to the Istanbul Convention, FGM survivors must receive adequate and timely information for support services and legal remedies, however this is often not put into practise

¹⁴ Reconstructive surgery is covered by insurance due to FGM being an official diagnosis in the ICD-10-GM (The International Statistical Classification Of Diseases And Related Health Problems, , 10th revision, German Modification) since 2015

¹⁵ [Empfehlungen der Bundesärztekammer zum Umgang mit Patientinnen nach weiblicher Genitalverstümmelung](#) (BAEK 2016)

¹⁶ [Weibliche genitale Beschneidung – Umgang mit Betroffenen und Prävention](#) (AG FIDE e.V. 2007)

¹⁷ [Leitfaden für medizinische Fachkräfte](#) (stop mutilation e.V. 2013)

¹⁸ On this regard, on 1st August 2020, the Berliner Koordinierungsstelle gegen FGM/C was launched, which aims to link different approaches, such as reconstructive surgery, psychosocial support and FGM prevention work in close cooperation with communities. Cooperation partners are FPZ Balance (coordinator), TERRE DES FEMMES e. V. and Desert Flower Center/ Krankenhaus Waldfriede. More information available at www.koordinierungsstelle-fgmc.de

in Germany. We recommend that holistic systems are incorporated to guarantee FGM survivors receive **accessible information** regarding available services when seeking health, legal and emergency services. As previously referred to (Article 13), such resources for persons concerned must be simple and easy to understand for all literacy levels. **Holistic referral systems must be ingrained into all sectors** that may come in contact with FGM survivors or those at risk, for a multidisciplinary and efficient support system.

Article 24

In Germany several Helplines have been established, e.g. the nationwide Hotline Hilfetelefon Gewalt gegen Frauen or the BIG Hotline in Berlin. Those hotlines offer (almost) 24/7 advice and support for affected women and girls or third parties. However, staff are not trained on specific forms on gender-based violence, such as FGM. Therefore, we recommend the German government to **invest in trainings as well as research to explore the best, accessible and round-the-clock survivor-centred services** to implement nationwide, for affected women and girls.

Articles 60 & 61¹⁹

Unlike other European countries, those who have already undergone FGM can be granted asylum in Germany, for the mere fact of having been subject to the harmful practice, which is a good practice. As of 2013, women who have undergone FGM are required to have a medical certificate that meets certain criteria, determining whether they are entitled to asylum. However, this medical examination is unfortunately not covered by health insurance. We urge the German government to **ensure examinations necessary during the asylum procedure are free of charge** for the applicants.

Concerning asylum assessment procedures, Germany's safe countries of origin list, does not take into consideration the need for gendered analysis, which could determine factors making a country unsafe for women and girls. From example, countries such as Ghana and Senegal which have a high prevalence of FGM are listed as safe countries. However if specific cases are analysed through a gendered lens, they may be determined unsafe for women and girls at risk of FGM or other forms of gender-based violence. In order for applicant needs to be adequately met, we therefore recommend that German asylum officers **undertake an individual**

¹⁹ For more information on the challenges for asylum seekers in Germany and the asylum procedure, please read the Plan International paper '[Female Genital Mutilation in the Refugee Context in Germany: Challenges and Recommended Actions](#)' which was coordinated by Dr. Gwladys Awo, president of Lessan e.V.

gendered case-by-case analysis which goes beyond the safe countries of origin list. For this to be done effectively, **staff involved in the asylum process must receive gender-, child- and cultural sensitive training.**

Another main concern, is that vulnerability identification procedures in Germany have generally been described as “a matter of luck and coincidence”.²⁰ Although a 2016 amendment to the German Asylum Act introduced wording relevant to the identification of vulnerable asylum seekers, a number of challenges exist. Indeed, there is no systematic identification for special needs, and so responsibility to detect this tends to be dependent on authorities in charge. Although legislation allows federal states to transmit personal information about an applicant’s vulnerabilities to the BAMF, this is not a requirement. The amendment also fails to properly transpose the recast Asylum Procedures Directive, as it only requires the BAMF to “duly carry out” the interview and not to provide “adequate support” to applicants in need of special procedural guarantees throughout the duration of the procedure. We urge the German government to **put in place and systematically carry out adequate vulnerability identification procedures**, to provide the best possible support for female applicants in need.

