



# COUNTRY FOCUS

## SWEDEN

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# COUNTRY CONTEXT

## / FACTS AND FIGURES

The Swedish National Board of Health and Welfare (Socialstyrelsen) has been gathering data on FGM in Sweden for a number of years. According to estimates published in 2015, some 38,000 girls and women in Sweden have undergone FGM, of whom 7,000 are aged 18 or younger (Socialstyrelsen, 2015).

The number at risk of FGM has been estimated on the basis of the number of girls with a mother born in a country where FGM is common. However, not all of this at-risk population is likely to undergo FGM. Rather, at-risk girls are defined according to family attitude to FGM and desire to continue the tradition after migration. Factors that affect whether a girl is actually at risk include how long the family has lived in Sweden, the family's attitude to genital mutilation and the degree of integration.

## / MAIN COMMUNITIES AFFECTED

The main FGM-affected populations in Sweden are girls and women born in Somalia, Eritrea, Ethiopia, Egypt and The Gambia.

# 01

Country context

COUNTRY	ESTIMATED NUMBER OF FGM-AFFECTED GIRLS/WOMEN			
	0-18 YEARS	19-49 YEARS	50+	TOTAL
Egypt	264	915	353	1,533
Eritrea	909	4,400	959	6,267
Ethiopia	467	4,037	789	5,292
The Gambia	213	1,011	152	1,376
Somalia	4,999	14,251	1,992	21,243
Sudan	260	643	59	962
Other countries	155	714	94	963
<b>IN TOTAL</b>	<b>7,267</b>	<b>25,972</b>	<b>4,398</b>	<b>37,636</b>

Table: Estimated number of girls and women in Sweden who may have been subjected to FGM, 2012 (Socialstyrelsen, 2015)

# LEGISLATIVE FRAMEWORK

## / INTERNATIONAL AND EUROPEAN CONVENTIONS

Sweden has signed and ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). Article 38 on female genital mutilation reads:

*“Parties shall take the necessary legislative or other measures to ensure that the following intentional conducts are criminalised:*

- a. excising, infibulating or performing any other mutilation to the whole or any part of a woman’s labia majora, labia minora or clitoris;*
- b. coercing or procuring a woman to undergo any of the acts listed in point a;*
- c. inciting, coercing or procuring a girl to undergo any of the acts listed in point a.”*

Work to combat FGM is also supported by Article 19 of the UN Convention on the Rights of the Child (1989), which says *“State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”*.

## / CRIMINAL LAW

FGM was criminalised in Sweden in 1982 (Lag, 1982). It is also a criminal offence for Swedish citizens to carry out FGM abroad (SFS, 1998).

## / CHILD PROTECTION LAW

Sweden was the first country to outlaw all forms of corporal punishment of children, in 1979 (Regeringskansliet & Rädda Barnen, 2009).

According to the Care of Young Persons (Special Provisions) Act (1990), a girl can be taken into custody if it is suspected that she is at risk of being cut.

## / ASYLUM LAW

FGM is not formally mentioned in Sweden’s asylum regulation. However, a 2011 report by the Parliamentary Standing Committee on Social Security, Asylum, Integration and Citizenship highlights the fact that children may have grounds for asylum on their own part, irrespective of their caregivers’ grounds for asylum - for instance, in the case of FGM. Therefore, not only should a child’s claims to asylum be individually assessed, attention should also be given to their specific reasons for obtaining permission to stay. In addition, the report refers to FGM as an example of the gender-specific persecution of women.

02

Legislative  
Framework

Missive 2011:14 on Exceptionally Harrowing Circumstances and Executive Barriers - A Survey of Implementation refers to the case of an Azerbaijani woman granted asylum, for reasons including the fact that she had been through FGM.

Similarly, Swedish Government Official Reports (2009) provides a detailed description of the case of an Eritrean mother and her three daughters who, after being repeatedly denied asylum in Sweden, raised the issue of FGM. The mother and two eldest daughters had been cut. They were granted a new trial and finally secured permission to stay in Sweden.

