



COUNTRY FOCUS

IRELAND

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COUNTRY CONTEXT

/ FACTS AND FIGURES

Migration to Ireland has increased since 1990, with 12% of the total population of 4.5 million born outside the country (Central Statistics Office (CSO), 2012).

There is no evidence that FGM is taking place in Ireland itself. However, FGM does occur in countries of origin. According to European Institute for Gender Equality (EIGE) figures, 14,577 girls (aged 0 to 18) from families of FGM - practising countries of origin resided in Ireland in 2011, of whom 1-11% were likely to be at risk of FGM (EIGE, 2015). Similarly AkiDWA - a network of migrant women that has been working on the issue of FGM since 2001 - estimates that some 3,780 women (aged 15 to 44) in Ireland have undergone FGM, based on the number of resident women from high-prevalence countries.

As a result of better data collection, figures for the prevalence of FGM continue to increase. For example, the National Maternity Healthcare Record (NMHCR) has incorporated FGM as a risk factor, improving data on pregnant women in particular.

The Irish Crime Classification System (ICCS) does not specifically refer to FGM. This makes it difficult to record FGM as a crime, with an impact on reporting and data collection. No case of FGM has to date been recorded by the crime and criminal justice section of the Central Statistics Office. However, a new national action plan on FGM, launched in May 2016, includes measures to improve data collection, including by police and other frontline and health care professionals.

/ COMMUNITIES AFFECTED

The population of Ireland includes people of 199 nationalities, from diverse ethnic and cultural backgrounds (CSO 2012). Migrants living in Ireland are a broad and heterogeneous group, in terms of nationality, ethnicity, language skills, religion and migration status, which includes migrant workers, asylum seekers, refugees and foreign students. A significant number of people from affected communities live all 26 regions of Ireland, mainly from the African continent.

01
Country context

LEGISLATIVE FRAMEWORK

02

Legislative Framework

/ INTERNATIONAL AND EUROPEAN LAW

Ireland has ratified a number of international conventions on FGM, including the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Rights of the Child (CRC), the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) and the Charter of Fundamental Rights of the European Union (2010/C 83/02). On 5 November 2015, Ireland became the 39th country to sign the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), which it has yet to ratify.

/ CRIMINAL LAW

Since April 2012, there has been a specific criminal law concerning FGM, namely the Criminal Justice (Female Genital Mutilation) Act 2012. This states that neither a reference to custom/ritual nor a girl's consent can constitute a defence for a person accused of FGM, the penalty for which is a prison term of up to 14 years and/or a fine of EUR 10,000. The principle of extraterritoriality is applicable, making FGM punishable even if it is committed outside the country. The offences of aiding, abetting, counselling or procuring for the commission of FGM are provided for in Irish general criminal law

/ CHILD PROTECTION LAW

Apart from the Criminal Justice (Female Genital Mutilation) Act, general child protection provisions could also be applied in cases of FGM. The Child Care Act (amended in 1991) is primarily intended to allow for the removal of children by the Health Service Executive (HSE) in cases of abuse or mistreatment. The Children First Bill 2012 (National Guidance for the Protection and Welfare of Children) intends to put child protection on a legal basis. Under Section 3 of the 1991 Child Care Act, the Child and Family Agency (Tusla) has the responsibility to promote the welfare of children who are not receiving adequate care and protection. On 1 January 2014, Tusla became an independent legal entity, comprising the HSE's Children and Family Services, the Family Support Agency and the National Educational Welfare Board, as well as incorporating some psychological services and a range of services responding to domestic, sexual and gender-based violence. The Agency operates under the Child and Family Agency Act 2013 and is required to support and promote the development, welfare and protection of children, and to support the best interests and views of the child. The Children and Family Relationships Act 2015, which came into force on 18 January 2016, for the first time details the factors a court can take into account in defining a child's best interests for the purposes of the Guardianship of Infants Act 1964, such as meaningful relationships and the physical, psychological and emotional needs of the child, as well as issues such as family violence.

