

POLICY BRIEF

FOR A FUTURE FREE FROM FGM Policies and Strategies for the Prevention and Elimination of Female Genital Mutilation

International Day of Zero Tolerance for Female Genital Mutilation

6 February 2025

SUMMARY

Female genital mutilation (FGM) is a severe violation of human rights and a form of gender-based violence that affects 230 million girls and women worldwide, including in Italy. This practice, prohibited by international and national regulations, is often hidden and has severe physical, psychological, and social consequences. Although Italy has adopted Law 7/2006 and is formally in line with the Istanbul Convention, the implementation of prevention and support policies remains difficult to track due to the lack of data availability. Despite some positive local experiences, there is a lack of proper training, widespread community interventions, resources, and structured multi-agency collaborations, with the active involvement of women and communities as agents of change. ActionAid condemns all forms of FGM, countering patriarchal social and gender norms that deny women's self-determination. It is committed to preventing FGM and improving support for those who suffer from it through awareness programmes, training, and the development of multi-agency local intervention models. Among the recommendations made, ActionAid calls for greater institutional transparency regarding the use of public funds and the implementation of laws and policies, regular data collection on gender-based violence and harmful practices, the inclusion of FGM in the list of the "Essential Levels of Assistance" (LEA)¹, recognition of Community Trainers as key professional figures, and the full transposition of EU Directive 2024/1385 into Italian law.

INTRODUCTION

Female genital mutilation is a **severe violation of fundamental rights** that affects millions of **girls, adolescents, and women** in over 90 countries worldwide, including Italy. This **harmful practice** remains largely invisible and often hidden, difficult to recognize by both society in general and the actors who, in various fields, may come into contact with those at risk or who have already undergone it.

These include schools of all levels, social and health services, law enforcement, the judiciary, anti-violence centres, territorial commissions for the recognition of international protection, diaspora associations, and reception centres for migrants. However, the lack of adequate knowledge about FGM and reporting procedures risks hindering the identification of cases and the delivery of effective support to protect victims

or those at risk. Yet, FGM has long been recognized as a **severe form of gender-based violence** by international, European, and Italian legal frameworks, starting with the *Beijing Platform for Action*, adopted in 1995 during the fourth UN World Conference on Women. It is therefore crucial to enhance the awareness and skills of all stakeholders, providing them with suitable tools and procedures to prevent, detect, and combat this practice in all its forms, while safeguarding the rights and well-being of the girls, adolescents, and women affected.

HARMFUL PRACTICES

Discriminatory practices and behaviors based on sex, gender, age, and other often intertwined reasons that cause physical or psychological violence and harm. These effects undermine the recognition and exercise of human rights, especially for women and girls. The practices affect the dignity, integrity, physical, psychosocial, and moral development, as well as the health, education, and socio-economic conditions of the victims. These include: female genital mutilation, early and forced marriages, virginity tests, extreme dietary restrictions (forced feeding, food taboos), binding, scarring, tribal markings, corporal punishment, stoning, violent initiation rites, widowhood practices, witchcraft accusations, infanticide, incest, and body modifications for aesthetic or marital purposes.

Source: CRC and CEDAW Committees, 2014

DEFINITION

The World Health Organization (WHO) defines FGM as **“all procedures that involve partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons.”**² WHO distinguishes four types:

Type 1 (clitoridectomy): partial or total removal of the clitoris and/or the clitoral prepuce;

Type 2 (excision): partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;

Type 3 (infibulation): narrowing of the vaginal opening through the cutting and repositioning of the labia minora and/or labia majora, sometimes through suturing, with or without excision of the clitoris (deinfibulation is the surgical reopening of the scarred vaginal opening following infibulation);

Type 4: any other procedure that harms the female genitalia for non-therapeutic purposes such as pricking, piercing, incising, scraping, or cauterizing.

In reality, the various forms of FGM are often difficult to distinguish clearly. Numerous intermediate forms exist, and the type of intervention varies based on the country, region, and, in some cases, even the individual practitioner.

FGM is generally performed by traditional cutters and midwives (often elderly women in the community) or, in some communities, increasingly by healthcare personnel, despite the practice being illegal. The medicalization of FGM, as is common in countries like Egypt, does not make the act any less invasive or violent, although it may reduce the risk of infections caused by poor hygiene.

