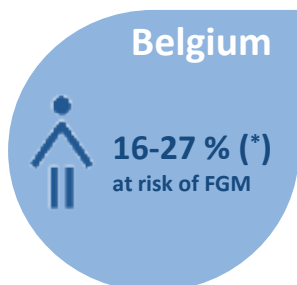


# Female genital mutilation

## How many girls are at risk in Belgium?



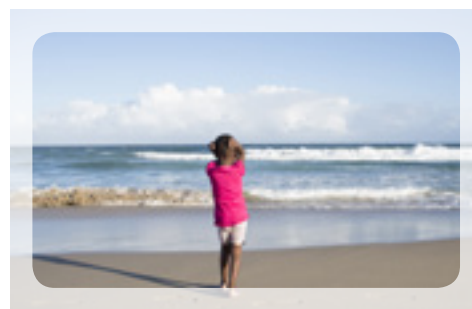
It is estimated that **16 % to 27 % of girls are at risk** of female genital mutilation (FGM, or 'cutting') in Belgium, out of a total population of 22 544 girls aged 0-18 originating from countries where female genital mutilation is practised.

Girls at risk of female genital mutilation in Belgium mostly originate from Guinea and Somalia. Smaller groups of girls at risk originate from Egypt, Sierra Leone, Côte d'Ivoire, Nigeria and Djibouti.

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)**

**What are the trends over time?** The percentage of girls at risk in the high-risk scenario (3) has slightly decreased from 28 % in 2011 to 27 % in 2016. However, the absolute number of girls at risk has increased to over 2 000 girls. The total population of migrant girls from FGM-practising countries living in Belgium has increased from 14 815 to 22 544 over the same time frame. This growth is linked to an expanding second generation of migrants originating from FGM-practising countries living in Belgium.

(\*) 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 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 Belgium?

Female genital mutilation has been a crime in Belgium since 2001, under Article 409 of the Belgian **Penal Code**. The principle of extraterritoriality is also applied, criminalising the practice even when committed abroad.

The College of Public Prosecutors and the Minister of Justice adopted a circular on, inter alia, the policy of investigation and prosecution of female genital mutilation (COL 06/2007), thereby establishing **guidelines** to enable a uniform approach by police and the judiciary.

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. A specific legal provision (Article 458 of the Penal Code) exists in relation to the reporting of female genital mutilation cases, as do reporting guidelines for relevant professionals.

**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 Article 48/3 Aliens Act (amended in 2006).

The **national action plan** to combat all forms of gender-based violence (2015–2019) includes detailed policy and campaign measures to confront the issue of female genital mutilation, with a focus on health and education.



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## Community perspectives

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



All of the Guinean, Iraqi and Somali women focus-group participants were opposed to all types of female genital mutilation, together with most of the Somali men participants. Some of the Somali men participants were not against some of the so-called 'lighter' forms of the practice, however. Participants said that the practice is still performed in their countries of origin, particularly within certain communities, as a traditional practice that is passed down from generation to generation, in order to control women's sexuality. The Iraqi women participants also described the practice as being used by armed groups as a means to control the population.



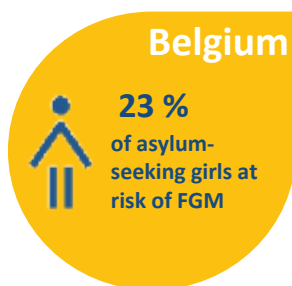
Participants in all focus groups said that female genital mutilation is practised far less in Europe. Nevertheless, women are still expected to conform to traditional gender roles, and the Guinean women participants stressed the importance of keeping their virginity. Upon return to their countries of origin, participants reported feeling strong social pressure to have their daughters 'cut', particularly from older women. From the focus-group discussions, it was clear that FGM takes place secretly and on return to countries of origin, making trips to countries of origin a risk factor for the practice.



The decision to abandon the practice of FGM in Belgium — when taken — was attributed to: the acquisition of new information about the practice and its health consequences; Belgian law and social norms that oppose female genital mutilation; learning that FGM is not a religious requirement; and a change in mentality once in Europe. Participants also emphasised the importance of awareness-raising campaigns in effectively promoting change from more aggressive to less severe types of female genital mutilation in participants' countries of origin.

## Female genital mutilation in the context of migration

Data from Statbel, the Belgian statistical office, indicate that, in 2016, 54 girls (0–19) left Belgium and 1 225 entered the country in that year. Data on the girls' ages and countries of origin/destination is needed to estimate the risk of their being subjected to female genital mutilation (in case of return to the country of origin).



Looking at the number of asylum-seeking girls (kept separate from resident migrants as the push factors for migration differ), it is estimated that **23 % of asylum-seeking girls are at risk** of female genital mutilation in Belgium (2016), out of a total population of 969 asylum-seeking girls aged 0-18 originating from FGM-practising countries.

