

Female genital mutilation

How many girls are at risk in Malta?

Malta



39-57 % (*)
at risk of FGM

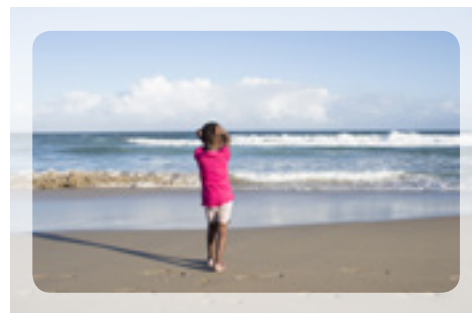
It is estimated that **39 % to 57 % of girls are at risk** of female genital mutilation (FGM, or 'cutting') in Malta, out of a total population of 486 girls aged 0-18 originating from countries where female genital mutilation is practised.

Girls at risk of female genital mutilation in Malta mostly originate from Somalia, Eritrea, Ethiopia, Egypt, Sudan, Nigeria and Sierra Leone.

These findings are from the latest research conducted by the European Institute for Gender Equality (EIGE) on female genital mutilation in the EU (1).

Female genital mutilation is a severe form of gender-based violence, leaving deep physical and psychological scars on the lives of victims around the world. It is a violent form of subordination of women and girls and it stands in gross contradiction to the principles of gender equality.

According to the World Health Organisation, female genital mutilation refers to 'all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons' (2).



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About the study and the European Institute for Gender Equality

The study 'Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta' was conducted in 2017-2018. It supports the EU institutions and EU Member States in providing more accurate information on female genital mutilation and its risks among girls in the European Union.

EIGE is the EU knowledge centre for gender equality. It supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all EU citizens, by providing them with specific expertise and comparable and reliable data on gender equality in the EU.

More information is available at www.eige.europa.eu

Percentages of girls at risk in Malta are the highest among the countries studied by EIGE as part of this research. In Malta, a large number of the female migrant population originate from countries of origin with a high-prevalence of FGM and are of a young age, factors that both contribute to a high risk of female genital mutilation.

How is female genital mutilation tackled in Malta?

Female genital mutilation has been a crime in Malta since 2014, pursuant to Article 251E of the Maltese **Criminal Code**. The principle of extraterritoriality is also applied, criminalising female genital mutilation when committed abroad. The legal framework was strengthened by the transposition of the **Istanbul Convention** (3) into Maltese law in April 2018.

(*) This percentage refers to girls aged 0-18 originating from countries where female genital mutilation is practised.

(1) The European Institute for Gender Equality, *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta*, 2018.

(2) World Health Organisation, Factsheet on female genital mutilation (<http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>).

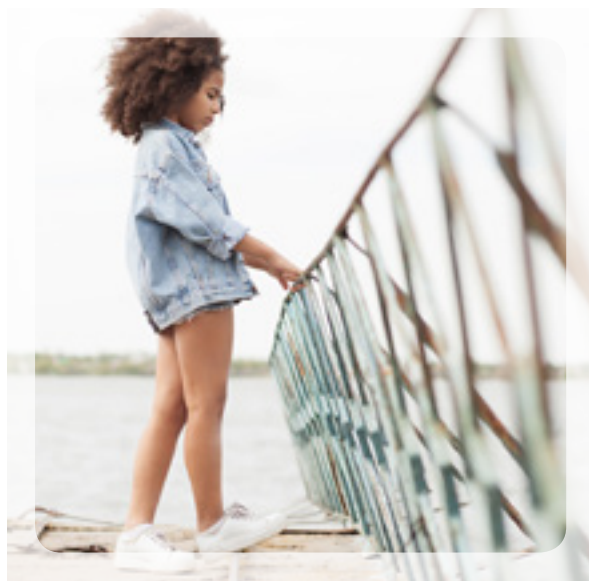
(3) Council of Europe, Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention), Council of Europe Treaty Series, No 210, Istanbul, 2011.

General **child protection** provisions can be applied in cases of female genital mutilation and parents can be held accountable if female genital mutilation is performed on their child.

Since 2014, there have been specific legal provisions regarding **professional secrecy** for cases of female genital mutilation (Article 251E of the Criminal Code, as amended by Act I of 2014: an Act to amend the Criminal Code, female genital mutilation). Guidelines for professionals are also available.

Asylum can be granted to women and girls who have undergone female genital mutilation or who are in danger of being subjected to female genital mutilation, under general asylum legal provisions (Article 3(8) Asylum Procedures (Application for a Declaration) Regulations (Legal Notice 253 of 2001)).

Awareness-raising initiatives have been put in place as a result of a research study on female genital mutilation (National Commission for the Promotion of Equality, 2015).



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Community perspectives

To gain in-depth knowledge and understanding about female genital mutilation among the diaspora living in Malta, focus-group discussions were held with women from Egypt, and women and men originating from Nigeria.



It proved difficult to engage with communities, as talking openly about female genital mutilation is challenging. The participants suggested that female genital mutilation is being practised less in their countries of origin nowadays, mostly due to the associated health risks and deaths. However, many participants said that there was more that needed to be done. The participants stated that education and awareness-raising are crucial factors for change, together with policies that engage men for change, as the participants felt that men are the final decision-makers in FGM-related matters.