LEGAL FRAMEWORK

FGM is recognized as **a severe form of gender-based violence and a violation of human rights, including women’s rights children’s rights**, as outlined in numerous international, regional, and European legal instruments. The main rights violated are:

- » the right to equality and non-discrimination;
- » the right to freedom, security, and integrity;
- » the right not to be subjected to torture or inhuman or degrading treatment;
- » the right to physical and mental well-being;
- » the right to a life free from violence;
- » the right to sexual and reproductive health and reproductive rights;
- » the right to health, access to health services, and protection from harmful traditional practices;
- » the right to a healthy and safe pregnancy;
- » the right to intellectual and social development;
- » the right to assistance and protection;
- » the right to education;
- » the right to an adequate standard of living;
- » the right to respect for private and family life;
- » the right to life.

In **Europe**, the two primary legal frameworks for preventing and combating FGM, as well as ensuring adequate assistance and protection for those affected, are:

- » the **Council of Europe** Convention on preventing and combating violence against women and domestic violence (*Istanbul Convention*, 2011, art. 38).
- » the *EU Directive 2024/1385* of the **European Parliament** and of the Council on combating violence against women and domestic violence (arts. 3, 27, and 34).

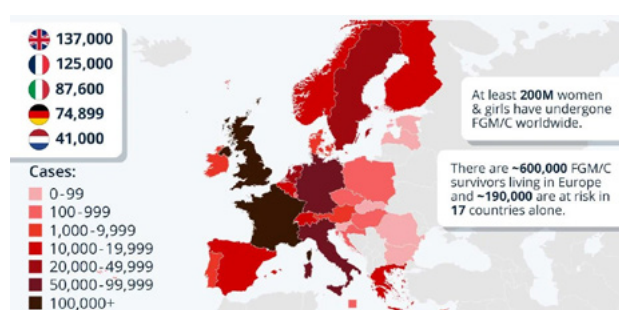
In Italy, *Law 7/2006* “**Provisions concerning the prevention and prohibition of female genital mutilation practices**” has been in force for many years. This legislation introduced amendments to the Penal Code, including Articles 583-bis and 583-ter. The law provides for **ex officio prosecution** and includes the principle of **extraterritoriality**, allowing for the punishment of those who commit this crime outside Italian borders. The penalty includes **imprisonment** from four to twelve years, which is increased by one-third if the act is committed against a minor or for profit. Additionally, it entails **disqualification from the healthcare profession** for three to ten years if the crime is perpetrated by healthcare personnel, along with **financial penalties and disqualification for entities** where FGM is practiced. The law also mandates the implementation of **information campaigns, awareness-raising initiatives, educational courses for infibulated pregnant women**, training programmes for compulsory **schoolteachers**, and specialized training for **healthcare personnel**. It includes the **drafting of guidelines**, the operation of a **toll-free helpline (800.300558)**, and the development of **projects abroad**. These activities are coordinated by the Department for Equal Opportunities, with the Ministries of Health, Education, University and Research, Social Policies, Foreign Affairs, and the Ministry of Interior, as well as the Permanent Conference for Relations between the State, Regions, and Autonomous Provinces of Trento and Bolzano, which are responsible for their implementation.

PREVALENCE IN ITALY AND EUROPE

According to UNICEF, **more than 230 million girls and women** worldwide have undergone some form of FGM, with **four million at risk** of undergoing the procedure before the age of 15.³ FGM is practiced at different ages and in various contexts depending on the community. Found in at least **96 countries**, FGM affects **all continents**, though it is most **prevalent in Central Africa** and certain areas of the **Middle East and Asia**.⁴ The countries with the highest incidence are Somalia, Guinea, Djibouti, Sierra Leone, Mali, Egypt, Sudan, Eritrea,

Burkina Faso, Gambia, Ethiopia, Mauritania, Chad, and Indonesia.⁵ It is estimated that over **600,000 women in Europe** have undergone FGM, with **190,000 at risk in 17 countries**.⁶ Additionally, the UNHCR estimated that, between 2015 and 2020, **at least 20,000 women and girls seeking asylum in Europe each year** may have been victims of FGM.⁷ The most recent estimates for **Italy**, from 2019 and developed by the University of Milan-Bicocca,⁸ indicate that approximately **87,600 women** have undergone FGM, including **7,600 are minors**, mainly of Nigerian and Egyptian origin. Around **5,000 girls are at risk** of undergoing this practice.

FIGURE 1.
Estimates of FGM cases in Europe



Source: End FGM European Network, 2024

MAIN CAUSES

FGM is performed for various reasons depending on the geographical area, social structure, and prevailing value system.⁹ The motivations behind the practice and the methods used can evolve over time. However, it is undeniable that FGM results from a **complex interplay of gender norms, social factors, and socio-economic conditions**. In many communities, it is viewed as a **crucial tradition** that ensures the social inclusion of girls and women. Often, it is seen as a **way to preserve virginity and purity**, and to guarantee marital **fidelity**. FGM also increases marriage prospects, as in some communities, only girls who have undergone FGM are considered eligible for marriage. Additionally, in certain areas, it is believed to promote **better hygiene or prevent disease**. In other cultures, FGM marks a **rite of passage into adulthood**. While often associated with religious obligations, it is not mandated by any religion. FGM is also practiced to conform to **ideals of beauty and femininity**. Ultimately, however, the **primary driving force** behind its perpetuation is the **desire to control women's bodies, sexuality, and roles in society**.

