

Female genital mutilation

How many girls are at risk in Italy?



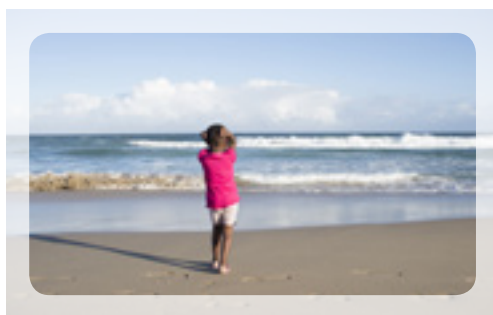
It is estimated that **15 % to 24 % of girls are at risk** of female genital mutilation (FGM, or 'cutting') in Italy, out of a total population of 76 040 girls aged 0-18 originating from countries where female genital mutilation is practised.

Girls at risk of female genital mutilation in Italy mostly originate from Egypt. Smaller groups of girls at risk originate from Senegal, Nigeria, Burkina Faso, Côte d'Ivoire, Ethiopia and Guinea.

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).



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

What are the trends over time? The percentage of girls at risk in the high-risk scenario (3) has slightly decreased (27 % in 2011 and 24 % in 2016), but the absolute numbers of girls at risk have increased. The total population of migrant girls from FGM-practising countries living in Italy has increased by 27 %, from 59 720 to 76 040 over the same time frame. The proportion of second-generation migrant girls aged 10–18 from FGM-practising communities living in Italy doubled to 60 % in 2016.

(*) 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) For a detailed description of the low-risk 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.

How is female genital mutilation tackled in Italy?

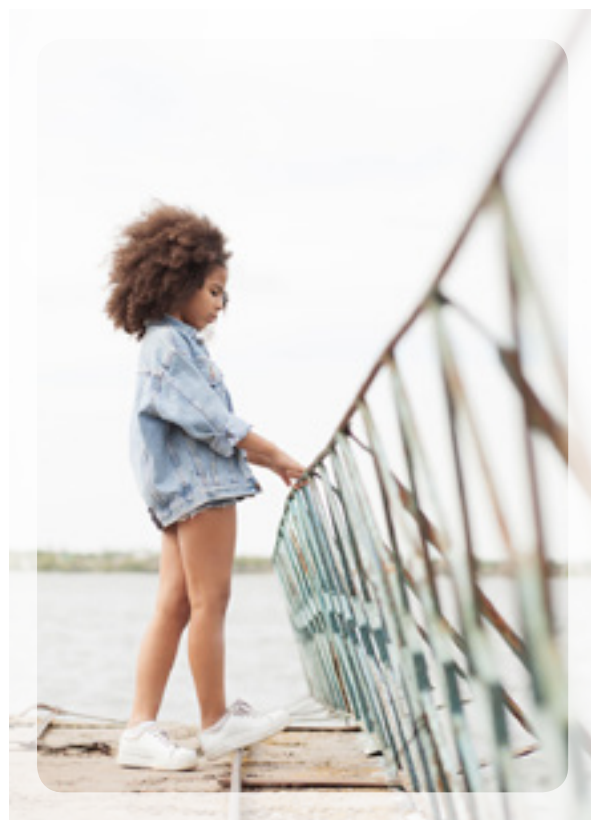
The Law of 9 January, no 7 has, since 2006, set forth **specific provisions** to tackle female genital mutilation in Italy. The principle of extraterritoriality is also applied, criminalising the practice even when committed abroad. However, there is a lack of data concerning the enforcement of these provisions and no official monitoring systems of judicial investigations or prosecutions have been established.

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.

General **professional secrecy** provisions apply to cases of female genital mutilation in Italy (Articles 361, 361 and 365 of the Penal Code) and guidelines for the early identification of victims of female genital mutilation and other harmful practices have recently been developed for professionals.

Combined provisions of Legislative Decree 251/2007 grant **asylum** to women and girls who have undergone female genital mutilation or who are in danger of being subjected to female genital mutilation.

The **national action plan** on violence against women 2017-2020 establishes policies to combat female genital mutilation, with a focus on health. In 2017, the Gender Equality Department of the Italian Central Government launched a call for the development of training guidelines for professionals and the dissemination of information on FGM, in order to facilitate identification and referral processes.