The majority of participants stated that they thought that FGM is not practised in Europe. Most of the participants said that they were against the practice, explaining that Western society and values had affected their sense of identity. Participants added that FGM is still being performed in their countries of origin, especially in rural areas, with the aim of keeping women 'pure and controlled', although many acknowledged that it does not work.

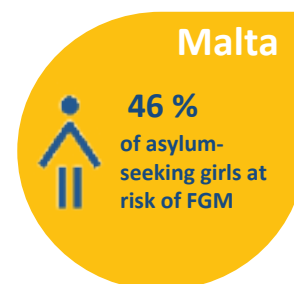


The older Muslim Egyptians amongst the participants were largely pro-FGM, and saw it as a cultural practice that needed to be sustained, arguing that its origins can be found in the Quran. They all agreed that the practice should be performed by a qualified doctor and that it is, ultimately, the doctor's decision. Second-generation Egyptian participants, who were also Muslim, explained that their religion is divided, with some supporting the practice and others campaigning against it.

Female genital mutilation in the context of migration

According to the 2011 census data, there was a net inflow of 34 female immigrants (aged 0-19) to Malta from FGM-practising countries in 2011. Numbers of irregular migrants arriving by boat significantly decreased between 2011 and 2016, and, since 2011, 172 irregular female migrants aged 0-18 have arrived by boat.

Looking at the number of asylum-seeking girls (kept separate from resident migrants as the push factors for migration differ), it is estimated that **46 % of asylum-seeking girls are at risk** of female genital mutilation in Malta (2016), out of a total population of 28 asylum-seeking girls aged 0-18 originating from FGM-practising countries.



Recommendations for Malta

- ✓ **Adopt a gender-sensitive asylum system.** It is recommended to adopt gender-sensitive asylum provisions, even when fast-track border systems are installed. FGM-related applications should be facilitated by protecting victims at reception structures, gender-sensitive risk assessment upon arrival and onward referral and care.
- ✓ **Strengthen prosecution.** Malta is encouraged to strengthen its prosecution of FGM-related crimes and to establish an official monitoring system of judicial investigations and prosecutions, which will allow for better data collection and knowledge about the practice in Malta.
- ✓ **Implement a national prevention strategy.** Specific, integrated policies will help to prevent and combat FGM. A multidisciplinary approach is recommended, through the involvement of relevant stakeholders from health, education and migration sectors, civil society organisations and migrant representatives.
- ✓ **Create and implement policies with communities.** FGM-affected communities and civil society organisations should work together at all stages of policy implementation, to ensure better outreach. Cooperation with countries of origin can be facilitated by the work of international institutions, civil society organisations and online communication tools.
- ✓ **Raise awareness.** The focus-group participants were unaware of the law in relation to FGM, and were not familiar with the FGM-related services that are available. Targeted and systematic campaigns, with informative tools, accessible both offline and online and in different languages will help to discourage the practice. Community and religious leaders, and members and activists from migrant communities should be included in these initiatives.
- ✓ **Tackle misbeliefs about religious requirements.** The view that female genital mutilation is a religious obligation sustains the practice. Community change agents can effectively challenge misbeliefs in the public sphere and give credibility to campaigns and messages that stand in opposition to the practice.
- ✓ **Create safe spaces for open discussions.** The focus-group participants were reluctant to discuss the topic and they reported that FGM is a taboo subject within their communities. Spaces should be created for open discussions and awareness-raising. The subject of FGM should be addressed through broader discussions on health and/or gender-related matters, to establish trust and assure confidentiality. Cultural differences must be taken into account and mediators and translators should be present, as needed.
- ✓ **Provide multidisciplinary support services and train professionals.** Many of the focus-group participants were unaware of the FGM-related services that are available. Access to multidisciplinary services, offering care and assistance, should be established, increased and promoted. Technical and gender-sensitive training should be coordinated in a systematic way, ensuring that staff working in education, health, social and asylum services are reached.
- ✓ **Engage men for change.** Men were said to be the final decision-makers on FGM-related matters within the communities of the focus-group participants. Moreover, views on the practice are changing more slowly among men than among women. Awareness-raising for men on the related health consequences and stigma should be targeted.
- ✓ **Undertake regular risk estimations with more reliable data.** Data should be collected on live births, disaggregated into one-year intervals instead of age brackets, for second-generation women and girls. Data should be provided on asylum-seeking girls who are aged 18, and data collected on irregular/undocumented migrants.