## / PROFESSIONAL CONFIDENTIALITY

Under the Swedish Social Services Act (2001), anyone working in the healthcare or education sector is obliged to report a suspicion about FGM to the authorities (Socialstyrelsen, 2016). Furthermore, under the Special Representative for a Child Act (1999), a physician is empowered to conduct the genital examination of a child, even if the child's parents object.

Guidance on best practice in the care of girls and women who have undergone FGM is found in Swedish Government Official Reports (2006), including critical discussion on perspectives and terminology.

Under the Public Access to Information and Secrecy Act (2009), the usual duty of secrecy is removed in the case of FGM, which can be reported to the police and prosecutor and, in the case of health professionals, must be reported to social services. Social services may report cases of FGM to the police. In the case of children, guidelines state that FGM should be reported to the police unless, in extreme cases, this would be harmful to the child.

# POLICY FRAMEWORK

## / NATIONAL ACTION PLANS AND/OR OTHER POLICY DOCUMENTS

In 1998 the government tasked the Swedish National Board of Health and Welfare (Socialstyrelsen) with developing and disseminating methods to prevent genital mutilation in Sweden, laying the basis for a national action plan (NAP) (Länsstyrelsen Östergötland, 2015).

The 2003 National Plan of Action against FGM had two goals: to prevent FGM among girls living in Sweden and to provide adequate care to girls and women already affected. The plan targeted practising communities; health, social and education professionals; police and prosecutors; and municipalities, counties and regions, with the goal of developing methods and knowledge, establishing jurisdiction and international preventive work. Implementing agents were central, municipal, county and regional government agencies and NGOs.

Also in 2003, the Board of Health and Welfare was instructed to work towards the prevention of FGM—to “take advantage of and further develop the preventive work against female genital mutilation in Sweden on the basis of existing knowledge”, by developing methods and developing and disseminating information (Länsstyrelsen Östergötland, 2015).

Although there is currently no NAP on FGM in Sweden, in 2013 the government again tasked the Swedish National Board of Health and Welfare (Socialstyrelsen) to take action, this time with the goal of developing skills to address FGM within the Swedish healthcare sector.

A currently active NAP to combat male violence against women, honour-related violence and oppression, and violence in same-sex relationships also makes explicit reference to FGM and calls for a change in the statute of limitations in order that more cases are brought to court (Regeringens skrivelse, 2007; Statens Offentliga Utredningar, 2015).

## / MULTIDISCIPLINARY GUIDELINES /PROTOCOLS

The Administrative Board of the county of Östergötland (Länsstyrelsen Östergötland) report “Dare to See: A guide for the support, care and protection of girls and women who are, or risk being genitally mutilated” (2015) presents government authorities and the health and education sectors with a multidisciplinary approach to prevention, protection and support, incorporating work on FGM from other countries.

03

Policy Framework

The Swedish National Board of Health and Welfare, (Socialstyrelsen) report “Female Genital Mutilation: A support for health care work” aims to increase knowledge about FGM, aimed primarily at staff in the fields of maternal, child, women's and school health and youth clinics, as well as health sector managers in counties and regions and social-service and school personnel.

