

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, the most recent in 2017:

- 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.

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](#)

Estimation of girls at risk of female genital mutilation in the European Union - Belgium, Greece, France, Italy, Cyprus and Malta

This research built upon EIGE's 2015 study estimating girls at risk of female genital mutilation in Ireland, Portugal and Sweden. EIGE's risk estimation methodology was applied in a further six countries: Belgium, Cyprus, France, Greece, Italy and Malta. This research provides comparable data and the assessment of trends within the EU.

The study supports the European institutions and EU Member States in providing more accurate qualitative and quantitative information on female genital mutilation and its risk among girls within the EU, taking into account new patterns of migration.

The research provides recommendations for improving or updating the methodology for risk estimation and contributes to more effective policies and services to prevent female genital mutilation and protect girls at risk.

Comparable data on the number of girls at risk of female genital mutilation in **10 Member States**

Supporting **2** Member States to undertake risk estimations



Increasing knowledge, informed policy making, targeted actions



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Main outcomes

- Increased knowledge of recent developments in policy, legislation and research on the prevalence and risk of female genital mutilation in EU Member States;
- Better information for Member States on the potential numbers of girls at risk of female genital mutilation and of the effectiveness of measures to combat this harmful practice;
- Increased capacity of Member States to prevent female genital mutilation and protect girls at risk;
- Increased capacity of Member States to carry out independent and regular risk estimations using EIGE's methodology;
- Promoting exchange of experiences and cooperation between Member States to reduce the risk of female genital mutilation.

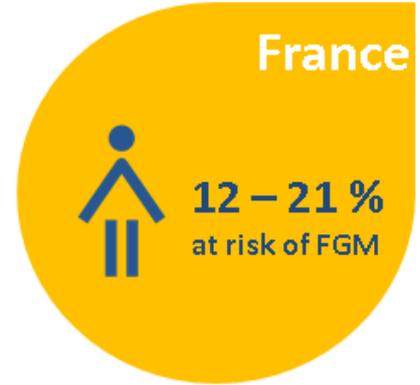
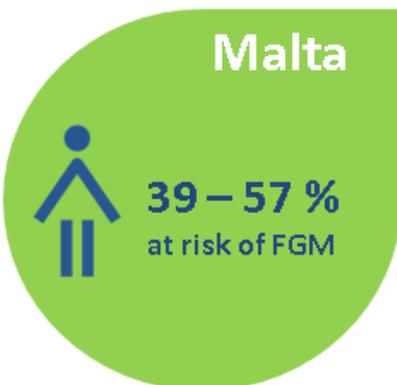
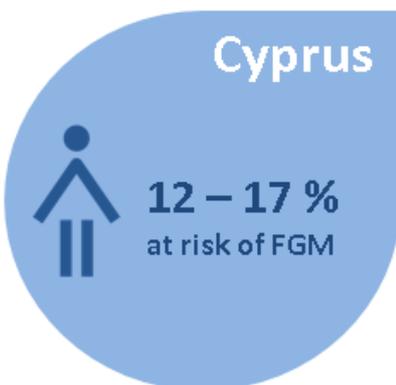
The research was conducted in 2017.

Main findings

- In 2016:
 - In Belgium, 16 % to 27 % of girls were at risk of FGM out of 22 544 girls originating from countries where FGM is practised.
 - In Cyprus, 12 % to 17 % of girls were at risk of FGM out of 758 girls originating from

countries where FGM is practised.

- In France, 12 % to 21 % of girls were at risk of FGM out of 205 683 girls originating from countries where FGM is practised.
- In Greece, 25 % to 42 % of girls were at risk of FGM out of 1 787 girls originating from countries where FGM is practised.
- In Italy, 15 % to 24 % of girls were at risk of FGM out of 76 040 girls originating from countries where FGM is practised.
- In Malta, 39 % to 57 % of girls were at risk of FGM out of 486 girls originating from countries where FGM is practised.



Country factsheets

 Belgium

[English](#) [French](#) [Dutch](#)

 Greece

[English](#) [Greek](#)



France

[English](#) [French](#)



Italy

[English](#) [Italian](#)



Cyprus

[English](#) [Greek](#)



Malta

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Main report

The study shows that strong laws and anti-FGM campaigns are powerful deterrent factors when it comes to FGM. Discouraging factors also include awareness-raising about negative health consequences and the reality of being stigmatised.

On the contrary, push factors for performing FGM include traditional views on women's sexuality, purity and aesthetics. The results also revealed that more than a religious requirement, FGM is rooted in traditions and cultural beliefs.

Law enforcement is essential so that those responsible for the crime, committed either in the EU or abroad, can be prosecuted. The involvement of FGM-practising communities is crucial to ensure the success of efforts to end the practice. The idea that FGM is a private matter leads to a reluctance to discuss it. A grass-roots approach will enable changes through engagement, education and awareness-raising.