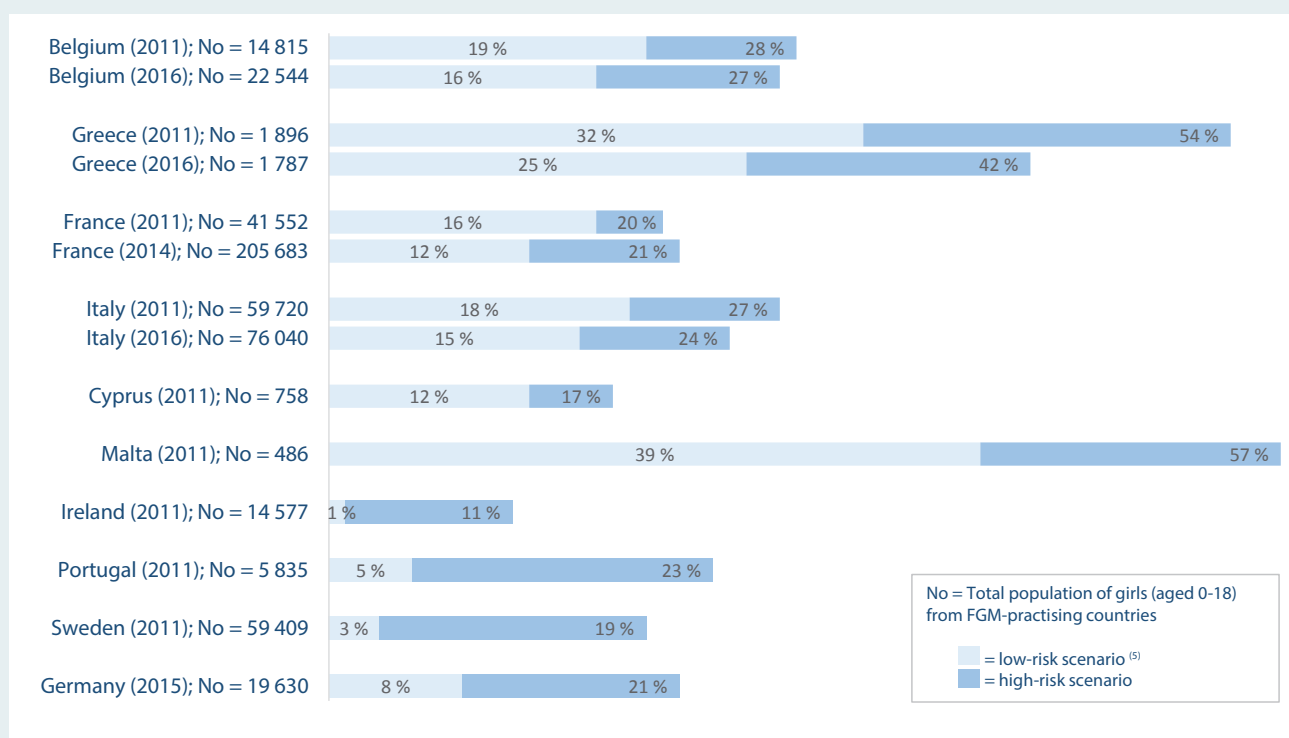
Female genital mutilation is a concern in the European Union

EIGE has developed a methodology to estimate the number of girls at risk of FGM in the EU. It has been applied in 10 Member States, and demonstrates that the phenomenon affects girls living in the European Union.

Recommendations for the European Union

- ✓ **Ratify the Istanbul Convention.** This is a legally binding instrument dedicated to combating violence against women, including female genital mutilation. The convention calls for a broad implementation of the extraterritoriality principle, the adoption of gender-sensitive asylum provision and reception procedures and the collection of comparable and disaggregated data on female genital mutilation.
- ✓ **A gender-sensitive Common European Asylum System.** Enhancing gender equality in the European Union asylum process and taking gender-related aspects into account in any future Common European Asylum System legislation will allow for cases of female genital mutilation to be handled carefully and appropriately. EU-wide guidelines on gender-sensitive asylum procedures would allow for harmonised early warning

Figure 1. Estimated number and proportion of girls aged 0-18 in the resident migrant population at risk of FGM ⁽⁴⁾



Sources: EIGE, *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta, 2018*; EIGE, *Estimation of girls at risk of female genital mutilation in the European Union, 2015*; and Integra, *Eine empirische Studie zu weiblicher Genitalverstümmelung in Deutschland, 2017*.

systems and procedures for frontline officials at border agencies and reception centres and in health services.

actors involved is key: EU bodies, the United Nations, civil society organisations and local community actors.

✓ **External actions to prevent female genital mutilation.**

For girls in the European Union, a return visit to their home country is a serious risk indicator of female genital mutilation. Targeted external actions can militate against this risk in the country of origin. The scope of prevention should be broadened to lesser-known practising communities in the Middle East and Asia, specifically in rural areas. Cooperation with all

✓ **Incentives through EU integration strategies.**

Findings show that successful integration has a positive impact on the abandonment rate of female genital mutilation. EU strategies on the integration of nationals from non-EU countries should take into account this dimension and, through integration policies, explicitly provide for incentives to tackle the risk of female genital mutilation.

⁽⁴⁾ Comparison is indicative, as different methodologies were used in the three different study sources.

⁽⁵⁾ For a detailed description of the low- and high-risk scenarios, please consult the report *Estimation of girls at risk of female genital mutilation in the European Union — Belgium, Greece, France, Italy, Cyprus and Malta, 2018*.

European Institute for Gender Equality, EIGE

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