## / INSTITUTIONS

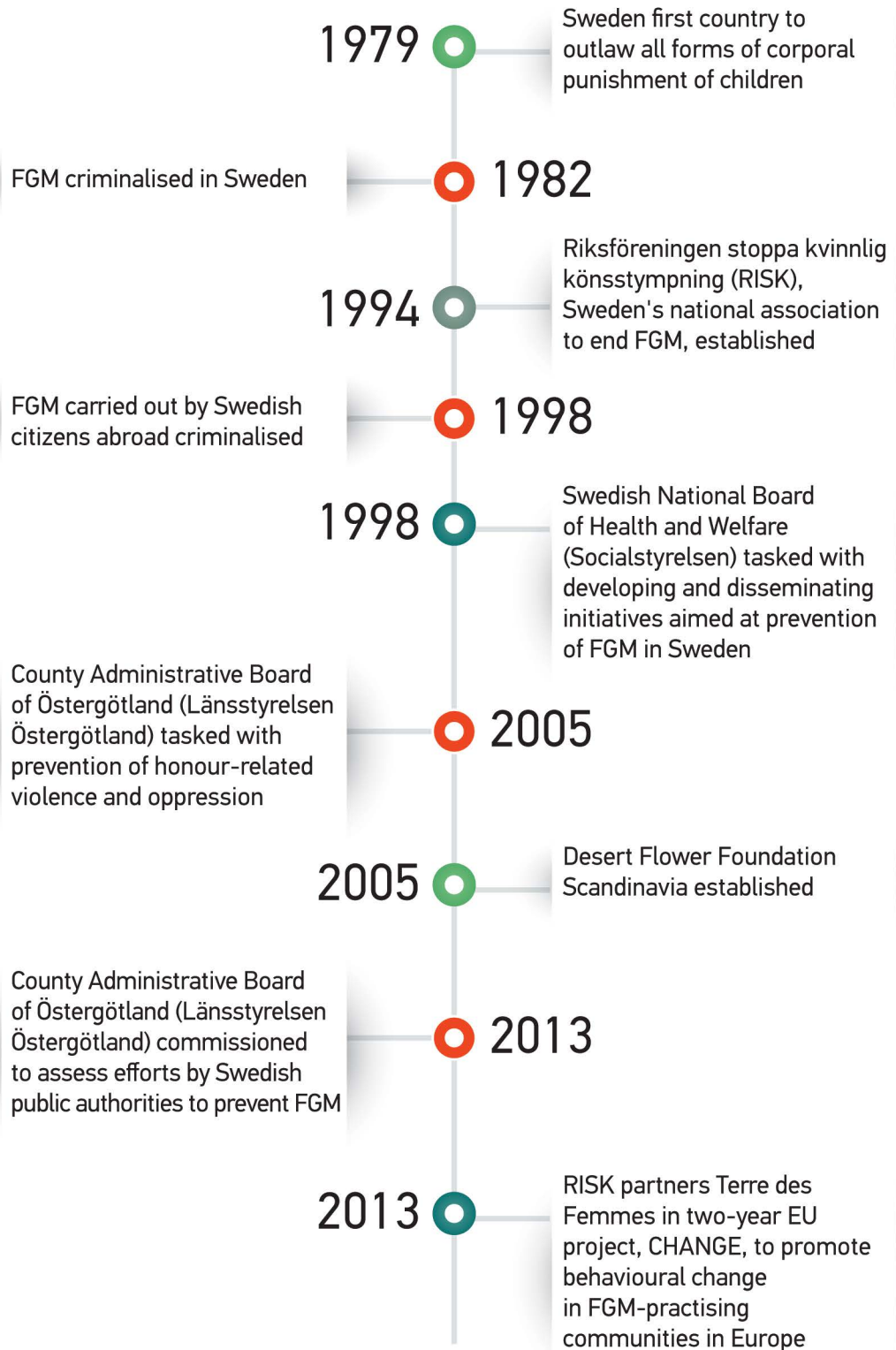
Swedish National Board of Health and Welfare (Socialstyrelsen) is responsible for the prevention of FGM in Sweden.

County Administrative Board of Östergötland (Länsstyrelsen Östergötland) has been tasked with preventing honour-related violence and oppression since 2005. In September 2013, the government commissioned Länsstyrelsen Östergötland to evaluate FGM-prevention efforts by Swedish public authorities and to develop and disseminate guidance for officials and affected communities.

## MILESTONES / PROMISING PRACTICES

# 04

Milestones /  
promising practices



Guidance for professionals published by County Administrative Board of Östergötland (Länsstyrelsen Östergötland)

2015

First clitoris reconstruction in Sweden, carried out by Dr Hannes Sigurjónsson at Karolinska University Hospital

2015

Swedish National Board of Health and Welfare (Socialstyrelsen) publishes final report on its initiatives to prevent FGM

2015

Female Integrity (Uppsala chapter of RISK) educates communication professionals about FGM

2016





# ADVICE AND SUPPORT

Specialist services, helplines, emergency services, NGOs etc.