## Recommendations for Belgium

- ✓ **Monitor the impact of legislation and policy.** There were no FGM-related convictions in Belgium between 2008 and 2016. Monitoring the impact of legislation and policies will allow for a better understanding of the situation and also raise awareness about the need for increased law enforcement.
- ✓ **Ensure systematic gender-sensitive asylum provisions.** Belgium has gender-sensitive asylum provisions in place. It should be ensured that procedures are standardised and that all newcomers systematically receive information about female genital mutilation.
- ✓ **Strengthen integration and migration policies.** The transmission of new information about the practice, Belgian law and social norms that oppose FGM are all factors that are contributing to the practice being abandoned in Belgium. Integration and migration policies should take these into consideration as discouraging factors. Policies to address FGM should also be extended to the asylum, police and justice sectors.
- ✓ **Create and implement policies with communities.** Involving FGM-affected communities and civil society organisations is crucial for the implementation of 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 approaches.
- ✓ **Support specialised organisations and projects.** Civil society should be supported and funding maintained to ensure work can continue over the long term. Successful projects should become long-term integrated actions. Innovative initiatives should be encouraged and supported through open calls for funding.
- ✓ **Prevent through education.** Focus-group participants who had attended school in Belgium had not received any information about FGM whilst at school. Awareness-raising should take place within the education system. Teachers and doctors could be involved in prevention through education and safeguarding. It is important that teaching staff receive appropriate training and that appropriate initiatives are taken.
- ✓ **Raise awareness about the negative health consequences.** Awareness-raising about the negative health implications of FGM is an effective means of discouraging the practice. Awareness-raising campaigns about FGM that focus on its health implications, targeted at both women and men should be continued and reinforced.
- ✓ **Use the right communication channels.** Information should be powerful and wide-reaching, understandable and easily accessible, and available online and offline and in different languages. Different platforms should be used to raise awareness about FGM, its consequences, and about available FGM-related services and referral mechanisms.
- ✓ **Improve the availability of quantitative data.** Eurostat terminology on the migrant population should be harmonised with the definitions in use by EIGE. Further information on girls born to naturalised migrant mothers who appear on the Belgian population register should be gathered. Individuals granted refugee status should be distinguished from other first generation resident migrants on the Belgian population register. Data should also be collected on irregular/undocumented migration.

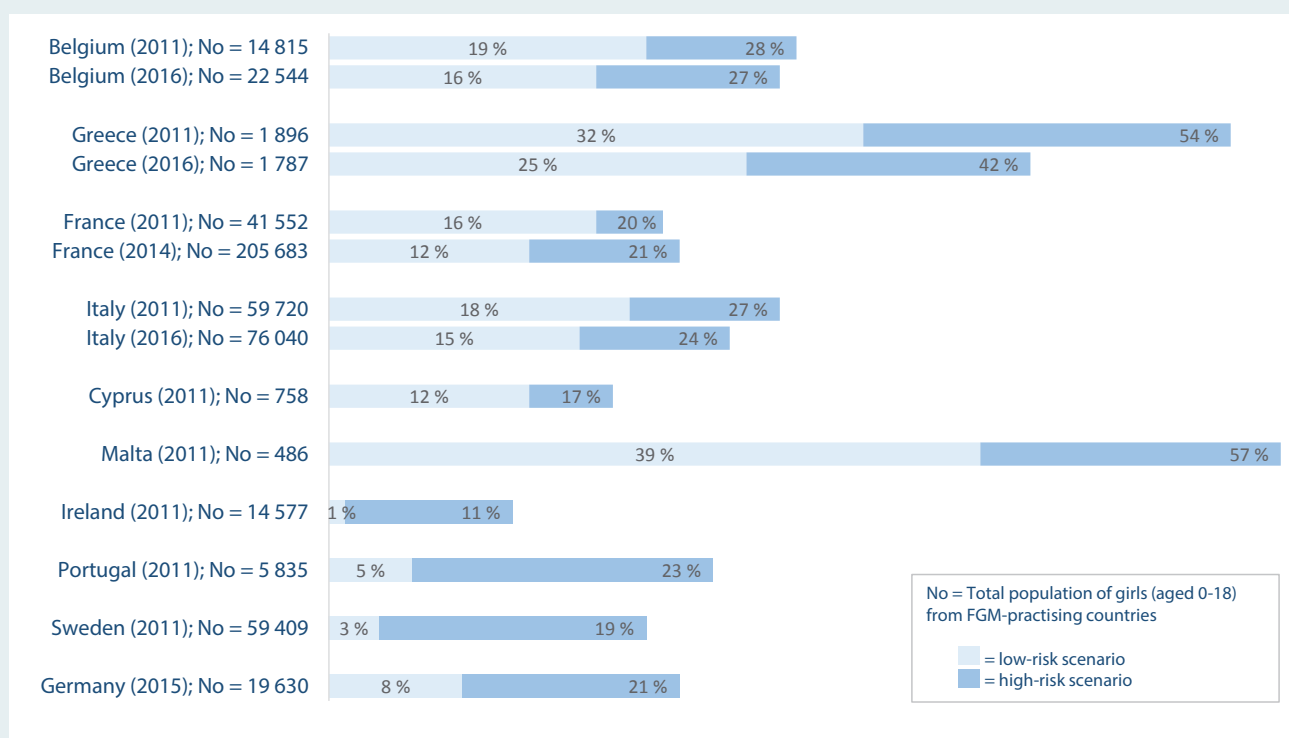
## Female genital mutilation is a concern in the European Union

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 <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.

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.

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

**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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