

Female genital mutilation

EIGE plays a leading role in providing information and research on prevalence of female genital mutilation in the European Union and supports Member States to prevent and combat this harmful practice.

EIGE has carried out three main studies on the subject and is in the process of carrying out a fourth:

- The first study [Female genital mutilation in the European Union \(2012\)](#) mapped out the situation of female genital mutilation in the EU.
- The second study [Estimation of girls at risk of female genital mutilation in the European Union \(2015\)](#) estimated the risk of female genital mutilation in Ireland, Portugal and Sweden.
- The third study [Estimation of girls at risk of female genital mutilation in the European Union - Belgium, Greece, France, Italy, Cyprus and Malta \(2017–2018\)](#) estimated the risk of female genital mutilation in a further six Member states: Belgium, Cyprus, France, Greece, Italy and Malta.
- The fourth study [Estimation of the number of girls at risk of FGM in the EU](#) is estimating the number of girls at risk of female genital mutilation in Austria, Denmark, Luxembourg and Spain.

In 2016, EIGE also conducted an analysis of data collection on female genital mutilation, which includes an overview of definitions and typologies recognised at EU and international levels, analysis of existing national data collection on female genital mutilation and recommendations. This analysis can be downloaded [here](#).

By offering a common methodological framework to estimate the prevalence of female genital mutilation, EIGE contributes to the provision of comparable data across the EU.

What is female genital mutilation?

According to the World Health Organization, female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The Istanbul Convention (Article 38) requires that the following acts are criminalised:

- Excising, infibulating or performing any other mutilation to the whole or any part of a woman's labia majora, labia minora or clitoris;
- Coercing or procuring a woman to undergo any of the acts listed in point a;
- Inciting, coercing or procuring a girl to undergo any of the acts listed in point a.

Female genital mutilation is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between women and men and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's right to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Sources: World Health Organization and Council of Europe

Read more about female genital mutilation in [EIGE's Gender Equality Glossary and Thesaurus](#)

Female genital mutilation in the European Union

In 2012 EIGE carried out a "Study to map the current situation and trends of female genital mutilation in the European Union" at the request of EU Commissioner Viviane Reding. The main objective of the study was to provide an analysis of the situation of Female Genital Mutilation in EU Member States, particularly concerning prevalence data, the policy and legal framework, and actors dealing with FGM and their approaches. This study summarised the gaps in data collection on FGM across Europe, and also collected methods, tools and good practices to support policy makers in their efforts to follow legal obligations and develop strategies to combat FGM in the EU.

Some Member States have seen an increase in this form of gender-based violence due to migration of people from countries where FGM is practiced. EIGE's research – the first EU-wide study on FGM – shows that to effectively combat FGM, the EU needs a comprehensive strategy, based on a gender-sensitive and human-rights approach, which empowers girls and women to be in control of their lives, and which balances the state measures of protection, prevention and prosecution. Improvement in data collection and intensified efforts on the behavioural change among FGM-practising communities, decision-makers and stakeholders in the countries of origin are equally important.

The report presents among its recommendations a suggestion to implement legal provisions to criminalise FGM. It also points out the need for specialised services for victims of gender-based violence, including counselling and shelters. These services are currently insufficient and unequally distributed in and among the EU Member States. The report also calls for more coordination of FGM-related work among stakeholders at regional, national and international levels.

One of the recommendations is to establish a multi-agency cooperation on the protection of girls and women at risk and victims of FGM, and facilitate the exchange of good practices. A network of experts and key actors on gender-based violence – including FGM – should be established.

Main findings

- The report presents the legal and policy framework of the UN, the Council of the European Union, the European Parliament, and the European Commission concerning FGM.
- Across EU Member States there has been a trend towards recognising FGM as a criminal act. In all EU member States, legal provisions dealing with bodily injury, mutilation, and the removal of organs or body tissue are applicable to the practice of FGM and may be a basis for criminal prosecution. In some countries, a specific criminal law has been introduced to address FGM.
- This study documented a total of 592 manuals, toolkits, protocols, and awareness-raising campaigns across Member States. The methods and tools used to combat FGM that are most common in the EU-28 are related to prevention. Methods and tools aiming at prosecution and protection are available to a lesser extent.

Across the EU, the total number of identified actors who were working, or had at some point taken action in their country, to combat FGM was 507 at the time of data collection, varying from zero to 68 within individual Member States.

Gaps in data collection

- Lack of systematic data collection is one of the main challenges with regards to developing prevalence estimates of FGM. Despite the potential usefulness of various administrative records, these records are not systematically used, existing data are not collated centrally, and access to data is often restricted.
- Collecting prevalence data on FGM is more complicated than on other gender-based violence data. Namely, there are a number of limitations with regards to the accepted method of 'extrapolation-of-country of origin-prevalence-data', as well as the limitations of census data and variety of concepts.

Although health professionals deal with women who have undergone FGM, very few Member States' hospital and medical records contain information on FGM. Health professionals' lack of knowledge and expertise in relation to FGM, and the reluctance of the affected population to disclose their status both contribute to the lack of health data.

[Download the report here](#)



Databases

[Good practices combating FGM](#)



[Methods and tools combating FGM](#)



[Analysis of data collection on female genital mutilation](#)



[Literature and legislation on FGM](#)



[Bibliographic records on FGM](#)



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