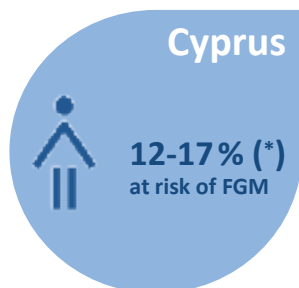


# Female genital mutilation

## How many girls are at risk in Cyprus?



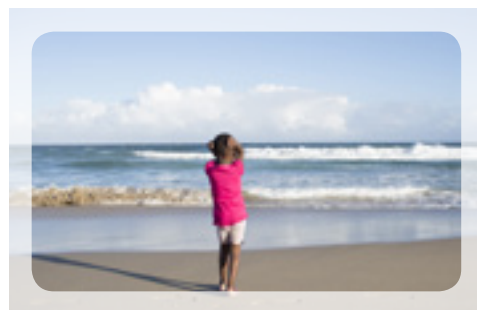
It is estimated that **12 % to 17 % of girls are at risk** of female genital mutilation (FGM, or 'cutting') in Cyprus, out of a total population of 758 girls aged 0-18 originating from countries where female genital mutilation is practised.

Girls who are at risk of female genital mutilation in Cyprus originate mostly from Egypt, Sudan, Iraq and Ethiopia.

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](http://www.eige.europa.eu)

### Female genital mutilation in the context of migration

**Migration** from FGM-practising countries is a recent phenomenon and an increase in the number of unaccompanied children has been observed in Cyprus. Exact numbers on the inflows and outflows of migrants is unavailable.

**Gender-sensitive asylum procedures** are in place to the extent that women are interviewed by women; they are offered interviews separately; there is a choice of interpreters; and, upon production of a medical certificate, international protection can be granted on the basis of female genital mutilation. In general, there is no mechanism in place to ensure the systematic identification of vulnerable asylum-seekers. Travel restrictions are imposed on persons in the asylum system, discouraging visits to their home countries and therefore reducing the risk of female genital mutilation.

(\*) 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>).

## How is female genital mutilation tackled in Cyprus?

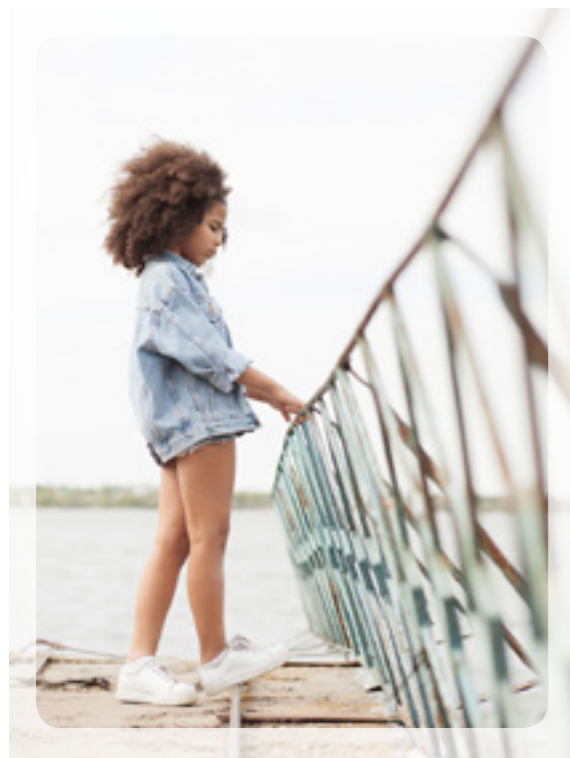
Female genital mutilation has been specifically incorporated into the **Criminal Code** of Cyprus since 2003 under Article 233A, section 1. The practice is punishable by up to 5 years' imprisonment and the principle of extraterritoriality is applied, making the prosecution of FGM-related crimes committed abroad possible.

The **Istanbul Convention** <sup>(3)</sup> was ratified by Cyprus in July 2017 and legislation is being drafted to bring the national framework on violence against women in line with the convention.

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

**Professional secrecy** provisions apply to cases of female genital mutilation (Commissioner for the Protection of Children's Rights Laws, 2007 and 2014). Guidelines on reporting cases of female genital mutilation are not yet in place and specific policies, services and training to combat female genital mutilation should be improved.

**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 Provision 3(c) of the Refugee Law 2009.



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## Community perspectives

To gain in-depth knowledge and understanding about female genital mutilation among the diaspora living in Cyprus, focus-group discussions were held with women and men originating from Côte d'Ivoire, Ethiopia, Nigeria, Somalia and The Gambia.



Participants had strong feelings against female genital mutilation. The practice was described as a widespread and common tradition, particularly in the countryside, but nevertheless as an undesirable and objectionable practice that must be stopped.



The practice of female genital mutilation was not seen as being based on religion. Expectations around marriage and fear of rejection from the community emerged as the key factors that influenced parents in their decision to allow the cutting of their daughters. However, both of these considerations have lost their significance for the African diaspora in the EU, who appear largely to have abandoned the practice.



Key incentives for the African diaspora in Europe when it comes to abandoning the practice of female genital mutilation are: loss of sexual pleasure for both women and men, health complications, FGM-related marital problems, information campaigns and European legislation prohibiting female genital mutilation. Community pressure for a girl to be 'cut' when visiting their country of origin can be a major risk factor, but this pressure was described as 'bearable', so long as the visit was brief.