MAIN CONSEQUENCES

The consequences of FGM vary depending on the type of procedure and individual experiences.¹⁰

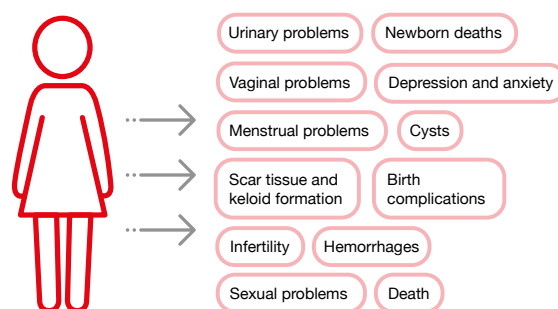
Immediate complications can include intense pain, bleeding, infections, fever, shock, and even death. **Long-term** effects may involve urinary, vaginal, menstrual, sexual, and psychological issues such as depression and anxiety. Furthermore, women who undergo FGM are at greater risk of complications during childbirth and may face infertility, as well as the need for subsequent surgical interventions. Most importantly, **FGM denies women and girls the right to make decisions about a practice that has lasting effects on their bodies**, violating their autonomy and preventing them from controlling their own lives. It limits their full participation in both public and private life due to severe physical, sexual, and emotional consequences. This negatively impacts their overall well-being and the right to safe and satisfactory sexual health, as well as the ability to make free choices regarding motherhood and fertility. The treatment of health complications resulting from **FGM** is estimated to **cost healthcare systems \$1.4 billion annually**, a figure that is expected to rise if urgent measures are not taken to eradicate this practice.¹¹ Finally, it is important to note that FGM is often practiced in anticipation of early and forced marriages.

THE SITUATION IN ITALY

Although Italy adopted a law on FGM in 2006, and the *National Strategic Plan on Male Violence Against Women 2021-2023* includes it as one of the forms of gender-based violence to be prevented and addressed,¹² **monitoring institutional commitment** in this area is **challenging** due to the **lack of information and public data**. There is no periodic report documenting the activities carried out and the use of allocated funds. Each year, the budget law allocates specific resources to the Department for Equal Opportunities (DPO) for the Fund to Fight and Prevent Female Genital Mutilation. Additional funds are provided to the Ministry of the Interior for managing the toll-free number against FGM (800.300558), and to the Ministry of Health, which then transfers them to the Regions and Autonomous Provinces, for the training of healthcare personnel and other professionals working with migrant communities to implement prevention and support measures for women and girls who have already undergone FGM. For 2023, the total allocated amount was €1,239,845 (€400,000 to the DPO, €339,845 to the Ministry of the Interior, and €500,000 to the Ministry of Health).¹³ In 2018, the DPO published the *Guidelines for the early*

FIGURE 2.

Main consequences of FGM



Fonte: www.nho.aov.in

recognition of victims of female genital mutilation or other harmful practices, aimed at the staff of First Aid and Reception Centres (CARA), Reception and Integrated System Centres (SAI), and Extraordinary Reception Centres (CAS), as outlined in Law 7/2006. Currently, there is still **uneven knowledge of harmful practices**, including FGM, among the staff of territorial commissions for the recognition of international protection. This **compromises** their ability to **identify and properly manage cases** in line with international human rights standards. The recent *European Pact on Migration* (2024), which introduces new rules for migration management and establishes a common asylum system across Member States, presents an important opportunity to improve asylum procedures by incorporating indicators for the prompt identification and support of girls and women who have undergone FGM or fled their countries to escape the practice. The DPO also funded a *survey on FGM in Italy*, conducted by the University of Milan-Bicocca, which was published in 2019 and is now outdated. Over a year after the publication of the Public Notice *“Exploratory survey aimed at identifying the pool of potential subjects to be consulted in the field of female genital mutilation,”* the DPO has not yet published the outcome of the tender. The Ministry of Health has not made available any reports on the awareness, training, and assistance activities carried out by Regions and Autonomous Provinces, which should have followed the guidelines issued by the Ministry shortly after the release of Law 7/2006. The only information obtained through the instrument of generalized civic access pertains to the toll-free number 800.300558: in the two-year period 2020-2021, it received 13 calls, of which only 4 were deemed relevant and forwarded to the relevant local law enforcement teams.¹⁴ For this service, which operates only part of the day, approximately €680,000 were allocated to the Ministry of the Interior for the two years in question. Since FGM is a form of gender-based violence, it would be more consistent to integrate the toll-free number

800.300558 into the existing 1522 number, which offers multilingual assistance 24/7, 365 days a year, through specialized operators who can direct women to anti-violence centres or relevant local services.