/ ASYLUM LAW

FGM asylum claims can fall under the Refugee Act 1996 (amended), which includes 'belonging to the female or male sex' in its interpretation of the protection of 'a particular social group'. The introduction of gender guidelines in the Immigration, Residence and Protection (IRP) Bill 2012 has also been proposed, to provide for more gender-equal and gender-sensitive asylum and protection processes in Ireland.

/ PROFESSIONAL SECRECY LAW

General law with regard to professional secrecy and disclosure may be applied to the reporting of cases of actual or planned FGM. The Children First Act 2015 clearly defines the statutory responsibility of those working with children to report and act on suspicions, where a child's safety or welfare may be at risk. The Act makes it a criminal offence to withhold information in relation to serious specified offences committed against a child or vulnerable person, including sexual offences and offences such as assault causing harm, abduction, manslaughter or murder. Although enacted, the Act has not been fully commenced (Sections 1-5 and 28 commenced on 11 December 2015; Sections 18 and 20-26 commenced on 1 May 2016).

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, and the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 are key additional pieces of complementary legislation designed to improve child safety and protection.

POLICY FRAMEWORK

/ NATIONAL ACTION PLANS AND/OR OTHER NATIONAL POLICY DOCUMENTS

The current national action plan (NAP) to combat FGM in Ireland was launched in May 2016. Developed by national civil society organisations led by AkiDwA, Towards a National Action Plan, 2016-19 is a follow-up to the first NAP (the National Action Plan to Address Female Genital Mutilation, 2008-11). The current NAP was developed under the European Commission's Daphne project (Developing National Action Plans to Prevent and Eliminate Female Genital Mutilation).

In 2016 Ireland's National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc) launched the second national strategy on domestic, sexual and gender-based violence, key strategies of which are to change societal attitudes, support victims and hold perpetrators to account. The strategy does not specifically refer to FGM, however as a form of gender-based violence, FGM should be included in all strategy goals, and should be highlighted in awareness-raising, training and education.

In November 2015, the EU Directive on establishing minimum standards on the rights, support and protection of victims of crime (Victims' Rights Directive) came into effect in Ireland. The Directive establishes standards on the rights, support and protection of victims of crime.

/ MULTIDISCIPLINARY GUIDELINES/PROTOCOLS

There are currently no Irish FGM-specific multidisciplinary guidelines or medical protocols aimed at providing a more coordinated approach to the protection and support of women and girls affected by or at risk of FGM. Those guidelines used are provided by UNHCR. However, there is a need for efficient, multidisciplinary cooperation to ensure that the best interests of the child are a primary consideration in all actions undertaken in child protection.