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Community perspectives

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



Despite agreeing that female genital mutilation is not practised in Europe, participants in the focus-group discussions said that the practice is still widespread in their countries of origin, mainly as a way to control women's sexuality. Returning to countries of origin was indicated as a risk factor for the practice. While Egyptian men said the decision to 'cut' their daughters was theirs, women stressed the role of grandmothers in the decision. For those in favour of the practice (both men and women), the advice of a doctor was said to be a critical factor as well.



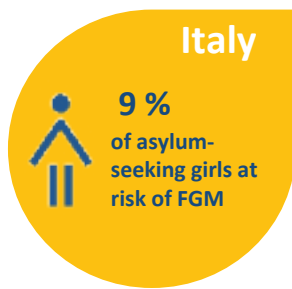
The medicalisation of the procedure was seen to make the practice acceptable in certain cases, as it was perceived as more hygienic and less painful and dangerous for the girl. While younger women from Egypt attributed the practice to the patriarchal nature of Egyptian society and expressed their disapproval of FGM, highlighting a woman's right to self-determination, women from Nigeria disapproved of FGM on the basis of the procedure itself, which was considered painful and 'bloody'. The latter described the emergence of milder forms of FGM, aimed at controlling women's sexual desires, for example through massage techniques said to reduce the growth of the clitoris.



There was general agreement that the practice continues on account of tradition and social pressure, but religion was also highlighted as a motivating factor. However, there were some reports that religious groups within the participants' communities have stated that the practice is not a religious obligation, which has led to a decrease in the number of girls undergoing female genital mutilation.

Female genital mutilation in the context of migration

According to Eurostat, the total numbers of female migrants originating from the 30 FGM-practising countries were relatively constant over the period between 2011 and 2015. Inflows stood at approximately 2 500 girls per year; outflows were between 131 and 207 per year over this period. A slight increase in outflows was recorded in 2014 and 2015, with a consequent slight decrease in net migration.



Looking at the number of asylum-seeking girls (kept separate from resident migrants as the push factors for migration differ), it is estimated that **9 % of asylum-seeking girls are at risk** of female genital mutilation in Italy (2016), out of a total population of 872 asylum-seeking girls aged 0-18 originating from FGM-practising countries.

Recommendations for Italy

- ✓ **Strengthen prosecution.** Legislation against female genital mutilation can be a major discouraging factor for the practice, but it is ineffective unless legislation leads to prosecution and repercussions for the perpetrators. Italy 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 FGM.
- ✓ **Adopt a gender-sensitive asylum system.** FGM-related applications should be facilitated by protecting victims at reception structures, gender-sensitive risk assessment upon arrival, and onward referral and care. Gender-sensitive provisions should be adopted even when fast-track border systems are installed.
- ✓ **National strategies beyond health.** In Italy, the national action plan is focused on health. Relevant stakeholders from other sectors, such as education, migration, civil society organisations and migrant representatives should also be involved in order to address female genital mutilation in a multidisciplinary way.
- ✓ **Allow for cross-border cooperation.** Data-sharing among Member States and with countries of origin should take place concerning departures, arrivals, and re-entry to and from FGM-practising countries, by families with young girls, as this supports FGM-prevention. Cooperation at airports and border control points is key: here, awareness should be raised about the principle of extraterritoriality, and parents should be asked to make a signed commitment not to get their daughters 'cut' while visiting their country of origin.
- ✓ **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.
- ✓ **Provide multidisciplinary support services.** Many of the focus-group participants were unaware of the FGM-related services available to them, at least in their region. Access to multidisciplinary services, offering care and assistance, should be established, increased and promoted. Awareness should be raised about these services, and about prevention initiatives and campaigns.
- ✓ **Train professionals and educate.** Technical and gender-sensitive training should be coordinated in a systematic and sustainable way, ensuring staff working in education, health, social, border control and asylum services are reached. Guidelines on the early identification of victims of FGM should provide for safeguarding, reporting and referral.
- ✓ **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 against the practice.
- ✓ **Engage men for change.** 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, and spaces should be created for men to discuss and learn about the practice openly.
- ✓ **Undertake regular risk estimations with more reliable data.** It is recommended that data be collected on the ages of the female migrant population and disaggregated in one-year intervals; that birth data be issued which provides more accurate information on the number of second-generation girls; and that data be provided to show the generational breakdown of the data relating to permits. Data should be collected on FGM-related asylum applications and on irregular/undocumented migration. EIGE's refined 'mixed-methods approach' should be adopted to assess the risk of female genital mutilation, in order to facilitate evidence-based policymaking.