The **work of the Regions** on FGM appears **highly uneven**, despite the funding provided by Law 7/2006 and the inclusion of FGM prevention and victim assistance in many regional anti-violence plans. Some Regions, such as Lombardy, Piedmont, Tuscany, and Lazio, have independently established regional centres against FGM, with coordination functions and managed by multidisciplinary teams – as outlined in the ministerial guidelines.¹⁵ In **other areas, healthcare** services are provided by some hospitals, clinics, or family planning centres (e.g., Bari, Reggio Emilia, Bologna, Milan, Rome), often thanks to the **individual commitment of specialized healthcare personnel**, such as gynaecologists, surgeons, sexologists, ethnopsychiatrists. Nevertheless, **many socio-health services** remain **inaccessible** to women who have undergone FGM due to their unavailability in certain areas, high costs, and the lack of necessary documentation, such as an exemption code or the STP card (Temporarily Present Foreigner) for accessing urgent and essential care in the absence of a residence permit. In particular, women are unable to access surgical reconstruction and pre- and post-operative treatments (including visits, tests, psychological support), as these services are not included in the list of reimbursable healthcare expenses (DRG codes). **Navigating the complexities of the healthcare system and accessing other essential services** (such as social, housing, and educational support, or the issuance of residence permits) can be **difficult** or even act as **barriers** for some women. To support them and bridge the gap between patients and healthcare personnel, introducing the role of “health advocate”¹⁶ in the regional centres for FGM would be beneficial. This role should be part of the multidisciplinary unit specialized in FGM (“FGM Units”), which should be established in the regional centres for FGM, as proposed by SICPRE (Italian Society of Plastic, Reconstructive, and Aesthetic Surgery),¹⁷ to coordinate prevention, assistance, and protection efforts in the area. The FGM Units should also include gynaecologists, plastic surgery specialists, psychologists, and linguistic-cultural mediators.

In general, there is a **lack of structured and specialized training**, not only for **healthcare personnel** but also for other professionals who may come into contact with girls and women who have undergone or are at risk of undergoing FGM. These include **school staff, social services, law enforcement, the judiciary, territorial commissions**

for the recognition of international protection, and third sector organizations, including the managers of Extraordinary Reception Centres (CAS), Reception and Integration System Centres (SAI), and other migrant reception centres and communities. Training courses are often sporadic and fail to involve key figures specialized in linguistic-cultural mediation or Community trainers, who are essential for bridging the gap with communities that practice FGM. The **lack of involvement from associations or community leaders** is also frequently observed in the **development of social and migration policies**. This approach limits the opportunity to leverage the expertise of those familiar with the ethnic-cultural codes essential for understanding the perpetuation of the practice, thereby reducing the effectiveness of interventions.

In recent years, community awareness activities, with a particular focus on women and young people, as well as the training of professionals, have mainly been carried out by third sector organizations, often funded by European grants. Protection and specialized support for women with FGM are sometimes provided by anti-violence centres, typically when receiving them after an instance of abuse and violence. However, expertise in FGM is still not widely disseminated among professionals in this sector. Overall, there is a **lack of adequate sharing and coordination among third-sector organizations** on this harmful practice, which risks undermining valuable experiences and leading to duplicate efforts.

THE 10 MAIN MYTHS ON FGM

1. Some types of FGM are less harmful than others.
2. FGM is acceptable in specific circumstances.
3. FGM is women’s business.
4. Some religions prescribe FGM.
5. FGM is an African issue, it does not take place in Europe.
6. People who practice FGM are ‘barbaric’ and ‘irrational’.
7. A woman who has undergone FGM is a victim.
8. Practicing FGM in a reduces risk, it is not serious.
9. Male circumcision and FGM are the same thing.
10. Women who have undergone FGM experience no sexual pleasure

Source: European Commission (2021); End FGM EU Network (2020)