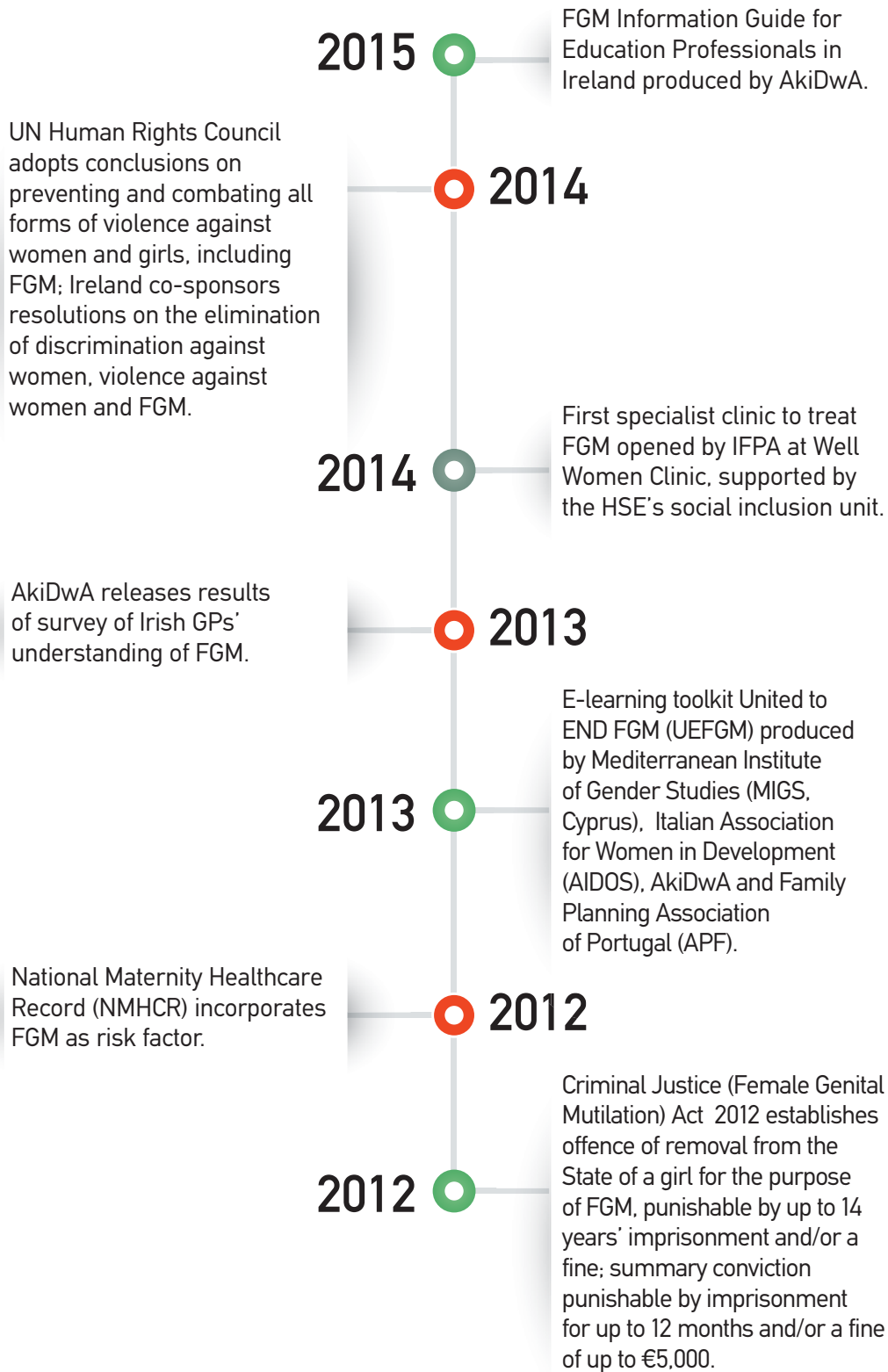
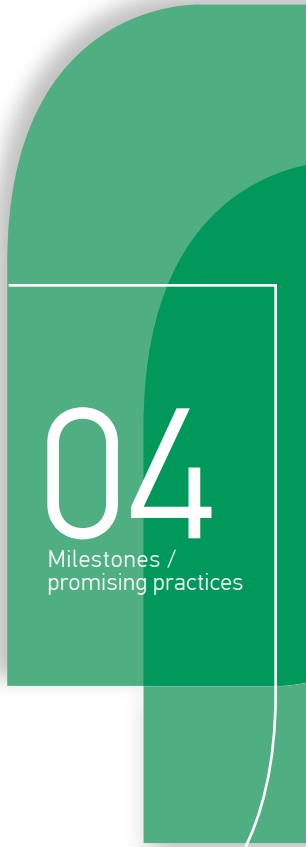
/ INSTITUTIONAL/CSOS INITIATIVES

In 2013, 15 Irish CSOs working with women and children formed a national steering committee against FGM, resulting in the second national action plan (NAP, referred to above). This second NAP is based on the framework of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).

03

Policy Framework

MILESTONES / PROMISING PRACTICES



AkiDwA publishes information leaflet for the public, Female Genital Mutilation and the Law in Ireland.

2012

2011

AkiDwA delivers awareness - raising projects and training to over 3,500 service providers and healthcare professionals, with funding and support from HSE.

2009-2014

FGM embedded in Children First National Guidance for Protection and Welfare of Children.

2008

Initial statistical extrapolation of prevalence of FGM in Ireland produced by AkiDwA, using 2006 Irish census and global FGM prevalence data: number of FGM-affected women living in Ireland estimated at 2,585, rising to 3,780 using 2011 census data.

First handbook for healthcare professionals produced by AkiDwA and Royal College of Surgeons; updated second edition issued in 2013.