Feedback from asylum applicants have indicated challenges regarding interpretation processes during hearings, including repeated cases of abuse of power and intimidation by interpreters.²¹ Such issues can have a monumental impact on the outcome of an asylum case, regarding useful information provided by applicants, etc. In order to address this issue, authorities must make certain that during asylum processes, **competent and accredited interpreters are available, of both sexes, at the applicants choosing.** Interpreters should be able to translate verbatim and interpret the girl/woman’s dialect, and **undergo consistent training on gender-based violence, including FGM.** Extra care should be taken towards applicants who are FGM survivors. They must also be reassured that their disclosures will be treated in a non-judgmental and impartial manner. As mentioned previously (Article 14), FGM must be incorporated into training, for all relevant professionals, so they can adequately respond to any potential FGM cases.

The German Federal Office (BAMF) have specially trained decision-makers to deal with gender-based human rights violations, such as rape, other types of sexual abuse and threat of genital mutilation. This service also applies to victims of torture, trauma or victims of trafficking and unaccompanied minors. BAMF also have specially trained personnel for such

²⁰ N Hager and J Baron, ‘Eine Frage von Glück und Zufall. Zu den Verfahrensgarantien für psychisch Kranke oder Traumatisierte im Asylverfahren’ in Informationsverbund Asyl und Migration (ed), Beratung und Rechtsschutz im Asylverfahren: Beilage zum Asylmagazin 7-8/2017, July 2017, 17-26.

²¹ [‘Female Genital Mutilation in the Refugee Context in Germany: Challenges and Recommended Actions’](#), pg 22

cases.²² However, often FGM-related cases are rejected on the basis of possible internal relocation and protection given by the parents, further highlighting that **training for case workers is needed on the cultural and contextual specificities of FGM as a form of gender-based persecution.**

Regarding reception conditions, there are variations in available accommodations and facilities for those seeking asylum. Generally, women and men are kept separate in common reception centers, and protected areas or specific services are exclusively provided for women and children. In some states, accommodations are specifically designed for particular vulnerable groups (e.g. women) and offer services such as trauma therapy, counselling and leisure activities for children. Nevertheless, as there is no uniform national standard for accommodations and facilities offered, standards greatly differ between federal states. We recommend the German government take further steps to close this gap and **ensure the asylum reception system offers the same high quality service and care throughout the country.**

In Germany, there are also guidelines on minimum standards for protection from violence in reception centres. However, they are not mandatory and only used as a baseline for the development and implementation of protection policies, which greatly depend on social workers in different centres. To address this issue, we urge for a **common mandatory procedure to be incorporated in all reception centres**, which guarantees that asylum-seeking women are informed about the criminalisation of FGM and gender-based violence as well as **policies and systems in place to prevent and respond to gender-based violence that might occur in reception centres.**

3. Prosecution

Article 45

In Germany, there has never been an FGM conviction. The absence of FGM cases may be due to a plethora of reasons such as lack of awareness, notification and intervention by professionals and public authorities. Also, as FGM is a taboo practice and takes place in secret, it is difficult to gather evidence and find witnesses that are willing to report.

²² https://www.endfgm.eu/editor/files/2020/04/Female_Genital_Mutilation_in_the_refugee_context.pdf, pg 23

4. Integrated Policies

Article 8

There is a lack of sustainable, long-term resources for civil societies and communities in Germany. Women's rights organisations, organisations which are specialised in addressing and ending FGM and gender-based violence, as well as community-based organisations (CBOs) should be financially supported. At the same time, barriers to access funding should be removed, so that CBOs and smaller organisations have the same opportunities to receive financial support, as bigger ones. For this reason, we recommend the German government **provide increased financial support to organisations and grassroots organisations, dedicated to ending FGM.** Such support should be sustainable, long-term and flexible. The administrative operational realities of community-based organisations who may not have the capacity or expertise to submit complex funding calls, must also be taken into consideration.