[Download the full report here](#)



Step-by-step guide

Based on the outcomes of this study, EIGE also developed the second edition of a Step-by-step guide: Estimation of girls at risk of female genital mutilation in the European Union, first published

in 2015. It sets out the minimum requirements for estimating FGM risk, as well as suggestions to enhance the quality and accuracy of the assessment. The guide aims to be a practical support for those appointed to the task to estimate the risk of FGM in a region or a country within the EU. At the same time, by offering a common methodological framework to estimate FGM risk in the EU, EIGE wants to contribute to the production of comparable and up-to-date data across EU Member States.

[Download the step-by-step guide here](#)



Estimation of girls at risk of female genital mutilation in the European Union

EIGE's study focused on the estimation of the number of women and girls at risk of FGM in selected EU Member States. Estimating the number of girls living in the EU at risk of being subjected to FGM poses several challenges. Therefore the main objective of the research was to develop a methodological approach to be used in all EU Member States, so that countries can better design policies to combat FGM and support those at risk of being (or who have already been) subjected to the practice.

Specifically, this study strove to:

- Analyse and assess the methodological options for FGM risk estimation described and applied in the existing literature and studies;
- Propose a methodology that can be used to estimate the number of girls at risk of female genital mutilation in EU Member States.

A methodology to estimate FGM risk in the EU was developed and tested in Ireland, Portugal and Sweden. These Member States were selected based on various criteria, such as having a national action plan and a specific law to prosecute FGM, and creating FGM-specific records in different settings like healthcare, child protection, asylum, and immigration and border services. The study was published in June 2015.

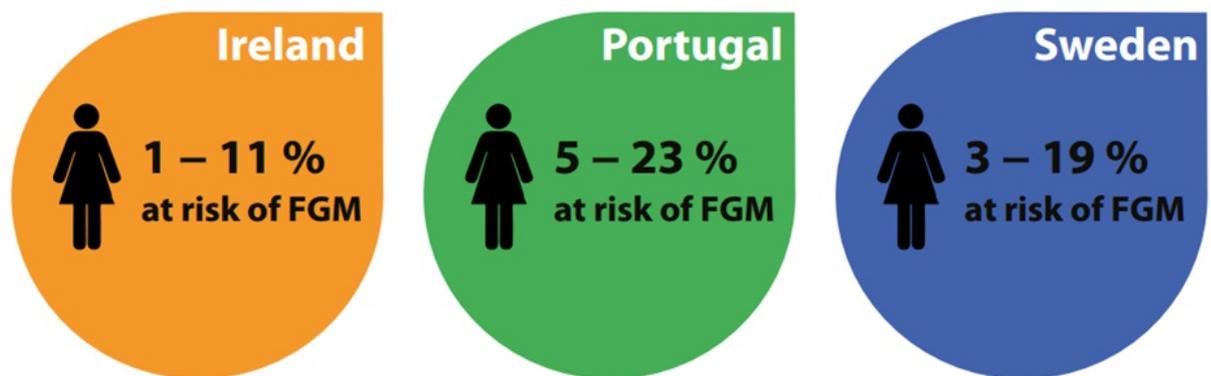
Main findings

- Estimating the number of girls at risk of undergoing female genital mutilation in EU Member States is very complex owing to the intimate nature of the practice, and also due to the unavailability of data that allows for its measurement

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- In 2011:
 - In Ireland, 1 to 11 % of the 14,577 girls originating from FGM risk countries were likely to be at risk of FGM.
 - In Portugal, 5 to 23 % of 5,835 girls originating from FGM risk countries were likely to be at risk of FGM.
 - In Sweden, 3 to 19 % of 59,409 girls originating from FGM risk countries were likely to be at risk of FGM.

Percentages of girls (aged 0-18) likely to be at risk of FGM in 2011 in Ireland, Portugal and Sweden:



- More qualitative research is needed to gather insights about the influence of migration and acculturation on attitudes and behaviours towards female genital mutilation.
- Awareness-raising initiatives and the legal framework forbidding female genital mutilation seem to effectively prevent the continuation of the practice in EU Member States. They need to be maintained in order to influence migrants' attitudes and behaviours towards female genital mutilation.
- Specialised services need to be established or continued in order to sufficiently respond to the needs of girls at risk of undergoing, or having undergone FGM. Risk assessment procedures are crucial for detecting individual cases where risk exists.
- Sufficient resources (human and financial) need to be considered when designing policies and funding programmes so that prevention measures can be continued, specialised services can be set up and/or maintained, professionals can be adequately trained, and necessary research on female genital mutilation can be undertaken.
- Considering the uncertainties and challenges that FGM risk estimations encounter, the research results need to be interpreted and communicated with caution, in order to avoid the misuse of data and information, as well as the stigmatisation of migrant communities.

Gaps in data collection

- Considering that FGM prevalence varies significantly between regions within the countries where it is commonly practised, data on the region of origin of the female migrant population (residents, asylum seekers, refugees and irregular migrants) collected in an EU Member State could exponentially enhance the accuracy of FGM risk estimations.
- FGM risk needs to be estimated regularly so that trends can be assessed. Countries that have a population register can carry out FGM risk (and prevalence) estimations more frequently than those that only have census data. Despite the disadvantages of using census data, this is currently the only source of information that ensures comparability of data across EU Member States.

[Download the study report here](#)



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

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](#)



Country fact sheets



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Bulgaria

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Czech Republic

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