2008

2008

IFPA joins 15 member - organisations of National Steering Committee on FGM to produce Ireland's first national action plan to address FGM, covering 2008-11.

ADVICE AND SUPPORT

AkiDwA commenced awareness raising on FGM, promoting migrant women's health, and campaigning for legislation to prohibit FGM practice in Ireland since 2001.

The following are the FGM support services in Ireland.



FGM support service at the Migrant women's health clinic. This clinic is offered by the Irish Family Planning Association (IFPA) in its Dublin city centre Every Woman Clinic, IFPA is the first specialist service in Ireland for women and girls affected by FGM.

Address: 57 Cathal Brugha St, Dublin 1.
Telephone: +35385 877 1342.



Tusla, Children and Family Agency

Tusla is the dedicated State Agency responsible for improving wellbeing and outcomes for children. An independent legal entity, comprising the HSE's Children and Family Services, the Family Support Agency and the National Educational Welfare Board, as well as incorporating some psychological services and a range of services responding to domestic, sexual and gender-based violence.

Address: The Brunel Building, Houston South Quarter, Saint John's Road West, Dublin 8. D08 X01F
Telephone: +3531 7718500
Email: info@tusla.ie www.tusla.ie



Department of Children and Youth Affairs

The Department of Children and Youth Affairs focuses on harmonising policy issues that affect children in areas such as early childhood care and education, youth justice, child welfare and protection, children and young people's participation, research on children and young people, youth work and cross-cutting initiatives for children.

Address: 43-49 Mespil Road, FREEPOST F5055, Dublin 4, D04 YP52
Telephone: +3531 6473000
Email: contact@dcya.gov.ie
www.dcy.gov.ie



Garda (Police) station or dial 999 or 112

Address: Garda Headquarters, Phoenix Park, Dublin 8, D08 HN3X
Telephone: +353 1 666 2040
www.garda.ie

/ CONCLUSION/RECOMMENDATIONS

Despite the considerable work on FGM in Ireland, particularly in raising awareness, legislating, data collection and support for affected women and girls, gaps remain in the areas of prevention and protection, including the need to develop approaches to risk-assessment and inter-agency cooperation. Indeed, no government department or agency adopted the first NAP on FGM, highlighting the need for government to commit to the issue by establishing a multi-agency group on FGM and funding community groups and specialist organisations.

/ STAKEHOLDERS

Stakeholders (include but are not limited to) FGM - practising communities; FGM - affected and at-risk girls and women; faith, religious and ethnic groups; youth and men from affected communities; healthcare professionals including general practitioners midwives, public health nurses and practice nurses, obstetricians/gynaecologists and paediatricians; staff of children's, maternity, university and teaching hospitals; social workers; and departments of health, children and youth affairs.

Other stakeholders include the Health Service Executive (Office of Social Inclusion, Tusla), Department of Foreign Affairs (Conflict Resolution Unit and Irish Aid), Department of Justice and Equality (Cosc), Reception and Integration Agency and Office of Refugee Commissioner, Office of the Promotion of Integration of Migrants, An Garda Síochána, Department of Education and Skills; NGOs such as AkiDwA, Action Aid, Association of African Students in Ireland, Barnardo, Cairde, Children's Rights Alliance, Concern Worldwide, Dice Network, Early Childhood Ireland, Educate Together, Immigrant Council of Ireland, Integration of African Children in Ireland, Irish Family Planning Association, Irish Girl Guides, Irish Society for the Prevention of Cruelty to Children, Islamic Cultural Centre of Ireland, National Women's Council of Ireland, National Youth Council of Ireland, New Community Partnership, Professional Development for Teachers, Plan International, Rape Crisis Centre Ireland, Redeemed Church Ireland, Spirasi, Stay Safe Programme, UNICEF, UNHCR, Trocaire, Women's Aid, Wezeshu; Youth Platform Ireland Regulatory bodies, An Bord Altranais, Irish College of General Practitioners, Irish Medical Council, Law Society of Ireland, Royal College of Physicians in Ireland; and platform associations such as Cori Justice, Dóchas, INMO, INTO, Misean Cara, and the Irish Consortium on Gender-based Violence.

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