## Recommendations for Cyprus

- ✓ **Strengthen prosecution.** For the law to be effective, enforcement is needed, both in Cyprus and abroad. FGM-related prosecutions are rare and monitoring the impact of legislation and court cases will allow for better data collection and knowledge on the practice in Cyprus.
- ✓ **Adopt systematic gender-sensitive asylum procedures.** Applications made on the grounds of FGM should be facilitated by protecting victims at reception structures, gender-sensitive risk assessment upon arrival, and onward referral and care.
- ✓ **Implement a national prevention strategy.** A specific action plan would support prevention. Relevant stakeholders from the health, education and migration sectors, civil society organisations and migrant representatives should be involved to address FGM in a multidisciplinary way.

<sup>(3)</sup> 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.

- ✓ **Create and implement policies with communities.** Involving FGM-affected communities and civil society organisations is critical to implement effective policies that match the needs of the primary beneficiaries. When reaching out to communities, it is important to acknowledge their heterogeneity and to adopt targeted strategies to widen the approach.
- ✓ **Provide multidisciplinary support services.** Member States are called upon to establish minimum standards on the rights, support and protection of victims of FGM-related crimes, even when committed abroad, as outlined under Directive 2012/29/EU (the Victims' Rights Directive) and to create, increase and promote access to multidisciplinary services offering care and assistance. These services could include general practitioners, gynaecologists, midwives, sexologists, psychologists, cultural mediators and interpreters.
- ✓ **Raise awareness about the law and health consequences.** Targeted and systematic campaigns for women and men, with informative tools accessible in different languages, both offline and online, would help discourage the practice.
- ✓ **Train professionals and educate.** Technical and gender-sensitive training should be coordinated in a systematic way, ensuring staff working in education, health, social and asylum

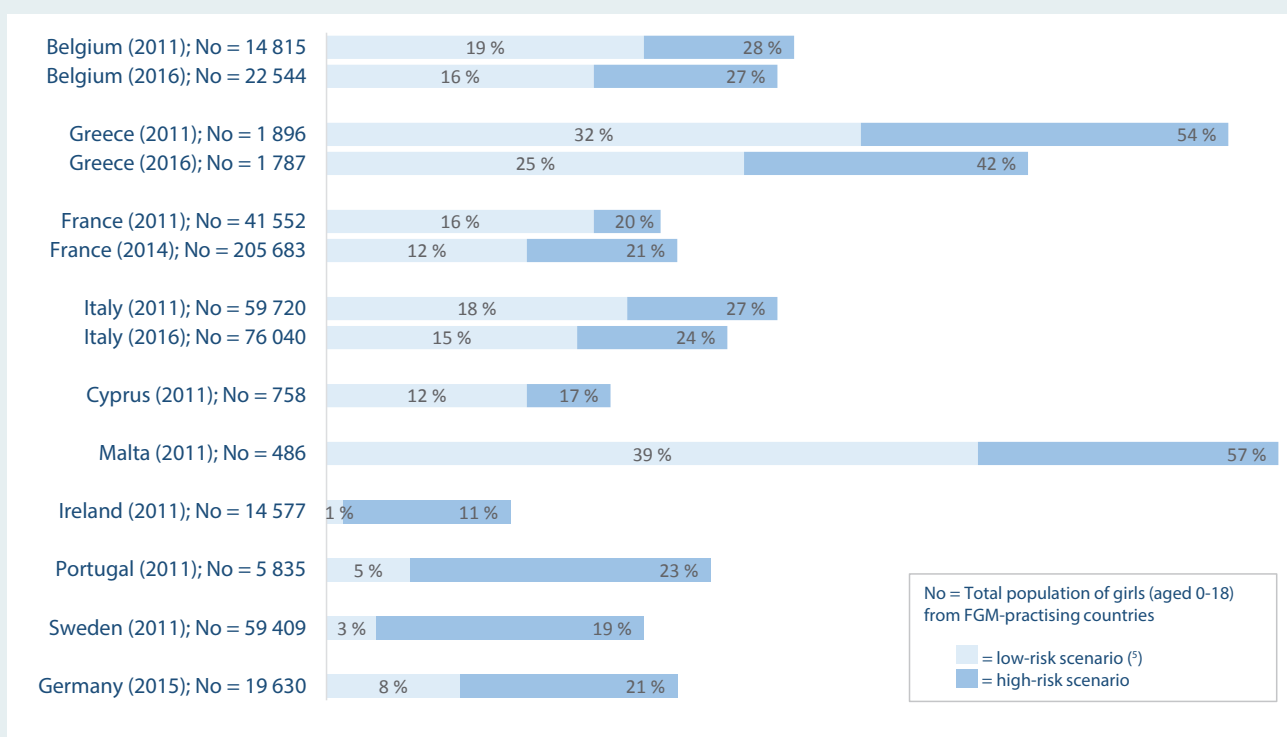
services are reached. Training should be included in the curricula of different professions, for example gynaecology and midwifery. Guidelines on the early identification of victims of FGM should provide for safeguarding, reporting and referral.

- ✓ **Collect information on asylum-seeking girls.** As this data is not currently available, the risk of FGM could not be estimated in Cyprus for this group. Information on FGM-related asylum applications received and for which asylum has been granted would further inform policymaking.
- ✓ **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 readily available data.** Disaggregated data should be collected on the female migrant population, and not only on those with a valid residence permit. Data should be provided on female live births to mothers originating from FGM-practising countries and on total inflows and outflows from FGM-practising countries. Data and metadata on irregular migration should be made more readily available.

## 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 EU.

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



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*.

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

<sup>(5)</sup> 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*.

## 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 EU 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 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 Europe, 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 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.

### 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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