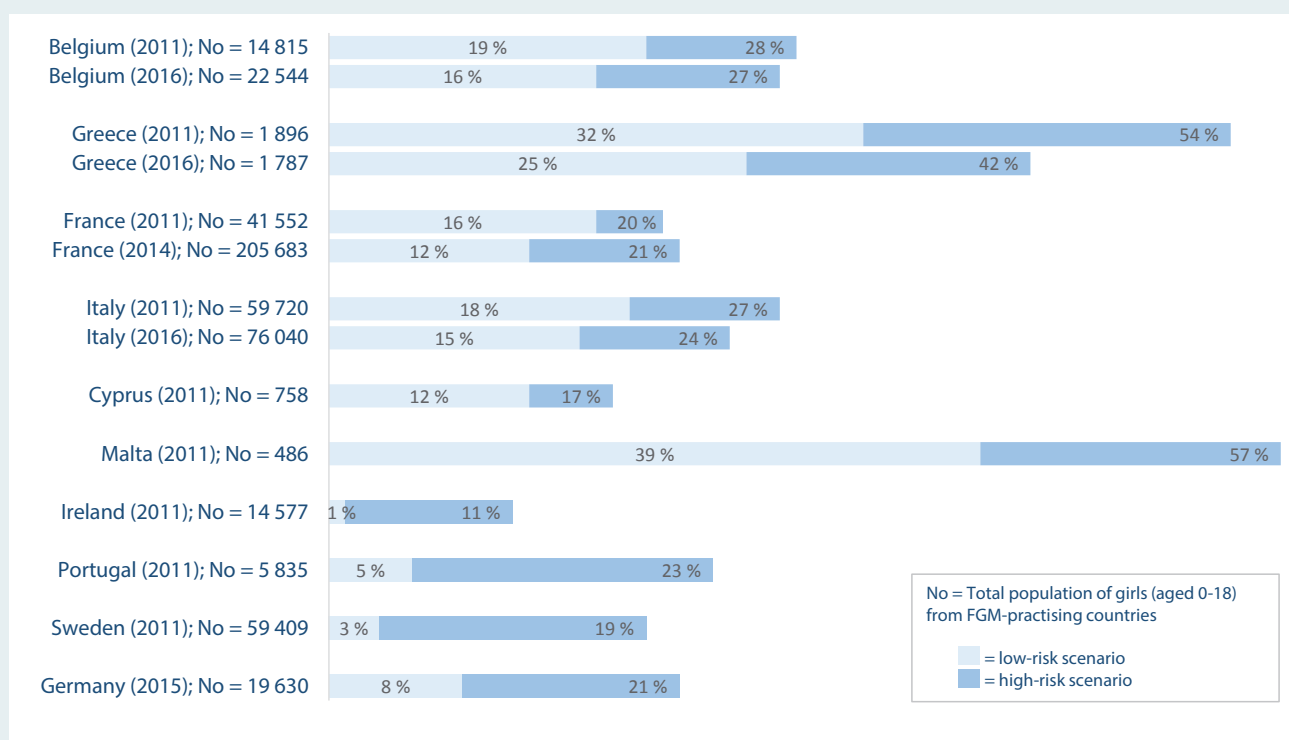
Female genital mutilation is a concern in the European Union

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 pro-

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.

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

✓ **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 broad-

ened to lesser-known practising communities in the Middle East and Asia, specifically in rural areas. Cooperation with all actors involved is key: EU bodies, the United Nations, civil society organisations and local community actors.

- ✓ **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⁾ 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.

European Institute for Gender Equality, EIGE

The European Institute for Gender Equality (EIGE) is the EU knowledge centre on gender equality. EIGE supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all Europeans by providing them with specific expertise and comparable and reliable data on gender equality in Europe.

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