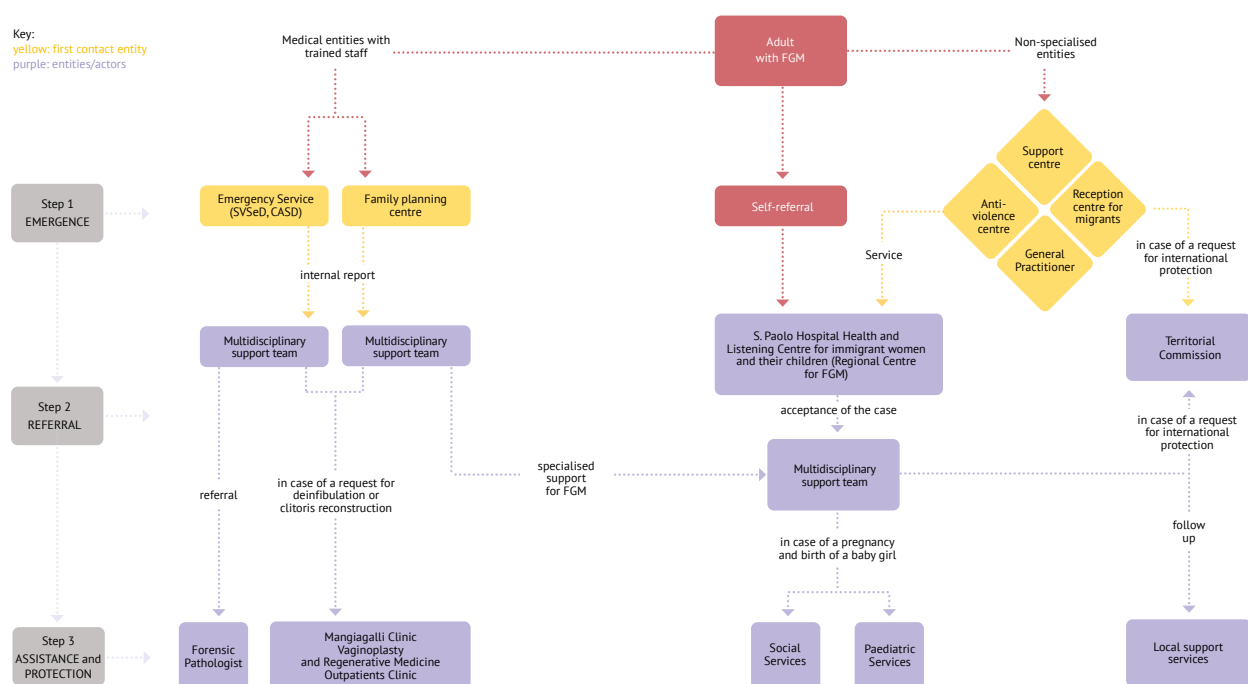
A promising practice worth highlighting is the one launched in 2023 by ASL Roma 1 and Amref Health Africa Onlus: the adoption of a [Memorandum of Understanding to establish a territorial network for the prevention and fight against Female Genital Mutilation \(FGM\) on foreign minors in the Rome area](#). This initiative aims to implement a shared operational strategy to enhance the knowledge and skills of personnel from various public services and third-sector organizations; improve their ability to work collaboratively and effectively; reinforce the strategic role and stable presence of linguistic-cultural mediators within services; and strengthen the tools, skills, and mechanisms for the care of minors. Additionally, the initiative seeks to create a permanent “multi-service and inter-institutional” operational structure. The protocol has also been signed by the Municipality of Rome, the Italian Society of Pediatrics National Working Group for the Migrant Child, the Roma Solidarity Cooperative, Focus Casa dei Diritti Sociali, CPIA3, CIES Onlus, the San Camillo-Forlanini Hospital, the Global Health Centre- Catholic University of the Sacred Heart, and ActionAid Italy.

THE WORK OF ACTIONAID

The international federation of ActionAid has long been committed to preventing FGM and supporting those who suffer from it in the main countries where it operates, including Somaliland, Ethiopia, Gambia, Kenya, Liberia, Nigeria, Senegal, Sierra Leone, Indonesia, Uganda, Sweden, and Italy, where communities practicing excision traditions are present. Since 2016, ActionAid Italy has been implementing **awareness and empowerment initiatives** aimed at women, girls, men, and community leaders to address the consequences and risks of FGM. It has also conducted **research and mapped services, policies, and practices**. It has provided **training** courses for healthcare, educators, and third-sector workers, engaged in **lobbying and advocacy** efforts, and launched **communication campaigns** while producing and distributing **educational materials**. Over the past three years, ActionAid Italy has also developed an **intervention chain model for the cities of Milan and Rome**. In collaboration with local stakeholders – including social services, healthcare facilities, schools, law enforcement, the judiciary, territorial commissions for the recognition of international protection, third-sector organizations) – it has established standard operating procedures to enhance the identification, referral, and management of potential or confirmed FGM cases. This model emphasizes the integration of knowledge and professional expertise across different fields.