**AMEL Clinic** - based at Södersjukhuset hospital, Stockholm, treats women subjected to FGM.



**Desert Flower Foundation Scandinavia** - a non-profit organisation established in 2015 in Stockholm by experts in medicine, gynaecology, obstetrics, midwifery, reconstructive surgery, research, sexology, psychotherapy as well as international relations, political science, law, business, and survivors of FGM. The Foundation aims to combat FGM in Sweden and eventually other Nordic countries, reaching out to vulnerable girls and women who need assistance or care.



**Hedersförtryck.se** - a website administered by the County Administrative Board of Östergötland (Länsstyrelsen Östergötland), disseminating information about honour-related violence and oppression, including FGM.



**RISK** (Riksföreningen stoppa kvinnlig könsstympning) - a Swedish non-profit organisation to end FGM, RISK offers information and education in several languages, targeting FGM-practising communities as well as professionals in contact with FGM-affected or at-risk girls and women. RISK chapters are based around Sweden, in Gothenburg, Karlstad, Nyköping, Stockholm, Uppsala, Umeå and Växjö.



**Support hotline** - administered by the County Administrative Board of Östergötland (Länsstyrelsen Östergötland) offers advice to professionals seeking guidance where FGM is suspected.

05

Advice and support

## / ADDITIONAL COUNTRY-SPECIFIC RESOURCES

Länsstyrelsen Östergötland (2015), *Resultatsammanställning av enkät om könsstypning av flickor och kvinnor*

Länsstyrelsen Östergötland (2015), *Våga Se - En vägledning för stöd, vård och skydd av flickor och kvinnor som är eller riskerar att bli könsstypade*

Länsstyrelsen Östergötland (2015) Vi måste våga se – en informationsfolder om könsstypning av flickor och kvinnor [pamphlet]

Länsstyrelsen Östergötland (2015) Könsstypning av flickor och kvinnor - en informationsfilm för föräldrar och vårdnadshavare [video]

Länsstyrelsen Östergötland (2015) Könsstypning av flickor och kvinnor – En informationsfilm för yrkesverksamma [video]

Länsstyrelsen Östergötland (2015) Könsstypning av flickor och kvinnor - en informationsfilm för barn och unga [video]

Länsstyrelsen Östergötland (2015), *Slutrapport – Uppdrag att undersöka och ge förslag på hur verksamheter och myndigheter kan arbeta med flickor och kvinnor som är eller riskerar att utsättas för könsstypning. 2015:15* [report]

Länsstyrelsen Östergötland (2016), *Uppdrag att sprida Våga se – slutredovisning. 2016:04* [report]

Nationellt centrum för kvinnofrid (2011), *Kvinnlig omskärelse/könsstypning i Sverige - en kunskaps- och forskningsöversikt. 2011:01*

NT/Länsstyrelsen Östergötland (2014), *De stypade barnen*

Rikspolisstyrelsen, Socialstyrelsen, Åklagarmyndigheten (2005), *Handledning om kvinnlig könsstypning för polis och åklagare. Bohus: Ale Tryckteam AB*

Socialstyrelsen (2005), *Kvinnlig könsstypning. Ett utbildningsmaterial för skola, socialtjänst och hälso- och sjukvård.*

Socialstyrelsen (2006), *Uppdrag att förebygga kvinnlig könsstypning i Sverige. Återrapportering.*

Socialstyrelsen (2015), *Om könsstypning av flickor och kvinnor - ett handledningsmaterial för samhällskommunikatörer. [report]*

Socialstyrelsen (2015), *Flickor och kvinnor i Sverige som kan ha varit utsatta för könsstypning– en uppskattning av antalet [report]*

Socialstyrelsen (2015), *Kompetenshöjande åtgärder till hälso- och sjukvården om kvinnlig könsstypning - rapport [report]*

Socialstyrelsen (2015), *Web-based education, Könsstypning av flickor och kvinnor*

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Government of Sweden. (1999). *Special Representative for a Child Act (1999:997)*. Retrieved from <http://eige.europa.eu/gender-based-violence/resources/sweden/swedish-act-regarding-special-representative-child-1999997>

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Last Updated December 2016