Article 11

In 2017, the government commissioned INTEGRA to lead on a national study about the prevalence of FGM.²³ The main aim of the study was to acquire insight from FGM-affected communities in Germany; such as whether FGM was still practised, what people need to abandon the practice, existing challenges and whether they received adequate support etc. Therefore, qualitative interviews were conducted in different communities in five German cities. Despite this research being conducted, gaps have been highlighted, such as Hamburg not being included in the data collected. There is a need to **establish a robust data collection system concerning FGM cases and more generally, qualitative data on FGM-affected communities living in Germany.**

Moreover, as most countries, Germany also does not have a data collection system in place to record asylum cases requested and grounds for cases to be recognised or denied. It is paramount to **start collecting data on asylum requests and granted international protection cases on the grounds of FGM.**

Furthermore we urge the German government to **increase resources for research in the field of all forms of gender-based violence, including FGM,** in order to study its root causes and effects, incidences and conviction rates, as well as the efficacy of measures taken to implement the Istanbul Convention. For a successful outcome it will be of high relevance to

²³ See footnote 4.

work closely together with stakeholders who have experience in research findings on gender issues, which have already proven their worth in practice.²⁴

CONCLUSIONS

In conclusion, LebKom e.V., Lesson, TERRE DES FEMMES and End FGM EU would like to call upon the German authorities to keep working towards putting an end to FGM, by taking the following measures:

- reconvene the Bund-Länder-NRO AG (Federal Government-States Working Group) as soon as possible;
- make adequate financial resources available to fully implement recommendations coming out of the INTEGRA study (2017);
- produce a new NAP on gender-based violence and on FGM at federal level;
- ensure the involvement of affected communities, and within them specifically men, to produce sustainable behavioural change and the long-term abandonment of FGM;
- spread successful education/training programmes based on existing scientific insights/strategies, which have proven to lead in practice to men's behavioural change;
- adequately consult with migrant women and girls, to identify and remove problems that they are particularly more vulnerable to;
- invest and carry out national campaigns to raise awareness on FGM amongst multiple audiences, including general public, affected communities and professionals;
- develop at the federal level, curricula and learning materials on gender and gender-based violence and integrate systematically gender equality and FGM in school curricula modules throughout the school cycle (primary, secondary and further education); furthermore ensure their concrete implementation and adequate funding;
- ensure that gender-based violence, including FGM, is included in a systematic way in compulsory initial and continuous studies and training for relevant professional groups in a gender-, child- and culturally sensitive perspective and make funding available for this purpose and to further develop relevant curricula;
- better define the criteria for applying the German Passport Act (section 7(1) no. 11 PassG) in a proportionate, sensitive and adequate way;
- enhance the accessibility of reconstructive surgery throughout the national territory;
- put in place and fund a comprehensive and holistic approach to care for FGM survivors;

²⁴Science and practice project "Women in Kenya", University of Applied Sciences Fulda, Prof. Dr. Muthgard Hinkelmann-Toewe, Ulrike Maschke and LebKom e.V. 'Eine Welt für alle Frauen - Frauen gestalten Entwicklungsarbeit -Innovative Ansätze zur Entwicklungspolitik', 1994

- ingrain holistic referral systems into all sectors to ensure appropriate information is given to all survivors regarding available support services;
- invest in trainings as well as research to explore the best, accessible and round-the-clock survivor-centred services;
- ensure examinations necessary during the asylum procedure are free of charge;
- Ensure that asylum procedures are more gender- and child-sensitive, specifically in terms of:
 - undertaking an individual gendered case-by-case analysis which goes beyond the safe countries of origin list
 - systematically training staff involved in the asylum process on gender-, child- and cultural sensitivity as well as on cultural and contextual specificities of FGM as a form of gender-based persecution
 - putting in place and systematically carry out adequate vulnerability identification procedures
 - providing competent and accredited interpreters of both genders, at the applicants choosing, and training them systematically on gender sensitivity and gender-based violence, including FGM
 - ensuring the asylum reception system offers the same high quality service and care throughout the country
 - ensuring a common mandatory procedure in all reception centres to inform asylum seekers about the criminalisation of FGM and gender-based violence, as well as policies and systems to prevent and respond to gender-based violence that might occur in reception centres
- provide increased, flexible, sustainable and long-term financial support to organisations and grassroots organisations, dedicated to ending FGM;
- establish a robust data collection system concerning FGM cases and more generally, qualitative data on FGM-affected communities living in Germany;
- start collecting data on asylum requests and granted international protection cases on the grounds of FGM;
- increase resources for research in the field of all forms of gender-based violence, including FGM.

We thank the GREVIO for the opportunity given to civil society to provide our expertise and concrete recommendations to improve German authorities' actions to end FGM.