Actors with distinct but complementary mandates work together locally, guided by shared procedures outlined in a formal protocol. This tool enables the creation of a multi-agency and multi-sectoral territorial network that ensures shared responsibilities and resources, maintaining a heightened focus on potential or suspected cases of FGM (and early and forced marriages). The network is designed to activate promptly and in a coordinated, effective manner when necessary. A pivotal role in this system is played by **Community Trainers** – specially trained individuals from the communities affected by FGM. The development of these initiatives has been largely supported through projects co-financed by the European Union, including [After](#) (2016-2018), [Chain](#) (2020-2022), and [Join our CHAIN](#) (2022-2024). This work will continue through [Safe](#) (2025-2028) and ActionAid’s membership in the [European network End FGM-EU](#).

FIGURE 3.
Intervention chain for women with FGM



Source: ActionAid, CHAIN, FGM and Early and Forced Marriage: a multi-stakeholder intervention chain model for the city of Milan, 2022

CONCLUSIONS

Italy formally complies with the regulatory provisions on FGM outlined in the Istanbul Convention and, to some extent, with the requirements of the new European directive on violence against women, thanks primarily to the nearly two-decade-old Law 7/2006. However, in practice, it is challenging to provide a comprehensive overview of the policies, interventions, available services, and funds allocated for FGM prevention and victim support. Institutional transparency in this sector remains insufficient, leading to a significant lack of accountability. While certain areas of the country have established good practices, these need to be strengthened, supported with multidisciplinary professional teams and adequate financial resources, and replicated in territories where such initiatives are absent. A continuously updated mapping of available services is essential to create interconnected networks at

local, regional, and national levels. Such networks would enable the timely identification of FGM cases, ensure proper referrals, and provide comprehensive assistance and protection. Most importantly, **these efforts require strong political commitment** to drive meaningful change and address the needs of girls and women whose human rights, particularly sexual and reproductive rights, are still being neglected. Within this context, the obligation to transpose **Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence**, alongside the adoption of the new national anti-violence plan currently under development, should serve as pivotal opportunities to enhance and fully implement FGM-related regulations and policies in Italy on a consistent and effective basis.

RECOMMENDATIONS

In light of the outlined framework, it is deemed essential for the competent Italian **institutions to commit to a structured and ongoing effort** to prevent female genital mutilation and provide adequate support to affected girls and women and those at risk.

In particular, ActionAid recommends the following actions:

» For the **Italian Parliament**:

- » Ensure the **full transposition of Directive (EU) 2024/1385** of the European Parliament and of the Council on combating violence against women and domestic violence into Italian law. Specifically, **Article 27** must be implemented to guarantee that FGM victims receive “effective, age-appropriate, and easily accessible specialist assistance, including gynaecological, sexual, and psychological therapies, post-traumatic treatment, and counselling tailored to their specific needs, after the crime has been committed and for as long as necessary. This assistance includes information on services that perform surgical reconstruction of the genitals and clitoris in public hospitals.”
- » Ensure the **competent ministries consistently and effectively implement the provisions of Law No. 7/2006 on the prevention and combating of FGM**, as well as the activities outlined in the **National Strategic Plan against Male Violence against Women**;
- » Reinstate the **obligation** – removed by Law No. 234/2021 – for the Department for Equal Opportunities to submit an **annual report to Parliament on the implementation of the National Strategic Plan against Male Violence against Women**. This report should include detailed activities related to FGM, enabling both parliamentary and public oversight to ensure regular implementation and assess the plan’s effectiveness.

» For the **Department for Family, Birthrate, and Equal Opportunities**:

- » Ensure **continuous coordination of prevention, victim assistance, and FGM eradication efforts** across competent ministries, as mandated by **Article 2 of Law No. 7 of 2006**. Publish an **annual report** detailing the actions taken and the actual

allocation and utilization of funds provided through the budget law each year;

- » Integrate **structured**, ongoing activities for **data collection, research, awareness, information, and training on FGM and other harmful practices** into the Strategic Plan against Male Violence against Women 2025-2027. These initiatives should target **healthcare, social, educational, and legal personnel**, and align closely with regional anti-violence plans, ensuring timely and effective implementation;
- » Consolidate **the toll-free number against FGM 800.300558**, currently managed by the Central Anti-Crime Directorate of the Department of Public Security of the Ministry of the Interior, **with the toll-free number 1522**. This integration will ensure 24/7 multilingual accessibility through phone, app, or the website www.1522.eu, supported by specialized operators to offer comprehensive assistance and support to victims of violence.

» For the **Ministry of Health**:

- » Officially acknowledge the physical and psychological consequences of **FGM** within the National Health System by advocating for their inclusion, in the list of **Essential Levels of Assistance (LEA)** for chronic conditions, ensuring **ticket fee exemption for affected individuals**;
- » Ensure **healthcare access** for women and girls lacking health assistance by implementing specific **STP** coding (Temporarily Present Foreigner) or **equivalent titles**, tailored to their legal status.

» For the **National Commission for the Update of LEA and the Promotion of Appropriateness in the National Health Service**:

- » Include **FGM in the list of Essential Levels of Assistance (LEA)** for chronic conditions, considering both the physical and psychological consequences inflicted on girls and women who suffer from this form of gender-based violence.

» For the **Ministry of the Interior**:

- » Introduce **mandatory modules on harmful practices, including FGM**, in their training institutes and central schools,¹⁸ as well as in territorial and peripheral training centres, to improve case identification, ensure timely assistance, and activate proper referral

to competent entities. These training courses **should involve linguistic-cultural mediators, align with the international human rights framework, and adopt a transcultural and non-judgmental approach;**

- » Ensure that **asylum procedures** and the of the **European Pact on Migration** respect the fundamental rights of women and girls, establishing **higher shared minimum standards** for Member States, to be regularly monitored. These standards should include **specific indicators** to ensure the **correct identification and swift referral to anti-violence centres or other specialized entities for girls and women who have undergone FGM and fled their countries to escape this practice.**

» For the **Ministry of Education and Merit:**

- » Include, in the training priorities communicated to each educational institution for the creation of annual training plans, **training courses on harmful practices**, including FGM, within the framework of interventions to prevent and combat gender-based violence. These courses should specifically focus on prevention, detection, and intervention procedures, targeting **school staff at all levels**, including CPIAs. They should be promoted in collaboration with experts on the subject and integrated into a broader framework of teacher training on the prevention and combat of gender-based violence;
- » Incorporate the topic of harmful practices, including FGM, into the framework of the Civic Education Guidelines (Law No. 92 of August 20, 2019), which replace the previous guidelines, ensuring the integration of the decree of September 7, 2024.

» For **local and regional School Offices, as well as schools of all levels, including CPIAs:**

- » Provide **awareness programmes** for students on FGM as a form of gender-based violence and control over the bodies of girls and young women, within the framework of affective and sexual education, to promote prevention and risk detection. These programmes should include the creation of **educational materials** with language and content appropriate for different age groups, ensuring the delivery of positive, non-judgmental messages without religious or national profiling;

- » Establish **internal guidelines within the framework of gender-based violence prevention procedures** to define responsibilities and actions to be taken in case of suspected or confirmed FGM cases, based on the intervention chain models developed in Milan and Rome;
- » Ensure the involvement of **linguistic-cultural mediators**, with specific training on gender violence and harmful practices, to support teachers and families in various prevention and assistance actions.

» For the **Regions and Autonomous Provinces of Trento and Bolzano:**

- » Establish a **multidisciplinary unit specialized in FGM (“FGM Units”)** at regional reference hospitals for FGM, led by public socio-health entities, to coordinate prevention, assistance, and protection interventions in the territory, as proposed by SICPRE (Italian Society of Plastic, Reconstructive, and Aesthetic Surgery). The FGM Units should include gynaecologists, plastic surgery specialists, psychologists, and properly trained linguistic-cultural mediators;
- » Establish the role of **“health advocate” within the Regional Centres for FGM as a structural and permanent position** to support women and girls accessing socio-health services, assisting them with other issues impacting their care pathway (e.g., residence permits, housing needs, etc.);
- » Establish **specific Diagnosis-Related Group (DRG) codes** for the functional, sensory, and anatomical surgical reconstruction of the vulva and its tissue regeneration to ensure the right to full sexual and reproductive health for women affected by FGM, while providing adequate financial reimbursement to hospitals in case of intervention;
- » Introduce **mandatory and continuous training modules on harmful practices**, including FGM, for healthcare personnel to improve case identification, ensure timely assistance, and activate proper referral to competent entities. These training courses must be **aligned with the international human rights framework and based on a transcultural and non-judgmental approach**. They should also target linguistic-cultural mediators working, both on staff and on-call, in healthcare services, **involving Community Trainers as expert trainers** on the subject;

- » Create and disseminate **multi-channel materials** in the main languages of the communities practicing FGM to raise awareness on the topic and to inform them about accessible health and social services.
- » For the **Municipalities:**
 - » **Train personnel**, particularly in the social, educational, and security sectors, on harmful practices, including FGM, to identify risk situations and promptly refer them to available local services;
 - » Promote **collaboration between offices and departments that may come into contact with girls and women affected by or at risk of FGM**, in order to address their intersectional needs and prevent or manage risk situations, with particular attention to immigration, social, educational services, and representatives of local anti-violence networks.
- » For the **managing entities of Anti-violence Centres, Shelters, Extraordinary Reception Centres (CAS), Reception and Integration System Centres (SAI), and other types of centres and communities for migrants:**
 - » Ensure that personnel in direct contact with girls and women affected by FGM or at risk of undergoing it complete **training courses on FGM, including procedures for promptly identifying cases and providing specialized assistance and protection** through available local socio-health services or other relevant services.

Authors: Isabella Orfano and Benedetta Balmaverde

Supervision: Rossana Scaricabarozzi

Design: Tazio Malvezzi

Publication: January 2025

ENDNOTES

- ¹ “The Essential Levels of Assistance (LEA) are the services and benefits that the National Health Service (SSN) is required to provide to all citizens, free of charge or upon payment of a participation fee (ticket), with the public resources collected through general taxation (taxes).” Source: *Istituto Superiore di Sanità* (National Institute of Health) [Last access: 27 January 2025].
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- ³ UNICEF, *Female Genital Mutilation. A Global Concern 2024 Update*, 2024.
- ⁴ Equality Now, *FGM: A Global Picture*, 2020.
- ⁵ UNFPA, *My Body is My Own. State of the World Population*, 2021, p. 53.
- ⁶ European Commission, *Myth-Busting Female Genital Mutilation*, 2024.
- ⁷ END FGM - European Network, *FGM in Europe*, 2024.
- ⁸ P. Farina, L. Ortensi, T. Pettinato, *Le mutilazioni genitali femminili in Italia: un aggiornamento*, 2020.
- ⁹ Saperi, *Significati e funzioni sociali delle MGF*, 2023.
- ¹⁰ World Health Organization, *Female Genital Mutilation*, 2024.
- ¹¹ World Health Organization, *The economic cost of female genital mutilation*, 2020.
- ¹² See “Priorità 1.4 Attivare azioni di emersione e contrasto della violenza contro donne vittime di discriminazione multipla, donne migranti, richiedenti asilo e rifugiate, donne disabili, in particolare nei luoghi maggiormente a rischio”, in Dipartimento per le pari opportunità, Piano strategico nazionale sulla violenza maschile contro le donne 2021-2023, pp. 31-32.
- ¹³ Law 29 December 2022, No. 197.
- ¹⁴ Information provided by the Ministry of Interior on January 24, 2021, following a request from ActionAid for “generalised civic access” to data.
- ¹⁵ At these links, brief descriptions of the regional centres against FGM available: <https://www.saperidoc.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/864> e [https://www.ao-pisa.toscana.it/index.php?option=com_content&view=article&id=7767:l-aoup-centro-regionale-per-le-mutilazioni-genitali-femminili-e-la-relativa-chirurgia-ricostruttiva-l-evento-in-sapienza&catid=123&Itemid=131#:~:text=L'Aoup%20diventa%20centro%20di,mutilazioni%20genitali%20femminili%20\(Mgf\)](https://www.ao-pisa.toscana.it/index.php?option=com_content&view=article&id=7767:l-aoup-centro-regionale-per-le-mutilazioni-genitali-femminili-e-la-relativa-chirurgia-ricostruttiva-l-evento-in-sapienza&catid=123&Itemid=131#:~:text=L'Aoup%20diventa%20centro%20di,mutilazioni%20genitali%20femminili%20(Mgf))
- ¹⁶ A “health advocate” refers to a professional who assists patients and families in navigating the complexities of the healthcare system. They can act as a bridge between patients and healthcare staff, ensuring that patients can communicate their needs and make informed decisions while understanding their available options, see L. Nelligan, *What Is a Health Advocate and How Can They Help You?*, in Solace Health, 12.11. 2024.
- ¹⁷ SICPRE, *Mutilazioni genitali, approccio multidisciplinare e MGF Unit la “formula” di Palermo*, 2024.
- ¹⁸ Ministry of Interior, *Istituti di formazione* (Last access: 27 January 2025).

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act:onaïd

— REALIZZA IL CAMBIAMENTO —

Via Carlo Tenca, 14
20124 - Milan

Tel. +39 02 742001

Fax +39 02 29533683

Via Ludovico di Savoia, 2B
00185 - Rome

Tel. +39 06 45200510

Fax 06 5780485

Via San Carlo, 32
80133 - Naples

Tel. +39 081 9766758

Tax ID code
09686720153



informazioni@actonaïd.org

www.actonaïd.it